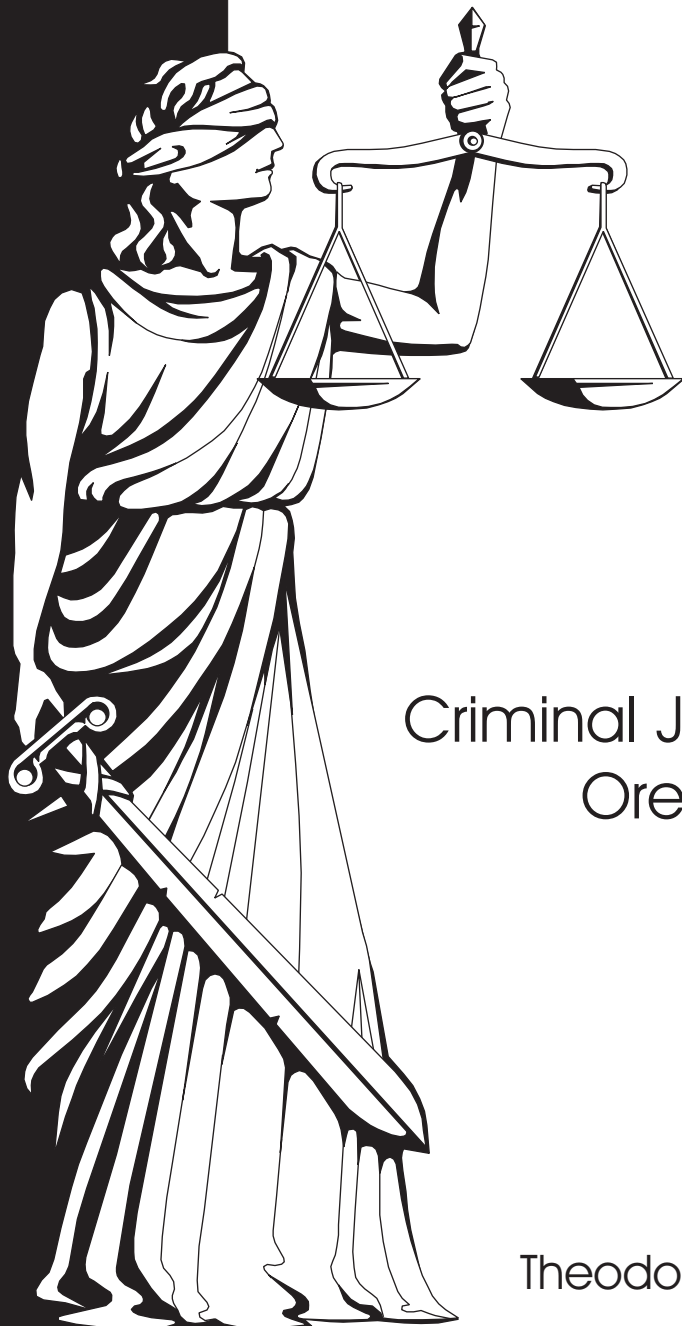


FY 2002
Edward Byrne Memorial
State and Local Law
Enforcement Assistance
Program Grant

Annual
Report



Criminal Justice Services Division
Oregon State Police

Theodore R. Kulongoski Governor

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January 1, 2004

Dear Oregonians:

It is with great pleasure that I present to you *Oregon's 2002 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 achieved with this grant program.

Between July 1, 2002 and June 30, 2003, the State of Oregon allocated over \$7.2 million of Byrne grant funds to state agencies, local governments, and non-profit organizations. These funds supported over 41 programs to reduce drug abuse and violent crime. Many of these programs would not exist without these federal dollars.

Byrne grant 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 violent 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, Byrne grant 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 *2002 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,

Theodore R. Kulongoski

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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 Edward Byrne Memorial State and Local Law Enforcement Assistance Program (Byrne grant) is named after New York City police officer, Edward Byrne. The Criminal Justice Services Division (CJSD) of the Department of State Police serves as the state administrative agency for this and other federal grant programs on behalf of the State of Oregon.

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

The *2002 Annual Report* covers Byrne grant program performance and expenditures between July 1, 2002 and June 30, 2003. However, the majority of the grant award periods for funded programs are different than that of the *Annual Report*. Therefore, outcomes may be based on data collected over two grant years to cover the Annual Report period.

The *2002 Annual Report* includes program performance in seven key areas:

1. Domestic and Family Violence Prevention Programs

Eleven programs in six counties and one statewide program were awarded a total of \$1,042,438 for efforts aimed at improving the criminal justice and community response to domestic and family violence. Four programs are in their first year of funding-these programs run from July 1, 2002 to June 30, 2003. Seven programs are in their second year of funding-these programs run from October 1, 2002 to September 30, 2003. One statewide program was funded from April 1, 2002 to June 30, 2003.

2. Improving Operational Effectiveness

One statewide program was awarded \$7,500 to conduct regional forensic academies. This program was funded from June 1, 2001 to September 30, 2002.

3. Juvenile Violence Prevention Programs

Nine programs in seven counties and one statewide program were awarded a total of \$1,804,588 for efforts aimed at reducing juvenile crime and delinquency. Eight programs are in their second year of funding-seven of these programs run from October 1, 2002 to September 30, 2003 and one runs from January 1 to December 31, 2003. Two programs are in their first year of funding and run from July 1, 2002 to June 30, 2003.

4. Law Enforcement Programs

Seven multijurisdictional narcotics task forces were awarded a total of \$1,086,000 to disrupt the manufacture and distribution of illegal drugs and the diversion of precursor chemicals used to manufacture these products. These programs run from July 1, 2002 to June 30, 2003.

5. Offender Alcohol and Drug Treatment Programs

Four programs in four counties were awarded a total of \$771,495 to provide treatment and transitional services for drug dependent offenders. These programs run from October 1, 2002 to September 30, 2003.

6. Statewide Criminal Justice Information Systems Programs

Four statewide programs were awarded a total of \$1,313,636 for efforts aimed at establishing or improving standards for data, technology, and information sharing.

7. Program Evaluations

Three grants totaling \$785,961 were awarded to conduct comprehensive evaluations of funded juvenile violence and domestic and family violence prevention programs and offender alcohol and drug treatment programs and to promote the implementation of a cultural competency plan to improve the efficacy of funded services.

Governor's Drug and Violent Crime Advisory Board

Formed by Executive Order 00-03, the Governor's Drug and Violent Crime Advisory Board is governed by a 22-member Board of federal, state, and local representatives or designees from the criminal justice and social service systems. The Advisory Board is led by a Chairman, who is appointed by the Governor from among the Board's members. Members serve a four-year term and may serve unlimited additional terms as determined by the Governor. Advisory Board members are responsible for assisting in the review and selection of grant applications, making funding recommendations to the Governor, and reviewing the progress of funded programs. There are currently 11 vacancies on the Board. Board meetings are held quarterly and as needed.

Phyllis D. Barkhurst
Attorney General's Sexual Assault Task Force

Donna Middleton, Director
Commission on Children and Families

Janet Bubl, Title IV Education Program
Specialist
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Betty Griffiths, Citizen Representative

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

Karen Wheeler, Program and Policy
Development
Office of Mental Health and Addiction
Services

Darryl Larson, Judge
Lane County
Chair of the Advisory Board

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.
29. Programs to establish or support cooperation 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

Between July 1, 2002 and June 30, 2003, CJSD awarded over \$7.2 million of Byrne grant funds to state agencies, local governments, and non-profit organizations for 41 programs designed to reduce drug use and violent crime. Of these 41 programs, 24 were community-based programs to either prevent juvenile violence, domestic or family violence, or to intervene with offenders with substance abuse problems and were selected for comprehensive evaluation efforts. The Criminal Justice Services Division (CJSD) worked with the 24 programs to provide them with implementation and grant management assistance, as well as evaluation technical assistance and oversight through a subcontract with Program Design and Evaluation Services (PDES) within the Oregon Department of Human Services.

By the close of the fiscal year, almost all of the programs had successfully implemented their interventions and had begun evaluating their programs.

Domestic and Family Violence Prevention Programs

Eleven domestic or family violence prevention programs are categorized as *innovative programs*. Eight of the programs continued into their second year and three new programs began in the 2002 fiscal year. These programs were funded to reach domestic violence victims, offenders, children who have witnessed domestic violence, and traditionally underserved populations including racial or ethnic minorities, rural residents, immigrants, and elders.

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

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

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

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

The Domestic Violence Coordinator's Office of the Multnomah County Department of Community Justice continued efforts to implement the Centralized Domestic Violence Information, Referral, and Crisis Counseling Line program that would provide optimal domestic violence crisis line services in urban Multnomah County.

The eleventh domestic or family violence prevention program focused on domestic violence offenders. Clatsop County Community Corrections continued implementation of the Domestic Assault Misdemeanor Supervision and Supervision Enhancement Program in the northwest Oregon town of Astoria. All misdemeanor and felony domestic violence offenders who were eligible for this program received enhanced supervision, batterer's treatment, and victim services.

Finally, one statewide program was awarded to the Governor's Council on Domestic Violence to promote a coordinated community response throughout the State to increase safety and options for victims of domestic violence and their children, hold perpetrators accountable, and eliminate domestic violence.

The domestic or family violence prevention programs faced many successes and challenges during the 2002 fiscal year. Factors such as the small-scale and innovative nature of the programs, severe budget cuts, and changes in program staff posed challenges for some programs in conducting implementation and evaluation activities, as initially planned. However, they were able to overcome those challenges by taking a flexible approach, collaborating with their community partners, and working closely with CJSD and PDES. As a result, most of the programs either met or exceeded their annual program objectives. Below are some of the program highlights for the 2002 fiscal year.

- From July 1, 2002 through June 30, 2003, the 11 domestic or family violence prevention programs provided services to more than: 1,590 adult and child victims/survivors of domestic violence served through face-to-face contact; 20,710 victims/survivors served through the centralized crisis line; and reached 240 offenders either through a prosecution or batterer's intervention program.

-
- The VAWA Immigration Project continued to reach and educate immigrant victims of domestic violence in Oregon, primarily Hispanics, and provided them with legal consultation and representation to gain immigration status. For fiscal year 2002, the Project provided legal consultation for more than 560 clients, representing nearly half of them in the process of applying for legal immigration status. Preliminary program evaluation results indicate that clients who completed the education session were satisfied with the training and increased their knowledge of VAWA-related immigration law and victims' rights. In addition, staff reported a higher rate of successful immigration applications for clients.
 - Demand for Kids First Safe Alternative Center's services in Lane County continued to increase during the second program year. The program provided more than 1,400 safe supervised visits this year for parents of 53 children without involving any incidents of physical assault. The program also initiated supervised exchange services in which children are transferred from one parent to another.
 - The H.E.R.O. for Kids program operated by the Multnomah County Department of Community Justice (DCJ) continued to streamline and provide a variety of services built on 10-week psycho-educational groups for children who have witnessed domestic violence. Because of a budget cut and staff changes within DCJ this year, the program was not able to provide services to as many children as initially projected. However, preliminary results indicated that children who received program services showed improvement in the targeted areas of emotional and behavioral health, sense of security, and communication skills.
 - The KidSafe program operated by Project DOVE is a supervised visitation and exchange program similar to the Kids First Safe Alternative Center program. The program was newly funded this year to provide services in rural Malheur County. Operated on a smaller scale, the program initially provided services for a fewer number of clients than originally anticipated. However, in consultation with PDES, the program was able to significantly increase the number of clients by focusing efforts on program realignment, intensive community outreach, and staff restructuring.
 - The Centralized Domestic Violence Information, Referral, and Crisis Counseling Line project utilized the results of focus groups, surveys, and interviews conducted with stakeholders and survivors to design a more integrated crisis line system. Stakeholder involvement resulted in greater collaboration and the implementation of a crisis line system that is more responsive to the needs of victims.

Juvenile Violence Prevention Programs

The 10 juvenile violence prevention programs are categorized into two main areas: *model/promising programs* and *innovative programs*. Of the 10 programs funded, six are model/promising programs and four are innovative programs.

Model/Promising Programs are those 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.

Four of the six model/promising 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.

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 and 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.

Four innovative programs were funded. They are: the Oregon Council for Hispanic Advancement’s ¡Poder! program, the Oregon Department of Education’s Project Support, the Juvenile Rights Project’s SchoolWorks program, and the Josephine County Mental Health Department’s College Dreams program.

The 10 juvenile violence prevention programs receiving Byrne grant funds were selected because of their potential to expand our knowledge of effective juvenile crime prevention practices. These 10 programs are providing interventions to a large number of youth at risk of or involved in juvenile crime. While doing so, they are providing us with important insights into the replication and generalizability of model programs, the efficacy of extending these interventions to populations not previously served, and the importance of innovations to existing program practice. Program highlights include the following:

- From July 1, 2002 through June 30, 2003, the 10 juvenile crime prevention programs served 1,027 youth.
- Twenty-eight percent of the 1,027 youth served were members of a racial or ethnic minority group.
- The Multnomah County Multisystemic Therapy Treatment Foster Care program is evaluating the benefit of providing respite foster care within the MST framework, a potentially important innovation to a well-known model program.
- The Homestead Youth and Family Services Marigold program in Umatilla County is testing the efficacy of the Functional Family Therapy model with girls, a population not typically served by this model program.
- The ADAPT Family-Focused Approach to Juvenile Violence Prevention program in Douglas County is testing the efficacy of the Functional Family Therapy model with youth who are dually-diagnosed with both chemical dependency and mental illness.
- The Jackson County Health and Human Services Youth Turnaround Project is testing the efficacy of the Functional Family Therapy model in a family drug court setting.

During the 2002 fiscal year, the 10 juvenile violence prevention programs continued to implement intervention activities as planned and to conduct activities needed to evaluate program process and outcomes. Most of the programs either met or exceeded their annual program objectives. Some programs did not serve the number of clients planned and others delayed in implementing proposed evaluation activities. Problems were typically associated with changes in program strategies following implementation difficulties, or unexpected factors such as a change in program staff or budget cuts. Encouraging preliminary outcomes reported by model/promising and innovative programs include: improved family functioning, improved school engagement, decreased substance abuse,

and reductions in non-violence and violence-related arrests following intervention completion. However, these outcome data should be interpreted with caution, and consideration should be given to the stage of implementation and the small number of clients that have reached the six month or one year post treatment point.

Law Enforcement Programs

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

The reduction in county and city resources, as well as the activation of National Guard and military reserve personnel has impacted several multijurisdictional narcotics task forces. Despite these issues, the task forces achieved most of their respective goals and objectives.

The disruption of methamphetamine manufacturing and distribution continues to be a high priority in the State for all task forces. Overall, task forces reported the seizure of 147 labs and 6,841.73 grams of methamphetamine and made 854 drug-related arrests. In addition, task force members made 31 presentations on methamphetamine awareness and prevention to over 1,700 people.

Offender Alcohol and Drug Treatment Programs

The three offender alcohol and drug treatment programs funded for a second year all identify and meet the transition and post-incarceration treatment needs of adult and juvenile drug or alcohol involved offenders. Each of these programs includes reach-in by community supervision and/or treatment staff, 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.

The three programs that were funded are located in diverse regions of Oregon and serve slightly different populations with somewhat different services.

The New Life Program is in rural eastern Oregon (Pendleton) and is run by Umatilla County Community Corrections. This program provides reach-in services to offenders with substance abuse problems that are currently participating in correctional treatment programs in jails or prisons or immediately upon release to residential treatment programs. Intensive case management continues as offenders enroll in the New Life Program, a community-based treatment program with a two-phased approach to address the offender's substance abuse and criminality issues. Specific services are tailored to meet the individual needs of each participant.

The Transitional Offender Treatment Program in southwestern Oregon (Medford) is operated by Jackson County Health and Human Services. This program continues to target male and female criminal offenders, ages 18 to 25, with substance abuse disorders as they prepare to transition from institution to community. In total, 86 offenders received assistance in securing employment and safe, drug-free housing, addressing educational, transportation and continuation of substance abuse treatment and mental health services. This program provides more intensive case management through a treatment team to include probation and parole, treatment provider, and a case manager.

Lastly, the Recovery Mentor Program is run by Tualatin Valley Centers (TVC) and operates in both Washington and Clatsop Counties. In both counties, Recovery Mentors provide reach-in services to offenders that are participating in a correctional treatment program. These pre-release services begin 30 to 60 days prior to release as the offender begins to develop their transitional goals. The Recovery Mentor will work closely with the program participant's primary treatment counselor to coordinate services and to maintain close contact with their parole/probation officer. The Recovery Mentors assist offenders as they seek drug free housing, employment, vocational training, establish a sober support system, as well as integrate offenders into drug-free activities through the recovering community.

Program highlights include the following:

- From July 1, 2002 through June 30, 2003, the three offender drug and alcohol treatment programs provided services to 365 offenders.
- The TVC Recovery Mentor Program assisted 70 percent of those offenders identifying housing as a need in securing safe and drug free housing while the Transitional Offender Treatment Program assisted 80 percent.

- Of the 125 offenders identifying employment as a transitional need in TVC's Recovery Mentor Program, 73 percent obtained employment or entered vocational training; in Jackson County 86 percent of the offenders were employed or accessed educational services; and 81 percent of offenders obtained employment through the New Life Program in Umatilla County.

Declining State general fund revenues forced significant cuts to all State agencies in early 2003 in an effort to rebalance the budget. As a result, drastic cuts were made to the Oregon Health Plan (OHP) and in general fund dollars that support community-based chemical dependency and mental health services. Chemical dependency, mental health, and dental benefits were eliminated from the OHP benefit package for the OHP "Standard" population (non-disabled single adults, couples with no dependent children) by legislative action affecting more than 60,000 low-income people. In 2002, public funded outpatient chemical dependency suffered a 17 percent reduction as part of the Department of Human Services budget rebalance. These cuts have a profound impact on the ability of communities to effectively treat and manage addicted / drug-involved offenders on parole / post-prison supervision and on community supervision. One of the funded offender alcohol and drug treatment programs terminated its program early during the second year due to county budgetary issues. The remaining three programs are struggling to maintain the reach-in portion of the model as well as the offenders' required completion of at least 30 days of treatment during incarceration as county and state correctional programs face a reduction of jail beds, jail time, and shrinking resources. One of the three programs addressed this need during the end of this reporting period by providing residential treatment (28 to 45 days) to those offenders who are at high risk to re-offend, have a criminal history, and a releasing authority requirement for substance abuse treatment.

Statewide Criminal Justice Information Systems Programs

Byrne grant guidelines require that five percent of the State's annual award be set-aside to improve criminal justice records. These funds may be spent on programs that promote: (1) completion of criminal histories to include the final disposition of all arrests for felony offenses, (2) full automation of all criminal justice histories and fingerprint records, (3) frequent submission and improved quality of criminal history reports to the FBI, (4) improvement of state record systems and the sharing of all records described above with the Attorney General, and (5) improvement of state records systems, the sharing of all the records described above, and the child abuse crime records required under the National Child Protection Act of 1993. During 2002-2003 four programs were awarded funding to add or enhance criminal justice information sharing capabilities and support emerging technology standards.

Administration

The Criminal Justice Services Division (CJSD) of the Oregon State Police is the state administrative agency for the Edward Byrne Memorial State and Local Law Enforcement Assistance Grant Program. CJSD has 10 staff positions including a Director, Grants Manager, four Program Representatives, two Grants Accountants, a Grants Assistant, and an Administrative Assistant. All but one Program Representative spend at least a portion of their time working on Byrne grant funded programs.

Staff monitor each program through quarterly fiscal and progress reports and on-site monitoring to ensure compliance with approved goals and objectives, budget, and program guidelines.

Evaluation Activities

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 Edward Byrne Memorial State and Local Law Enforcement Assistance Program Grant funded programs aimed at reducing juvenile violence. The long-term objective of this partnership was to promote funding and replication of programs known to be effective at reducing juvenile violence.

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

PDES also assisted CJSD in monitoring and evaluating domestic violence and sexual assault programs funded by the STOP Violence Against Women Formula Grant (VAWA). Based on the evaluability assessment work PDES conducted in 2000 and 2001, PDES submitted an evaluation plan to CJSD in 2003 to monitor and evaluate the activities and performances of VAWA grantees. The implementation of the plan is under way. The goal of monitoring and evaluating the VAWA grantees is to learn about each grantee's target population(s), service capacity and provision, and short-term outcomes for the purposes of continuous quality improvement, and enhancing the local and national knowledge base.

Three types of information will be gathered using multiple methods. PDES worked with CJSD to identify program-level information and individual-level information that should be gathered from each of the grantees. Program-level information includes: site location, hours of service, service capacity, eligibility criteria, service components, and staffing.

Individual-level information (without identifiers) includes: demographic information (e.g., age, race/ethnicity, number of children, disability status, and language), length of stay, relationship to offender and nature of incident that precipitated seeking service. This data will be gathered on each site by utilizing existing administrative databases from other state agencies (e.g. Children, Adults and Families). Using these data sources, PDES will complete data analyses for CJSD on a quarterly basis.

The third type of information that will be collected (initially from VAWA-funded domestic violence shelter grantees only) is outcome information. The perspectives of clients using shelter services because of domestic violence are very important to understand what services are being provided, the strengths of shelters, and things that could be improved. Beginning in September 2003, a brief shelter survey will be available for each VAWA site to use with clients before they leave shelter to assess what services clients received and their satisfaction with those services. The 28 VAWA-funded shelters will be trained by PDES to administer and collect the surveys (initially through December 2003). The anonymous surveys will be returned to PDES who will then enter and analyze the data.

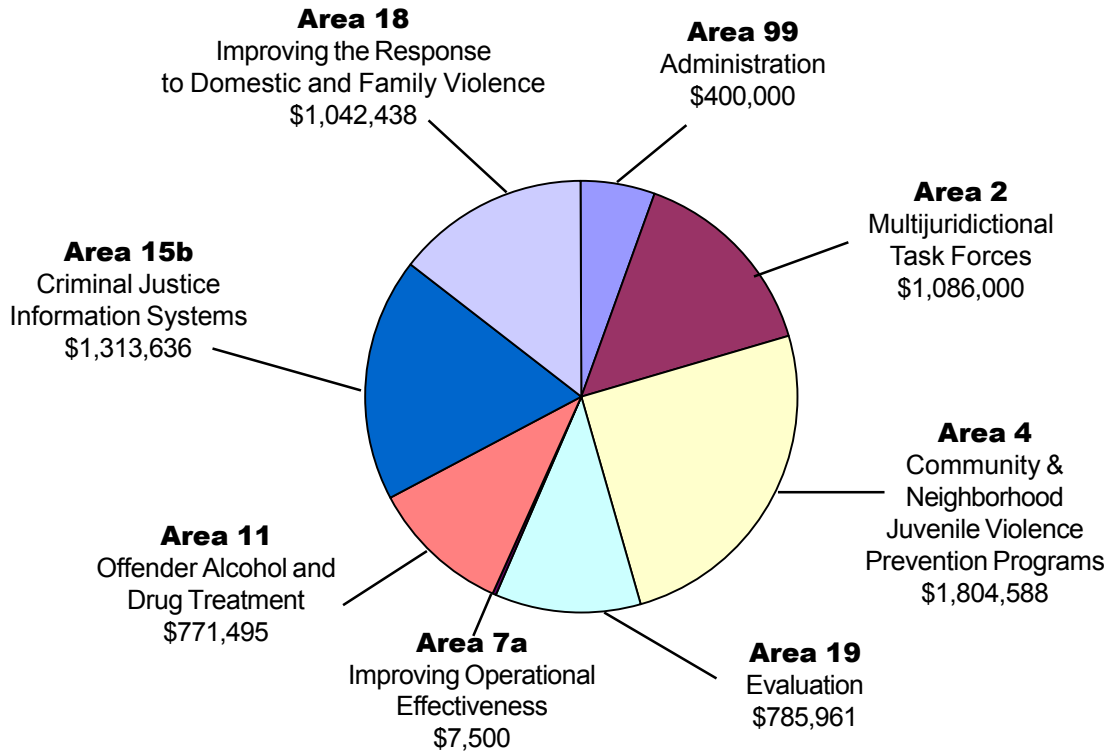
The collaboration between CJSD and PDES continues to support Oregon's ability to promote funding and replication of prevention programs known to be effective at reducing domestic and family violence and juvenile violence as well as alcohol and drug treatment programs that promise to be effective for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

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. With the leadership of the consultant, CJSD entered into a collaborative partnership with the Crime Victims Assistance Section of the Oregon Department of Justice (CVAS), and the Children, Adults, and Families Office of the Oregon Department of Human Services (CAF) to implement the Cultural Competency Plan for subgrantee programs serving victims of domestic violence and sexual assault. The Plan includes nationally recognized operational standards for cultural competency within programs, as well as training and technical support. The training component of the Plan proposes the use of the Cultural Considerations in Assisting Victims of Crime curriculum, developed by the National MultiCultural Institute (NMCI) in Washington, DC. The first phase of the training component of the Plan involves having key individuals from CJSD, CVAS, and CAF subgrantee programs attend a four-day Train-the-Trainer session that employs a variety of methods to teach them the Cultural Considerations in Assisting Victims of Crime curriculum, and prepare them to present the knowledge and skills gained in the session to others. The second phase of the training component involves having each Train-the-Trainer participant partner with a participant from another subgrantee program to deliver dissemination trainings to the staff in two domestic violence and sexual assault programs.

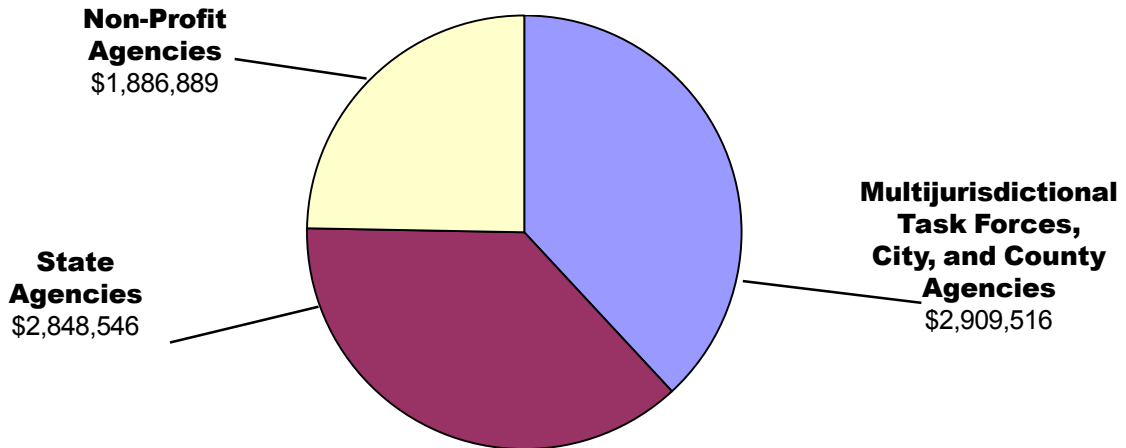
An application to the Training and Technical Assistance Center of the federal Office for Victims of Crime (TTAC / OVC) was submitted by CJSD seeking external support for NMCI-trained professionals to deliver the Cultural Considerations in Assisting Victims of Crime trainings to subgrantee programs. After lengthy delays and programmatic changes that were in place at TTAC / OVC, CJSD's application was approved for the initial pilot training session. The pilot test of the four-day Train-the-Trainer session would be used to determine whether the curriculum and method of presentation could serve as an effective model for the statewide implementation of the first phase of the training component.

A Request for Applications (RFA) to participate in the Pilot Train-the-Trainer Session was sent to each domestic violence and sexual assault subgrantee program. The RFA described the purpose and content of the pilot session and the fact that it was an opportunity for a limited number of communities to get involved early in the new Cultural Competency Plan. Subgrantee programs within the same communities were encouraged to submit applications in teams, with the expectation that selected programs would then be invited to send one individual from each program to the four-day session. The RFA explained that participants would be taking part in the curriculum both as trainees and as future trainers. The pilot test of the four-day NMCI Train-the-Trainer session is scheduled for September 2003.

Distribution of Awards by Purpose Area



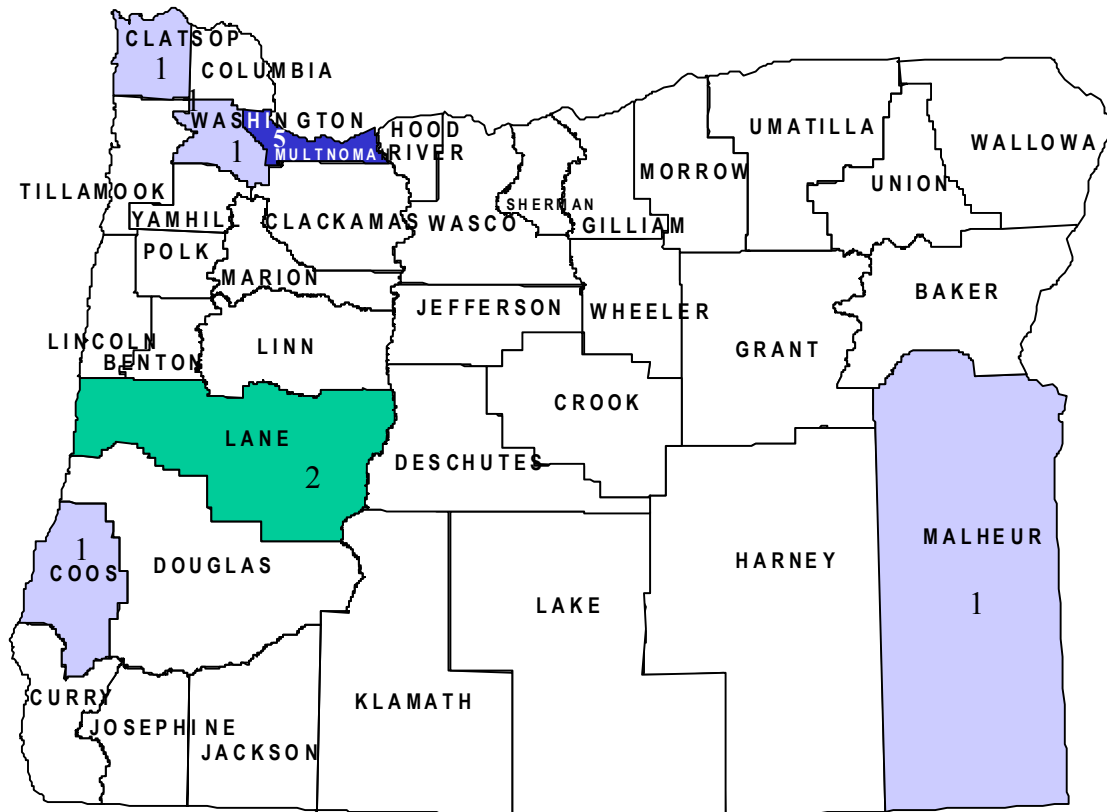
Distribution of Awards by Agency Type



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.

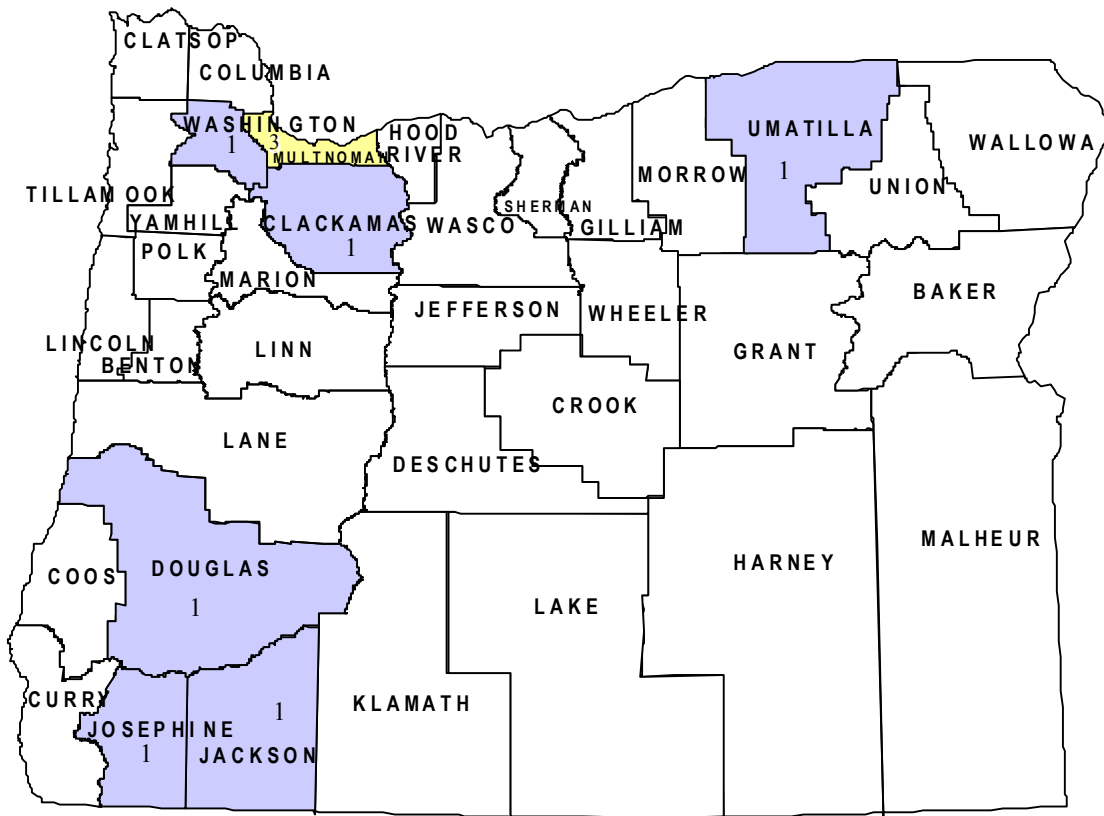
Geographic Distribution of FY 2002 Byrne Grant Funds

Domestic and Family Violence Prevention Programs

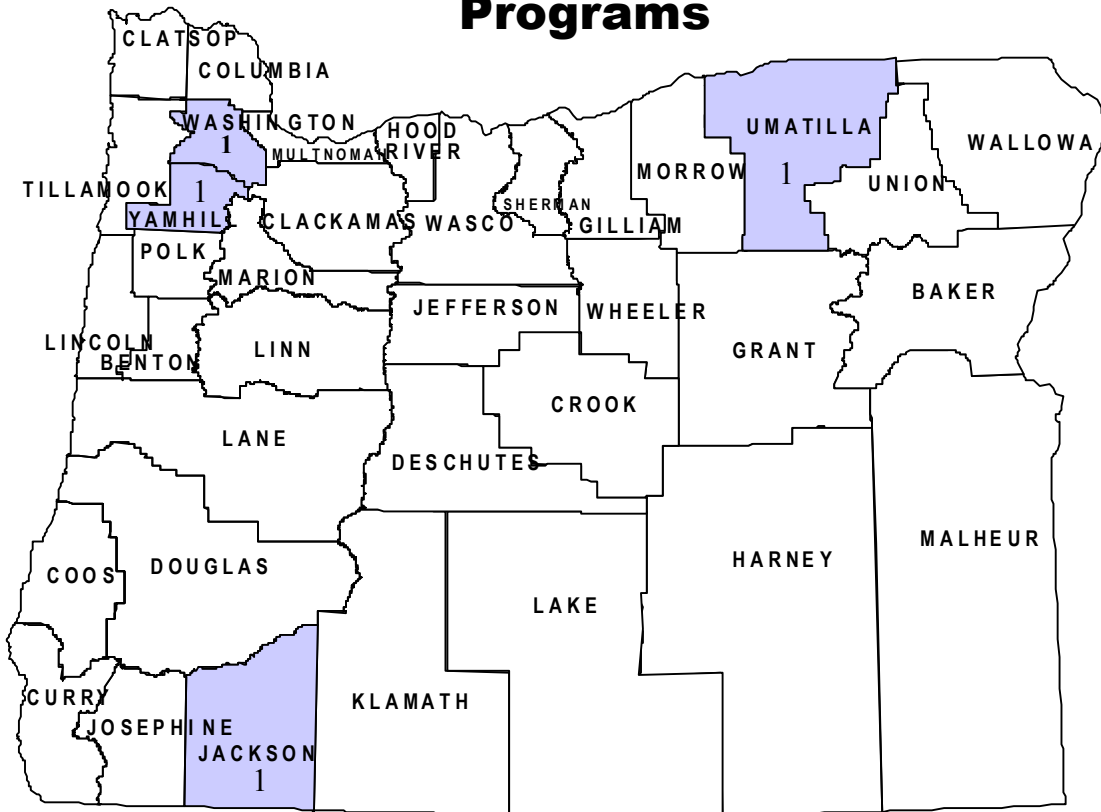


The number of Byrne funded programs within the county is indicated alongside the county name. It is important to note that several programs serve more than one county, therefore this map only identifies the actual number of programs, not how many counties benefit from Byrne grant funds.

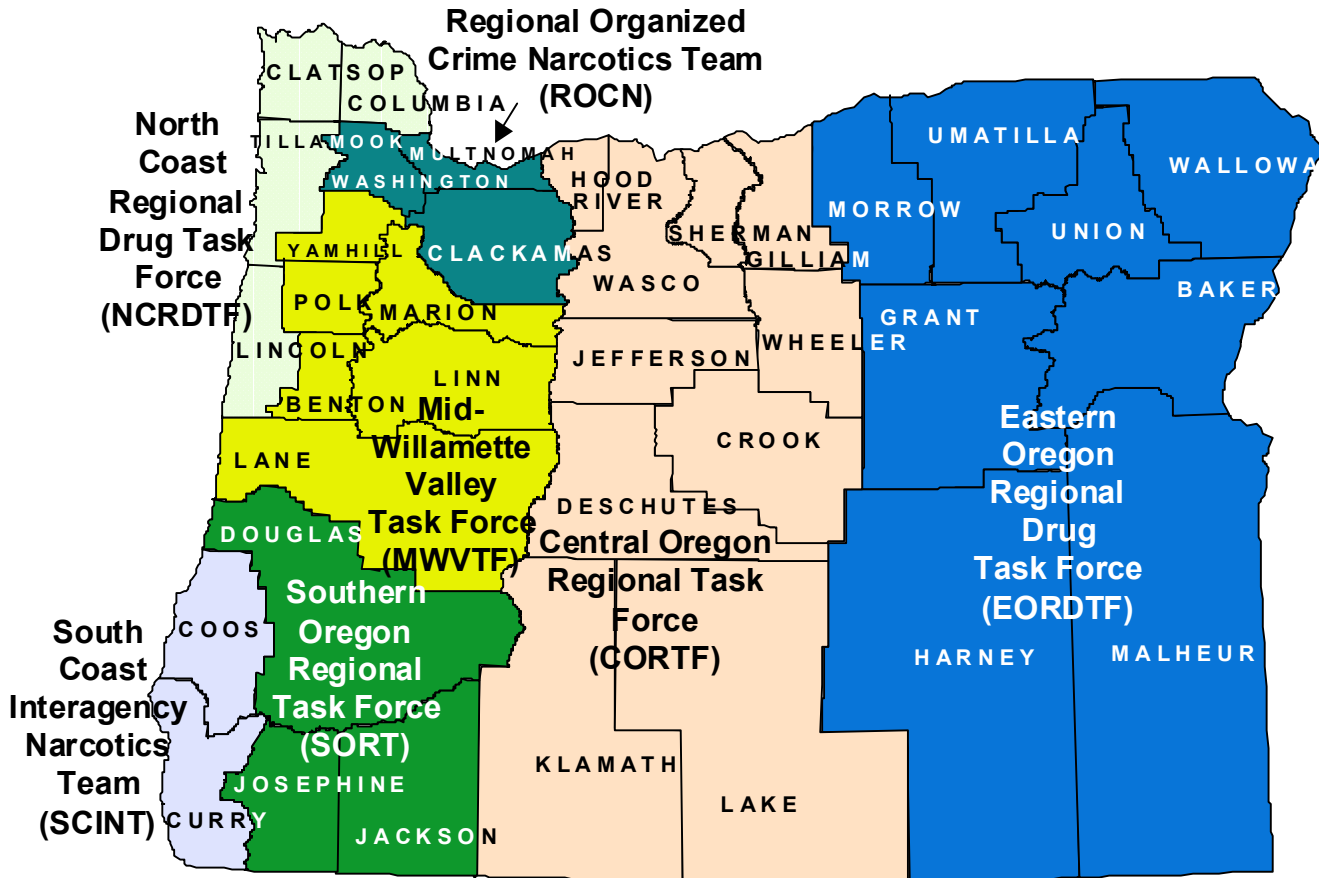
Juvenile Violence Prevention Programs



Offender Alcohol and Drug Treatment Programs

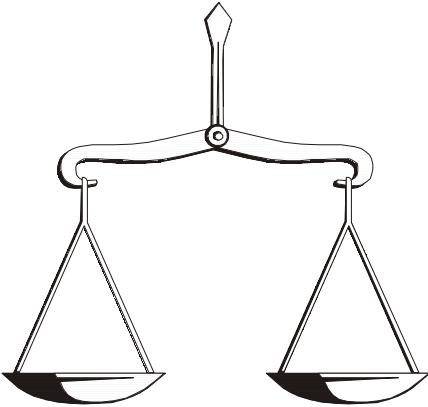


Multijurisdictional Narcotics Task Forces



Multijurisdictional 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.

Program Summaries



Governor's Council on Domestic Violence

Criminal Justice Services Division

Contact: Carmen Merlo 503.378.3720

Program No: 01-009

Federal Funds Expended: \$10,784

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 Eugene, Prineville, Hillsboro, St. Helens, and Bandon to learn about local strategies, collaborations, and interventions to address domestic violence. The Council further refined the process for conducting, announcing, and inviting communities to participate at hearings.

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: Cathy Relang-Oliverio 503.234.1541

Program No: 99-051 and 01-038

Federal Funds Expended: \$91,833

Match Funds Expended: \$34,064

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 refugee and immigrant women, some of whom may be domestic violence survivors, (2) case management and advocacy services to immigrant and refugee women who are survivors of domestic violence, and (3) culturally competent domestic violence training to representatives of the criminal justice system. IRCO expects that (1) domestic violence education will help immigrant and refugee women to access valuable information and support, (2) case management will help domestic violence survivors obtain social and legal services, and (3) training will enhance the criminal justice system's ability to respond to domestic violence in immigrant and refugee communities.

Objective

To provide English as a Second Language (ESL) domestic violence (DV) education classes to 100 immigrant/refugee women representing 10 ethnic groups per year.

Outcome

A total of 162 women participated in 18 ESL/DV education classes. Women who attended the classes represented the following ethnic groups: Vietnamese, Russian, Lao, Mien, Mexican, Korean, Thai, Cambodian, Tibetan, Oromo, Sudanese, Somali, Iranian, Filipina, Afghani, Ukrainian, Belarusian, Venezuelan, Zambian, and Ethiopian.

Objective

Fifty percent of those attending ESL/DV classes will complete 50 percent of the classes.

Outcome

Of the 162 women that attended ESL/DV classes during the second year, 19 began classes late in the third quarter so they are considered "on-going". Of the remaining 143 women, 92 women (64 percent) completed 50 percent of the ESL/DV classes.

Objective

To provide immigrant/refugee women the opportunity to meet with representatives of law enforcement agencies. Each ESL/DV class will host visits by two law enforcement representatives and/or victim advocates.

Outcome

One law enforcement officer and one victim assistance advocate presented information about their domestic violence unit to each of the 18 ESL/DV classes.

Domestic Violence Education Program for Immigrant and Refugee Women

Immigrant and Refugee Community Organization (IRCO)

Objective

To provide 40 immigrant/refugee women affected by domestic violence with two or more hours of case management and advocacy services.

Outcome

A total of 44 women have each received an average of 14.8 hours of advocacy/case management services that included one or more 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

Fifty percent of the women receiving case management and advocacy services will achieve 50 percent of their short-term case goals.

Outcome

Eighty-one percent (39) of the 44 women receiving case management and advocacy services attained 50 percent of their short-term goals.

Objective

Sixty police officers from area law enforcement agencies will receive training to better understand the special needs of immigrant/refugee domestic violence survivors.

Outcome

A total of 81 police officers and law enforcement personnel received training on domestic violence within immigrant and refugee communities.

Objective

Fifty percent of the police officers attending the training will show an increased awareness and understanding of response to DV calls within immigrant/refugee communities.

Outcome

Eighty-five percent of the police officers and personnel attending the training and completing the questionnaire showed an increased awareness and understanding of response to domestic violence calls within immigrant/refugee communities.

Objective

Distribute 500 program brochures among immigrant/refugee communities in the tri-county area.

Outcome

Approximately 600 brochures containing program information have been distributed throughout the tri-county area.

Safe Families

Looking Glass

Contact: Chris Rubin 541.484.4428

Program No: 99-052 and 00-041

Federal Funds Expended: \$57,949

Match Funds Expended: \$34,189

Program Summary

Safe Families is a community-based interagency prevention and early intervention program designed to provide comprehensive wrap-around services for families at risk of child abuse and neglect. Based on family service teams consisting of multiagency members, Safe Families 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

Seventy-five children who have witnessed domestic violence will be referred to the program. All 75 children will be assessed for program eligibility and will develop individualized treatment plans.

Outcome

There were a total of 37 children served during the second six months of this reporting period. During this reporting period the agency providing services was designated as the new grantee. During this transition period, data was not maintained for the first six months of the reporting period.

Objective

Twenty-four parents of children who have witnessed domestic violence will be assessed for program eligibility and therapists will develop individualized treatment plans.

Outcome

Program staff provided a formal assessment for six parents to engage them in a variety of program services.

Objective

Twenty-four parents of children who have witnessed domestic violence will participate in support/ education groups. Twenty parents will participate in family therapy.

Outcome

Twenty-two parents of children who have witnessed domestic violence participated in support/ education groups. It is unknown how many parents participated in family therapy, however, it is assumed that the parents of the 20 children who participated in family therapy also participated in family therapy themselves.

Safe Families

Looking Glass

Objective

Sixty children will receive support/ education group services and 20 children will receive individual therapy and family therapy.

Outcome

Of the 37 children served, 21 children participated in the eight-week support and education groups and 20 children participated in family therapy. Ten children participated in individual therapy.

Objective

Seventy-five children and their parents will develop safety plans.

Outcome

All of the 37 children and their parents served developed formal or informal safety plans with their therapist, either in the support/education groups or in the context of family therapy.

Objective

Program staff will provide outreach to 10 domestic violence and other social service providers in the community.

Outcome

The program conducted an extensive outreach effort from July through October 2002. Program staff regularly attended Community Safety Net meetings where teams screened families and made referrals. The program also conducted outreach activities at agencies serving children including Womenspace, Sexual Assault Support Services, the Child Advocacy Center, Relief Nursery, Department of Human Services-Child Welfare, Department of Human Services-Self Sufficiency, the Domestic Violence Council, and nine other Looking Glass programs.

Lane County Supervised Parenting Time Project (Kids First)

Lane County Legal Aid Service

Contact: M. Caroline Padgett 541.683.6353

Program No: 99-053 and 00-040

Federal Funds Expended: \$147,286

Match Funds Expended: \$59,344

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 plan.

Objective

Provide 1,260 safe supervised visits to 84 children and 345 safe supervised exchanges for 75 children and 60 parent victims of domestic violence. Provide orientation for each child served and a two-hour assessment and orientation for each parent victim.

Outcome

The program provided 1,421 safe supervised visits to 53 children and 115 safe supervised exchanges to eight children and 36 parent victims of domestic violence. Each child received an orientation and safety planning information. Twenty-six parent victims received a two-hour assessment and orientation session.

Objective

Each supervised visit and exchange will have zero incidents of exposure to physical assault. Ninety percent of visits will be in compliance with program agreements and protocols.

Outcome

There were zero incidents of exposure to physical assault. Specific compliance rates were not available but are estimated to be 85 percent.

Objective

Recruit, train, and support 25 new volunteers as visit/ exchange supervisors.

Outcome

Forty-three volunteers provided services as visit and exchange supervisors. An additional 32 new volunteers completed training in this reporting period.

Lane County Supervised Parenting Time Project (Kids First)

Lane County Legal Aid Service

Objective

Revise and expand orientation and safety packets for children, victim parents of domestic violence, and offending parents. Revision and expansion could include but is not limited to the resource guide, handouts and safety planning materials.

Outcome

Significant progress has been made on revising the packets. It is estimated that the objective will be completed by the end of September 2003. The resource guide was revised to include new resources such as parenting classes and updated content information for existing resources. A new handout was developed and is now included in the packet. The handout is called "How to make the best use of Kids First" The handout provides parents with information and tips about how to make visits and exchanges easier on the children.

Objective

Increase capacity for serving rural, Hispanic, teen, and other underserved populations.

Outcome

The program focused on staff training, expanding volunteer recruitment, and developing community partnerships for these underserved populations.

Objective

Develop and administer instruments and database for client intake and assessment to understand their demographic and risk profiles and to track changes in their exposure to domestic violence.

Outcome

Both the client intake and assessment questionnaire and the database were completed during this reporting period.

Objective

Design and conduct surveys and/ or interviews to assess program outcomes such as changes in safety and well-being perceived by parents and children who participated in the program and parents' knowledge about domestic violence and community resources.

Outcome

In consultation with the evaluation team, the program evaluator developed a time series evaluation design in which surveys would be administered to parents at multiple time points from intake to six months after program exit. The time series instrument will be piloted during the next reporting period. The time series instrument will include observations at the following points: (1) at point of first call, (2) at intake, (3) at visit one, (4) at visit three, (5) at visit six, (6) at termination, (7) three months post termination, and (8) at six months post termination.

Lane County Supervised Parenting Time Project (Kids First)

Lane County Legal Aid Service

Objective

Design and conduct key informant surveys to assess key systems' (e.g. judges and court personnel, victim advocates, child welfare services) knowledge and perception about Kids First, understand their supervised visit or exchange referrals/ orders, and increase how many referrals/ orders are made to the program.

Outcome

Since judges are the primary source of referrals to the program, the major focus for this objective during this reporting period was to survey judges. Twelve of the 15 judges were interviewed over a three-month period with five judges interviewed twice. In addition, 11 judges completed a questionnaire. Only 25 percent of judges agreed that they were well informed about Kids First and approximately 65 percent reported having made at least one referral to Kids First.

Elder Abuse Prevention Program

Multnomah County District Attorney's Office

Contact: Judy Phelan 503.988.3335

Program No: 00-032

Federal Funds Expended: \$78,485

Match Funds Expended: \$27,114

Program Summary

The purpose of the Elder Abuse Prevention Program is to prevent domestic elder abuse in Multnomah County by reaching out to and educating community service providers and by conducting aggressive prosecution of offenders. The program provides a Deputy District Attorney (DDA) in the Domestic Violence Unit of the Multnomah County District Attorney's Office, Family Justice Division. By working closely with an Elder Abuse Victim Advocate in the Division's Victim Assistance Program, the DDA will undertake community education programs to train service providers in reporting elder abuse and establishing response protocols. The DDA will also conduct traditional case work functions by actively reviewing, issuing, and prosecuting elder abuse cases.

Objective

Provide trainings to primary elder abuse mandatory reporters, law enforcement agents, and health and human service workers to improve their knowledge of mandatory elder abuse reporting law.

Outcome

The DDA provided 23 trainings with a total of 743 participants. In addition to the trainings, the DDA participated in 70 meetings with a total of 620 people in attendance. Among the groups and agencies included were Multnomah County Elder Abuse Steering Committee, Oregon State Bar CLE, Adult Protective Services staff, and Oregon Guardian and Conservatorship Association.

Objective

Provide 16 trainings to approximately 150 to 200 police officers to improve their knowledge of elder abuse and protocols for responding to and reporting abuse.

Outcome

The DDA provided 15 trainings to 406 law enforcement attendees.

Objective

Screen and prosecute three to six elder abuse cases per month (36 to 72 cases per year).

Outcome

Of the 44 elder abuse cases that were received by the program, 22 ended with guilty pleas, one ended in a guilty verdict from a trial, one case ended with a not guilty verdict, two cases ended with a guilty but insane verdict, 11 cases were rejected due to insufficient evidence, and seven cases were dismissed.

Elder Abuse Prevention Program

Multnomah County District Attorney's Office

Objective

Develop and distribute informational program brochures to service providers and victims.

Outcome

Informational brochures on victims' rights, the grand jury process, and the criminal justice system were developed and distributed to victims and service providers. The brochures have been made available in English and Spanish.

KidSafe

Project DOVE

Contact: Tamara Fulwyler 541.889-6316

Program No: 01-033

Federal Funds Expended: \$39,784

Match Funds Expended: \$13,262

Program Summary

The KidSafe program is designed to provide an opportunity for non-custodial or non-residential parents in Malheur County to maintain contact with their children in a safe and neutral setting. The program has two primary components: (1) supervised visitation time in which children living with one parent see the other non-custodial parent under supervision of program staff and (2) supervised exchanges in which children are transferred from one parent to the other without the parents having contact with each other. The main purpose of the KidSafe program is to ensure the safety and well-being of child and adult victims of domestic violence.

Objective

Recruit two English and Spanish speaking, bilingual/ bicultural, program staff members to develop and implement program services.

Outcome

Two advocates that are bilingual/ bicultural were recruited to initially develop program services. During the implementation phase of the program there was a staff change so that only one bilingual/ bicultural advocate is currently employed by the program.

Objective

Secure a safe location to provide supervised exchange and visitation services.

Outcome

The program is located in a safe location within the Department of Human Services Community Human Services building in Ontario. The site already had supervised visitation rooms set up with emergency protocols in place for police assistance. The secured door and controlled access layout of the building and close location of the program office provides additional security. Police response is less than five minutes from the time a 911 call goes into the Ontario Police Department dispatch center.

Objective

Develop written program policies, procedures, intake/ assessment forms, and outreach materials in both English and Spanish.

Outcome

Guidelines based on policies and procedures and forms for KidSafe were developed and printed in both English and Spanish.

KidSafe

Project DOVE

Objective

Develop community partnerships to ensure client referrals to the program and collaborative services by signing a written Memorandum of Understanding (MOU).

Outcome

Members of the Malheur County Family Violence Team including representatives from: the District Attorney's Office, Community Corrections, DHS/ Child Welfare, DHS/ Self Sufficiency, Ontario Police Department, Malheur County Sheriff's Office, the local Batterers' Intervention Program and Project DOVE, signed a MOU regarding an understanding of program services and an agreement to make referrals.

Objective

Provide 35 hours per week of visitation and exchange services with the cost of service based on a sliding scale.

Outcome

Families were able to access program services Wednesday through Sunday, 12:00 pm to 8:00 pm, for a total of 40 hours each week. Supervised visitation rates for the visiting parent varied with the maximum of \$20 per visit. Custody exchange rates were \$2 per exchange.

Objective

The program will serve 10 families with 20 children.

Outcome

The program served 19 families with 26 children.

Objective

Provide 68 supervised visits or exchanges to children of 10 families.

Outcome

Nineteen families were provided with 18 supervised visits and 73 custody exchanges. Four scheduled appointments were considered no-shows and five families canceled appointments for services.

Objective

Provide program intakes and orientations for 20 parents.

Outcome

Intakes and orientations were provided to a total of 24 parents: 10 custodial parents and 14 non-custodial parents.

KidSafe Project DOVE

Objective

Provide education on safety planning for 20 non-abusive parents.

Outcome

Safety planning education (written and verbally) was provided to 10 non-abusive parents.

Objective

Provide 20 abusive parents with education on the effects of domestic violence on children.

Outcome

Fourteen abusive parents were given written and verbal education on the effects of domestic violence on their children.

Objective

One hundred percent of visits and exchanges will be free of incidents of physical assault, as observed by the staff. Ninety-five percent will be free of a violation of program safety procedures and protocols.

Outcome

One hundred percent of all program visits and exchanges were free of incidents of physical assault. Ninety-nine percent of the exchanges were free of a violation of program safety procedures and protocols. One exchange required staff intervention when the non-custodial parent didn't have a car safety seat to transport the child from the program site.

Objective

Design and conduct surveys with 35 community partners to assess their knowledge of program services and gain feedback to meet program needs and improve program services.

Outcome

Program surveys were developed and distributed to community partners. Twenty-five surveys were returned. Both judges in Malheur County completed and returned surveys indicating knowledge of the program. Immediately following the surveys, judges and community partners began making regular referrals to the program.

Objective

Distribute approximately 5,000 informational program brochures to the general public and 10 community services agencies. Make approximately 30 presentations.

Outcome

There were approximately 1,300 English and 725 Spanish program information brochures distributed during this reporting period. Presentations were conducted to 10 community service agencies and two general public events.

Domestic Violence Intervention Services

Hillsboro Police Department

Contact: Tina Sahnaw 503.681.6195

Program No: 01-034

Federal Funds Expended: \$11,566

Match Funds Expended: \$7,630

Program Summary

The purpose of the Domestic Violence Intervention Services program is to address the special needs of Latina domestic violence victims. Program services include follow-up of domestic violence police reports, case management, and outreach and education presentation on legal rights and available services. The Hillsboro Police Department (HPD) contracts with the Domestic Violence Resource Center for a full-time bilingual Liaison who provides follow-up, case management, and outreach and education. In addition, HPD officers will receive training on cultural diversity, victim's rights and advocacy, and working with the Latina community.

Objective

The Liaison will follow-up on police reports and contact 25 Latina domestic violence victims per month to determine service needs.

Outcome

The Liaison contacted 24 Latina domestic violence victims.

Objective

Presentations about domestic violence and victims' rights will be made to the Latina community six times a year.

Outcome

One public presentation, one live call-in cable television talk show and public service announcements were made.

Objective

Cultural diversity training will be provided annually to Hillsboro Police Department officers.

Outcome

Fifty percent of sworn officers (57 officers) attended the cultural diversity training conducted in April 2003.

Objective

Latina domestic violence victims will have an increased understanding of their legal rights, available resources, and will be satisfied with officer response as measured by the Intervention Services Survey (ISS).

Domestic Violence Intervention Services

Hillsboro Police Department

Outcome

The program developed and tested several survey tools, however the program decided to use the Intervention Services Survey. Because this decision was made at the end of the reporting period no surveys were completed.

Services to most Latina victims only require one contact. These one-time services are usually for information and referral. When Latina victims are in need of additional services, the Liaison advocate works with victims on a case management basis. Case management refers to two or more contacts. The ISS will be given to all Latina victims by the Liaison advocate at the end of the first contact. A follow-up ISS will be given to victims at the end of case management services.

VAWA Immigration Project

Catholic Charities

Contact: Siovhán Sheridan-Ayala 503.231.4866

Program No: 01-040 and 01-035

Federal Funds Expended: \$127,093

Match Funds Expended: \$46,937

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

Three hundred immigrants will access the VAWA Immigration Project services to increase their knowledge of VAWA immigration issues and resources.

Outcome

A total of 356 immigrants accessed the VAWA Immigration Project.

Objective

Provide 100 women access to a toll-free telephone line to provide information regarding domestic violence and immigration resources.

Outcome

Approximately 50 clients accessed the toll-free telephone line.

Objective

Ninety percent of outreach/education session participants will be satisfied or very satisfied with the training, as measured by the satisfaction surveys.

Outcome

One-hundred percent of the participants reported that they were either satisfied or very satisfied with the training and their expectations were fully met by the workshop. Eighty-six percent of the participants reported that it was their first workshop on the topic.

Objective

Ninety percent of the outreach/education session participants will demonstrate understanding of the core content of the outreach/education session which includes information on immigration issues and laws that are related to domestic violence.

Outcome

Ninety-five percent of the participants demonstrated an increased understanding of the core content of the outreach/education session and a better understanding of legal options.

VAWA Immigration Project

Catholic Charities

Objective

Provide 125 immigrant victims of domestic violence full legal representation which includes assisting victims with application forms from the Bureau of Citizenship and Immigration Services (BCIS) and VAWA self-petitions for lawful immigration status.

Outcome

A total of 255 women received full legal representation on immigration matters.

Objective

Ninety percent of clients receiving full legal representation services will be satisfied with their representation.

Outcome

Development of the mail survey procedures and instruments to track this objective were completed at the end of the program year. The survey will be implemented annually beginning the next grant year.

Objective

Fifty percent of legal representation cases will be completed within one year from being opened.

Outcome

Forty-nine percent of legal representation case applications were approved by BCIS. The remaining 51 percent were waiting for approval. None of the applications have been denied to date.

Objective

To provide outreach/education on immigration issues to 100 domestic violence service providers (e.g., advocates and police officers) to increase their knowledge of VAWA immigration issues and resources.

Outcome

A total of 341 domestic violence service providers received outreach/education on immigration issues.

Objective

To provide a pro-bono legal training program to a total of 30 attorneys and interpreters on providing legal representation for immigrant victims of domestic violence.

Outcome

Due to lack of program resources, initiation of the pro-bono legal training program was delayed until the next program year.

Enhance Shelter Services

Women's Safety and Resource Center

Contact: Judy Moody 541.756.5964

Program No: 01-041 and 01-037

Federal Funds Expended: \$60,722

Match Funds Expended: \$20,241

Program Summary

Women's Safety and Resource Center (WSRC) 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) case management services which consists of an assessment of needs, case planning, goal setting, safety planning, resource referrals, and advocacy.

Objective

Ninety percent of domestic violence victims in shelter will be provided with an initial client/needs assessment by the end of the first working day after admission.

Outcome

A total of 92 percent of the women in shelter were provided with an initial client/needs assessment by the end of the first working day.

Objective

Ninety percent of domestic violence victims in shelter will receive assistance with creating, updating, or reviewing/maintaining a safety plan.

Outcome

A total of 67 percent of domestic violence victims who entered shelter received assistance with creating, updating, or reviewing/maintaining their safety plan.

Objective

Ninety percent of domestic violence victims in shelter for seven or more days or who have no external agency case manager will receive assistance with developing an initial case plan outlining their goals.

Outcome

A total of 100 percent of active cases in shelter for seven or more days had a documented case plan.

Objective

Seventy-five percent of domestic violence victims in shelter for seven or more days will receive referral to a needed resource.

Enhance Shelter Services

Women's Safety and Resource Center

Outcome

A total of 95 percent of domestic violence victims in shelter for seven or more days had a documented referral to an external agency.

Objective

Provide 90 percent of planned enhancement activities: weekly peer counseling training, weekly mindfulness session, yoga sessions twice a week, and weekly INOKA (It's Not Okay Any-more) support group.

Outcome

A total of 100 percent of the enhancement activities were provided as planned.

Objective

Seventy-five percent of domestic violence victims in shelter will participate in at least one enhancement activity during their stay at shelter.

Outcome

A total of 100 percent of domestic violence victims in shelter participated in at least one enhancement activity.

Objective

Seventy-five percent of domestic violence victims in shelter will report gaining knowledge about domestic violence as measured by post-shelter surveys.

Outcome

A total of 100 percent of the domestic violence victims reported that they had gained knowledge about domestic violence as measured by survey questions designed to measure increased knowledge of domestic violence and its effects.

Objective

Seventy-five percent of domestic violence victims in shelter will report that the safety plan they developed will help them stay safe as measured by the exit surveys.

Outcome

A total of 67 percent of domestic violence victims who completed the exit surveys reported that the safety plan helped them stay safe.

Objective

Seventy-five percent of domestic violence victims will report increased knowledge about, and access to, community resources as measured by exit surveys.

Enhance Shelter Services

Women's Safety and Resource Center

Outcome

A total of 70 percent of domestic violence victims indicated that shelter staff helped them “a lot” to get assistance from other programs in the community. Other response options were “somewhat”, “a little”, “and not at all”.

Objective

Seventy-five percent of domestic violence victims in shelter for 14 days or more will report benefiting from participation in enhancement activities as measured by exit surveys.

Outcome

A total of 90 percent of the domestic violence victims who completed the exit surveys reported that they benefited “a lot” or “somewhat” from at least one of the enhancement activities.

Domestic Assault Misdemeanor Supervision and Supervision Enhancement Program

Clatsop County Community Corrections

Contact: Danny L. Jordan 503.325.4982

Program No: 01-042 and 00-038

Federal Funds Expended: \$71,844

Match Funds Expended: \$23,948

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

One hundred percent of all new offenders with minimal court ordered exceptions will have supervision provided by the Domestic Violence Probation Officer and undergo a domestic violence intake and assessment.

Outcome

One hundred percent (n=97) of all new offenders admitted to the program received supervision by the Domestic Violence Probation Officer and had undergone a domestic violence intake and assessment. Of the 97 offenders, 85 were male and 12 female.

Objective

Polygraphs will be administered on a portion of offenders to verify compliance with no contact orders and the conditions of probation.

Outcome

Twenty-five male offenders received polygraphs during this reporting period.

Objective

One hundred percent of all offenders that violate supervision by having unauthorized contact will have action taken via interventions, sanctions, etc.

Domestic Assault Misdemeanor Supervision and Supervision Enhancement Program

Clatsop County Community Corrections

Outcome

One hundred percent (n=34) of those that violated supervision received sanctions or intervention. These 34 offenders are representative of the 200 that have been served by the program since October 1, 2001. In most case adjudication of offenders does not happen for six to 12 months. Therefore offender recidivism requires looking at least over a three year period.

There were no female offenders that violated supervision.

Objective

One hundred percent of offenders with a condition to undergo a domestic violence assessment will be referred for an assessment for domestic violence treatment services.

Outcome

Sixty-nine percent (n=66) of all offenders admitted to the program during this reporting period were referred for an assessment for domestic violence treatment. The majority of the 29 offenders who did not receive a referral for domestic violence treatment did not have a condition by the court to undergo such treatment. The offenders committed violence toward a family/ household member who was not a current or former intimate partner. Of the 66 referred, 55 completed a domestic violence treatment assessment, and 50 entered treatment. Sixty-six percent (33) of offenders entering domestic violence treatment received indigent funding for these services during the reporting period.

Objective

One hundred percent of offenders assessed as needing domestic violence treatment will complete domestic violence treatment before successfully completing the program.

Outcome

One hundred percent of offenders with conditions to complete domestic violence treatment, and assessed as needing treatment, completed domestic violence treatment prior to completing the supervision program.

