

FY 2003

Edward Byrne Memorial State and Local Law  
Enforcement Assistance Program Grant

# Annual Report

**Criminal Justice Services Division  
Oregon Office of Homeland Security**

**Governor  
Theodore R. Kulongoski**

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

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THEODORE R. KULONGOSKI  
Governor

January 1, 2005

Dear Oregonians:

It is with great pleasure that I present to you *Oregon's 2003 Edward Byrne Memorial State and Local Law Enforcement Assistance Program Annual Report*. This report highlights the accomplishments in Oregon's communities over the past year achieved with federal grant funds.

Between July 1, 2003 and June 30, 2004, the State of Oregon allocated over \$6 million of Byrne grant funds to state agencies, local governments, and non-profit organizations. These funds supported 40 programs in the following Priority Areas:

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

The juvenile violence prevention and domestic and family violence prevention programs, in particular, represent a four-year evaluation effort to implement model and innovative programs to determine "what works." I have great expectations in the positive results and lessons learned that will help guide policy decisions for future grant funding.

The *2003 Annual Report* shows how we have leveraged federal funds to develop a more comprehensive and responsive criminal justice system in Oregon. It is a story of which we can all be proud.

Sincerely,

THEODORE R. KULONGOSKI  
Governor

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# Introduction

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

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

The *2003 Annual Report* covers Byrne grant program performance and expenditures between July 1, 2003 and June 30, 2004. 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 *2003 Annual Report* includes program performance in seven priority areas identified for the Byrne grant program by CJSD and the Oregon Governor's office:

1. **Law Enforcement Aimed at Disrupting the Manufacture, Distribution, and Use of Illicit Drugs: Multijurisdictional Narcotics Task Forces**  
Seven regional multijurisdictional narcotics task forces were awarded a total of \$1,086,000 to disrupt the manufacture and distribution of illegal drugs and the diversion of precursor chemicals used to manufacture these products. These programs run from July 1, 2003 to June 30, 2004.
2. **Substance Abuse, Counseling, and Education Services Aimed at Reducing Juvenile Involvement in the Criminal Justice System**  
Eight programs in six counties were awarded a total of \$1,507,810 for efforts aimed at reducing juvenile crime and delinquency. Seven programs are in their third year of funding—these programs run from October 1, 2003 to September 30, 2004. One program is in its second year of funding and runs from July 1, 2003 to June 30, 2004. One additional program was discontinued mid-year.
3. **Alcohol and Drug Treatment Aimed at Reducing Recidivism Among Adult Offenders Transitioning from Correctional to Community Living**  
Two programs in three counties were awarded a total of \$733,404 to provide treatment and transitional services for drug dependent offenders. These programs run from October 1, 2003 to September 30, 2004. One additional program was discontinued mid-year.

4. **Criminal Justice and Community Services Aimed at Preventing and Treating Domestic and Family Violence and Its Consequences**  
Eleven programs in six counties and one statewide program were awarded a total of \$1,044,206 for efforts aimed at improving the criminal justice and community response to domestic and family violence. Eight programs are in their third year of funding-these programs run from October 1, 2003 to September 30, 2004. Three programs are in their second year of funding-these programs run from July 1, 2003 to June 30, 2004.
5. **Electronic Data Collection and Management Systems Aimed at Improving the Availability of Statewide Law Enforcement and Criminal Justice Information**  
Three statewide programs were awarded a total of \$323,330 for efforts aimed at maintaining the accurate and timely collection, processing, and transport of crime data between user systems and various databases in Oregon and the National Crime Information Center.
6. **Developing or Improving the Capability to Analyze DNA for Identification Purposes.**  
One statewide program was awarded \$61,531 to improve the efficiency of DNA sample collection, screening, and analysis.
7. **Evaluation Aimed at Improving the Effective Use of Federal Grant Funds**  
Three grants totaling \$887,842 were awarded to conduct comprehensive evaluations of funded juvenile violence prevention, domestic and family violence prevention, and offender alcohol and drug treatment programs and continue the implementation of the cultural competency plan for programs serving victims of domestic violence, sexual assault, and stalking.

# Governor's Drug and Violent Crime Advisory Board

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

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

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

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

**Daniel Coulombe, Chief**  
Hermiston Police Department

**David Daniel, Sheriff**  
Josephine County

**Joyce DeMonnin, Program Coordinator**  
Washington County Sheriff's Office

**Nancy Glass, Public Health  
Researcher & Nurse**  
OHSU Center for Health Disparities Research

**Scott Heiser, District Attorney**  
Benton County

**Lana Holman, Juvenile Justice Specialist**  
Oregon Criminal Justice Commission

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

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

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

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

# Executive Summary

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**B**etween July 1, 2003 and June 30, 2004, the Criminal Justice Services Division (CJSD) awarded over \$6 million of Byrne grant funds to state agencies, local governments, and non-profit organizations for 40 programs designed to reduce drug use and violent crime. Of these 40 programs, 23 were community-based programs to either prevent juvenile violence, domestic or family violence, or to intervene with offenders with substance abuse problems and were selected for comprehensive evaluation efforts. CJSD worked with the 23 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.

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

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

The 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. Overall, task forces reported the seizure of 222 methamphetamine labs and 4,832 drug-related arrests. In addition, task force members made 283 presentations on methamphetamine awareness and prevention to over 5,772 people.

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

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

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- 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 HomeWorks 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.

Three innovative programs were funded. They are: the Oregon Council for Hispanic Advancement’s ¡Poder! program, the Oregon Department of Education’s Project SUPPORT, and the Juvenile Rights Project’s SchoolWorks program.

Project SUPPORT withdrew from Byrne funding after two quarters into the reporting period. Among the reasons, the state budget crisis forced state administrators to make very difficult decisions regarding its commitments to the numerous prevention programs that it was involved in. At the same time, Oregon Department of Education (ODE) was experiencing a reorganization of its agency that led to a change of strategy and direction for its programs. A final decision to end Byrne funding came after a determination was made by the Office of the Attorney General that changed the methods by which ODE can obtain payments to support youth in transitional service programs.

The eight 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 eight 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:

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- From July 1, 2003 through June 30, 2004, the eight juvenile crime prevention programs served 621 youth.
  - 32 percent of the 620 youth served were members of a racial or ethnic minority group.
  - 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 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 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.
  - 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.

During the 2003 fiscal year, the eight 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 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.

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

The three offender alcohol and drug treatment programs 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.

Jackson County withdrew from Byrne funding after three quarters into the reporting period. The major obstacle to the Transitional Offender Treatment Program was the loss of the eligible population due to the closure of the Talent Work Center. Several options were attempted to overcome this obstacle, however, once it became clear that Jackson County could no longer

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recruit a large enough population that had at least 30 days of treatment in a secured correctional facility, Jackson County requested termination of the program.

The other two programs are located in diverse regions of Oregon and serve slightly different populations with somewhat different services.

The New Life Program in rural eastern Oregon (Pendleton) 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 Recovery Mentor Program is run by LifeWorks NW (formerly Tualatin Valley Centers) 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 Program works 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, 2003 through June 30, 2004, the two offender drug and alcohol treatment programs provided services to 302 offenders.
- From the inception of the New Life Program through June 30, 2004, 96 percent of the offenders in the New Life Program did not have any subsequent felony convictions.
- Preliminary analyses of recidivism data for offenders in the Recovery Mentor Program show a relationship between successful treatment completion and successful outcomes. The recidivism rate for offenders in the Recovery Mentor Program was 13 percent (lower than the statewide average and the county baseline rate). Of the 40 clients who received new felony convictions after participating in the Recovery Mentor Program, 36 clients did not complete the program.
- Both the New Life Program and the Recovery Mentor Program devoted a great deal of effort toward helping offenders who were unemployed to gain employment. A total of 92 percent of graduates from the New Life Program were employed at the time of graduation.

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

Eleven domestic or family violence prevention programs are categorized as *innovative programs*. 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 Latina 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. The Immigrant and Refugee Community Organization (IRCO) continued the Domestic Violence Education Program for Immigrant and Refugee Women in Multnomah County. Catholic Charities' Immigration Services continued to work on the VAWA Immigration Project to help immigrant victims of domestic violence statewide.

Mirroring research nationwide that supports the importance of providing services to children who have witnessed domestic violence, Byrne grant funds supported two innovative programs for children. Looking Glass continued 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



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Oregon town of Astoria. All misdemeanor and felony domestic violence offenders who were eligible for this program received enhanced supervision and batterer's intervention. Services were also provided to victims.

Finally, one award was made to the Governor's Council on Domestic Violence to continue public hearings around the state regarding the community response to domestic violence and the development of policies and legislation to improve the criminal justice and community response to domestic violence.

The domestic or family violence prevention programs faced many successes and challenges during the 2003 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 2003 fiscal year.

- From July 1, 2003 through June 30, 2004, the 11 domestic or family violence prevention programs provided services to more than: 1,809 adult and child victims/survivors of domestic violence served through face-to-face contact; 11,699 victims/survivors served through the centralized crisis line; and reached 219 offenders either through prosecution or batterer's intervention program.
- Kids First Safe Alternatives Center in Lane County continued to operate at full capacity with many clients on the waiting list for program services. The program provided more than 1,200 safe supervised visits and exchanges this year for parents of 56 children without any incidents of physical assault. In addition, preliminary evaluation data indicates that after engagement in the program, custodial parents reported improvement in their child's safety and well-being as well as their own.
- The KidSafe program operated by Project DOVE is a supervised visitation and exchange program in rural Malheur County, similar to Kids First Safe Alternative Center in Lane County. Operated on a much smaller scale, the program made significant improvements in various aspects in this second program year over last year. The program provided 30 families with more than 560 supervised visits and exchanges, over six times as many as last year. The vast majority of these clients were rural, Hispanic, and/or low-income families.
- 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. Since the beginning of the program, the program has submitted VAWA applications for legal immigration status for 141 families (including 55 this year). To date, none of these applications have been

denied by the U.S. Citizenship and Immigration Services (USCIS). Staff also initiated a long-delayed pro bono training program this year in which non-immigration attorneys and interpreters were trained to assist and represent immigrant victims of domestic violence in the VAWA application process.