Objective

One hundred percent of offenders that exhibit need for other treatment services or programming will be referred to appropriate treatment programs for assessment. Other treatment services and programming includes substance abuse, parenting classes, employment skill training, and mental health treatment.

Outcome

One hundred percent (n=55) of offenders admitted to the program and exhibiting need for other treatment services determined by assessment or by the domestic violence probation officer received a referral for appropriate treatment services: 38 received a referral for substance abuse treatment, 14 received a referral to the Breaking Barriers program (Life Skills Program), and three received a referral to mental health treatment.

Domestic Assault Misdemeanor Supervision and Supervision Enhancement Program

Clatsop County Community Corrections

Objective

Twenty percent of referred offenders will complete other treatment services or programming including substance abuse, parenting classes, employment skill training, and mental health treatment.

Outcome

Thirteen percent (five) of offenders referred for substance abuse treatment have successfully completed treatment. Eight percent of offenders have been closed unsuccessfully. Forty-two percent (16) have not yet enrolled due to the inability to pay for treatment in the aftermath of the Oregon Health Plan (OHP) cuts to behavioral health funding. Seventy-nine percent (11) of offenders referred to the Breaking Barriers program have successfully completed the program.

Objective

The Domestic Violence Probation Officer will attend one session for each of the three treatment groups (two men's and one women's) per month.

Outcome

The Domestic Violence Probation Officer attended 16 treatment group sessions.

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 and 00-042

Federal Funds Expended: \$112,324

Match Funds Expended: \$67,438

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

Four hundred children who have witnessed domestic violence will be referred by designated Department of Community Justice (DCJ) programs to Tualatin Valley Centers (TVC), a contracted service provider.

Outcome

Two hundred and sixty-four children have been referred to TVC for services.

Objective

Two hundred parents (or guardians) will be interviewed, attend an initial intake appointment, have emergency needs assessed, and engage in family safety planning.

Outcome

Seventy-eight parents of 115 children were interviewed and had emergency needs assessed.

Objective

One hundred children and their parents will be assessed by clinicians. A Family Action Plan and an Individual Case Plan will be prepared for each child.

Outcome

Eighty children and their parents were assessed by clinicians and A Family Action Plan and an Individual Case Plan was prepared for each child.

Objective

One hundred children and their parents will attend individual counseling and/ or psycho-education groups.

Outcome

Sixty children and their parents attended individual counseling and/ or psychoeducation groups.

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

Multnomah County Department of Community Justice

Objective

Seventy-five children will complete psychoeducational groups, exit interviews, and clinical assessments.

Outcome

Thirty-four children completed psychoeducational groups, exit interviews, and clinical assessments. The program has found it difficult to get children (families) to return for a final exit interview and is working on ways to increase participation.

Objective

Sixty parents will attend psychoeducational groups. Seventy-five children and parents will complete individual safety plans as part of their psychoeducational groups.

Outcome

Fourty-eight parents attend psychoeducational groups. Thirty-six children completed individual safety plans as part of their psychoeducational groups.

Objective

Of the children completing psychoeducational groups and/or individual counseling, 70 percent will show improvement in emotional and behavioral health at the conclusion of service as measured by intake and exit assessments of parents.

Outcome

Parents of 34 children were surveyed and 88 percent (30-34) of the children were reported as having improvement in emotional and behavioral health.

Objective

Clinicians' behavioral assessments of children participating in the program and pre-, post-, and three month program follow-up surveys of the children's parents will indicate the following program outcomes:

A) Of the children completing the psychosocial groups and/or individual counseling, 70 percent have an improvement in emotional and behavioral health at the conclusion of service; 50 percent will continue to show improvement three months after program completion.

B) Of the parents completing psychoeducational groups, 70 percent will have an improvement in communication skills and empathy for their children at the conclusion of service; 50 percent will continue to show improvement three months after program completion.

C) At the conclusion of service, 60 percent of the children completing safety plans will have an improved sense of personal security; 60 percent of their parents will report improvement in their sense of family security.

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

Multnomah County Department of Community Justice

Outcome

A) Eighty-eight percent (n=30) of children showed improvement in emotional and behavioral health at the conclusion of service; 100 percent (n=14) of children showed improvement in emotional and behavioral health three months after program completion.

B) Eighty-one percent (n=22) of parents reported improvement in communication skills and empathy for their children at the conclusion of service; 100 percent (n=14) of parents reported improvement in communication skills and empathy for their children three months after program completion.

C) Seventy-four percent (n=25) of children completing safety plans reported improvement in their sense of personal security; 83 percent (n=20) of parents reported improvement in their sense of family security.

Centralized Domestic Violence Information, Referral, and Crisis Counseling Line

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

Contact: Chiquita Rollins 503.988.4112

Program No: 01-047 and 01-045

Federal Funds Expended: \$131,660

Match Funds Expended: \$44,329

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 and researched model, best practices, and appropriate technology for centralized IRC lines. Testing and implementation will continue in the second year.

Objective

Customize, install, and begin testing of the Information and Referral Software System (IRis) client tracking and information/ referral management software at the Portland Women's Crisis Line (PWCL).

Outcome

Customized, installed, and began preliminary testing of the IRis client tracking and information/ referral management software.

Objective

Revise and provide training to PWCL volunteers and staff on domestic violence intervention services and procedures, call-handling policies and procedures, and on the IRis system.

Outcome

The 36-hour training has been revised to provide separate orientation and training for volunteers in each program area (crisis line, sexual assault services, and advocacy). A new 6-hour training focuses specifically on information and referral skills, program policies and procedures, and training on using crisis line equipment. Staff from PWCL also attended two and one half days of training using and managing the IRis system.

Objective

Begin operations of the domestic violence crisis line as designed at PWCL (i.e. new service model implemented, IRis software installed and operational, and staff trained) by July 2003.

Outcome

The new service model has been implemented at PWCL, including paid staff on each crisis line shift, revised call-handling procedures, linking callers directly to referrals when needed, more in-depth assessment of callers' needs. However, there have been delays in the implementation of the IRis system, with installation to occur in August 2003.

Centralized Domestic Violence Information, Referral, and Crisis Counseling Line

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

Objective

Maintain up-to-date information and referral (I & R) information by developing an I & R database, updating the database quarterly, and distributing the database twice a year to domestic violence agencies.

Outcome

A total of 200 I & R directories were distributed to professionals in victim services, criminal justice agencies, courts, and other social service agencies in Multnomah, Clackamas, Washington, and Columbia Counties in Oregon and Clark County in Washington.

Objective

Conduct monthly system development meetings with domestic violence agencies to discuss opportunities for collaboration.

Outcome

Collaboration has increased significantly in this program year. The Domestic Violence Coordinator's Office and PWCL met with all the domestic violence shelters in Multnomah, Clackamas, Washington, and Columbia Counties to discuss and get feedback on the service model.

Objective

Maintain PWCL's capacity to answer 30,000 calls annually.

Outcome

Based on last year's call volume data, PWCL received 20,712 calls. PWCL's monthly call volume has shown steady progress in the past year with June 2003 having the highest number of calls (2,123) in one month since the beginning of the program.

Forensic Academy

Oregon State Police

Contact: David Schmierbach 503.378.3720 ext. 4500

Program No: 98-046

Federal Funds Expended: \$15,821

Match Funds Expended: \$13,387

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 August 26-30, 2002, in Bend and the week of September 9-13, 2002, in Coos Bay. There were 23 students in attendance at the Bend Academy and 29 students in attendance at the Coos Bay 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 74 percent for both classes. 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 94 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

Contact: Susan Dimock, 541.672.2691 ext. 209

Program No: 00-020 and 02-020

Federal Funds Expended: \$191,331

Match Funds Expended: \$63,777

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

The program will provide 50 youth/ families with FFT treatment annually.

Outcome

A total of 81 client youth and their families were served during this reporting period.

Objective

Seventy percent of FFT youth and their families will successfully complete the program.

Outcome

Of the 81 youth that were served during this reporting period, 70 families ended FFT services. There were 43 youth (61 percent) that successfully completed FFT services, 27 youth (39 percent) that did not complete FFT treatment successfully, and 11 youth that were active at the end of the reporting period.

Objective

Youth and their families completing FFT will demonstrate improved family unit stabilization, communication and parenting skills, as measured by the Family Assessment Measure II (FAM III).

Outcome

Youth completing FFT showed statistically significant improvement in most FAM III sub-scales of the pre/ post instruments.

Family-Focused Approach to Juvenile Violence Prevention

ADAPT

Objective

Seventy-five percent of youth participating in FFT treatment who are enrolled in school will demonstrate improved school engagement, as measured by the Client Process Monitoring System (CPMS).

Outcome

The program did not collect post-Client Process Monitoring System data during this reporting period.

Objective

Eighty percent of youth completing FFT treatment will abstain from or reduce their substance use, as measured by CPMS.

Outcome

Eighty-one percent of youth abstained from or reduced their substance abuse at the completion of FFT.

Objective

Eighty percent of youth who complete FFT will not have a non-violence related arrest while in the FFT Program.

Outcome

Ninety-five percent (41 of 43) of youth who successfully completed FFT did not have a non-violence related arrest while in the FFT program.

Objective

Eighty percent of youth who complete FFT will not have a violence-related arrest while in the FFT Program.

Outcome

One hundred percent of youth who completed FFT did not have a violence-related arrest while in the FFT Program.

Functional Family Therapy

Clackamas County Juvenile Department

Contact: Doug Poppen 503.655.8448

Program No: 00-021 and 00-030

Federal Funds Expended: \$217,487

Match Funds Expended: \$79,058

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

The program will provide 100 youth/ families with FFT treatment annually.

Outcome

A total of 114 youth/ families were provided services through FFT.

Objective

Eighty-five percent of youth/ families participating in FFT treatment will successfully complete the program.

Outcome

One hundred and fourteen youth participated in FFT during this reporting period: 40 of these youth remained in services at the end of the reporting period. Seventy-four youth terminated the FFT program within the reporting period. Of these 74, 46 (62 percent) successfully completed the FFT program. The remaining 28 (38 percent) dropped out of services. The FFT definition of completion is defined as completing the program and follow-up paperwork, otherwise the youth is considered a dropout.

Objective

Eighty-five percent of youth/families participating in FFT treatment will report "satisfaction" with FFT as measured by the Counseling Process Questionnaire (CPQ).

Outcome

Thirty-nine out of the 46 families that completed FFT services completed the questionnaire. Overall families indicated "satisfaction" with 87 percent of the families responding that their therapist understood their problem, 95 percent of these clients felt that their therapist cared about them, 92 percent felt that their therapist knew how to help them, and 84 percent felt that their therapist agreed with them about the family's problem. Satisfaction with FFT is determined through responses on questions on the CPQ. The CPQ has a range of seven re-

Functional Family Therapy

Clackamas County Juvenile Department

sponses from “completely agree” to “completely disagree”. If youth/families provide a response of “completely agree”, “strongly agree” or “agree” it is believed that families are satisfied FFT services.

Objective

Eighty-five percent of youth/ families completing FFT treatment will demonstrate improved family problem solving and youth/ adult interaction as measured by the Therapist Outcome Measure (TOM).

Outcome

Ninety-six percent (44 of the 46) clients who completed FFT treatment services demonstrated improved family problem solving skills and youth/ adult interaction. Of the 46 clients who completed services during the reporting period; 29 clients completed with positive outcomes, 12 had moderate outcomes, three satisfactory and two non-significant. The TOM is a therapist measure of the outcome of the case. The TOM asks nine questions with six-possible responses ranging from positive change to negative change.

Objective

One hundred percent of youth with one or more school risk variables will receive school advocacy services.

Outcome

Of the 114 youth served during this reporting period, 95 (83 percent) demonstrated one or more school risk variables. All youth who did not drop out received school advocacy services.

Objective

Ninety percent of youth will remain in school and 85 percent of youth will decrease absences while participating in the FFT program.

Outcome

Ninety-three percent of youth were enrolled in school and 83 percent of youth decreased unexcused absences from school while participating in the FFT program.

Objective

Eighty percent of youth participating in the FFT program that have not graduated or received a GED will remain in school for the six months following the close of FFT services as measured by school records.

Outcome

Eighty-six percent of youth completing FFT remained in school for at least six months following the close of FFT services.

Functional Family Therapy

Clackamas County Juvenile Department

Objective

Eighty-five percent of non-delinquent youth and 85 percent delinquent youth will not be referred to the CCJD for a crime while active in the FFT program.

Outcome

Of the 16 non-delinquent youth active in FFT, 87 percent (14) were not referred to the CCJD. Of the 30 delinquent youth active in FFT, 80 percent (24) were not referred to the CCJD while active in the FFT program.

Objective

Eighty-five percent of non-delinquent youth and 85 percent of delinquent youth will not be referred to the CCJD within six months of the close of FFT services.

Outcome

Of the 11 of non-delinquent youth who reached six months post FFT treatment, 100 percent were not referred to the CCJD. Of the 24 delinquent youth who reached six months post FFT treatment, 80 percent (19) were not referred to the CCJD.

Marigold Program

Homestead Youth and Family Services

Contact: Elisa Doebler-Irving 541.276.5433
Program No: 00-022 and 02-022
Federal Funds Expended: \$186,966
Match Funds Expended: \$62,322

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

The program will provide 100 youth/ families with FFT treatment annually.

Outcome

Of the 97 referrals to FFT treatment, the program served 59 youth/ families. Seventeen of these cases remain open at the end of the reporting period; 38 referrals were not appropriate or met FFT criteria.

Objective

Eighty percent of youth/ families reaching the Engagement and Motivation phase of FFT, will successfully complete the program.

Outcome

Forty-two of the 59 families served participated in the Engagement and Motivation phase of FFT. Fifty percent (21) of families that began the Engagement and Motivation phase of FFT completed the FFT program.

Objective

Eighty-five percent of youth/ families served will be at-risk girls.

Outcome

Seventy-six percent (45) of youth/ families served were at-risk girls.

Objective

Eighty percent of youth/ families completing FFT treatment will demonstrate improved individual and family functioning as measured by the Outcome Questionnaire (OQ) and Family Assessment Measure III (FAM-III).

Outcome

Improvement was demonstrated at 75 percent for the OQ and 80 percent for the FAM-III for individual and family functioning.

Youth Turnaround Project

Jackson County Health and Human Services

Contact: Carin Niebuhr 541.774.7807
Program No: 00-023 and 02-023
Federal Funds Expended: \$196,120
Match Funds Expended: \$65,374

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 (1) to reduce juvenile crime, especially violent crime, among high-risk youth; (2) to increase youth functional behavior in areas which impact juvenile crime; and (3) 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

The program will provide 50 youth/ families with FFT treatment annually.

Outcome

Sixty-four youth and their families were provided with FFT treatment.

Objective

The program will enroll 30 of the 50 youth/ families in Family Drug Court.

Outcome

Thirty-eight youth were enrolled in the Family Drug Court during this reporting period.

Objective

Comprehensive case management plans will be developed for 100 percent of youth/ families enrolled for at least 30 days.

Outcome

One hundred percent (62) of the youth enrolled in the program for at least 30 days had an individualized comprehensive plan.

Objective

Referrals to one or more agencies for mental health, substance abuse treatment, education, or employment will be made for 100 percent of youth enrolled.

Outcome

Ninety-seven percent (62) of youth were referred to one or more agencies for mental health, substance abuse treatment, education, or employment.

Youth Turnaround Project

Jackson County Health and Human Services

Objective

Seventy-five percent of youth referred for mental health, substance abuse treatment, education, or employment will demonstrate improvement in that referral area after six months of acceptance into the program. Improvement will be a subjective measure as communicated from the referral source.

Outcome

Seventy-four percent (32) of referred youth demonstrated improvement in a service area designated in their individual plan. Eleven youth did not demonstrate improvement and the remaining 21 youth had not reached six months in the program.

Objective

A school liaison will be identified for 100 percent of youth enrolled in school.

Outcome

Ninety-two percent (57) of youth enrolled 30 or more days in the program and attending school had an identified school liaison.

Objective

Sixty percent of youth participating in FFT treatment who are enrolled in school will improve their school attendance or school grades within six months of program enrollment.

Outcome

Of the 43 youth that reached six months of program enrollment, 60 percent (24) youth were enrolled in school and improved their school attendance or school grades. Twenty youth had not reached six months in the program and three youth were not enrolled in school at the time they were participating in FFT treatment.

Objective

Eighty percent of youth/ families participating in FFT treatment will successfully complete the program.

Outcome

Sixty-five percent (22) of youth/families enrolled in the program successfully completed FFT before leaving the program. Of the remaining 12 youth/ families, six youth were incarcerated while in the program, three youth/ families dropped out, one moved out of the area, and the status of two youth/ families was unknown.

Objective

Of the youth/families completing FFT treatment, 70 percent will demonstrate improved family self-sufficiency and 80 percent will improve family functioning.

Outcome

Of the youth/families that completed FFT treatment, 84 percent (19) demonstrated improved family self-sufficiency and 95 percent (21) demonstrated improved family functioning.

Multisystemic Therapy Treatment Foster Care

Multnomah County Department of Community Justice

Contact: Deena Corso 503.988.4067

Program No: 00-024 and 02-024

Federal Funds Expended: \$126,103

Match Funds Expended: \$41,539

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 reoffend 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

The program will provide 50 youth/ families with MST treatment annually.

Outcome

The program provided MST services to 53 youth/ families during this reporting period.

Objective

The program will provide 30 of the 50 youth/ families with alcohol and drug specific MST services annually.

Outcome

The program provided 36 youth/ families with alcohol and drug specific MST services during this reporting period.

Objective

The program will provide 20 of the 50 youth/ families with MST services through the Self Enhancement, Inc. gang involvement program annually.

Outcome

The program served 17 youth/ families with gang specific MST services.

Objective

The program will provide short-term Treatment Foster Care to 50 percent of all youth participating in MST treatment annually.

Multisystemic Therapy Treatment Foster Care

Multnomah County Department of Community Justice

Outcome

The program placed 32 percent (17) of youth in Treatment Foster Care (TFC) during the reporting period. However, there were actually 24 different episodes of placement due to several youth being placed in TFC more than once. Of the 17 youth that utilized TFC during the reporting period, three entered twice and two entered three times. The objective of 25 youth receiving TFC services was not met in large part because the program did not secure a permanent MST treatment foster parent until April of 2003. For the first nine months of the year, the program utilized a variety of foster parents who were not trained in the MST model and with whom the MST therapists had less confidence to provide appropriate treatment foster care services.

Objective

The program will provide a minimum of 20 hours of MST counseling monthly to each youth and family participating in MST treatment.

Outcome

The therapists record the time spent with youth/ families in progress notes, and on average 20 hours per month was provided to each youth/ family participating in MST treatment. Even when youth are unavailable for treatment (such as running away for short periods of time), the therapist continues to provide services to the parent(s).

Objective

Eighty percent of youth/ families who completed MST treatment will demonstrate improved family functioning, as measured by the pre/post Family Adaptability and Cohesion Scale (FACES II)

Outcome

The external evaluator felt the sample size for those with pre/post FACES II for both youth and parent was not sufficient to do an analysis. There were 21 post FACES II completed during the reporting period. The program's evaluation team believes that the minimum for an analysis is 30 post FACES II.

Objective

Eighty percent of youth/ families participating in MST treatment will successfully complete the program.

Outcome

A total of 39 youth/families were eligible to complete MST treatment. Fourteen additional youth were still receiving services at the end of the reporting period. Sixty-nine percent (27) either successfully completed or were partially successful. Success is measured by goals set by youth and families. Therapists determine whether goals are successfully, partially successfully, or unsuccessfully completed. Of the 12 unsuccessful completers, three youth completed treatment but closing data was unavailable. The break-down of successful completion and partial success were: 54 percent (21) successfully completed and 15 percent (six) were partially successful. The 69 percent overall success rate is an 11 percent increase over last year's rate of 58 percent.

Multisystemic Therapy Treatment Foster Care

Multnomah County Department of Community Justice

Objective

Eighty-five percent of all youth completing the MST program will remain in the family environment.

Outcome

During the past year, 39 youth completed treatment with MST. Three were missing data of where they were living at program discharge. Sixty-nine percent (27) were either living at home or with another relative at the time of program discharge with the majority living at home (22). The remaining 31 percent were living out of the home at the time of program discharge, but none were placed in state custody or in a state facility.

LISTOS Alternative Learning ¡Poder! Program

Oregon Council for Hispanic Advancement

Contact: Steffeni Mendoza-Gray 503.228.4131

Program No: 00-025 and 02-025

Federal Funds Expended: \$49,947

Match Funds Expended: \$16,941

Program Summary

The main purpose of the LISTOS Alternative Learning ¡Poder! program 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 overall goal is to keep Latino youth engaged in positive educational activities, thereby reducing their involvement in the juvenile justice system. 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 youth, ages 15-18, with intensive case management services during each program year.

Outcome

Fifteen students who met the criteria and enrolled in the program were provided with intensive case management services.

Objective

Seventy-five percent of the youth will remain enrolled in the program for a minimum of six months or successfully complete.

Outcome

The dates of enrollment for the 15 participants who received intensive case management ranged from January 2003 to June 2003; therefore it is too early to determine the percent of youth who were enrolled for at least six months. However, 10 participants continue to be enrolled and one successfully completed after three months. The 11 participants account for 73 percent of ¡Poder! youth. The remaining four participants did not remain enrolled in the program for more than six months. Of the four participants that were no longer in the program, one moved out of the area within a month; a second became a parent and is working full time to support his family; the third was expelled from LISTOS; and the fourth dropped out.

Objective

The Intensive Case Manager will meet with all participants at least two times per week and have contact with participant families at least once per month.

Outcome

The Intensive Case Manager met with all 15 participants at least two times per week and all 15 participant's family at least one time per month. Four of the 15 participants left the program by the end of the reporting period. However, the Intensive Case Manager met with these participants and their families while they were involved in the program.

LISTOS Alternative Learning ¡Poder! Program

Oregon Council for Hispanic Advancement

Objective

One hundred percent of the participants will meet with the Intensive Case Manager to review their action plan and evaluate their progress one or more times per quarter.

Outcome

As of the end of the reporting period, eight of the participants had been in the program for at least three months. Approximately 53 percent (eight) of the participants met with the Intensive Case Manager to review their action plan and evaluate their progress one or more times per quarter. Of the remaining seven participants, two had not yet met with the Intensive Case Manager because they were not enrolled for a sufficient amount of time, one participant successfully completed after just three months, and four participants left the program prior to an action plan review.

Objective

Eighty-five percent of participants will have 80 percent or greater attendance in the LISTOS academic program.

Outcome

The program participant's average attendance for the last three months of the reporting period was 81.9 percent. The average attendance for the months of April, May, and June demonstrated consecutive increased rates of improvement: April-72.7 percent, May-85.46 percent and June-87.55 percent.

Objective

One hundred percent of English as a Second Language (ESL) students that remained enrolled in the program for at least six months will increase their English language proficiency score by one level or five points as measured by the IDEA Proficiency Test (IPT).

Outcome

Of the 12 youth that were initially enrolled as ESL students, eight remained in the program as of the end of the reporting period. No youth had been in the program for at least six months. However, three youth had taken an IPT post-test because they had been enrolled in the LISTOS academic program for at least six months. Two participants increased their ESL reading scores: one had an increase of 17 points and the other had an increase of 11 points. The third participant had a two-point decrease in the ESL reading score. Although this student's test score showed a decrease in proficiency, her instructors observed gains in her English language ability. Other factors, such as test anxiety, testing environment, and test reliability may have contributed to this lower test score.

Objective

One hundred percent of youth that actively participate in the program will show academic gains in one or more curriculum areas after six months of enrollment.

LISTOS Alternative Learning ¡Poder! Program

Oregon Council for Hispanic Advancement

Outcome

Ten youth actively participated and remained in the program at the end of the reporting period. Although none of the 10 students had at least six months in the ¡Poder! program, nine youth received the post tests. Of the students that took the post tests, 100 percent showed academic gains in their math test scores and 40 percent (four) showed academic gain in their reading test scores. Fifty percent (five) showed a decrease in test scores but have demonstrated improvement in their schoolwork as observed by their instructors. One youth did not take the post tests because of being in the program for a very short period of time.

Objective

Seventy-five percent of youth participating in the program will remain free of violent probation/parole and/ or justice involvement.

Outcome

Ninety-three percent (14) have remained free of violent probation/ parole and/ or justice involvement. Since the dates of enrollment ranged from January 2003 through June 2003, it is too early to report the extent that this outcome was maintained for the ¡Poder! group over a longer period of time. However, these early findings appear promising since 40 percent (six) were gang involved when they enrolled in the program, 40 percent (six) were considered gang-related, and 47 percent (seven) were either court involved at the time of or previous to enrollment in ¡Poder!. One student who dropped out of the program after approximately two months was arrested, convicted, and released on parole.

Project SUPPORT

Oregon Department of Education

Contact: John Pendergrass 503.378.3600 ext. 2362
Program No: 00-026 and 02-026
Federal Funds Expended: \$186,513
Match Funds Expended: \$87,259

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 a total of 25-30 youth served per year by each TS. Services will be provided in Eastern Oregon and the South Coast regions of the State.

Objective

Each Transition Specialist will provide 25 to 30 youth with transition services annually.

Outcome

Project SUPPORT is currently in its tenth month of program implementation and the Transition Specialists have not reached the objective of serving 25 to 30 youth annually. This is due in part to slowly developing caseloads. In the South Coast region 24 youth were served. In Eastern Oregon 10 youth were served. A report of the number of youth per Transition Specialist is not available since many youth were transferred to populated areas around the State to receive services that were not available within their communities.

Objective

Each Transition Specialist will develop and implement a service delivery model for 100 percent of the youth they serve within two months of the youths' entry into the program.

Outcome

One hundred percent (23) of youth received services within two months of entry into the program. Five youth began services but had not reached the two month mark. Data for the remaining six were not provided to the evaluation team.

Objective

Seventy percent of program participants will engage in employment and/or educational activities within four months of entry into the program.

Outcome

Thirteen youth have reached four months since entry into the program; 10 participants (77 percent) were engaged in employment and/or educational activities.

Objective

Seventy percent of program participants will engage with community service agencies to meet their individual needs (e.g., mental health, alcohol and other drug services, etc.) within four months of entry in the program.

Project SUPPORT

Oregon Department of Education

Outcome

Almost 54 percent (seven) of program participants were using some type of counseling services.

Objective

Sixty percent of Project SUPPORT participants will not commit a new crime that escalates their involvement to OYA custody while engaged in the program.

Outcome

Of the 23 youth for which data was provided, 91 percent (21) of Project SUPPORT participants did not commit a new crime that escalated their involvement to OYA custody while engaged in the program.

Home Works

Youth Contact, Inc.

Contact: Judy R. Harris 503.640.4222

Program No: 00-027 and 02-027

Federal Funds Expended: \$186,359

Match Funds Expended: \$74,705

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 Risk 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

The Home Works program will provide 36 to 69 youth/ families with MST treatment on an annual basis.

Outcome

The program provided services for 45 youth/families during this reporting period.

Objective

Eighty percent of youth/ families referred to the program and attending two or more counseling sessions will engage in MST treatment services.

Outcome

One hundred percent of the eligible families (45) who were referred to the program engaged in MST treatment services.

Objective

Therapists will demonstrate adherence to MST principles for 95 percent of the youth/ families they serve.

Outcome

According to the Therapist Adherence Measure (TAM), therapists demonstrated adherence to MST principles for 93 percent of the youth/ families. The TAM is used as an indicator to determine parent satisfaction with the MST therapist. The goal of adherence is met for a family when parents answer “pretty much” or “very much” for the following two statements: “family members and the therapist agreed upon the goals of the sessions” and, “the therapist recommended that family members do specific things to solve our problems.”

Home Works

Youth Contact, Inc.

Objective

Eighty-five percent of youth/families participating in MST services will demonstrate improved family functioning by the end of treatment. Two measures will be considered in order to determine "improved family functioning" (1) 85 percent of parents will report on the client satisfaction survey that services were helpful and that they have used what they have learned in treatment; and (2) 85 percent of parents will report family conflict was reduced.

Outcome

According to the client satisfaction survey, 100 percent of responding parents (41) indicated that services were helpful and that they have used what they have learned in treatment and 90 percent (37) of parents responding reported that family conflict had been reduced. There were four surveys that were not returned. The client satisfaction survey is delivered quarterly and at the end of MST services. The 41 responding parents represent 23 that completed MST services and 18 that were active at the end of the reporting period.

Objective

Ninety percent of youth receiving MST treatment will have abstained from or reduced their substance use by the end of treatment, as measured by parent/youth reporting to the MST therapists. (Reports to therapists occur either in the course of treatment or during the periodic reviews of the client's treatment plan.)

Outcome

Of the 23 youth/families that completed MST services 100 percent (23) parents reported to the therapist that the youth is abstaining from or has reduced substances use. According to intake data, approximately 75 percent of youth referred to the program are abusing drugs and/or alcohol before treatment.

Objective

Ninety percent of youth receiving MST treatment will participate in a pro-social community activity by the end of treatment.

Outcome

Of the 23 youth that completed MST services, 96 percent (22) participated in at least one pro-social community activity according to the parent and youth report.

Objective

Eighty percent of youth receiving MST treatment and enrolled in school will increase or maintain their school attendance by the end of treatment. One hundred percent of youth receiving MST treatment and not enrolled in school will re-enroll in an academic program.

Home Works

Youth Contact, Inc.

Outcome

According to school attendance and enrollment records, 95 percent of youth (18) enrolled in school at the initiation of services increased or maintained their school attendance by the end of treatment. Three youth who were not enrolled in school at the beginning of treatment re-enrolled in school by the end of treatment.

Objective

Ninety percent of youth/ families participating in MST treatment will have parents involved in school meetings, activities, or school-based counseling sessions by the end of treatment.

Outcome

Of the 23 youth/families that completed MST services 100 percent (23) of parents participated in a school-based activity upon treatment completion.

Objective

At six months post-treatment, 85 percent of youth participating in MST who have had previous juvenile justice system involvement will not have a new juvenile justice system referral.

Outcome

Of those youth who have reached the six-month post treatment date, 78 percent (seven) who had previous involvement with the juvenile justice system had no new referrals to the juvenile justice system.

Objective

At six months post-treatment, 90 percent of youth participating in MST who have not had previous juvenile justice system involvement will not become involved in the juvenile justice system.

Outcome

Of those youth who have reached the six-month post-treatment, 92 percent (12) who had no previous involvement with the juvenile justice system did not become involved with the juvenile justice system.

SchoolWorks

Juvenile Rights Project, Inc.

Contact: Angela Sherbo 503.232.2540 ext. 233

Program No: 00-028

Federal Funds Expended: \$189,555

Match Funds Expended: \$63,186

Program Summary

The SchoolWorks program targets youth aged 8-15 who are experiencing achievement, attendance, or behavioral difficulties in school. It is estimated that approximately one-half of the youth served will have disabilities. In addition to the individual representation, SchoolWorks staff will provide community training and education about the unique needs of these youth and about their rights and the rights of their families in the education arena and will target their experience and expertise to more systemic reforms.

Objective

Provide individual school-based advocacy and representation to approximately 300 youth who are experiencing achievement, attendance, or behavioral difficulties at school.

Outcome

The program provided 203 youth with individual school-based advocacy and representation.

Objective

Establish eligibility for special educational services for 80 percent of SchoolWorks youth deemed in need of these services.

Outcome

Eleven percent (n=14) of youth were deemed in need of these services, and eligibility was established for 71 percent (n=10) of these youth.

Objective

Create new or updated school plans (such as IEPs and 504 plans) consistent with child welfare and/or juvenile court plans for 80 percent of SchoolWorks youth who need them.

Outcome

Forty percent (n=59) of youth were deemed in need of these services and new or updated plans were created for 88 percent (n=52) of these youths.

Objective

Link 80 percent of SchoolWorks youth who are deemed in need of such services with new school services such as counseling, speech therapy, and educational aids.

Outcome

Fourteen percent (n=18) of youth were deemed in need of these services and new school services were provided for 83 percent (n=15) of these youth.

SchoolWorks

Juvenile Rights Project, Inc.

Objective

Complete 20 community trainings and education sessions designed to increase awareness of the unique educational needs of youth in foster care, and other meetings designed to enhance partnerships with other agencies serving this population.

Outcome

Twenty formal trainings and education sessions as well as meetings with other relevant agencies were held.

College Dreams

Josephine County Mental Health Department

Contact: Thomas Drummond 541.474.5365
Program No: 00-029
Federal Funds Expended: \$66,816
Match Funds Expended: \$22,273

Program Summary

The College Dreams program targets youth in grades 5-10. The program is adapted from two nationally recognized model programs and has two primary goals: (1) to identify students with two or more risk factors including juvenile justice involvement for themselves or a sibling, or criminal justice involvement for a parent and at least one other risk factor (e.g., school drop-out, substance abuse, delinquency, violence, etc.), and (2) to expand upon the resiliency-building model by sustaining services for 10th graders, piloting a 5th-6th grade transition project, serving two secondary schools, and implementing promising practices for very high-risk youth currently ineligible due to failing academic grades. The expected outcomes of this intervention vary according to the specific cohort of youth (based on age, risk factors, etc.) but overall the program is designed to increase academic success and reduce juvenile crime offenses.

Objective

Refine risk screening process and forms for all Byrne grant-funded youth to include juvenile justice/ criminal justice involvement by parent, sibling(s), or youth that count toward the minimum of two risk factors required for College Dreams participation.

Outcome

The risk screening process and forms have incorporated the self or sibling in the juvenile justice or parent in the criminal justice system as a risk factor. However, these risk factors were not utilized to determine eligibility this year.

Objective

Complete risk screens on 316 fifth graders at four elementary schools.

Outcome

The program has completed risk screens on 754 fifth grade students at 11 elementary schools.

Objective

Provide 40 motivational interviews for the Early Dreamers population with multiple risk factors and high academic potential during the fourth academic quarter of fifth grade.

Outcome

Motivational interviews were completed with 41 Early Dreamers at four target elementary schools.

College Dreams

Josephine County Mental Health Department

Objective

Provide Early Dreamer services for 80 high-risk students during the fourth quarter of the fifth grade, the Summer between the fifth and sixth grade, and during the sixth grade year.

Outcome

Early Dreamer services were provided for 96 high-risk students (average of 3.24 risk factors), including 41 fifth graders, and 55 sixth graders.

Objective

Complete new or updated risk screens on 65 tenth grade students in the oldest College Dreams cohort of high-risk youth.

Outcome

New or updated risk screens were completed on 817 tenth grade students, including all tenth grade College Dreamers in the oldest cohort.

Objective

Provide services to 65 high-risk College Dreamers who are in tenth grade.

Outcome

College Dreams services have been provided for 74 College Dreamers during tenth grade.

Objective

Complete 860 risk screens at two new secondary schools being served by College Dreams.

Outcome

Risk screens have been completed for 952 students at two new secondary schools served by College Dreams.

Objective

Complete motivational interviews with 80 high-risk students who meet program eligibility criteria at two new secondary schools receiving College Dreams services.

Outcome

The program conducted 82 motivational interviews at the two new secondary schools.

Objective

Provide College Dreams services to 80 high-risk students at two new secondary schools.

Outcome

College Dream services were provided for 70 students at two new secondary schools.

College Dreams

Josephine County Mental Health Department

Objective

For the New College Challenge Program, update risk screen data for 80 students who have high academic potential, multiple risk factors, and GPAs between 0.0 and 2.49.

Outcome

Risk screens were updated for 117 students at three middle schools who met the College Challenge Criteria.

Objective

Complete a motivational interview with all eligible College Challenge youth (approximately 44 youth).

Outcome

Motivational interviews were conducted with 58 middle school students who met the College Challenge criteria.

Objective

Provide College Challenge services to 40 eligible high-risk students.

Outcome

The program provided College Challenge services to 50 new eligible students during the fourth academic quarter.

North Coast Regional Drug Task Force (NCRDTF)

Tillamook County Sheriff's Office

Contact: Sheriff Todd Anderson 503.842.2561

Program No: 01-051

Federal Funds Expended: \$110,000

Match Funds Expended: \$189,423

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 708 marijuana plants were located and destroyed during the grant year.

Objective

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

Outcome

Fifty-seven referrals were made to the Department of Human Services, Division of Children, Adults and Families; 26 arrests were made for Child Neglect I and 35 arrests for Recklessly Endangering the Welfare of a Minor. In addition, five 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 16 labs and dump sites were located and destroyed and 142 arrests were made for manufacturing a controlled substance.

North Coast Regional Drug Task Force (NCRDTF) Tillamook County Sheriff's Office

Objective

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

Outcome

A total of 262 searches were conducted that included consent searches, search warrants, and probation searches. A total of 358 arrests were made on various narcotics charges, not including methamphetamine charges, and 88 convictions were handed down.

Objective

Provide current information and training regarding controlled substances to community members and organizations by conducting 25 educational presentations to 650 citizens and students/youth.

Outcome

During the reporting period 90 presentations were provided to various community groups and businesses with a total of 1,543 attendees. Another 101 presentations were provided to 764 students and youth groups. In addition, information was provided through a weekly countywide radio program.

South Coast Interagency Narcotics Team (SCINT)

Coos County Board of Commissioners

Contact: Julie Simpson 541.396.3121
Program No: 01-052
Federal Funds Expended: \$146,831
Match Funds Expended: \$52,178

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

Objective

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

Outcome

The modified version of the Pathfinder program/drug education program was conducted at Sunset Junior High School with approximately 200 students attending. Due to budget cuts SCINT was unable to continue the Pathfinder program, however SCINT was able to partner with the Methamphetamine Task Force and provide a drug prevention assembly to seven schools in Coos County for 1,415 students.

Objective

Continue SCINT's training to landlords, property managers, and law enforcement personnel.

Outcome

Because of budget cuts and the elimination of both positions associated with the training, SCINT was unable to complete the objective.

Objective

Conduct information sharing meetings every two 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.

Objective

Assist state, federal, and local agencies by making referrals to the Department of Human Services, (DHS) Division of Children, Adults and Families for all drug and safety contacts where children reside.

South Coast Interagency Narcotics Team (SCINT)

Coos County Board of Commissioners

Outcome

SCINT assisted over 17 agencies and made 13 referrals to DHS for 19 children residing in homes with criminal drug activity.

Objective

Provide 25 drug educational talks and training to law enforcement officers, citizens, employers, and/or educators.

Outcome

SCINT participated in National Night Out at apartment complexes in Coos Bay and North Bend and at a church in Coquille with a total of 275 people attending, partnered with the Methamphetamine Task Force and co-presented a video titled "Ruined Lives" and participated on a panel to discuss the effects of methamphetamine in our community to approximately 250 people, participated in five neighborhood watch walks and meetings with 367 neighbors attending, provided training on outlaw bikers to 50 officers, conducted training on Knock and Talks for the Coos Bay Police Department with eight officers in attendance, provided a drug talk and training to the Bandon Reserves with 25 in attendance, and provided nine drug talks and training to 231 people in Coos County.

Objective

Deter future narcotics activity by making 250 arrests during the grant year and seizing \$500,000 to \$2 million worth of illegal narcotics.

Outcome

A total of 97 arrests were made and \$923,304 worth of illegal drugs were seized that included seizures from 21 marijuana grow operations and one methamphetamine lab.

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

Contact: Captain Randy Wight 541.388.6647

Program No: 01-053

Federal Funds Expended: \$110,000

Match Funds Expended: \$105,914

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 marijuana grow operations from the previous year by 10 percent.

Outcome

A total of 25 marijuana grow operations were shut down and 3,534 marijuana plants were seized during the year; a 56 percent increase in the eradication of grow operations and a 374 percent increase in seized plants for the same period the previous year.

Objective

Disrupt methamphetamine distribution at the street level by targeting mid and upper-level dealers and by increasing the number of charges for manufacturing and distribution by five percent.

Outcome

A total of 6,841.73 grams of methamphetamine were seized with 143 charges of manufacturing and 208 charges for distribution - an 18 percent and 1.5 percent increase respectively from the previous year.

Objective

Maximize the utilization of federal and state asset forfeiture laws.

Outcome

A total of \$59,019 in assets was seized during the reporting period.

Central Oregon Regional Task Force (CORTF)

Deschutes County Sheriff's Department

Objective

Monitor and investigate rave parties and the distribution of ecstasy.

Outcome

During the reporting period there was one charge for possession and one charge for delivery of ecstasy filed. A total of 14.8 grams of MDMA was seized.

Objective

Provide "Rave Awareness" educational talks to area schools and "Methamphetamine Production Awareness" classes to retail and hotel employees and realtors.

Outcome

A total of 19 presentations/classes were conducted by task force members during the grant year.

Southern Oregon Regional Task Force (SORT)

Josephine County Sheriff's Office

Contact: Kristine Crewse 541.474.5151

Program No: 01-054

Federal Funds Expended: \$300,000

Match Funds Expended: \$314,870

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 90 violators with Western States Information Network (WSIN) Class 1 classification, performing 350 searches, and making 750 narcotics arrests.

Outcome

Initiated 95 Class 1 violation cases, performed 773 searches, and made 1,905 narcotics arrests.

Objective

Collect, evaluate, and disseminate intelligence and coordinate efforts among law enforcement agencies in three counties while leveraging resources among multijurisdictional task forces. Coordinate 125 criminal cases involving investigators from other local, state, and federal agencies. Submit 300 WSIN/Department of Justice subject reports.

Outcome

Coordinated 143 cases with other agencies and submitted 870 WSIN/Department of Justice subject reports.

Objective

Curtail drug traffickers by seizing 50 methamphetamine labs.

Outcome

A total of 55 methamphetamine labs were seized during the grant period.

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

Objective

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

Outcome

Initiated 222 cases of child neglect/endangerment and 47 cases of drug activity within 1,000 feet of a school.

Objective

Present 75 educational programs regarding reliable and accurate controlled substances information to 1,500 citizens or staff. Participate in 175 meetings with public or private agencies to identify drug-related problems.

Outcome

Presented 50 educational programs to 1,319 people. Attended 214 meetings with other agencies to identify and discuss drug-related problems.

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

Contact: Dale W. Penn 503.373.4373
Program No: 01-055
Federal Funds Expended: \$141,000
Match Funds Expended: \$82,292

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 States 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 eight defendants were federally charged by the U.S. Attorney's Office.

Objective

The U.S. Attorney's Office will obtain 15 convictions with an average federal prison sentence of 65 months.

Outcome

A total of 22 defendants were convicted and sentenced to federal prison. An additional defendant previously convicted was also sentenced to federal prison during this reporting period for a cumulative average length of 50.7 months.

Objective

Four sub-task forces will employ local prosecutors to select 160 cases for investigation and prosecution.

Outcome

A total of 563 cases were referred to local prosecutors for task force investigation and prosecution. Of those, 406 cases were selected and filed.

Mid-Willamette Valley Task Force (MWVTF)

Marion County District Attorney's Office

Objective

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

Outcome

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

Objective

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

Outcome

No overtime was worked by Polk County officers during the grant period.

Regional Organized Crime Narcotics Team (ROCN)

Regional Organized Crime Narcotics Team

Contact: Captain Steven Bechard 503.234.8892

Project No: 01-056

Federal Funds Expended: \$140,000

Match Funds Expended: \$87,330

Program Summary

The Regional Organized Crime Narcotics Team 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 the Portland Metro and surrounding areas. Grant funds currently support the task force Director and the Prosecutor.

Objective

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

Outcome

There were 32 multijurisdictional cases opened within the ROCN region.

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 11 cases that involved money laundering or currency transfers and arrested 46 suspects that were federally prosecuted.

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 28 cases.

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 Law Enforcement Data System conference, the Organized Crime Drug Enforcement Task Forces conference, the National Technical Investigators Association conference, and two Project North Star training conferences.

Eastern Oregon Regional Drug Task Force (EORDTF)

Eastern Oregon Regional Drug Task Force

Contact: Sgt. Doug Evans 541.523.5848

Program No: 01-057

Federal Funds Expended: \$108,945

Match Funds Expended: \$69,890

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. Increase lab seizures by five percent over the previous year.

Outcome

A total of 75 methamphetamine labs were seized during the grant year, a seven percent increase over the previous year.

Objective

Target methamphetamine operations and the individuals responsible for the manufacture/distribution of methamphetamine by increasing related arrests by 10 percent over the previous year.

Outcome

A total of 336 people were arrested for methamphetamine-related charges during the grant year compared to 502 arrests the previous year - a 33 percent decrease.

Eastern Oregon Regional Drug Task Force (EORDTF)

Eastern Oregon Regional Drug Task Force

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 858.5 man-hours were shared with other departments/agencies. The following types and quantities of equipment were shared with other entities:

Narcotics dogs/handlers	8
Undercover vehicles	32
Raid/surveillance van	9
Lab site equipment	11
National Guard helicopters	11
Night vision goggles	7
Warning/monitor devices	1

Objective

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

Outcome

Member units facilitated 43 presentations to schools, businesses, and local organizations about identifying drug use and drug activity.

Transitional Offender Treatment Program

Jackson County

Contact: Carin Niebuhr 541.774.8200

Program No: 00-012 and 01-012

Federal Funds Expended: \$189,744

Match Funds Expended: \$63,248

Program Summary

The purpose of the Transitional Offender Treatment Program is to address the need for transitional comprehensive treatment services for 65 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 services 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

Sixty-five offenders will enter and become actively involved in the Transitional Offender Treatment Program.

Outcome

Fifty-four of 65 offenders (83 percent) received reach-in services, then entered and became actively involved in the Transitional Offender Treatment Program. Of the remaining 11, two absconded upon release, one offender died, and eight offenders were not accepted into the program.

Objective

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

Outcome

All 54 offenders who were enrolled in the program for at least 30 days as of June 30, 2003, 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 including: housing, employment assistance, or educational services.

Transitional Offender Treatment Program

Jackson County

Outcome

All 54 offenders needing services were enrolled and served in the appropriate level of treatment services as identified in the comprehensive transitional treatment plan. A total of 32 offenders enrolled in the program from the previous year were still active and receiving services during this reporting period for a total of 86 program participants.

Seventy-four of 86 offenders identified needing housing assistance. Of those, 100 percent had a housing assessment and received assistance in securing housing. Fifty-nine (80 percent) of offenders are currently living in stable drug-free housing. The remaining 15 offenders had not secured safe housing. The Parallel House (male correctional transitional housing) and the King's Inn (female correctional transitional housing) have closed due to budget reductions in housing, corrections, and substance abuse treatment services. There are limited community housing resources with early case management assisting participants in securing housing within the Salvation Army transitional program, the Ivy House, Oxford House, and other subsidized housing.

All 86 of the offenders that indicated needing assistance in employment and/or educational services had received assistance; 66 offenders were employed, and eight had accessed educational services. The remaining 12 offenders didn't obtain employment or access educational services. A growing unemployment rate has made job attainment increasingly difficult with case managers and the project team spending more direct time with participants in order to maintain motivation. In addition, some offenders had not attained enough substance abuse recovery and/or adoption of pro-social behavior to become employable. Program staff continues to work with offenders in removing barriers to employment.

One hundred percent (86) offenders received mental health assessments. A total of eight offenders indicated a need for and received mental health services despite their loss of coverage through the Oregon Health Plan. Program staff secured scarce services and medication in an extremely limited resource environment.

Objective

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

Outcome

Of the 86 offenders enrolled in the program, 44 cases were closed. Of these, 28 (64 percent) had been identified as successful completions and 16 (36 percent) were unsuccessful completions. The remaining 42 offenders were still actively involved in the program.

Transitional Offender Treatment Program

Jackson County

Objective

The recidivism rate among program participants convicted of felonies in Jackson County will be reduced to 30 percent as compared to an average baseline data of 33 percent.

Outcome

Six of the 86 offenders (seven percent) were either convicted of a new felony crime or committed a new felony.

Recovery Mentor Program

Tualatin Valley Centers

Contact: Tom Brewer 503.880.1481

Program No: 00-013 and 01-013

Federal Funds Expended: \$216,257

Match Funds Expended: \$72,085

Program Summary

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

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

Objective

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

Outcome

Of the 135 total participants enrolled in the Recovery Mentor Program, 115 (85 percent) became actively engaged in treatment services, defined as having no more than three missed clinical appointments in the first three months of treatment. The county breakdown included 72 of 90 participants engaged in Washington County and 43 of 45 participants in Clatsop County. Another 59 participants were enrolled during the previous year and are still active in the program for a total of 194 active participants during this reporting period.

Objective

Program participants will achieve 75 percent of their transition goals upon program completion. 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 194 participants. Of those, cases were closed for 135 participants. Of the 135 participants, 70 (52 percent) achieved at least 75 percent of their transition goals. The county breakdown included 33 of 84 participants from Washington County and 37 of 51 participants from Clatsop County.

Recovery Mentor Program

Tualatin Valley Centers

Objective

Eighty percent of enrolled participants who identified employment as a transitional goal will become employed or enter vocational training.

Outcome

A total of 125 of the 194 enrolled participants identified employment as a transitional goal. The remaining 69 participants obtained employment on their own. Of the 125 participants, 91 (73 percent) obtained employment or entered into vocational training: 65 from Washington County and 26 from Clatsop County.

Objective

Ninety-five percent of participants identifying housing as a transitional goal will obtain safe housing.

Outcome

A total of 115 of 194 enrolled participants identified housing as a transitional goal. Of those, 81 (70 percent) obtained safe housing: 57 participants from Washington County and 24 from Clatsop County.

All clients that needed safe housing were provided with housing prior to release. Participants were expected to remain in the drug-free housing while in treatment, however, some participants relapsed and lost their drug-free housing prior to program completion. These participants may have moved in with friends or family that may not be supportive of their recovery. Recovery Mentors work closely with Oxford Houses, Clean and Sober Living, and other entities to ensure safe and drug-free housing and assist participants with rent.

Objective

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

Outcome

Of the 76 participants who were referred for mental health treatment, 56 (74 percent) were engaged in mental health services.

Objective

Eighty percent of participants with medical insurance (private or Oregon Health Plan) will obtain a primary care physician.

Outcome

Ninety-six of 194 participants did not have a primary care physician when they enrolled into the program. A total of 46 of 96 participants (48 percent) obtained a primary care physician.

Recovery Mentor Program

Tualatin Valley Centers

A total of 141 of the 194 enrolled participants did not have medical benefits or the Oregon Health Plan (OHP) coverage. Seventy-five percent (106) of participants without medical coverage were enrolled in the Oregon Health Plan (OHP). The remaining 35 participants were either ineligible for OHP benefits due to income guidelines or were not provided health insurance benefits through their employers.

Objective

Eighty percent of participants referred to family treatment will participate in family treatment as defined by clinical staff on individual treatment plans.

Outcome

Of the 63 participants referred to family treatment, 48 (76 percent) engaged in family treatment and improved their situation as noted by their counselor. The results were determined through a combination of counselor input, family and client input from individual sessions, and follow-up telephone calls. The remaining 131 participants weren't referred to family treatment due to a variety of reasons (i.e. family deceased, unable to participate due to distance, or had restraining orders against them).

Objective

Maintain a recidivism rate for new felony crimes 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 32 percent for Washington County and 25 percent for Clatsop County.

Outcome

Seven of the 66 participants (11 percent) who successfully completed the program at one-year post have been convicted of new felony crimes.

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 county and 65.5 percent for Clatsop county.

Outcome

Of the 194 participants, 135 completed the program. Eighty-five (63 percent) were unsuccessful completions and the remaining 50 (37 percent) participants successfully completed the program and met parole and post prison supervision requirements. The remaining 59 offenders are still actively involved at the end of the second year and will continue to receive services in the third year of the program.

New Life Program

Umatilla County

Contact: Mark Royal 541.276.7824 ext. 241
Program No: 00-014 and 01-014
Federal Funds Expended: \$203,999
Match Funds Expended: \$68,001

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

Objective

Seventy percent of offenders targeted for participation will enter and become actively involved in community-based treatment services.

Outcome

Of those targeted for program participation, 56 offenders (80 percent) entered and became actively involved in community-based treatment services. An additional 29 offenders were carried over from year one and continued to receive services during the reporting period for a total of 85 offenders served.

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 the supervisory authority would work in collaboration with these agencies to ensure that the relapse prevention plan is effective.

New Life Program

Umatilla County

Outcome

Of the 85 offenders served during the reporting period, 56 offenders were enrolled this year and another 29 offenders were enrolled during the previous year and still actively involved in the program. Fifty-seven of the 85 cases were closed during this reporting period. Of those, 40 percent (23) successfully completed community-based treatment services.

The remaining 28 offenders were still actively involved in the program. Of those offenders, 14 were currently in Phase I of the treatment program, and 14 offenders were in Phase II.

During the reporting period, 38 of 85 offenders received sanctions for program violations. Of those 38 offenders, 32 resulted in unsuccessful completions while the remaining six were closed successfully.

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

Forty-seven of 85 offenders were unemployed upon program enrollment. Of those 47 program participants, 45 (96 percent) were referred to extensive job skills development and placement services. Two program participants were not referred to the job skills development and placement services; one individual had medical issues that limited participation and the other individual was currently seeking legal relief to remove his condition to participate in the 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.

Outcome

Eighty-seven percent of the 23 offenders (20) obtained full-time employment following successful completion of community-based treatment and job development and placement services. Three offenders successfully completing did not obtain employment at the time of completion. Two of those three had medical conditions at the time of completion that would not allow employment. The last individual was registered with a placement agency and was pending employment opportunities.

New Life Program

Umatilla County

Objective

One hundred percent of offenders participating in the program will submit to weekly urinalysis testing with 70 percent of those offenders testing negative for the use of a controlled substance. This compares to baseline data of 46 percent.

Outcome

Ninety-two percent of offenders (78) submitted to weekly urinalysis tests (n=2,273) with 85 percent (72) testing negative for the use of a controlled substance. Seventy-eight offenders tested a minimum of twice a week during program involvement. Seven offenders missed one week of urinalysis tests because the treatment provider was unable to provide the necessary staff to complete the required tests. Additional on-call staff will be made available effective September 2003 to ensure that testing requirements are met. In addition, offenders may also be asked to submit to random testing as a condition of probation and parole.

Objective

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

Outcome

A total of 23 offenders (100 percent) who have successfully completed have not been convicted of felonies in Umatilla County during this reporting period.

Objective

Eighty percent of those successfully completing program services will receive a positive case closure defined as completion of a period of parole and post-prison supervision without a revocation (arrest for new crime or technical violation). This is compared to baseline data of 48 percent.

Outcome

Four of 23 program participants (17 percent) have successfully completed conditions of parole and post-prison supervision. These offenders were not arrested for new crimes nor received technical violations during parole and post-prison supervision which resulted in a positive case closure.

Redirections Program

Yamhill County

Contact: Keith Urban 503.434.7527
Program No: 00-015 and 01-015
Federal Funds Expended: \$80,133
Match Funds Expended: \$35,502

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 that 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, 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 were used for specialized correctional case-load and contractual services in community-based treatment and housing, case management, urinalysis testing, vocational training, and reach-in services. Reach-in services were provided to all program clients.

Funding for this program was discontinued in January 2003 due to the impact of impending budget cuts to Yamhill County Chemical Dependency Services and the inability to secure a vocational services contract. Significant budget cuts to out-patient mental health and substance abuse treatment services for clients under the Oregon Health Plan has further impacted the jail treatment program.

Note: This program ended after two quarters of the reporting period, therefore objectives are based on four quarters and outcomes are for two quarters.

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 64 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.

Redirections Program

Yamhill County

Outcome

Thirty-two of 64 offenders (50 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.

Outcome

Fifty percent (32) completed or were still involved in community-based treatment when the program ended. The remaining 32 offenders were unsuccessful completions with 16 offenders (25 percent) leaving treatment against advice or never beginning treatment; seven offenders were identified as needing treatment but access to other treatment programs was reduced statewide; two offenders were incarcerated; two offenders moved from the area; and five were terminated from the program due to noncompliance.

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.

Thirteen of the 20 offenders (65 percent) who identified needing mental health services, received services from the county mental health department or private providers. The remaining seven offenders didn't receive services because of a lack of community resources, lack of client follow through, or not having reached the proper time in treatment to utilize the services.

Fourteen of the 24 offenders (58 percent) who indicated needing assistance in securing housing received it and were living in stable drug-free housing when the program ended. Four offenders obtained employment through their own initiative while the remaining six offenders did not receive assistance due to a lack of community resources or lack of follow-up by the offender.

Objective

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

Outcome

Forty-five of the 64 offenders (70 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.

Redirections Program

Yamhill County

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.

Outcome

Of the 64 offenders enrolled in the program, three program completers had been arrested for new crimes.

Law Enforcement Data System (LEDS) Public Safety Data Warehouse

Department of Oregon State Police

Contact: David C. Yandell 503.378.3055 ext. 55000

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.

Regretfully, due to budget constraints the State agency partners were unable to identify and secure required match funds for this grant and this project has been terminated.

Criminal Justice Information Standards (CJIS) Interoperability Research

Department of Oregon State Police

Contact: 503.378.3720

Program No: 99-044

Federal Funds Expended: \$48,943

Match Funds Expended: \$0

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

The Interoperability Research project has developed the capability for multiagency sharing of the data between the databases of the four partner agencies: the Oregon Youth Authority, Oregon State Police, Department of Corrections, and Oregon Judicial Department. Each agency has now demonstrated the capability to query and display information from the other partners databases utilizing web-based technology.

Law Enforcement Data System (LEDS) Message Switch

Department of Oregon State Police

Contact: David C. Yandell 503.378.3055 ext. 55000

Program No: 99-054 and 00-008

Federal Funds Expended: \$373,646

Match Funds Expended: \$126,192

Program Summary

The hub, or gateway, through which all Oregon criminal justice information traffic flows is the Law Enforcement Data System (LEDS) Message Switch. Systems connected to the Switch include the FBI's National Crime Information Center (NCIC), the National Law Enforcement Telecommunications System (NLETS), California Law Enforcement Telecommunications System (CLETS), Oregon DMV, Oregon Mental Health, corrections data, National and Oregon Sex Offender Registry, Fish and Wildlife, and a host of other regional criminal justice information systems, regional message switches, records management systems, and other messaging services supporting Oregon's criminal justice community.

The existing switch is over 10 years old and has reached its end of life via vendor support. Additionally, the present switch is unable to support the new NCIC-2000 communication protocol, Transmission Control Protocol/Internet Protocol (TCP/IP), and is unable to support the transmission of images (i.e., mugshots, fingerprints, etc..)

The LEDS Message Switch Replacement project will design, implement, and deliver an integrated message switch system to electronically transport criminal justice and law enforcement data between user systems and various databases.

Unisys, the primary contractor, will deliver LEMS 2000, a turnkey solution. LEMS 2000 is a law enforcement message system software product in use in eight other states. Unisys will install and configure both hardware and software for the replacement system, and provide customized code for Oregon's unique processes.

Law Enforcement Data System (LEDS) NCIC 2000

Department of Oregon State Police

Contact: David C. Yandell 503.378.3055 ext. 55000

Program No: 00-009

Federal Funds Expended: \$120,411

Match Funds Expended: \$0

Program Summary

NCIC is a computerized index of criminal justice information available to federal, state, and local law enforcement and other criminal justice agencies. On July 11, 1999, the FBI rolled out their new version of the National Crime Information Center (NCIC), now called NCIC 2000. While the new system was released to address Y2K concerns, new functionality and systemwide improvements have been made.

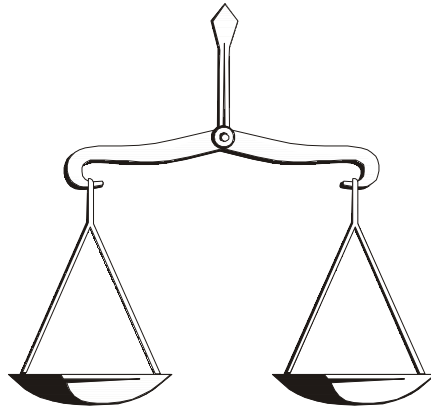
The information that NCIC provided and NCIC 2000 will provide to local, state, and federal law enforcement agencies is organized in 17 databases. These databases are criminal history queries, wanted persons, stolen guns, persons subject to protection orders, missing persons, unidentified persons, criminal justice agency identifier, stolen license plates, stolen vehicles, stolen boats, stolen articles, stolen securities, gang and terrorist members, deported felons, foreign fugitives, U.S. Secret Service protective file, and Canadian Police Information Center.

The enhanced capabilities of NCIC 2000 include:

- Advanced name search (searches all derivatives of names such as Jeff, Geoff, Jeffrey)
- Search of right index finger prints
- Mugshots
- Other identifying images (scars, tattoos, and images of vehicles e.g., 1965 Ford Mustang)
- Sexual offenders
- Persons on probation or parole
- Persons incarcerated in federal prisons
- User manuals available on-line
- Information linking (all information related to a case will be returned on a single inquiry; for example, if stolen guns are in a stolen vehicle, a query on the vehicle will return information on the stolen guns as well)
- Improved data quality
- On-line ad hoc searches to support criminal investigations
- Maintaining five days of system inquiries to allow agencies to be notified if they are looking for information on the same individual or stolen property

In order to allow each state the time necessary to make required modifications, the states were given three years or until July 11, 2002 to become NCIC-2000 compliant. In response to these requirements, LEDS entered into a sole source 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 2001. In December 2001, a decision was made to complete the required programming work in-house using LEDS programming staff in addition to one or two temporary employee programmers. This work has been completed and the LEDS database is NCIC 2000 compliant.

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



EXECUTIVE SUMMARY

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.

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 *Annual Report*.

Domestic and Family Violence Prevention Programs

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

<i>Descriptive Characteristics of 2002 Domestic Violence Program Participants</i>	<i>Domestic Violence Prevention Programs</i>										
	Immigrant and Refugee Community Organization (IRCO)	Looking Glass ^A	Lane County Legal Aid Service ^B	Multnomah County District Attorney's Office ^C	Project DOVE ^D	Hillsboro Police Department ^E	Catholic Charities Immigration Services ^F	Women's Safety and Resource Center ^G	Clatsop County Community Corrections	Multnomah County Department of Community Justice ^H	Multnomah County Department of Community Human Services ^I
Total Number of Clients Served	224	148	248	44	50	109	564	95	200	115	20,712
Gender (%)											
Male	0	33	56	55	50	10	19	10	89	50	-
Female	100	67	44	45	50	100	81	100	11	50	-
Age Range (%)											
Under 18	0	0	47	10	52	6	38	3	0	100	-
18-24	9	50	7	10	-	66	7	18	21	0	-
25-34	40	-	24	10	-	33	35	29	31	0	-
35-44	29	-	17	10	-	10	16	24	32	0	-
45-54	6	-	5	10	-	10	3	23	13	0	-
55-64	9	-	0	-	-	10	1	3	3	0	-
65 and over	7	-	0	-	-	10	0	0	0	0	-
Race/Ethnicity (%)											
American Indian/Alaskan Native	0	0	1	6	10	10	0	7	1	6	-
Asian	35	0	0	3	4	4	3	1	.5	3	-
Black or African-American	11	0	3	15	10	10	3	0	.5	15	-
White	18	99	88	73	50	50	2	83	95	73	-
Hispanic	34	1	7	3	46	46	92	6	6	3	-
Multi-racial	2	0	1	0	10	10	0	3	0	0	-

^A All data based on duplicated clients. Fifty percent of clients are parents of children, aged 18 and over.
^B Demographic data based on 172 clients, excluding those on the waiting list.
^C Total number of clients based on cases reviewed for prosecution. Demographic data based on 33 prosecuted cases. All clients aged 60 and over.
^D Forty-eight percent of the clients are parents of children, aged 18 and over.
^E Gender and race/ethnicity data based on 52 clients receiving victim services; age data based on 24 Hispanic clients receiving victim services.
^F Demographics data based on 334 clients of consultation service only.
^G Age and race/ethnicity data based on 70 clients receiving services after October 1, 2002.
^H All data based on children only, excluding their parents.
^I Clients represent incoming calls received. No demographic data are yet available.

Domestic Violence Education Program for Immigrant and Refugee Women

Immigrant and Refugee Community Organization (IRCO)

Program Purpose

The Domestic Violence Education Program for Immigrant and Refugee Women is designed to 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) English as a Second Language (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*, 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 grant funding, the Immigrant and Refugee Community Organization (IRCO) provides English and domestic violence (DV) 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 program has the following goals and objectives:

Goal 1: To increase the safety and awareness of immigrant and refugee domestic violence survivors.

- 100 immigrant and refugee women, representing 10 ethnic groups, will attend ESL/DV education classes per year.
- 50 percent of the women attending ESL/DV classes will complete 50 percent of the classes.
- 500 program brochures will be distributed among immigrant and refugee communities in the tri-county area.

Goal 2: To increase immigrant and refugee women's exposure to and familiarity with the U.S. law enforcement system and its representatives.

- Women completing ESL/DV classes will demonstrate an increased knowledge of the U.S. legal system as it pertains to domestic violence, through pre- and post-assessments.
- Immigrant and refugee women will have the opportunity to meet with representatives of law enforcement agencies. Each ESL/DV class will host visits from two law enforcement representatives and/or victim assistance advocates.

Goal 3: To increase access to safe and supportive environments for immigrant and refugee women affected by domestic violence.

- Provide 40 immigrant and refugee women affected by domestic violence with two or more hours of case management and advocacy services.
- 50 percent of those women receiving case management and advocacy services will achieve 50 percent of their short-term goals.

Domestic Violence Education Program for Immigrant and Refugee Women

Immigrant and Refugee Community Organization (IRCO)

Goal 4: To enhance the law enforcement system's response to domestic violence in immigrant and refugee communities.

- 60 representatives from area law enforcement agencies will receive training to better understand the special needs of immigrant and refugee domestic violence survivors.
- 50 percent of law enforcement participants attending the training will show an increased awareness and an understanding of response to domestic violence calls within 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 are police officers and law enforcement officials. English language and domestic violence education classes are open to all immigrant and refugee women. Case management services are offered to immigrant and refugee domestic violence 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.