- The Enhanced Shelter Services program continued to assist victims/survivors of domestic violence in making informed decisions regarding their safety and well-being. Evaluation results to date indicate program participants received assistance with safety planning, and gained knowledge about domestic violence and available resources. Eighty-four percent of program participants reported that the shelter staff helped them with creating, updating, or reviewing a safety plan; 90 percent indicated that they learned about domestic violence and its effects; and 91 percent reported that the shelter helped them to find out about community resources.
- The H.E.R.O. for Kids program implemented by the Multnomah County Department of Community Justice (DCJ) struggled with a lack of referrals of potential clients to the program early this year due to continued budget cuts and staff reduction within the DCJ's referral sources. However, by changing the initial referral strategy and expanding the referral base in the middle of the year, the program was able to overcome this issue and nearly met or exceeded the annual objectives in terms of the number of clients served. Additionally, preliminary evaluation findings were encouraging. Parents reported that after completing the program, children who had an emotional and behavioral health problem at program intake showed an overall improvement. Parents also reported that as a result of the program, their communication with and empathy for their child increased.

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

Byrne grant guidelines require that five percent of the state's annual award be set-aside to improve criminal justice records. These funds may be spent on programs that promote: (1) completion of criminal histories to include the final disposition of all arrests for felony offenses, (2) full automation of all criminal justice histories and fingerprint records, (3) frequent submission and improved quality of criminal history reports to the FBI, (4) improvement of state record systems and the sharing of all records described above with the Attorney General, and (5) improvement of state records systems, the sharing of all the records described above, and the child abuse crime records required under the National Child Protection Act of 1993. During 2003-2004 three programs were awarded funding to enhance criminal justice information sharing capabilities and improve the collection and automation of criminal justice records.

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

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

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

PDES also assisted CJSD in monitoring and evaluating domestic violence and sexual assault programs funded by the STOP Violence Against Women Formula Grant (VAWA). Two major evaluation activities conducted on VAWA funded programs in 2003, were: 1) a survey of domestic violence victims residing in one of the 28 VAWA-funded domestic violence shelters, and 2) an analysis of the shelter program data collected by the Oregon Department of Human Services, Children, Adults and Family Services. These two studies collected and analyzed information on what services clients received, their satisfaction with those services, and key outcomes of the shelter services such as safety planning and client satisfaction. The following is a summary of the key findings of the two studies:

- VAWA-funded domestic violence shelter programs provided a range of services to over 5,000 women and children across Oregon annually.
- Women who stayed in VAWA-funded domestic violence shelter programs were diverse in terms of their background characteristics. Almost one-third of shelter residents were members of a racial/ethnic minority group compared to 13 percent of Oregon's female minority population. Twelve percent spoke a language other than English. Twelve percent of the women reported having a disability. Over half of the women who stayed in shelters also brought their child(ren) with them.
- On average, women stayed in shelter for 16 days, however the range was wide (from one night to 354 nights) and the length of stay varied across age, race/ethnicity, having children, and involvement with the abuser.
- Approximately 86 percent of women either created or updated a safety plan while staying at a domestic violence shelter. Women who were under the age of 21, stayed less than one week, and who were in rural areas were less likely to have a safety plan upon exit from a shelter.
- Overall, most women (94 percent) reported being satisfied or very satisfied with their experience staying in shelter (e.g., felt safe, basic needs were met, staff respected them, etc.).
- Women reported needing many community-based services (the top five were food and clothing, housing assistance, transportation, health care, government benefits, and childcare) that varied based on demographic factors, shelter location (urban vs. rural), length of stay in the shelter, and previous experience in a domestic violence shelter.
- The top five services that women reported needing help with but not receiving included employment, healthcare, education, housing, and mental health treatment.

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The results of these two studies were presented to the STOP VAWA Advisory Board. Based on these findings, new strategies were recommended by the Board members to improve data collection as well as services targeted at high-risk populations (i.e., women of younger age, with children, women who stayed in shelters for less than a week, and women from rural areas).

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

During the period of July 1, 2003 to June 30, 2004, CJSD continued to contract with Dr. Barbara Glick, Research and Evaluation Consultant, to complete a number of tasks in support of the strategic planning, grant administration, and monitoring/evaluation activities related to two federal grant programs awarded to Oregon by the Office of Justice Programs, Department of Justice, and to begin to provide grant administration and reporting assistance related to three grant programs awarded to Oregon by the Office for Domestic Preparedness, Department of Homeland Security. The following is a summary of work completed by Dr. Glick on four projects during this grant period.

First, Oregon's existing implementation plan for the STOP VAWA Grants Program was updated, reorganized, and rewritten on behalf of CJSD to more thoroughly document the planning process, context, and key components involved in administering these funds. Relevant state and local agencies were contacted and internet research was conducted to obtain the necessary statewide data and other information. The *2003-2006 STOP Violence Against Women Implementation Plan for Oregon* was drafted, input was solicited from the Oregon STOP VAWA Advisory Board, and the plan was submitted to the Office on Violence Against Women.

The new implementation plan for the Oregon STOP VAWA Grants Program details the: a) Planning process conducted by CJSD, including working closely with the STOP VAWA Advisory Board to set policies and make funding recommendations, reviewing data from a wide range of sources on violence against women in Oregon, and partnering with other statewide domestic violence and sexual assault policy work groups; b) Context of the policy recommendations for the plan, as revealed through the most current statewide and regional demographics, prevalence and reported incidents of violence against women in Oregon, studies of the services needed by female victims of violence in Oregon, cultural competency needs of Oregon service agencies, and state administered resources currently devoted to addressing violence against women; and c) Key components of the plan, including the designated priority areas for funding, Request for Proposals process, distribution of funds across types of services, funding allocation rationale and formula for non-competitive (victims' services) subgrant awards, priority areas addressed through FY 2003-2004 STOP VAWA subgrantee program funding, the *Cultural Competency Plan for Programs Serving Victims of Domestic Violence and Sexual Assault in Oregon* developed in 2002, monitoring and assessment of subgrantee programs, and annual implementation calendar. New consideration is also given to the potential role of the Oregon STOP VAWA Grants Program in serving victims of elder abuse.

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Second, work continued on the collaborative implementation of the *Cultural Competency Plan* on behalf of CJSD and two other state departments (the Crime Victims Assistance Section of the Oregon Department of Justice and the Children, Adults, and Families Office of the Oregon Department of Human Services) that also administer funding for programs serving victims of domestic violence, sexual assault, and stalking in Oregon. Arrangements were made for a pilot cultural competency training that employed a Train-the-Trainer method, whereby selected participants were to be prepared to disseminate information and skills to others. Funding for the training was provided by a grant from the Training and Technical Assistance Center of the federal Office for Victims of Crime (TTAC/OVC). The training (which took place in Eugene, Oregon) was delivered to a group of 26 individuals (that included 16 Hispanics, two Native Americans, one African American, and one Asian/Pacific Islander) representing 23 subgrantee programs (from five of Oregon's seven domestic violence service regions and nine counties) and the three state administering agencies (SAA). The National MultiCultural Institute's Train-the-Trainer (NMCI) *Cultural Considerations in Assisting Victims of Crime* curriculum (which was selected because it specifically supports the goals of Oregon's plan) was delivered by NMCI-trained independent professional presenters.

A survey assessment of the program and the presenters designed by TTAC/OVC was completed and submitted to TTAC/OVC on behalf of CJSD. In addition, a second assessment of the training was developed and implemented (using both quantitative and qualitative survey methods) for subgrantee program participants, SAA participants, and trainers in Oregon. The primary focus of this second assessment was to determine whether the NMCI curriculum and method of delivery could serve as a model for the full scale implementation of the training component of the *Cultural Competency Plan*. On the TTAC/OVC survey items (which employed a three point scale where one indicated "poor" and three indicated "well"), the mean participant rating was 2.7 for the training program and 2.9 for the presenters. On the Oregon survey items (which employed a five point scale where one indicated "low" and five indicated "high"), the mean participant ratings were 4.3 for the extent to which the information and skills presented during the session would be helpful in working with diverse clients and interacting with diverse co-workers, 4.4 for the extent to which the session had reinforced information and skills they already had and/or taught them new information and skills, 4.2 for the extent to which the session had prepared them to design and deliver cultural competency trainings with another participant, and 4.2 for the extent to which the session had given them information to help them promote organizational change. However, while the presenters reported that the majority of pilot participants were positively engaged in the training, they also reported that many participants needed more time and opportunity to practice teaching their newly gained knowledge and skills than that available during the training. Therefore, a recommendation was made to continue using the NMCI curriculum and Train-the-Trainer method with some practical modifications that would enable participants to gain more experience delivering the curriculum before they conducted their own trainings. Details of the data obtained in both the TTAC/OVC and Oregon surveys were written up in the *Follow-Up Assessment of the Pilot Train-the-Trainer Session in Cultural Competency for Programs Serving Victims of Domestic Violence and Sexual Assault in Oregon*.

The results of the follow-up assessment of the pilot Train-the-Trainer session were shared with the STOP VAWA Advisory Board on behalf of CJSD, and a pilot test of the operational standards of the *Cultural Competency Plan* with a group of similarly diverse subgrantee programs was

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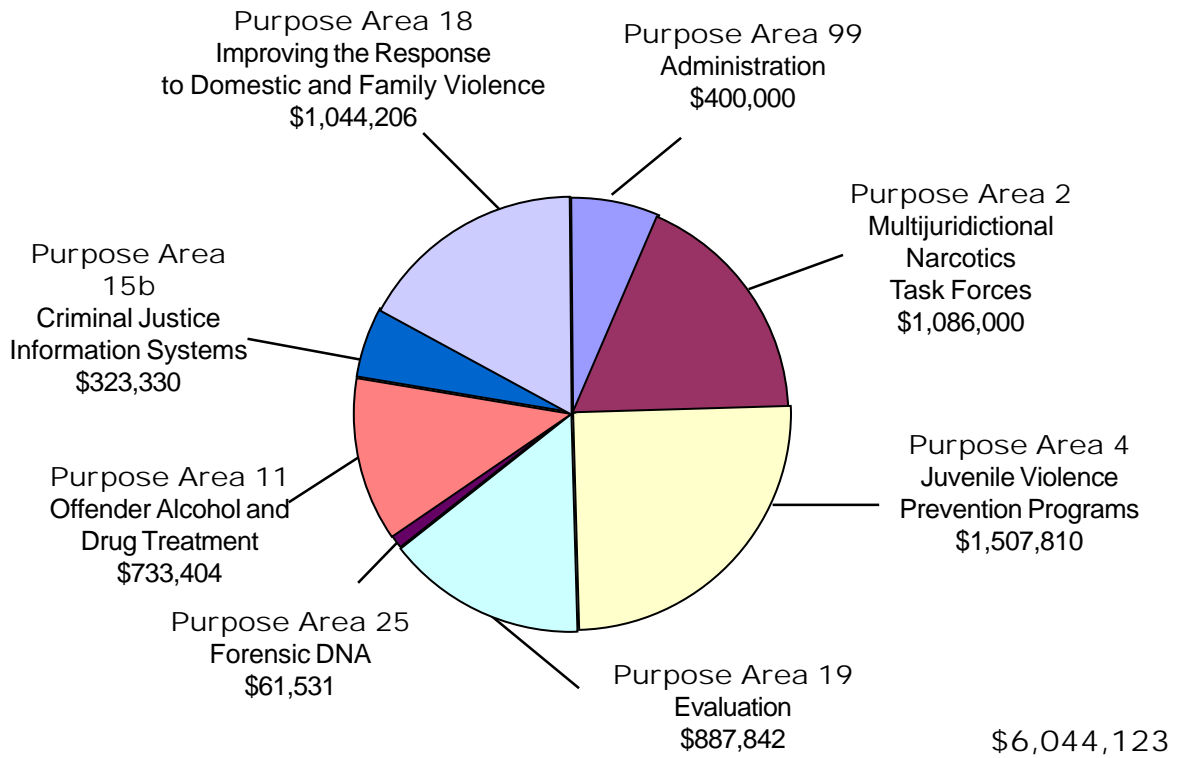
recommended as the next step. Because of the large number and potential complexity of the operational standards for subgrantee programs, a few STOP VAWA Advisory Board members expressed concern about how to proceed. These Advisory Board members formed a subcommittee for the purposes of resolving their concerns. In order to assist the subcommittee in its efforts, a description of progress made to date was detailed in the *Cultural Competency Plan for Programs Serving Victims of Domestic Violence and Sexual Assault in Oregon: Status as of December 2003*.

Third, Oregon's existing strategy for the Edward Byrne Memorial State and Local Law Enforcement Assistance Program Grant was updated and reorganized on behalf of CJSD to comply with newly developed federal guidelines. Byrne Grant coordinators at CJSD and other state and local agencies were contacted and internet research was conducted to obtain the necessary statewide data and other information. The *Edward Byrne Memorial State and Local Law Enforcement Assistance Program Grant Strategy for Oregon: Fiscal Years 2004-2008* was prepared and submitted to the Bureau of Justice Assistance.

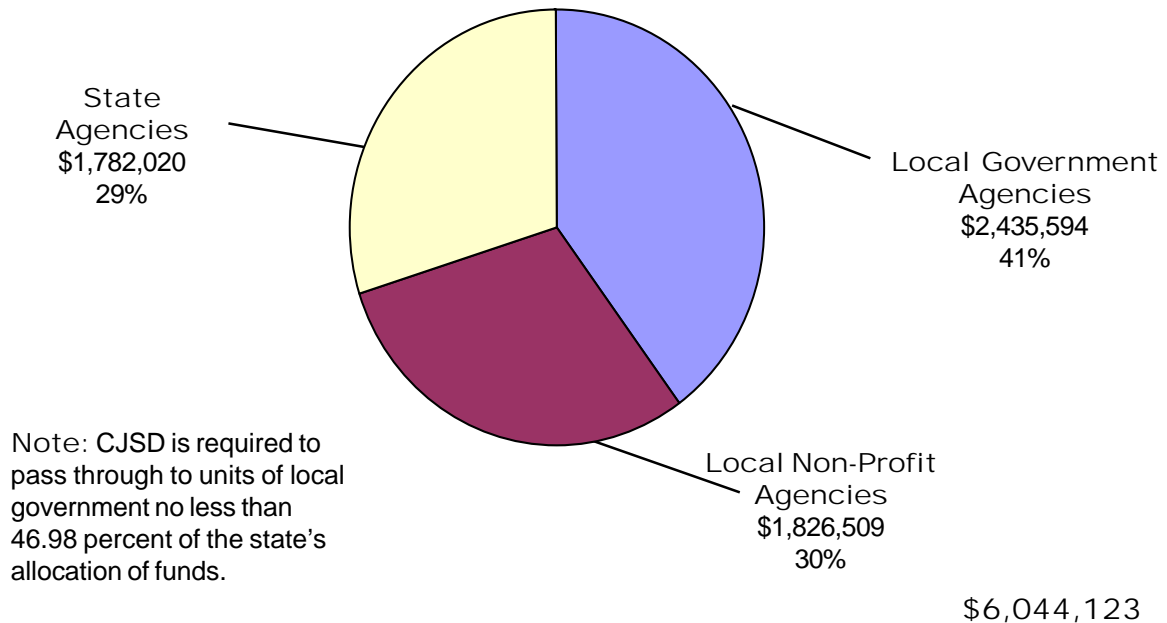
The new strategy provides a framework for the implementation and evaluation of the Oregon Byrne Grant by describing areas of statewide need and methods of targeting these areas with Byrne Grant funds. In addition to the two federally mandated priority areas for Byrne Grant funding related to electronic data collection/management systems and program evaluation, four areas of programmatic need specific to Oregon are identified in relation to the most current available statewide data on trafficking of illicit drugs and the growing problem of methamphetamine, juvenile substance abuse and crime, domestic violence and elder abuse, and adult substance abuse related crime and recidivism. Each of the seven identified priority areas for the Oregon Byrne Grant is outlined in the strategy, with particular attention to what it seeks to accomplish and how the performance of grant funded programs will be measured. New consideration is given to expanding Oregon's efforts to address the problem of methamphetamine manufacture and the health and safety risks to children present during manufacture and use or cared for by methamphetamine users, the potentially negative long-term consequences of childhood witnessing of domestic violence, and the safety and well-being of elders who have been abused. Recommendations were also made on ways to expand the pool of information on program effectiveness available to all state administrative agencies supporting the prevention and treatment of illicit drug use and violent crime.

Fourth, technical assistance was provided to subgrantee programs receiving State Homeland Security Grant Program funds. For FY 2004-2005, the Office for Domestic Preparedness, Department of Homeland Security set up a new federal reporting process for states that requires developing and completing an Initial Strategy Implementation Plan for each new subgrant. This work, which began during the last month of FY 2003-2004 and continued well beyond the period of this Byrne Grant Annual Report, will be described more fully next year.