Program Components

The main components of the Domestic Violence Education Program are: (1) English as a Second Language (ESL) and domestic violence education classes for immigrant and refugee women, (2) case management and advocacy services for immigrant and refugee domestic violence survivors, and (3) law enforcement training to enhance their ability to respond to domestic violence in immigrant and refugee communities.

Following is a detailed description of the main program components:

- *ESL/DV classes*: This component of the program is designed for immigrant and refugee women at all levels of English proficiency who are survivors of, or advocates against, domestic violence. Women will gain English skills as well as acquire information on U.S. laws pertaining to domestic violence. Two 90-minute classes are offered per week, for an eight-week period in a safe environment, either in the IRCO building or at other community sites. Class sizes range from five to 10 students per class. Often, women who speak the same language are grouped together in a class with a bilingual instructor who can interpret the domestic violence lessons and guest presentations.

The curriculum consists of two components: life management 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, the Case Manager, and volunteers.

Domestic Violence Education Program for Immigrant and Refugee Women

Immigrant and Refugee Community Organization (IRCO)

- *Case management and advocacy services:* Case management and advocacy services 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 the DA's office 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 better respond to domestic violence calls from immigrant and refugee communities.

Program Resources

Byrne Funding

The Domestic Violence Education Program receives Byrne grant funding of \$102,168 and provides matching funds of \$34,056. IRCO uses the majority of the funding to support the program staff salaries.

Program Staff

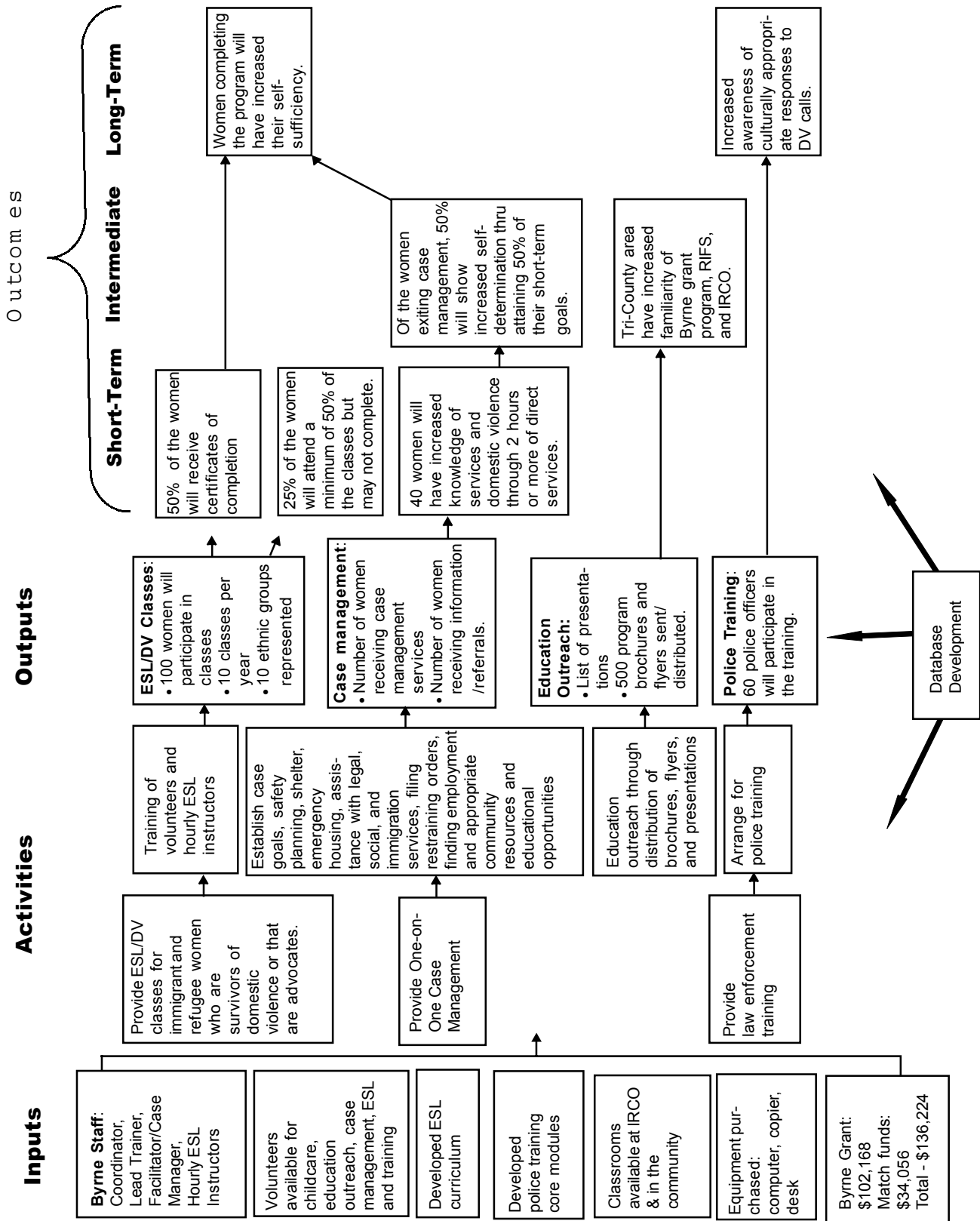
Three employees (1.9 FTE) and 15 volunteers staff the Domestic Violence Education Program. The Program Coordinator manages the service delivery and evaluation activities. She is responsible for the day-to-day implementation of the program. The Lead Trainer is responsible for the curriculum development, implementation of the ESL/DV classes and the law enforcement training. The Case Manager is responsible for the case management and advocacy services to immigrant and refugee domestic violence victims.

Collaboration

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

Program Logic Model

Domestic Violence Education for Immigrant and Refugee Women



Domestic Violence Education Program for Immigrant and Refugee Women

Immigrant and Refugee Community Organization (IRCO)

Program Progress

During the second program year, from July 1, 2002 through June 30, 2003, overall accomplishments have been very positive primarily due to the groundwork in program outreach and awareness during the first year. Key factors contributing to the success of the program this year include: use of community “gatekeepers”- bilingual/bicultural instructors and volunteers who act as liaisons between the school and cultural communities; offering classes at a variety of times and locations so as to be more convenient for women to attend; dovetailing ESL/DV classes with other IRCO programs; and providing childcare and transportation for those in need.

Second-year efforts for program evaluation focused on building evaluation capacity, completing a detailed Program Description, a Logic Model, and an Evaluation Measurement Plan.

Process Evaluation

Clients Served:

- *ESL/DV classes:* During the second year of program implementation, 162 refugee and immigrant women in 18 classes representing 20 different ethnicities attended the ESL/DV education classes. They represented the following ethnic groups: Vietnamese, Russian, Lao, Mien, Mexican, Korean, Thai, Cambodian, Tibetan, Oromo, Sudanese, Somali, Iranian, Filipina, Afghani, Ukrainian, Belarusian, Venezuelan, Zambian, and Ethiopian. The majority of the women were in the 25 to 34 year age range. This year, the target population for ESL/DV classes was broadened to include women who may act as advocates for victims of domestic violence within their community. This modification has allowed for more program participants and in turn, another avenue for refugee and immigrant women to learn about issues relating to domestic violence.
- *Case Management and advocacy services:* Case management and advocacy services are intended for immigrant and refugee survivors who are victims of domestic violence. During the second year of the program, 44 women were served through case management and advocacy services for two or more hours and 18 women were served through information and referral. Thirteen of those women receiving case management and advocacy services also attended ESL/DV classes.

Program Implementation:

- *ESL/DV classes:* During the second program year, a total of 162 women attended ESL/DV classes. Nineteen of these women began class late in the 3rd quarter so they were considered “on-going”. Of the remaining 143 women, 92 women (64 percent) completed 50 percent of the ESL/DV classes during the second program year.

Although the ESL/DV program was successful on the whole, consistent attendance in classes remained a constant challenge. Factors affecting attendance included; arrangement of childcare, illness, changes in work schedule, transportation, and depression.

Domestic Violence Education Program for Immigrant and Refugee Women

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Data has shown that the majority of women who complete more than 50 percent of the classes go on to complete the course. To encourage on-going attendance, classes were scheduled at locations easily accessible by public transportation, including job sites and community centers. Open enrollment allowed for women in trauma or recovering from trauma to start, stop, or rejoin a class as they needed to. Program staff, interns, and volunteers provided on-site childcare as needed. And, to foster a more encouraging learning environment, classes were organized according to the women's primary language. In these classes, the teacher could act as an interpreter, lessons were easier to understand and learning was supported by group discussions. The teacher/interpreter could also act as a "community gatekeeper"- a resource for women in that community, by providing information about the program and making reminder calls to women already attending classes.

- *Case management and advocacy services:* Eighty-one percent of the 44 clients who received case management and advocacy services met 50 percent of their short-term goals, during the second year. By achievement of at least 50 percent of their case goals, clients were able to exit services with greater access to legal and support services. This year, the Case Manager assisted clients in: obtaining restraining order renewals; contesting stalking and restraining order violations; working with the District Attorney to file charges; accompanying clients to immigration counseling and welfare; and providing interpretation assistance. The Case Manager also helped clients with housing, employment, educational opportunities, safety planning, and legal assistance for divorce and child custody.

Clients who did not attain 50 percent of their short-term goals were, for various reasons, not ready to leave their abuser or had left for a period of time and returned again to their abuser. Leaving an abuser can be an obstacle for immigrant and refugee clients who fear deportation, losing their children, or being ostracized by their communities. Furthermore, budget cuts and new laws have made access to these services a greater challenge for clients with immigration status.

The Case Manager hopes to reduce these frustrations among clients by continuously learning about new immigration laws and sharing this information with clients. With a better understanding of their resources and with the Case Manager's assistance in interpreting this information, immigrant and refugee victims of domestic violence may be better equipped to reach for independence, stability, and empowerment.

- *Law enforcement training:* The program surpassed its second year goal of training 60 law enforcement representatives by reaching 81 sergeants, detectives, patrol officers, police volunteers, and desk officers. Hillsboro Police had 73 people attend two separate eight-hour trainings in August and September of 2002, and Oregon State Police had eight people attend a training in June. In spite of this success, budget cuts, staff cutbacks, and a large number of protests and demonstrations this year greatly limited the availability of law enforcement officials for training programs.

Domestic Violence Education Program for Immigrant and Refugee Women

Immigrant and Refugee Community Organization (IRCO)

In order to make the training more accessible, Byrne grant funded staff applied for and received certification by the Oregon Department of Public Safety Standards and Training for a four-hour course entitled *Domestic Violence-Working with Immigrant and Refugee Communities*. This certification enables officers to earn continuing education credit by attending in-service training.

- *Outreach*: Approximately 600 program and informational brochures were distributed throughout the year. Program staff actively participated in community events to provide information about domestic violence resources for immigrant and refugee women.

Outcome Evaluation

- *ESL/DV classes*: A pre- and post- assessment evaluation design was piloted, revised, and implemented in ESL/DV classes during the second program year. The pre/post-assessment measures knowledge of domestic violence at the start of domestic violence lessons and at the end of the course.

Challenges to administering the pre- and post- assessments included language barriers, differing literacy levels among students in a class, and sporadic attendance resulting in some students completing either a pre-assessment or a post-assessment, but not necessarily both. In the Vietnamese classes and one Latina class, administration of the assessment took the shape of a group discussion. Although this approach did not describe individual differences, it worked well as a tool for learning and provided some information about each group. This information will be considered when tailoring lesson plans for future classes.

Some findings from the pre- and post- assessment comparisons were as follows:

- Although only a few immigrant and refugee women had called the police in the past, they all learned to dial 9-1-1 in the event of an emergency.
 - Most women felt that the police could help them, but still felt uncomfortable speaking to them in English.
 - Women learned that they could ask for a translator in an emergency.
 - Women learned that they have rights and resources that are different from those in their own countries- such as filing a restraining order to legally keep an abuser away.
 - Overall, the women came away from the class knowing more about laws that can protect them and what to do if there is a problem.
- *Case management and advocacy services*: The outcomes of case management and advocacy services were captured through examination of client feedback forms and case records. Clients completed the feedback form after three months of service and again after six months. Responses were summarized and reviewed quarterly for program improvement and the Case Manager updated client goals based on individual needs. Development of a database to organize this information is currently underway and data analysis plans to measure intermediate and long-term outcomes will be finalized in the third program year.

Domestic Violence Education Program for Immigrant and Refugee Women

Immigrant and Refugee Community Organization (IRCO)

- *Law enforcement trainings:* All police training participants were asked to complete an evaluation form after the training session. Overall, feedback indicated that about 85 percent of the law enforcement in attendance rated themselves as being more aware of culturally sensitive issues relating to domestic violence response after the training. Officers also expressed interest in learning more about immigration and legal issues through future trainings.

Lessons Learned

The main lesson learned from second year implementation of the Domestic Violence Education Program for Immigrant and Refugee Women is that success of this program exists in creating a cultural interface between immigrant and refugee communities, and representatives of social services and law enforcement. In the course of bringing these two groups to a better understanding of one another, the following must be considered:

- Continuous educational outreach with immigrant and refugee community leaders is vital for individuals from these communities to learn about domestic violence, sexual assault, and victim's rights resources.
- It is equally important to conduct educational outreach to law enforcement agencies to foster a deeper respect and appreciation for different cultures and how this shapes values and beliefs.
- Beyond providing basic case management services, the Case Manager must continue to serve as an intermediary between immigrant and refugee victims of domestic violence and the social and legal services that they need.

Safe Families - Support for Children Witnessing Domestic Violence

Looking Glass

Program Purpose

The purpose of the Safe Families - Support for Children Witnessing Domestic Violence (Safe Families) program is to 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. At the beginning of the second program year, the Byrne grantee agency was changed from the Lane County Department of Children and Families (DCF) to Looking Glass, a non-profit community-based agency. Looking Glass was the primary provider of Safe Families program services last year under contract with the Lane County Department of Children and Families (DCF).

The primary goals of the Safe Families program are 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.

The specific objectives of the program are as follows:

- 75 children who have witnessed domestic violence will be referred to the program. All of these children will be assessed for program eligibility and will develop individualized treatment plans.
- 24 parents of children who have witnessed domestic violence will be assessed for program eligibility and will develop individualized treatment plans.
- 60 children will receive support/education group services. Twenty children will receive individual therapy and family therapy.
- 24 parents of children who have witnessed domestic violence will participate in support/education groups. Twenty parents will participate in family therapy.
- 75 children and all of their parents will develop safety plans.
- Program staff will provide outreach to 10 domestic violence and other social service providers in the community.
- Therapists and parents will report that at the conclusion of services:
 - (a) 90 percent of children have a reduction in symptoms related to the trauma from exposure to domestic violence.
 - (b) 75 percent of children show improvement in their emotional and behavioral health.

Safe Families - Support for Children Witnessing Domestic Violence

Looking Glass

- (c) 75 percent of children and parents show some progress on their individualized treatment objectives.
- At the conclusion of services, 75 percent of parents will report that they and their children feel safer at home.
 - At the conclusion of services, 90 percent of parents will report increased knowledge about domestic violence, its effects on children, and available community resources.

Target Population

The Safe Families 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 2 and 17; having been negatively impacted by witnessing domestic violence; being assessed to benefit from available program services; and having no other funding available to receive those services. Program participation is voluntary, based on the non-offending parent's agreement.

Potential program clients are referred from a wide variety of sources including: the Community Safety Net, a countywide, community-based, interagency project that provides comprehensive wraparound services for families at risk of child abuse; agencies working with domestic violence 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.

Program Components

The main components of the Safe Families program are: outreach, assessment, treatment planning, individual therapy for children, individual therapy for non-offending parents or caregivers, family therapy, children's support and education groups, parent's support and education groups, women's domestic violence therapy groups, and safety planning. After conducting comprehensive assessments of children and their parents or caregivers, therapists at Looking Glass make recommendations on service options. Based on therapists' recommendations, parents make final decisions on program services for themselves and their children. 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.

Safe Families - Support for Children Witnessing Domestic Violence

Looking Glass

- *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.
- *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

Safe Families - Support for Children Witnessing Domestic Violence

Looking Glass

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 handouts, videotapes, role-plays, art projects, informal lectures, and group discussions. Each session starts with a check-in and ends with a check out and the question, “Is it safe for you to go home?”
- *Safety planning:* In the process of receiving program services, both children and parents work to identify safety concerns and develop a safety plan that adequately addresses these concerns.

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 program receives Byrne grant funding in the amount of \$55,000 and provides matching funds of \$18,333. Byrne grant funding is used by Looking Glass for just over 1 FTE program staff to enhance and provide support and education groups for children and parents. Looking Glass receives additional funding from the Oregon Health Plan, Oregon Department of Human Services/Child Welfare Program, Oregon Children’s Plan, and private insurance agencies.

Safe Families - Support for Children Witnessing Domestic Violence

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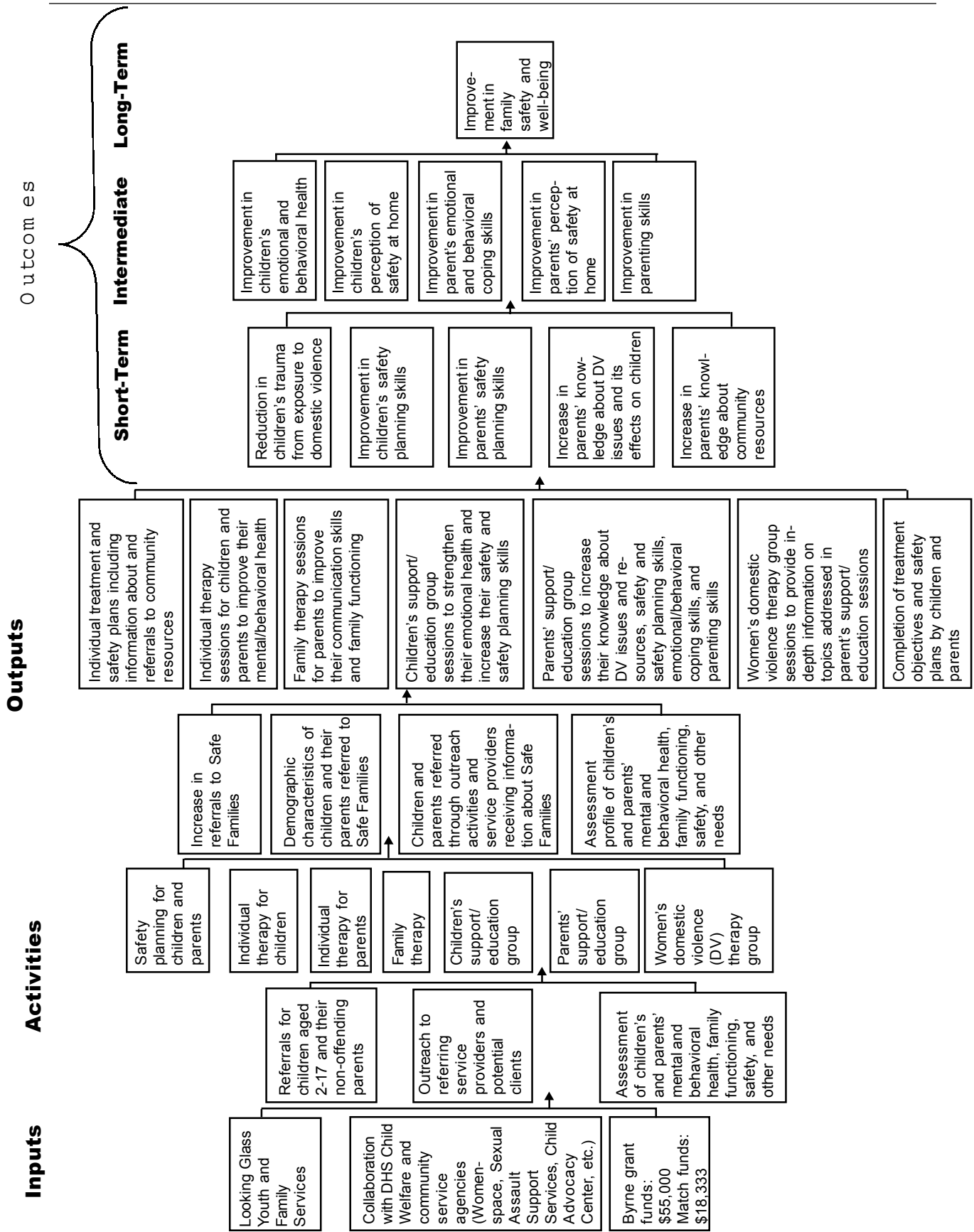
Program Staff

The Safe Families program is operated based on Looking Glass' existing infrastructure. Looking Glass is staffed with more than 28 Masters degree-level therapists. Eight therapists were identified, for a total of 0.80 FTE, to enhance and provide Safe Families program services for clients. These therapists are supervised by a Clinical Supervisor. The Program Director establishes program policies and procedures and oversees the general operation of the program. RMC Research, Inc. of Portland conducts program evaluation under contract with Looking Glass.

Collaboration

The main collaborating agencies for the Safe Families program are: the Community Safety Net, a countywide, community-based, interagency project that provides comprehensive wraparound 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 Looking Glass



Safe Families - Support for Children Witnessing Domestic Violence

Looking Glass

Program Progress

During the second program year from July 1, 2002 through June 30, 2003, efforts of the Safe Families program were focused on delivering services for children and their parents, while addressing the issue of lack of client referrals experienced last year. Looking Glass became a new Byrne grantee agency this year, replacing the former grantee agency, the Lane County Department of Children and Families (DCF). Throughout the program year, Looking Glass received sufficient client referrals, as a result of staff's outreach efforts. The program was unable to provide accurate data on clients and the services that they received, due to the lack of a well-designed tracking system. The Program Director and the Program Evaluator are currently working together to address this issue. The evaluator designed a set of brief parent survey instruments and started implementation to assess program outcomes.

Process Evaluation

- *Number of clients:* During the second year, a total of 74 (duplicated) children were referred to the Safe Families program. Therapists at Looking Glass conducted individual assessments with all of the referred children and their non-offending parents or caregivers and developed an individualized treatment plan for each of the children. The program goal was to receive 75 referrals and develop a treatment plan for each child. In addition, staff provided a formal assessment for 16 parents to engage them in a variety of program services. (The parents who participate only in family therapy together with their children do not have to receive a formal assessment.) The annual goal was to assess 24 parents.
- *Client tracking issues and solutions:* During the second program year, the Safe Families program continued to have difficulty in tracking clients and the services that they received. The program's current client tracking system is not sophisticated enough to store and process information on children and parents, many of whom receive services in a variety of combinations, from multiple therapists, and through different funding sources. The Program Director and the Program Evaluator have recently started working together to address this issue. For instance, to process information on an "unduplicated" client basis, the program will track new clients for each quarter separately. To track parent's participation in family therapy more accurately, the program will examine each child's file and check parent's participation from treatment notes in the child's file. The current system does not track parents who participate with their child in family therapy without receiving a formal assessment.
- *Delivery of program services in detail:* After therapist's assessment and treatment planning, clients participated in a variety of program services that included support and education groups, individual therapy, family therapy, and safety planning. Of the 74 (duplicated) children and their parents served this year, 53 children and 22 parents of the children participated in eight-week support and education groups for children and parents, which are two core Byrne funded program components. The annual program goal was to engage 60 children and 24 parents of the children in support and education groups. All of the children and their parents developed safety plans with their therapist, either in the support and education groups or in the context of family therapy. An estimated 60 children and their parents participated in family therapy.

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Looking Glass

In order to assess clients' participation in program services more accurately, the Program Evaluator from RMC Research, Inc. examined data from Looking Glass' billing information system for the period from January 1, 2003 through June 30, 2003. Data on unduplicated clients was available through the billing database for this period in which Looking Glass was a direct Byrne grantee agency. For the six-month period, a total of 37 unduplicated children received one or a combination of program services. Of the 37 children, 21 participated in children's support and education sessions for an average of 5.5 sessions per child; 16 participated in family therapy sessions for an average of 2.2 sessions; 10 participated in individual therapy sessions for an average of 3.3 sessions; and two participated in an assessment session without receiving other services.

The evaluator's examination of the billing system also indicated that for the same six-month period, a total of 14 unduplicated parents of the 37 children received program services. Of the 14 parents, 10 participated in parent's support and education sessions for an average of 5.5 sessions per parent; two participated in family therapy sessions for an average of 3.5 sessions; five participated in individual therapy sessions for an average of 1.4 sessions; and four participated in a formal assessment session without receiving other services.

- *Grantee agency change:* There were two reasons for the change in the Byrne grantee agency from the Lane County Department of Children and Families (DCF) to Looking Glass. First, the County DCF was not able to come up with the required matching funds. Second, the DCF's initial role of referring clients to Looking Glass was no longer significant for the Safe Families program. At the beginning of the program the DCF, via the Community Safety Net, was proposed as the only client referral source but was unable to provide sufficient client referrals. As a result, Looking Glass had to make its own efforts to reach out to potential clients of the program.
- *Client outreach efforts:* Until the first quarter of the second year, therapists at Looking Glass devoted a significant amount of time conducting outreach to potential clients of the Safe Families program. On average, four therapists devoted a total of 16 hours a week to outreach activities. As a result, the program has been able to expand the client referral base and receive sufficient referrals. In addition to the Community Safety Net, the current client referral sources include local domestic violence service agencies, health care professionals, area schools, and self-referrals.

Outcome Evaluation

- *Evaluation modification:* In consultation with the CJSD Evaluation Team, the Program Evaluator simplified the evaluation activities initially planned. The limited amount of Byrne grant funding for the Safe Families program (\$49,500 for program implementation and \$5,500 for evaluation) did not allow for many of the activities in the Evaluation Measurement Plan developed last year. Initially, use of the multiple sources of data collection was planned to assess program outcomes, including therapists' assessments, treatment plans, and children and parent surveys. The plan has been changed to use parent surveys as the only primary data sources for outcome evaluation.

Safe Families - Support for Children Witnessing Domestic Violence

Looking Glass

In the middle of the program year, the Program Evaluator developed the Safe Families Parent Questionnaires, a set of brief pre- and post- program surveys to assess the main program outcomes. The surveys were designed to measure parents' perception about improvement in: (1) children's and parents' emotional and behavioral health, (2) their safety and safety planning skills, (3) parents' knowledge about domestic violence, and (4) parenting skills. As of June 30, 2003, there were nine parents who completed a pre-program survey and six parents who completed a post-program survey. Administration of the Safe Families Parent Questionnaires will be continued throughout the remaining Byrne grant funding period.

Lessons Learned

The main lesson learned from the second-year implementation of the Safe Families program is that staff should be knowledgeable about their specialty areas and should also work as a team. Most of the children and their parents targeted by the Safe Families program experience various and multiple issues that require highly individualized treatment plans and services. Knowledgeable staff and teamwork are essential in working with those clients. All of the therapists and the Clinical Supervisor working on this program have extensive work experience and training in the areas of their specialty and domestic violence. They meet regularly as a team to conduct comprehensive assessments of clients and discuss a range of treatment options.

Kids First Safe Alternatives Center

Lane County Legal Aid Service

Program Purpose

Kids First Safe Alternatives Center (Kids First) is a supervised visitation and exchange program that provides an opportunity for non-custodial or non-residential parents, primarily in Lane County, to maintain contact with their children in a safe and neutral setting. Kids First has two primary components: (1) supervised visitation of parenting time for families in which the children generally live with one parent and see the other non-custodial parent only under supervision and (2) supervised exchanges in which children are transferred from one parent to the other under supervision without the parents contacting each other. The main purpose of Kids First is to ensure the safety and well-being of child and adult victims of domestic violence.

According to the *1998 Oregon Domestic Violence Needs Assessment* report¹, at least one out of six Oregon children witnessed domestic violence during the past year. In addition, four of seven Oregon regions, including Lane County, identified supervised parenting time as one of the top three services *not available but needed* for children who have witnessed domestic violence. Kids First is currently the only supervised visitation and exchange program in Lane County.

Kids First has the following four main goals:

- Increase the safety and well-being of child victims of domestic violence.
- Increase the safety and well-being of adult victims of domestic violence.
- Establish an effective assessment, referral, and communication protocol between Kids First and key systems including court personnel, civil legal system, parole and probation, batterer intervention, victim advocates, and child welfare services.
- Establish accessible, appropriate, and culturally specific supervised visitation and exchange services for underserved populations in Lane County.

The specific objectives of the program are as follows:

- Provide 1,260 safe supervised visits to 84 children and 345 supervised exchanges for 75 children. Provide orientations for each child served.
- Provide 1,260 safe supervised visits and 345 safe exchanges for 60 parent victims of domestic violence. Provide a two-hour assessment/orientation session for each victim.
- Each supervised visit and exchange will have zero incidents of exposure to physical assault. Ninety percent of visits will be in compliance with program agreements and protocols.
- Recruit, train, and support 25 new volunteers as Visit/Exchange Supervisors.
- Revise and expand orientation and safety packets for children, parent victims of domestic violence, and offending parents.
- Increase program capacity for serving rural, Hispanic, teen, and other underserved populations.
- Develop and administer instruments and database for client intake and assessment to understand client demographic and risk profiles and to track changes in their exposure to domestic violence.
- Design and conduct surveys and/or interviews to assess program outcomes such as changes in safety and well-being perceived by parents and children who participated in the program and parents' knowledge about domestic violence and community resources.

¹ 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.

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- Design and conduct key informant surveys to assess key individuals' (e.g., judges and court personnel, victim advocates, child welfare services) knowledge and perception about Kids First, understand their supervised visit or exchange referrals/orders, and increase the frequency of their appropriate referrals/orders.
- Design and conduct surveys and/or interviews with clients from underserved populations to assess their satisfaction and understand any barriers to services.
- Design and conduct surveys to assess program staff's cultural competency.

Target Population

The primary target area for Kids First Safe Alternatives Center is Lane County. Supervised visitation or exchange services are provided to: (1) adult victims of domestic violence, (2) child victims of domestic violence, and (3) 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 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 are: (1) supervised visitation that provides supervision of parenting time for families in which the children generally live with one parent and see the other non-custodial parent only under supervision and (2) supervised exchanges in which children are transferred from one parent to the other under supervision without the parents contacting each other. 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.

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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 stance 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 a balance between creating an environment in which the parents are both respected and accountable.

After their intake interviews, parents receive a tour of the program facilities with careful emphasis on the portions of the building they are permitted to use, what the routine will be for visits, and what they can expect when they arrive. Custodial parents are shown the entire building. Non-custodial 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, or scheduling an appointment on a separate day before visits begin.

The orientation process varies greatly, depending on the age and developmental level of the child. At a minimum, children meet a Visit Supervisor and spend time in the space where visits will take place. When appropriate, the Visit Supervisor explains to children what will happen when they come for visits. A full "run-through" is often completed so that the children can have a "practice" time and know exactly what should happen. Children may also be invited to set up a "signal" to indicate when they want to take a break from the visit process or if they are in distress during the visit.

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 afternoons and evenings on Tuesday through Friday and all day on Saturday. Supervision is conducted by volunteer Visit Supervisors. The duration of each visit ranges from 45 minutes to three hours with an average of one

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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 at 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 anticipation for the visit. While the Visit Supervisor stays in the custodial parent area, a Site Supervisor waits in the visiting parent arrival area and watches for their arrival. After arrival, visiting parents wait at a locked door, ring a doorbell, and are greeted by the Site Supervisor. Visiting parents sign in, provide vehicle information, leave car keys and any other items brought on site in a designated area, are checked by the Site Supervisor for signs of alcohol or drug use, and are escorted to the visit room.

After the visiting parent is escorted to the visit room, the Site Supervisor calls the Visit Supervisor on an internal intercom system. The Visit Supervisor escorts the child to the visit room and sits in the room with the parent and child during the entire visit. The custodial parent may choose whether to remain on site during the visit or leave and return 10 minutes before the visit is scheduled to end.

Visiting parents generally spend time with children talking, playing, drawing, painting, reading, playing games, and listening to music. The Visit Supervisor and/or Site Supervisor are always ready to respond to any problems 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 receives confirmation about the next visit schedule. When the visiting parent is ready to leave, his or her personal belongings are returned and he/she is escorted out of the building by a volunteer.

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- *Supervised exchange:* Supervised exchange services allow for parents to use Kids First as a neutral, safe place to drop off and pick up children going from the care of one parent to the care of the other. Generally, the visiting or non-custodial parent's time with the children is not required to be supervised. The exchange program operates very similarly to the visitation program. Similar safety protocols, program agreements, and documentation requirements apply. One difference between the two programs is the communication between parents that can occur as part of the exchange program. In supervised visitation, parents cannot use Kids First as a place to send messages or property from one parent to another. In supervised exchange, parents have the opportunity (and are encouraged) to send child-related information back and forth at exchange times. The information that is permitted is limited, and the process is not to be used to communicate about matters unrelated to the child.
- *Case coordination:* Case coordination is provided on an as-needed basis. Case coordination involves communicating with other service providers and communicating with parents between their supervised visits. 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 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 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.

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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 grant funding in the amount of \$140,915 and provides matching funds of \$46,972. The majority of the funding is used to support the Program Director and Volunteer Coordinator, rent and maintenance of the visitation center, and contracts for program consultation and evaluation.

Program Staff

Kids First currently operates with four paid staff members: the Program Director, the Volunteer Coordinator, the Intake Coordinator, and the Latina Services Coordinator. 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 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 is responsible for administering the volunteer program by recruiting, screening, training, supervising, and supporting volunteers. The Volunteer Coordinator 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.

The Intake Coordinator responds to incoming requests for information or services, conducts intake and orientation appointments, and manages the schedule of new visits and program capacity. The Latina Services Coordinator works part-time, jointly supervised by the Kids First Program Director and staff at Centro Latino Americano. Her responsibilities include developing connections with other providers of services to Latino and Latina families, translating materials, supervising visits when needed, and participating in volunteer recruitment, training, and support for bilingual Spanish-speaking volunteers.

Other staff members include: volunteers and student interns, most of whom serve 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.

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Collaboration

Key stakeholders for Kids First Safe Alternatives Center include: local domestic violence service providers, judges and court staff, family law attorneys and mediators, and partner agencies including Centro Latino Americano, University of Oregon Marriage and Family Therapy Program, Family Resource Centers, teen parent programs, and the Children and Family Violence Committee of the local Domestic Violence Council. Other stakeholders include: the Family Violence Response Initiative, parent service groups, Child Welfare, batterer intervention programs, parole and probation agents, mental health professionals, and alcohol and drug treatment professionals. These stakeholders collaborate with 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

Outcomes

Long-Term

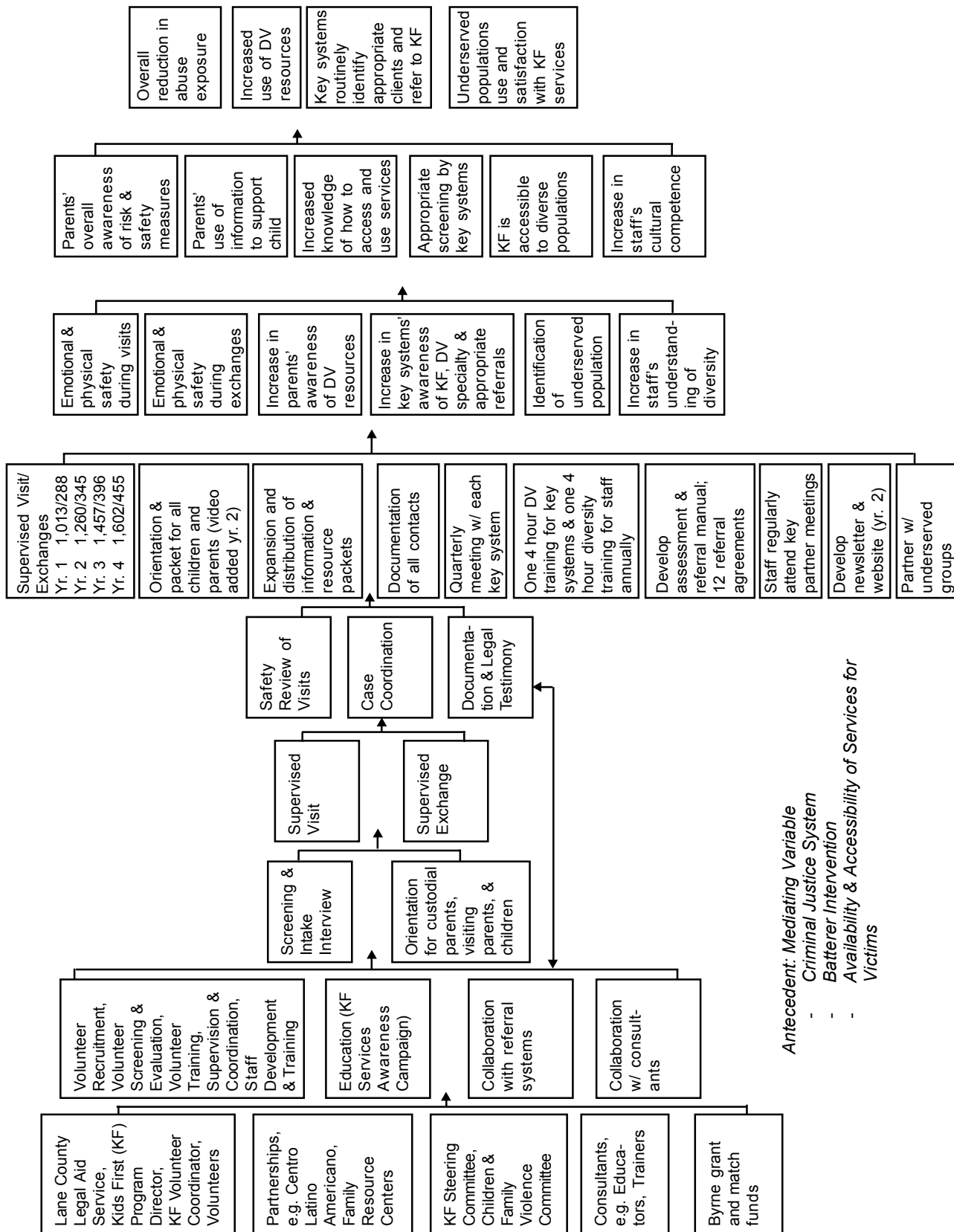
Intermediate

Short-Term

Outputs

Activities

Inputs



Antecedent: Mediating Variable

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

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Program Progress

During the second program year from July 1, 2002 through June 30, 2003, Kids First operated at full capacity with many clients on a waiting list. The program continued to be understaffed during this year, even though the program added two more staff members and expanded the pool of volunteer workers. The program initiated supervised exchange services, as initially proposed. However, due to the lack of program resources, staff decided to provide exchange services on a pilot basis this year, and focused efforts on meeting the demand for supervised visitation services. Steady progress was made on program evaluation. The Program Evaluator finalized a set of comprehensive client intake instruments and database, conducted interviews with judges to understand their perceptions about Kids First, and developed a specific plan for conducting an outcome evaluation over the remaining Byrne grant funding period.

Process Evaluation

- *Clients served:* During the second program year, Kids First provided 1,421 supervised visits to 53 children and 115 supervised exchanges to eight children. The annual program goal was to provide 1,260 visits for 84 children and 345 exchanges for 75 children. The program exceeded the annual goal in terms of the number of supervised visits but was not able to meet the goal in terms of serving the number of children and providing supervised exchange services. The primary reason for this was that the existing client cases stayed open longer than initially anticipated and more staff time was required to manage those cases. The average duration of cases was approximately nine months with some cases staying open up to more than 20 months. Slightly less than half of the children served this year were those who had been carried over from the past program year.

Due to the limited program resources, staff initiated the supervised exchange program later than originally planned. Staff also decided to provide exchange services on a pilot basis this year. They focused efforts on meeting the increasing demand for supervised visitation services while preparing to expand the exchange program in the next year. Throughout the second year, Kids First operated at full capacity with 53 cases on the waiting list for program services.

- *Client profile:* Basic demographic information was available for a total of 63 children of whom: 53 received supervised visitation services, eight received exchange services, and two received orientation services only. Of the 63 children, 42 were boys and 21 were girls. Their ages ranged from two months to 15 years with an average age of six years. The range of their parents' age was 19 to 53 years. The mothers' average age was 31 and the fathers' was 34.

A preliminary analysis of data indicates that in general, Kids First delivered services to the intended target population. All of the cases served by the program involved domestic violence. The majority (66 percent) of the cases involved Family Abuse Prevention Act (FAPA) restraining orders at the time of intake. Some clients were referred to the program in the context of an ongoing divorce or custody case. The program provided services for mothers as visiting parents as well. Mothers made up 38 percent of all visiting parents. As expected, most clients were referred by judges or lawyers and some clients were referred by local domestic violence service providers, Family Mediation Services, child protective services, and other social service agencies.

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- *Differences between visiting mothers and visiting fathers:* Visiting mothers and visiting fathers differed in terms of the frequency of using Kids First visit services, the presence of protective orders, and the reasons for being referred to the program. In general, visiting mothers used program services more frequently than visiting fathers. Visiting mothers completed an average of 67 visits, compared to an average of 47 visits completed by fathers. Mothers were far more likely to have a protective order in place against the visiting father. Fifty-seven percent of mothers had protective orders against the visiting father, whereas only four percent of fathers had protective orders against the visiting mother. At the time of being referred to Kids First, allegations of violence toward the mother and/or children were present in all of the cases involving visiting fathers. In comparison, referrals of visiting mothers to the program rarely involved allegations of violence toward her children or their father, and most of the referrals were related to substance abuse or mental health issues.
- *Volunteer Program:* Kids First continued to utilize volunteer resources to address the understaffing issue. During the second program year, a total of 43 volunteers provided services as Visit and Exchange Supervisors. They worked approximately 300 hours per month on average, or the equivalent of nearly two full-time staff members. A full series of volunteer trainings were held three times for 32 new volunteers. Currently, the majority of volunteers are students. The program will identify and use new volunteer recruitment resources to expand and diversify the pool of volunteers in the coming year.
- *Program expansion and refinement:* In order to address the understaffing issue and enhance services for underserved populations, Kids First created and hired two new paid staff positions: the Intake Coordinator and the Latina Services Coordinator. Currently, the program has four paid staff members including the Program Director and the Volunteer Coordinator hired last year. The plan to create satellite visitation centers in the rural areas of Lane County will be postponed until adequate resources are established. Based on feedback from staff, volunteers, and clients, the program continued to improve curriculum for volunteer training and refined protocols, policies and procedures for safety, no or late shows for appointments, and cancellation of appointments.
- *Judge interviews:* The Program Evaluator from the University of Oregon conducted a total of 17 interviews with 12 of 15 Lane County Circuit Court judges (two women, 10 men) over a three-month period. The purpose of the interviews was to better understand judges' perceptions about Kids First and supervised parenting time. By conducting interviews with judges (both structured and semi-structured), the evaluator examined: knowledge about the effects of domestic violence, knowledge of Kids First, advantages and disadvantages of Kids First services and/or supervised parenting time, and factors being considered in making referral or order decisions for supervised parenting time.

Approximately 90 percent of the judges either agreed or strongly agreed that they were knowledgeable about effects of domestic violence both on victims in general and children. Only about 25 percent of judges agreed that they were well informed about Kids First and approximately 65 percent reported having made at least one court order to Kids First. The advantages of Kids First that were most commonly reported among the judges included: safety of children and parents, opportunity for contact between parents and

Kids First Safe Alternatives Center

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children, creation of an option when the facts on cases are unclear, and access to Kids First records and staff observations, if needed. Several judges expressed concerns about the supervised parenting time programs in general. The concerns were centered around: an unnatural atmosphere and arrangement of supervised contact, child's perception of the visiting parent as a "bad" parent, and the program not being "neutral" or "unbiased" in terms of supporting custodial and non-custodial parents. When ordering supervised visitation, many judges preferred relatives' involvement in supervision to agencies' involvement. They perceived agency-based supervision as being unnatural, temporary, expensive, and inconvenient. Judges unanimously agreed that the services provided by supervised parenting time programs including Kids First should remain "neutral" and "unbiased" without adopting a position of advocacy. Kids First staff will improve program policies and procedures based on the results of judge interviews.

Outcome Evaluation

- *Safety of supervised visits:* During the second program year, there was no physical assault in any of the 1,421 supervised visits and 115 exchanges. According to program staff, approximately 85 percent of the supervised visits were in compliance with program agreements and protocols. The program goals included no incidents of exposure to physical assault and a compliance rate of 90 percent.

While no incidents of physical assault occurred, there were a number of incidents that involved harassment or verbal assault towards program staff and volunteers. None of the incidents were in the presence of the child or adult victim of domestic violence. Most common types of noncompliance with program rules are: failure to arrive on time for program services, engagement in non-allowable conversation such as discussing inappropriate things with children and asking questions about the other parent, and frequent cancellations or no shows for service appointments.

Currently, clients' compliance with program rules is measured through staff's informal observation and it is documented manually. Formalization and computerization of the process will start in the next program year.

- *Evaluation focus and plan:* The Program Evaluator focused the second-year evaluation efforts on three main activities: (1) finalization of a set of comprehensive client intake instruments and database, (2) judge interviews, and (3) development of a specific plan for outcome evaluation. After pilot-testing, the evaluator finalized a set of extensive intake instruments and database to collect data on clients' demographic and risk profiles. The intake instruments and database will be used in years 3 and 4 to make a better service decision for each client and to improve program services in general. As reported in the Process Evaluation section, the evaluator conducted interviews with judges this year to understand their perceptions about Kids First and supervised parenting time. Similar interviews will be conducted with other service providers in the next year. In consultation with the CJSD Evaluation Team, the program evaluator developed a specific plan for outcome evaluation to conduct over the remaining Byrne grant funding period. The initial plan to use comparison groups was dropped because of the unrealistic nature and ethical concerns. Instead, the evaluator will use a one-group time-series design in which simple surveys will be administered to parents at multiple points from their intake to six-

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months after the program exit. The main areas of surveys will include: domestic violence occurrence, children's and parent victims concerns and safety, their emotional and behavioral health and well being, and family communication and relationships.

Lessons Learned

The main lesson learned from the second year operation of Kids First Safe Alternatives Center is confirmation of the key factors to program success that were identified last year. Program structure, consistency, clear expectations, and effective communication are all essential factors in working with parents, especially those who are involved in domestic violence. For most supervised parenting programs including Kids First, it would take more time and resources to build those factors into the program. The process requires ongoing case coordination, staff training and support, a pool of committed volunteers, and strong collaboration with community partners. Additionally, access to a physical visitation and exchange space designed well in terms of both child-friendly atmosphere and safety-related factors is a critical factor to program success.

Elder Abuse Prevention Program

Multnomah County District Attorney's Office

Program Purpose

The purpose of the Elder Abuse Prevention Program is to prevent domestic elder abuse in Multnomah County by conducting community outreach and education and by aggressively pursuing legal prosecution of offenders. Through Byrne grant funding, a full-time Deputy District Attorney (DDA) in the Domestic Violence Unit of the Multnomah County District Attorney's Office is assigned to develop and implement community outreach and education programs to train service providers in reporting abuse, response protocols, and to educate potential victims about elder abuse. The DDA additionally conducts traditional case work functions by actively reviewing, issuing, and prosecuting elder abuse cases.

As is the case nationwide, the domestic abuse of persons over the age of 60 is among the least reported, investigated, and prosecuted areas of criminal activity in Multnomah County, Oregon. This problem results from the social dynamics driving the perpetrator and inhibiting the victim, and the lack of allocated investigative and criminal justice resources. As of July 1, 2001, Multnomah County had 94,800 persons over the age of 60, far more than any other county in Oregon. This population is almost double the number of residents over 60 years of age living in each of two other vicinity counties: Washington County and Clackamas County. Through intensive community outreach and education, along with aggressive prosecution of elder abuse cases, the Elder Abuse Prevention Program is expected to prevent further victimization of the vulnerable, elderly population in Multnomah County.

The Elder Abuse Prevention Program has the following five main program goals:

- To increase reporting of suspected elder abuse by primary mandatory reporters, law enforcement, and health and human service workers.
- To enhance law enforcement response to domestic elder abuse.
- To increase the number of successful prosecutions of domestic elder abuse cases.
- To increase awareness and reporting of domestic elder abuse by non-traditional reporters.
- To ensure that non-English speaking victims have access to information and services.

The specific objectives of the program are as follows:

- Hire and maintain one full-time DDA to review, issue, and prosecute elder abuse cases.
- Provide trainings to primary mandatory reporters, law enforcement agents, and health and human service workers to improve their knowledge of mandatory elder abuse reporting law.
- Provide 16 trainings to approximately 150 to 200 police officers to improve their knowledge of elder abuse and protocols for responding to and reporting abuse.
- Screen and issue three to six elder abuse cases per month (36 to 72 cases per year), building to 15 to 20 cases as the program develops.
- Provide a minimum of one informational training per quarter (four trainings per year) to 25 non-traditional reporters (e.g., neighborhood associations, faith-based organizations, bank employees, retailers, civic organizations) to increase their awareness and reporting of elder abuse.
- Develop informational program brochures in English and Spanish. Distribute approximately 500 brochures to service providers and victims.
- Provide training for staff on cultural competency. Maintain culturally competent program staff and materials.

Elder Abuse Prevention Program

Multnomah County District Attorney's Office

- Develop surveys to assess the outcome of training programs including: (1) changes in mandatory reporters' knowledge of elder abuse reporting obligation and (2) changes in non-traditional reporters' knowledge of types of elder abuse and reporting options.
- Increase the number of calls to the Elder Hot Line and, in cases of abuse, increase the number of referrals to law enforcement agencies.
- Increase the number of elder abuse cases referred from police agencies for review and prosecution by the program. The number of cases will increase by 25 percent from Year 1 to Year 2, and by 50 percent from Year 1 to Year 3.
- Develop database to track program cases and trainings and produce a variety of program evaluation data.

Target Population

The Elder Abuse Prevention Program is designed to benefit persons residing in Multnomah County who are 60 years of age or older. Legal prosecution services are provided for victims, aged 60 and over, when the criminal activity involved is physical abuse, psychological abuse, abandonment, and/or sexual abuse by someone who has a special relationship with the older person. The alleged defendant could be a spouse, a sibling, a child, an intimate partner, a friend, or a caregiver in the older person's home, or when the victim is in the home of the caregiver. Excluded from the program's prosecution services are the cases involving elderly victims in institutions or group residential care facilities and elderly victims of financial fraud. Potential elder abuse cases are referred to the program from eight local law enforcement agencies and Adult Protective Services (APS).

The target populations of the program's outreach activities are potential victims of elder abuse, groups and organizations working with elders, APS personnel, law enforcement officers, and others who have knowledge of or contact with elderly victims.

Program Components

The Elder Abuse Prevention Program has two main program components: (1) review and prosecution of elder abuse cases and (2) community outreach and education.

- *Review and prosecution of elder abuse cases:* After elder abuse cases are referred to the District Attorney's Office from the local law enforcement agencies and Adult Protective Services, the program's DDA reviews the referred cases and materials to assess possible charges. The DDA analyzes the facts and the applicability of any relevant statutes.

In the case of misdemeanor offenses with sufficient evidence, the DDA may file charges on his own. In the case of felony offenses with sufficient evidence, the DDA schedules a Grand Jury proceeding. At the Grand Jury proceeding, a panel of seven members of the community votes on appropriate charges after hearing from the witnesses. If misdemeanor cases are issued by the DDA or felony cases are indicted by the Grand Jury, they are set for trial. The first trial setting is approximately 50 to 70 days after arrest. Cases are generally resolved, whether by trial or plea, within 120 days of the defendant's arrest.

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If the referred case reports contain insufficient evidence that a crime was committed, there are two possible scenarios. In one scenario, where additional witnesses need to be contacted and interviewed or additional information needs to be gathered, the DDA sends the reports back to law enforcement to do additional investigation. This follow-up is generally completed approximately two weeks after request. The file is then returned to the DDA for reconsideration for prosecution. In the other scenario, where there has been no crime committed, or a criminal offense cannot be proven, the DDA makes contact with the victim to explain his decision and offers additional services that the victim may benefit from. The case file, including a written analysis of why the case cannot be charged, is then returned to the investigating officer within three to five days of the case rejection.

While the DDA works on the legal process, the program's Victim Advocate (VA) provides a variety of advocacy services for victims of elder abuse. The VA ensures that victims understand the criminal prosecution process and are aware of their rights as victims of crime. The VA also provides victims with information about and referral for social services and assistance as well as a variety of direct services that include in-home care, restitution, assistance with paperwork such as applications for restraining orders and victim compensation, home visits to ensure victims' safety and discuss plea negotiations or sentencing, and court attendance on behalf of victims. The VA and the DDA meet informally several times a week to discuss cases, the status of the victims, and their service needs.

- *Community outreach and education:* By working closely with the VA, the DDA develops and implements a variety of community outreach and education programs to announce the creation of the Elder Abuse Prevention Program and educate the community about program services and elder abuse. Presentations are made to local law enforcement officers, Aging and Disability Services personnel, the elder abuse multidisciplinary teams, Elders in Action, neighborhood association groups, and other service providers for elders.

Outreach and education sessions are individually tailored to the audience, depending on the type of the audience and the circumstance. In the outreach and education sessions for law enforcement agencies, the DDA provides officers with insight into new hearsay exceptions and advice on report writing to facilitate the process of prosecuting elder abuse cases. Additionally, the DDA provides information on the mandatory reporting of elder abuse, the specific requirements of the statute, and the agencies and telephone numbers that they can contact. This type of training may take up to two hours if it is held in the police academy or in the advanced police academy settings. The DDA also conducts ride-along training sessions for police officers while on shift if they feel that the DDA's presence at the scene will help the situation. The ride-along sessions take approximately two to four hours, depending on the kinds of calls received by the officer. Additionally, the DDA makes five- to 10- minute presentations at roll-call briefings. At the briefings, police officers are encouraged to contact the DDA with questions and are given his telephone number, cellular telephone number, and email address.

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In the outreach and education sessions for Multnomah County Aging and Disability Services (ADS) personnel, the DDA and the VA lecture on the role of law enforcement in investigating crime, emphasizing the aspects of evidentiary rules and report writing to facilitate the prosecution process. For instance, the ADS personnel are told that their reports are as critical as police reports to a successful prosecution. They are advised to use quotation marks when quoting actual statements from victims and witnesses and to document complaining witnesses' demeanor. They are also instructed about what action should be taken to contact law enforcement. The average length of these training sessions is approximately one hour.

In the outreach and education sessions for public groups, the DDA and VA emphasize the creation of the Elder Abuse Prevention Program. They also provide additional information on identification of elder abuse, available resources and agencies, and mandatory abuse reporting laws. The average length of these sessions is approximately one hour.

Program Resources

Byrne Funding

The Elder Abuse Prevention Program receives Byrne grant funding in the amount of \$90,000 and provides matching funds of \$30,000. The majority of the funding is used to support one Deputy District Attorney position. The rest of the funding is used to contract for program evaluation and other program support activities and supplies. The Victim Advocate position assigned to the program is supported through funding from the Victims of Crime Act (VOCA) grant.

Program Staff

Full-time positions assigned to the Elder Abuse Prevention Program are the DDA and the VA. The DDA is responsible for initiating and conducting most of the program activities including community outreach and education and prosecution of elder abuse cases. The VA who is trilingual in English, Spanish, and Portuguese conducts community outreach and education together with the DDA. She also provides advocacy services for victims of elder abuse cases in legal proceedings. Additional staff who provide time and services for the program include: the DDA's Staff Assistant who provides support in organizing program activities, writes program reports, and acts as liaison with external agencies; the Senior DDA in charge of the Domestic Violence Unit who provides supervision for the program's DDA; and the Supervisor for the Victim Advocate Program who provides oversight and support for the program's VA. A professor from Portland State University conducts program evaluation under contract with the Multnomah County District Attorney's Office.

Elder Abuse Prevention Program

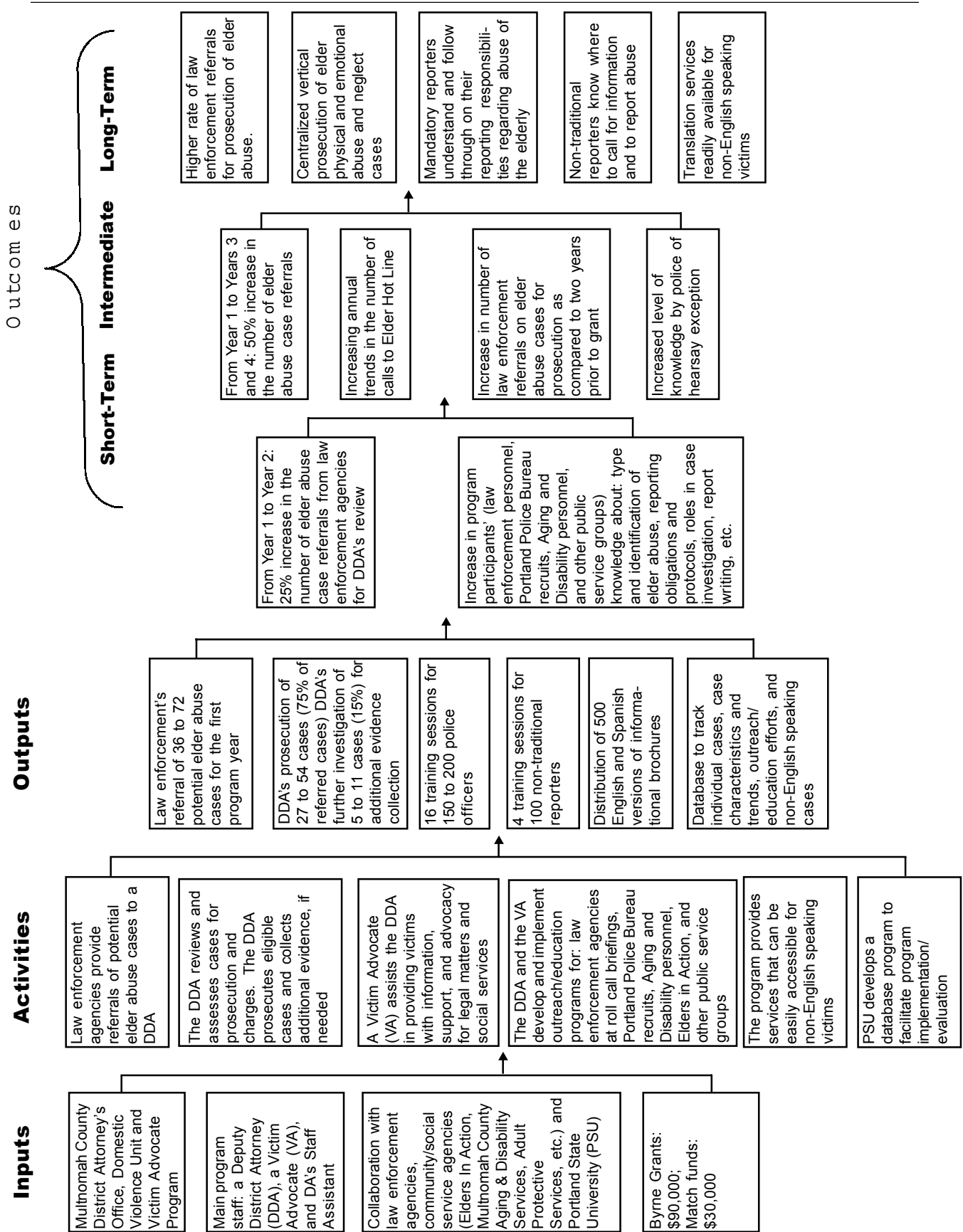
Multnomah County District Attorney's Office

Collaboration

The main collaborating agencies for the Elder Abuse Prevention Program are: eight local law enforcement agencies (Portland Police Bureau, Multnomah County Sheriff's Office, Oregon State Police, Gresham Police Bureau, Fairview Police, Troutdale Police, Port of Portland Police, and TriMet Police) that provide elder abuse case referral and investigation services; Multnomah County Adult Protective Services that investigate allegations of elder abuse, sometimes prior to law enforcement's involvement, and provides support for victims of abuse; Elders In Action, a non-profit agency that provides one-on-one assistance and support to senior citizens; Oregon Police Corps that allows training of its recruits by the program; and other social service agencies including Multnomah County Aging and Disability Services, Multnomah County Public Guardian's Office, and Multnomah County Adult and Community Justice.

Program Logic Model

Elder Abuse Prevention Program



Elder Abuse Prevention Program

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Program Progress

First-year efforts of the Elder Abuse Intervention Program were focused on building capacity for program implementation and evaluation. A full-time DDA was hired and assigned to the program at the beginning of the program. By working closely with a VA, the DDA developed and initiated a variety of community outreach and education activities, while aggressively pursuing prosecution of elder abuse cases. Program evaluation activities were focused on documenting program activities and establishing a database to track clients and program services, the basic evaluation framework, and baseline data that will be utilized over the rest of the Byrne grant funding period.

Process Evaluation

- *Review and prosecution of elder abuse cases:* From July 1, 2002 through June 30, 2003, the DDA reviewed a total of 44 potential elder abuse cases and prosecuted 33 eligible cases with sufficient evidence. The remaining 11 cases were rejected, due to insufficient evidence. The first year program goal was to review and prosecute 36 to 72 cases. Of the 33 prosecuted cases, 22 ended with guilty pleas; one ended with a guilty verdict from a trial; one ended with a not guilty verdict; two ended with a guilty but insane verdict; and seven were dismissed.

The profile of victims of the 33 prosecuted cases was consistent with the target populations; all of the victims were 60 years of age or older who had been abused either physically or mentally by family members or caregivers.

- *Community outreach and education:* The DDA developed and conducted community outreach and education activities by reviewing the current elder abuse reporting process, attending community meetings, and making presentations. The DDA reviewed and streamlined the elder abuse reporting process by meeting with the heads of the Multnomah County Adult Protective Services (APS) and the Portland Police Bureau's Family Services Division. As a result of the meeting, a central fax number at the Police Bureau was provided for APS workers to report suspected elder abuse cases. This is expected to facilitate a more consistent and thorough review of cases by the police.

The DDA attended a variety of community meetings to connect with other agencies and to increase knowledge about community resources and case management. The meetings included monthly Multidisciplinary Team meetings hosted by the county APS, monthly Elder Abuse Steering Committee multidisciplinary team meetings, and quarterly Governor's Task Force on Elder Abuse meetings.

By working with the VA, the DDA created and presented education curriculum for different target groups to increase their awareness of and knowledge about elder abuse issues that include identification of abuse, reporting obligations and protocols, roles in case investigation, and case report writing. These educational activities included: 13 five- to 10- minute roll-call training sessions with approximately 360 police officers, a four-hour training session with 23 law enforcement recruits, and several one- to two- hour training sessions for both traditional and non-traditional elder abuse reporters including the county's APS workers, ombudsmen from Elders in Action, and community associations such as Portland's Northeast Community Center and Peninsula Kiwanis Club.

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- *Barrier to effective prosecution:* According to the DDA, the main barrier to the program's effective prosecution of elder abuse cases was the lack of consistent reporting by mandatory reporters to law enforcement. In order to eliminate this barrier, the DDA continued to address this issue at the regular Multidisciplinary Team meetings and emphasize the importance of meeting attendance by police officers. Additionally, the Multnomah County Adult Protective Services has streamlined and approved policies on mandatory reporters' referrals to law enforcement, which are currently under review by the local law enforcement agencies.

Outcome Evaluation

- *Evaluation activities and plan:* First-year efforts for program evaluation were focused on building evaluation capacity. By working with the CJSD Evaluation Team, the program's Staff Assistant and the Program Evaluator from Portland State University completed a detailed Program Description and a Program Logic Model. The Program Evaluator also completed development of an initial database to track clients and community outreach and education activities. The main outcomes to be expected from the program are: (1) increase in the number of elder abuse case referrals to the DDA's office for review and prosecution, (2) improvement in knowledge about elder abuse issues and reporting protocols among participants in educational sessions, as measured through pre- and post- test surveys, and (3) increase in the number of non-English speaking victims of elder abuse cases referred to the DA's Office.

Lessons Learned

The main lesson learned from the first-year implementation of the Elder Abuse Prevention Program is realization of the benefit of practicing vertical prosecution of elder abuse cases, connecting with other community agencies, and maintaining a close working relationship between the DDA and the VA. Vertical prosecution refers to the practice of having the same attorney initiating screening of the case to carry it through to prosecution and disposition either by trial or plea negotiation. By engaging in vertical prosecution, the full-time DDA assigned to the Elder Abuse Prevention Program was able to accelerate his learning and develop expertise in handling elder abuse cases. The DDA was also more easily available and accessible to law enforcement officers working on elder abuse cases. By connecting actively with other community agencies, the DDA was able to learn about the current status of reporting and managing elder abuse cases, identify areas of improvement, and develop and conduct relevant community outreach and education activities. The close working relationships between the DDA and the VA ensured identification and satisfaction of victims' needs and the streamlining of community outreach and education activities.

KidSafe

Project DOVE

Program Purpose

The KidSafe program is a supervised visitation and exchange program that provides an opportunity for non-custodial or non-residential parents, primarily in Malheur County, to maintain contact with their child(ren) in a safe and neutral setting. KidSafe has two primary components: (1) supervised visitation of parenting time for families in which the children generally live with one parent and see the other non-custodial parent only under supervision and (2) supervised exchanges in which children are transferred from one parent to the other under supervision, without the parents contacting each other. The main purpose of KidSafe is to ensure the safety and well-being of child and adult victims of domestic violence.

According to the *1998 Oregon Domestic Violence Needs Assessment* report¹, at least one of six Oregon children witnessed domestic violence during the past year. In addition, four of seven Oregon regions, including Malheur County, identified supervised parenting time as one of the top three services *not available but needed* for children who have witnessed domestic violence.

The KidSafe program was initially proposed by the Malheur County Family Violence Team, as a part of their crisis intervention services in a coordinated community response to families who report domestic violence, to prevent re-abuse of battered women and their children. KidSafe is operated by Project DOVE, a community-based agency which has provided shelter and support services to victims of domestic violence for more than 20 years. The program is currently the only supervised visitation and exchange program in Malheur County.