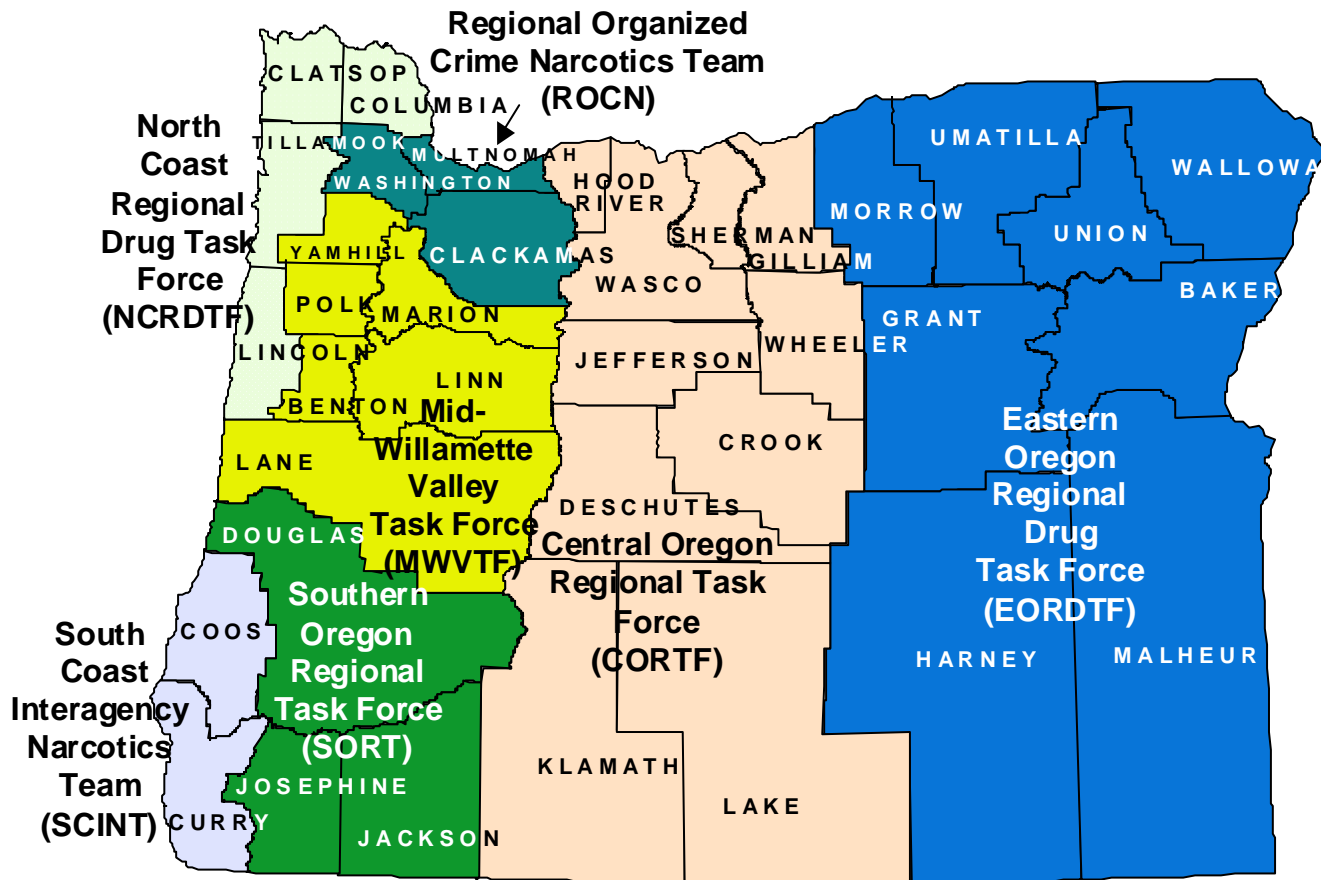
### Distribution of Awards by Purpose Area



### Distribution of Awards by Agency



# Multijurisdictional Narcotics Task Forces



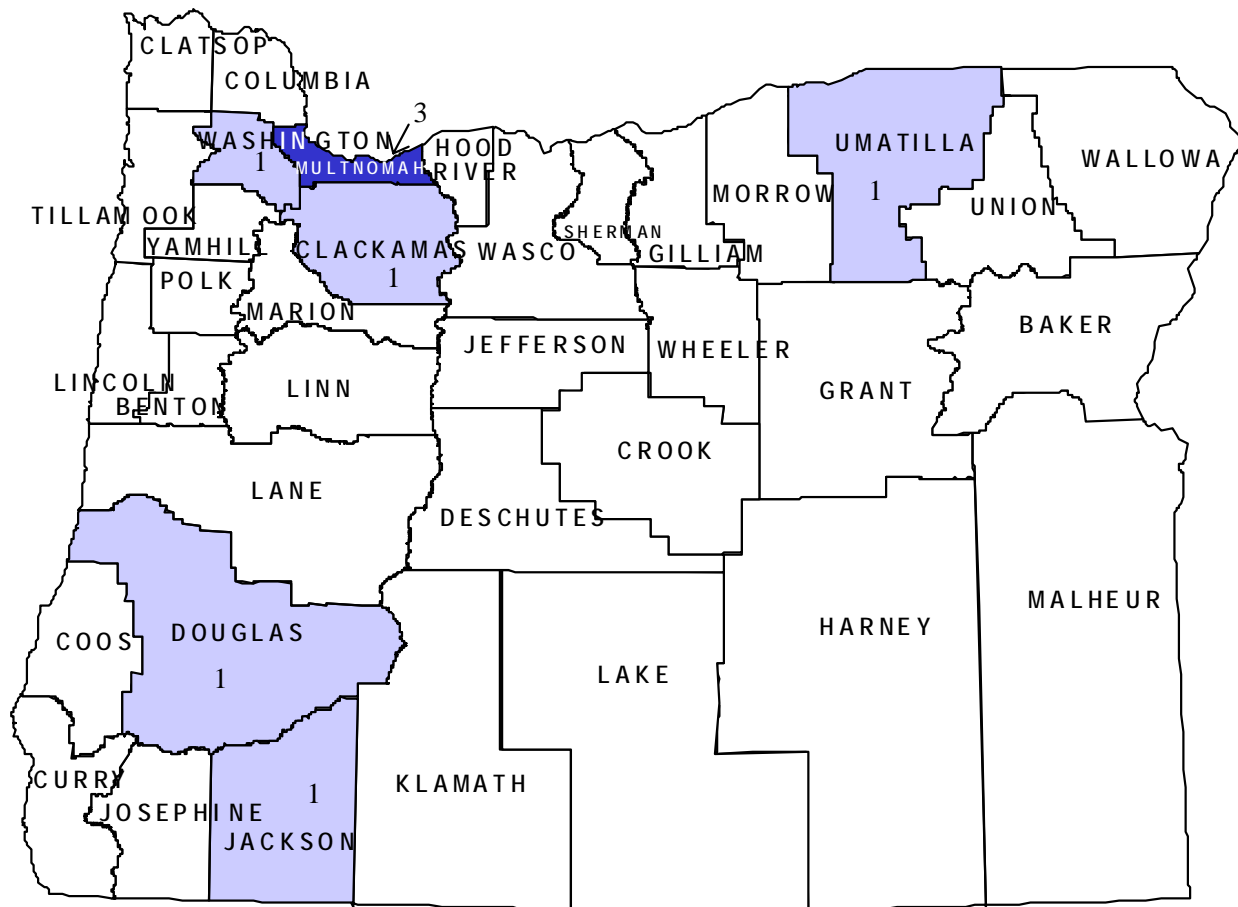
**M**ultijurisdictional Narcotics Task Forces fall under the umbrella of seven drug task force regions: North Coast Regional Drug Task Force (NCRDTF); Regional Organized Crime Narcotics Team (ROCN); Mid-Willamette Valley Task Force (MWVTF); South Coast Interagency Narcotics Team (SCINT); Southern Oregon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



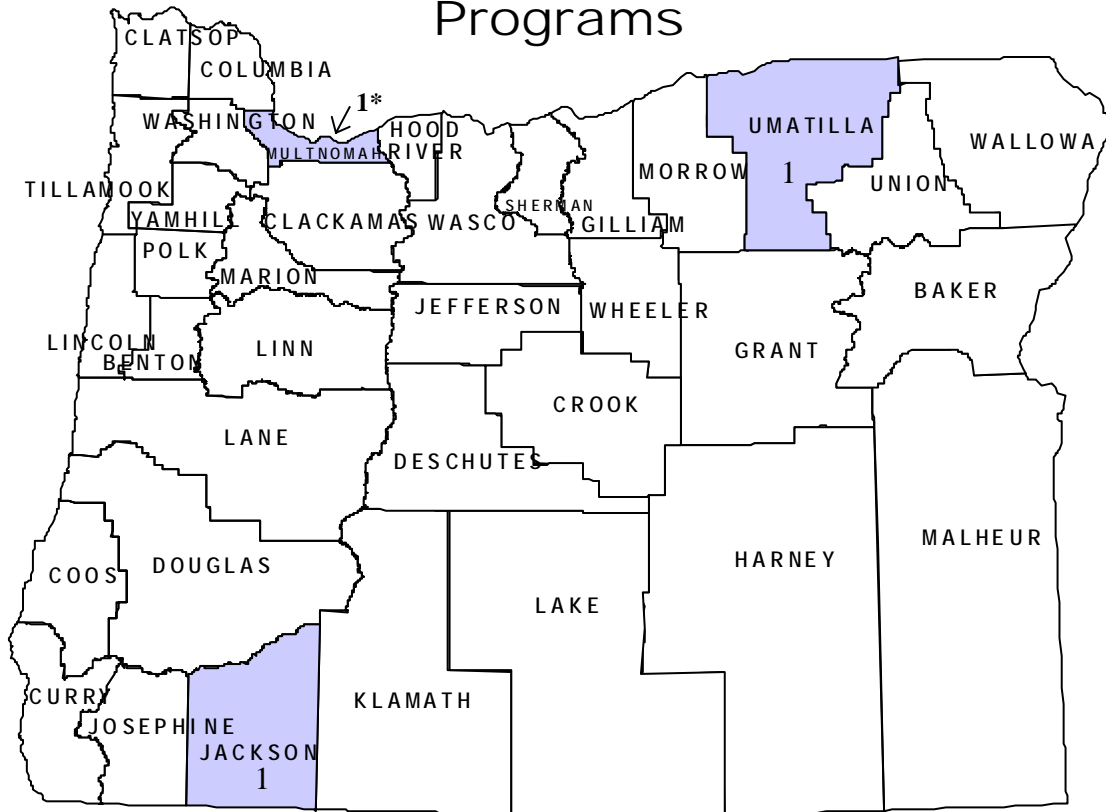
# Geographic Distribution of FY 2003 Byrne Grant Funds

The following charts identify the number of Byrne funded juvenile violence prevention, offender alcohol and drug treatment, and domestic and family violence prevention programs within each county. It is important to note that several programs serve more than one county, therefore these charts only identify the actual number of programs funded between July 1, 2003 and June 30, 2004, not how many counties benefit from Byrne grant funds.

## Juvenile Violence Prevention Programs

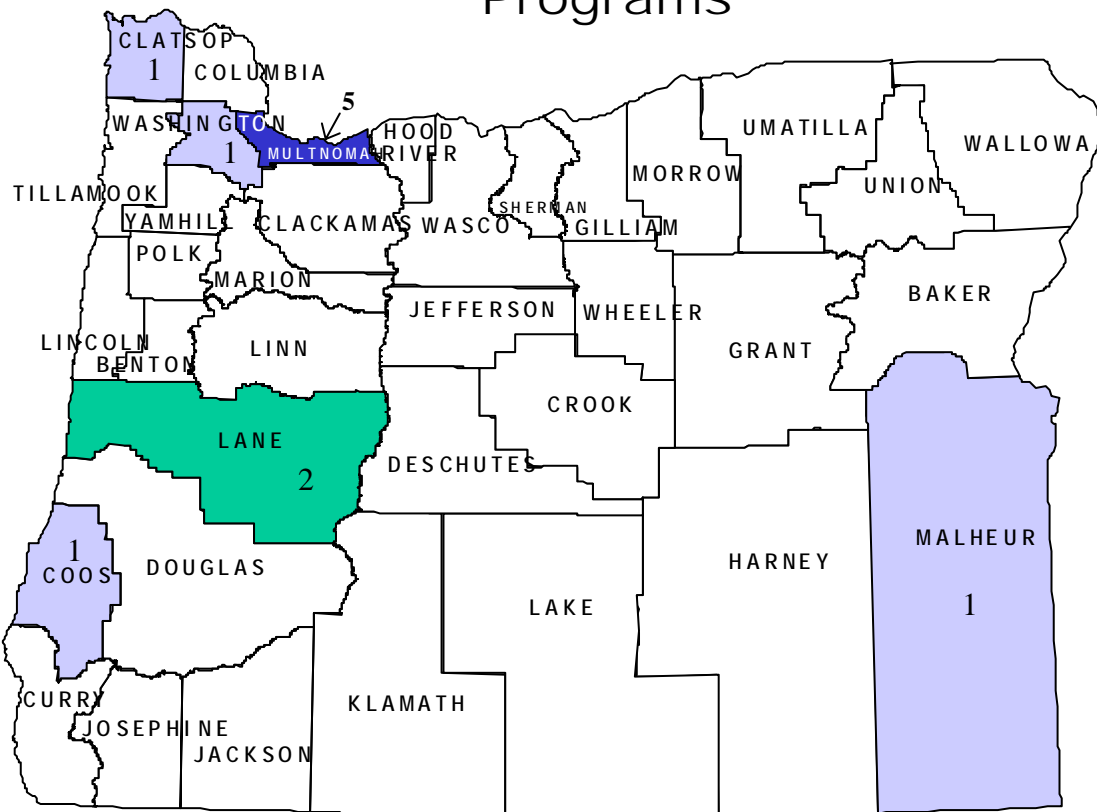


# Offender Alcohol and Drug Treatment Programs



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

# Domestic and Family Violence Prevention Programs



# Program Summaries: Multijurisdictional Narcotics Task Forces

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# Performance Measures: Multijurisdictional Narcotics Task Forces

Table #1. Multijurisdictional Narcotics Task Forces Performance Measures

<b>Multijurisdictional Narcotics Task Forces</b>							
<b>Performance Measures</b>	<b>NCRDTF</b>	<b>SCINT</b>	<b>CORTF</b>	<b>SORT</b>	<b>MWVTF</b>	<b>ROCN</b>	<b>EORDTF</b>
Number of Offenders Arrested	211	157		3,483			234
Number of Marijuana Plants Seized	1,154	55	5,691 plants and 57 grows				
Number of Methamphetamine Labs Seized	17		22	97			86
Number of Drug Seizures		15,087 grams	10,723 grams				
Number of Offenders Prosecuted					19	50	
Number of Cases Opened/Referred	-	-	-	-	698	51	-
Number of children referred to DHS for Child Neglect/Endangerment	24	46		261			

# North Coast Regional Drug Task Force (NCRDTF)

## Tillamook County Sheriff's Office

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### Program Purpose

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

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

The overall goals of the program are to:

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

The objectives for the NCRDTF are to:

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

### Program Performance Measures and Outcomes

The performance measures for this program are:

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

Outcomes for NCRDTF include:

- A total of 1,154 marijuana plants were located and destroyed during the grant period.
- A total of 24 referrals were made to the Department of Human Services and 26 arrests were made for selling dangerous drugs within 1,000 feet of a school.
- A total of 17 methamphetamine labs/dumpsites were located and destroyed and 185 arrests were made for manufacturing.
- A total of 211 searches were conducted during the grant period and 215 arrests were made.

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

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- NCRDTF conducted 103 educational presentations to community organizations and schools with over 2,200 community members and students attending.

### Program Resources

#### *Byrne Funding*

North Coast Regional Drug Task Force receives Byrne grant funding of \$110,000 and provides matching funds of \$36,667. During the period July 1, 2003 through June 30, 2004, the program expended \$110,000 in federal funds, and \$219,822 in match funds.

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

# South Coast Interagency Narcotics Team (SCINT)

## Coos County Board of Commissioners

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### Program Purpose

South Coast Interagency Narcotics Team (SCINT) fulfills law enforcement needs to member agencies in surrounding Coos, Curry, and western Douglas Counties by providing investigators that respond to drug related cases information sharing between other jurisdictions, as well as training to landlords, law enforcement personnel, and citizens. SCINT also partners with local schools, state agencies, and youth-oriented organizations to ensure the safety of children. 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.

The goals of SCINT are to:

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

The objectives for SCINT are to:

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

### Program Performance Measures and Outcomes

The performance measures for this program are:

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

Outcomes for SCINT include:

- A total of 157 arrests were made for drug-related charges compared to 97 arrests the previous grant period.
- A total of 15,087.97 grams of various drugs were seized compared to 36,446.48 the previous grant period; 55 marijuana plants were seized compared to 493 the previous year.
- SCINT made 22 referrals for 46 children found living in homes with drug activity.
- The mapping system and database were developed and are in the process of being installed. Once the Mapping System and Database are fully operational they will link departments and allow SCINT to disseminate information to its officers in the field in a more timely manner.
- SCINT continues to hold bimonthly investigator meetings to share information and collaborate on investigations and cases.
- SCINT officers and staff made 23 educational presentations to 1,172 people.

## South Coast Interagency Narcotics Team (SCINT) Coos County Board of Commissioners

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### Program Resources

#### *Byrne Funding*

South Coast Interagency Narcotics Team receives Byrne grant funding of \$175,000 and provides matching funds of \$58,333. During the period July 1, 2003 through June 30, 2004, the program expended \$163,773 in federal funds, and \$67,534 in match funds.

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



# Central Oregon Regional Task Force (CORTF)

## Deschutes County Sheriff's Department

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### Program Purpose

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

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

The goals for CORTF are to:

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

The objectives for CORTF are to:

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

### Program Performance Measures and Outcomes

The performance measures for this program are:

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

Outcomes for CORTF include:

- A total of 57 marijuana grows and 5,691 plants were seized; an increase of 128 percent and 61 percent respectively.
- The total number of methamphetamine labs seized remained the same as the previous grant period at 22; the amount of methamphetamine seized was 10,723 grams compared to 6,842 the previous grant year (a 57 percent increase).
- The number of charges for the grant period was 919 compared to 686 the previous year, a 34 percent increase.
- The Task Force conducted 45 public education presentations, a 137 percent increase from the previous grant year.

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

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- A total of \$208,850 of cash seizures for forfeitures was made during the grant period, compared to \$59,000 for the previous year.

### Program Resources

#### *Byrne Funding*

Central Oregon Regional Task Force receives Byrne grant funding of \$110,000 and provides matching funds of \$36,667. During the period July 1, 2003 through June 30, 2004, the program expended \$110,000 in federal funds, and \$108,059 in match funds.

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

# Southern Oregon Regional Task Force (SORT)

## Josephine County Sheriff's Office

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### Program Purpose

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

A good portion of the geographical area that SORT covers is primarily rural and is popular for methamphetamine manufacturing. Although the number of methamphetamine labs continues to increase, the actual number of seizures has declined over the years due to reduced staffing levels among all law enforcement agencies within the area. The subtask force in Josephine County (Josephine County Interagency Narcotics Team (JOINT)), reports an increase in both the manufacture and movement of methamphetamine and heroin by the Mexican Drug Trafficking Organization (MDTO). SORT's efforts include concentrating on curtailing the manufacturing and distribution of methamphetamine.

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

The goals for SORT are to:

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

The objectives for SORT are to:

- Seize 50 methamphetamine labs.
- Perform 500 searches and make 1,000 arrests.
- Refer 100 cases of child neglect and endangerment to the appropriate agencies.
- Make 25 arrests for illegal drug activity within 1,000 feet of a school.
- Present 50 educational programs to 750 people.