KidSafe has the following four main program goals:

- To develop and implement a comprehensive supervised visitation and exchange center in Malheur County for families reporting domestic violence.
- To increase the safety and well-being of child and adult victims of domestic violence.
- To establish accessible and culturally specific supervised visitation and exchange services for underserved populations.
- To increase collaboration between KidSafe and community partners to facilitate delivery of program services.

KidSafe's specific program objectives are as follows:

- Recruit two English and Spanish speaking bi-lingual/cultural program staff members to develop and implement program services.
- Secure a safe location to provide supervised exchange and visitation services.
- Develop written program policies, procedures, intake/assessment forms, and outreach materials in both English and Spanish.
- Distribute approximately 5,000 informational program brochures to the general public and 10 community service agencies. Make approximately 30 presentations.
- Develop community partnerships to ensure client referrals to KidSafe and collaborative services by signing written Memoranda of Understanding.
- Provide visit and exchange services 35 hours each week with the cost of service based on a sliding fee scale.
- At the end of the first program year, KidSafe will have the capacity to serve 10 families with 20 children.

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

KidSafe Project DOVE

- Provide 68 supervised visits or exchanges to children of 10 families.
- Provide program intakes and orientations for 20 parents.
- Provide education on safety planning for 20 non-abusive parents. Provide 20 abusive parents with education on the effects of domestic violence on children.
- 100 percent of visits and exchanges will be free of incidents of physical assault, as observed by the program staff. Ninety-five percent of visits and exchanges will be free of violation of program safety procedures and protocols.
- Design and conduct surveys with 35 community partners to assess their knowledge of KidSafe program services and gain feedback to meet their needs and improve program services.
- Develop surveys and/or interviews to assess program outcomes such as changes in safety and well-being perceived by parents and children who participated in the program, family functioning, and parents' knowledge about the effects of domestic violence on children.

Target Population

The target populations of the KidSafe program are families, primarily in Malheur County, who are currently involved in allegations of domestic violence or have a history of domestic violence. Program services are provided to: (1) adult victims of domestic violence, (2) child victims of domestic violence, and (3) domestic violence offenders. Adult clients may be mothers or fathers. Children of any age may participate in the program. Parents are eligible regardless of income; minimal service fees are charged based on ability to pay, on a sliding scale ranging from \$0 to \$20 per visit.

Families are eligible for supervised visitation or exchange services if: (1) there is a history or allegation of domestic violence, (2) a parent has been convicted of a domestic violence crime and is ordered into services by the court, or (3) the safety plans or parenting plans of families receiving services from Project DOVE and other agencies include supervised visitation or exchange services.

Potential KidSafe clients are referred mostly from the members of the Malheur County Family Violence Team (FVT) that was organized in 1994 as a coordinated community response to family violence. The FVT members include the District Attorney's Office, all of the five law enforcement agencies in the county, the Batterers' Intervention Program, the Child Welfare and Self-Sufficiency units of Oregon Department of Human Services, and Project DOVE. Potential clients can also self-refer to KidSafe by initiating contact with the program themselves or through their attorneys.

Program Components

The core components of the KidSafe program are: (1) *supervised visitation* that provides supervision of parenting time for families in which the children generally live with one parent and see the other non-custodial parent only under supervision and (2) *supervised exchanges* in which children are transferred from one parent to the other under supervision without the parents contacting each other. Only parents and children who complete intake and orientation conducted by program staff are eligible to receive supervised visitation and exchange services. As clients receive these services, they are also engaged in safety planning with staff and have opportunities to increase their knowledge about the effects of domestic violence on children.

KidSafe Project DOVE

Below is a detailed description of the main KidSafe program components.

- *Intake and orientation for custodial parents, non-custodial parents, and children:* Potential clients referred from a variety of sources make an appointment with KidSafe staff for formal face-to-face intake and orientation sessions. These sessions are scheduled separately for custodial parents and non-custodial parents. At the intake and orientation sessions, staff assess clients' program eligibility and provide detailed information about the program. The information includes policies and procedures for supervised visitation and exchange services, program staff and parent accountability, and potential steps to be taken to promote children's safety and welfare. In addition, staff discuss and conduct safety planning with custodial parents and conduct one-on-one education with non-custodial parents about the effects of domestic violence on children. Eligible clients sign a confidentiality agreement to accept program services and acknowledge their understanding of the program.

Some families may not be eligible for KidSafe supervised visitation and exchange services because of the program's limited capacity. For example, the program cannot accept a family in which a custodial parent wants a non-custodial parent to be supervised during visitation because of the non-custodial parent's history of mental illness. For this family, KidSafe would provide referrals to appropriate service agencies since the program does not have any qualified mental health counselors.

The average length of intake and orientation sessions is approximately one hour. Currently, there is no separate intake and orientation session for children and they are invited to attend the session with custodial parents. The program is planning on separate intake and orientation sessions for children in the future.

- *Supervised visitation:* Parents and children who complete program intake and orientation sessions are eligible to receive supervised visitation services. Supervised visitation is scheduled contact between a non-custodial parent and one or more child(ren) in the presence of a KidSafe staff member responsible for observing and ensuring the safety of those involved.

The non-custodial or visiting parent arrives 15 minutes prior to the scheduled visitation time and pays visitation fees that currently range from \$0 to \$20. A program staff member inspects any items that the visiting parent has brought for the child(ren). The non-custodial parent is then escorted by the staff into one of the two visitation rooms to wait for the child(ren) to arrive. The custodial parent arrives at the scheduled visitation time. The parent has the option to wait in the program office or leave and return to the office to pick up the children at the end of the visit.

A program staff member monitors each visit in the observation room next to the visitation room. The observation room is equipped with a two-way mirror and microphones, so the observer can see and hear everything that happens in the visitation room. The observation room also has a telephone so that the staff person monitoring the visit can call the other staff person standing by in the program office or 911 in case of an emergency. The observer fills out a written visit observation form while monitoring the interaction between parents and children. Program staff are specially trained to recognize and intervene in

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Project DOVE

any inappropriate behavior during the visit. At the end of the visit, the child(ren) is escorted back to the custodial parent waiting in the program office. The duration of each visit ranges from approximately one to three hours.

- *Supervised exchange:* Supervised exchange is the process of transferring child(ren) from one parent to the other in the presence of KidSafe staff without the parents contacting each other. The exchange begins with the non-custodial parent arriving 15 minutes prior to the arranged “pick up” time. The parent pays the fees (currently, \$2 per exchange) and is escorted to a visitation room by the staff. The custodial parent arrives 15 minutes after the non-custodial parent and brings the child(ren) into the program site. The custodial parent leaves the center. The non-custodial parent and the child(ren) are required to remain in the visitation room for an additional 15 minutes and leave when cleared by program staff.
- *Safety planning:* Program staff meet individually with children and their non-offending parents to create a written safety plan. A safety plan for a child describes what to do to stay safe during a violent episode, including staying away from the fighting, asking an adult for help, finding a safe place inside the house, and accessing emergency assistance. A safe plan for an adult includes how to stay safe during a violent episode at home, at work, in public, and when the offender is under the influence of drugs or alcohol; things to take when leaving a violent situation; how to obtain and use a protection order; and how to build emotional wellness.
- *Education about the effects of domestic violence on children:* While parents participate in KidSafe’s supervised visitation or exchange program, they are exposed to many opportunities to increase their knowledge about the effects of domestic violence on children. For example, program staff discuss this topic briefly with parents during their intake and orientation sessions. Parent education materials, written in English and/or Spanish, are posted at the program site and are included in the program orientation packets. Parents can also check out books and videos from Project DOVE’s public lending library.

Currently, the KidSafe program is open Wednesday through Sunday, noon to 8 PM, for a total of 40 hours per week. There is no formal limit on the maximum duration of program services that clients can receive from KidSafe. Clients are allowed to stay in the program as long as they follow the program policies and regulations. In general, program completion is likely to be determined by external factors such as changes in the court order allowing unsupervised visits. The program plans to initially serve approximately 20 families with 25 children annually and build the capacity in the future to serve 35 families with 50 children.

Program Resources

Byrne Funding

The KidSafe program receives Byrne grant funding in the amount of \$66,504 and provides matching funds of \$22,168. The majority of the funding is used to support four part-time program staff members: three Family Advocates and one Volunteer Services Manager. The rest of the funding is used for staff training, contracts for program consultation and evaluation, and other program support activities.

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Project DOVE

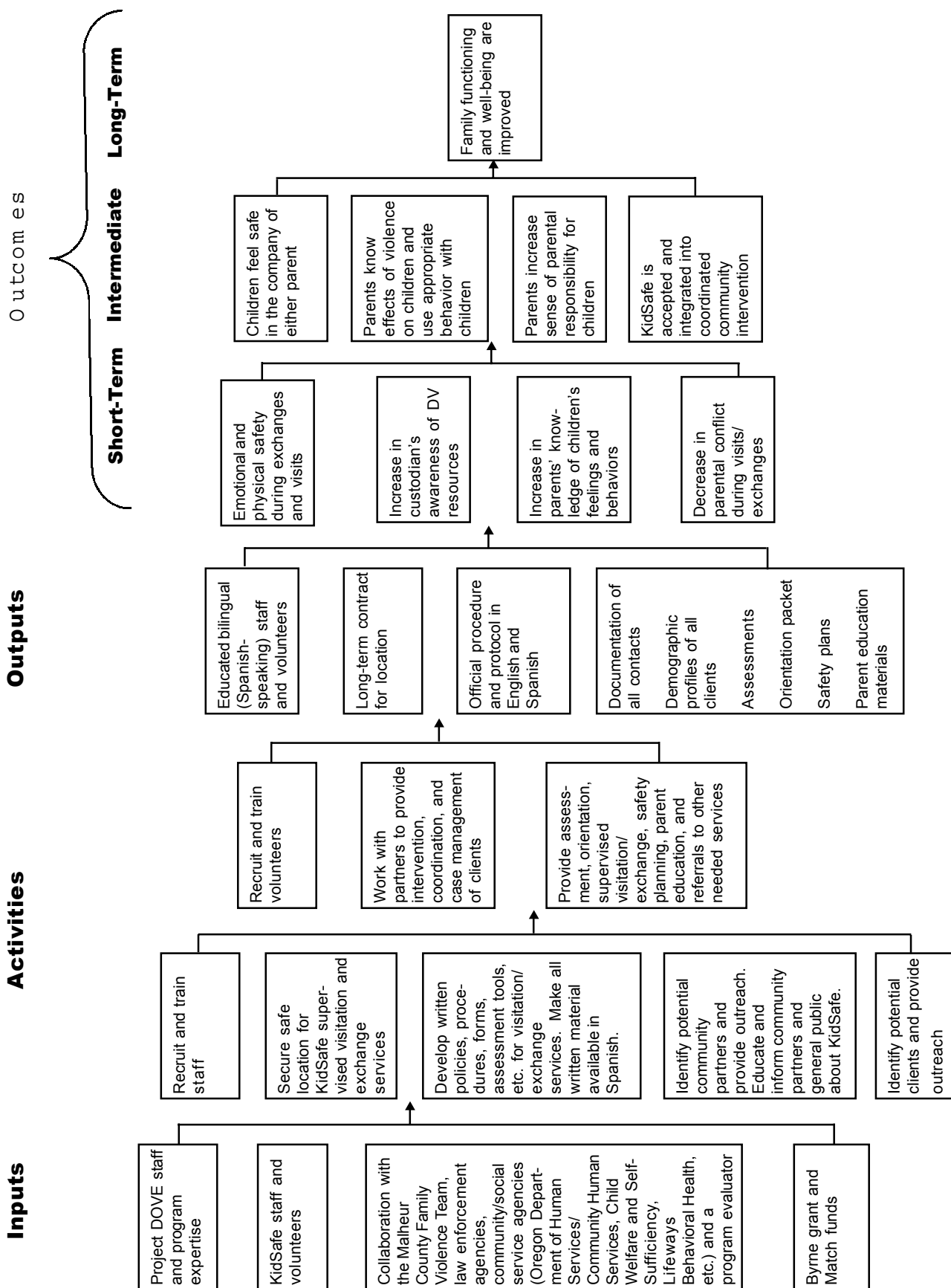
Program Staff

KidSafe is currently operated by the Project DOVE Executive Director, three part-time Family Advocates (one intermediate-level and two basic-level advocates), one part-time Volunteer Services Manager, and volunteers. The Project DOVE Executive Director manages the overall aspects of the KidSafe program by recruiting and training program staff, helping them communicate with community partners, and promoting the program. The intermediate-level Family Advocate acts as a direct supervisor for all program staff, while providing services for clients. By working with the intermediate-level Family Advocate, the basic-level Family Advocates, the Volunteer Services Manager, and volunteers are responsible for delivering program services for clients, ensuring their confidentiality, providing accurate and appropriate educational information on domestic violence, and maintaining relevant case records and communication. All program staff complete the core competency training that is required and conducted by Project DOVE to provide direct advocacy services. (Training consists of an initial 30 hours on domestic violence, sexual assault, and culturally-competent victim services, and 20 hours of on-going training annually.) The Executive Director of Idaho Children's Trust Fund conducts program evaluation under contract with Project DOVE.

Collaboration

The majority of key agency stakeholders in the KidSafe program come from the Malheur County Family Violence Team (FVT) that was organized in 1994 as a coordinated community response to family violence in the county. The FVT members who signed the memorandum of understanding to create the operational agreement for KidSafe include: Malheur County District Attorney's Office for offender prosecution and court liaison, Malheur County Community Corrections for probation enforcement and offender supervision, the Child Welfare unit of Oregon Department of Human Services (DHS)/Community Human Services (CHS) for child protection services investigating abuse and neglect, the Self-Sufficiency unit of the DHS/CHS for case management, safety planning, and resource support to parents, Ontario Police Department and Malheur County Sheriff's Office for domestic violence investigation and offender accountability, Lifeways Behavioral Health for batterer education and management, and Project DOVE for family intervention and safety services for victims of domestic violence. The key stakeholders meet bi-weekly to review each domestic violence case in Malheur County that includes a family who is currently receiving active crisis intervention services. Formal and informal referrals of potential clients are made to KidSafe through this multidisciplinary case management system.

Program Logic Model Project DOVE-KidSafe



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Program Progress

First year efforts of the KidSafe program were focused on developing and streamlining program services and procedures that would be most suitable for the community and available program resources. The original Program Coordinator hired at the beginning of the year was able to establish the basic infrastructure to serve clients during the first two quarters. However, the number of clients served by the program was significantly lower than originally anticipated. The program was able to resolve this issue by focusing efforts on staff restructuring, program re-alignment, and intensive community outreach. Program evaluation activities were conducted accordingly to help inform this issue as well as building evaluation capacity to be utilized over the rest of the Byrne grant funding period.

Process Evaluation

- *Clients served:* From July 1, 2002 through June 30, 2003, the KidSafe program provided supervised visitation or exchange services for 19 families with 26 children. A total of 18 supervised visits and 73 exchanges were provided for them. The revised first year program goal was to provide 68 visits or exchanges. (The revision was made in consultation with the CJSD Evaluation Team from the original annual goal of providing 300 to 350 visits or exchanges.) Program staff provided intake and orientation for 10 custodial parents and 14 non-custodial parents, safety planning for 10 custodial parents, and written and verbal education on the effects of domestic violence on their children for 14 non-custodial parents.
- *Program establishment:* After receiving Byrne grant funds in July 2002, the program secured a visitation and exchange center within the Oregon Department of Human Services/Community Human Service building in Ontario. The site already had supervised visitation rooms set up with emergency protocols in place for police assistance. The locked door and controlled access layout of the building and close location of the program office provides additional security. Police response is less than five minutes away from the time that a 911 call is made to the Ontario Police Department dispatch center.

The program was started by hiring two staff members: a full-time Program Coordinator/Family Advocate and a part-time Family Advocate. During the first two quarters, their efforts were focused on establishing the basic program infrastructure. They developed program services, policies and procedures, client intake/assessment forms, and outreach materials both in English and Spanish, attended conferences and meetings, and conducted outreach activities for the general public and community service partners.

First year program outreach efforts included distribution of approximately 1,300 English and 725 Spanish program brochures and making presentations about the KidSafe program to various organizations. Presentations were made to local school personnel, attorneys, law enforcement agencies, courthouse sites, health departments, migrant agricultural workers, public family fair events and other community-based organizations.

- *Issues and solutions:* KidSafe faced a major challenge around the third quarter after establishing the basic infrastructure over the prior two quarters. The number of clients was significantly lower than originally anticipated. As of the end of the second quarter, there were only two families who had actively participated in the supervised visitation and exchange program since inception of the program.

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Starting with the third quarter, all program efforts were focused on resolving the issue of the lack of clients. In consultation with CJSD and the CJSD Evaluation Team, the program took the following actions:

- (a) *Staff restructuring-* The original full-time Program Coordinator/Family Advocate resigned. The position was filled with two part-time Family Advocates: an intermediate-level Advocate and a basic-level Advocate. A former Project DOVE employee with more experience was hired as the intermediate-level Family Advocate. The Executive Director of Project DOVE became more directly involved in KidSafe, supporting program staff in collaborating with other community service agencies and potential client referral sources.
- (b) *Program realignment-* Program schedules were adjusted for clients' easy access to the program. Client intake procedures and orientation sessions were streamlined to meet their specific needs. Program services were simplified into two main components: individual supervised visitation and exchange services. The efforts to provide the originally proposed group visitation and therapeutic visitation services were discontinued.
- (c) *Intensive community outreach-* Intensive outreach was conducted to both potential clients and community service providers. Local newspaper and radio media were used to increase the public awareness of the program. Education on the KidSafe program and services was conducted to Project DOVE staff, law enforcement officers, judges, the District Attorney's Office staff, and local family law attorneys. The Program Evaluator conducted surveys with approximately 25 community service providers to seek feedback about the program, increase program awareness, and refer potential clients to the program.

The program efforts above resulted in a significant increase in clients. During the fourth quarter, KidSafe accepted 15 new families and served 19 families (26 children). In comparison, throughout the first three quarters of the program, only four families (five children) received program services. The program needs to be closely monitored in the next couple of quarters for its service capacity and sustainability of the current client level.

Outcome Evaluation

- *Safety of supervised visits and exchanges:* Of the 91 supervised visits and exchanges provided during the first program year, none involved any critical incident such as a physical assault, a serious safety threat, or a 911 emergency call. According to informal staff observation, 99 percent of the visits and exchanges were free of violation of program safety procedures and protocols. One violation incident involved staff intervention when the non-custodial parent did not have a car safety seat to transport the child from the program site. The formal methods of monitoring visits and exchanges and measuring violations will be developed in the next program year.
- *Evaluation plan:* Program staff completed development of a Program Description and a Logic Model by working with the CJSD Evaluation Team and the Program Evaluator. Beginning with the next program year, the current program evaluator will be changed to a

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new evaluator from the University of Oregon that will develop a formal Evaluation Measurement Plan. The main evaluation activities under consideration are: (1) survey of parents to assess their satisfaction with KidSafe services and to assess improvements in the areas of: children and parent victims safety, emotional and behavioral health, sense of parental responsibility, family relationships and communication, and knowledge of the effects of domestic violence on children, (2) formal monitoring of the supervised visitation and exchange process to ensure clients' safety and adherence to program policies, and (3) survey of community service partners to assess their satisfaction with the KidSafe program and improve program services.

Lessons Learned

The major lesson learned from the first year operation of the KidSafe program is that it takes time and resources to develop and establish a supervised visitation and exchange program in a community. Internally, program staff should continue to improve program policies and procedures, safety protocols, client referral and intake processes, and physical visitation and exchange space, while learning from similar programs. Externally, program staff should communicate well with the community, especially program partners, about the concept of the program and specific program services. This process requires staff to provide both group- and individual-level education about the program, identify the community's needs and incorporate them into the program, and constantly engage in relationship-building activities.

Domestic Violence Intervention Services

Hillsboro Police Department

Program Purpose

The purpose of the Domestic Violence Intervention Services program is to address the special needs of Hispanic domestic violence victims by providing follow-up victim services and educational programs. The program has a significant Hispanic population in its service area, with the Hispanic population comprising approximately 16 percent of the community population in the City of Hillsboro. Although some excellent resources exist for victims of domestic violence in Hillsboro, Hispanic victims are reluctant to seek out services due to cultural and language barriers, fears of deportation, and lack of awareness of available services. Furthermore, victims who are advised by police officers at the scene of the incident are often in a state of shock and confusion. Victims may not understand how these services could enhance their safety. Follow-up contact with the victim to provide information about options and services is necessary to facilitate access to needed services.

The Domestic Violence Intervention Services program includes follow-up of domestic violence police reports, case management, and outreach and education presentations on legal rights and available services. The Hillsboro Police Department (HPD) contracts with the Domestic Violence Resource Center (DVRC) for a full-time bilingual Intervention Services Liaison who provides follow-up, case management, and outreach and education. In addition, HPD officers receive training on cultural diversity, victim's rights and advocacy, and working with the Hispanic community.

The main goals of the program are as follows:

- To enhance the delivery of victim services.
- To provide victims rights education within the Hispanic community.
- To enhance police officers' response to Hispanic victims of domestic violence and sexual assault.

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

- Liaison will follow-up on all police reports and contact 25 Hispanic domestic violence victims per month to determine service needs.
- Presentations about domestic violence and victims' rights will be made to the Hispanic community on a bi-monthly basis (six times a year).
- Cultural diversity training will be provided annually to Hillsboro Police Department officers.
- Hispanic domestic violence victims will have an increased understanding of their legal rights and available resources as measured by victim surveys.
- Hispanic domestic violence victims will be satisfied with officer response and follow-through.

Target Population

The target populations of the Domestic Violence Intervention Services program are: (1) victims of domestic and sexual violence, primarily Hispanic women; (2) Hillsboro Police Department officers; and (3) the general Hispanic community. The target populations are reached through various components of the program including victim services, outreach and education, and officer training.

Domestic Violence Intervention Services

Hillsboro Police Department

Any Hispanic victim of domestic violence is eligible for victim services. Potential clients for victim services are identified through police reports. All domestic violence police reports from the Hillsboro Police Department are forwarded to the Intervention Services Liaison for follow-up victim services. Additionally, Hispanic clients may be recruited from outreach and education activities in the community.

While the focus of this program is to provide services to Hispanic female victims of domestic violence, the Liaison does follow-up on all police reports and provides services as needed to victims who are of another race or ethnicity.

Program Components

The main components of the Domestic Violence Intervention Services program are: (1) victim services, which includes follow-up of domestic violence police reports and case-management services, (2) outreach/education services to reach and educate the Hispanic community about domestic violence resources and their legal rights, and (3) police officer training.

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

- *Victim services:* Victim services include the provision of information and referrals, case management services and advocacy services by the Liaison. These services are provided to victims identified through police reports or through self-referrals. Upon receiving a domestic violence police report from the Hillsboro Police Department, the Liaison contacts the victim to offer case follow-up services. Victim services are also available to women who are self-referred to the program. The amount and duration of services provided varies for each client depending on her needs. The amount and duration of services can range from limited, one-time assistance to longer-term case management services. For women in need of more intensive services, the Liaison provides case management services that includes assistance in obtaining restraining orders, housing, counseling, and U-Visa applications.
- *Outreach and education services:* Outreach and education services are conducted in the community with the aim of informing current and potential domestic violence victims about their legal rights and available resources. A five-week series of educational classes will be offered three times a year, starting in October 2003. Topics covered in the educational classes include safety planning, breaking the cycle of violence, available community resources, and legal rights/options. The classes will be facilitated by the Liaison with guest speakers from domestic violence, social services, and legal programs. The Liaison attends community meetings, as requested, to give presentations on victims' rights and available resources.

In addition to these classes, the Liaison also rides along with police officers twice a week. The Liaison accompanies police officers during their car patrols to provide needed outreach and education to domestic violence victims in the field.

Domestic Violence Intervention Services

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- *Police officer training:* Training will be provided to police officers in the areas of victims' rights, advocacy, and how to work with the Hispanic community. Two four-hour trainings on cultural diversity will be offered annually. In addition to the cultural diversity training, a two-day domestic violence course will be provided. The two-day training curriculum will provide officers with the necessary tools to effectively respond to victims of domestic violence. Topics include an overview of domestic violence laws, options available to non-resident victims such as U-Visas, and available resources in the community.

Program Resources

Byrne Funding

The Domestic Violence Intervention Services program receives Byrne grant funding of \$33,529 and provides matching funds of \$11,176. The Hillsboro Police Department uses the majority of the funding to contract with the Domestic Violence Resource Center for a full-time Intervention Services Liaison who provides program services.

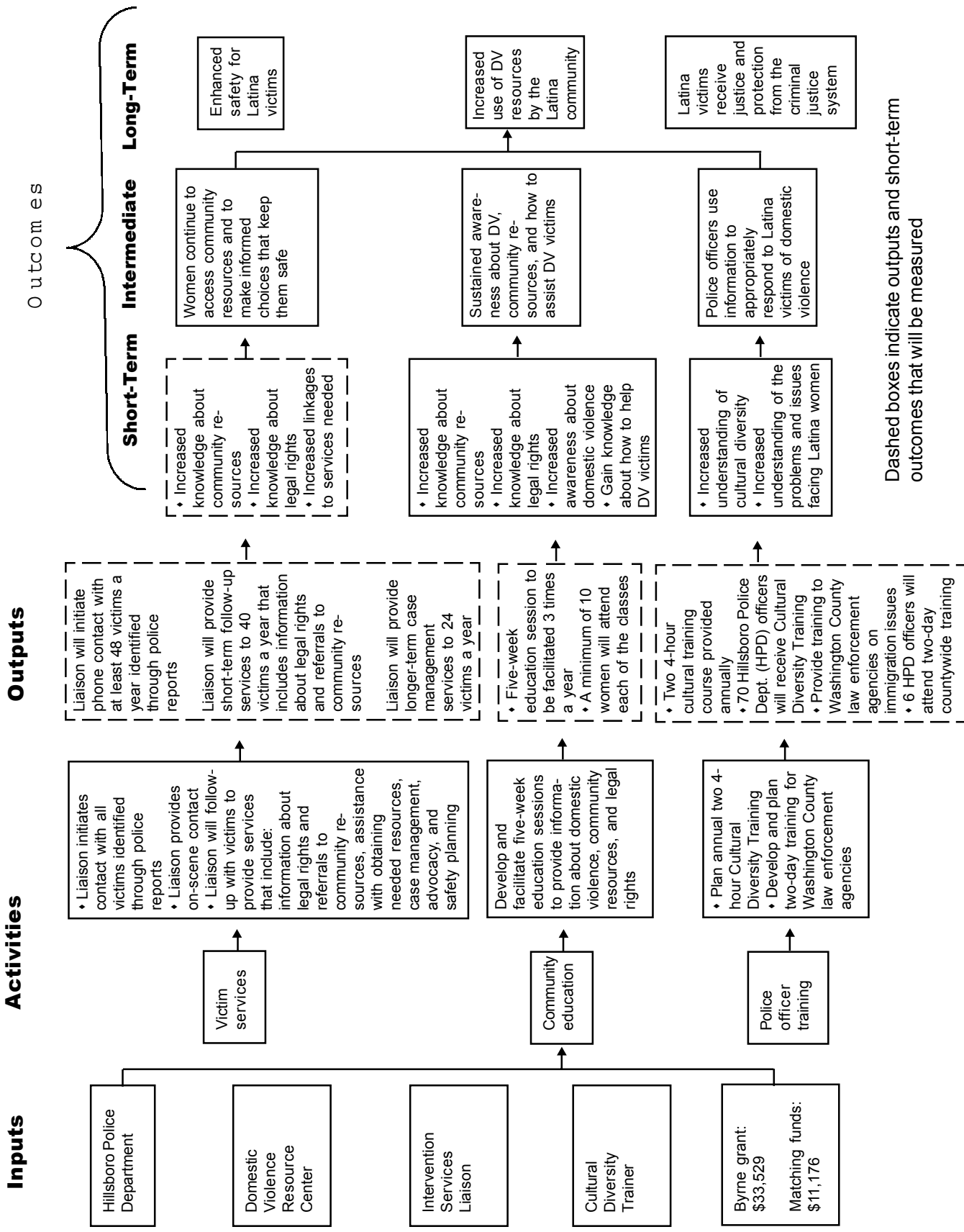
Program Staff

The Domestic Violence Intervention Services program is primarily staffed by the Intervention Services Liaison and the Project Coordinator. The Liaison provides victim services and facilitates outreach/education activities. The Project Coordinator oversees the general operation of the program, maintains client statistics, and facilitates evaluation activities. HPD contracts with the Sociology Department at Portland State University for evaluation services.

Collaboration

The Domestic Violence Intervention Services program collaborates with the Domestic Violence Resource Center (domestic violence agency), the Hillsboro Police Department Investigations Unit, the Restraining Order Advocacy Program, the Domestic Violence Intervention Council (a coordinating agency for local domestic violence services), and several culturally specific domestic violence programs that serve Hispanic women.

Program Logic Model Hillsboro PD-Domestic Violence Intervention Services



Domestic Violence Intervention Services

Hillsboro Police Department

Program Progress

This program had a slow start-up due to significant turnover with the Liaison position. The program started delivery of services in April 2003, with the hiring of the current Liaison. Despite this setback, the program is making progress in developing an evaluation framework to assess its main program outcomes.

Process Evaluation

- *Clients served:* From April 1 through June 30, 2003, the Liaison received 27 police reports which involved Hispanic victims. The Liaison followed up on all police reports and was able to initiate contact with 24 Hispanic victims. Of these 24 Hispanic victims, 11 received limited, one-time assistance and the remaining 13 received case management services. The program anticipates following up with at least 48 Hispanic clients referred through police reports and providing a minimum of 64 Hispanic clients with information and referrals, case management, and advocacy services in the next fiscal year.

While the target population of follow-up and case management services is Hispanic victims of domestic violence, the program has also been providing these services to victims who are of another race or ethnicity. The Liaison has been following up on all police reports and has been offering services to all victims identified through police reports. The Liaison received a total of 57 police reports, 27 of which involved Hispanic victims. Of the 52 victims that the Liaison was able to initiate contact with, 24 were Hispanic (46 percent), 26 were Caucasian (50 percent), and two were Asian (four percent).

Barriers to seeking assistance from the program includes cultural and language barriers and for those who do not have residency status, the fear of deportation. With increased community outreach and more consistent education efforts, the program anticipates being able to encourage more Hispanic women to seek services.

- *Outreach and education:* One presentation was made this year at an apartment complex whose residents were predominately Hispanic. The Liaison provided information on services available to victims of domestic violence. A Public Service Announcement, providing information on victim services, was also developed in Spanish and will be broadcast on a local radio station during its Spanish programming segment. The program's annual objective of six community presentations for the first year was not met due to staffing problems, but outreach and education efforts will resume in the second year. The program will offer more consistent and regular educational sessions in the community beginning in October 2003.
- *Police officer training:* A four-hour course on the topic of Hispanic gangs was conducted in lieu of the cultural diversity training because a cultural diversity training had been recently offered. A total of 57 officers attended the Hispanic gang training. The same instructor who facilitates the cultural diversity training presented the Hispanic gang training. The training was specific to Hispanic gang and family culture, and it addressed the dynamics of family violence and gang involvement. The program plans to resume the cultural diversity training class in the Spring of 2004.

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- *Implementation issues:* The program encountered two major implementation issues during its first year: staffing and communication problems. Since the inception of the program, two individuals have resigned from the Liaison position. As the Liaison is the key program staff person, the high turnover delayed the implementation of program services. With the hiring of the new Liaison in late March, the core program services are being provided. All victim contacts, including police follow-up and case management activities, have been the result of the Liaison's efforts during the last quarter. Early on the program also encountered communication problems with the District Attorney's office that resulted in non-delivery of police reports to the Liaison. This miscommunication has been resolved and all police reports are now being forwarded to the Liaison.

Outcome Evaluation

The program developed a Program Description and a Logic Model however, due to the small-scale nature of the program and its limited evaluation resources, the CJSD Evaluation Team worked with the program to create a manageable evaluation plan. Evaluation efforts during the first year were focused on developing data collection instruments for tracking clients served and assessing program outcomes. A brief victim survey was designed to assess the outcomes associated with victim services: (1) increased knowledge about legal rights; (2) increased knowledge about community resources; and (3) increased access to community resources. There are also several questions on the victim survey for assessing victim satisfaction with officer response. Victim feedback regarding police response will be used to identify areas where officers could benefit from additional training.

One of the key challenges to evaluating this program is the transitory nature of the victim services component. The majority of women receive short-term assistance, often having one-time only contact with the Liaison. Procedures for administering the post-program survey are currently being developed so as to ensure proper timing of the survey for program clients.

Lessons Learned

Lessons learned during the first year include the importance of having consistent staffing and outreach/education efforts to the target community. Consistent staffing is crucial for small-scale programs that rely on a key staff person to provide program services. Despite its high turnover, the program was able to resume providing services once it was able to hire the Liaison. The importance of recruiting victims through different referral sources was also realized. During the program's first year, all of the victim contacts were established through police referrals. The program is increasing its outreach efforts in the second year so as to be able to reach more Hispanic women through different avenues.

VAWA Immigration Project

Catholic Charities Immigration Services

Program Purpose

The purpose of the VAWA Immigration Project is to address the special needs of immigrants in Oregon who are victims of domestic violence. The program is designed to 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 consultation and 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 remain legally, they must generally have a U.S. citizen or a permanent resident spouse, parent, adult, or child file a legal petition on their behalf. Before 1994, if offenders refused to legalize their immigrant spouses, there was nothing the immigrant spouses could do but be deported from the United States. However, with the 1994 passage of the Violence Against Women Act (VAWA) by Congress, immigrant victims of domestic violence can self-petition for lawful immigration status for themselves and their undocumented children without the cooperation of the offender. The VAWA also entitles victims to work permits and eligibility for a full scope of federal and state benefits.

The VAWA Immigration Project is designed to educate immigrant victims of domestic violence and service providers about the VAWA and other immigration relief options and to assist victims in the legal process of gaining lawful immigration status. The program has the following goals and objectives:

Goal 1: To increase the knowledge and skills of immigrant victims of domestic violence in order to increase their safety.

- 300 immigrants will access the VAWA Immigration Project services to increase their knowledge of VAWA immigration issues and resources.
- A toll-free telephone service line will be developed and 100 immigrants will access the line.
- 95 percent of toll-free line callers will be able to make contact with program staff in a timely manner.
- 50 percent of callers will indicate that they are able to call because of toll-free availability.
- 90 percent of outreach and education session participants will be satisfied or very satisfied with the training, as measured by satisfaction surveys.
- Pre- and post- program knowledge tests of outreach and education session participants will indicate that after session completion:
 - (a) 90 percent of immigrants demonstrate understanding of the core content of education which includes information on immigration issues and laws that are related to domestic violence.
 - (b) 95 percent of immigrants will better understand their legal options.

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Goal 2: To provide victims with full legal representation on immigration matters in order to help them gain a legal immigration status.

- 125 new cases involving immigrant victims of domestic violence will be opened and receive full legal representation to gain lawful immigration status.
- 90 percent of clients receiving legal representation will be satisfied with program services.
- 50 percent of legal representation cases will be completed within one year from being opened.

Goal 3: To increase knowledge and understanding of immigration issues and resources among service providers including domestic violence advocates and police.

- 100 DV service providers (e.g., advocates and police) will attend outreach and education sessions to increase their knowledge of VAWA immigration issues and resources.
- 100 informal consultations will be provided to DV service providers.
- 90 percent of outreach and education session participants will be satisfied or very satisfied with the training as measured by satisfaction surveys.
- Pre- and post- program knowledge tests of outreach and education for domestic violence service providers will indicate that after session completion 95 percent of DV service providers will demonstrate understanding of the core content of education.

Goal 4: To develop and implement a pro-bono training program in which attorneys and interpreters are trained to represent immigrant victims of domestic violence.

- A pro-bono legal training program will be developed and 30 attorneys and interpreters will be trained to provide legal representation for immigrant victims of domestic violence.

Target Population

The target populations of the VAWA Immigration Project are: (1) immigrant victims of domestic violence, primarily Hispanic immigrant women and their children, (2) service providers including providers of social services, advocates, health care workers, and law enforcement personnel who have contact with current or potential immigrant victims of domestic violence, and (3) non-immigration attorneys and interpreters who may potentially work with immigrant victims on immigration issues. The VAWA Immigration Project provides services statewide. The target populations may receive services through various components of the program including: outreach and education, legal consultation and representation, and pro-bono training.

Potential clients for legal consultation and representation services may come from a variety of referral sources including law enforcement agencies, domestic violence agencies, district attorney's offices, Oregon Department of Human Services offices, churches, and self-referrals. The VAWA Specialists conduct an intake session during the first contact with clients, either in person or on the phone, to determine their eligibility for legal representation services. Eligibility criteria are mostly related to basic legal requirements for gaining lawful immigration status based on domestic violence. The basic legal requirements specify that: the client's spouse be a U.S. citizen or a lawful U.S. resident, the couple have resided together at some point in their marriage, their marriage be based on more than attempting to obtain lawful immigration status, and the client be a victim of domestic violence. The average length of an initial intake session is one

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hour. The intake session takes more time for clients who do not meet all of the basic legal requirements but may be eligible to obtain lawful immigration status based on waivers or exceptions to the law.

Program Components

The VAWA Immigration Project consists of three main components: (1) outreach and education to educate immigrant victims of domestic violence, primarily Hispanics, and victim service providers about victims' rights under immigration law, (2) legal consultation and representation to assist victims in the process of gaining lawful immigration status, and (3) 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 broadcasted, 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 for both potential immigration victims of domestic violence and service providers.

- *Legal consultation and representation:* Eligible immigrant victims of domestic violence receive legal consultation and representation services in the process of gaining lawful immigration status. Delivered by two VAWA Specialists, these services include consultation, preparing applications and other forms, corresponding with the Bureau of Citizenship and Immigration Services (BCIS, formerly the Immigration and Naturalization Services), and attending BCIS 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 BCIS. 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 BCIS, respond to requests from the BCIS, attend all BCIS interviews with the client, and eventually represent the client in BCIS court.

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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 is able to immediately request their permanent residency, 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.

The VAWA permits immigrant victims of domestic violence to self-petition for lawful immigration status without the cooperation of the offender. 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.

- *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 grant funding in the amount of \$140,903 and provides matching funds of \$46,968. The majority 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

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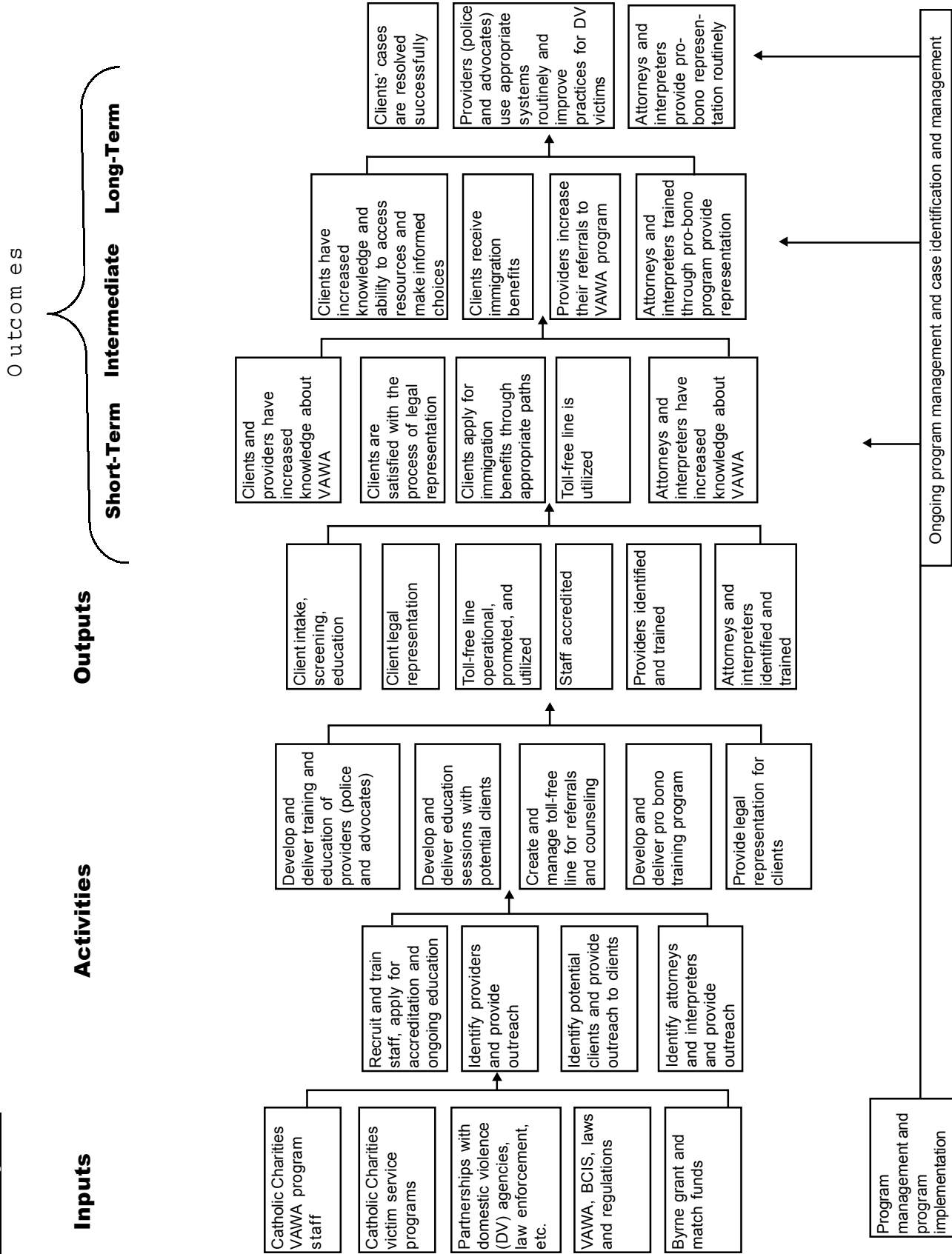
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BCIS, including preparation and submission of documentation to the BCIS on behalf of clients and accompanying them to various BCIS interviews. “Full” accreditation allows additional representation in immigration court.) Responsibilities of the two 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, multilingual 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 the Department of Human Services, division of Children, Adults, and Families; offices of Legal Aid Services of Oregon, St. Andrews Legal Clinic, and St. Matthews Legal Clinic which provide immigrants with pro-bono legal referrals for civil legal action; and Latina advocacy programs, law enforcement agencies, and health care clinics throughout the State.

Program Logic Model VAWA Immigration Project



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Program Progress

During the second year from July 1, 2002 through June 30, 2003, the VAWA Immigration Project progressed well toward achieving grant goals. Despite experiencing staff turnover, the program met or exceeded most of the second year program objectives. The two originally hired VAWA Specialists continued to provide legal consultation and representation services for immigrant victims of domestic violence (DV) while conducting outreach and education activities for potential DV victims and service providers. Due to staff turnover however, there were delays in initiation of a pro-bono training program. Preliminary results of some of the program evaluation activities are available. The results were positive in general and included: a high rate of successful VAWA applications for immigration, a high level of satisfaction among education participants, and an increase in their knowledge after education.

Process Evaluation

- *Clients served:* During the second program year, the VAWA Immigration Project provided services for a total of 564 potential immigrant victims of domestic violence; of those, 255 received legal consultation and representation services to gain lawful immigration status, 209 received consultation services only, and 100 received one and one-half hour education on the VAWA and U.S. immigration law. The annual program goal was to provide program services for a total of 300 potential immigrant victims, including legal representation for 125 potential victims and education for 100 potential victims. The program conducted outreach and education sessions for a total of 341 service providers, compared to the annual program goal of 100 service providers. Approximately 50 potential clients accessed the program's toll-free telephone line, compared to the annual goal of 100 potential clients.
- *Legal consultation and representation:* Throughout the second year, program efforts were focused on providing legal consultation and representation services for immigrant victims of domestic violence. These services are the core VAWA Immigration Project services designed to assist immigrant victims in the process of gaining lawful immigration status. The focused efforts resulted in providing legal representation for 255 immigrant victims of domestic violence, more than twice as many as planned for the year. The two VAWA Specialists who have worked since the beginning of the program continued to conduct most of the consultation and representation activities. Meeting the increasing demand for program services was possible mainly due to stability added by these Specialists to the program as well as their knowledge and experience.

Program services were delivered to the target populations who are immigrant victims of domestic violence, primarily Hispanic women and their children. Of the 334 potential clients who received consultation and whose demographic data were available: 100 percent were immigrants, 92 percent were Hispanic, 81 percent were female, and 38 percent were under the age of 18.

There was no major barrier to program participation. One potential barrier is the long and complicated nature of the legal immigration process, which is uncontrollable by the program. The Bureau of Citizenship and Immigration Services (BCIS) currently has a

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nine to 12 month backlog to process immigration applications. There is an additional legal waiting period that ranges from approximately one to 10 years or more, depending on the status of offenders and victims of domestic violence. Because of the long and complicated legal process, victims may be unwilling to participate in the program and return to their abusive spouse.

- *Outreach and education:* The program continued to conduct outreach and education activities for both potential immigrant victims of domestic violence and service providers including social service providers, advocates, health care workers, and law enforcement personnel. The two VAWA Specialists continued to distribute program flyers and education materials both in English and Spanish. They also conducted 17 one and one-half hour education sessions for 341 service providers and 100 potential immigrant victims. The education program was designed to increase their knowledge about the VAWA and U.S. immigration law, victims' rights, and services available for immigrant victims.

Demand for the education program was far greater among service providers than immigrants. The lack of demand among immigrants was most likely because immigrants' spouses did not favor the immigrants' gaining knowledge about domestic violence-related issues. In order to attract a larger immigrant population, the program started a new curriculum in the final quarter of the program year that extended the old VAWA-focused topics to include general immigration law as well. As a result, there was a significant increase in immigrants' participation. Forty-two of the 100 immigrant participants for the whole program year were educated during the final quarter.

Not as many potential clients' accessed the toll-free VAWA immigration telephone line as planned. The line was installed around the end of the first program year to allow immigrants throughout the State to have easy access to the program and information regarding domestic violence and immigration resources. The program continued to post the number on the VAWA Specialists' business cards and all of the outreach materials. Utilization of the toll-free line is expected to rise as the program outreach to outer parts of the State increases.

- *Pro-bono training program:* Due to staff turnover and lack of program resources, initiation of the pro-bono training program for attorneys and interpreters has been delayed. Currently under development, the program is scheduled for initiation in the next program year when adequate resources are established. It is estimated that approximately 30 attorneys and interpreters will be educated annually to provide legal representation for immigrant victims of domestic violence.
- *Issues and solutions:* The original Program Manager and a Senior VAWA Specialist who had provided training for program staff resigned earlier this year. This staff turnover resulted in a heavy workload for the two existing VAWA Specialists. With one of the two Specialists being an interim Program Manager for a couple of quarters, they coped with the situation by focusing on providing legal consultation and representation services and by delaying initiation of the pro-bono training program. A new Program Manager was hired in August 2003 and the workload is expected to return to a normal level.

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Outcome Evaluation

- *Pre- and post- program knowledge tests of education session participants:* As of June 30, 2003, knowledge tests were administered to a total of 203 participants in 17 education sessions. After one and one-half hour education sessions, these participants improved their knowledge about VAWA-related immigration issues and legal options by scoring better on the post-tests. (The average difference between pre- and post- test scores was 14 percent at a significance level of $p < .05$.)
- *Satisfaction surveys of education session participants:* Satisfaction surveys were conducted for the same participants at the end of education sessions. All of the participants reported that their expectations were fully met by the workshop. On a five-point satisfaction scale (from 1= very dissatisfied to 5= very satisfied), all participants reported being either satisfied (= 4) or very satisfied (= 5) with each of five education session features: format, content, materials provided, presentation clarity, and the presenters' style. Eighty-six percent of the participants reported that it was their first workshop on the topic.
- *Successful completion of applications for legal immigration status:* Since the beginning of the program, the VAWA Specialists submitted applications for legal immigration status for 86 immigration families. To date, none of these applications have been denied by the BCIS. Of the 86 applications, 42 were approved and 44 were awaiting approval.
- *Mail surveys for legal consultation and representation clients:* At the end of the program year, the mail survey procedures and instruments were completed. These will serve to measure clients' satisfaction with program services, understanding of their own legal immigration case, and their perception of safety and hopefulness about the future. The survey will be conducted annually beginning with the next program year.
- *Evaluation plan:* In addition to the mailed surveys of program clients from the next program year, the Program Evaluator is planning on a variety of evaluation activities to assess program outcomes. Potential evaluation activities include interviews with program staff, document reviews, observations of outreach and education sessions, and focus groups with immigrants and service providers. These evaluation activities will be designed to measure the following main program outcomes: (1) increase in clients' (victims of domestic violence, service providers, and attorneys/interpreters) knowledge about VAWA and domestic violence-related immigration issues and law, (2) clients' satisfaction with program services, (3) improvement in clients' ability to access relevant resources and make informed choices, (4) clients' successful attainment of lawful immigration status, and (5) legal representation for immigrant victims by attorneys completing the pro-bono training program.

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Lessons Learned

The main lesson learned from the second year implementation of the VAWA Immigration Project is that to be successful, the program should be established as a known resource in the community, should continue to be built upon staff's knowledge and experience, and should take a flexible approach. As a result of extensive outreach and education efforts from the beginning of the program, more domestic violence-related service providers became aware of the program and increased their client referrals to the program. Despite a heavy workload caused by staff turnover, the two original VAWA Specialists were able to handle the increasing workload well by utilizing their accumulated knowledge and experience. Program staff were also flexible in using program resources to maintain program stability. Staff focused their efforts on providing the existing core program services instead of straining the whole program by the planned initiation of a pro-bono training program.

Enhance Shelter Services

Women's Safety and Resource Center

Program Purpose

The purpose of the Enhance Shelter Services program is to provide victims of domestic violence with information, skills, support and activities that address the importance of emotional and physical well-being. Because domestic violence affects the emotions, minds, and bodies of women, the Enhance Shelter Services program is designed to provide supportive, healing, and holistic modalities in conjunction with the provision of shelter, food, clothing, and safety.

The Enhance Shelter Services program includes case management and enhancement activities of support and education groups, yoga classes, and a peer buddy system. Case management services are being offered by two full-time staff. Prior to the inception of the Enhance Shelter Services program, there were no case managers at the shelter, and a part-time advocate came to the shelter as needed. With the addition of the new program components, the shelter is able to offer more services to domestic violence victims in the rural region of Coos County. Program services are provided by the Women's Safety and Resource Center (WSRC), a non-profit domestic violence shelter program that serves a coastal, rural area of southwest Oregon.

The program has the following goals:

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

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

- 90 percent of domestic violence victims in shelter will be provided with an initial client/needs assessment by the end of the first working day after admission.
- 90 percent of domestic violence victims in shelter will receive assistance with creating, updating, or reviewing/maintaining safety plans.
- 90 percent of domestic violence victims in shelter for seven or more days or who have no external case manager will receive assistance with developing an initial case plan outlining their goals.
- 75 percent of domestic violence victims in shelter for seven or more days will receive a referral to a needed resource.
- 90 percent of enhancement activities will be provided as planned: daily Morning Circle; weekly Peer Counseling Training, weekly Mindfulness session, twice weekly Yoga, and weekly INOKA support group.
- 75 percent of domestic violence victims in shelter will participate in at least one enhancement activity during their stay.
- 75 percent of domestic violence victims in shelter will report gaining knowledge about domestic violence as measured by post-shelter surveys.
- 75 percent of domestic violence victims in shelter will report that the safety plan they develop will help them stay safe as measured by post-shelter surveys.
- 75 percent of domestic violence victims will report an increased knowledge about, and access to, community resources as measured by post-shelter surveys.

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- 75 percent of domestic violence victims in shelter for 14 or more days will report benefiting from participation in enhancement activities as measured by post-shelter surveys.

Target Population

The Enhance Shelter Services program serves women in need of shelter who are fleeing violent relationships in Coos County, 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, DHS Self Sufficiency Division, law enforcement, and alcohol and drug (A&D) programs.

Program Components

The main components of the Enhance Shelter Services program are: case management, and enhancement activities of a peer 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, 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

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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 Hatha Yoga stretches and poses to increase the body's circulation and to facilitate the release of tension. Two 90-minute yoga sessions are offered in the shelter weekly, providing women with a form of exercise and opportunities for gaining personal strength.
- *Mindfulness Group:* This group consists of weekly one-hour sessions on creating and sustaining healthy boundaries, managing emotions, and mindfulness. Topics include learning how to take responsibility for feelings and self, how to deal with emotional distress, how to focus on the present moment, and how to stop blaming or projecting guilt. Because it addresses building effective relationships, the Mindfulness Group complements information from the Peer Support Counseling Group and enhances the peer support network within the shelter.
- *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 twelve group sessions divided into three topics: Ending Abuse, Taking Charge, and Loving Yourself.
- *Athletic facility:* Twice a week, case managers accompany women to a local public pool/ exercise room. At the athletic pool 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 at least try the breathing exercises while sitting on the couch. While their mothers are participating in groups or yoga sessions children have the opportunity to participate in play, educational, and supportive activities at the shelter or at the Family Center (respite childcare program at the local community college).

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Women's Safety and Resource Center

Program Resources

Byrne Funding

The Enhance Shelter Services program receives Byrne grant funding of \$68,353 and provides matching funds of \$22,785. The Women's Safety and Resource Center uses most of the funding to hire two full-time Case Managers, and to contract for yoga instructors, a Group Facilitator, and a program Evaluator. A small portion of funding is also used to purchase two childcare slots at the Family Center and supplies for the groups. The United Way provides matching funds for this program.

Program Staff

Two full-time Case Managers, two Yoga Instructors, a Group Facilitator, and an Evening Shelter Advocate provide program services. Both Case Managers are involved with assessments, case planning, goal setting, safety planning, resource referrals, and advocacy. One of the Case Managers also facilitates the Peer Support Counseling Group. The Group Facilitator, a registered nurse, conducts the Mindfulness Group. The Evening Shelter Advocate (this employee is supported by another grant) facilitates the INOKA Group. The Program Director supervises the staff, oversees the program, and coordinates evaluation activities. WSRC contracts with Northwest Professional Consortium (NPC) Research, Inc. to conduct program evaluation. NPC changed its evaluator working on this program; a new evaluator started in December 2002.

Collaboration

The WSRC Enhance Shelter Services program collaborates with the United Way, local facilitators (yoga instructors and a registered nurse), the North Bend Public Pool, 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

- Women gain knowledge about community resources and how to obtain them
- Women have safety plans that they feel will help them stay safe
- Women gain knowledge about domestic violence
- Women receive general and specific benefits from enhancement activities
- Women demonstrate improvement in one or more key indicators of well-being

Outputs

- Number and profile (demographic characteristics and length of stay) of women receiving shelter services
- Number of women receiving intake/client assessment
- Number of women receiving a case plan outlining their goals
- Number of women receiving assistance with safety planning
- Number of women indicating need for community resources and referrals to community agencies
- For each woman: number and type of enhancement activities attended

Activities

- Women reside in the shelter and experience a safe and supportive environment
- Women are connected with appropriate community resources, set goals, create a safety plan, receive advocacy services and education on domestic violence
- Women are participating in enhancement activities

Inputs

- Provide case management: Connect shelter residents to appropriate community resources, goal setting, safety planning systems, advocacy, and domestic violence education
- Provide enhancement activities: INOKA classes/ Morning Circle/ Safety planning/ Peer support/ Athletic club membership/ Yoga / Mindfulness Group

- Worked to increase awareness of domestic violence issues and solicit community support
- Wrote and acquired Byrne grant to fund enhancements and evaluation
- Worked with local providers (yoga teacher and registered nurse) to design yoga and Mindfulness classes
- Acquired additional funding from United Way
- Maintained shelter facility
- Assembled staff, including Case Managers, yoga instructors, and Mindfulness Group Facilitators
- Acquired supplies, including INOKA workbooks, daily planners, yoga mats, Strong Girls Club workbooks, journals, and pens

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Program Progress

In its second year, the Enhance Shelter Services program continued to make good progress in implementing its program services. All program components were carried out as planned, with minor changes to the group times to accommodate clients' schedules. Evaluation activities primarily focused on clarifying the program's goals and objectives, developing a data management system, and designing data collection instruments and procedures for measuring program objectives. Due to the NPC change in its evaluator and revisions made to the Evaluation Plan, the measurement of program objectives was delayed until October 2002, with some not starting until February and March of 2003. In February 2003, the measurement of several objectives pertaining to case management began after the case management tool was revised. An exit survey to assess the program's outcomes was implemented in March 2003.

Process Evaluation

- *Clients served:* From July 1, 2002 through June 30, 2003, there were 95 victims of domestic violence sheltered. These shelter residents received various components of the Enhance Shelter Services program: 89 women participated in yoga, 70 women participated in INOKA, 67 women participated in the Peer Support Counseling Group, 70 women participated in the Mindfulness Group, and 36 women utilized the community swimming pool. Case management services were also offered to all 95 shelter residents.

Program services were delivered to the target population - all victims of domestic violence residing in the shelter. All 95 victims of domestic violence at the shelter received at least one program services component. Demographic data were only reported for women in the shelter after October 2002 since data entry of shelter intake information, including demographic data, did not occur until then. Demographic data on these 70 women indicate that the majority of them were white (83 percent) and between the ages of 25 to 54 (76 percent). Fifty-four percent of the women stayed in the shelter less than seven days, four percent stayed between 8 and 14 days, 15 percent stayed between 15 and 29 days, and 27 percent stayed more than 30 days.

The only significant barriers to participation were scheduling conflicts, having a health condition, and a short length of stay in shelter. Some shelter residents were not able to attend the groups because they were participating in job training programs, attending A&D counseling groups, or had work commitments. Women with a health condition were also not able to participate in yoga or aerobic swimming. Lastly, women who were in shelter for a short period of time did not have an opportunity to participate or receive some of the program services. The length of stay is client dependent and varies according to her needs and situation. To address the scheduling issue, the program has adjusted the schedule of the group activities several times to accommodate clients' needs. The yoga instructor works with women who have physical limitations to modify the yoga exercises. During yoga, the facilitator encourages her to just sit and follow the deep breathing and relaxation exercises.

Enhance Shelter Services

Women's Safety and Resource Center

- *Program Implementation:* Based on preliminary data collection efforts that began in October 2002 and February 2003 (for case management which was revised during the grant year), the program is making good progress in meeting its program objectives.
 - Since February 2003, 11 of the 12 victims who entered the shelter were provided with an initial client/needs assessment by the end of the first working day after shelter entry. The annual objective was 90 percent.
 - Since February 2003, 8 of the 12 women who entered the shelter received assistance with creating, updating, or reviewing their safety plans. The annual objective was 90 percent. The documentation of safety planning is a new task for shelter staff and it is expected that progress towards this objective will improve with better tracking.
 - Since February 2003, all 15 domestic violence victims who were in the shelter for seven or more days (and who had no external agency case manager) received assistance with developing a case plan. The annual objective was 90 percent.
 - Since October 2002, 21 of the 22 domestic violence victims in the shelter for seven or more days received a referral to a needed resource. The annual objective was 75 percent.
 - Since October 2002, all group enhancement activities were provided as planned. The annual objective was 90 percent.
 - Since October 2002, all 70 domestic violence victims in the shelter participated in at least one enhancement activity during their stay. The annual objective was 75 percent.

Outcome Evaluation

A brief exit survey was developed to measure the main program outcomes of: (1) increased knowledge about community resources; (2) safety plans; (3) increased knowledge about domestic violence; and (4) positive benefits of the enhancement activities. The program began implementing the survey in March 2003, following pilot testing of the survey instrument in February 2003.

As of June 30, 2003, exit surveys were completed by 10 women, representing a 67 percent response rate. Three of the five women who did not complete the survey stayed at the shelter less than three days. The vast majority of respondents (ranging from 6 to 9 of the respondents) strongly agreed or agreed with survey items designed to measure increased knowledge and awareness of domestic violence and its effects. Seven of the ten respondents indicated that staff helped them to create, revise, or maintain a safety plan. Seven of the ten women reported that the shelter staff helped them "a lot" to get information about community resources, and 8 of the 10 women reported that staff helped them "a lot" to get assistance from other programs in the community.

On the exit surveys, women were asked to rate how much they feel they have benefited from the shelter's enhancement activities using a scale from "none" to "a lot". Using this scale, 9 of the 10 women reported that they benefited "a lot" or "some" from at least one of the enhancement activities. The most popular enhancement activity was the peer counseling training sessions. Five of the eight women who participated reported they benefited "a lot" from these sessions.

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Client satisfaction was also assessed using the exit survey. On a four point scale of “strongly agree” to “strongly disagree”, all women reported that they “strongly agree” or “agree” with the statement that “I felt comfortable living in the shelter”. Using the same scale, 9 of the 10 women also endorsed the statement that shelter staff treated them with respect. All 10 women reported that they either “strongly agree” or “agree” with the statement “I felt supported by other residents at the shelter.”

Lessons Learned

One of the key factors to the successful implementation of the program was the leadership provided by the Program Director from the onset. Her leadership has resulted in shelter staff who are committed to providing holistic services. All of the groups have been running since the first three months of program inception. The Program Manager was also able to maintain program stability even with turnover in the Case Manager positions twice. Lastly, she has also encouraged her shelter staff to participate in the evaluation process. During this past year, shelter staff were involved in the development of data collection tools and the establishment of the program objectives.

Domestic Assault Misdemeanor Supervision and Supervision Enhancement Program

Clatsop County Community Corrections

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. Resources were not available 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, their victims, and potential victims were not identified or addressed through community corrections.

With Byrne grant 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 (PO).

The primary goals of the program are:

- To increase the safety of domestic violence victims.
- To enhance supervision of domestic violence offenders.
- To provide a resource to victims of domestic violence offenders on supervision.
- To respond to violations of offender/victim contact.

The specific objectives of the program are as follows:

- All offenders with minimal court ordered exceptions will undergo a domestic violence intake and assessment.
- 100 percent of offenders will have supervision provided by the Domestic Violence PO.
- Polygraphs will be administered on a portion of offenders to verify no contact orders and the conditions of probation.
- 100 percent of offenders that violate supervision by having unauthorized contact with the victim will have action taken via interventions, sanctions, etc.
- All offenders with a condition to undergo a domestic violence assessment will be referred for an assessment for domestic violence treatment services (if needed, funding is available for indigent offenders).
- All offenders assessed as needing domestic violence treatment will complete domestic violence treatment before successfully completing the program.
- All offenders that exhibit need for other treatment services will be referred to appropriate treatment programs for assessment.
- 20 referred offenders will complete other treatment services.
- The Domestic Violence PO will attend one group session per month for two men's and one women's treatment groups.
- Offender compliance with supervision will increase by 20 percent compared to all other offenders on supervision as a result of the program.
- Increased protection from domestic violence offenders for 20 percent of victims as a result of the program.

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- Offender recidivism rates will decrease by 20 percent compared to all other offenders on supervision (30 percent annual recidivism rate) as a result of the program.
- Domestic violence reoffense rates will decrease by 20 percent as a result of the program.

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.

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 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 of 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 Domestic Violence 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 domestic violence intake appointment, increasing the level of supervision, monitoring compliance to domestic violence treatment services, utilizing enhanced polygraph testing and urinalysis, and responding to and enforcing sanctions for violations of unauthorized offender/victim contact.

Once an offender is sentenced to formal supervision and mandated to complete the Domestic Violence Package, a specialized domestic violence 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, the court order is clarified, assessments are scheduled, and referrals to treatment providers are provided. 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

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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 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 batterer group sessions (6 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 specific to domestic violence and are not paid for with Byrne grant funding.
- *Victim services:* The program seeks to increase the safety of domestic violence victims and potential victims by providing information, referrals, and notification to victims of domestic violence offenders on supervision, reducing violations of no contact orders, and increasing collaboration with the Victim Advocates at the Women's Resource Center.

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(s) 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.

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, a list of 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

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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 Domestic Violence Misdemeanor Supervision and Supervision Enhancement Program receives Byrne grant funding in the amount of \$75,188 and provides matching funds of 25,063. Clatsop Community Corrections uses the majority of the funding to pay the cost of personnel salaries, contractual services, travel and training.