### Program Performance Measures and Outcomes

The performance measures for this program are:

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

Outcomes for SORT include:

- A total of 97 methamphetamine labs were seized during the grant period.
- SORT conducted 1,615 searches and made 3,337 arrests.
- A total of 261 children were referred to the Department of Human Services for neglect and endangering.
- A total of 146 arrests were made for drug activity within 1,000 feet of a school.
- SORT made 76 educational presentations to over 2,400 people.

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

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### Program Resources

#### *Byrne Funding*

Southern Oregon Regional Task Force receives Byrne grant funding of \$300,000 and provides matching funds of \$100,000. During the period July 1, 2003 through June 30, 2004, the program expended \$300,000 in federal funds, and \$249,580 in match funds.

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

# Mid-Willamette Valley Task Force (MWVTF)

## Marion County District Attorney's Office

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### Program Purpose

The Mid-Willamette Valley Task Force (MWVTF) and law enforcement agencies in the Willamette Valley determined that a significant weakness in their drug enforcement strategies could be due to insufficient punishment for narcotics manufacturing and distribution. To address this issue a special prosecutor, working under the direction of the United States Attorney for Oregon, assists interagency teams in preparing cases that qualify for successful federal prosecution. Because of the more severe federal penalties and longer average prison sentences, there is a reduction in narcotics availability.

With Interstate-5 running through Oregon that winds from the Mexican border to the Canadian border, it remains a major thoroughfare for methamphetamine, cocaine, and marijuana. The apprehension of those individuals involved in the drug operations are initially forwarded for prosecution at the federal level, however cases can be pursued at the state level for those that do not qualify for federal prosecution.

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

The objectives for MWVTF are to:

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

### Program Performance Measures and Outcomes

The performance measure for this program is:

- Number of offenders prosecuted.

The outcomes for MWVTF include:

- A total of 19 defendants were charged during the grant year. A total of 17 defendants were convicted; six of these were sentenced to federal prison with an average of 54.5 months.
- A total of 698 cases were referred to local prosecutors for Task Force investigation and prosecution.

### Program Resources

#### *Byrne Funding*

Mid-Willamette Valley Task Force receives Byrne grant funding of \$141,000 and provides matching funds of \$47,000. During the period July 1, 2003 through June 30, 2004, the program expended \$141,000 in federal funds, and \$49,420 in match funds.

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

# Regional Organized Crime Narcotics Team (ROCN)

## Regional Organized Crime Narcotics Team

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### Program Purpose

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

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

The goals of ROCN are to:

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

The objectives for ROCN are to:

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

### Program Performance Measures and Outcomes

The performance measure for this program is:

- Number of investigations/cases opened.

The outcomes for ROCN include:

- ROCN opened 38 cases that involved narcotics distribution.
- A total of six shared operation cases and 13 agency assists were conducted.
- A total of 13 new cases were opened and 50 arrestees will be prosecuted in federal court.
- During the grant period ROCN agents participated in nine trainings, conferences, or classes.

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

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### Program Resources

#### *Byrne Funding*

Regional Organized Crime Narcotics Team receives Byrne grant funding of \$140,000 and provides matching funds of \$46,667. During the period July 1, 2003 through June 30, 2004, the program expended \$140,000 in federal funds, and \$97,539 in match funds.

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

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

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## Program Purpose

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

The use and manufacture of methamphetamine continues to be the primary drug of choice in Eastern Oregon. The combination of smaller mobile labs and the movement of drugs along the I-84 corridor has contributed to the increase of the drug, although the decrease in law enforcement has not been able to keep up with the demand. The Task Force also concentrates efforts on the seizing of indoor and outdoor marijuana grow operations, which can oftentimes go undetected for long periods of time because of the rural geographical area monitored by EORDTF.

The goals of EORDTF are to:

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

The objectives for EORDTF are to:

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

## Program Performance Measures and Outcomes

The performance measures for this program include:

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

The outcomes for EORDTF include:

- A total of 86 lab/dump sites were seized during the grant period; a 15 percent increase from the previous year.
- A total of 234 people were arrested for methamphetamine-related charges; this is a 30 percent decrease from the previous year. A decrease in law enforcement resources could be a contributing factor for the significant decrease.
- A total of 36 presentations about drug use and activity were conducted at area schools, businesses, and local organizations.



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

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### Program Resources

#### *Byrne Funding*

Eastern Oregon Regional Drug Task Force receives Byrne grant funding of \$110,000 and provides matching funds of \$36,667. During the period July 1, 2003 through June 30, 2004, the program expended \$103,181 in federal funds, and \$71,737 in match funds.

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

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

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

<b>Descriptive Characteristics of 2003 Juvenile Violence Prevention Program Participants</b>	<b>Juvenile Violence Prevention Programs</b>								
	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	Youth Contact, Inc.	Juvenile Rights Project, Inc.	Project SUPPORT
Total Number of Clients Served	49	95	66	65	48	26	45	227	56
Gender (%)									
Male	65	61	32	54	90	27	62	61	73
Female	35	39	68	46	10	73	38	39	27
Age Range (%)									
0-12	0	18	11	14	0	0	2	41	-
13-18	100	82	89	86	100	100	98	59	-
Race/Ethnicity (%)									
American Indian/Alaskan Native	4	1	3	1	4	0	0	4	7
Asian/Pacific Islander	0	2	0	0	6	0	2	2	0
Black or African American	0	1	3	0	28	0	2	28	0
Hispanic	0	8	9	8	17	100	25	7	7
White	96	86	85	91	45	0	71	53	86
Multi-racial	0	2	0	0	0	0	0	6	0

## Juvenile Violence Prevention Performance Measures

<b>Performance Measures</b>	<b>Juvenile Violence Prevention Programs</b>								
	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	Youth Contact, Inc.	Juvenile Rights Project, Inc.	Project SUPPORT
Percent of Clients Who Complete the Program	73	69	57	59	73	73	74	78	-
Percent of Clients Who Report Improved Family Functioning	91	89	95	97	69	-	-	-	-
Percent of Clients Who Report Improved School Engagement	-	-	92	64	-	88	100	-	78
Percent of Clients Who Report Decreased Substance Abuse	82	-	80	-	68	-	93	-	-
Percent of Clients Who Had a Referral to the Juvenile Justice System during the 6 Months Following Program Participation	1	9	26	-	36	8	13	-	-
Percent of Clients Who Had a Referral to the Juvenile Justice System during the 12 Months Following Program Participation	24	22	28	-	48	-	15	-	-
Percent of Clients Who Had a Juvenile Justice Placement during the 6 Months Following Program Participation	3	0	0	-	6	-	4	-	-
Percent of Clients Who Had a Juvenile Justice Placement during the 12 Months Following Program Participation	5	8	0	-	9	-	6	-	-

# Family-Focused Approach to Juvenile Violence Prevention

## Adapt

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### Program Purpose

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

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 to change maladaptive behaviors and strengthen positive behaviors. The intervention involves skill training in family communication, parenting skills, and conflict management skills.

The main goals of the program are to:

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

Program objectives in support of these goals are as follows:

- Adapt will serve 50 families in the first year of the FFT project and 75 in the subsequent three years.
- 70 percent of qualified/screened families will complete FFT.
- 85 percent of completing families will demonstrate improved family functioning.
- 85 percent of youth completing treatment will demonstrate a reduction in, or abstinence from, the use of alcohol, tobacco and/or other drugs.
- During the six months following program completion, 100 percent of youth who were not on the Juvenile Justice Information System (JJIS) database at treatment entry will not be convicted for a status or criminal offense.

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- During the six months following program completion, 70 percent of youth who entered treatment with a Minor in Possession (MIP) or other status violation, will not be convicted for a criminal offense.
- During the six months following program completion, 65 percent of youth who entered treatment with a previous criminal record will not receive another criminal conviction.
- During the 12 months following program completion, 100 percent of youth who were not on the JJIS database at treatment entry will not be convicted for a status or criminal offense.
- During the 12 months following program completion, 70 percent of youth who entered treatment with an *MIP or other status violation*, will not be convicted for a criminal offense.
- During the 12 months following program completion, 65 percent of youth who entered treatment with a *previous criminal record* will not receive another criminal conviction.
- During the six months following program completion, 95 percent of *non-offending* youth will remain in their homes.
- During the six months following program completion, 80 percent of *status* offenders will remain in their in-home placements.
- During the six months following program completion, 70 percent of *criminal* offenders will remain in their in-home placements.
- During the 12 months following treatment, 95 percent of *non-offending* youth will remain in their in-home placement.
- During the 12 months following program completion, 80 percent of *status* offenders will remain in their in-home placements.
- During the 12 months following program completion, 70 percent of *criminal* offenders will remain in their in-home placements.
- Adapt, in partnership with FFT, will train six therapists, one of which will become the Site Supervisor.
- Adapt will develop strategies for program sustainability beyond the grant period and begin implementation of at least one strategy by the beginning of the fourth program year.

### Target Population

The Adapt Family-Focused Approach to Juvenile Violence Prevention targets male and female youth, ages 13 to 17, who have committed delinquent criminal acts or who have been deemed at risk of violent behavior and who are at risk of, or diagnosed with, a co-occurring chemical dependency and mental illness disorder. Both violent and at-risk youth are included in the target population. This includes youth reported by the Douglas County Juvenile Department as serious 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 sub-population of the targeted youth. Juveniles with less serious, but chronic offenses are identified as at-risk of future violent behavior and are a second subpopulation of targeted youth. The determination of admission of these two broad categories of juveniles is a function of the interaction between the magnitude and frequency of offense. Thus, a single violent offense may warrant inclusion, and a chronic history of non-violent offenses may warrant inclusion in the simultaneous presence of a dual-diagnosis.