Program Staff

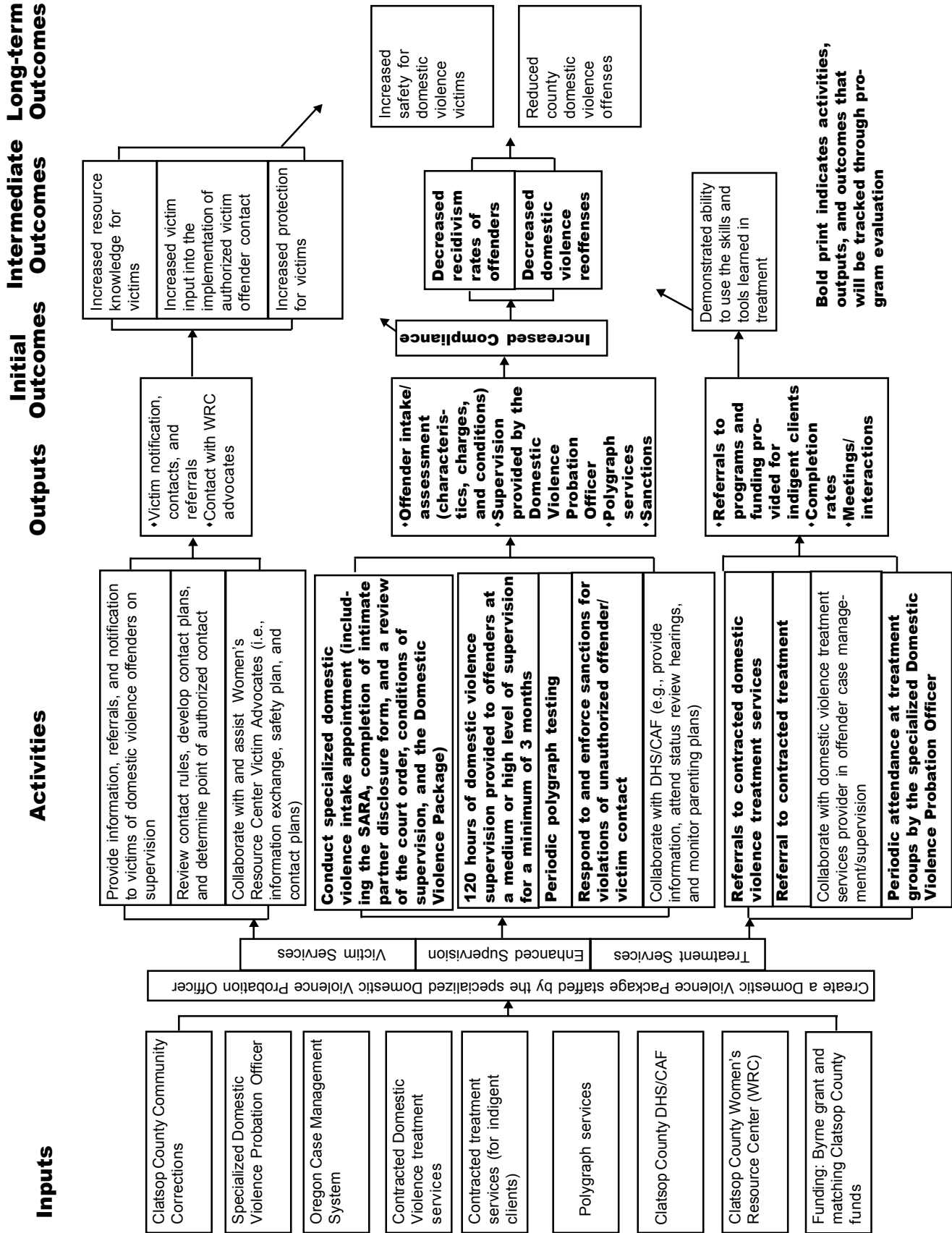
The entire program is operated as part of Clatsop County Community Corrections. One specially trained Domestic Violence PO supervises the entire caseload of domestic violence offenders and the Director of Clatsop County Community Corrections oversees the program and administers the grant. Subcontracted staff provide polygraph testing services, domestic violence treatment services, and external evaluation of the program. 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 Packages' enhanced supervision services. Unlike standard supervision the supervising officer, treatment services providers, and 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 any 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

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Program Progress

In its second year, the program has continued to show significant progress in meeting the stated goals and objectives.

Process Evaluation

- *Clients served:* A total of 200 offenders received services in the Domestic Violence Misdemeanor Supervision and Supervision Enhancement Program from July 1, 2002 through June 30, 2003. The majority of participants were white males between the ages of 18 and 44. Clients were evenly split between those with felony convictions (n = 101) and those with misdemeanors (n = 99). The preponderance of offenders were convicted of a Class C Felony or a Class A Misdemeanor.

The 200 offenders served during the period represent 211 admissions to the program, as some offenders were closed and then later readmitted. Ninety-five new clients were admitted during the reporting period, and a total of 71 clients were closed (26 were positive case closures (successfully completed program requirements), 19 were negative case closures (unsuccessful at completing program requirements), and 26 were neutral closures (transferred to corrections in a different county or sent to jail to complete mandated time prior to expected return to the caseload).

Examining clients who did not successfully complete the program, misdemeanor offenders were more likely to be negative closures while felony offenders were more likely to appear as neutral closures from the program. This trend is the result of court procedures: if sanctioned for a violation of probation, a misdemeanor offender is likely to receive the remainder of their sentence as jail time in lieu of probation while a felony offender is more likely to receive jail time in addition to an expected return to the caseload after completing this time.

The three primary program components were fully implemented during this reporting period. Each is discussed in detail below.

- *Enhanced supervision:* All of the new clients admitted to the program during this reporting period (n = 95) received a domestic violence intake and assessment including the Spousal Abuse Risk Assessment (SARA). In addition, all of the clients received enhanced supervision provided by the Domestic Violence PO. The Domestic Violence PO completed an extraordinary number of supervision contacts in this reporting period: 257 home visits on 101 offenders, an additional 121 home visits on collateral contacts (contacts made to alternate contacts such as a family member, friend or employer), and 54 attempted home visits. The Domestic Violence PO also completed 7,848 other contacts (2,220 office visits, 1,073 other offender contacts – i.e., employment visits, telephone calls, treatment contacts, etc., and 4,555 collateral contacts for 149 offenders).

Initially, the program called for the use of polygraphs to verify baseline disclosures, as well as for periodic verification of compliance. This proved cumbersome however, and did not appear to add substantially to the information already available to the Domestic Violence PO. Use of polygraphs when indicated has proven far more valuable; during the

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second year 25 offenders received polygraphs prior to authorizing victim contact or in response to suspected unauthorized contact (in a small community, information often reaches the Domestic Violence PO through informal channels).

Thirty-four offenders violated supervision by having documented unauthorized contact during this reporting period. These offenders were responsible for 40 documented unauthorized contacts. All 34 offenders received sanctions or intervention for each unauthorized contact. Twenty sanctions were imposed by the Domestic Violence PO and 20 were imposed by the court or other releasing authority. The majority of these offenders were sanctioned by receiving a jail sentence. Many had multiple charges with each violation (e.g., substance use, failure to report, driving without a license,) hence, it is not possible to delineate the type of sanction imposed for unauthorized contact explicitly. Other sanctions included community service, additional treatment mandates, random urinalysis testing, increased reporting requirements, and electronic house arrest.

Sixty-five offenders completed urinalysis tests (either court-mandated or based on suspicion of substance use) during this reporting period.

- *Treatment services:* Sixty-six (n= 95) offenders admitted to the program during this reporting period (70 percent) were referred for an assessment for domestic violence treatment. Of the 66 referred, 55 completed a domestic violence treatment assessment and 50 entered treatment. Thirty-three offenders entering treatment received indigent funding for these services during the reporting period. The Domestic Violence PO attended 16 treatment group sessions during the 12 months of the reporting period.

The majority of the 29 offenders who did not receive a referral for domestic violence treatment did not have a condition to undergo such treatment. These offenders committed violence toward a family/household member who was not a current or former intimate partner. Although the Domestic Violence Supervision Program is applicable and useful for these offenders domestic violence treatment, which focuses on addressing violence toward an intimate partner, is not.

Four of the offenders who did not receive a domestic violence treatment referral received alternative referrals. All four were females who had committed domestic violence offenses but were involved in a domestic violence incident as a victim. Three received referrals to and are currently attending a Women's Resource Center (WRC) support group for domestic violence victims dealing with aggression and the fourth attended individual counseling through her church.

Additionally, a few offenders who did not receive a referral to treatment or who did not enter treatment after completing a domestic violence treatment intake were referred to substance abuse treatment prior to beginning domestic violence treatment. In these cases, the offender's alcohol dependence was deemed severe enough to present a barrier to their ability to participate meaningfully in domestic violence treatment. Participation in domestic violence treatment for these individuals is delayed until the offender begins and makes progress in substance abuse treatment.

Domestic Assault Misdemeanor Supervision and Supervision Enhancement Program

Clatsop County Community Corrections

A non-negotiable condition of supervision program completion is that all offenders assessed as needing domestic violence treatment successfully complete that treatment. Twenty-six offenders successfully completed the supervision program during the reporting period. Of those offenders having the condition to complete domestic violence treatment and assessed as needing treatment, 100 percent completed domestic violence treatment prior to completing the supervision program.

Twenty-nine offenders from this caseload (entering during or prior to this reporting period) successfully completed domestic violence treatment during the reporting period, 14 were terminated unsuccessfully from domestic violence treatment, and 38 are currently enrolled.

According to the domestic violence treatment provider, clients of the supervision program are completing treatment at a higher rate than treatment participants not supervised by the program. His data suggest that supervision program participants are completing treatment at a rate of 2 (successful) to 1 (unsuccessful), while other treatment clients are completing at a rate of 1.3 (successful) to 1 (unsuccessful). These promising data will be checked and verified by the evaluators in the following year.

As needed, clients of this program were also referred to additional types of treatment such as substance abuse treatment or mental health treatment. During the reporting period, 40 percent of the offenders received a referral to substance abuse treatment, 15 percent received a referral to the Breaking Barriers program (a cognitive behavioral group therapy program designed for criminal justice offenders), and three offenders received a referral to mental health treatment. Most of the clients admitted to this caseload were engaged in some form of treatment (whether domestic violence, substance abuse, or mental health) although some did not receive referrals because they were already engaged in or had completed treatment.

- *Victim services:* The Domestic Violence PO contacted 64 victims during this reporting period. Typically, a victim makes the initial contact with the Domestic Violence PO (generally to ask for authorization for contact with the offender). In addition to telephone contact, the Domestic Violence PO sends a form letter to those seeking to reconcile, explaining how the process works and what conditions would need to be met prior to the lifting of the no-contact orders. For those closer to achieving authorization, the Domestic Violence PO may work with a victim on a plan for resuming contact, including referrals to WRC for safety planning and domestic violence education. The Domestic Violence PO will also contact victims if there is concern for their safety based on information from a treatment group, polygraph, community contact, or other source.

Outcome Evaluation

During this reporting period, the program refined the Evaluation Measurement Plan. The primary outcomes of interest include: 1) increased compliance with supervision, 2) decreased recidivism rates of offenders, and 3) decreased domestic violence re-offenses. Preliminary data is currently available on decreased recidivism rates of offenders and decreased domestic violence re-offenses. Additional outcome data will be available in years three and four of the grant.

Domestic Assault Misdemeanor Supervision and Supervision Enhancement Program

Clatsop County Community Corrections

A total of 236 offenders have participated in the program from program inception (October 1, 2001) until the end of this reporting period (June 30, 2003). Of these cases, 14 offenders have been convicted of new crimes (committed after the date of admission to the program), for a recidivism rate of 5.9 percent. Of the 14 new crimes committed, three were domestic violence crimes and 11 were other types of crime. The domestic violence felony re-offense rate is 1.3 percent.

This objective uses for comparison the State of Oregon's recidivism rate for offenders on supervision, which measures any new felony convictions at three years past supervision admission. For this program, any new felony convictions with an incident date subsequent to admission to the program are reported. New convictions for incidents occurring prior to entering the program are not included.

Recidivism rates evidenced thus far in the program remain substantially lower than the three-year rates for general offenders on supervision. Naturally, these rates will rise as a greater number of offenders supervised by the program reach the third year mark. However, based on the current trajectory, offenders in this program can be expected to retain lower recidivism rates than the general offender population.

In terms of domestic violence re-offense rates, six offenders have been convicted of domestic violence crimes (three misdemeanor and three felony) making the domestic violence re-offense rate 2.5 percent. Although no standard of comparison has been identified for domestic violence re-offense rates, rates for the program remain low. Notably, of the six offenders who re-committed domestic violence offenses, two had already completed a great deal of supervision time on a different caseload at the program's inception and were closed soon after being transferred to this program. Therefore, these individuals received almost no enhanced supervision services.

Lessons Learned

One notable success of the program is the Domestic Violence PO's excellent relationships with community providers and agencies, particularly with local law enforcement and with the WRC. Program staff have also established good relationships with other community providers and with individuals in the judicial system. An issue that is currently receiving national attention is the challenging collaboration between child protective service agencies (whose client is the child) and supervision programs and the courts. At this time, any differences in approach must be addressed at a system-wide level.

Another key factor critical to the success of the program is the dedication, hard work, and personal qualities of program staff.

There were three primary challenges during this reporting period. First, sentencing practices in the local Circuit Courts led to an influx of misdemeanor offenders to the program which drove the workload beyond its capacity. In response, the program re-focused on its original purpose: to provide services to offenders convicted of felony domestic violence crimes, the Class A misdemeanor crimes of Assault IV and Harassment (on a case-by-case basis), and then review and admit to the program lower-level misdemeanors based on risk assessment and perceived harm to the community. All other offenders were sent back to the general caseload.

Domestic Assault Misdemeanor Supervision and Supervision Enhancement Program

Clatsop County Community Corrections

Second, funding issues had a great impact on the program. Reductions in Oregon Health Plan behavioral health funding resulted in the inability of some clients to access substance abuse and mental health treatment (altogether or in a timely manner). In addition, more clients than originally anticipated needed to utilize the indigent funding provision for domestic violence treatment.

Third, a limitation of the program was the staff hours available for working with clients. With a single probation officer responsible for supervising the caseload, time spent away from work (whether for vacation, trainings, or meetings) had a large impact on the program.

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

Multnomah County Department of Community Justice

Program Purpose

The purpose of the Hope, Education, Resources, and Opportunities (H.E.R.O.) for Kids program is to identify, screen, and provide services for children in Multnomah County who have witnessed domestic violence. 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.¹ Targeted at children ages six to 14 years who have witnessed domestic violence, 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 H.E.R.O. for Kids program are to:

- Improve the emotional and behavioral health of children who have witnessed domestic violence.
- Increase intra-family communication and parental empathy for children.
- Prepare individual and family safety plans for each child to reduce the potential for future victimization and to increase the child's sense of security.

The specific objectives of the program are as follows:

- 400 children who have witnessed domestic violence will be referred by designated Department of Community Justice programs to Tualatin Valley Centers (TVC), a contracted service provider.
- 200 children's parents (guardians) will be interviewed, have emergency needs assessed, and engage in family safety planning (i.e. accept services and attend an initial intake appointment).
- 100 children will be assessed by their parents and clinicians and a Family Action Plan and an Individual Case Plan will be prepared for each child.
- 100 children and their parents will attend individual counseling and/ or psycho-educational groups.
- 75 children will complete psychoeducational groups, exit interviews, and final clinical assessments.
- Parents of 75 children will attend psychoeducational groups.
- 75 children will complete individual safety plans as part of their psychoeducational groups.

¹ Multnomah County Health Department, Portland Multnomah Progress Board, Portland Police Bureau, & Multnomah County Domestic Violence Coordinator's Office (no date), *Domestic Violence in Multnomah County*, 6.

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

Multnomah County Department of Community Justice

- Clinicians' behavioral assessments of children participating in the program and pre-, post-, and three-month program follow-up surveys of the children's parents will indicate the following program outcomes:
 - (a) Of the children completing psychoeducational groups and/or individual counseling, 70 percent will have an improvement in emotional and behavioral health at the conclusion of service; 50 percent will continue to show improvement three months after program completion.
 - (b) Of the parents completing psychoeducational groups, 70 percent will have an improvement in communication skills and empathy for their children at the conclusion of service; 50 percent will continue to show improvement three months after program completion.
 - (c) At the conclusion of service, 60 percent of the children completing safety plans will have an improved sense of personal security; 60 percent of their parents will have an improved sense of family 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 fourteen 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 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 Community 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.

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

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As part of standard case management practice, DVU staff routinely contact 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, an Outreach Specialist at TVC contacts children's non-offending parent or custodian by telephone at a safe phone number. At least three contact attempts are made and recorded. If contact attempts fail or parents decline services, an informational packet is sent by mail to the family 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 Outreach Specialist 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 immediate safety concerns and makes crisis referrals, if necessary. The Case Manager also administers an intake survey with the parent and collects information on each child 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 H.E.R.O. for Kids Youth Assessment Tool. The whole intake assessment process takes approximately ten hours of staff time.
- *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 the 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 psychoeducational 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 they meet separately and then attend a portion of the children's group for the last three weeks. The length of each session is approximately

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

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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 the intake assessment and modified, depending upon circumstances, during individual counseling or after the fourth week of psychoeducational 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 psychoeducational group sessions. Other counseling services include development of an individual case plan, assistance in developing a safety plan and achieving case plan goals, and coordination of services needed from other agencies. Children and families are often offered some counseling services while waiting for age- and gender- appropriate groups to begin.
- *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.
- *Exit assessment:* Most children and families are ready to exit from the program at the time they complete the ten-week psychoeducational group sessions. At program exit, the H.E.R.O. for Kids Youth Assessment Tool and an exit survey are administered respectively with children and parents to assess changes in children's emotional and behavioral health and success of the program in meeting individual case plan goals and family needs.

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

Multnomah County Department of Community Justice

Program Resources

Byrne Funding

The H.E.R.O. for Kids program receives Byrne grant funding in the amount of \$150,000 and provides matching funds of \$50,000. 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 three main staff members at TVC who provide the core program services to clients. An Outreach Specialist contacts the potential clients referred from the DCJ and schedules an intake appointment. A Case Manager conducts intake assessments and coordinates service delivery for clients. A Mental Health Therapist conducts clinical assessments, facilitates 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 Project 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.

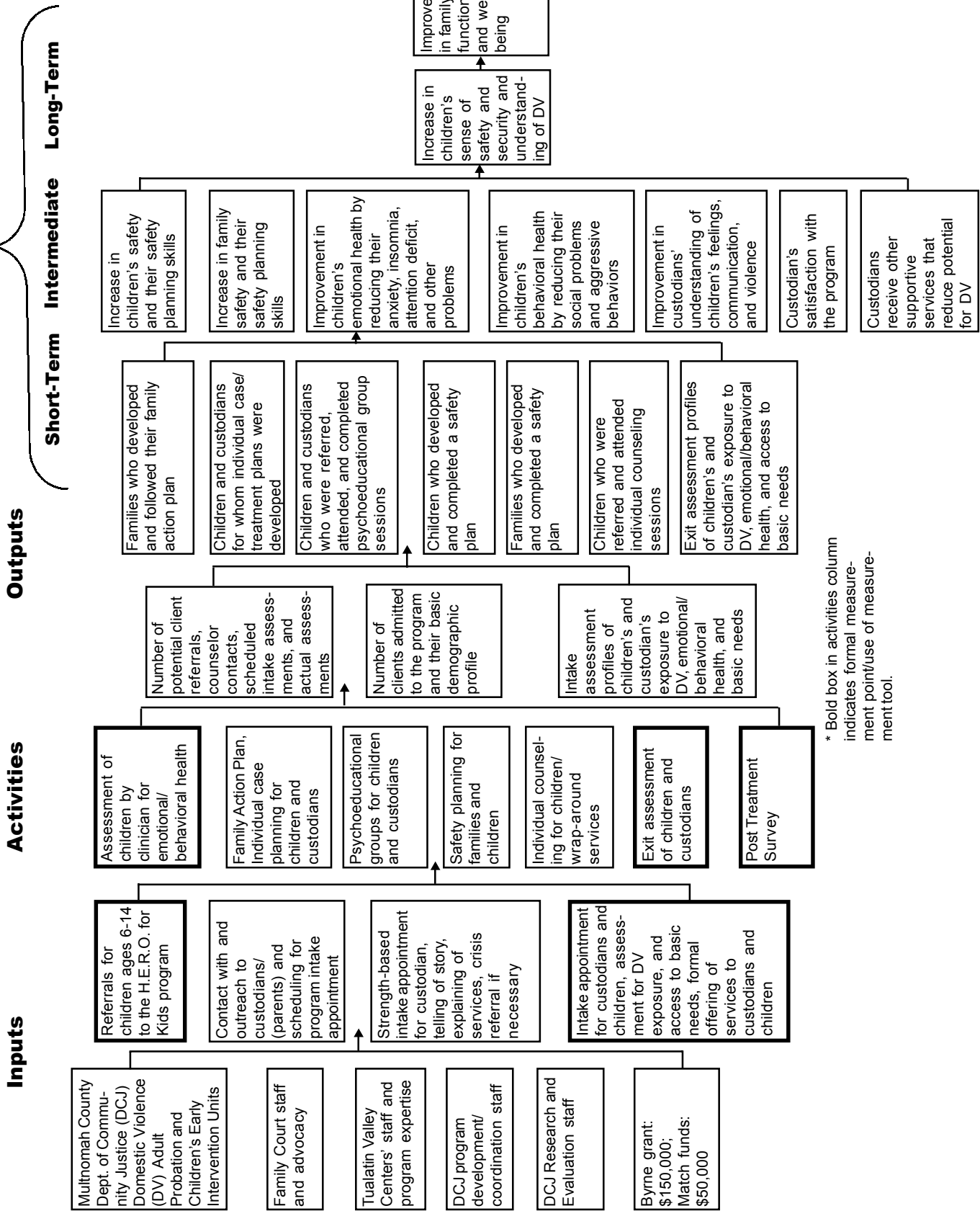
Collaboration

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

Outcomes



* Bold box in activities column indicates formal measurement point/use of measurement tool.

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Program Progress

During the second program year Tualatin Valley Centers (TVC) continued to provide and streamline program services for clients referred from the Multnomah County Department of Community Justice (DCJ). In the middle of the program year, two of the three main client referral sources within DCJ experienced a significant budget cut and staff changes. As a result, the program was not able to provide services to as many clients as initially projected. However, clients who received program services showed improvement in the targeted areas that included emotional and behavioral health, sense of security, and communication skills. Furthermore, the percentage of clients showing improvement was higher than initially anticipated.

Process Evaluation

- *Clients served:* During the second program year, a total of 264 children (193 families) were referred from the Department of Community Justice (DCJ) to Tualatin Valley Centers (TVC). TVC staff were able to arrange and conduct initial intake sessions for 115 children and 78 of their non-offending parents or custodians. The annual program goal was to refer 400 children and conduct intake for 200 children. After conducting initial intake sessions, TVC staff prepared individual case plans and family action plans for 80 children and 55 of their parents and engaged 60 children and 48 parents in 10-week psychoeducational groups. The annual program goal was to prepare individual case and family action plans for 100 children and engage 75 children in psychoeducational groups.

The program did not meet most of the annual goals in terms of the number of clients because of insufficient client referrals made from DCJ. DCJ's Domestic Violence Unit (DVU) and Early Intervention Unit (EIU), two of the three main client referral sources for the program, experienced significant budget cuts and staff changes in the middle of the program year. In order to increase client referrals, the Project Coordinator and staff have been making ongoing outreach efforts to both DVU and EIU by conducting face-to-face meetings, making presentations, providing additional program brochures, and sending monthly e-mail reminders.

- *Profile of children at intake:* A preliminary analysis of intake assessment data indicates that in general, the H.E.R.O. for Kids program delivered services to the target populations. All of the 115 children who entered the program this year were six to fourteen years old and experienced exposure to domestic violence. Eighty-two percent of the 115 children were exposed to violence in the home for more than two years; 44 percent intervened in domestic violence events themselves; 27 percent were injured in those events; 90 percent experienced verbal abuse; and 61 percent experienced physical abuse.
- *Barriers to program participation:* After completing initial intake sessions for 115 children, TVC staff were able to engage only about half of them in the 10-week psychoeducational groups. Initially, it was expected that once families started receiving program services through intake sessions, most of them would follow through and participate in psychoeducational groups. According to staff, in many cases, it was life circumstances of the families that prevented their engagement in psychoeducational groups. Parents of the children targeted by the H.E.R.O. for Kids program were often unemployed and had unstable housing or transportation, and their priority was looking for work or attending

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schools. In some cases, parents were emotionally unstable or not ready to leave their relationship with the abusive partner. To encourage program participation, staff continued to clarify expectations with families, accommodate their schedules, and provide a variety of wrap-around services, as described in the Program Components section.

- *Streamlining program services:* Staff made minor modifications to the program to facilitate the process of delivering services. The modifications included: (1) division of one intake session with parents and children into two intake sessions with the first one involving only the parent; (2) inclusion of siblings in the same psychoeducational group, if needed; (3) minor shifting in time on certain topics in the children's psychoeducational group sessions.

Outcome Evaluation

- *Improvement in children's emotional and behavioral health:* The Program Evaluator from the DCJ's Research and Evaluation Unit conducted a preliminary analysis on intake and exit assessment data that had been collected through face-to-face interviews with parents of 34 children completing the H.E.R.O. for Kids program. Results indicated that at the conclusion of services, 88 percent of the children made an overall improvement in their emotional and behavioral health. The program goal was 70 percent of children showing improvement. The specific areas of improvement were: anxiety/fear, inappropriate social behavior, adult attachment issues, academic performance, and hurting animals. There was no improvement in the areas of children's sleep disturbances and sexualized behavior.

In addition, the Program Evaluator developed and conducted three-month program follow-up surveys of parents whose children completed the H.E.R.O. for Kids program. A total of 14 surveys were conducted this year through structured telephone interviews. All of the respondents reported that compared to the time before program participation, children showed improvement in their emotional and behavioral health three months after program completion. The program goal was 50 percent of children showing improvement.

- *Improvement in parents' communication and empathy:* Eighty-one percent of parents (n = 27) who completed an exit survey reported that they made improvement in their communication skills and empathy for their children. The program goal was 70 percent of parents reporting improvement. Additionally, all of the 14 parents who completed a three-month program follow-up survey reported that their communication skills and empathy were improved, compared to the time before program participation. The program goal was 50 percent of parents reporting improvement.
- *Sense of personal and family security:* Seventy-four percent of the parents who completed an exit survey reported that their children showed improvement in their sense of personal security. Eighty-three percent of the parents reported improvement in their own sense of family security. The program goal was improvement in 60 percent of both children and parents.

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- *Evaluation plan and modification:* The Program Evaluator structured evaluation activities around measuring the main program outcomes proposed in the first year Evaluation Measurement Plan. The proposed outcomes included: (1) improvement in children's emotional and behavioral health, (2) improvement in children's and family's sense of security and safety planning skills, and (3) improvement in parents' communication skills and empathy for their children. After pilot-testing, the Program Evaluator modified the original plan to use the Achenbach's Child Behavior Checklist (CBCL) to measure children's emotional and behavioral health. The CBCL was too lengthy and complicated to administer. In consultation with the CJSD Evaluation Team, the evaluator developed a set of more relevant and simpler survey instruments - H.E.R.O. for Kids Youth Assessment Tools. H.E.R.O. for Kids Youth Assessment Tools consist of pre-, post- and three-month program follow-up surveys that were designed to measure most of the main outcome areas as well as children's emotional and behavioral health. Administration of the instruments was started this year and will be continued over the remaining Byrne grant funding period.

Lessons Learned

The main lesson learned from the second year implementation of the H.E.R.O. for Kids program is that program staff should be flexible and resourceful, and they should work as a team to meet clients' needs and to lead the program to success. In order to deal with the ongoing issue of lack of follow-through by families, TVC staff had to be extremely flexible with clients. Staff rescheduled intake appointments several times, if needed, and presented an open attitude about clients' life circumstances. Staff often solved problems together with families to overcome barriers to their program participation. The process required staff to be knowledgeable about a variety of services available both within TVC and at other community service agencies.

Centralized Domestic Violence Information, Referral, and Crisis Counseling Line

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

Program Purpose

The purpose of the Centralized Domestic Violence Information, Referral, and Crisis Counseling Line is to plan, design, and implement a state-of-the-art centralized domestic violence information, referral, and crisis counseling line (IRC) for the Tri-county region of Oregon (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 domestic violence victims' needs and in the victim services system. The Tri-county region has experienced an increase in population, in the number of immigrants, in the ethnic populations they represent, and in the number of languages spoken. Within the region, there are 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 to existing services for both victims and professionals, less fragmentation of the existing victim services system, and the need for centralized information and referral was repeatedly mentioned.

The IRC program includes planning, development, and implementation activities for a centralized domestic violence information, referral, and crisis counseling line. These activities are conducted by Multnomah County Department of County Human Services through the Domestic Violence Coordinator's Office (DVCO). DCHS contracts with the Portland Women's Crisis Line (PWCL) to participate in all aspects of the planning and development phases and to provide information, referral, and crisis line services.

The main goal of this program is to develop a centralized IRC system that:

- Improves victim/survivor access to existing services.
- Serves as a resource for professionals involved in domestic violence intervention.
- Reduces duplication and inefficiency in the current victim services system.

In support of its goal, the program has the following objectives:

- To customize, install, and begin testing the Information and Referral Software System (IRis) client tracking and information/referral management system at PWCL.
- To revise and provide training to PWCL volunteers and staff on domestic violence intervention services and procedures, call-handling procedures, and on the IRis system.
- To begin operations of the domestic violence crisis line as designed at PWCL (i.e. new service model implemented, IRis system installed and operational, and staff trained) by July 2003.
- To maintain an up-to-date information and referral database and distributing the database twice a year to domestic violence agencies.
- To conduct monthly system development meetings with domestic violence agencies to discuss opportunities for collaboration.
- To expand PWCL's capacity to answer 30,000 calls annually.
- To have 80 percent of the calls answered result in an outcome favorable to the caller.
- To improve crisis line services and system functioning as measured by pre- and post-system implementation surveys of users' perceptions.

Centralized Domestic Violence Information, Referral, and Crisis Counseling Line

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

Target Population

The IRC will serve domestic violence victims/survivors and professionals involved in domestic violence intervention in Multnomah, Clackamas, and Washington 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 was 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. Activities conducted include:
 - (a) *Best practices research*: Program staff gathered information about existing programs around the country and researched practices and standards developed for domestic violence crisis lines, information and referral lines, and help lines in a variety of fields. Based on research, the Chicago Domestic Violence Hotline and the Massachusetts SafeLink were identified as the most comprehensive domestic violence information and referral systems in the country. Both systems appear to be promising domestic violence IRC models, and site visits to these programs were conducted by project staff.
 - (b) *Technology assessment/plan*: A technology consultant was hired to develop a written technology plan that includes (1) an assessment of victim services agencies' technology capacity and needs of domestic violence victim service agencies; (2) recommendations for telephone technology and computer hardware, software, and networking; (3) estimates of the resources needed to purchase, install, and maintain the system; (4) an implementation plan for installing, training, and testing the technology, including recommendations for implementation priorities as funding becomes available; and (5) evaluation criteria for monitoring the performance of the system's technology.
 - (c) *Assessment of the needs of victims and professionals*: Information on current crisis line system functioning and input from victims and professionals was obtained through (1) five focus groups with professional stakeholders and one focus group with English-speaking survivors of domestic violence; (2) 16 stakeholder interviews with program coordinators/directors of domestic violence victim service agencies; and (3) mailed surveys to 290 community stakeholders in the Tri-County region. Written surveys were also developed for victims/survivors in English and Spanish.

Centralized Domestic Violence Information, Referral, and Crisis Counseling Line

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

- (d) *Inventory of domestic violence-related information and referral resources:* A domestic violence resource database was developed that contains more thorough, accurate and up-to-date information. Inclusion/exclusion criteria and information components have been developed. Core resources in the database include domestic violence victim services, criminal and civil justice information, batterer intervention services, financial assistance, and other services commonly accessed by domestic violence victims. Each listing contains the organization name, contact information, detailed description of services provided, days and hours of operation, eligibility criteria or service requirements, intake procedures, language services available, and ADA accessibility. By the end of the project's first year, a paper version of the information and referral (I&R) database was available for community partners.
- (e) *Redesign and implementation plan:* Based on information gathered from the first year, a redesign and implementation plan was completed. The redesign plan specifically addresses and seeks consensus on (1) simplified access to services through a single access phone number; (2) involvement of stakeholders, including victims and providers; (3) interpreters/appropriate services for non-English-callers; (4) cultural competence and access for victims from specific populations; (5) maintenance of up-to-date information and referral information; (6) training requirements for staff and volunteers; (7) on-going coordination of crisis lines; (8) appropriate technology and resources to purchase and maintain it; (9) confidentiality and safety of callers, staff, and volunteers; and (10) development of interagency agreements as needed.
- *Implementation:* The redesigned IRC will be implemented in stages based on the level of funding and resources available. Phase II/Year 2 activities are built upon information gathered in Phase I/ Year 1. Year 2 activities are focused on the start-up, testing, and implementation of components of a new IRC model at the Portland Women's Crisis Line (PWCL). The following is a description of Year 2 activities:
 - (a) *Testing of parts of the model system at PWCL:* The Portland Women's Crisis Line is serving 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.
 - (b) *Development of interagency agreements:* Protocols and interagency agreements are being developed among the existing eight crisis line and victim service agencies regarding call handling procedures, referrals, and information sharing. Interagency agreements this year were focused on the development of centralized pre-screening by PWCL for shelter services and on having PWCL provide after-hours crisis line response for the existing crisis lines. It is anticipated that these agreements will be completed and protocols established in the next fiscal year.

Centralized Domestic Violence Information, Referral, and Crisis Counseling Line

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

- (c) *Training of staff and volunteers:* Existing and new crisis line staff and volunteers at PWCL are receiving a new revised training. Topics covered include call handling procedures, resources available, policies and procedures across the domestic violence intervention system, and how to use the new IRis system.
- (d) *Development of a shared resource database:* The paper version of the I&R database developed in Year 1 is being updated, expanded, and transferred to the IRis software program. The program anticipates distributing an electronic resource directory to domestic violence agencies in the next fiscal year. The electronic resource directory will be distributed once the I&R database has been assigned standardized keywords for searching. Ongoing maintenance, including regular updates and review of existing information are also being planned.
- (e) *Purchase and installation of new equipment and technology:* Based on the technology plan recommendations, the most essential crisis line equipment and I&R technology were purchased. These purchases include a software program/database for caller tracking, two computers, and a server for the software system.

The implementation of the IRC model initiated in Phase II/Year 2 will continue in Phase III and in years 3 and beyond. Phase III/Year 3 activities will emphasize the continued training and skill development of the IRC staff, the expanded use of new call-handling procedures, implementation of collaborative agreements, the updating and distribution of the IRis database, seeking additional sources of funding, and the fine-tuning of the IRC model as needed. 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.

The program had originally proposed to implement the technology component of the IRC model at other agencies operating 24-hour domestic violence crisis lines. The scope of the program changed during the second year, resulting in the purchase of only the most essential information and referral equipment and software. The technology and equipment for linking area domestic violence agencies was not purchased due to the costs involved and the lack of infrastructure within nonprofit domestic violence agencies. To create a more integrated crisis line system, the program will focus on "low tech" strategies that include shared I&R information on disk, improved call handling procedures and interagency collaborations.

Program Resources

Byrne Funding

The Centralized Domestic Violence Information, Referral, and Crisis Counseling Line program receives Byrne grant funding of \$110,868 and provides matching funds of \$36,956. The Multnomah County Department of County Human Services (DCHS) uses most of its funding to hire program staff and to contract with the Portland Women's Crisis Line. DCHS contracts with the Portland Women's Crisis Line to provide crisis line services and for a Crisis Line Coordinator who facilitates implementation of the new model of services at PWCL.

Centralized Domestic Violence Information, Referral, and Crisis Counseling Line

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

Program Staff

The program 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 Crisis Line Coordinator, and a Research Analyst. Additional team participants are the Domestic Violence Coordinator and the PWCL Executive Director. As the program's lead staff person, the PDS coordinates, facilitates, and participates in all aspects of the grant. The PDS is responsible for the day-to-day implementation of the project. During the second year, specific responsibilities included developing program instructions for PWCL which outlines the scope of services to be provided; meeting with domestic violence shelter directors to discuss opportunities for collaboration; overseeing the customization of the IRis client tracking software and the I&R database; and staffing the IRC Advisory Board. The Crisis Line Coordinator works with the program team to implement the new model components at PWCL, to develop and implement training for PWCL staff, to compile call data, and to develop interagency collaborations. The Domestic Violence Coordinator provides grant management oversight, including supervision of the DCHS program staff. The PWCL Executive Director provides supervision to the PWCL Crisis Line Coordinator and participates in the IRC Advisory Committee. Evaluation activities are conducted by an internal Research Analyst.

The PWCL Crisis Line Coordinator position was created this year, and it replaces the PWCL Crisis Line Analyst position. The scope of the responsibilities for the PWCL staff person includes providing supervision to PWCL crisis line responders as well as facilitating change within the organization. In addition to this position change, PWCL's Executive Director resigned. A new Director has since been hired.

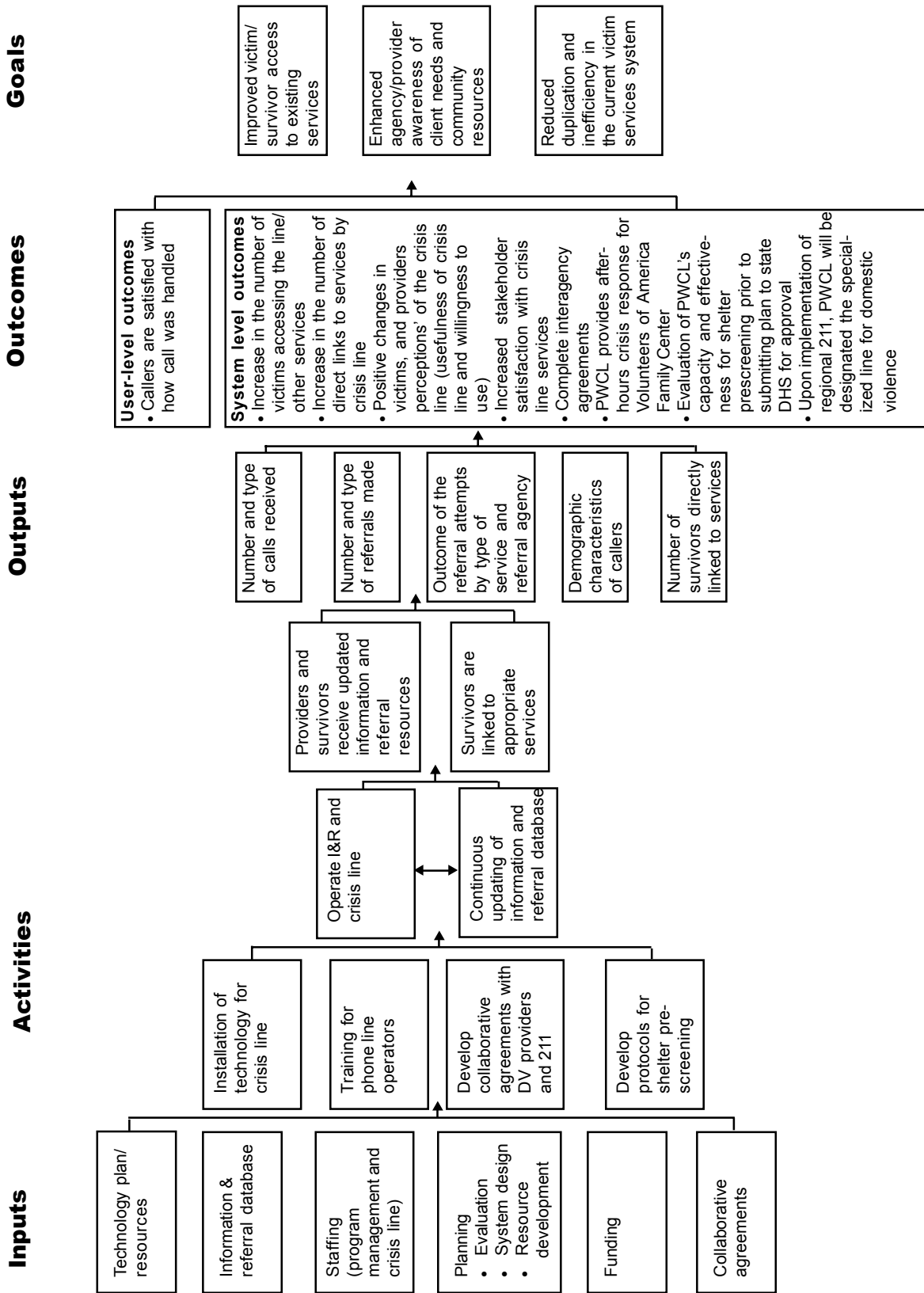
Collaboration

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.

A new collaboration occurred in Year 2. DVCO and PWCL staff have been actively participating in the planning for the regional 211 service, a general social services information and referral line that will begin operation in 2004. The United Way of the Columbia-Willamette is coordinating this effort with a number of agencies in the Portland metropolitan area. This 211 project has designated PWCL as the primary referral/partner for the specialized domestic violence crisis line. PWCL will be working with the 211 project to develop agreements about cross-referrals and to develop a protocol for sharing I&R information.

Program Logic Model

Centralized Domestic Violence Information, Referral, and Crisis Counseling Line



Centralized Domestic Violence Information, Referral, and Crisis Counseling Line

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Program Progress

In Phase II/Year 2, the program made good progress towards achieving its goals and objectives. Despite delays in the installation of the new IRis system, the program was able to initiate key pieces of the new IRC service model. DVCO have also been meeting with staff and directors of other domestic violence agencies to discuss opportunities for collaborating with PWCL. With computer hardware and software installation delayed for the IRis system, the program has not been able to begin gathering call data using the IRis client tracking system. Only call volume and call type are currently being collected using paper call sheets. In the next year, the IRis client tracking system will replace the existing method of tracking incoming calls.

Process Evaluation

Clients served: From July 1, 2002 to June 30, 2003, PWCL received 20,712 incoming calls, 46 percent of which were related to domestic violence and sexual assault. PWCL also served a large proportion of callers seeking general peer support (13 percent), assistance with homelessness issues (nine percent), and help with mental health issues (11 percent).

While the intended target populations of the IRC are domestic violence victims/survivors and professionals involved in domestic violence intervention, PWCL is receiving a significant number of calls from people seeking general social services information and referral because no other resources exist for this purpose. Other than domestic violence shelter crisis lines, PWCL is one of the three major 24-hour information, referral, and crisis lines in the region (Multnomah County Mental Health Crisis Line and the Aging and Disability Services Helpline are the other two). In 2004, a general 24-hour social services information and referral line is expected to begin operating in the Tri-County region. With the implementation of the 211 social services referral line, it is anticipated that calls to the PWCL line will become more relevant to PWCL's training and mission and become more consistent with the overall grant purpose and target population. PWCL will be able to refer callers seeking general social services or homeless calls to the 211 line, and the 211 line will be referring calls related to domestic violence and sexual assault to PWCL.

Program Implementation

- *Customization and installation of computer hardware/software:* DVCO staff including the Research Analyst worked with PWCL to customize the IRis system. Project staff identified the data elements, outlined the call screens, and developed data reports for the customization request of the IRis client tracking software. The customized call screens will gather information on call type, demographic information about the callers, problems/service needs, and whether the needs of the caller were met. While the customization was completed in June 2003, the installation of the IRis software has been delayed until August 2003. The program had anticipated that the IRis system would be installed and operational by July 2003.
- *Provision of new training:* The program is meeting its objective of revising and providing training to PWCL volunteers and staff on domestic violence intervention services and procedures, call-handling procedures, and on the IRis system. DVCO staff collaborated with PWCL's Director, Volunteer Coordinator, Crisis Line Coordinator, and Sexual Assault Advocate to revise the basic advocacy training for volunteers and new staff. The 36-hour

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training includes new sections on community resources, expanded information about civil and criminal responses, and effective advocacy skills. A separate orientation/training was developed specifically for volunteers working on the crisis line. The new six-hour orientation/training encompasses information and referral skills, program policies and procedures, and training on using crisis line equipment. The first revised training was offered in May and June 2003.

Additional hands-on training for PWCL volunteers and staff will take place in August and September 2003. This additional training will cover the topics of using a server-based computer system and the IRis software. These components will also be incorporated into PWCL's six-hour crisis line orientation/training.

- *Implementation of new service model:* One of the program's objectives was to begin operations of the DV crisis line as designed at PWCL (i.e. new service model implemented, hardware/IRis software system installed and operational, and staff trained) by July 2003. Despite delays in the implementation of the IRis system, PWCL has been able to provide two key pieces of the IRC service model. PWCL instituted new call handling procedures with an increased emphasis on having staff facilitate referral process and problem solving/follow-up for callers. PWCL also hired paid crisis line specialists to respond 24 hours a day; increased the number of telephone responders (paid and volunteer) available during peak hours (11:00 a.m. to 7:00 p.m.); and revised their staff and volunteer training to include more detailed information about services, policies, and procedures across the domestic violence intervention system.
- *Development and distribution of the I&R database:* The program is making good progress in achieving its objective of developing the I&R database, updating the database quarterly, and distributing the database twice a year to domestic violence agencies. The 100-page paper version of the I&R directory created during the last fiscal year was updated and printed three times. Approximately 200 copies were distributed to professionals in victim services, criminal justice, courts, Oregon Department of Human Services and related agencies in the Tri-County region and in neighboring counties in Washington State (Clark and Columbia Counties). The electronic I&R database was in development this year, and over 1,000 records were entered into the database. Program staff are currently working on developing standardized keywords, taxonomy classifications, and geographic search areas for the database. The electronic resource directory will be distributed in the next fiscal year, after all records in the I&R database have been assigned standardized classifications.
- *System development meetings:* The program has achieved its objective of meeting with domestic violence agencies to discuss opportunities for collaboration. DVCO project staff and PWCL have met regularly with all domestic violence shelters in the Tri-County region to discuss and to get feedback on the service model and to discuss opportunities for collaboration. These collaborations have resulted in: 1) the establishment of a centralized system, managed by PWCL, for coordinating hotel voucher funds which are accessed by 12 domestic violence agencies; 2) an agreement by Multnomah County

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shelters to the concept of having PWCL administer "pre-screening" questions for callers seeking shelter; 3) the development of an interagency agreement with Volunteers of America Family to have PWCL assume after-hours crisis line response (8:00 p.m. to 8:00 a.m.); and 4) increased interest and support among domestic violence agencies in having a single centralized crisis line.

- *PWCL's capacity:* Based on last year's call volume data, PWCL received more than 20,000 calls. PWCL currently has only two incoming phone lines attached to the IRC phone number. A third line will be installed at the beginning FY 2003 and an additional volunteer will be used to staff this third line. The annual objective is for PWCL to maintain capacity to serve 30,000 callers annually.
- *Implementation issues:* The implementation of the model IRC has been slower than anticipated. The program has found it time-consuming and difficult to move an existing system to make significant changes, particularly when the changes affect multiple agencies. The program has also experienced two significant implementation issues this year. The first was a postponement in equipment and software installation. It was discovered that equipment/software purchased based on recommendations from the technology assessment in the first year were not adequate. Additional hardware and software had to be purchased to maintain a stable system. The program anticipates that equipment and software will be installed in August 2003 and be operational by September 2003. The second issue pertains to PWCL's financial instability. During this past fiscal year, PWCL has had to eliminate several important programs to focus on providing two of its core programs: 24-hour crisis line and sexual assault advocacy. Although PWCL is committed to maintaining its 24-hour crisis line, PWCL's financial situation poses challenges to the new service model that relies on paid, highly skilled crisis line specialists. PWCL's Board of Directors recently voted to continue using paid crisis line specialists, but these positions have a low pay scale and do not include benefits. PWCL's Director is committed to providing professional crisis line services. She has made improving the pay scale of crisis line specialists and fundraising for the crisis line specialists a priority.

Outcome Evaluation

Data on outcomes associated with the program are not yet available. The program will conduct pre- and post- implementation surveys to assess changes in stakeholders'/survivors' satisfaction and perceptions of crisis line functioning. Baseline data were gathered in Year 1 prior to implementation of the new service model. The program plans to administer post-system implementation surveys in another year, at the beginning of FY 2004. In addition to pre- and post-implementation surveys, the program will also gather data on whether calls have a favorable outcome. A favorable outcome is defined as (1) having needs met as documented in the IRis system (i.e. PWCL provided a needed service such as crisis intervention or safety planning, an appropriate referral was found for the caller), and (2) callers' self report that the call was helpful to them (callers will be asked "Was this call helpful to you?" at the conclusion of their call). The IRis system has been designed to capture information about each caller's problem/service needs and whether these needs were met as well as each caller's perception regarding the helpfulness of the call.

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The program also plans to use pre- and post-system implementation call data to assess changes in call volume and call type. Baseline call data were generated in the first year using paper call sheets. In addition, the program will utilize call data from the IRis system to track trends in call volume, call type, and the outcomes of calls over the remaining Byrne grant funding period.

Lessons Learned

The importance of stakeholder involvement, strong leadership, and use of paid staff were the main lessons learned during the second year of the program. Stakeholders were engaged in ongoing discussions about the IRC program and this has resulted in a number of collaborative efforts. PWCL's strong leadership has also contributed to strengthening the agency's credibility and its relationships with other providers. Additionally, PWCL has made a commitment to maintaining its crisis line services despite its financial problems this year, and the PWCL Director and Crisis Line Coordinator have provided leadership to facilitate the delivery of a new model of crisis line services within their agency. The use of paid staff is one of the key factors contributing to successful implementation of the new model and the quality of crisis line services. Paid staff are knowledgeable about the intervention system, have been effectively building relationships with other agencies, and are providing guidance to less experienced volunteer responders.

Juvenile Violence Prevention Programs

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

<i>Descriptive Characteristics of 2002 Juvenile Violence Prevention Program Participants</i>	<i>Juvenile Violence Prevention Programs</i>									
	ADAPT	Clackamas County Juvenile Department	Homestead Youth and Family Services	Jackson County Health and Human Services	Multnomah County Department of Community Justice	Oregon Council for Hispanic Advancement	Oregon Department of Education	Youth Contact, Inc.	Juvenile Rights Project, Inc.	Josephine County Mental Health Department
Total Number of Clients Served	81	114	59	64	53	15	40	45	203	353
Gender (%)										
Male	65	57	24	63	75	53	75	73	61	47
Female	35	43	76	37	25	47	25	27	39	53
Age Range (%)										
0-12	0	14	22	17	0	0	2	0	46	14
13-18	100	86	78	83	100	100	98	100	54	86
Race/Ethnicity (%)										
American Indian/Alaskan Native	2	0	0	2	4	0	5	0	7	4
Asian	0	1	0	0	4	0	0	0	1	1
Black or African-American	0	1	2	2	43	0	0	2	29	2
White	93	92	83	88	28	0	85	62	51	78
Hispanic	4	5	15	15	21	100	10	27	6	11
Multi-racial	1	1	0	0	0	0	0	9	6	4

Family-Focused Approach to Juvenile Violence Prevention

ADAPT

Program Purpose

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

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. Data from the Douglas County Juvenile Department indicates that 41 percent of juveniles committing behavioral and violent crimes will reoffend. Furthermore, youth who are dual diagnosed with both chemical dependency and mental illness are significantly more likely to reoffend. 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.

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

- The program will provide 50 youth/families with FFT treatment annually.
- 70 percent of youth/families participating in FFT treatment will successfully complete the program.
- 80 percent of youth/families participating in FFT treatment will report satisfaction with FFT and other supports.

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- Families completing FFT will demonstrate improved family unit stabilization, communication, and parenting skills.
- 75 percent of youth participating in FFT treatment who are enrolled in school will demonstrate improved school engagement upon completion of FFT services.
- 75 percent of youth participating in FFT treatment who are enrolled in school will demonstrate improved school engagement in the 12 months following completion of FFT services.
- 80 percent of primary youth completing FFT treatment will abstain from or reduce their substance use.
- 80 percent of primary youth completing FFT treatment will not be arrested for substance use within 12 months of the close of FFT services.
- Primary youth completing FFT will have a 25 percent decrease in mental health crises that result in an emergency room visit at Mercy Behavioral Health (MBH) during the period of FFT therapy.
- Primary youth completing FFT will have a 25 percent decrease in mental health crises that result in an emergency room visit at Mercy Behavioral Health (MBH) in the 12 months following FFT therapy.
- 80 percent of siblings who participate in the FFT program will demonstrate improved functioning upon completion of the FFT program.
- 80 percent of siblings who participate in the FFT program will demonstrate improved functioning in the 12 months following program completion.
- 80 percent of youth who complete FFT treatment will not have a non-violence related arrest while in the FFT program.
- 80 percent of youth who complete FFT treatment will not have a non-violence related arrest within 12 months of the close of FFT services.
- 80 percent of youth who complete FFT treatment will not have a violence related arrest while in the FFT program.
- 80 percent of youth who complete FFT treatment will not have a violence related arrest within 12 months of the close of FFT services.
- 80 percent of primary youth who complete FFT will avoid out-of-home placement within one year of the completion of FFT services.

Target Population

The ADAPT Family-Focused Approach to Juvenile Violence Prevention targets male and female youth, ages 13 to 17, 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.

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Eligibility criteria for the program include: (1) dual-diagnosis (substance abuse in the presence of a second mental health disorder), (2) evidence of, or risk for, violent behavior, (3) age between 13 and 17, (4) parents or guardians willing to participate, and (5) 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-diagnoses 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 weeks, with approximately one therapy session per week. If necessary, the FFT model stipulates that families may receive more frequent sessions early on, with the frequency diminishing over the course of treatment. Therapists work with families to set treatment goals, and if the families' goals are not met within 12 weeks, the therapist can continue treatment with the family.

Assessment is an integral component of FFT and occurs at program intake, throughout therapy, and at program exit. FFT requires the use of a series of assessment instruments, that allow therapists to measure individual and family functioning, and changes in such functioning, over time. Assessments are completed using the Clinical Services System (CSS), a purpose-built information system, which is a required component of implementing Functional Family Therapy. The CSS provides a very structured framework for therapists to record data and features a series of easily generated reports. The CSS

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requires that the therapist complete a *Client Case History* at the beginning of services. This form provides information about the family and youth's background and demographics. After each session, the therapist records information about what was done during the session. A report can then be generated that indicates how many sessions the family has had and which phase of treatment they are in. The family is asked to complete a *Counseling Process Questionnaire* (CPQ) at the beginning of the second session and every third session thereafter. The CPQ measures a variety of therapist behaviors and is intended to assess fidelity to FFT as well as client satisfaction. FFT also requires that the family and youth complete the *Family Assessment Measure III* and the *Outcome Questionnaire* at the initial session and again when counseling is completed. The *Family Assessment Measure* assesses seven different aspects of family functioning including communication, involvement, and control. The *Outcome Questionnaire* is available in both youth and parent versions. It measures client's progress in therapy focusing on three aspects: (1) subjective discomfort, (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.

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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 grant funding of \$200,000 and provides matching funds of \$66,667. ADAPT uses Byrne grant funds for personnel salaries, evaluation activities, and FFT site certification. ADAPT contracts with an external evaluator to provide process and outcome evaluations of the program and with FFT Inc. for site certification and staff training. Additional funding for the program is provided by the State alcohol and drug agency.

Program Staff

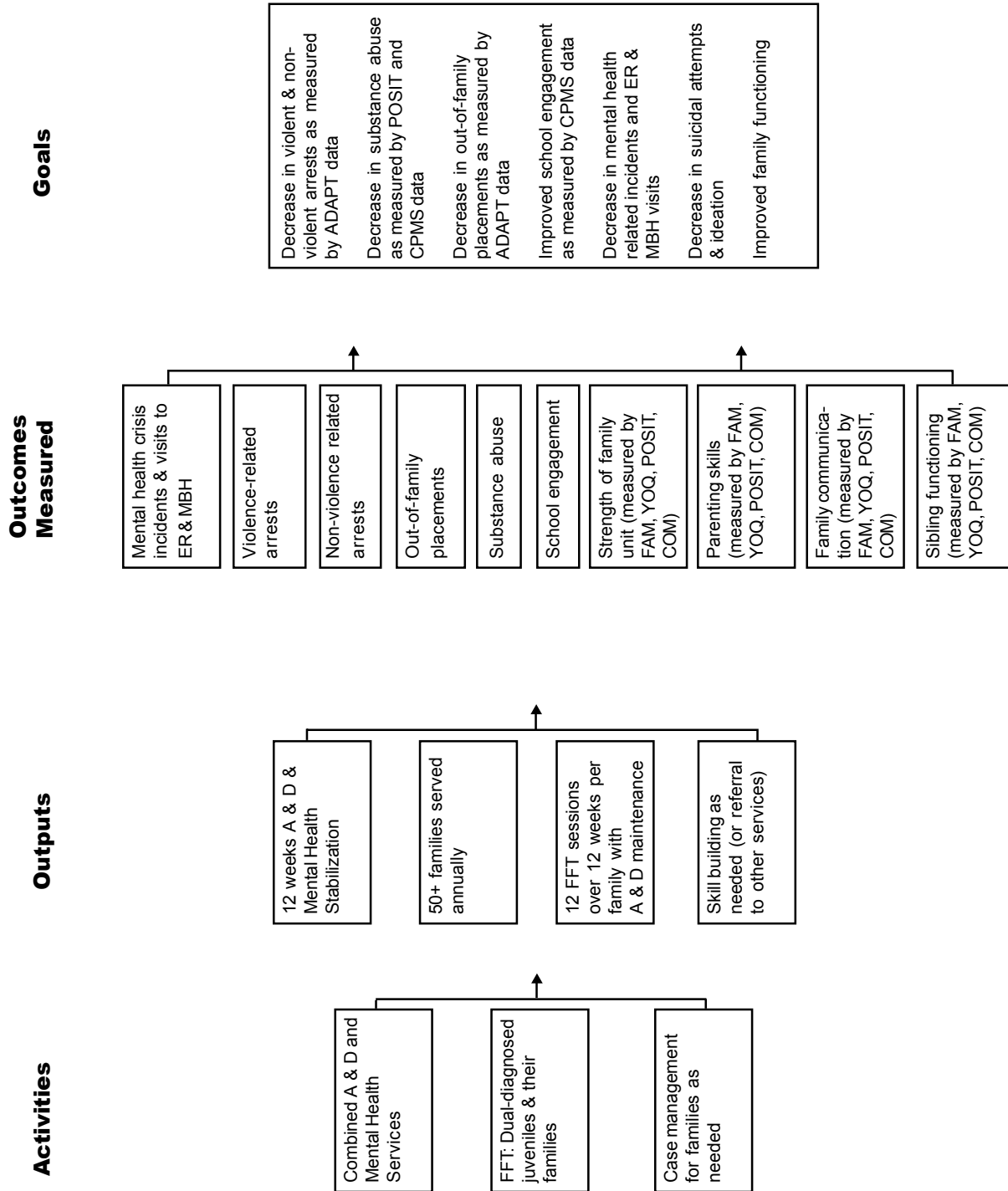
The ADAPT Family-Focused Approach to Juvenile Violence Prevention program has a service delivery staff of eight persons. There are four FFT Therapists, a Court Coordinator, two alcohol and drug Counselors, and a Program Director. The four FFT Therapists all have Master's degrees. They provide direct 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 the 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 three-year effort to create and sustain the Douglas County Family Law Advisory Committee. This multiagency 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



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Program Progress

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

Process Evaluation

- *Clients served:* From July 1, 2002 through June 30, 2003, the program served 81 families. Of the 81 families served, 11 families were receiving services at the end of June 2003, 43 families had successfully completed the program, and 27 families had failed to successfully complete the program. There were no families on a waiting list for service. Basic demographic data were collected and recorded for the 81 youth served by the program. According to these data, 65 percent were male and 35 percent were female. All youth were between the ages of 13 to 17 (target population is 13 to 17 but some youth turned 18 during the report period). In addition, 93 percent were Caucasian, two percent were Native American, four percent were Hispanic and one percent were multi-racial. All 81 were diagnosed with at least one substance abuse disorder in the presence of a second mental health diagnosis.
- *Program implementation:* During the second year, the program served 81 families. A total of 63 percent of FFT families successfully completed the program, somewhat short of the benchmark for this objective. In order to determine what factors distinguished those families who successfully completed the program from those families who began but did not complete the program, demographic and psychometric data were statistically analyzed to determine *a priori* which families are of high-risk to not complete FFT. The data indicate that families who did not complete the program had a significantly higher number of Red Flags on the POSIT (certain questions which have been shown to be predictors of dysfunction). Mothers in families that did not complete the program were more likely to score higher on measures of interpersonal distress than mothers who completed the program. Siblings in families that did not complete the program were more likely to score higher on measures of interpersonal distress, family role dysfunction, substance abuse, and school dysfunction than siblings in families that completed the program. Fathers in families that did not complete the program had dysfunction scores similar to fathers who did complete the program (evaluators plan to gather additional data in the coming year on father's substance use patterns, mental health, and marital history to determine if these factors might distinguish fathers who complete the program from fathers who fail to complete the program).

The Red Flag questions on the POSIT thus may serve as means to identifying those families that may need special care during the Engagement/Motivation phase of FFT in order to successfully complete the program.

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During the second year, ADAPT developed a partnership with Mercy Behavioral Health, the community's hospital for psychiatric services. Mercy psychiatrists provide comprehensive evaluation and medical management. This partnership provides the program with the potential to stabilize youth in the outpatient setting if they need medications while allowing the family therapist to help the whole family within the family systems model. Lastly, the FFT therapist can make appropriate long term referral for follow-up during the FFT generalization phase which provides the youth and family with an effective continuum of care.

- *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: (1) weekly telephone supervision by a trained FFT clinical consultant on individual cases and model adherence, (2) completion of training of the lead therapist to assume weekly supervision of the program's therapists, and (3) three on-site follow-up training sessions, each two days duration, to cover specific implementation and training issues.

During the second year, it became necessary to change site leaders. This was a difficult process for all staff involved. However all staff have remained committed to the program and adapted to the change.

- *Barriers to Implementation:* Transportation is a barrier to getting families into treatment. Douglas County is a very large county. ADAPT has always been limited in how many youth it serves due to the lack of transportation resources. Although ADAPT maintains a satellite office in the southern part of the County and FFT therapists can go to the homes of the youth/families served, the gap in services persists because the families often do not have transportation needed to access the chemical dependency treatment portion of the program and ADAPT is limited in how much outreach it can do due to the number of staff and resources.

Outcome Evaluation

At this point there are not sufficient numbers of youth/families that have reached the one-year post-treatment date to report outcomes on stated objectives. The evaluation of the ADAPT program will continue in the next year. During this year, the evaluation will not only continue to monitor the process of delivering services, but will also include a heavy focus on monitoring and reporting program outcomes. A review of data from the second year of the program indicates that at the completion of FFT treatment, the program is meeting its objectives. Initial data suggests that the program is having a positive impact on family functioning, substance use, and violence-related behavior.

Family-Focused Approach to Juvenile Violence Prevention

ADAPT

Families completing FFT showed statistically significant improvement in family unit stabilization, communication and parenting skills as measured by FAM-III subscales. The primary youth showed significant improvement in all subscales (Task Accomplishment, Role Performance, Communication, Affective Expression, Involvement, Control and Values & Norms). The father figures showed significant improvement in the Com, AE, Inv and V&N subscales with non-significant improvement in TA, RP and Cont. The mother figures showed significant improvement on all subscales (TA, RP, Com, AE, Inv, Con and V&N). The only significant subscale for siblings was on the Role Performance subscale, with non-significant improvement on TA, Com, Inv and V&N; AE and Cont were non-significantly increased post-treatment. The remainder of the subscales also showed improvement in the mean score, which did not meet statistical significance ($\alpha < 0.05$) (Role Performance, Involvement, Control and Values & Norms). The parent figures, youth and the FFT Therapists all reported parenting skills post-FFT ranging from “somewhat better” to “a lot better” as measured by the COM-A, COM-P and TOM. In addition, 81 percent of primary youth abstained from or reduced their substance abuse at the completion of FFT, 93 percent did not have a non-violence related arrest during FFT, and 100 percent did not have a violence related arrest while in the FFT Program.

Lessons Learned

The principal challenge faced by ADAPT was how to maintain the fidelity of the FFT model while integrating the medical models of mental health and chemical dependency with the systems model of FFT. The original program design was modified in order to be compliant with both State chemical dependency requirements and to maintain the fidelity of the FFT model. Specific changes made to accommodate FFT have been oriented toward enabling the family therapists to develop and maintain a therapeutic relationship “uncontaminated” by alliances with the Juvenile Department and the Court. The original program design was based on the notion that the FFT Therapist would be able to provide some individual treatment to the youth for chemical dependency as well as provide family treatment. Through training with FFT, the program discovered that this would jeopardize a core treatment principle of the FFT model. It became clear that the program would need to assign two therapists to each family, one to do the chemical dependency/dual diagnosis and one to do FFT. The program now has the youth’s chemical dependency counselor do the individual work with the youth, including case management with the legal system for those youth that are court mandated.

The program was originally structured to serve the primary youth first in chemical dependency treatment (CD) and then in family therapy. It was thought that in order to benefit from family therapy, the youth must first be stabilized. Youth participated in CD treatment for one to two months before beginning family therapy. As a result, time in the program was prolonged and this had the unintended effect of discouraging families from participating. ADAPT now begins FFT in tandem with CD. With this change in program design, there is more continuity in treatment planning and the FFT Therapist can engage the youth’s parents earlier in the treatment process.

A key factor in the success of the program in meeting these challenges has been the quality of the program staff. The entire youth staff, both CD and FFT are very experienced and committed to the program. Outside of an initial layoff of one staff person due to budget cuts, the program has experienced no turnover of staff.

Functional Family Therapy

Clackamas County Juvenile Department

Program Purpose

The Clackamas County Juvenile Department is responsible for the management of Clackamas County youth who are between 11 and 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 that provide supervision, counseling, detention access, investigation, and administrative support services for youth whose conduct or circumstances bring them within the jurisdiction of the Juvenile Court. The Clackamas County Juvenile Department partnered with Parrott Creek Child and Family Services, a community mental health agency, to offer Functional Family Therapy to at-risk youth.

The purpose of the 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.

Program objectives in support of these goals are as follows:

- The program will provide 100 youth/families with FFT treatment annually.
- 85 percent of youth/families participating in FFT treatment will successfully complete the program.
- 85 percent of youth/families participating in FFT treatment will report satisfaction with FFT and other supports.
- 85 percent of youth/families completing FFT treatment will demonstrate improved family problem solving.
- 85 percent of youth/families completing FFT treatment will demonstrate improved youth/adult interaction.
- 100 percent of youth with one or more school risk variables will receive school advocacy services.
- 90 percent of youth will remain or be enrolled in school while participating in the FFT program.
- 85 percent of youth will decrease unexcused absences from school while participating in the FFT program.