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

### Program Components

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

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

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

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

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

*Phase 2. Behavior Change:* During Phase 2 the therapist works with the family to create and implement short- and long-term behavior change plans tailored to each family member's needs and perspective. In this phase the therapist develops and implements individualized change plans that address parenting skills, delinquency behavior, and communication skills. The therapist teaches the family new ways to interact and talk to each other. Negative relational sequencing is changed. The therapist is active in instructing, modeling, and directing session activities.



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

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

### Program Resources

#### *Byrne Funding*

The Adapt Family-Focused Approach to Juvenile Violence Prevention program receives Byrne grant funding of \$200,000 and provides matching funds of \$66,667. During the period July 1, 2003 through June 30, 2004, the program expended \$176,123 in federal funds, and \$58,708 in match funds. Adapt uses Byrne grant funds for personnel salaries, evaluation activities, and FFT site certification. Adapt contracts with an external evaluator to provide process and outcome evaluations of the program and with FFT Inc. for site certification and staff training. Additional funding for the program is provided by the Office of Mental Health and Addiction Services.

#### *Program Staff*

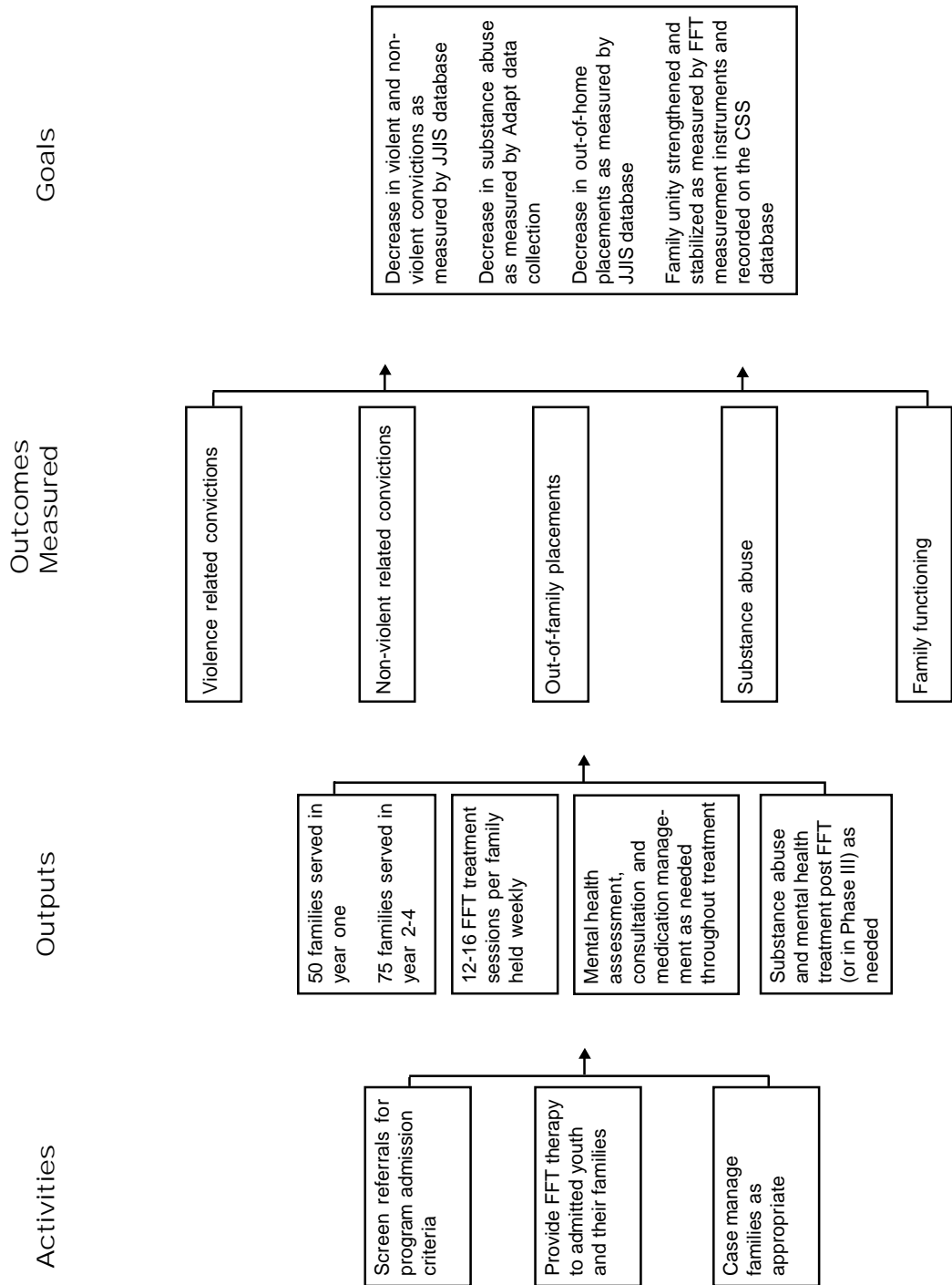
The Adapt Family-Focused Approach to Juvenile Violence Prevention program has a service delivery staff of six persons. There are three FFT therapists, a Juvenile Department Liaison/Case Manager, a Placement Screener/Case Manager, and a Program Director. The three FFT therapists all have master's degrees.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

#### *Collaboration*

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

# Program Logic Model

## Family-Focused Approach to Juvenile Violence Prevention



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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 third 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, 2003 through June 30, 2004, the program served 49 families. Of the 49 families served, 13 families were receiving services at the end of June 2004, 25 families had successfully completed the program, and 11 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 49 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 19. In addition, 96 percent were Caucasian and four percent were Native American. All 49 were diagnosed with at least one substance abuse disorder in the presence of a second mental health diagnosis.
- *Program implementation:* Evaluation data from quantitative measures provided evidence that the Adapt program is being implemented with fidelity to the program design. The program met its benchmark for program completion but did not serve the number of families it anticipated. A total of 33 (73 percent) of the families/youth who left the program during the year, completed the program, somewhat above the benchmark (70 percent) for this objective. However, the program served only 49 families, below the benchmark of 75 families. The program experienced considerable upheaval in the third year that may account for the lower than expected number of families served. During the third year: the Program Director resigned; the lead FFT therapist was replaced at FFT Inc.'s request; FFT Inc. found the site not adherent to FFT principles in its program practice; and the Drug Court, a principal referral source, ended its association with Adapt and no longer referred families to Adapt.
- *FFT site certification:* FFT Inc. has a systematic training and implementation model for agencies adopting FFT as a clinical model that insures the fidelity of the FFT model. The model includes clinical training for all staff, advanced clinical training for team leaders, follow-up visits, and ongoing supervision. In addition, agencies receive training in the use of the FFT Clinical Services System, a sophisticated client assessment, tracking, and monitoring system that provides for specific clinical assessment and outcome accountability. The entire training and implementation process takes two years to complete. During the second year, it became necessary to change site leaders. This was a difficult process for all staff involved. However all staff have remained committed to the program and adapted to the change. In the third year, on-going discussions with the FFT model program staff and developer led to the redesign of the program to maintain fidelity with the original FFT model. The principal change in program delivery was the incorporation into the FFT program of all substance abuse and mental health counseling. Prior to the third year, the program had provided separate substance abuse and mental

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

- *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 offer to go to the homes of the youth/families served, difficulties with transportation (and a frequent unwillingness by families to have therapists provide in-home treatment) is a barrier to obtaining services. An additional barrier is the frequency with which clients are remanded to detention. As a result, sessions are missed and the continuity of treatment is lessened. Therapists, when appropriate, will meet with the client and family at the detention center to minimize treatment disruption. Additional barriers are family members, specifically parents, who are low functioning cognitively and have difficulty with the FFT concepts, and the desire of many families to have the therapist use behavior modification therapies rather than FFT.

### Outcome Evaluation

- *Evaluation Activity:* Evaluation efforts during the third year focused on modifying the evaluation plan to insure the production of an accurate cumulative report at the end of year four and gaining access to the Juvenile Justice Information System in order to track program outcomes. During year three, the program continued to monitor the process of delivering services and also began to monitor and report program outcomes. A review of data from the third year of the program indicates that at the completion of FFT treatment, the program was meeting its objectives. Initial data suggests that the program is having a positive impact on family functioning, substance use, and violence-related behavior.
- *Program Outcomes:* There are four main outcomes for youth completing the Adapt FFT program: (1) to improve family functioning, (2) to reduce alcohol and drug use, (3) to reduce juvenile arrest and recidivism rates, and (4) to avoid Oregon Youth Authority (OYA) placements. Youth contact with the Juvenile Justice System is recorded in the statewide JJIS. From this statewide system, evaluators collected juvenile justice data for all youth to whom Adapt had provided service since program inception. Please note that the juvenile arrest and recidivism, as well as OYA placement data presented below include all Adapt youth served from program inception.

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*Family Functioning.* Each family member completed the Client Outcome Measure (COM), a required FFT measurement tool, during the last therapy session. This measure asked youth and their parents to rate family change in six different domains: overall level of family change, change in communication skills, change in adolescent behavior, change in parenting, change in parental supervision, and change in family conflict. A total of 33 families completed FFT during the third year and 91 percent demonstrated improved family functioning.