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- 80 percent of youth participating in the FFT program that have not graduated or received a GED will remain in school during the six months following the close of FFT services.
- 85 percent of non-delinquent youth will not be referred to the Juvenile Department while in the FFT program.
- 85 percent of delinquent youth will not be referred to the Juvenile Department while in the FFT program.
- 85 percent of non-delinquent youth will not be referred to the Juvenile Department within six months of the close of FFT services.
- 85 percent of delinquent youth will not be referred to the Juvenile Department within six months of the close of FFT services.
- 95 percent of youth will not be referred to the Juvenile Department for a felony person-to-person crime while enrolled in the FFT program.
- 90 percent of youth will not be referred to the Juvenile Department for a felony person-to-person crime within six months of the close of FFT services.
- 85 percent of non-delinquent at-risk youth who, along with their families, complete the FFT program will not be arrested for at least one year after completion of FFT services.
- 80 percent of delinquent youth who, along with their families, complete the FFT program will not be arrested for at least one year after completion of FFT services.
- 85 percent of youth who, along with their families, complete the FFT program will not be referred to the Juvenile Department for a felony person-to-person crime within one year of the completion of FFT services.

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 Screen Assessment. Youth living in rural communities and Hispanic youth who meet the above criteria receive priority. To be eligible to participate in the program both the youth and their family must agree to participate in FFT. In addition, the youth should not be at imminent risk of out-of-home placement and should not be involved in concurrent family treatment.

All youth are screened for eligibility using the Oregon Juvenile Crime Prevention Risk Screen 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 from the Juvenile Department are prioritized for entry. A direct referral from the Juvenile Department is automatically eligible for the program. If the youth is referred from the Juvenile Department, the Risk Screen Assessment is completed there. If the youth is referred from schools, families, or other agencies, the Risk Screen 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 Screen 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 multisystemic, multitechnique, multiphase and multicultural intervention. FFT focuses on the domains and systems within which adolescents and their families live. By

Functional Family Therapy

Clackamas County Juvenile Department

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), a client tracking and monitoring database that is a required component of implementing Functional Family Therapy. The CSS provides a very structured framework for therapists to record data and features a series of easily generated reports. The CSS requires that the therapist complete a *Client Case History* at the beginning of services. This form provides information about the family and youth's background and demographics. After each session, the therapist records information about what was done during the session. A report can then be generated that indicates how many sessions the family has had and which phase of treatment they are in. The family is asked to complete a *Counseling Process Questionnaire* (CPQ) at the beginning of the second session and every third session thereafter. The CPQ measures a variety of therapist 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.

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

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

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

Program Resources

Byrne Funding

The Clackamas County Functional Family Therapy program receives Byrne grant funding of \$200,000 and provides matching funds of \$66,667. Clackamas County Juvenile Department uses Byrne grant 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 persons. There are three FFT Therapists, and a Program Director. The three FFT Therapists all have Masters 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

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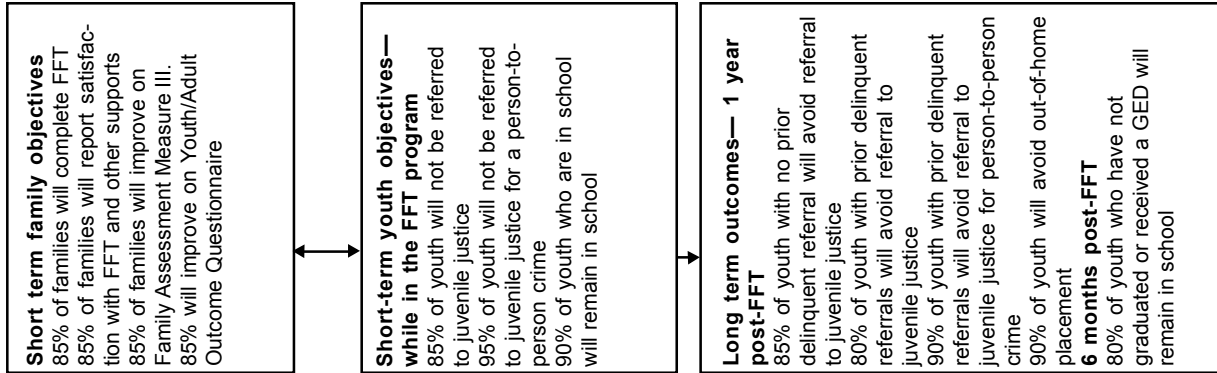
receiving training from FFT Inc. to assume a clinical supervision role. In the interim, the program as a whole receives supervision and oversight from a trained FFT Clinical Consultant. The Clinical Consultant provides weekly phone supervision and conducts four on-site training sessions for the staff 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

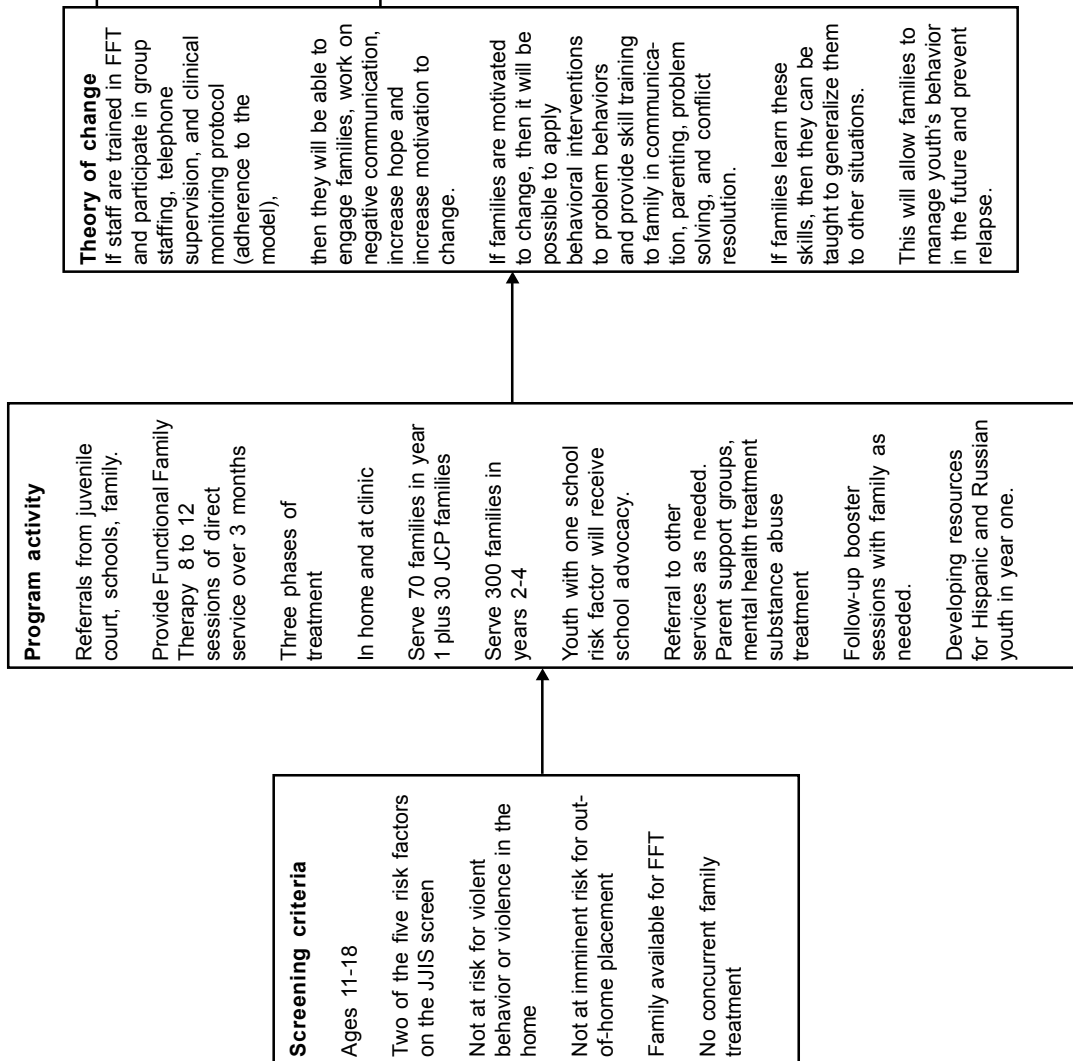
The key community partners for the Clackamas County Functional Family Therapy program are the Clackamas County Juvenile Department, Parrott Creek Child and Family Services, and the public school system. The key stakeholder and collaborative partner involved in identifying target families and referring 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

Program Progress

The Clackamas County Functional Family Therapy program made good progress during the second year of funding. The program completed all required steps toward FFT site certification and evaluation data indicates that FFT implementation was consistent with the requirements of this evidence-based model. The theory of change of FFT is based on improving family functioning and communication and subsequently improving the adolescents' behavior in a variety of domains. Evaluation data indicates that the implementation of FFT has exceeded benchmarks on most program objectives. While the program was initially slow in building caseloads for clinicians, in the second year referral procedures were streamlined and communication increased with the Juvenile Department and now the caseloads are regularly between 12 and 15 clients. FFT has notified the clinical supervisor that 15 is the upper limit for caseloads and is actually higher than most other FFT sites.

Process Evaluation

- *Clients served:* From July 1, 2002 through June 30, 2003, the program served 114 families. Of the 114 families served, 40 families were receiving services at the end of June 2003, 46 families had successfully completed the program, and 28 families had failed to successfully complete the program. There were five families on a waiting list for service. Of the 114 clients served in this reporting period, 74 (65 percent) clients were involved with the Clackamas County Juvenile Department (CCJD) at the time of intake and thus considered "delinquent" youth; 40 youth (35 percent) had not had prior involvement with CCJD and were considered "non-delinquent". A total of 33 percent of all FFT clients were on probation and 25 percent were in diversion at the time they began FFT services.

Basic demographic data were collected and recorded for the 114 youth served by the program. According to these data, 57 percent were male and 43 percent were female; 14 percent were under age 13 and 86 percent were 13 to 18 years of age. In addition 92 percent were White, five percent were Hispanic, one percent were Asian, one percent were Black, and one percent were multi-racial. The program targets youth between the ages of 11-18 with at least two of the following five risk factors according to the JCP risk screening tool: school issues, peer relationships, anti-social behavior, drug and alcohol abuse, and family functioning. On average, clients served during the reporting period exhibited 3.2 risk factors each. The frequency of risk factors (in descending order) for all clients participating in FFT this year was family functioning (96 percent of youth), school issues (83 percent), anti-social issues (56 percent), peer relationships (49 percent), and drug and alcohol abuse (35 percent).

Therapists noted several barriers to accessing FFT services during the past year. Some clients refused to participate in the program due to a perception that the therapists were allied with the probation officer that referred them. Another barrier to participation was the limited number of available spaces for clients. In the past year the program typically maintained a waiting list of two to five clients per week. Some of these clients chose to locate other services to meet their imminent needs, rather than being placed on a waiting list. Finally, a lack of access points in the community to reach and serve the Hispanic and Russian communities was a barrier to accessing FFT services for these populations.

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The program continues to explore ways to make FFT available to diverse communities. The program has outreached to the Russian Oregon Social Services although the program has received no referrals from the Russian community. In the coming year, the program staff plans to address outreach to the Russian and Hispanic communities more vigorously. Russian Oregon Social Services can provide the program with some assistance for that population and additionally, the program has a bilingual and bicultural Latina Healthy Start worker who has volunteered with Hispanic families. The program also belongs to PreventNet, a collaboration of six agencies, some of who serve mostly Hispanic populations. Program staff has had discussions with these community partners about reaching the Hispanic populations.

- *Program implementation:* Evaluation data from quantitative measures provided evidence that the Clackamas County Functional Family Therapy program is being implemented with fidelity to the program design and that program output objectives are being met. The program has met or exceeded most of the output objectives. The program served 114 clients, above the benchmark of 100. A total of 46 (62 percent) of the families/youth, who left the program during the year, did so through successful completion. Successful completion is defined by FFT Inc., as completing all three phases of treatment and the final paperwork. The benchmark for this objective called for an 85 percent successful completion rate. However, it should be noted that there are many clients that reach and complete the final stages of therapy successfully but never return to complete their culminating paperwork. According to FFT Inc., these clients would fall into the unsuccessful category even if successful changes may have been established in behavior. Data from families that completed FFT services indicates that families are satisfied with the services they received. Averaging the scores of all family members, 87 percent of the 39 families with available data responded that their therapist understands their problem, 95 percent feel that their therapist cares about them, 92 percent feel that their therapist knows how to help them, and 84 percent feel that their therapist agrees with them about the family's problem.

Data from Parrott Creek therapists and the clinical supervisor suggest that therapists are adhering to the FFT model. The Parrott Creek clinical supervisor rates each of the FFT therapists on their adherence to the FFT model utilizing an adherence measure created by FFT Inc. Those ratings are reviewed by FFT Inc. as part of the site certification process. The data indicate that the senior therapist is scoring in the "high adherence" range. The high quality of this therapist's work has been noted by FFT Inc. The therapist who was recently hired is scoring in the "moderate adherence" range, consistent with recent introduction to FFT. This therapist is making good progress and his work will continue to be monitored. In addition to therapist adherence ratings, the program maintains FFT model fidelity through initial training, periodic review of case notes, ongoing supervision from the national FFT supervisor and review of data from the Clinical Services Systems (CSS) database. FFT Inc. has access to Parrott Creek data through the CSS website. They can see from the information therapists enter how they are doing with model replication. This is a recent development and one that should advance adherence and also therapist confidence. In addition, the Parrott Creek therapists also work together, staffing cases and reviewing the model in an ongoing effort to stay within the parameters of the FFT model.

Functional Family Therapy

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- *FFT site certification:* FFT Inc. has a systematic training and implementation model for agencies adopting FFT that insures the fidelity of the FFT model. The model includes clinical training for all staff, advanced clinical training for team leaders, follow-up visits, and ongoing supervision. In addition, agencies receive training in the use of the FFT Clinical Services System (CSS), a sophisticated client assessment, tracking, and monitoring system that provides for specific clinical assessment and outcome accountability. The entire training and implementation process takes two years to complete. Site certification tasks completed during this reporting period include: (1) weekly telephone supervision by a trained FFT Clinical Consultant on individual cases and model adherence, (2) completion of training of the lead therapist to assume weekly supervision of the program's therapists, and (3) three on-site follow-up training sessions, each of two days duration to cover specific implementation and training issues.

Program administrators report that initial training and ongoing support from FFT have been of high quality and sufficient to replicate the program. They note that FFT Inc. has been responsive to questions and generally helpful in problem solving and that the FFT Clinical Supervisor assigned to the Parrott Creek site has been invaluable to both the program's Clinical Supervisor and Therapists. Initially, supervision was provided by telephone by the FFT Inc. staff. The program's Clinical Supervisor has now been trained and provides the weekly FFT supervision on site. She continues to receive training and bi-weekly supervision from FFT Inc. which helps to insure that she adheres to the FFT model. The Clinical Supervisor is also monitored on the CSS, and maintains a caseload. FFT Inc. reports that the Clinical Supervisor is doing an outstanding job of adhering to the FFT model in both her practice and supervision.

- *Barriers to Implementation:* The program encountered several barriers to implementing the FFT program. The original Clinical Services System (CSS) database presented an obstacle for collecting accurate information. The first version of the CSS database had numerous errors: the database reported information incorrectly and sporadically and arbitrarily switched data from one client record to another. Recently, FFT Inc. has implemented a web-based CSS and these problems have been resolved. In addition, with the web-based version of the CSS, the national supervisor can now access files and review case notes, enhancing supervision. Most of the initial supervision provided from FFT Inc. was via phone which limited the potential for learning (i.e. communication is limited), and the national supervisor did not have access to therapist files.

One of the original therapists trained in FFT proved to be a poor fit for the FFT program and was dismissed. During this process, the team as a whole struggled to maintain this therapist's model fidelity. Replacement of this therapist required one month to advertise, interview, and complete the hiring. There was another month delay because replacement training is only offered quarterly by FFT Inc. This time lag limited the program's capacity to serve clients.

An ongoing barrier is the waiting list that is maintained because there are a limited number of therapists and because caseloads are restricted to 15 clients per therapist. Therapists believe that this waiting list contributes to the number of family/youth who inquire about services but are never seen. It may also contribute to the relatively high level of drop-out, since families are not seen at the point of crisis but several weeks later.

Functional Family Therapy

Clackamas County Juvenile Department

Outcome Evaluation

At this point there are not sufficient numbers of youth who have reached the one year post-treatment date to report on outcomes. However initial data suggests the program is having a positive impact on family functioning, school outcomes, and delinquency. A total of 44 of the 46 clients (96 percent) who completed services demonstrated improved family problem solving skills and youth/adult interaction. The program's goal is to have 85 percent of families who complete FFT improve youth to adult interactions and problem solving skills. The global rating of family and youth change, done by the therapists, confirms that 96 percent (44) of the families/youth were rated as improving at a "satisfactory, moderate, or positive" level—the highest three points on the six point rating scale. Among those families that improved, 63 percent (29) were rated as having made "positive" change, the highest rating on the scale. A positive rating indicates that all or almost all of the family's goals had been achieved and that family functioning and youth behavior had significantly improved. These ratings suggest that those families that successfully complete all three phases of FFT make significant positive changes. School outcomes were generally positive as well. Of the 114 youth served during the reporting period, 95 (83 percent) demonstrated school risk. A total of 100 percent of the youth who did not drop out of services received school advocacy services as defined by the FFT model. Initial outcomes indicate that 93 percent of youth remained in or were enrolled in school while participating in FFT, 83 percent of youth decreased unexcused absences from school while participation in the FFT program, and 86 percent of youth participating in FFT remained in school following the close of FFT services. The benchmark for this goal estimated that 80 percent of youth would still be in school at six months after completion of FFT. Although six month follow-up data are not available, the above data support the conclusion that most youth who should be in school at the close of FFT are there. Initial data also suggests that involvement in FFT may in fact help at-risk youth avoid criminal activity. A total of 87 percent of non-delinquent youth were not referred to the Juvenile Department for a crime while active in the FFT program and 80 percent of delinquent youth did not reoffend while active in FFT. A total of 100 percent of non-delinquent youth were not referred to the Juvenile Department within six months of the close of FFT services for a crime and 80 percent of delinquent youth were not referred to the Juvenile Department within six months of finishing FFT. In addition, 100 percent of youth were not referred to the Juvenile Department for a felony person-to-person crime while enrolled in the FFT program and 100 percent of youth were not referred to the Juvenile Department for a felony person-to-person crime within six months of the close of FFT services.

Lessons Learned

Collaboration between Parrott Creek and the Juvenile Department has been key in the successful implementation of the FFT program. The administrative staff, evaluators, and therapists all work well together for the common goal of implementing a best practice family therapy model in the County. This is characterized by a strong, non-competitive, mature partnership and excellent working relationship between Parrott Creek and CCJD. This, along with continual open communication with FFT Inc. and support from the PSU evaluators, encourages success for the program. Quarterly meetings occur between the two agencies and with the evaluator from PSU to process the evaluation data, discuss implementation issues, and problem solve. Effective communication among one another has led to identifying problems quickly, finding resolutions, and implementation of new systems to overcome challenges.

Marigold Girls Program

Homestead Youth and Family Services

Program Purpose

In October 2001, Homestead Youth and Family Services (Homestead) in Pendleton received funding to establish a new in-home family therapy program for at-risk adolescent girls in Umatilla County. This grant provided Homestead with the funds necessary to launch the Marigold Girls program, which uses Functional Family Therapy (FFT) to address the needs of Umatilla County's at-risk girls (and a small subgroup of at-risk boys) 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 1990s. Second, Umatilla County's Five Year Comprehensive Strategy for Serious, Violent, and Chronic Offenders identified family conflict and management as risk factors for violent behavior and stressed that these risk factors should be target areas for future services. Finally, creating a FFT program for at-risk girls would meet the demand for gender-specific and family-focused services. Since its inception, the Marigold Girls program has had numerous requests to serve at-risk boys as well. In response, Marigold now serves a limited number of at-risk boys and their families.

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

The main goals of the program are to:

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

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

- The program will provide 100 youth/families with FFT treatment annually.
- 85 percent of youth/families served will be at-risk girls.
- 80 percent of youth/families participating in FFT treatment will successfully complete the program.
- 80 percent of youth/families completing FFT treatment will demonstrate improved individual and family functioning.
- 80 percent of youth completing FFT treatment will attend school or be otherwise engaged in educational or vocational pursuits.
- Youth who receive FFT treatment will have a 50 percent decrease in substance abuse.
- 80 percent of all youth who complete FFT treatment will avoid out-of-home placements and remain in the family environment.
- Youth with prior juvenile justice referrals who complete FFT treatment will have 50 percent fewer contacts with the juvenile justice system in the 12 months following treatment than in the 12 months prior to entering the FFT program.

Marigold Girls Program

Homestead Youth and Family Services

- Youth with prior violent arrests who complete FFT treatment will have a 50 percent reduction in violent arrests in the 12 months following treatment compared to the 12 months prior to entering the FFT program.
- 80 percent of all youth with no prior juvenile justice referrals who complete FFT treatment will not have a referral to juvenile justice in the 12 months following treatment.

Target Population

The Homestead Marigold Girls program targets adolescent girls and boys between the ages of 11 and 18 who exhibit at least two risk factors on the Juvenile Crime Prevention Risk Screen Assessment. In order to maintain a focus on girls, no more than 15 percent of cases will be boys. To be eligible to participate in the program, referred youth 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, referred youth should not be at imminent risk of out-of-home placement and should not be involved in concurrent family treatment.

The program utilizes the Juvenile Crime Prevention (JCP) Risk Screen Assessment to determine eligibility for Marigold's services. The JCP is an assessment tool that categorizes risk factors into five domains: school issues, peer relationships, behavior issues, family functioning, and substance abuse. To be eligible for Marigold's services, youth are required to have a minimum of two "at-risk" JCP domains. Clients are rated as at risk in a domain if they exhibit at least one risk factor in that domain. Referrals to the program come directly from families in the community or from program professionals including: the County Juvenile Services Division, local middle and high schools, social service agencies, and mental health agencies. Once a referral has been made, the Marigold Girls program Case Manager places a call to the parents and confirms that the youth resides in Umatilla County and is between the ages of 11 and 18. The Case Manager collects information regarding the impetus for the referral and completes the Juvenile Crime Prevention Risk Screen Assessment with the parent or referent.

Program Components

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

- *Functional Family Therapy*: FFT is an empirically evaluated, family-based intervention for acting-out youth. The intervention is delivered by family therapists who engage the entire family in skills training in family communication, parenting skills, and conflict management skills in order to change maladaptive behaviors and strengthen positive behaviors. Following the FFT model, the Marigold Girls program therapeutic intervention was designed to last 12 weeks, with approximately one therapy session per week. 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.

Marigold Girls Program

Homestead Youth and Family Services

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

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tioning is usually done around the specifics of a presenting problem. Because it is drawn out in a circular fashion it is visually easier to see the context in which behavior occurs. This information is rich in knowledge about all of the participants, the action each took, and the meaning of each participant's behavior.

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

Case management: The Case Manager helps families access needed services by providing appropriate referrals and helps families navigate the oftentimes confusing public support and social service systems. The case manager component is designed to work with families that request help with a variety of needs including, but not limited to, educational and vocational training and job searches; basic assistance such as food, shelter, and clothing; transportation assistance; and childcare assistance. The Case Manager introduces herself to the families early in the therapy process but typically does not start working the families until the last phase of the FFT model. As families transition into the final FFT phase, the focus shifts to discussing the families' functioning after they leave the Marigold Girls program. At this point, the therapists determine, with families, whether they have any needs with which the Case Manager can help.

Program Resources

Byrne Funding

The Homestead Marigold Girls program receives Byrne grant funding of \$200,000 and provides matching funds of \$66,667. Homestead uses Byrne grant funds for personnel salaries, evaluation activities, and FFT site certification. Homestead, contracts with NPC Research, Inc., a Portland-based research and evaluation firm, to serve as the external evaluator and provide process and outcome evaluations of the program and with FFT Inc. for site certification and staff training.

Program Staff

The Homestead Marigold Girls program has a service delivery staff of four persons. There are two FFT therapists, a Case Manager and a Program Director. The two FFT therapists both have Masters 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 during the third phase and at the completion of their FFT. The Program Director provides overall supervision and also carries a reduced (3-5 family) caseload. The Program Director is designated as the lead therapist and has received training from FFT Inc. to assume a clinical supervision role. The clinical consultant provides bimonthly phone supervision to the Program Director and conducts one on-site training session 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 team supervision. Program evaluation services are contracted to NPC Research, Inc.

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Collaboration

The key stakeholders for the Marigold Girls program include the Umatilla County Commission on Children and Families, the CARES 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 Girls program and currently make referrals to the program. The Commission on Children and Families provided \$35,000 for match funding and several other stakeholders assisted Homestead in planning the new program including the County Juvenile Services Division, the Oregon Youth Authority, and the Oregon Department of Human Services.

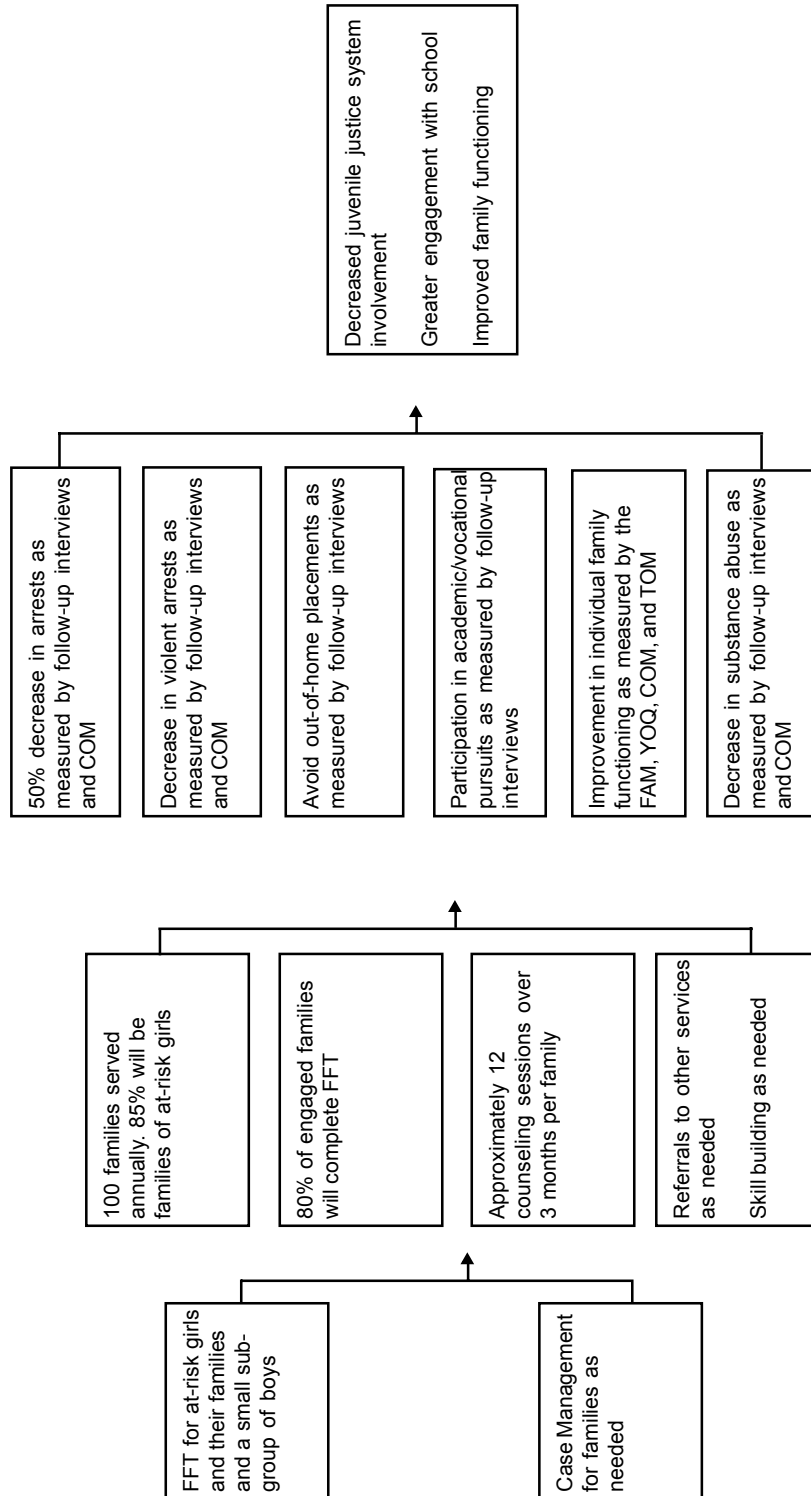
Program Logic Model Marigold Girls Program

Program Goals

Outcomes Measured

Outputs

Activities



Marigold Girls Program

Homestead Youth and Family Services

Program Progress

The Homestead Marigold Girls program made good progress during the reporting period. The program completed all required steps toward FFT site certification and evaluation data indicates that the therapists are adhering to the FFT model. In the first year of service, the program had difficulty generating referrals and therapist caseloads were slow to build. In the second year of the program, Marigold reviewed and clarified referral procedures and aggressively outreached to other agencies in the community. Referrals have increased substantially and therapists are now regularly carrying full caseloads.

Process Evaluation

- *Clients served:* From July 1, 2002 through June 30, 2003, the program served 59 families. Of the 59 families served, 17 families were receiving services at the end of June 2003, 21 families had successfully completed the program, and 21 families had failed to successfully complete the program. There were no families on a waiting list for service. Basic demographic data were collected and recorded for the 59 youth served by the program. According to these data, 24 percent were male and 76 percent were female; 22 percent were under age 13 and 78 percent were 13 to 18 years of age. In addition, 82 percent were White, 15 percent were Hispanic, and two percent were Black.

The Juvenile Crime Prevention (JCP) data were recorded for 55 youth during Year 2. Of the youth with JCP risk data, all had at least one risk indicator in the Family Functioning Domain, 83 percent (45) had one or more risk factors in the Behavioral Issues Domain, 78 percent (43) had risk indicator(s) in the School Domain, 69 percent (38) were at risk in the Peer Relationships Domain, and 52 percent (29) had at least one risk factor in the Substance Abuse Domain.

Marigold staff members also collected data about substance abuse and involvement in the criminal justice system for each youth and their family members. At intake, 14 of the youth were using drugs and 15 were using alcohol. Three of the youth had previously been to drug or alcohol treatment. Substance abuse was common among family members as well: 10 youth had family members who used drugs and 13 had family members who abused alcohol. In addition, 11 had a family member who had been to drug or alcohol treatment. Overall, 22 of the youth had been arrested, 16 of the youth had a family member arrested, 16 had a family member on probation, eight of the youth had a family member in court, eight had a family member convicted, and seven had a family member spend time in jail.

Therapists noted several barriers to accessing FFT services during the past year. Marigold's attention to engagement with families from referral through the first phase may be a barrier i.e., if therapists are not adequately engaging families, motivation and commitment to therapy becomes a barrier. Despite the geographical proximity, Marigold's lack of cultural diversity may be a barrier to successfully providing services to Native American families. Qualitative interviews with service providers serving the Native American community suggest that Native American service providers prefer not to make referrals outside the Reservation. In addition, Marigold staff members stated that they do not have

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connections with Native American referral sources. Qualitative interviews also indicate those representing the Native American community perceived Marigold as less than open to providing services to Native American families.

- *Program implementation:* Evaluation data from quantitative measures provided evidence that the Marigold Girls program is being implemented with fidelity to the program design. However, program output objectives are not being met: the program served 59 families in the second year, below the benchmark of 100; a total of 76 percent of the youth served were at-risk girls, below the benchmark of 85 percent; and a total of 50 percent of the youth/families participating in FFT treatment successfully completed the program, below the benchmark of 80 percent.

Model fidelity has been a primary focus for Marigold since its inception. The Marigold team has generally been successful adhering to the model and is now turning toward enhancing therapist competence with FFT. Families served by Marigold completed an average of seven sessions, with a range of one to 17 sessions. Those families that successfully completed FFT received an average of 9.3 sessions, with a range of three to 17 sessions. These families spent an average of four sessions in the Engagement and Motivation Phase, 3.5 sessions in the Behavior Change Phase, and 1.4 sessions in the Generalization Phase. This is on track with expectations of FFT and indicates model fidelity. Another means for investigating the therapists' use and adherence to the FFT model is through the families' scores on the Counseling Process Questionnaire (CPQ). Adolescents and their parents complete this questionnaire after their first counseling session, and after every third counseling session thereafter. The CPQ is divided into three subscales to mirror each of the three phases of the FFT model: an engagement and motivation subscale, a behavior change subscale, and a generalization subscale. CPQ items ask clients to rate the degree to which they feel their counselor is working with them on the various goals and facets of each phase. The maximum score for the engagement and behavior change subscales is 42, and the maximum score for the generalization subscale is 28. Average CPQ scores for adolescents, mothers, and fathers were relatively high across all three phases of the FFT model. Thus, families reported that they felt counselors were helping them progress toward the goals of the FFT phases throughout the duration of therapy.

- *FFT site certification:* FFT Inc. has a systematic training and implementation model for agencies adopting FFT that insures the fidelity of the FFT model. The model includes clinical training for all staff, advanced clinical training for team leaders, follow-up visits, and ongoing supervision. In addition, agencies receive training in the use of the FFT Clinical Services System, 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: (1) weekly telephone supervision by a trained FFT Clinical Consultant on individual cases and model adherence, (2) completion of training of the Program Director to assume weekly supervision of the program's therapists, and (3) three on-site follow-up training sessions, each of two days duration to cover specific implementation and training issues.

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In the second year, the Executive Director participated in FFT supervisor training and assumed direct clinical supervision of the team. Marigold therapists meet with the Executive Director on a weekly basis for FFT consultation. The therapists indicated that this helps to keep them “on track” with the FFT model. The Executive Director continues to receive training and supervision via telephone conferences with a FFT national consultant every other week. These calls allowed her to further her knowledge of the model and hone her clinical supervision skills, and also allowed FFT to monitor Marigold’s adherence to the therapy model. In addition, Marigold therapists took part in continued training activities. The newest therapist participated in the initial FFT training and the more experienced therapist took part in an externship facilitated by FFT. According to Marigold staff, the training and externship provided by FFT were helpful but did not fully prepare therapists for their work in the field. As one therapist stated, “the FFT training was good but left me with a lot of learning to do after I got to Marigold.” In the Spring of 2003, FFT converted to a web-based database and transferred all of Marigold’s data over to the new system. One advantage of the web-based CSS is that the Executive Director can now access the case notes and assessments for all Marigold clients, which aids her with staff and case supervision.

- *Barriers to Implementation:* The program encountered several barriers to implementing the FFT program. The original Clinical Services System (CSS) database presented an obstacle for collecting accurate information. The first version of the CSS database had numerous errors: the database reported information incorrectly and sporadically and arbitrarily switched data from one client record to another. Recently, FFT Inc. has implemented a web-based CSS and these problems have been resolved. In addition, with the web-based version of the CSS, the national supervisor can now access files and review case notes, enhancing supervision.

The program has experienced considerable turnover in one of the full time therapist positions. During the second year, there were two resignations from this position. This turnover impaired the program’s efficacy. New therapists must complete FFT initial training and become familiar with the FFT model. During this period, new therapists have lower rates of model adherence and are more likely to fail to adequately engage families. As a result, turnover leads to fewer clients served and fewer successful completions.

The program has experienced difficulty developing cooperative relationships with referral agencies. Interviews with staff from prospective referral agencies indicate that while some respondents received communication from Marigold staff about whether or not families they referred enrolled in Marigold services, many other respondents stated that they had not always received this feedback. Furthermore, respondents expressed the desire to have more communication with Marigold staff than just the initial phone call stating whether the family enrolled in Marigold’s services. Respondents expressed an interest to hear from Marigold staff about whether families complete the program or not, families’ progress, and what families accomplish from the FFT intervention. However, Marigold staff explained that the FFT model promotes limited contact between referral sources and therapists. In the third year, Marigold staff will develop and clarify policy surrounding information exchange and share this with referring agencies. Currently, Marigold is not proactive about asking family permission to share information and instead, shares information only at the family’s request.

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Homestead Youth and Family Services

An ongoing barrier is the difficulty Marigold has experienced in serving the Native American community. Pendleton is located immediately adjacent to the Confederated Tribes of the Umatilla Indian Reservation. Despite the geographical proximity, barriers have prevented Marigold from successfully providing services to Native American families. Marigold attempted to provide services to several Native American families but has had difficulty engaging these families into the program. In order for Marigold to have an increased number of referrals for Native American families, the program staff must establish themselves as culturally competent. A first step toward achieving this goal may be to begin open communication with one or two representatives of the Native American community in order to determine what would make Native American service providers comfortable enough to make referrals to Marigold.

Outcome Evaluation

At this point there are not sufficient numbers of youth/families that have reached the one year post-treatment date to report outcomes on these objectives. The evaluation of the Marigold Girls program will continue in the next year beginning on July 1, 2003. During this year, the evaluation will not only continue to monitor the process of delivering services, but will also include a heavy focus on monitoring and reporting program outcomes. Data management issues will also receive additional emphasis. A review of data from the second year of the program indicates that there are few families for whom the intake and exit paperwork was complete *for the same family members*. For example, for one family there were intake assessments for the mother and the youth, and exit assessments for the father and youth. For data analysis purposes, it is necessary to match intake and exit assessments for each person in order to measure change over time. In the third year, therapists will begin carrying exit paperwork to all generalization sessions in the event it is appropriate to administer it during one of the sessions. Marigold will also utilize the family Case Manager to make home visits and follow up phone calls to assure high response rates on the exit assessments.

Lessons Learned

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. In the second year, referrals increased markedly; the program received 97 referrals during the second year, up from 40 referrals during the first year. As a result, the therapists carried full caseloads by the Spring of 2003. The number of referring agencies grew during the second year as well. The increase is attributable to the program's publicity and outreach efforts. Marigold will continue to outreach to referral agencies using innovative public relations materials. One possibility is the creation of a short video that introduces Homestead and the Marigold Girls program and describes the FFT model and the types of families that are appropriate for services.

Youth Turnaround Project

Jackson County Health & Human Services

Program Purpose

The Oregon Progress Board reports that Jackson County ranks sixth among Oregon counties in the number of juvenile crimes committed over a 10 year period of time according to the 1999 Southern Oregon Regional Services Institute report *Oregon: A Statistical Overview*. 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 offenders who have committed four or more crimes. According to the Oregon Youth Authority, 85 percent of chronic 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 science-based services that will impact juvenile crime behavior, functional family behavior, and youth behavior correlated with juvenile crime. The program gives priority to chronic offenders.

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

The main goals of the program are to:

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

Youth Turnaround Project objectives in support of these goals are as follows:

- Provide 50 youth/families with FFT treatment annually.
- Enroll 30 of the 50 youth/families in Family Drug Court.
- 80 percent of youth/families participating in FFT treatment will successfully complete the program.
- Comprehensive case management plans will be developed for 100 percent of youth/families enrolled for 30 days.
- Referral to one or more agencies for mental health, substance abuse treatment, education, or employment will be made for 100 percent of youth enrolled.
- 75 percent of youth referred for mental health, substance abuse treatment, education, or employment will demonstrate improvement in that referral area within six months of program enrollment.
- A school liaison will be identified for 100 percent of youth enrolled in school.
- 60 percent of youth participating in FFT treatment who are enrolled in school will improve their school attendance and/or school grades within six months of program enrollment.

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- 70 percent of youth/families participating in FFT treatment and case management will demonstrate improved family self-sufficiency.
- 80 percent of youth/families completing FFT treatment will demonstrate improved family functioning.
- The recidivism rate of chronic (four or more crimes) juvenile offenders will be reduced by 20 percent in the 12 months following program discharge.
- 80 percent of all FFT participating youth with no prior juvenile justice referrals will not have a referral to juvenile justice within 12 months of program discharge.

Target Population

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

Referrals to the program come from three primary sources: the Integrated Family Drug Court (IFDC), the juvenile justice system, or KARE (Jackson County's juvenile crime prevention project). 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 or by history). Youth referred through the juvenile department range from status offenders (runaways, truants, alcohol, tobacco, and other drug offenders, and incorrigibles) to chronic offenders. Youth referred from the KARE program are non-offenders at risk of juvenile crime. Youth referred through the KARE program must have already completed a Juvenile Crime Prevention Risk Screen Assessment and been identified as having risk factors in three of five domains.

Program Components

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

- *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

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therapist can continue treatment with the family.

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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 in-

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structuring modeling, and directing session activities with the goal of changing the family's negative relational sequencing. Sequencing behavior is a method used by the therapist to assess what happens and who does what within a family. Sequencing or circular questioning is usually done around the specifics of a presenting problem. Because it is drawn out in a circular fashion it is visually easier to see the context in which behavior occurs. This information is rich in knowledge about all the participants, the action each took, and the meaning of each participant's behavior.

Phase 3. Generalization: During Phase 3 the therapist helps the family apply positive behavior change techniques to additional situations and potential problems that could arise in the future. The focus shifts to relapse prevention and providing necessary community resources to support change. At this point the therapist becomes more of a case manager and works to assure stabilization of new skills. At closure the family is also offered a booster session 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 FFT therapists and other involved team members.
- *Integrated Family Drug Court:* The IFDC utilizes a one judge/one family case assignment, thereby providing the family an impartial judge 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 Drug Court Coordinator coordinates IFDC Team 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 grant funding of \$199,757 and provides matching funds of \$66,589. Jackson County Health and Human Services uses Byrne grant funds for personnel salaries, evaluation activities, and FFT site certification. Jackson County contracts with a national expert in juvenile crime and delinquency to serve as the external evaluator, and to review and provide input on all levels of program evaluation, and with FFT Inc. for site certification and staff training.

Youth Turnaround Project

Jackson County Health & Human Services

Program Staff

The Jackson County Youth Turnaround Project has a service delivery staff of seven persons. There are four FFT therapists, a Clinical Supervisor, a Case Manager, and a Program Director. The four FFT therapists all have Masters 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 ensures clients receive needed services. The Program Director provides overall project oversight, coordination with funders, and fiscal accountability. Program evaluation services are contracted to an internal and 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, public schools, and OnTrack, Inc. Jackson County has developed a strongly collaborative human service/family court system, which supports collaborative 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

Goals

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

To increase youth functional behavior in areas which impact juvenile crime

Improve family functioning for families of project youth

To strengthen service and evaluation capacity in Jackson County

Completion of FFT training

Outcomes

Recidivism rate of chronic offenders (committed 4 or more crimes) will be reduced from 85% to 65%

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

40 families will complete Functional Family Therapy

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

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

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

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

Award of FFT site certification

Outputs

30 youth will be enrolled through drug court

20 youth will be enrolled through the KARE program or JDH

50 youth and their families will participate in FFT

School liaison will be identified for all youth in school

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

Completion of FFT training

Activities

Training to become FFT certified site

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

Weekly case staffings on drug court enrolled clients

Monthly staffings on non-drug court families

Functional Family Therapy intake assessments

Functional Family Therapy sessions

Functional Family Therapy exit appointment

Case management with referrals to needed services

Weekly drug court for drug court youth

Incentive/rewards

Coordinate treatment with schools

Program evaluation

Resources

Drug Court

JDH probation officer

JCHHS program oversight

OnTrack, Functional Family Therapy team

OnTrack, Case Manager

Anna May Foundation funding for rewards and incentives

DHS, division of Children, Adults and Families

OnTrack youth alcohol and drug abuse outpatient treatment services

OnTrack youth residential treatment services

OnTrack HOME program, AOD residential treatment for pregnant and parenting teens and women

OnTrack DADs program, AOD residential treatment for fathers

OnTrack adult outpatient

Bill Davidson, outside evaluation consultant

Youth Turnaround Project

Jackson County Health & Human Services

Program Progress

The Youth Turnaround Project made good progress during the second year of funding. The program provided Family Drug Court/Functional Family Therapy for 38 families with at-risk youth ages 10-17, and Functional Family Therapy/case management for 26 families with at-risk youth ages 10-17. The program provides services to the Drug Court population for nine to 12 months, which includes one month for referral, staffing, and court docketing, an average of five months in Functional Family Therapy, and two to four months of post-therapy case management. The non-Drug Court families are enrolled an average of five to eight months with less time in the post-therapy case management and intake phases. Initial results are highly encouraging. Despite ongoing budget cuts impacting most of the collaborative partners in the project, the integrity of the project has been maintained. Families receiving FFT are very high-risk and have seldom had any previous success in demonstrating successful family behavior. They are distrustful of the system and have typically had several unsuccessful experiences with alternative therapy programs. The experience of the program, thus far, confirms the research data that validates this treatment with high-risk families.

Process Evaluation

- Clients served: From July 1, 2002 through June 30, 2003, the program served 64 families. Of the 64 families served, 25 families were receiving services at the end of June 2003, 21 families had successfully completed the program, and 18 families had failed to successfully complete the program. There were 12 families on a waiting list for service. Basic demographic data were collected and recorded for the 64 youth served by the program. According to these data, 63 percent were male and 37 percent were female; 17 percent were under age 13 and 83 percent were 13 to 18 years of age. In addition, 88 percent were White, eight percent were Hispanic, two percent were American Indian/Alaskan Native, and two percent were Black.

All youth involved in the program were considered to be high risk according to one or more of the following parameters: (1) current charges against the youth, (2) dependency cases involving the youth and/or their parents, (3) current drug-related charges against their parents, or (4) identified as at-risk in three of five Juvenile Crime Prevention Risk Screen Assessment domains. Of the 64 families served, 38 were enrolled in drug court and 26 were non-drug court high-risk youth. The non-drug court population come from two populations; the largest number are youth and families who are eligible for the Family Drug Court and decline to participate but who are willing to participate in Functional Family Therapy, the remaining youth are high-risk offender youth where substance abuse is not an identified factor in the youth or family. Of the 26 non-drug court youth served by the project, 23 were offenders and three were high-risk non-offenders.

Therapists noted several barriers to accessing FFT services during the past year. Some youth who are interested in the program have families who will not agree to participate or who fail to make the orientation session and complete the paper work required to enter the program. While the team has a fair amount of outreach efforts included in the program dynamics, if the family's motivation is too low, that is an indication that the family is not ready for the program at that time. Rural families have more challenges in accessing

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treatment but thus far that has not proven an insurmountable obstacle for program participation. Families where the parents have ongoing substance abuse problems and are not motivated to accept treatment have been unwilling to participate in Drug Court but many of them have been willing to enroll in Functional Family Therapy without the Drug Court.

- **Program implementation:** Evaluation data from quantitative measures provided evidence that the Youth Turnaround Project is being implemented as designed. The program met or exceeded most of the output objectives. During the second year, the program served 64 families. All youth enrolled in the program had an individualized comprehensive plan. These plans are developed with the youth and the staffing team and are the basis for referrals, treatment, and case management. All youth enrolled in the program also received referrals to one or more agencies for mental health, substance abuse treatment, education, or employment. Substance abuse referrals were the highest category with education and employment being the next highest categories. A total of 92 percent (57) of youths attending school had a designated school liaison. A total of 74 percent of youth (32) enrolled six or more months showed improvement in a service area designated in their individual plan.
- **FFT site certification:** FFT Inc. has a systematic training and implementation model for agencies adopting FFT that ensures the fidelity of the FFT model. The model includes clinical training for all staff, advanced clinical training for team leaders, follow-up visits, and ongoing supervision. In addition, agencies receive training in the use of the FFT Clinical Services System (CSS), a sophisticated client assessment, tracking, and monitoring system that provides for specific clinical assessment and outcome accountability. The entire training and implementation process takes two years to complete. Site certification tasks completed during this reporting period include: (1) weekly telephone supervision by a trained FFT clinical consultant on individual cases and model adherence, (2) completion of training of the lead therapist to assume weekly supervision of the program's therapists, and (3) three on-site follow-up training sessions, each of two days duration to cover specific implementation and training issues.
- **Barriers to Implementation:** Originally, the program had difficulty recruiting non-drug court clients. However, with increased outreach in the Juvenile Department and added support from Juvenile/Family Judges, the non-drug court client population has increased and the program is now meeting their objective for this population. A related barrier to implementation is that this population has less motivation to participate since they do not attend the mandatory weekly Drug Court sessions. However, staff have increased follow-up to better support this population, particularly in the pre-bonding portion of FFT. Another barrier to implementation has been that the single Case Manager/youth data collector has a very large workload. The team is working on prioritizing and delegating some of those responsibilities so the workload will be more manageable. Finally, establishing a school liaison for clients has proven to be challenging. Jackson County has six school districts with secondary schools for a total of 15 secondary schools and three alternative schools within the six districts. Establishing a liaison requires personal relationships within each

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participating school; there is no uniform school staff position that takes on this responsibility. Identifying the person within the school and establishing ongoing communication is time consuming. In addition, the budget/personnel cuts within the last year have made it more difficult to find a liaison able to take the time to track the youth, track their school performance, and communicate with project/court staff.

Outcome Evaluation

Evaluation activities during the next grant year will include continued data collection of FFT participants and monitoring of program outcomes for those who have completed the program. In addition, comparisons of program results in the Drug Court and non-drug court populations are planned. The program may also conduct a case study of one family in each population to illustrate some of the qualitative factors behind the numbers. Finally, the program will develop a measure for partial success to capture the number of families who do not finish the program but nevertheless make significant gains while in the program.

At this point, it is too soon to report juvenile justice outcomes since the sample size of youth one-year post-program discharge is not yet sufficient to do an analysis. However, initial data from the Youth Turnaround Project suggests the program is making good progress in meeting its FFT treatment and school outcome goals. Eighty-four percent of families completing the FFT program have showed gains in family self-sufficiency as demonstrated by the comprehensive life scale assessment. This assessment measures broad areas of life functioning including shelter, employment, mental health, parenting, and school attendance. Ninety-five percent of families completing FFT treatment have shown improvement in family functioning as demonstrated by positive changes in pre/post assessment results on the Functional Family Therapy instrument. In addition, sixty percent of youth (24) enrolled six or more months who attend school show improvement in grades or attendance. Generally, those youth who improve do so in both areas. School improvement has been most marked in the Family Drug Court population. Judges almost always require youth to bring in report cards and the judge sometimes works directly with the liaison teacher. Youth in the Family Drug Court have been sanctioned with detention based on unacceptable school behavior. For some youth in this program, Family Drug Court has meant the difference between almost never attending school to an attendance rate of 80 to 90 percent, with subsequent improvement in school grades and performance. Although few youth have reached the one year post-treatment date needed to assess juvenile justice outcomes, it is interesting to note the trend based on the five chronic offenders who completed the program more than one year ago. These five chronic offenders had averaged five offenses in the 12 months prior to program entry. In contrast, three of the youth had one offense each and two youth had no offenses in the year following program completion. Thus, the mean offenses went from 5 to 0.6 after participation in this program.

Lessons Learned

The Youth Turnaround Project has integrated a newly created Functional Family Therapy program into a newly created Integrated Family Drug Court system. This has been possible only because of the intensive collaborative system integration that has taken place in Jackson County over the past decade. The program required the cooperation and proactive support of the court system, the juvenile justice system, the youth treatment service providers, and the community. A key factor in the success of the program is the multidisciplinary staffing team. This team

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includes the Program Coordinator, the lead therapist in the treatment staff, the Case Manager and the Probation Officer. The team meets weekly to determine who will enter the project and to coordinate treatment and case management for youth already enrolled. In addition, the strong commitment of the courts and the judges has assisted strongly in identifying families, enrolling them, and holding them accountable. The Functional Family Therapy model itself combined with the technical assistance involved in becoming a licensed site is perhaps the strongest factor in the program's success, as it has proven very successful in working with high-risk families in the community.

Multisystemic Therapy Treatment Foster Care

Multnomah County Department of Community Justice

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 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 reoffended at six months, compared to 33 percent of all youth in the juvenile justice system at twelve 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 of time 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.
- 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.

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Program objectives in support of these goals are as follows:

- Provide 50 youth/families with MST treatment annually.
- Provide 30 of the 50 youth/families with alcohol and drug specific MST services annually.
- Provide 20 of the 50 youth/families with MST services through the SEI gang involvement program annually.
- Provide short-term treatment foster care to 50 percent of all youth participating in MST treatment annually.
- Provide a minimum of 20 hours of MST counseling monthly to each youth and family participating in MST treatment.
- 80 percent of youth/families participating in MST treatment will successfully complete the program.
- 80 percent of youth/families participating in MST treatment will demonstrate improved family functioning.
- 75 percent of youth receiving alcohol and drug specific MST services will demonstrate reduced usage.
- Eighty-five percent of all youth participating in the MST program will remain in the family environment.
- 75 percent of all MST participating youth will not reoffend within 12 months of program discharge.
- 85 percent of all youth who successfully complete the MST program will not reoffend within 12 months of program discharge.

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. The decision to refer to TFC is made by the MST therapist in consultation with the family. If, during the course of the MST treatment, it is deemed appropriate for the youth to leave the family home for a short (up to four weeks) period of time, the parent(s) may voluntarily place the youth into TFC.

Program Components

The Multnomah County Multisystemic Therapy Treatment Foster Care program has two major components: Multisystemic Therapy (MST) and Treatment Foster Care (TFC). MST is an intensive, home-based, systems-based family therapy program. The model mandates that

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therapists conduct certain activities with each family (e.g., performing a Strengths and Needs Assessment, developing overarching goals for treatment, forming hypotheses about behaviors exhibited, doing a “Functional Analysis” to better understand behaviors, etc.), and it is also flexible enough to allow for the individual needs of specific families. Program activities depend upon the goals for treatment and the individual needs of the youth and family. To successfully complete the program, the youth must have completed 75 percent of his/her overarching goals for treatment and not be placed in Oregon Youth Authority (OYA) custody at the end of the program. Concurrent with MST, the program also provides for a TFC component for youth on an as needed basis. Youth who enter the TFC component continue to receive MST services while in the foster care placement. Additionally, the biological parents are afforded the opportunity to talk with and learn from the TFC foster parent. Once the youth is returned to his/her parental home, the foster parent often remains a support for both the 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 the family as well. The entire family participates in the MST program and MST involvement typically lasts between three and five months. Collaboration with community agencies is a crucial part of MST. The school is a key player and therapists may be in daily contact with teachers and administrators. MST therapists also work in close partnership with probation officers who are the referral source.

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

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Initial therapy sessions identify the strengths and weaknesses of the adolescent, the family, and their transactions with extrafamilial 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 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, afterschool 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 levers for change.
- Interventions should be designed to promote responsible behavior and decrease irresponsible behavior among family members.
- Interventions should be present-focused and action-oriented, targeting specific and well-defined problems.
- Interventions should target sequences of behavior within or between multiple systems that maintain the identified problems.
- Interventions should 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.

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

- *Treatment Foster Care:* Foster care provides MST youth a safe placement out of their parents' homes when it is clinically appropriate to do so for a brief (up 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 foster parent becomes part of the MST team, attending MST meetings and, as appropriate, clinical staffings. While a youth is in their home the foster parent 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 grant funding of \$131,702 and provides matching funds of \$43,901. The program uses Byrne grant funds 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 six persons. There are four MST therapists, a Clinical Supervisor, and a Program Administrator. Services are delivered at the Multnomah County Department of Community Justice for substance abusing and gang affected youth. All four therapists have a masters 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 Clinical Supervisor's role is to facilitate clinician adherence to MST. The Clinical Supervisor is responsible for the development of the clinician's ability to bring MST-like thinking and interventions to cases. In so doing, the Clinical Supervisor identifies obstacles to implementation of MST and suggests strategies to address these issues. The Program Administrator provides overall supervision. Program evaluation services are provided by the Multnomah County Department of Community Justice.

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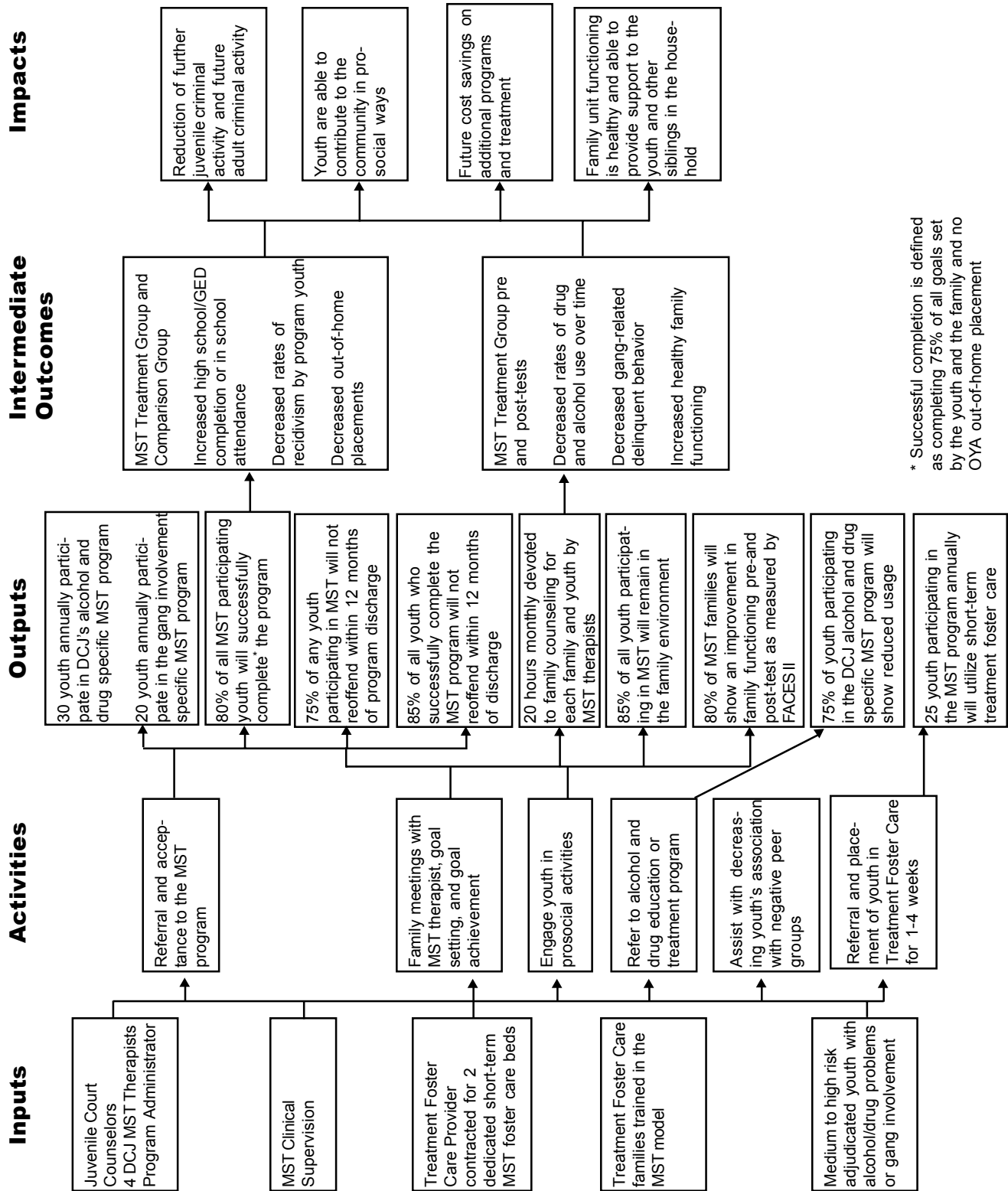
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Collaboration

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

Program Logic Model

Multisystemic Therapy Treatment Foster Care



* Successful completion is defined as completing 75% of all goals set by the youth and the family and no OYA out-of-home placement

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Program Progress

The Multnomah County Multisystemic Therapy Treatment Foster Care program made good progress during the second year of funding. The MST Clinical Supervisor increased her hours from 12 to 20 per week; this additional eight hours per week allowed for the development of a training curriculum that has since been used to train the TFC foster parent and also enabled the MST therapists to receive more intensive and comprehensive supervision. Also, the program selected a permanent foster care parent. In addition, significant progress was made in the area of data collection as evaluation staff worked with MST staff to implement new forms and surveys.

Process Evaluation

- *Clients served:* From July 1, 2002 through June 30, 2003, the program served 53 families. Of the 53 families served, 14 families were receiving services at the end of June 2003, 27 families had completed the program successfully or with partial success, and nine families had failed to successfully complete the program. There were three families whose discharge status was unknown and there were no families on a waiting list for service. All youth served by the program were adjudicated, on probation, and identified as high to medium risk to reoffend. To qualify for MST services, these youth either had an identified alcohol and/or drug problem or were gang involved. They were also at immediate risk of out-of-home placement and between the ages of 12 and 17 years.

Basic demographic data were collected and recorded for the 53 clients served by the MST Treatment Foster Care program. Of those youth served during this reporting period, 75 percent were male, 28 percent were Caucasian, 43 percent were African-American, four percent were Asian, four percent were American Indian/Alaskan Native, and 21 percent were Hispanic. Of the 53 families served, 36 were identified as having substance abuse problems and 17 were identified as being gang involved. Of the 36 youth identified as having substance abuse problems, 44 percent participated in the Treatment Foster Care (TFC) component. Of the 17 youth identified as being gang involved, six percent participated in TFC. A total of 17 youth were placed in treatment foster care during the reporting period. Of those 17 youth, 76 percent were male, 47 percent were Caucasian, 29 percent were African-American, 12 percent were American Indian/Alaskan Native, and 12 percent were Hispanic.

There were several barriers to youth/families participating in the MST TFC program during the past year. Primarily the barriers are the result of youth failing to meet the eligibility criteria (e.g., adjudicated, medium or high risk, drug/alcohol abuse, gang involvement, imminent risk of out-of-home placement), though there is also a barrier in terms of limited capacity in the program. Due to the intensive nature of MST treatment, each therapist carries a caseload of only four families. As a result, the program capacity is 20 families at any one time. Unfortunately, this does not allow the program to serve all of those youth/families that meet the eligibility criteria. Another barrier is the necessity that there is a parent or guardian with whom the program can work. Consequently, homeless youth and youth whose parents are not willing to participate in this type of intervention are not able to access treatment through MST. In terms of barriers to receiving TFC ser-

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vices, the main obstacle seems to be parents' reluctance to consent to placing their youth in a foster home. Oftentimes, the parents are skeptical of "the system," and they are fearful that they will lose their child permanently if they allow a foster parent to care for their child. The MST therapists have been able to assuage parents' fears in most instances but there are times when they are not successful in doing so.

- *Program implementation:* Evaluation data from quantitative measures provided evidence that the MST Treatment Foster Care program is being implemented as designed. For example, the MST model requires therapists to have multiple therapeutic contacts with clients each week. The therapists record the time spent with youth/families in progress notes, and the goal of 20 hours per month for each youth/family participating in MST treatment has generally been met. Even when youth are unavailable for treatment (usually due to running away for short periods of time), the therapist continues to provide services to the parent(s). In addition, evaluation data indicate that participants are successfully completing the MST program. During the past year, 39 youth completed the MST program. Three of those youth did not have a closure status reported. Of the 36 with a reported closure status, 75 percent either successfully completed the program or were partially successful. To be considered a successful completion in the program, youth/families must meet at least 75 percent of their treatment goals and the youth must not be placed in Oregon Youth Authority (OYA) or Department of Human Services (DHS) custody at the time of discharge from the program. Youth/families that meet at least 60 percent but less than 75 percent of their treatment goals are considered partially successful as long as the youth is not in OYA or DHS custody/placement at the time of discharge. Any youth/family that does not meet at least 60 percent of treatment goals and/or leaves the program with the youth in OYA or DHS custody/placement is terminated as unsuccessful. The breakdown of successful completion and partial success during the second year was as follows: 58 percent (21) of the 36 with a reported closure status successfully completed the program and 17 percent (six) were partially successful. While short of the program objective of 80 percent successful completion, the 75 percent successful or partial success completion rate represents a 17 percent increase over last year's rate of 58 percent successful/partial success completion.

The ability to place youth in short term treatment foster care may have contributed to the 17 percent increase in successful and partially successful cases observed in the second year. The program placed 17 youth (32 percent of the total number of youth served in MST) in Treatment Foster Care between July 1, 2002 and June 30, 2003. These 17 youth were involved in 24 different episodes of placement due to several youth being placed in TFC more than once. Of the 17 youth that utilized TFC during the reporting period, three entered twice and two entered three times. Of the 24 episodes, 60 percent were exited successfully, 35 percent unsuccessfully, and five percent closed as neutral. A successful exit is one in which the client completes at least two thirds of the treatment goals; an unsuccessful exit is one in which the client leaves against advice, is non-compliant with program rules, or is arrested for a new crime while in foster care. A neutral exit is one in which the client was discharged because his/her needs were better served by another agency. The average length of stay for all episodes was 16 days. It is

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interesting to note that 15 of the 17 youth placed in short term treatment foster care have now completed the MST program. Of these 15, only one was closed as unsuccessful. A total of 11 were successful and three were partially successful.

- *MST site certification:* MST Inc. has a systematic training and implementation model for agencies adopting MST 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: (1) weekly telephone supervision by a trained MST clinical consultant on individual cases and model adherence, and (2) three on-site quarterly booster trainings, each one and one half days in duration to provide additional training in areas identified by therapists and to facilitate indepth examination, enactment, and problem-solving of particularly difficult cases.

In January of 2003, due to budget cuts, the program's contract with MST Services in South Carolina was terminated. MST Services had provided weekly telephone consultation and quarterly booster trainings for four years to the program. With the termination of the contract, the responsibility for model adherence fell solely to the program's Clinical Supervisor. The Multnomah County MST Treatment Foster Care program continues to subscribe fully to strict adherence to the MST model. Therapists are expected to know and utilize the MST theory, guiding principles and intervention tools, and the Clinical Supervisor meets weekly with them to assure fidelity to the model. Although it has been a loss to have one less expert at the program's disposal, the change had the unintended positive effect of causing the entire treatment team to become more involved and invested in the case consultation process. The team continues to meet for two hours each week to be updated on all twenty cases, but instead of having the MST consultant challenge therapists individually on how the model is being implemented, now the entire team takes responsibility for doing so. As a result, all of the therapists have grown in their understanding of the model.

- *Barriers to implementation:* The primary barrier to successful program implementation was the difficulty in securing a permanent MST treatment foster parent until April of 2003. For the first nine months of the year, the program utilized a variety of foster parents (through the contractor, Maple Star Oregon Inc.) who were not trained in the MST model and with whom the MST therapists had less confidence to provide appropriate treatment foster care services. Once a permanent parent was selected, the program staff was able to develop a positive working relationship with the foster parent, and the Clinical Supervisor was able to begin training her on the MST model. Since April, the success rates have improved as a result of this consistency, and the use of TFC is much less frustrating for the MST therapists. In the period between April 1 and June 30, 2003, the TFC beds have been consistently utilized and the youth in TFC have been very successful. All five youth (including one who entered twice) that were served in TFC during that period left the placement successfully.

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Outcome Evaluation

Evaluation activities during the next grant year will include the continued data collection of MST participants. Descriptive data will be collected on all youth and families in the program. Data will also be collected on the number of youth referred to the MST program, the number of youth participating in the MST program, the number of youth successfully completing the program, the number of youth utilizing the treatment foster care component, the number of youth not living out of the family environment, and the number of youth who do not reoffend within six and 12 months of their completion of the MST program. A process evaluation of the treatment foster care component will also be conducted. It will address the impact of the implementation, administration, and utilization of treatment foster care as a supporting component of MST. Additionally, the external evaluators will identify an MST program comparison group and an MST treatment foster care comparison group. The comparison groups will be drawn from the Multnomah County Department of Community Justice Juvenile Crime Prevention database. This database contains data collected by Juvenile Court Counselors using the Oregon Juvenile Crime Prevention Risk Screen Assessment.

In the next grant year, the program will address two evaluation issues. The first is the loss of the Therapist Adherence Measure (TAM) data used for the first three years of the MST Program to determine the level of program fidelity to the MST model. This data was collected by the National Transportability Study at the Medical University of South Carolina at Charleston (MUSC-Charleston). These researchers ended their collection of these data during the past year. The program has contacted the research team at MUSC-Charleston and they have expressed interest in restarting the data collection of the TAMs if they can procure a grant that would fund the extension of this part of the project. Another evaluation issue to be addressed is the Department's switch from using an in-house data management system, the Juvenile Information Network (JIN), to the State's system, the Juvenile Justice Information System (JJIS). Data will still be available to collect from JJIS but the switch from one system to another does present a learning curve regarding what data is available and how to extract it. Evaluation staff will attend training in August on how to run reports from JJIS and will continue to work with Information Systems staff on developing the necessary extracts for the data that will be needed for this evaluation.

Initial data from the Multnomah County MST Treatment Foster Care program suggests that the program is making good progress in implementing the components of the program. However, it is too soon to report program outcomes since the sample size of youth with six or more months since program discharge is not yet sufficient to do an analysis. To date, only 20 youth have been discharged from MST for six months or more and only five youth have been discharged from MST for 12 months or more.

Lessons Learned

One key factor that contributed to the success of the program this year has been the lack of staff turnover. Although one SEI therapist did resign, the program was fortunate to have the replacement therapist be one that has previously worked in this program. As a result, the therapist was a competent MST therapist when he joined the team this year. The program has had the benefit of being staffed by experienced therapists all year long.

Multisystemic Therapy Treatment Foster Care

Multnomah County Department of Community Justice

Another key factor that has led to the success of the program has been the acquisition of the Treatment Foster Care component itself, as well as the selection of a permanent TFC foster parent. Of the 17 youth that were placed in TFC between July 1, 2002 and June 30, 2003, it is highly likely that the vast majority of those youth would have been placed in the State's (OYA or DHS) custody - either due to the parents' inability/unwillingness to continue to have the youth at home or due to the youth's continued noncompliance with probation expectations had TFC not been available.

In addition, the stability that has come from having selected one permanent foster parent with whom MST youth are placed has been a great asset to the program and to the youth who participate in TFC. This step has allowed the TFC foster parent to truly become a part of the MST treatment team. Prior to the identification and selection of this individual the youth that entered TFC were placed in a variety of foster homes, none of which had parents that knew the MST model. The use of foster parents that did not understand the model led to many instances of miscommunication and disempowerment for biological parents. It was also time consuming for therapists who worked hard to educate the various foster parents and to learn their individual styles and needs.

¡Poder!

Oregon Council for Hispanic Advancement

Program Purpose

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

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

The overall purpose of ¡Poder! is to keep high-risk students ages 15 through 17 engaged in positive, productive, educational, and community activities, thus reducing their actual or potential involvement in the juvenile justice system and recidivism by reducing the risk factors and enhancing the protective factors of each individual participant. Risk factors include school issues, peer relationships, behavioral issues, home/family situations, substance abuse, and mental health issues.

The main goals of the program are to:

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

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

- Provide 15 Latino youth, ages 15-17, with intensive case management services.
- 75 percent of the youth will remain enrolled in the program for a minimum of six months or successfully complete the program.
- 100 percent of the youth will meet with the Intensive Case Manager two or more times a week.
- 100 percent of the youths' families will contact the Intensive Case Manager one or more times per month.
- 100 percent of the youth will meet with the Intensive Case Manager to review their action plan and evaluate their progress one or more times per quarter.
- 90 percent of youth will achieve positive change in at least one goal area of their action plan every six months.
- 85 percent of youth participating in the program will remain engaged in the LISTOS Alternative Learning center for a minimum of six months.
- 85 percent of youth participating in the program will have 80 percent or greater attendance in the LISTOS Alternative Learning Center.

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- 100 percent of ESL students enrolled in the program for at least six months will increase their English language proficiency score by one level or five points as measured by the IPT oral, reading, and writing exams.
- 100 percent of youth participating in the program will show academic gains in one or more curricular areas within six months of enrollment.
- 50 percent of youth participating in the program will complete one or more GED subtests within one year.
- 75 percent of youth participating in the program will remain free of violent probation/parole and/or justice involvement.

Target Population

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

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

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

Program Components

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

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

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

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

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

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

- Helps students to achieve their goals by emphasizing their strengths.
- Offers support for their skill deficits.
- Encourages formal and informal community support from a network of relatives, friends, and others.
- Identifies problems that prevent the participants from accessing or attending needed services.
- Develops strategies for solving their problems.
- Assures that their basic needs (financial, legal, housing, educational, employment, etc) are met.

In addition to biweekly contact with the youth, the ICM contacts the youth's family at least once a month. The ICM makes an initial 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.

The ICM helps students to advocate for themselves whenever possible by providing them access to better choices and a better quality of life. The ICM, from a bicultural perspective, takes an active advocacy stance and creates a relationship with the student as a

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high priority of the client-professional intervention. Further, the ICM is flexible and able to adjust to any situation that may arise.

- *Bilingual academic instruction and English as a Second Language (ESL) classes:* LISTOS provides a culturally sensitive environment that fosters the value of life-long learning. LISTOS is the only bilingual, bicultural, alternative school in Multnomah County. The school serves youth between the ages of 15-21 whose multiple barriers to education keep them from succeeding in traditional schools. The Center's academic curriculum focuses on outcome-driven results that provide students the opportunity to earn a General Educational Development credential (GED).

All ¡Poder! participants are enrolled in the LISTOS program. When they first enroll, LISTOS staff conducts an assessment of their academic skills (math and reading) and English language proficiency level in order to place them at the appropriate academic level and to create an individualized curriculum for GED preparation. The assessment is based on three main tests:

- Test of Adult Basic Education (TABE) to assess grade level of reading and math for Spanish speaking youth.
- IDEA Proficiency Test (IPT) to assess language proficiency level of limited English-proficient youth.
- Computerized Adaptive Test (CAT) to assess grade level in reading and math for English speaking youth.

After six months of enrollment at LISTOS, ¡Poder! participants complete follow-up assessments to show academic gains in one or more core curricular area (math, science, reading, writing, and social studies), and improvement in reading, writing, or ESL. LISTOS offers GED preparation instruction in English and Spanish, and multilevel ESL classes. Youth receive academic instruction Monday through Thursday, in either the morning (9:00 a.m. to 2:00 p.m.) or evening (5:00 p.m. to 9:00 p.m.) school schedule.

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

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Youth Enrichment Activities: ¡Poder! youth may also participate in a variety of youth development programs at LISTOS including the following extra-curricular activities:

- Athletic activities such as regular visits to the YMCA, participation in soccer and basketball leagues in the Pearl District and other high schools.
- Science-related field trips such as visits to the Oregon Museum of Science and Industry, the Oregon Zoo, and nature walks.
- Recreational activities including horseback riding, park recreation, and ropes courses.
- Community services activities including Humane Society, Forest Park, Cinco de Mayo, and National Night Out.
- School visits to local universities, colleges, and institutes.
- Leadership activities such as Peace Jam, where ¡Poder! participants attend a two-day peace and leadership conference led by Noble Peace Prize winner Rigoberta Menchú Tum.

Program Resources

Byrne Funding

The ¡Poder! program receives Byrne grant funding in the amount of \$74,930 and provides matching funds of \$24,977. Most of the funding is used to support Intensive Case Management services and the internal and external evaluators.

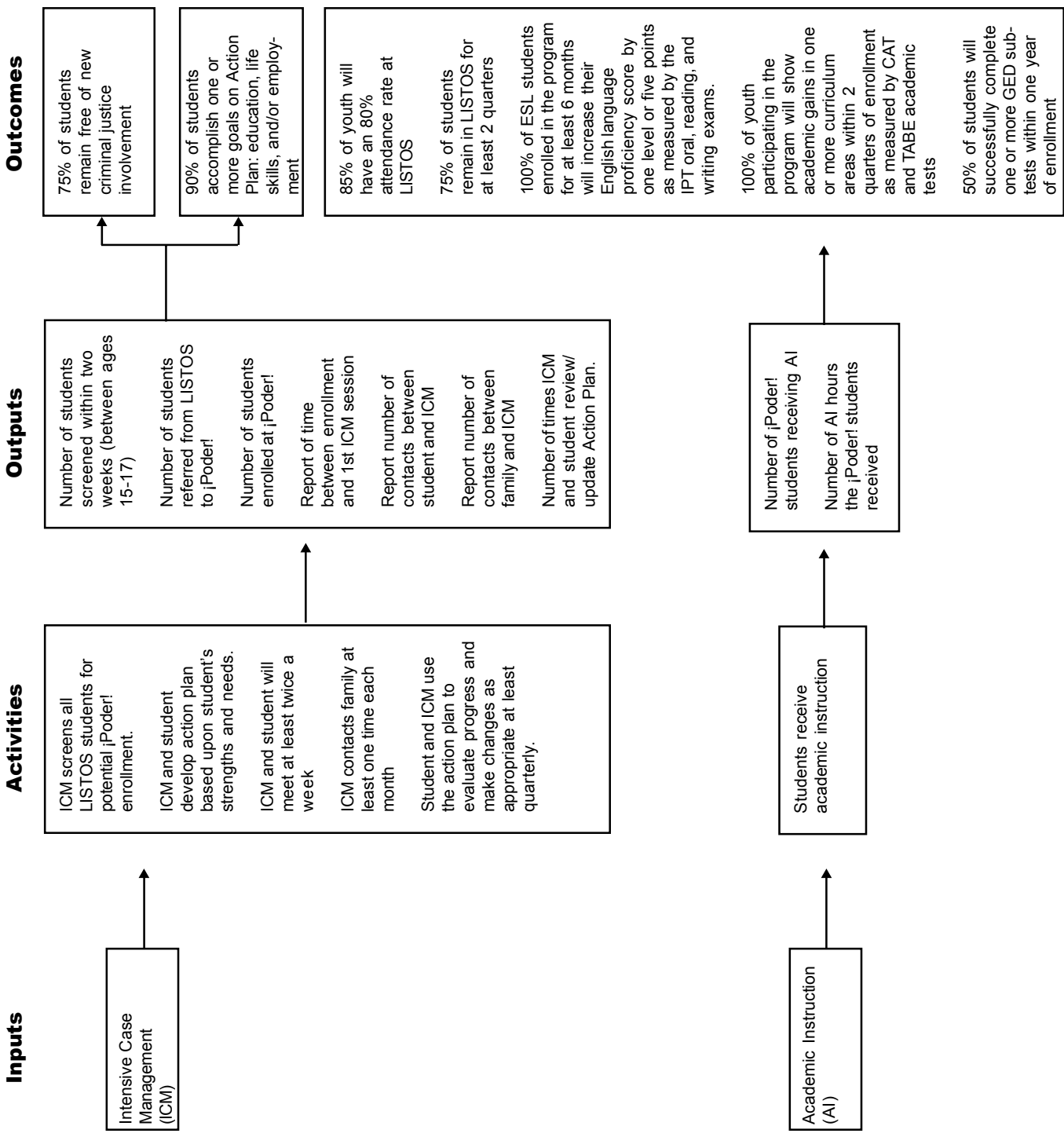
Program Staff

The ¡Poder! program has a service delivery staff of three. The Intensive Case Manager conducts screening for potential clients, conducts youth's risk and needs assessments, develops action plans, contacts youth and families, and documents all contact in case notes. The LISTOS Academic and Testing Coordinator monitors the academic progress of ¡Poder! students. Bilingual academic instruction, ESL classes, life skills classes, and youth development programs are built into the LISTOS infrastructure. The LISTOS Director serves as the program's internal evaluator and a research faculty staff person at Portland State University serves as the external evaluator.

Collaboration

The primary stakeholders in the ¡Poder! program include the Portland Public School District, Multnomah Department of Juvenile and Adult Community Justice, the Oregon Youth Authority (OYA), and Portland Police Bureau (Gang Unit). Program staff works closely with these stakeholders to address the needs of high-risk youth who have not been successful in participating and using "traditional" education systems. The program also collaborates with the Northwest Health Foundation, Alternative Pathways, Zimmerman Community Center, Outside In, New Avenues for Youth, Portland Community College, ALMAS, Resolution Northwest, Emmanuel Legacy Hospital, Mental Health Integrated Organization Services and OCHA Mental Health Program, Write Around Portland, Ethos, YMCA, and Learning for Life.

Program Logic Model iPoder!



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Program Progress

Second year efforts of the ¡Poder! program were focused on redesigning the program and hiring new personnel. In redesigning the program, OCHA reduced the number of staff working within the project and clarified their roles and responsibilities. A new Program Director and Academic and Testing Coordinator were hired and a full time Intensive Case Manager position was created to complete the staffing transition. In the redesigned program, the Program Director provides administrative oversight and serves as the program's Internal evaluator. The Academic and Testing Coordinator provides academic intake information, educational assessment, and monitors the school schedule for each student enrolled in the ¡Poder! Program. The Intensive Case Manager (ICM) provides all case management services and support to the student participants, focusing solely on her caseload of 15 youth.

Process Evaluation

- *Clients served:* From July 1, 2002 through June 30, 2003, ¡Poder! served 15 youth. Of the 15 youth served, 10 are still in the program, one successfully completed the program, and four did not complete the program. Of the four non completers: one dropped out, one was expelled for fighting, one moved out of the area, and one left the program because of pregnancy.

The population of participants being served by ¡Poder! is Hispanic with most born in Mexico. Those who enroll in ¡Poder! tend to lack the support network that would typically contribute to their ability to maintain their educational and prosocial activities. The risk profile of the 15 youth participating in ¡Poder! at program intake was as follows: 47 percent had prior involvement in the criminal justice system, 40 percent were gang-involved, an additional 47 percent had a primary relationship with a gang member, 33 percent were using substances, 20 percent were pregnant or parenting, 60 percent had limited English proficiency, 27 percent were homeless, and 13 percent had an incarcerated family member. Fourteen of the 15 youth participating in ¡Poder! had more than one risk factor and the average number of risk factors was 3.5.

The barriers to participation for the target population appear to be related to each youth's life circumstances. Two males from the original 15 participants have become parents since enrollment and have chosen to work full time and focus on family. A second barrier appears to be continued gang involvement after enrollment. When the commitment and loyalty is to the gang, the ICM and others find great difficulty in building a trusting relationship with the youth. A third barrier appears to be family issues such as domestic violence and changes such as families returning to Mexico.

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

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was also hindered by a lack of clear understanding of “intensive case management”. In the second year of program implementation OCHA and LISTOS administrators proactively and aggressively restructured the program and hired new personnel. These changes together with the collaborative team approach of OCHA and LISTOS directors, state grant manager, state evaluation director, and external evaluator resulted in a redesigned program that is now fully implemented.

During year two, ¡Poder! staff provided intensive case management and educational services to 15 students who met the eligibility criteria and enrolled in the program. While it is too early to determine the percent of youth who were enrolled for at least six months, 10 of the 15 continue to be enrolled and one successfully completed the program after three months. These 11 participants account for 73 percent of ¡Poder! youth. To date, the ICM has met with all 15 youth at least two times per week and with the family members of each of the 15 youth at least one time per month as required by the program design.

Outcome Evaluation

Evaluation efforts during the second year focused on revising the evaluation plan and logic model and designing a framework for monitoring program outcomes. The external evaluator, the ¡Poder! team, and the CJSD evaluator met regularly to ensure that collaborative relationships were maintained, program progress reported, and challenges addressed in a proactive and timely manner. During the year, program outcomes were reviewed and revised and data collection and tracking forms were finalized. During the next year, evaluation plans include continued monitoring of outcomes, adaptation of Goal Attainment Scaling to measuring student progress toward meeting their action plan goals, and the development of a survey to measure participant perceptions of ¡Poder!.

Initial data from ¡Poder! participants indicate that program participants are remaining free of violent probation/parole and/or justice involvement. Of the 15 participants enrolled to date, 14 (93 percent) have remained free of violent probation / parole and justice involvement. Since the dates of enrollment ranged from January 2003 through June 2003, it is too early to report the extent that this outcome was maintained for the ¡Poder! participants over a longer period of time. However, these early findings appear promising since six (40 percent) participants were gang-involved when they enrolled in the program, six (40 percent) were considered gang-related, and seven (47 percent) were either court involved at the time of or previous to enrollment in ¡Poder!. One student, who dropped out of the program after about two months, was arrested, convicted, and released on parole.

Lessons Learned

The second year of program implementation brought about substantial change in program management and staffing. The program infrastructure and implementation were overhauled and the evaluation redesigned. LISTOS Alternative Learning Center and OCHA administration historically have been less successful with students ages 15 through 17 than with older students. The original rationale for proposing an intensive case management approach as the primary intervention for ¡Poder! was that a more focused intervention combined with support to each individual student in this age group would engage these students in positive educational

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and community experiences. In the first year of program implementation, this function was split among staff members resulting in a less focused intervention. In year two the program hired a professional social worker, with experience and expertise in providing individualized case management services to high risk youth and their families, as the sole Intensive Case Manager (ICM) resulting in improved service delivery to program participants. In addition, evaluation issues were clarified and resolved when the state evaluation director proactively worked with the program team to clarify federal and state grant requirements and came to a collaborative agreement on the evaluation approach that was appropriate within the context of the project.

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

Oregon Department of Education

Program Purpose

In January 2002, the Oregon Department of Education received funding to adapt and expand its existing Project SUPPORT program for paroled youth. This grant award provided the Oregon Department of Education with the funds necessary to adapt Project SUPPORT to 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 to Promote Positive Outcomes 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 (1) education, (2) pre-employment and/or employment opportunities, and (3) 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: (1) few of the youth in the sample received services from community-based social service agencies, (2) almost 60 percent returned to OYA or were committed to the adult correctional system, (3) only a quarter enrolled in school and even fewer completed their education, (4) employment rates were low—averaging less than 30 percent, and (5) only a portion—about 35 percent—were engaged in either school or work. Participants moved often and more than a third reported being robbed or assaulted. Those with a disability 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 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 escalation to close custody 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

Project SUPPORT program objectives in support of these goals are as follows:

- Each Transition Specialist will provide 25 to 30 youth with transition services annually.
- Each Transition Specialist will develop and implement a service delivery model for 100 percent of the youths they serve within two months of the youths' entry into the program.
- 70 percent of program participants will engage in employment and/or educational activities within four months of entry into the program.
- 70 percent of program participants will engage with community service agencies to meet their individual needs (e.g., mental health, alcohol and other drug services, foster care, etc.) within four months of entry in the program.
- 60 percent of Project SUPPORT participants will not commit a new crime that escalates their involvement to OYA close custody while engaged in the program.
- 40 percent of Project SUPPORT participants will not commit a new crime that escalates their involvement to OYA close custody or adult corrections within one year of their exit from the program.

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: (1) the youth resides within the regions currently served by Project SUPPORT and (2) 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: (1) education, (2) employment, (3) involvement within the juvenile justice system, and (4) 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 Transition 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.

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

Oregon Department of Education

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: (1) facilitate the program youths' enrollment in a community education placement, (2) complement program youths' job placement requirements (e.g., math instruction will focus on skills needed to succeed in a particular job), and (3) 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 ensure 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).
- *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. The Transition Specialist 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: (1) identifying the necessary services needed by the youth and assisting the youth to access those services and (2) maintaining regular communication with those social service staff regarding participation.

Program Resources

Byrne Funding

Project SUPPORT receives Byrne grant funding of \$198,634 and provides matching funds of \$66,211. Project SUPPORT uses Byrne grant 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 persons. 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 ensure transition services are in place, ensuring that the youth has a sound education/employment training program, monitoring the youth's school program/progress/attendance, arranging employment training placements in the

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

Oregon Department of Education

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 project 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 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

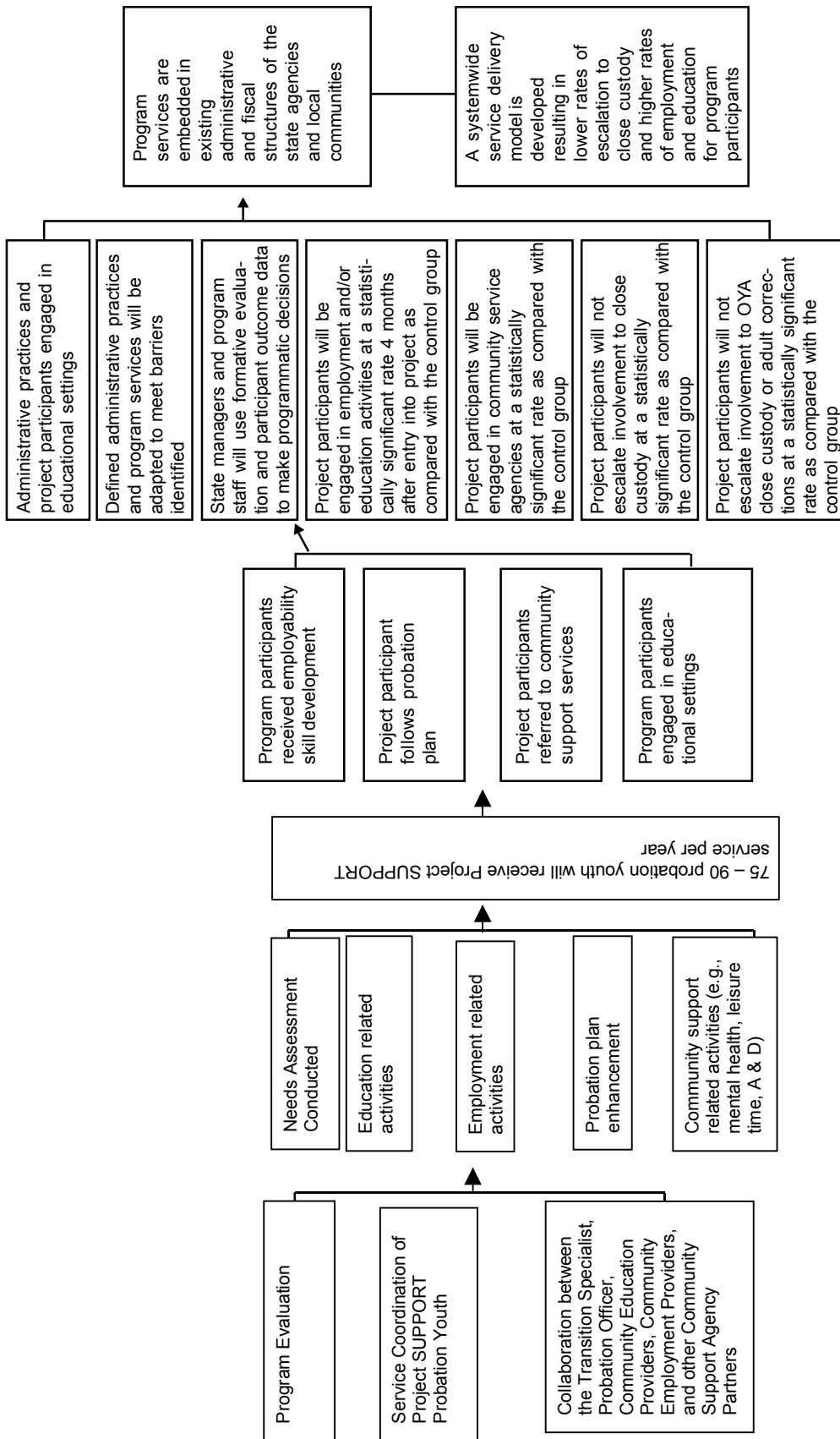
Program Goals

Outcome Measures

Outputs

Activities

Inputs



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

Oregon Department of Education

Program Progress

Project SUPPORT initially had a slow start-up and is currently in its 10th month of program implementation. The focus of Project SUPPORT is to engage youth first in educational opportunities and then concentrate on employability skill training while developing tertiary services based on individual needs (e.g., mental health, alcohol and drug) of each program participant. The program is currently being implemented with fidelity to the original program design and initial results are encouraging. To date, program participants are demonstrating positive engagement rates in both education and employment. These engagement rates demonstrate that the Transition Specialists are focusing on supporting the youth in employment and educational opportunities and also supporting their other needs by accessing community-based services such as mental health and alcohol and other drug services. In addition the low rates of new adjudications or convictions of crime indicate that engagement in either education or employment with tertiary community-based support may help deter youth from committing further crimes and becoming deeper imbedded within the criminal justice system. Although participants have demonstrated good results, overall rates of program participation have fallen short of projected enrollment and Transition Specialists have not all reached the anticipated caseloads of serving 25 to 30 youth annually. Reasons for the lower caseloads are discussed under program implementation below.

Process Evaluation

- *Clients served:* From July 1, 2002 through June 30, 2003, the program served 40 clients. Of the 40 clients served, 37 were receiving services at the end of June 2003, and three had failed to successfully complete the program. Of the 40 clients served, 75 percent were male, 85 percent were Caucasian, 10 percent were Hispanic, and five percent were American Indian/Alaskan Native. The mean age was 15 with an age range of 12 to 18 years of age. It should be noted that the wide age range of program participants demands different types of activities and services for youth who are younger compared with the older youth. Seventy-five percent of program participants had either a DSM mental disorder and/or a special education diagnosis. Nearly one-third of the program participants possessed both a DSM and special education diagnosis.

A review of program participants' criminal history backgrounds indicates that program participants were first adjudicated at a mean of 14 years of age with first adjudication ranging from 10 to 17 years of age. Approximately 44 percent of program participants were adjudicated for property crimes and 41 percent for person-to-person crimes. Barriers to transition success are also collected at entry into the program. On average four barriers to transition success were identified for each program participant. The top four barriers identified for Project SUPPORT participants were: (1) a history of frequent absenteeism and/or suspension from school (62 percent), (2) a history of substance abuse (50 percent), (3) an anger management deficit (50 percent) and (4) a history of abuse and neglect (35 percent). Additionally, 50 percent of program participants reported the last or current school attended was in a traditional school setting and 32 percent of participants reported attending an alternative school or program. A total of 47 percent of program participants had received mental health services and 35 percent of participants had received alcohol and other drug abuse counseling services.

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A lack of transportation was the primary barrier to providing services to clients. This barrier was defined during the initial needs assessment and then defined again at a follow-up process evaluation meeting as the most critical barrier to youth participating in the program. This issue will be most prevalent within the rural regions. Youth are dependent on their parents or foster parents for being transported. When parents are working or providing foster care to several youth multiple appointments are hard to maintain.

- *Program implementation:* Initial implementation tasks completed include the hiring and training of Transition Specialists in both the South Coast and Eastern Oregon regions and the development of collaborative relationships between the Transition Specialists and probation officers. The program is currently being implemented with fidelity to the program design and program output objectives are being met. The service delivery model for Project SUPPORT requires that Transition Specialists work individually with program youth to connect or maintain the youth's engagement to either employment or an educational setting. In addition, the Transition Specialist works in tandem with the probation officer and assists the probation officer in connecting the youth to other community-based services required by the individual. Each Transition Specialist is expected to develop and implement a service delivery model for 100 percent of the youth they serve within two months of the youths' entry into the program. All Transition Specialists met this objective. In addition, it is expected that 70 percent of program participants will engage in employment and/or educational activities within four months of entry into the program. A composite variable of "engagement" was used to measure whether a youth who has not been either adjudicated or convicted of a crime was enrolled or employed, or enrolled and employed within four months of entry into the program. The data indicate that two months after program entry, 83 percent of Project SUPPORT participants are engaged. At four months, 77 percent of participants are engaged and at six months, 83 percent of participants are engaged.

The primary barrier to successful program implementation has been the programs' difficulty in reaching client served projections. Project *SUPPORT* is currently in its 10th month of program implementation and all Transition Specialists have not reached the program objective of serving 25 to 30 youth annually. In the South Coast region, the Transition Specialists have only just recently reached the maximum caseload capacity of 12 to 15 youth. In the Eastern Oregon region, Transition Specialist caseload capacity has not been reached.

Caseload capacity of 12 to 15 youth per Transition Specialist was not met for three primary reasons. First, the state managers chose to initiate implementation in two very rural regions during the first two years and then implement the program in urban and suburban regions in years three and four. Oregon Youth Authority (OYA) probation youth are typically placed in either residential treatment or foster care and in the Eastern Oregon region this means that many youth are served outside of the region due to lack of treatment and foster care providers. This out of region placement resulted in fewer eligible clients available to the program. Second, as a result of the budgetary strife our State is currently experiencing, the indigent court funds were expended resulting in only high risk cases being tried. Cases that were the lowest safety risk to the community were deferred until the new fiscal year started. Probation youth represent the typical population

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with the lowest risk to the community and the case prioritization resulted in a decrease in the number of youth adjudicated to OYA probation. The Eastern Oregon region experienced the largest reduction in probation youth. Therefore, a minimal number of youth were identified for program services. Third, due to the projected and then the actual non-passage of Ballot Measure 28, the Oregon Youth Authority budget was greatly reduced resulting in angst within the agency regarding reduction in staffing positions. This anxiety was evident in the initial stages of the program implementation in the Eastern Oregon region. Several probation officers voiced concerns about the role of the Transition Specialist and were concerned that the Transition Specialists could be replacing their positions. This concern was voiced through a grievance process within the probation officer's union. The OYA state manager, regional probation supervisor, and transition coordinator for the Transition Specialists worked collaboratively and eventually the concerns of probation officers subsided and relationships were forged between the probation officers and Transition Specialists, a key component of the program. Unfortunately, this problem was not resolved for several months

Outcome Evaluation

A randomized experimental evaluation design is being implemented for this evaluation. Eligible participants are randomized either into Project SUPPORT or to a control group that receives the usual probation services. Data is collected from both groups upon enrollment and at two month intervals thereafter. Currently, due to the low numbers of participants served thus far in the initial stages of the program and the barriers to service described earlier, there is not a large enough sample to complete any statistical comparisons between the treatment and control groups.

Initial data from Project SUPPORT participants indicates that program participants are remaining free of new crimes while engaged in Project SUPPORT. After two months of participating in the program, no youth were adjudicated or convicted for crimes. At four months, 15 percent of participants were newly adjudicated or convicted for criminal activity and at six months, no additional program youth had been adjudicated or convicted of crimes. It is too soon to determine the rate of new crime within one year of program exit since no Project SUPPORT participant has reached this point so far.

Lessons Learned

The key to success of Project SUPPORT is the collaborative relationship between the probation officer and the Transition Specialist. This relationship at times was tenuous to develop and was not fostered immediately in the Eastern Oregon region for reasons discussed above. In the South Coast region, collaboration developed more quickly. An important reason for this is that the Transition Specialists in the South Coast region are located directly in the probation office. This allowed for daily contact with the probation officers to (1) learn about the role and job responsibilities of the probation officer and (2) allow easier access to information about program participants from the probation officer. In the Eastern Oregon region, due to the vast geographic region served in this program, it was not possible to place Transition Specialists directly within the probation offices. Most of the probation officers in Eastern Oregon are rarely in the office, spending most of their time in the field driving to meet with their various clients.

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Other key factors for success identified by program staff and probation officers included the unique role of the Transition Specialist in support of the youth's probation plan. One probation officer described the relationship this way, "*Why this [Project SUPPORT] works is the relationship between the Transition Specialist and the probation officer with the youth. The probation officer often only has time to work with the youth when he or she is doing something bad, but the Transition Specialist can work with the youth on what the youth is positively accomplishing.*"

Finally, Transition Specialists identified their listening skills as the key attribute to their success in working with the program participants. Transition Specialists found that by listening carefully to the youth, they were able to identify what interests the youth had and what possible problem areas he or she might be experiencing. Transition Specialists found that this understanding was key to successful engagement of the youth in education and employment.

Home Works

Youth Contact, Inc.

Program Purpose

In October 2001, Youth Contact, Inc. in Hillsboro 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.

Home Works program objectives in support of these goals are as follows:

- Provide 36 to 69 youth/families with MST treatment annually.
- 80 percent of eligible youth/families referred to the program will engage in MST treatment services.
- Therapists will demonstrate adherence to MST principles for 95 percent of the youth/families they serve.
- 85 percent of youth/families participating in MST treatment will demonstrate improved family functioning by the end of treatment.
- 90 percent of youth receiving MST treatment will abstain from or reduce their substance use by the end of treatment.
- 90 percent of youth receiving MST treatment will participate in a pro-social community activity by the end of treatment.
- 80 percent of youth receiving MST treatment and enrolled in school will increase or maintain their school attendance by the end of treatment. 100 percent of youth receiving MST treatment and not enrolled in school will re-enroll in an academic program by the end of treatment.
- 90 percent of youth/families participating in MST treatment will have parents involved in school meetings, activities, or school-based counseling sessions by the end of treatment.
- 85 percent of all MST participating youth with previous juvenile justice involvement will not have a new juvenile justice referral within six months of program discharge.

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- 90 percent of all MST participating youth who have not had previous juvenile justice system involvement will not become involved in the juvenile justice system within six months of program discharge.

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, severely emotionally disturbed youth involved in the juvenile justice system and substance abusing youth in the juvenile justice system. To be eligible to participate in the program, youth should reside in Washington County, be enrolled or eligible for enrollment in the Hillsboro School District and have at least three risk factors when assessed on the Juvenile Crime Prevention Risk Screen Assessment. The areas of risk assessed by the screening tool include: antisocial behaviors, family functioning, school performance, peer relationships, and 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 families. When a referral is made, Home Works staff: (1) determine if space is available in the MST program, (2) review the case to determine if it is appropriate for MST, (3) verify that the referral agency has informed the family of the referral, (4) schedule an intake session with the family, and (5) provide regular feedback to the referral agency.

Program Components

Multisystemic Therapy (MST) is a family-oriented, home-based program that targets chronically violent, substance-abusing juvenile offenders 12 to 17 years old. The underlying premise of MST is that criminal conduct is multicausal; 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.

Home Works

Youth Contact, Inc.

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

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 extrafamilial 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, afterschool 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 nonproblem peers (e.g., providing transportation and increased privileges) and substantive discouragement of associations with deviant peers (e.g., applying significant sanctions).

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

- The primary purpose of assessment is to understand the “fit” between the identified problems and their broader context.
- Therapeutic contacts should emphasize the positive and should use systemic strengths as levers for change.
- Interventions should be designed to promote responsible behavior and decrease irresponsible behavior among family members.
- 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 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 grant funding of \$200,000 and provides matching funds of \$66,667. Youth Contact’s Home Works program uses Byrne grant funds for personnel salaries, evaluation activities, and MST site certification. Youth Contact 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 persons. There are three MST therapists, a Clinical Supervisor, and a Program Director. The three MST therapists all have Masters 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 Masters 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

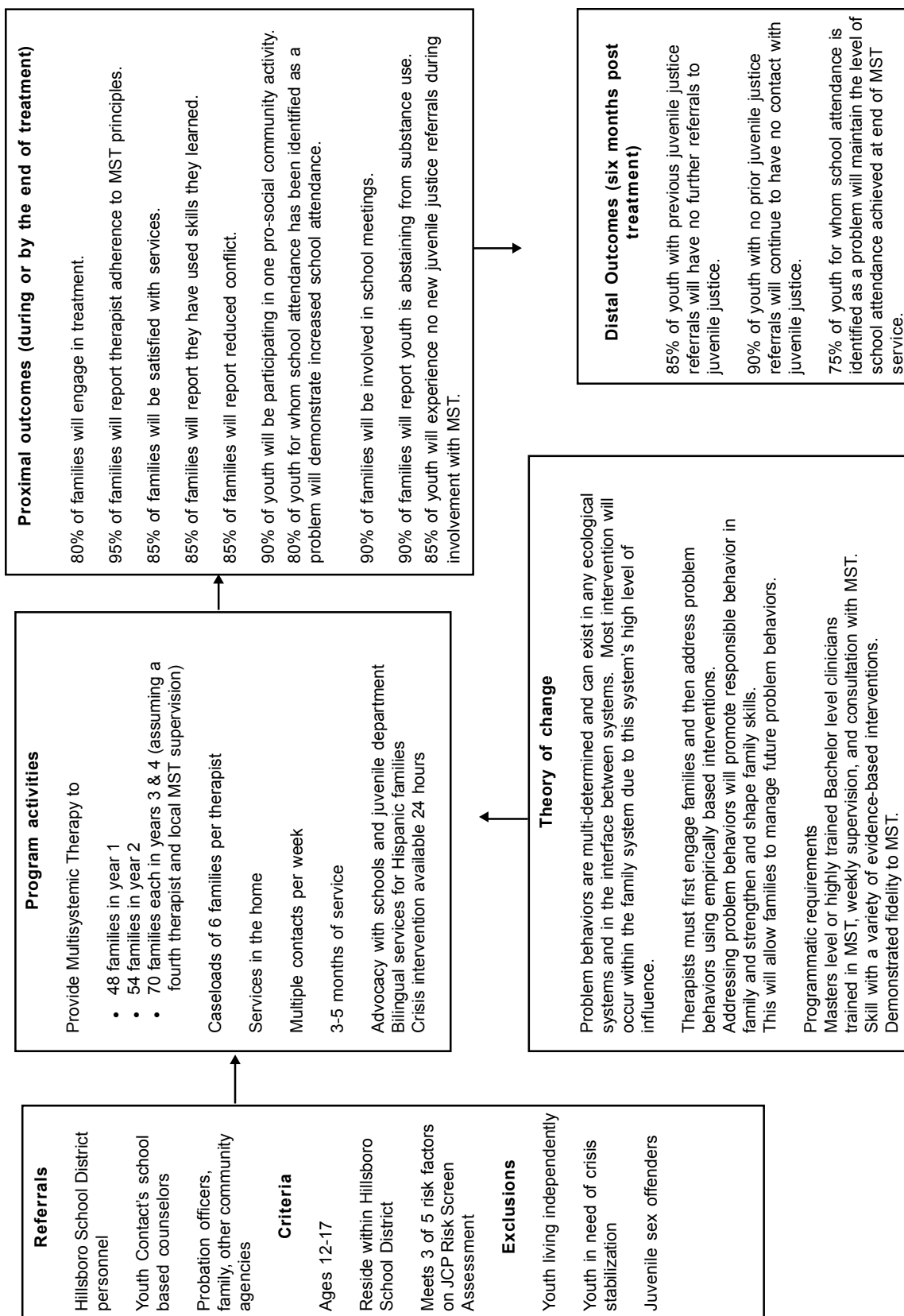
Home Works Youth Contact, Inc.

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.

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.

Program Progress

The Home Works program made good progress during the second year of funding. Therapists continued to successfully establish therapeutic relationships with clients who enrolled in the program and during the second year, no families chose to terminate services prior to the successful completion of treatment goals. The program made good progress toward MST site certification, and evaluation data indicates that therapists successfully adhered to the treatment principles of MST. In addition, evaluation data indicate solid attainment of key program objectives, including reduced family conflict, reduced youth substance use, increased youth school attendance, increased parent involvement in school meetings, increased youth participation in supportive community activities, and decreased youth involvement in the juvenile justice system.

Process Evaluation

- *Clients served:* From July 1, 2002 through June 30, 2003, the program served 45 families. Of the 45 families served, 22 families were receiving services at the end of June 2003, 22 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 nine families on a waiting list for service. MST is designed to serve those youth who are most at-risk, particularly for incarceration or other out-of-home placement. In Home Works' second year, this population increased among youth served by the program due to the establishment of positive relationships with referral sources. Most of the youth served in the second year of funding 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).

Basic demographic data were collected and recorded for the 45 clients served by the Home Works program. According to these data, 73 percent were male, 27 percent were female, and all were 13 to 17 years of age. In addition, 62 percent were White, 27 percent were Hispanic, nine percent were multi-racial, and two percent were Black or African-American. All clients met the intended target population eligibility criteria, which includes the following: youths between 12 and 17, attending or eligible to attend school in the Hillsboro School District, and meet at least three of five risk factors according to the risk screening tool. The 45 youths that participated in Home Works were experiencing difficulties in multiple areas of their lives. In particular, four of these participants met criteria for three of the five risk factors, 12 met criteria for four of the five risk factors, and 29 met criteria for five risk factors. In addition to being at risk for delinquency, one-quarter of the 45 clients who participated also demonstrated emotional problems that included victimization, depression, and/or self-harming behaviors. Furthermore, nine of these youths' families had a criminal justice history and eight had a substance abuse history.

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The one barrier to participation in Home Works during the past year was the limited number of available spaces for clients. Because of the intensity of MST, each of the three Home Works therapists generally could not manage a caseload larger than eight families at any given time. Thus, in the past year, the program typically maintained a waiting list of approximately ten families, and those on the waiting list had to wait up to three months before being enrolled in treatment. Although seven potential clients and several referral sources did seek alternative services when informed of the potential wait, and were assisted in doing so by the program's clinical supervisor when necessary, most chose to remain on the waiting list, indicating that the intensive nature of the program would be most appropriate for their needs.

- *Program implementation:* Evaluation data from quantitative measures provided evidence that Home Works therapists and supervisors adhered to the principles of MST and delivered high-quality services in the period from July 1, 2002 to June 30, 2003. Adherence was measured using the Therapist Adherence Measure (TAM), a standardized instrument developed by MST to assess treatment fidelity. Home Works staff collected 111 completed TAMs from families in the period from July 1, 2002 to June 30, 2003. MST assesses program adherence in reference to a standardized target score for an adherence subscale derived from multiple items on the TAM. Acceptable adherence to MST principals is met with a target score of .40. The mean score on this subscale based on the 111 TAMs collected at Home Works was .61, considerably higher than the target score identified by MST. In addition to the TAM, MST uses a second measure to assess treatment fidelity, the Supervisor Adherence Measure (SAM). The SAM is used to assess whether the clinical supervisor adhered to the MST treatment model based on the perceptions of direct services staff. Forty-eight SAMs were collected during the past year. The scores calculated in each of the four domains from these surveys indicated a high level of supervisor adherence to the MST program model. Specifically, the standardized score for structure and process was 50.8, for adherence to principles was 48.26, for analytical process was 50.73, and for clinician development was 38. Each of these scores exceeded their relative target score established by MST. In addition, the MST clinical consultant for Home Works indicated that each score, when compared to SAMs that have been completed for other MST programs, was in the high average range of acceptable supervisory behavior.
- *MST site certification:* MST Inc. has a systematic training and implementation model for agencies adopting MST 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: (1) weekly telephone supervision by a trained MST clinical consultant on individual cases and model adherence, (2) supervision training and consultation by the MST clinical consultant, and (3) three on-site quarterly booster trainings, each one and one half days in duration to provide additional training in areas identified by therapists and to facilitate in-depth examination, enactment, and problem-solving of particularly difficult cases.

Home Works Youth Contact, Inc.

- *Barriers to implementation:* Semi-structured interviews with program staff were conducted to identify barriers to program implementation. Although adherence to MST principles was high, program staff identified potential barriers to implementing the intervention as specified. Key barriers to implementation were (1) the quality of the training and supervision that MST provided to Home Works, (2) loose specification of treatment procedures by MST, (3) lack of a satisfactory mechanism for sharing questions, concerns, and problems with MST staff, and (4) lack of Spanish language versions of MST standardized instruments. Results from the qualitative process data indicate:

(a) Home Works program staff believed that the training and supervision provided by MST often fell short of what was needed to enable them to deliver the program as specified. Although the Youth Contact Program Director and the Home Works Clinical Supervisor believed that MST generally met all contract expectations, they expressed concerns about the services provided by MST. Specific areas of concern included the content, nature, and process of the MST training events, lack of consistency of supervision content with MST program theory and treatment principles, and problems associated with integrating replacement therapists into the program. Home Works staff members believed that the initial training provided by MST was inadequate. For example, according to therapists and the Clinical Supervisor, the training included a brief overview of the MST model but few details on how to replicate the program. However, the Clinical Supervisor noted that subsequent consultations with MST staff clarified the general information received in the initial training. This improved her ability to provide supervision that was consistent with the MST model. It also enhanced the ability of therapists to deliver the program as specified. Thus, training received from MST ultimately proved adequate for successful replication. However, this did not occur in the most timely or efficient manner. In addition, according to Home Works staff, the content of supervision provided by MST conflicted at times with MST program theory and treatment principles. For example, a primary goal of MST is to prevent out-of-home placement. However, the MST consultant to Home Works frequently recommended placement for clients. Finally, integrating replacement therapists into the Home Works program also represented a barrier to replicating MST. According to Home Works staff, new therapists were expected not to see families until they attended a one-week training in South Carolina. This training was only offered once a month. As a result, there was a gap between hiring and client contact for replacement therapists with considerable previous experience.

(b) The loose specification of treatment procedures contributed to a perception that therapists were “on their own” when it came to daily work with children and families. MST treatment principles provided a sound starting point for engaging clients and for identifying the domains of the child-family-community system in need of change. However, therapists believed that detailed and concrete guidance from MST consultants regarding specific cases would have helped them implement the program with a greater degree of success.

(c) The Youth Contact Program Director, along with the Home Works Clinical Supervisor and therapists expressed frustration at being unable to provide feed-

Home Works Youth Contact, Inc.

back to the MST program. For example, they had concerns about the quality of the training and supervision received from MST. Additionally, and as described above, therapists believed consultation about specific cases was inadequate at times. However, MST provided no opportunity for Home Works staff members to express such concerns.

(d) An additional barrier to implementing and evaluating Home Works involved lack of a Spanish translation of the TAM. This was not available when the program commenced service delivery. According to Home Works staff, the MST program insisted on doing the translation. Unfortunately, this took months to accomplish. As a result, potentially valuable data pertaining to adherence and service quality for a key element of the target population were not available.

In summary, qualitative data indicate that Home Works staff members believed the training and supervision provided by MST were not at an optimal level of quality. A good deal of the content of training was perceived to be rather general, and trainings were not always well organized. Advice from MST consultants seemed unhelpful at times and to conflict with MST program theory and treatment principles. Rigid requirements for training were perceived as a barrier to the timely integration of replacement therapists into the program. Despite these issues, the staff at Home Works did not believe that the shortcomings of training and supervision prevented them from successfully replicating MST. The Clinical Supervisor and therapists were able to adhere to the MST model, and as described in earlier sections, to provide high quality services to children and their families.

Outcome Evaluation

At this point there are not sufficient numbers of youth who have reached the six month post-treatment date to report outcomes. The evaluation of the Home Works program will continue in the next year which will not only continue to monitor the process of delivering services, but will also include a heavy focus on monitoring and reporting desired outcomes of the program (reducing juvenile justice contact and improving school performance of the youth).

Lessons Learned

The key factors that contributed to the success of the Home Works program in replicating MST were the practice guidelines, experience, and expertise available at the sponsoring agency, Youth Contact, rather than the training and consultation provided by MST Services. It is important to note that Youth Contact clinical staff have many years of experience working within the theoretical perspective that was originally developed by the strategic/structural therapy “founders” and later utilized by the MST model. MST’s nine core principals are entirely consistent with the agency’s practices throughout all its clinical programs. Consequently, Home Works’ success has been largely due to the selection of staff with excellent experience and training working with delinquent youth and their families. In addition, the success of the program in maintaining a Spanish-speaking therapist to serve monolingual Spanish clients has been advantageous in attracting an underserved population. Finally, the ongoing supervision and support provided by program staff to one another has fostered a strong sense of teamwork.

SchoolWorks

Juvenile Rights Project, Inc.

Program Purpose

SchoolWorks is a program focusing on improving the academic performance of the most at-risk students, those in the juvenile justice and foster care systems. The purpose of SchoolWorks' advocacy is to keep at-risk students "in school and out of trouble." SchoolWorks has two major underlying premises: (1) failure in education is often the root of juvenile crime and (2) children in the child welfare and juvenile justice systems are falling between the cracks. Research shows that school failure is one of the strongest predictors of future delinquency, crime, and violence. Studies have also shown that addressing risk factors, such as lack of school attendance or suspension or expulsion from school, reduces the likelihood that a youth will get involved or stay involved with the juvenile justice system.

Many children who are already involved in the child welfare and juvenile justice systems (where poor and racial minority children are disproportionately represented) are ignored and/or denied their rights to free and appropriate public education and mental health and other social services. Through (1) individual case advocacy (ICA), (2) community training and education (CTE) about the unique educational needs of this population of children and youth as well as training to families and providers about education rights and responsibilities, and (3) targeted systemic reform (TSR) to address multisystem barriers identified during work on individual cases, SchoolWorks seeks to ensure that these at-risk children have access to appropriate educational services.

The main goals of the program are to:

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

The specific objectives of the program are as follows:

- Provide individual case school-based advocacy and representation to approximately 300 dependent or delinquent youth between the ages of eight and 15 who are experiencing achievement, attendance, or behavioral difficulties at school.
- Increase school attendance by participants (reduce absences).
- Decrease the negative behaviors and discipline referrals of participants while in school (suggest earlier, less severe disciplinary interventions such as behavioral intervention plans).
- Decrease school suspension days and expulsion of participants.
- Improve participants' school achievement (e.g., grades, reading levels).
- Reduce participants' contact with the police and juvenile courts.
- School and other agency staff will be better able to meet the educational needs of dependent and delinquent youth.
- Parents and other surrogates will be better able to advocate effectively for the educational needs of dependent and delinquent youth.
- Relevant systems (i.e., schools, DHS, OYA) will be better able to meet the educational needs of dependent and delinquent youth.

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Target Population

Juvenile Rights Project (JRP) attorneys handle many of the delinquency and dependency cases in Multnomah County. Of these cases, children and youth ages eight through 15 who are experiencing difficulty with school attendance (including truancy, suspension and expulsion, and refusal to enroll), behavior, or academic achievement are eligible for individual case advocacy. After referral by the primary JRP attorney and screening by the SchoolWorks supervising attorney and legal assistant, cases are assigned to a SchoolWorks attorney or social worker for service.

SchoolWorks began screening and accepting cases in early August of 2002 and opened the last cases for the first year grant period in May 2003. During that 10-month period, 203 students were served. Of these, 123 were male and 80 were female. Approximately half of these clients were minority youth.

Program Components

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

- *Individual case advocacy (ICA):* Most of SchoolWorks' legal and educational advocacy consists of skillful diplomacy and facilitating communication among various service providers, the school, and the family. Each youth is unique and receives individualized services. For example, he or she may need to be properly assessed for learning disabilities, to have a school plan developed that emphasizes alternatives to suspension and expulsion, and/or to receive additional services such as mental health services. The SchoolWorks advocate brings together representatives from numerous agencies to address the youth's educational needs comprehensively. This includes identifying appropriate services for the participant as well as his or her eligibility and legal right to receive them, identifying school contacts and services, making requests for special education assessment, advocating for specific services and school placement, and facilitating exchanges of information among various agencies such as the court, school, child welfare department, social service agencies and the family. Staff also appear at Individualized Education Plan (IEP) meetings, suspension and expulsion hearings and appeals, and advocate with other agencies that provide services in mental health, disabilities, child welfare, and juvenile justice.

- *Community training and education (CTE):* This component is premised on the belief that the unique needs of children and youth in the foster care and juvenile justice systems are poorly understood by the larger community, including by parents or guardians and the agencies charged with serving them, notably the schools. This part of the program works to promote partnerships among people and agencies working with a specific youth or with this group of children and youth in general.

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- *Targeted systemic reform (TSR):* This component seeks to use the knowledge and experience the staff gain through their work on the first two parts of the program and apply it strategically to target systemwide problems for improvement.

Program Resources

Byrne Funding

The SchoolWorks program receives Byrne grant funding in the amount of \$199,513 and provides matching funds of \$66,504. Juvenile Rights Project, Inc. uses the majority of the Byrne grant funds to pay the cost of personnel salaries and contractual services.

Program Staff

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

Collaboration

The most important factors in SchoolWorks success are the quality of the individual staff and the staff's ability to work as a team and to form teams with their evaluators, advisory group, and community partners. SchoolWorks staff participate in statewide and local task forces regarding special education (organized by the Department of Education and the Portland Public Schools), in an ad hoc work group of other special education advocates, in cross-system meetings and work groups around specific issues (e.g., homeless students, older students with disabilities, minority students, and students who were exposed to drugs and alcohol prenatally).

Program Logic Model SchoolWorks-Juvenile Rights Project

Target Population	Activities	Outputs	Short-Term Outcomes	Objectives	Goals
<p>JRP clients in Multnomah County, ages 8-15 with identified attendance, achievement, or discipline problems</p>	<p>Individual Case Advocacy (ICA)</p> <ul style="list-style-type: none"> ◆ Referral ◆ Intake ◆ Assessment ◆ Advocacy ◆ Monitoring <p>Community Training and Education (CTE)</p> <ul style="list-style-type: none"> ◆ Trainings for school and other agency staff as well as parents and surrogates. <p>Targeted Systemic Reform (TSR)</p> <ul style="list-style-type: none"> ◆ Research and systemic reform focused on a variety of issues 	<p>ICA</p> <ol style="list-style-type: none"> 1. 220 youth (year 1) and 300 youth (years 2, 3, and 4) are represented. 2. Specific services such as 504 plans and amendments, expulsion hearings, IEP plans and amendments, psychological evaluation and other assessments, transition services. <p>CTE</p> <ol style="list-style-type: none"> 1. 75 school and other agency staff attend presentation on the unique education needs of children in foster care. 2. 25 parents, foster parents, and other surrogates attend training on educational rights and responsibilities specific to children in foster care. <p>TSR</p> <ol style="list-style-type: none"> 1. 1 or 2 projects identified at the beginning of the grant cycle for work during that year. 	<p>ICA</p> <ol style="list-style-type: none"> 1. Re-enrollment 2. Establish special education eligibility 3. New/updated school plans 4. New services 5. Less severe disciplinary actions 6. Prevent suspensions/expulsions 7. Reduced absences 8. Reduction in juvenile court events 9. Prevent moves between schools 10. More appropriate school placement 11. Cross system coordination 12. Improved academic achievement <p>CTE</p> <ol style="list-style-type: none"> 1. Increase in staff awareness of the unique educational needs of children in foster care. 2. Increase in parents'/surrogates' knowledge of their rights and responsibilities. <p>TSR</p> <ol style="list-style-type: none"> 1. Achievement of various, specific changes to relevant systems resulting in better education-related services for dependent and delinquent youth. 	<p>ICA</p> <ol style="list-style-type: none"> 1. Increase school attendance by participants 2. Decrease in negative behaviors and discipline referrals of participants 3. Improve participants' school achievement 4. Reduce participants' contact with the police and juvenile courts <p>CTE</p> <ol style="list-style-type: none"> 1. School and other agency staff are better able to meet the educational needs of dependent and delinquent youth. 2. Parents and other surrogates are better able to advocate effectively for the educational needs of dependent and delinquent youth. <p>TSR</p> <ol style="list-style-type: none"> 1. Relevant systems (i.e. schools, DHS, OYA) are better able to meet the educational needs of dependent and delinquent youth. 	<ol style="list-style-type: none"> 1. Reduce or prevent juvenile violence and juvenile justice involvement. 2. Improve the educational outcomes for dependent and delinquent children and youth.

Theoretical Premise Failure in education is often the root of juvenile crime; juveniles can be diverted from delinquency if their educational needs are met. Child protection and juvenile justice systems do not adequately provide for juveniles' educational needs. Integrated legal and social work intervention will increase juveniles' access to and utilization of needed services.

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Program Progress

This program began implementation almost immediately after the grant award was made (August 2002) and has made excellent progress in all areas during the first year. Specifically, staff have provided school-based advocacy and representation to 203 youth during the year. In addition, SchoolWorks staff have been involved in organizing or attending many local and national meetings and conferences dealing with issues related to their mission. Lastly, the program has undertaken several larger, systemic reform issues pertaining to improving the academic performance of students in the juvenile justice and foster care systems.

Process Evaluation

Clients served: From August 2002 through June 2003, 203 clients received individual case advocacy and representation, many community-based meetings and trainings were convened, and several systemic reform efforts were undertaken.

Clients match the target criteria for program services; that is, they are between the ages of eight and 15, and were referred because they had an open dependency or delinquency case *and* were experiencing difficulty with school attendance (including truancy, suspension and expulsion, and refusal to enroll), behavior, or academic achievement. Sixty percent of the clients are male (n = 123) and approximately half of the clients are minority youth. This is partly a function of eligibility criteria aimed at righting some of the school system's bias. For example, both nationally and in Portland, minority youth are three times more likely to be subjected to major school discipline than are white youth. In terms of clients the program did not intend to serve, there was an almost immediate adjustment in the maximum age of eligibility from 14 years to 15 years.

The only barriers to participation at this early stage of the program are the length of representation (i.e., a case may close before full SchoolWorks services are completed; resolved by requesting extensions from judges who are knowledgeable about SchoolWorks services), the limitations on program resources, and a few parents or youth who have resisted the services and who have not cooperated.

Program implementation: Specific progress within each of the three primary program components is shared below.

- *Individual case advocacy (ICA):* During the first year, 203 youth received individual case advocacy. Of those, 123 (61 percent) completed the program and 80 (39 percent) were still working with program staff at the close of this year. Of the youth who completed the SchoolWorks program during the first year, 89 percent (n = 109) completed successfully; 11 percent did not successfully complete the program.

SchoolWorks staff was most successful in dealing with attendance issues when the barrier to attendance was imposed by the school, for example those involving initial enrollment or threatened expulsion. Of the 30 cases in which one of the desired outcomes was to prevent or reduce suspension or expulsion, closing data show the outcome fully achieved in 63 percent of the cases and partially achieved in another 17 percent of the cases. SchoolWorks also had success in cases where children's lack of

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attendance was the result of schools' refusal to admit them or admit them in a timely fashion. For example, in one case of a youth denied entrance to a Portland Public Middle School, the advocate was able to negotiate a settlement with the District that permitted the youth to attend a specialized private school for students, like him, with learning disabilities. The most difficult cases involved "school avoidance" or "school phobia". In many instances the school was supportive of the child but either the child was resistant or the parent failed to ensure attendance, often as a result of mental health issues.

In many cases where behavior was the identified presenting problem (and eligibility criterion) underlying educational needs were discovered. SchoolWorks advocates were very successful in helping clients and their families access more appropriate educational settings - sometimes this meant a more restrictive placement. Advocates were also successful in creating behavioral intervention plans. To facilitate the adoption of new plans, advocates sometimes drafted the plan prior to multidisciplinary school meetings where decisions were made. SchoolWorks was successful in 73 percent of the cases in which the SchoolWorks advocate's goal was to establish a behavior plan or in some other way promote earlier intervention and less severe disciplinary action.

Academic improvement was a goal for many of the clients and was often achieved as a by-product of work on one of the other presenting problems (e.g., behavior or attendance). It often came as a result of the development of more appropriate and individualized school plans (IEPs). New and updated school plans were developed for 80 percent of SchoolWorks clients (and were partially developed for an additional eight percent).

The final objective with regard to individual case advocacy is whether or not the program reduces participants' contact with the police and juvenile courts. It is too early to measure this but anecdotal reports indicate that clients experience both successes and setbacks. One girl had finally found the educational environment that supported her and her behavioral issues subsided; lending, the program would hope, to a reduction in her encounters with the police and juvenile justice. Another youth that SchoolWorks staff had successfully moved to a program all believed would be more suitable was arrested on a Measure 11 charge. Formal evaluation of individual case advocacy is planned for the second year.

- *Community training and education (CTE):* In furtherance of providing community training and education about the unique needs of children in the juvenile justice system and those in foster care, SchoolWorks staff undertook the following activities during the first grant year: (1) introduced the program to the Oregon Superintendent of Public Instruction, Portland Public Schools special education staff, juvenile court judges, referees and court staff, OHSU Center for Self Determination staff, Homeless Education specialists, and the Oregon Post Adoptive Resource Center, (2) presented training and information at elementary schools, a statewide meeting of school Title I specialists, the Governor's Summit on Minority Overrepresentation, and the Oregon Legal Services Family Leave Law Task Force, (3) organized and attended in-house training sessions for staff on behavior classrooms, the Talented and Gifted program, Title I, and psychiatric medications and held three meetings of the Advisory Board, (4) participated regularly in a joint task force of education advocates from around the State and helped plan a day-long

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training to be held in July and participated in Portland Public Schools parent and community task force on special education, (5) conducted site visits at various public middle and high schools in the county, including all of the Portland Public Schools “special schools”, and (6) attended one regional and one national conference on special education law, a state conference with local, state, and national experts on homeless education, and a training in school discipline law.

While judging the success of these efforts is subjective at this point, Oregon’s child welfare agency made substantial improvement on a federal audit related to the educational needs of foster children in the last year. The Director of the child welfare agency attributed that improvement to training and consciousness-raising provided by JRP. Formal evaluation of these training efforts is planned for year two.

SchoolWorks staff have also conducted formal trainings for parents, foster parents, and others involved in advocating for children and youth in foster care and involved with juvenile justice. Those who were trained this year include foster parents, Court-Appointed Special Advocates (CASAs), juvenile court lawyers and judges, legal services lawyers, teachers and other DHS workers. Additionally, in almost every instance that SchoolWorks advocates attended an IEP meeting or a school disciplinary meeting, they modeled advocacy techniques which the parent, foster parent, or DHS worker might be able to use in a later meeting, either for the same child or for another. Formal evaluation of these training efforts is planned for year two.

- *Targeted systemic reform (TSR):* The first step toward improving the ability of various systems involved with delinquent and dependent youth to meet their educational needs is acquainting them with those needs. Few people in the foster care and juvenile justice systems are aware of the grim statistics about educational outcomes for foster children, and few in the educational system understand the disadvantages associated with being in foster care. Cross training and consciousness-raising has been an important activity. To that end, SchoolWorks presented information on foster children to the schools and information on education rights and responsibilities to the foster care providers and caseworkers. They also undertook a systemic challenge to a newly opened Receiving Center in Multnomah County which houses school-age children for anywhere from a few hours to over a week. Although the issue of school attendance had repeatedly been raised during the planning process, the Center opened with no provision to transport the children to school. After researching the law, SchoolWorks sent a letter to the cross-systems partners (Department of Education, Department of Human Services, Multnomah County, and the Christie School) that resulted in immediate (next day) action. All children housed in the Receiving Center on school days now attend.

Outcome Evaluation

During this first year, the program developed a Program Description, Logic Model, and Evaluation Measurement Plan. Preliminary progress on program objectives has been discussed throughout this report, and the findings appear quite positive. A more meaningful assessment of progress towards the program objectives awaits the pre post study planned for year two and the comparison group evaluation planned for years three and four.

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The primary outcomes of interest for ICA include: (1) re-enrollment in school, (2) establish special education eligibility, (3) new/updated school plans, (4) new services, (5) less severe disciplinary actions, (6) prevent suspension/expulsions, (7) reduce absences, (8) reduce juvenile court events, (9) prevent moves between schools, (10) more appropriate school placement, (11) cross-system coordination, and (12) improve academic achievement.

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

The primary outcome of interest for TSR is the achievement of various specific changes to relevant systems resulting in better education-related services for dependent and delinquent youth.

Lessons Learned

Invaluable lessons were learned during the first year of Byrne grant funding. At the inception of the grant, individual advocacy and representation was the only service offered. Since then, SchoolWorks has added the education and training component and the systems advocacy component. Despite the additional tasks associated with these new components, the work remains consistent with the guiding principles. As stated earlier, the most important factors in SchoolWorks success are the quality of the individual staff and the staff's ability to work as a team and to form teams with their evaluators, advisory group, and with community partners.

College Dreams

Josephine County Mental Health Department (JCMHD)

Program Purpose

JCMHD's College Dreams is a graduation incentive program for at-risk, but academically promising (2.75 GPA or higher) youth. College Challenge, a component of College Dreams, serves at-risk youth who have a GPA of 2.49 or lower.

The underlying premise of the program is that a strengths-based, school-based longitudinal intervention for at-risk youth can help to reduce academic failure (increase academic success) and reduce juvenile offenses.

College Dreams develops resiliency for at-risk youth within a social development model that provides opportunities, skills, and recognition. Participants earn college scholarship funds, incentive outings, and access to barrier removal funds by attending school regularly, attaining good grades, participating in healthy youth activities, and performing community service. Prevention Specialists provide an array of school and community-based services including: motivational interviews; educational, cultural, and recreational outings; academic monitoring and intervention; student and family counseling; skill-building groups, and leadership development activities.

College Challenge consists of a four session academic motivational enhancement intervention targeted at improving the GPA of participants and a flexible menu of subsequent booster sessions that are individualized in order to address participant issues.

College Dreams (and College Challenge) works with eligible students from the time they return participation contracts signed by them and their parents/guardians, until they graduate from high school or they repeatedly fail to meet contractual requirements.

The main goals of the program are to:

- Increase the rates of academic success, high school graduation, and college admissions of bright, at-risk youth.
- Increase the achievement motivation, social resources, and resiliency skills of at-risk youth in order to reduce school dropout, delinquency, violence, and substance abuse.
- Provide opportunities for at-risk youth to earn recognition and meaningful incentives for their academic success, healthy activities, and service to the community.
- Provide long-term mentors to guide, monitor, coach, and set appropriate limits for vulnerable youth during their pre-adolescent and adolescent years in order to reduce dropout, juvenile crime, violence, and substance abuse.

The specific objectives of the program are as follows:

- Refine the risk screening process and screening forms for all Byrne grant funded youth and include juvenile justice/criminal justice by parent, sibling(s), or youth that counts toward the minimum of two risk factors required for College Dreams participation.
- Provide Byrne grant funded services to at least 214 youth.
- Complete risk screenings at four schools for 5th graders (Early Dreamers).
- Complete a motivational interview with all eligible Early Dreamers.
- Provide services to Early Dreamers.
- Reduce sixth grade academic failure by 40 percent.
- Complete new or updated risk screenings on 65 tenth grade students in the oldest College Dreams cohort.

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- Provide services to 65 at-risk College Dreamers who are in tenth grade.
- For tenth grade College Dreamers, there will be 40 percent fewer students arrested for juvenile offenses than a comparison group.
- Complete risk screenings at two new secondary schools (Lincoln Savage Middle School and Hidden Valley High School) being served by College Dreams.
- Complete motivational interviews with all eligible students at Lincoln Savage Middle School and Hidden Valley High School (approximately 80).
- Provide College Dreams services to 80 students at Lincoln Savage Middle School and Hidden Valley High School.
- Decrease the academic failure and juvenile arrest rate of College Dreamers at Lincoln Savage Middle School and Hidden Valley High School by 40 percent.
- Update risk-screening data for College Challenge youth.
- Complete a motivational interview with all eligible College Challenge youth (approximately 44).
- Provide College Challenge services to 40 eligible at-risk students.
- Increase academic recovery rate of College Challenge to 50 percent above the baseline or comparison group academic recovery rate.

Target Population

College Dreams targets youth who attend school (in either fifth or tenth grade, or in any grade at Lincoln Savage Middle School or Hidden Valley High School) in Josephine County, have a GPA of 2.75 or higher, and have two or more risk factors including juvenile justice involvement for themselves or a sibling, or criminal justice involvement for a parent¹ and at least one other risk factor. Other risk factors include the following: low income, disadvantaged minority, nontraditional family, moderate achievement test scores, attending three or more elementary schools, and nine percent or higher absence rate.

To be eligible for the College Challenge component of College Dreams, youth must attend any school (grades 5 through 10) in Josephine County, meet the same risk factor criteria as youth in College Dreams, but have a GPA of 2.49 or lower.

At the end of year one, College Dreams staff was actively engaged with Criminal Justice Services Division (CJSD) staff to clarify changes to the target population for year two and to remedy outstanding financial issues. After much discussion, College Dreams staff asked to discontinue participation in the Byrne program and CJSD concurred. College Dreams was a promising prevention program that struggled from the beginning to meet program eligibility criteria outlined in the initial Request for Proposals. Rather than alter the nature of the program, College Dreams staff felt it was best to search for other funding.

Program Components

The program has multiple components including risk screening, motivational interviewing, mentoring, earned incentives, and motivational enhancement. Each component is described in full below.

- *Risk screening:* The risk screening is an essential component of the year one College Dreams program. College Dreams staff (Director and Prevention Specialists) conducted many risk and academic achievement screenings during the first year to determine who

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would be eligible for services provided through Byrne grant funding. This involved site visits to the applicable schools, reviewing school archival records, statewide juvenile justice and criminal justice databases, and key informants (e.g., students, parents, teachers, or other staff). All of the data was recorded into an improved database and those youth (with parent/guardian permission) who met the eligibility criteria were asked to participate.

- *Motivational interview:* Eligible students are invited to become a part of College Dreams during small group motivational interviews at their schools and informed that participation will support their efforts to graduate and go to college. Motivational interviews consist of discovering each student’s dream job(s), showing them the average salary levels of adults by educational level, and exploring the buying power of education. A practice exercise is conducted during which students look for \$60,000 and \$250,000 houses in real estate guides, \$9,000 and \$26,000 vehicles in new car buying guides, and “no vacation” or an annual vacation in travel agency brochures. A review of typical occupations and salaries by educational level allows students to discover the increased job selection and income that accompany higher levels of education. The session concludes with an overview of a contract specifying the student, parent/guardian, and program agreements that need to be signed by all parties for participation.

- *Sustained mentors:* Prevention Specialists spend two days per week providing outreach services for each of the secondary schools being served. Dreamers can participate from their program entry through high school graduation. This long- term mentor/student partnership develops strong working relationships among Prevention Specialists and Dreamers. Prevention Specialists assume many roles with Dreamers including: dream building, goal setting, personal and family support, recognizing achievements, academic monitoring, skill building, limit setting, crisis intervention, informal counseling, and resource brokering.

- *Earned incentives:* Dreamers earn a wide array of incentives by attending school regularly, obtaining a 2.75 to 4.0 GPA, being involved in healthy youth activities of their choice, and contributing service to their community. Program incentives include \$300 per year in college scholarship funds, special recreational outings, gift certificates, and special activities selected by participants. Typical outings include bowling, the family fun center, college sporting events, bookstores, plays, clothes shopping, and water parks. A barrier removal fund is utilized to provide scholarships to youth camps and special programs, as well as specialized uniforms or equipment required for participation (e.g., band instruments, soccer shoes).

- *Motivational enhancement:* College Challenge is a new program component for potentially eligible students who have low GPAs (below 2.49) and are therefore ineligible for College Dreams. The four session College Challenge Motivational Enhancement Program consists of a motivational interview, academic feedback, an exercise in decision-making, barrier identification, academic monitoring, empathic listening, progress incentives, and skill-building activities. A flexible menu of booster sessions is offered following the structured intervention in order to address individual participant issues, and to promote continued progress.

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Program Resources

Byrne Funding

College Dreams receives Byrne grant funding in the amount of \$200,000 and provides matching funds of \$66,667. The funds are utilized for personnel salaries, program materials and activities, and program evaluation services.

Program Staff

There are currently five Prevention Specialists who are responsible for providing motivational interviews, developing close mentor relationships, monitoring academic progress, developing resiliency skills, and conducting special incentive activities. All Prevention Specialists work flexible schedules in order to coordinate cultural and educational field trips, recreational outings, community service projects, and leadership development activities during non-school hours. The Program Director and Prevention Associate also provide direct services, especially in the areas of risk screening, developing and implementing College Challenge, and organizing special activities. College Dreams contracts with Dr. Hill Walker, a co-director of the University of Oregon's Institute on Violence and Destructive Behavior as the external evaluator for the program.

Collaboration

College Dreams has developed partnership relationships with local school districts, juvenile justice, a youth employment training program, youth activity programs, service organizations, the Department of Human Services, treatment agencies, and nontraditional partners. The collaborative partnership with school districts has provided the program with access to archival school records, the ability to work with participants at the schools they attend, and a number of other key resources (e.g., work space, school buses for incentive outings, chaperons). The internal program Evaluation Coordinator is a program manager for the Josephine County Community Justice Department, which has greatly enhanced the program's ability to collect data regarding juvenile offenses and criminal offenses for program eligibility determination and program evaluation purposes. Collaboration with nontraditional partners such as Kiwanis, Asante Health Systems, the Gordon Elwood Foundation, and Zonta has provided the program with numerous opportunities for large-scale community service projects. These sources have also provided multiple sources of competitive scholarship funding for Dreamers who are excelling in their academic achievement, overcoming significant life barriers, delivering high levels of community service, and participating in a wide range of healthy youth activities.

Program Progress

College Dreams spent most of the first year screening youth for eligibility and then beginning to provide services. College Dreams services were provided to several new cohorts that had not been served before: fifth graders, tenth graders, youth in Lincoln Savage Middle School and Hidden Valley High School, and youth who were not eligible for College Dreams based on GPA but who were eligible for College Challenge. Administrative staff at College Dreams spent much of the final quarter of the year reviewing data from the previous quarters to identify an adequate target population and justify previous program expenditures.

College Dreams

Josephine County Mental Health Department (JCMHD)

Process Evaluation

Clients served: From July 1, 2002 through June 30, 2003, College Dreams provided services to 353 clients. All of the clients match the target criteria for program services except for having the mandatory criminal justice or juvenile justice risk factor (as mentioned earlier, this was a new component to the program and gathering this data took most of the first year).

College Challenge enrolled youth who attended any school (grades 5 through 10) in Josephine County and met the same risk factor criteria as youth in College Dreams, but had a GPA of 2.49 or lower.

The primary barrier to participation is that there is a limited program capacity.

Program Implementation: The program was fully implemented during the first year. Specific progress within each of the primary program components is shared below.

- *Risk screening:* The criminal justice/juvenile justice risk factor was incorporated on the program risk screening form and into the eligibility determination process for program participation late in the first year. College Dreams completed risk screens (or updated them) on fifth grade students at four targeted elementary schools, tenth grade students, all students at Lincoln Savage Middle School and Hidden Valley High School, and 117 students at three middle schools who met College Challenge criteria.
- *Motivational interview:* Motivational interviews were conducted with 41 fifth grade students at four targeted elementary schools (37 students actually joined) and 82 students at Lincoln Savage Middle School and Hidden Valley High School (70 actually joined). In addition, motivational interviews were conducted with 58 middle school students who met College Challenge criteria.
- *Sustained mentors and earned incentives:* College Dreams' focus with Early Dreamers included monitoring their progress in transitioning to middle school, providing skill-building and counseling activities, and motivating their academic success.

A major focus of services for the oldest cohort of Dreamers (tenth graders) included counseling regarding difficult personal and family issues, as well as building skills for avoiding counterproductive behaviors such as truancy, drinking, and drug use. Strong personal relationships with the Prevention Specialists provided Dreamers with trusted role models and coaches for navigating the complex challenges faced by at-risk youth during adolescence.

The usual array of College Dreams Services was provided to the new College Dreamers at Lincoln Savage Middle School and Hidden Valley High School.

- *Motivational enhancement:* Prevention Specialists served both eligible students who were previously in College Dreams, until they became academically ineligible due to a drop in their GPA (to 2.49 or lower), and who were never in College Dreams. The Substance Abuse and Mental Health Services Administration (SAMHSA) Motivational Enhancement best practices guide was essential in developing this component of the

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program, as was the April 2003 training by a nationally certified trainer. An initial draft of the Academic Motivational Enhancement Procedural Guide has been written that provides an overview of motivational enhancement, target population screening and eligibility determination, and session-by-session activity descriptions.

Outcome Evaluation

During this first year, College Dreams developed a Program Description and is in the process of finalizing a Logic Model and Evaluation Measurement Plan which were delayed due to negotiations about the target population and program components. This plan will identify the components of both the Process Evaluation and Outcome Evaluation including specified short-, intermediate-, and long-term outcomes.

Lessons Learned

The most significant issue encountered during the first year of operations was confusion regarding the specification and refinement of College Dreams' target population. Current negotiations regarding the specification of a mutually desirable target population and program goals for subsequent years will provide clarity of focus on preventing juvenile violence through the College Dreams/College Challenge intervention.

¹ In year one, College Dreams gathered data on the juvenile justice and criminal justice involvement screening variables so they were not utilized as part of the list of risk factors that Prevention Specialists used to screen for eligible youth.

Offender Alcohol and Drug Treatment Programs

Table #3. Number, Gender, Race/Ethnicity, and Age Range of Program Participants

<i>Descriptive Characteristics of 2002 Offender Alcohol & Drug Treatment Participants</i>	<i>Offender Alcohol & Drug Treatment Programs</i>		
	<i>Transitional Offender Treatment Program</i>	<i>Tualatin Valley Centers Recovery Mentor Program</i>	<i>Umatilla County New Life Program</i>
Total Number of Clients Served	86	194	85
Gender (%)			
Male	85	69	87
Female	15	31	13
Age Range (%)			
Under 18	0	0	0
18-24	80	14	18
25-34	20	39	34
35-44	0	30	33
45-54	0	11	14
55-64	0	3	1
65 and over	0	1	0
Unknown	0	2	0
Race/Ethnicity (%)			
American Indian/ Alaskan Native	3	5	4
Asian	1	1	4
Black or African- American	2	1	1
White	83	88	80
Hispanic	11	2	10
Multi-racial	0	0	1
Unknown	0	3	0

Recovery Mentor Project

Tualatin Valley Centers

Program Purpose

Tualatin Valley Centers (TVC), in collaboration with Washington and Clatsop County Community Corrections, implemented an innovative recovery mentor program in July 2001 in order to enhance transition services for offenders with substance abuse issues who are in the process of moving from state and county institutions to the community. The purpose of the program is to provide intensive case management services to assist the offender's successful engagement in substance abuse treatment and the family's ability to support the offender's continued substance abuse treatment involvement. This approach is based on Central City Concerns "Recovery Mentor Model", a successful intervention program for heroin addicts in Multnomah County during 1999. A study found that the Mentor Program significantly increased the rate at which heroin clients referred from detoxification engaged in outpatient treatment from 51.6 percent to 85.2 percent. Mentored clients also exhibited significantly higher outpatient treatment completion rates of 45.2 percent compared to a 16.1 percent baseline rate. On an annual basis, this would represent a 278 percent increase in the number of clients successfully completing outpatient treatment over the baseline rate. To implement this innovative program, TVC Recovery Mentors established pre-release contact or reach-in with offenders who are referred to the program and then provide intensive case management and support in the early period after release from custody, as well as specialized aftercare services focusing on relapse prevention. Offenders are referred to the Recovery Mentor Project from the Clatsop County Jail or the Washington County Community Corrections Treatment Program that utilizes Moral Reconation Therapy®, a cognitive-behavioral approach aimed at altering how offenders make decisions.

The mentors keep offenders engaged in treatment through daily contact to ensure recovery support while addressing any crisis stabilization needs presented by the offender or their family. Once immediate or crisis needs are met, the offender's primary counselor monitors the plan and the mentor remains available for additional support. In addition, the Recovery Mentor Project strives to prevent recidivism among offenders by ensuring that they meet their community transitional goals by obtaining appropriate mental and physical health services, improve family relationships and communication skills, and complete supervision conditions.

The main goals of the program are to:

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

Recovery Mentor Project

Tualatin Valley Centers

The specific objectives of the program are as follows:

- 90 percent of referred participants will be enrolled and become actively engaged in the Recovery Mentor Project.
- Program participants will achieve 75 percent of their transition goals prior to program completion. Transition goals consist of meeting individual housing, employment, skills training, mental health, and substance abuse treatment needs.
- 80 percent of enrolled participants will become employed or enter vocational training.
- 95 percent of participants will obtain safe housing.
- 80 percent of participants referred for mental health services will actively engage in those services.
- 80 percent of participants with medical insurance (private or Oregon Health Plan) will obtain a primary care physician.
- 80 percent of participants will participate in family treatment as defined by clinical staff on individual treatment plans.
- Maintain a recidivism rate of new felony convictions 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 for all offenders measured at three years post supervision admission of 32 percent for Washington County and 25 percent for Clatsop County.
- 90 percent of offenders completing the program will satisfy parole and post-prison supervision requirements as determined by the supervising authority compared to a baseline average of 73 percent for Washington County and 65.5 percent for Clatsop County.

Target Population

Tualatin Valley Centers targets both male and female offenders, ages 18 and older in both Washington and Clatsop Counties who have alcohol and drug addictions and are preparing for release into the community. In Washington County, TVC operates a substance abuse treatment program within the Restitution Center, and participants anticipating release are invited to participate in the Recovery Mentor Project. Participation in the program is voluntary. In Clatsop County, inmates participating in TVC's treatment program at the Clatsop County jail are invited into the Recovery Mentor Project prior to release. However, due to a limited number of inmates completing treatment within the jail, Recovery Mentors also receive referrals from Clatsop County probation officers identifying inmates mandated for post-release substance abuse treatment.

Eligibility criteria for the program include: (1) substance abuse, (2) substance abuse along with a mental health disorder or co-occurring disorder, (3) age 18 and older, (4) offenders willing to participate or mandated for post-release substance abuse treatment, and (5) residency in Washington or Clatsop County. Upon referral, each offender will complete an alcohol and drug assessment and a mental health screening.

Recovery Mentor Project

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Program Components

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

Offenders move through the Recovery Mentor Project as follows:

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

Recovery Mentor Project

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Program Resources

Byrne Funding

The program receives Byrne grant funding in the amount of \$215,000 and provides matching funds of \$72,721. 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.

Program Staff

The Recovery Mentor Program is staffed by a total of two FTE Clinicians and three FTE Recovery Mentors. In Washington County there are two half-time Masters level Clinicians (one FTE). Washington County also employs three Recovery Mentors (two FTE). Clatsop County is staffed by one full-time Bachelor level clinician and one full-time Mentor.

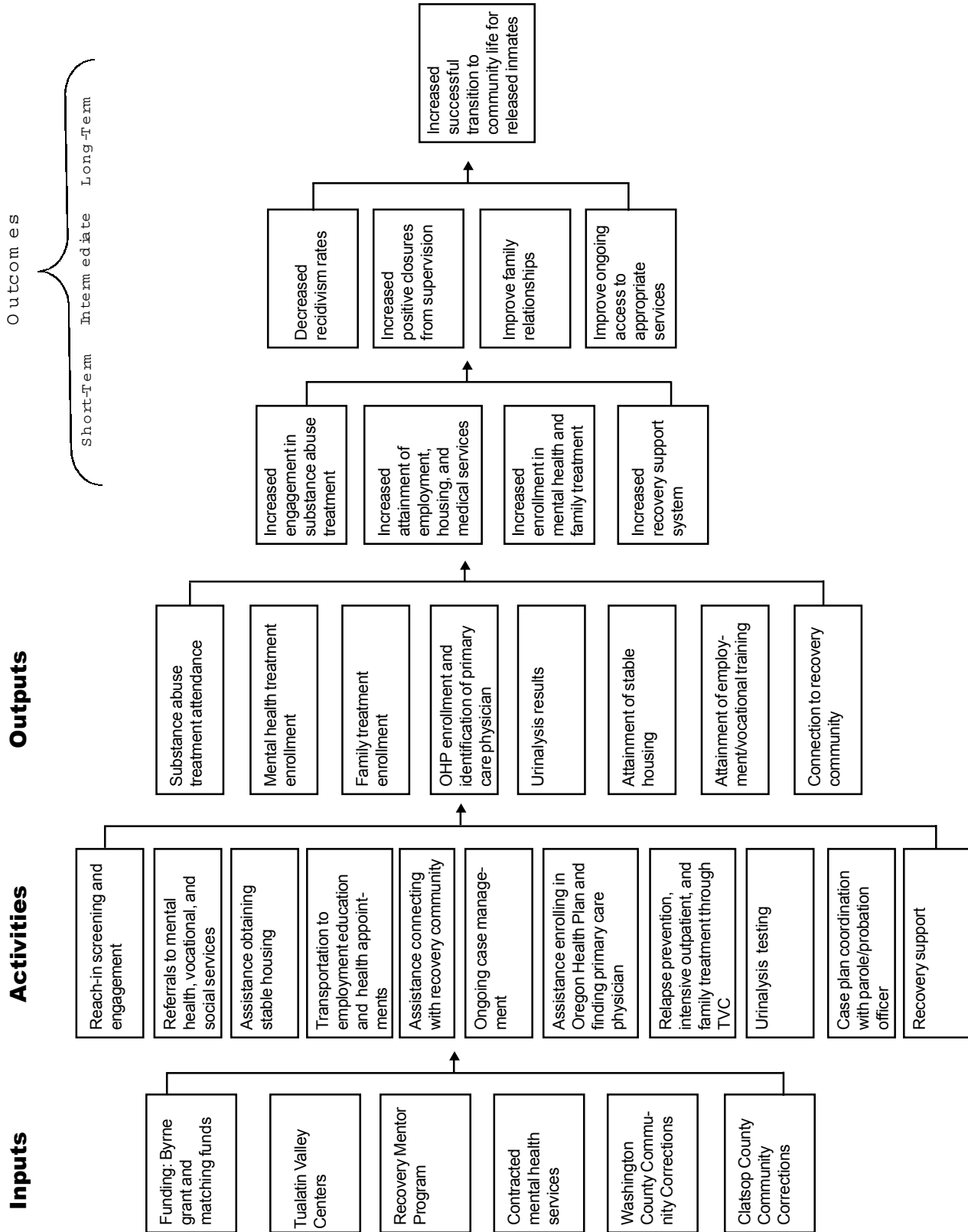
The Service Director for Adult Addictions works with the Program Directors to ensure that TVC is in compliance with the contract as well as with Oregon Administrative Rules. RMC Research, Inc., conducts program evaluation under contract with TVC.

Collaboration

The key community partners for the Recovery Mentor Project are Tualatin Valley Centers, Washington County Community Corrections, and Clatsop County Community Corrections. Ongoing meetings and involvement of probation officers occur on a regular basis. Offenders that are having difficulty maintaining compliance with program expectations may be staffed with the offender, Clinician, Mentor, and probation officer to develop a plan for successful completion. Probation officers are informed of the offender's progress in the program. Collaboration with other agencies for specific services is done on a case-by-case basis.

Program Logic Model

Tualatin Valley Centers-Recovery Mentor Project



Recovery Mentor Project

Tualatin Valley Centers

Program Progress

The TVC Recovery Mentor Project provides assessment and enhanced transitional services for adult offenders with substance abuse issues leaving institutions as they reintegrate into the community. The program emphasizes continuity of care through intensive case management with a Recovery Mentor that provides daily contact with program participants upon release as they seek drug-free housing, employment services, vocational training, mental health and other health services, and substance abuse treatment. These needs are identified on the program participant's transitional plan. During the second year, the program continued to provide intensive case management for program participants upon release with demonstrated progress in meeting the stated goals and objectives despite significant budget cuts at the State and County level. In Clatsop County, program participants exceeded stated goals of program engagement with participants also achieving the majority of exceeded employment goals with the majority also satisfying their parole and post-prison supervision requirements.

Process Evaluation

Clients Served

A total of 115 of the 135 referred participants became actively engaged in the program during the reporting period and completed the program. Another 59 participants continued to receive services (enrolled last year and still actively involved during the reporting period), for a total of 194 participants. Eighty-four percent (n=163) were White males between the ages of 18 and 45. A total of 135 participants' files were closed (50 were successful program completions and 85 were unsuccessful), while 59 participants continued receiving services.

The Program Director and evaluation staff met with Mentors and Clinicians to discuss data consistency and data entry issues and to conduct a database training to improve procedural consistency. A spreadsheet was created outlining data conflicts with the Recovery Mentor Access database. The Recovery Mentors in each County resolved the conflicts and created a form listing client goals to ensure data sharing. Staff also worked to address solutions for inconsistencies in recorded treatment entry dates due to gaps between clients' date of admission in the Recovery Mentor Project and date of admission for treatment with the substance abuse Clinician.

Outcome Evaluation

During this year, the program completed a Program Description and a Logic Model. The program continues to work with an external evaluator and meets to determine evaluation outcomes, data needed for evaluation, and procedures to collect necessary data.

Seven of the 135 participants who have completed the program have been convicted of new felony crimes for a recidivism rate of five percent.

Recovery Mentor Project

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Lessons Learned

One notable success is TVC's strong relationship with Community Corrections in both Counties. Having Mentors on site in the correctional facilities provides continuous communication between Mentors and probation officers. Case consultation and weekly staff meetings provide an on-going follow-up system ensuring that referred clients are seen as requested or reported to the probation officer as a no-show. Progress, or lack of progress, is monitored closely by program officials to ensure successful completion. Washington County Probation has identified two clients in particular that have been in and out of jail and treatment numerous times without success. These clients are now drug-free and haven't committed new crimes to date. The goal of reduced recidivism was achieved with only seven of 135 (five percent) successful completers being convicted of new crimes since the program was initiated.

Another key factor critical to the success of the program is the recruitment and hiring of qualified personnel, primarily Recovery Mentors. The ideal candidates were expected to have experience in recovery as well as the criminal justice system. The availability of qualified candidates is much greater in Washington County than in Clatsop County. Although some individuals interviewed well and had the required background, once hired their inability to engage as team players became evident and problematic. Specifically, three employees were unable or unwilling to understand and accept the role of the probation officers in this process. The Mentors tended to not communicate fully with them, creating an atmosphere of secrecy and mistrust. Once terminated, their absence placed additional expectations on existing Mentors and in some cases, clinical and supervisory staff, during the recruitment and hiring process. The program is fully staffed at this time and all are committed to the mission of assisting clients into recovery.

The loss of the OHP for most program participants had a direct impact on clients being seen for medical conditions. Many clients neglected their medical and dental health while actively using substances. Once in recovery, program participants required further evaluation and treatment. In addition, the loss of OHP revenue used for administrative costs was significant. Subsequent meetings with TVC and Community Corrections staff were able to redistribute funds from other programs to ensure continuation of administrative and Recovery Mentor services.

Another challenge is the lack of drug-free housing opportunities in Clatsop County. Available drug-free housing opportunities in Clatsop County are limited to renting rooms on a case-by-case basis. Oxford House has one facility but admission is limited due to availability. Washington County has adequate housing and the possibility of eight additional beds with housing coordinators are possible with the submission of a Request for Proposal to Washington County Community Corrections.

Although the Recovery Mentors worked closely with employers in both Washington and Clatsop Counties, there were few willing to hire individuals with criminal backgrounds. Operating programs in two different counties, one urban and one rural, indicates that clients face the same barriers to their recovery but the availability of resources is dramatically different. Recovery Mentors in both counties have networked well with employers. The response has been

Recovery Mentor Project Tualatin Valley Centers

much different in Washington County than Clatsop County with large retail operations in Washington County more willing to work with corrections clients than those in Clatsop County. The Recovery Mentor in Clatsop County indicated that the employers willing to hire corrections clients were more likely to be independent and own their own business (e.g., painting, construction), with some of them in recovery themselves. The Recovery Mentor in Clatsop County reported frequent calls for odd jobs of limited duration.

New Life Program

Umatilla County

Program Purpose

Umatilla County Community Corrections became responsible for the delivery of services to the probation, parole, and post-prison supervision population in January of 1997. These services included the custody provision for 857 offenders (612 probationers and 245 parole or post-prison offenders) who received sentences of 12 months or less. According to the Department of Human Services, Office of Mental Health and Addiction Services, adults abusing drugs in Umatilla County increased an average of 900 percent from 1997 to 1999. Current local data indicates that 31 percent of the post-prison population have an immediate drug offense that led to their incarceration. Umatilla County indicates that 65 to 70 percent of all post-prison offenders have a history of substance abuse or relevant problems associated with alcohol and/or substance abuse.

The purpose of the New Life Program is to address this need for substance abuse treatment for offenders by providing: reach-in services in the jails/prisons, inpatient substance abuse treatment in the jails/prisons and/or immediately following release, and community-based outpatient treatment and supervision upon release. The program provides a transition component including reach-in services prior to the release of the offender, housing for those who have either no residence or determined unsuitable residence, mental health services and medications, community-based treatment and educational services, and job skill development and placement. The holistic aspect of the program allows for flexibility in tailoring specific services to address the needs of offenders who may require services beyond participation in the standard level of program services. The New Life Program utilizes curriculum from the Truth Corrective Thinking Process® which addresses the offender's substance abuse and criminality related issues.

The main goals of the program are to:

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

The specific objectives of the program are as follows:

- A total of 85 offenders will be served during the year.
- 100 percent of offenders being released to parole or post-prison supervision in Umatilla County will be assessed for program eligibility.
- 70 percent of the offenders targeted for participation will become enrolled and actively

New Life Program Umatilla County

involved in New Life.

- Approximately 30 percent of enrolled offenders will have completed a structured treatment program while in prison or jail.
- Approximately 70 percent of enrolled offenders will have completed a structured treatment program immediately upon release from prison or county jail.
- 70 percent of those enrolled in the program will successfully complete the New Life Program consisting of community-based treatment services.
- 100 percent of offenders in the program who are unemployed will be referred to extensive job skills development and placement services.
- 75 percent of the offenders who have successfully completed community-based treatment and job skills development and placement services will obtain full-time employment upon program completion. This is compared to the average baseline data of 42 percent.
- 100 percent of offenders participating in the program will submit to weekly urinalysis testing, with 70 percent of those offenders testing negative for the use of a controlled substance, compared to baseline data of 46 percent.
- The recidivism rate among offenders convicted of felonies in Umatilla County and who have successfully completed the program will be reduced to 10 percent as compared to the average baseline rate of 17 percent.
- 80 percent of those successfully completing program services will receive a positive case closure at the end of parole and post-prison supervision.
- A family component meeting will be held once every quarter.

Target Population

The New Life Program targets male and female offenders, ages 18 and older, who have substance abuse issues and are transitioning from close custody from State prison or County jail. These offenders are primarily high-risk offenders who served a period of incarceration as a result of a serious felony offense or failure of a previously structured supervision program.

Eighty-three percent of offenders did not receive a structured treatment program while in custody. These offenders are assessed by the American Society of Addiction Medicine Inc. (ASAM) patient placement criteria for residential/inpatient treatment programs. Offenders meeting this criteria will be housed in a 24-hour residential program and remain in custody under the supervisory authority. Offenders who complete this treatment will then be released from custody and transition into the New Life Program for community-based treatment and intensive case management. Some offenders enroll directly into the New Life Program upon release from incarceration.

Eligibility criteria for the program includes: (1) substance abuse, (2) substance abuse along with mental health or co-occurring disorder, (3) age 18 and older, (4) offenders mandated for post-release substance abuse treatment, (5) offenders assessed with a high risk to re-offend through a risk assessment tool within the Oregon Case Management System, and (6) residence in Umatilla County. Upon referral, each offender will complete an alcohol and drug assessment and a mental health screening.

New Life Program

Umatilla County

Program Components

The New Life Program was designed with a cognitive-based program, which is supported by a holistic approach to addressing the offender's substance abuse and criminality issues. The following is a detailed description of the main program components:

- *Reach in:* Assessments are conducted for alcohol, drug, and mental health status. Offenders are screened and targeted for services up to six months prior to their release from prison or jail. It requires the supervising officer to make direct contact with the releasing authority, treatment provider, and offender for the purpose of developing a comprehensive transitional release plan prior to the offender entering the New Life Program.
- *In-custody alcohol and drug treatment or mandatory inpatient treatment upon release:* In-custody alcohol and drug treatment consists of a structured treatment program completed while in custody of the supervisory authority. Recognized treatment programs can be defined as those recognized by the Office of Mental Health and Addiction Services or other programs which meet the same criteria for Level II or Level III of the American Society of Addiction Medicine, Inc. (ASAM) Patient Placement Criteria for the Treatment of Substance-Related Disorders identified programs.
- *Outpatient treatment:* Cognitive-based program that addresses the offender's substance abuse and criminality related issues. Phase I requires group participation by the offender three nights per week for the first 90 days. Individual counseling is provided throughout the entire treatment process. The primary element is the delivery of treatment services with mandatory participation in community-based treatment programs. Additionally, offenders are required to attend self-help programs Narcotics Anonymous/Alcoholics Anonymous (NA/AA) at least three times a week. Phase II requires group participation by the offender two nights per week for the second 90 days for males, and 120 days for females. This phase continues to focus on enhancing the offender's cognitive development however, more emphasis is placed on the traditional aspects of alcohol and drug treatment. Male and female program participants are separated to address gender specific issues. Participation in community-based and self-help treatment programs are required three times a week. The Community Corrections Program Center provides the subsidized housing for offenders who are returning to the community. This safe environment provides offenders the opportunity to establish employment and community housing while attending treatment on-site. The transition component ensures that the release plan has identified a suitable residence for the offender upon release. If the supervising officer finds that the residence is unsuitable, the offender is required to reside at the Program Center. This has shown to be effective in establishing the offender's treatment program and ensures a drug-free and safe environment for the offender in the early months after release.

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- *Family Therapy:* The New Life Program includes the opportunity for a family member or significant other to participate in support services. These services are designed to assist the family in developing the knowledge and skills necessary to further support the offender's efforts in remaining crime and drug-free. In addition, it offers support while they are adjusting to the offender's return from an extended jail or prison term. Phase I requires that the family member(s) participate in at least a four-hour orientation which includes an overview of the New Life Program, its rules and program goals, as well as the offender's conditions of supervision. Participants are also assessed for participation in Phase II that offers the family member(s) continued support. Family counseling services are available and the supervising officer provides ongoing support by helping ensure the offender's continued participation in all required services while complying with conditions of supervision.

The holistic approach to these services further assists the offender by assessing all areas of the individual's life, then tailoring certain aspects of the program to address any special or specific individual needs or concerns which would have been identified on the transitional treatment plan. These specialized needs may include addressing such issues as mental health services and medication, disability services, parenting skills, establishing or reestablishing linkage to a specific culture or ethnic heritage, basic needs such as food, clothing or medical services, basic life skills such as learning to develop a budget, keeping a checking account, grocery shopping, nutrition, personal hygiene; as well as educational needs such as obtaining a GED. A comprehensive job skills development program along with job placement assistance is also available. For those who find themselves without the financial means of support or a safe residence to return to, temporary housing is available within the Umatilla County Program Center at no cost for the first 60 days following release.

Program Resources

Byrne Funding

The program receives Byrne grant funding in the amount of \$215,000 and provides matching funds of \$71,667. The majority of the funds are used for contractual services in outpatient treatment services, urinalysis testing, job skills development, and GED services.

Program Staff

The Umatilla County New Life program has a service delivery staff of 10. The total staff FTE is 6.35. Five staff are employed by Umatilla County Mental Health and provide direct services to the program through an Intergovernmental Agreement with Umatilla County Community Corrections. These include two full-time certified Alcohol and Drug Counselors who provide the direct treatment delivery and curriculum, one Clinical Supervisor (.06 FTE) who provides the oversight and supervision to the Umatilla County Mental Health staff, one Treatment Coordinator (.4 FTE) who provides for curriculum development and program delivery, and one Office Assistant (.5 FTE) who provides clerical support to the program. Umatilla County Community

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Corrections staff include the Grant Coordinator (.2 FTE) who is responsible for program development and the preparation of grant required documents, several Probation Officers (.5 FTE total) who provide the supervision component to the offenders, a Data Analyst (.5 FTE) who conducts data collection and data entry, and a Skills Trainer (.19 FTE) who provides urinalysis collection services. Through a contractual agreement with Blue Mountain Community College, one FTE provides the GED educational components and the job skills and development portions of the program. Finally, additional administrative staff provides oversight to the overall supervision of the program as well as preparation of budget and fiscal information. Future program evaluation services will be contracted with a Doctorate level student at the Criminal Justice Policy and Research Institute at the Hatfield School of Government at Portland State University.

Collaboration

The key partners for the New Life Program are Umatilla County Mental Health, Umatilla County Community Corrections, Blue Mountain Community College, the Alcohol and Drug Recovery Center, Oregon Department of Corrections, Umatilla County Jail, the Umatilla County Local Alcohol and Drug Planning Committee, and the Umatilla County Local Public Safety Coordinating Council. Collaboration between the various agencies/organizations occurs on a routine basis in order to improve the offenders' transition from incarceration to community based treatment. Service delivery staff is housed in the same facility and meetings include one-on-one discussions, multidisciplinary case reviews, and multiteam interventions. Service delivery staff meet in committee weekly, a transition committee consisting of treatment staff and supervision staff meet monthly, and local committees receive updated information concerning the program on a regular basis.

The transition committee is comprised of the treatment community partners, the community corrections administration, and the community corrections probation/parole officers. This coordinated effort allows for a smooth transition to the community. The Oregon Department of Correction (DOC) has identified this transition process as a priority through their designated Accountability Model and continues to improve the information, timeliness, and effectiveness of the release. The release timeline for the local model is consistent with the timelines for the DOC model. On average, this process takes three to four months, which also provides adequate time for the necessary reach-in and transition activities to take place.

Program Logic Model

Umatilla County Community Corrections—New Life Program

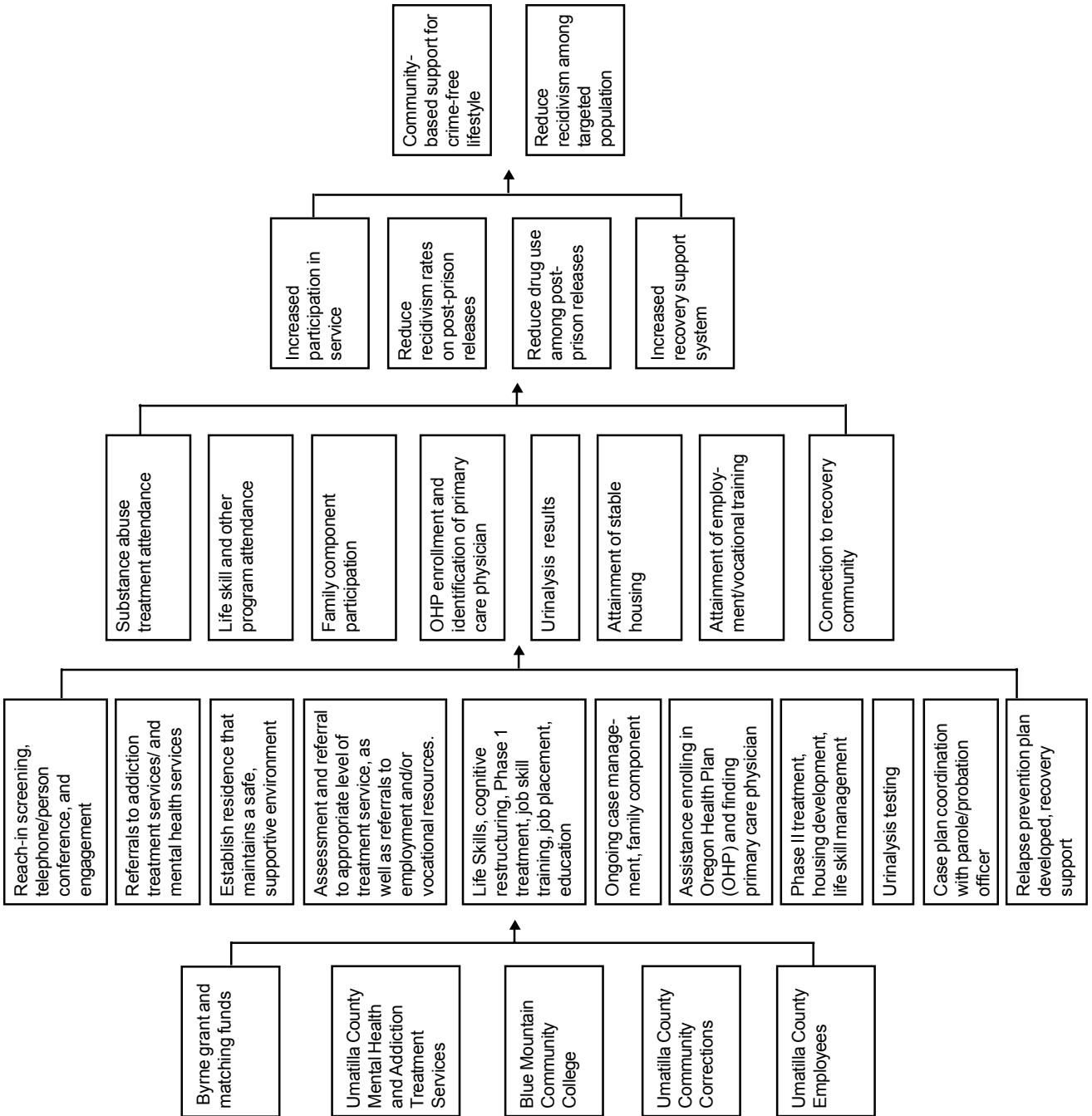
Goals

Outcomes

Outputs

Activities

Inputs



New Life Program

Umatilla County

Program Progress

The Umatilla County New Life Program addressed the need for substance abuse treatment for offenders by providing both reach-in services to offenders in state correctional programs and 28 to 42 days of inpatient/residential treatment for offenders during incarceration. Budget cuts at the state and county level led program officials to address a significant percentage of program participants that weren't receiving treatment during incarceration and to continue to provide community-based outpatient treatment along with intensive case management while offenders sought ancillary services (e.g., housing, employment, mental health and health services).

During the second year, the program developed partnerships to ensure these offenders received intensive level of treatment prior to engaging in the community based program. The planning with the offender, the supervisory authority and the treatment team continued to provide transition services. The program continues to meet most of the stated goals and objectives.

Process Evaluation

Clients Served

From July 1, 2002 through June 30, 2003, the program served 85 offenders. The majority of the participants (84 percent) were White males between the ages of 20 and 49. Of the 85 offenders served, 28 are still actively involved in the program. Fifty-seven have completed the program, 23 were successful completions (40 percent), and 34 were unsuccessful completions (60 percent). Three of the unsuccessful completions were a result of a closed treatment file as required by administrative rules. These closures were due to circumstances beyond the program's control and included one transfer to another county, one received medical treatment for cancer, and the last was returned to prison on a previous conviction. Other file closures were a result of the offender being unavailable for treatment caused by absconding supervision or serving a structured sanction. Once the offender is available for further participation a new referral is made and the condition to complete the program remains. All offenders participating in the program met the target population criteria.

Many barriers to treatment were evident within the targeted population. Limited treatment options are available in the prison setting and only 17 percent completed a treatment program while in custody. A separate contractual agreement with the Alcohol and Recovery Center (ARC) in Ontario was created in order to address the remaining 83 percent of the targeted population served in the New Life Program. ARC's intensive inpatient treatment program (28 days for men, 42 days for women) allows for quick referral of those in need during pre-treatment. Other barriers include access to medical care, limited resources dealing with the mentally ill and limited availability of continued aftercare treatment. The program has established two committees to discuss issues of mental health, medications, and continued aftercare. One committee is comprised of probation officers, administration, and the treatment Coordinator. The other committee is comprised of treatment providers, administration, and staff from Umatilla County Mental Health. Continued aftercare will provide intensive supervision and an aftercare group established by the treatment provider.

New Life Program

Umatilla County

Program Implementation

The data collected for this period indicates a successful completion rate of 40 percent. Program officials noted the difficulty in identifying characteristics that distinguished between successful and unsuccessful offenders by utilizing available data. The risk scores associated with the individuals provide no common correlation between success and risk to reoffend. The benefits of utilizing a more thorough risk tool (LSI-R) was identified in order to provide statistical data to support a theory identifying the characteristics between the successful population and the unsuccessful population. This risk tool is expensive and current funding and sufficient time for staff to implement the tool is not available. Therefore, program administrators intend to create other query options to include the information noted in the Diagnostic Assessment compiled by the treatment provider. This information could provide indicators of success based upon social factors including drug history, drugs of choice, consequences, medical history, gender specific issues, psychological history, family and interpersonal relationships, education, employment history, treatment acceptance/resistance, previous treatment episodes, external support, legal history, financial status, cultural background, and others.

The reach-in process has been further defined and modified to include an initial screening to determine substance abuse issues, referral to a Mental Health Counselor who then determines further eligibility requirements. Referral may be made by the Alcohol and Drug Counselor to ensure the offender meets established treatment criteria and is provided with required structured inpatient and/or residential treatment.

The in-custody treatment or mandatory inpatient treatment is determined prior to enrollment in the New Life Program. All offenders must complete either in-custody structured treatment or complete intensive residential treatment. These treatment sessions must comply with State recognized Level II or Level III programs. Enrollment of the offender into the New Life Program must include completion of the above-mentioned structured treatment.

The outpatient treatment program provides the established curriculum as developed. In addition to these services the program is developing a continued aftercare component to include additional supervision and structured aftercare groups.

The family therapy component continues to provide necessary services to the families of the offenders. The program provides a quarterly orientation and will provide these services in the community during evening hours for increased accessibility.

Outcome Evaluation

During this year, the program completed a Program Description and a Logic Model. During the first year of the program, grantees developed their capacity to conduct evaluation activities. During the second year, emphasis was placed on conducting process evaluation. The third and fourth years of the program will focus on outcomes. Umatilla County will contract with an external evaluator, Criminal Justice Policy and Research Institute at the Hatfield School of Government at Portland State University, to measure several common outcomes at baseline, program completion, and over a 12-month period. Early in the third year the New Life Program staff, external evaluator, and Byrne external evaluation consultant will complete an Evaluation Measurement Plan.

New Life Program Umatilla County

The New Life Program intends to continue to evaluate the program locally, utilizing an internal database for reporting purposes and continuing to utilize local access to the Law Enforcement Data System, as well as work closely with Program Design and Evaluation Services (PDES). With the technical assistance provided by PDES, program administrators will collaborate with other programs within the State to help identify common objectives and outcomes. Once those common outcomes are established, local data will be compared against an identified control group.

Of the 85 offenders served during the reporting period, 57 case files were closed. Of these 23 offenders (40 percent) successfully completed community-based treatment services and 34 offenders (60 percent) unsuccessfully completed.

During the reporting period, 85 percent of program participants (72) tested negative for the use of a controlled substance during program participation.

Eighty-seven percent of the 23 offenders (20) who successfully completed obtained full-time employment following community-based treatment and job development and placement services.

Of the 23 offenders who successfully completed, four participants (17 percent) were arrested but have not been convicted of a crime.

Lessons Learned

The challenge faced by Umatilla County was how to maintain the fidelity of the model while providing treatment during incarceration. Significant budget reductions were made on a state and local level which impacted the ability of communities to effectively treat and manage addicted/drug-involved offenders on parole/post-prison supervision and on community supervision. A growing percentage of offenders were released into the community without receiving treatment during incarceration therefore providing challenges during the reach-in process. By the end of this reporting period, grant funded resources were utilized to provide inpatient and/or residential treatment to those offenders who were assessed with a need for structured treatment prior to release. These offenders continued to receive intensive case management prior to enrollment into the New Life Program.

Other problems or barriers that have been identified and addressed to continue effective treatment:

- Budget cuts have reduced treatment resources by 20 to 30 percent; as a result, fewer offenders are being accepted into structured treatment programs. For those offenders who relapse, Community Corrections develops a new relapse prevention plan utilizing local resources or limited resources provided by Umatilla County Mental Health. The transition committee is looking at this issue and intends to monitor compliance of those offenders who have had a relapse prevention plan developed for them. The monitoring will consist of active supervision beyond that which is indicated by the current risk assessment tool, continued urinalysis, and required and verified community-based support attendance, such as NA/AA.

New Life Program Umatilla County

- Consistency with the reach-in process has led to successful identification of those offenders who are in need of service. Many of the offenders served under this program were previously supervised prior to their incarceration. The offender history maintained at Community Corrections helps with the assessment that may have been overlooked during prison assessment.
- Several committees have been developed to make recommendations or changes to the program when barriers or problems have been identified. Specifically, a transition committee, a treatment team, and a community partner committee were developed in order to remove barriers that may exist as a result of transition, which contribute to the lower number of participants being targeted. Barriers also included issues such as transportation, lack of previously available health insurance, mental health restrictions, medication requirements, lack of pre-treatment while in custody, and family requirements. This will continue to be a work-in-progress as issues and problems are identified.
- During program implementation, the contracted treatment providers experienced financial difficulty, which led to a new contractual partner. Available treatment providers were inexperienced in a cognitive model suitable for the high-risk population New Life serves. The program has since established a curriculum and provided adequate training for the cognitive model suitable for impacting offenders.
- Collaboration with community partners has been strengthened through this program. Core staff have developed a team to address the specific needs of the offenders participating in the program. This strong team concept has provided increased success among the targeted population.
- The job skills development and placement component of the program has provided the program a valuable link to the community. Many employers are working closely with the Community Corrections office and the employment division to establish this important piece of the transition. This portion of the program has allowed many offenders the opportunity for meaningful work previously not available to this population.
- All staff have recognized the successful implications of the program as it relates to those offenders who participate. Day-to-day recognition of the offender's success and drug-free lifestyle are evident among supervision staff and treatment staff.

Transitional Offender Treatment Program

Jackson County

Program Purpose

The Jackson County Transitional Offender Treatment program provides transitional comprehensive treatment services for 65 adult offenders age 18-25 released from state or local prison supervision. The primary goals of the program are to complete substance abuse treatment initiated in the correctional facility, ensure compliance with conditions of probation and parole, and provide community life services which support a present and future crime-free self-sufficiency. In addition to substance abuse treatment, the program focuses on health services, mental health services, career development, employment, education, and safe housing.

Alcohol and drug abuse is a factor in over 70 percent of the correctional population in Jackson County. In particular, methamphetamine abuse is connected with criminal behavior in both the criminal and child welfare courts. Increasingly, offenders have accessed some treatment in correctional facilities. However, the gains in recovery behavior that offenders make become easily lost in the transition into community living. Probation officers have high caseloads, access to treatment and recovery groups may be uncertain and lengthy, and returning offenders often have no realistic access to drug-free housing.

The main goals of this program are as follows:

- Reduce future criminal behavior.
- Decrease substance abuse.
- Increase life functioning which promotes non-criminal self-sufficiency.

The specific objectives of the program are as follows:

- 65 offenders will enter and become actively involved in the Transitional Offender Treatment Program.
- 90 percent of offenders receiving reach-in services will enter and become actively involved in the Transitional Offender Treatment Program.
- 100 percent of offenders enrolled in the Transitional Offender Treatment Program will have completed the development of their comprehensive transitional treatment plan within 30 days from the date of entry into the program.
- 80 percent of offenders who have completed the transitional treatment plan will receive services identified in the plan including: housing, employment assistance, or educational services.
- 100 percent of offenders will receive ongoing weekly urinalysis tests to ensure treatment accountability.
- 65 percent of offenders will successfully complete the community-based treatment program.
- The recidivism rate among program participants convicted of felonies in Jackson County will be reduced to 30 percent as compared to an average baseline data of 33 percent. The general Jackson County offender population rate is 32 percent for parole supervision and 23 percent for probation. About 45 percent of the Transitional Offender Treatment Program serves a parole population and 55 percent serves a probation population.

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Target Population

The population served in the Transitional Offender Treatment Program are young adults ages 18-25 with substance abuse problems who are transitioning into the community after incarceration in a state or local correctional facility. To be eligible to participate in the program, offenders should: reside in Jackson County, not be engaged in sex offender treatment, not have mental health issues or seriously violent behavior which precludes progress in substance abuse treatment, and have at least six months remaining of parole/post-prison time in their sentence.

Referrals to the program come from the Talent Release Center (local facility which has a substance abuse treatment program), Oregon State Correctional facilities and the Oregon Youth Authority (OYA) facilities. Correctional and jail staff screen offenders to identify eligible participants. Program staff receive referrals and screen for substance abuse and parole release dates. Offenders who meet all criteria receive reach-in services. Generally, about 80 percent of the population are male and 20 percent female. The population is highly mobile and generally has serious deficiencies in education, job, and social skills. Many come from families with criminal and substance abuse histories. Few have access to a non-criminal support system.

Treatment histories for clients show that the majority engaged in substance abuse and antisocial behavior throughout adolescence lack educational skills, job history or skills, and low social skills. The client's average initial score on a statewide correctional risk assessment is 10.75. A score of 10 or higher automatically places offenders in the high-risk to re-offend category.

Eligibility criteria for the program include: (1) substance abuse issues, (2) age 18 to 25, (3) offenders willing to participate or released to community parole, and (4) residence in Jackson County.

Program Components

The Transitional Offender Treatment Program has three major components: (1) an individualized assessment and comprehensive client plan, (2) substance abuse treatment and recovery services, and (3) case management and education services that assist clients in meeting the goals of their plan.

Individual Assessment and Comprehensive Client Plan

The individualized plan begins with the reach-in phase of the program. The Treatment Team identifies program clients while they are still incarcerated. One member of the Team has contact with offenders in the correctional facility and also talks with correctional staff. Possible goals and objectives are discussed as well as plans for immediate transition activities (e.g., where they will live, when they will get out, immediate program orientation activities). The Treatment Team staffs potential clients and makes the decision whether to accept them in the program. A client formally enters the Transitional Offender Treatment Program when they have been released into the community, have been assessed, have completed an initial comprehensive plan and have engaged in at least one treatment session. The initial comprehensive plan combines the parole plan, the American Society of Addiction Medicine, Inc. (ASAM) treatment plan, and the life skills functioning plan into a single integrated individualized plan.

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Treatment and Recovery Services

Treatment activity is driven by ASAM criteria and usually involves completion of treatment started in incarceration, inclusion of behavior cognition and recovery treatment, and attempts to tie clients to ongoing community recovery activities in Alcoholics Anonymous and Narcotics Anonymous. The client substance abuse assessment is updated during program enrollment in order to define the level of treatment that is needed on an individual basis. The client will then be assessed for a level of treatment ranging from residential to basic outpatient treatment. The Case Manager and Probation Officer monitors the treatment attendance and may offer support or place sanctions on the client. Support may include transportation or accompanying a client to an initial treatment session. A sanction may include community service, intensified supervision, or jail time. The client will participate in a variety of outpatient treatment groups on a weekly basis depending on the client's schedule and the focus of their problems.

Case Management

The Team is responsible for case management and the transition plan and usually focuses on safe housing, job replacement, and continuing education. The Case Manager will work closely with the client and Team (meeting one to four times a week) to ensure that the clients' progress is focused on the transitional treatment plan goals.

Program Resources

Byrne Funding

The Transitional Offender Treatment Program receives Byrne grant funding of \$211,511 and provides matching funds of \$67,170. Jackson County Health and Human Services uses Byrne grant funds for treatment, case management, and specialized probation services.

Program Staff

Program staff includes a program Administrator (.2 FTE), a program Data Manager (.2 FTE), a Treatment Counselor (.75 FTE), two Case Managers (2 FTE), and two specialized Probation Officers (2 FTE). One of the specialized Probation Officers serves as ongoing team leader and facilitates weekly staffing and planning meetings. The Treatment Counselor supervises the two Case Managers and also coordinates treatment with a wide variety of counselors who provide specialized treatment groups for clients. Depending on their individual needs, clients may be enrolled in a wide variety of treatment groups including intensive outpatient, gender-specific, residential, anger management, behavior cognition, or client recovery. The two Case Managers see clients several times per week, assisting them in getting to appointments, accessing services, and making progress on their individual goals and objectives. Case Managers continue to see clients even if they are serving jail time as a consequence of inappropriate or unacceptable behavior. The treatment staff is currently housed in the Community Justice Department offices.

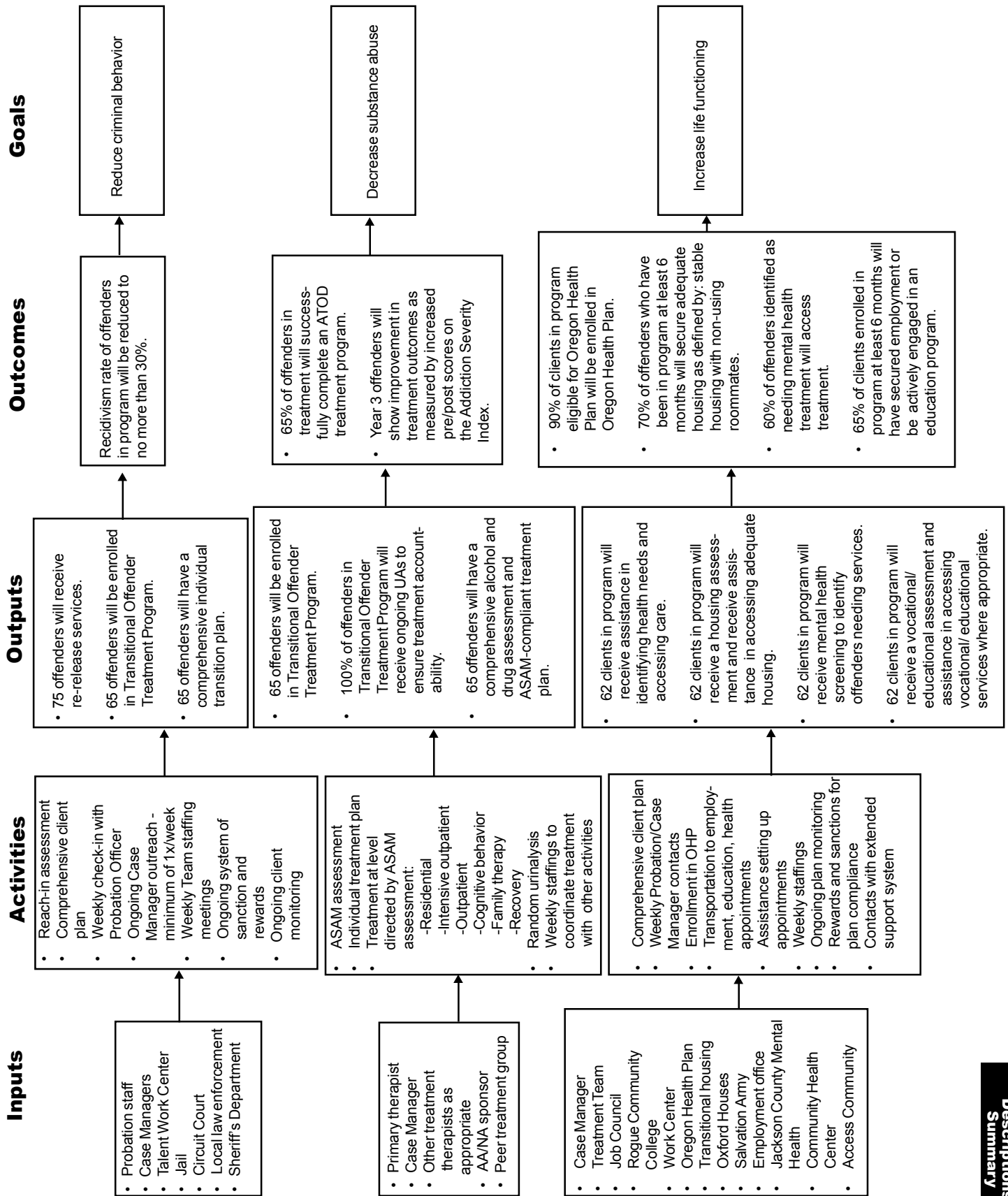
Transitional Offender Treatment Program Jackson County

Collaboration

The program Treatment Team meets weekly to staff all enrollees in the program and to make decisions about prospective enrollees. The treatment team includes the two Probation Officers, the project Coordinator, two Case Managers, and additional participants as necessary. This Team ensures ongoing coordination between the offender supervision and treatment services. The lead Probation Officer serves as the Team leader and initiates coordination with correctional reach-in facilities and with other members of the Community Justice Department. The project Coordinator collects information from other agency therapists working with program clients and presents information to the Team. The Local Alcohol and Drug Planning Committee (LADPC) functions as the Advisory Board for this grant funded program. The LADPC has assisted in problem-solving treatment access, given the budget cuts in substance abuse treatment services. The successful partnering and community collaboration has allowed this program to survive the budget cuts in every major partner service system.

Program Logic Model

Transitional Offender Treatment Program



Transitional Offender Treatment Program

Jackson County

Program Progress

The Jackson County Transitional Offender Treatment Program continued transitional comprehensive treatment services for offenders ages 18 to 25. During the past year, the program has been impacted by significant budget cuts at the state and county levels, which has led the county to consider serving offenders of any age in order to have an adequate target population group. A change may be made to address those offenders who receive treatment during incarceration and continue with community-based treatment upon release. In year 2, the program has continued to show progress in meeting most of the stated goals and objectives.

Process Evaluation

Clients served

A total of 86 offenders received services from July 1, 2002 through June 30, 2003. The majority of participants (71 percent) were White males between the ages of 18 and 24. Of the 86 served, 44 cases were closed and 42 are still actively involved with the program. Of those who were closed, 28 were successful completions (64 percent) and 16 were unsuccessful completions (36 percent).

One of the current barriers to participation in the program is the present budget crisis which has reduced jail time as well as access to substance abuse treatment, mental health treatment, and transitional housing. For some clients in very rural areas of Jackson County, transportation has been a barrier. Case management and probation activities can be done in the field but access to treatment, employment, and education raise transportation problems for clients in very rural areas.

Program Implementation

Eighty-six offenders were assessed and enrolled in substance abuse treatment. Offenders were offered a variety of treatment groups depending on their individual treatment needs and availability. The program Treatment Manager does all the initial client assessments and once the client is assigned to specific treatment groups, maintains ongoing communication to monitor client progress and attendance. The Treatment Manager also completes most of the monthly client treatment sessions.

Eighty-six offenders developed an individualized comprehensive plan which sets out treatment and correctional goals and requirements. Their life functioning goals cover housing, employment, education, and health needs. The two Case Managers work intensively with the treatment population in helping them achieve their life functioning goals. Arrangement for safe housing is a major focus for the reach-in process. Safe housing is defined as stable, drug-free housing. Enrollment in the Oregon Health Plan and active search for employment are generally the next priorities in a client's life functioning goals. Initially, the general focus in case management is to be very direct and intensively involved with offender's but to work in ways that build the offender's self-sufficiency and self-direction over time.

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Outcome Evaluation

During this reporting period, the program completed a Program Description and Logic Model. During the first year of the program, the grantee developed their capacity to conduct evaluation activities. During the second year, emphasis was placed on conducting process evaluation. The third and fourth years of the program will focus on outcomes. The program is in the process of identifying an external evaluator. An internal evaluator is currently responsible for managing data collection and providing reports throughout the funding period. Once an external evaluator has been selected, they will work with program staff and CJSD's external evaluation consultant to complete an Evaluation Measurement Plan.

This program has seen some very positive results in the inmates who successfully complete the program. Two-thirds of the inmates leaving the program have successfully completed their substance abuse treatment. Many of these clients have started treatment multiple times in the past and have never gotten beyond the first month of treatment. Many of these clients have treatment records going back many years. These clients show reduced usage although most relapse at least once while in the program. Eighty of the 86 clients (93 percent) relapsed at least once during the program year.

Several of the marked success cases came from multi-generational criminal backgrounds where the youth involved, in order to succeed, had to say good-bye to most of his/her biological family as well as his/her criminal lifestyle. One youth stated at the beginning that he "was tired of going to jail". Clients who did not succeed in the program were those who had no intention of changing or ones who had anti-social relationship connections that they could not escape. It was also found that clients with serious mental health disorders that prevented them from participating in substance abuse treatment activities did not gain from this program. However, many dual-diagnosis clients, whose mental health problems can be dealt with sufficiently with medication or counseling, were successful in the program.

Lessons Learned

While most members of the Transitional Offender Treatment Program Team have worked before with correctional clients, no one had specifically worked with this demographic group (ages 18-25, post-incarceration with serious substance abuse problems). The team was initially unprepared for the transience, volatility, and instability of this population. Because of the nature of the program, the Team has ongoing, close contact with clients in the program and thus was much more aware of clients' behavior and ongoing living situations. The Team quickly had to develop realistic boundaries and consequences for client behavior and to learn to attend to both positive and negative behaviors so that they did not ignore positive gains while dealing with ongoing problem behaviors. The Team itself quickly became mentors for many of the more successful enrollees and also learned to help clients find and develop other positive social connections.

While the Team has consistently adapted its program to best meet the needs of the program and clients served, there has been no major problems, changes, or modifications since the program's inception. The biggest change the program made was to define the population post reach-in. Before beginning the program, program officials anticipated that 100 percent of those

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receiving reach-in services would engage in the community-based program. In actuality, significant numbers (around 18 percent) didn't enroll in the community program because they either did not return to the community or they were jailed almost immediately upon reaching the community because of parole violations or new offenses. Subsequently, the Transitional Offender Treatment program population was defined as those clients who have completed their assessment and attended at least one treatment session.

The key factors to success in this program are:

- Reach-in program that assesses clients, develops some initial client goals and motivates clients before release.
- A Treatment Team which both holds clients accountable and can bond with them and work with them to reach positive goals. A Treatment Team with a sense of humor and the ability to look beyond a background of challenges and client problems and focus on the progress and potential success of a very difficult population.
- Close ongoing contacts with offenders to track them, hold them accountable, and offer them positive opportunities.
- Access to community transitional housing to assist clients in obtaining adequate housing.
- Collaborative treatment and correctional partnerships which work as a team on all levels from policy to implementation to communication.
- A treatment provider that goes beyond the norm to help clients without resources access a variety of treatment programs. This access is based on the need of the client.
- Capacity to select clients who have some motivation to change.

Program obstacles encountered in year 2 center largely on resource reductions because of ongoing budget cuts. The program was initially built around transitional offender housing which was already available (male) and that was created as a piece of the grant program (female). Corrections and treatment budget cuts have eliminated both housing units. The Transitional Offender Treatment program has had to work closely with alternative housing options to meet the housing objective in this grant. Thus far, Case Managers and/or Parole Officers have been able to use Oxford House, Salvation Army, and other subsidized housing to meet the needs of this population. If funding reappears in the next biennium, there is a plan to at least re-establish the male transitional offender housing. In addition, offenders in this program have lost some access to substance abuse treatment, mental health treatment, and medication. Using the case management capacities and the collaborative networks in the County, the grantee has been able to meet the prioritized needs of the population. However, the case management time required to get clients to access services has almost doubled over the last year.

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The largest obstacle the program now faces is the ongoing reduction of jail time and the loss of incarceration treatment services to the potential population. OYA referrals have decreased to almost zero because the current reduced cap on Jackson County OYA beds has resulted in an OYA population which are predominantly sex offenders. While the Transitional Offender Treatment program will accept sex offenders that have completed sex offender treatment, most sex offenders on parole are mandated into community sex offender treatment. The number of adult offenders serving extended time in the county correctional facility has decreased with ongoing budget cuts. Most inmates only begin the substance abuse treatment while incarcerated and the number completing 30 days of treatment while incarcerated has decreased by more than 50 percent. Many offenders are released early due to a significant loss of beds through the Talent Release Center or Oregon Youth Authority. This program is beginning to assist offenders in completing treatment upon release, either through residential or intensive outpatient treatment programs. Offenders are then enrolled into the Transitional Offender Treatment program for continuation of community-based treatment and intensive case management. Program officials may need to address serving offenders of any age in order to meet the model design (serving offenders that receive a minimum of at least 30 days of treatment during incarceration).