*Alcohol and Drug.* Measurement of this outcome was initiated in the fourth quarter of the third year following the revision of the program discussed above under program implementation. Eleven youth who completed the program in the fourth quarter of year three used alcohol and/or drugs at the time of program intake according to therapist reports. At program exit, nine of the 11 had ended their substance abuse.

*Juvenile Arrest and Recidivism.* Recidivism rates were calculated for those youth with and without prior JJIS referrals at entry into the program. Analyses were conducted for all youth who had participated in the program and were at least six months post participation as well as on the subset of youth who had reached their 12-month follow-up point. A total of 68 youth who had participated in the program were at least six months post participation and only one of the 68 (one percent) had a referral to the juvenile justice system in the six months following participation. Arrest rates six months after program exit for youth *without* prior JJIS referrals were calculated. A total of 37 youth who had participated in the program were non-offenders prior to program entry. None of these youth had a referral to the juvenile justice system in the six months following program participation. Likewise, recidivism rates six months after program exit for youth *with* prior JJIS referrals were calculated. A total of 31 youth who had participated in the program were offenders prior to program entry. Only one of these youth (three percent) had a referral to the juvenile justice system in the six months following program participation.

A similar pattern existed at 12 months post participation for non-offenders, however recidivism was substantially higher for offenders. A total of 38 youth who had participated in the program were at least 12 months post participation and nine of the 38 (24 percent) had a referral to the juvenile justice system in the 12 months following participation. Arrest rates 12 months after program exit for youth *without* prior JJIS referrals were calculated. A total of 16 youth who had participated in the program were non-offenders prior to program entry. None of these youth had a referral to the juvenile justice system in the 12 months following program participation. Likewise, recidivism rates 12 months after program exit for youth *with* prior JJIS referrals were calculated. A total of 22 youth who had participated in the program were offenders prior to program entry and nine of these youth (41 percent) had a referral to the juvenile justice system in the 12 months following program participation.

*OYA Placement.* A total of 68 youth who had participated in the program were at least six months post participation and two of these youth (three percent) had been committed to OYA and placed out of the home in the six months following participation. A similar pattern existed at 12 months post participation. A total of 38 youth who had participated

# Family-Focused Approach to Juvenile Violence Prevention

## Adapt

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in the program were at least 12 months post participation and two of these youth (five percent) had been committed to OYA and placed out of the home in the 12 months following participation.

### Program Performance Measures and Outcomes

The performance measures for this program include:

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

The outcomes for Adapt include:

- The program provided 49 youth/families with FFT treatment.
- 73 percent (33 of 45) of qualified/screened families completed FFT.
- 91 percent (30 of 33) of completing families demonstrated improved family functioning.
- 82 percent (9 of 11) of youth completing treatment demonstrated a reduction in, or abstinence from the use of alcohol, tobacco and/or other drugs.
- During the *six months* following program completion, 100 percent (21) of youth who were not on the Juvenile Justice Information System (JJIS) database at treatment entry were not convicted for a status or criminal offense.
- During the *six months* following program completion, 100 percent (4) of youth who entered treatment with a *Minor in Possession (MIP) or other status violation*, were not convicted for a criminal offense.
- During the *six months* following program completion, 100 percent (5) of youth who entered treatment with a *previous criminal record* did not receive another criminal conviction.
- During the *12 months* following program completion, 94 percent (15 of 16) of youth who were not on the JJIS database at treatment entry were not convicted for a status or criminal offense.
- During the *12 months* following program completion, 62 percent (5 of 8) of youth who entered treatment with an *MIP or other status violation*, were not convicted for a criminal offense.
- During the *12 months* following program completion, 57 percent (8 of 14) of youth who entered treatment with a *previous criminal record* did not receive another criminal conviction.
- During the *six months* following program completion, 100 percent (22) of *non-offending* youth remained in their homes.
- During the *six months* following program completion, 100 percent (4) of *status offenders* remained in their homes.

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- During the six months following program completion, 60 percent (3 of 5) of criminal offenders remained in their homes.
- During the 12 months following treatment, 100 percent (16) of non-offending youth remained in their homes.
- During the 12 months following program completion, 100 percent (8) of status offenders remained in their homes.
- During the 12 months following program completion, 86 percent (12 of 14) of criminal offenders remained in their homes.

### Lessons Learned

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

Clinical implementation of the FFT model continues to be a challenge for the therapists. FFT remains a moderate to quite difficult model to implement, especially when therapists have used other family therapy models for a number of years. The prescriptive nature of the model and the need for the clinicians to, for the most part, eliminate reliance on previously used family treatment techniques, as well as FFT concerns about Adapt’s previous model adherence, continues to challenge the therapists.

Model adherence, staff skill in using the model, and the site leader’s increased skill and confidence have all improved significantly over the past eight months following the program redesign. A key factor in the success of the program in meeting these challenges has been the quality of the program staff and their commitment to work with the FFT model and create a successful team approach to family treatment. In addition, the expertise and willingness of the CJSD Grants Coordinator and contract Evaluator to assist the program leaders in the redesign of the program to ensure program fidelity as well as in the development of effective outcomes and data collection strategies has been an important factor in achieving program success.

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

# Functional Family Therapy

## Parrott Creek Child and Family Services

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### Program Purpose

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

The purpose of the 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.
- Avoid juvenile justice placement.
- Improve the level of family functioning.
- Reduce juvenile violence.

Program objectives in support of these goals are as follows:

- The program will provide 100 youth/families with FFT treatment annually.
- 75 percent of youth/family who are referred to FFT and are eligible will attend at least one intake session.
- 80 percent of youth/families admitted to FFT will complete FFT (i.e. attend at least one session of generalization).
- 85 percent of youth/families who participated in and completed FFT will improve their family functioning as measured by pre- and post-testing on the youth to adult interactions and problem-solving skills scales.
- 85 percent of youth/families participating in FFT treatment will report satisfaction with FFT and other supports.
- Therapists will demonstrate fidelity to the FFT model by obtaining average adherence and competency ratings of three or better 95 percent of the time.
- 85 percent of at-risk, *non-delinquent* youth will not be referred to the Juvenile Department for a crime within *six months* after FFT completion.
- 85 percent of *delinquent* youth will not be referred to the Juvenile Department for a crime within *six months* after FFT completion.
- 85 percent of at-risk, *non-delinquent*, youth will not be referred for a crime (felony or



# Functional Family Therapy

## Parrott Creek Child and Family Services

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- misdemeanor) for at least *one year* after completing FFT.
- 80 percent of youth with previous delinquent referrals will not be referred for a crime for at least *one year* after FFT completion.
- 90 percent of youth will not be referred to the Juvenile Department for a person-to-person felony crime for *six months* after completing FFT.
- 85 percent of youth will not be referred to the Juvenile Department for a felony person-to-person crime within *one year* of completing FFT.
- 100 percent of youth will avoid OYA placement for at least *six months* after completing FFT.
- 100 percent of youth will avoid OYA placement for at least *one year* after FFT completion.

### 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 these referrals.

### Program Components

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

- *Functional Family Therapy*: FFT is delivered by family therapists who engage the entire family in skills training in family communication, parenting skills, and conflict management skills in order to change maladaptive behaviors and strengthen positive

## Functional Family Therapy Parrott Creek Child and Family Services

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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 *Youth Outcome Questionnaire*, the *Youth Outcome Questionnaire –Self Report* and the *Outcome Questionnaire* at the initial session and again when counseling is completed. The *Outcome Questionnaire*, both youth and parent versions, measures clients' progress in therapy focusing on three aspects: (1) subjective discomfort (anxiety disorders, affective disorders, adjustment disorders, and stress-related illness), (2) interpersonal relationships, and (3) social role performance.

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

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

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

# Functional Family Therapy

## Parrott Creek Child and Family Services

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communication skills. The therapist teaches the family new ways to interact and talk to each other. Negative relational sequencing is changed. The therapist is active in instructing, modeling, and directing session activities with the goal of changing the family's negative relational sequencing. Sequencing behavior is a method used by the therapist to assess what happens and who does what within a family. Sequencing or circular questioning is usually done around the specifics of a presenting problem. Because it is drawn out in a circular fashion it is visually easier to see the context in which behavior occurs. This information is rich in knowledge about all of the participants, the action each took, and the meaning of each participant's behavior.

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

### 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. During the period July 1, 2003 through June 30, 2004, the program expended \$160,353 in federal funds, and \$62,413 in match funds. Parrott Creek Child and Family Services uses Byrne grant funds for personnel salaries, program activities, and FFT site certification. Parrott Creek Child and Family Services contracts with the Clackamas County Juvenile Department for internal evaluation services, with Portland State University for external evaluation services to provide process and outcome evaluations of the program, and with FFT Inc. for site certification and staff training.

#### *Program Staff*

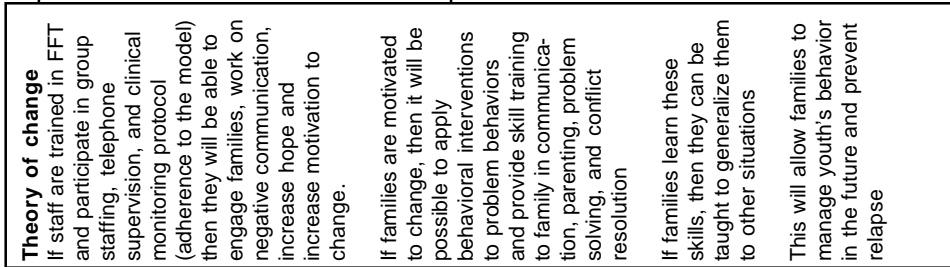
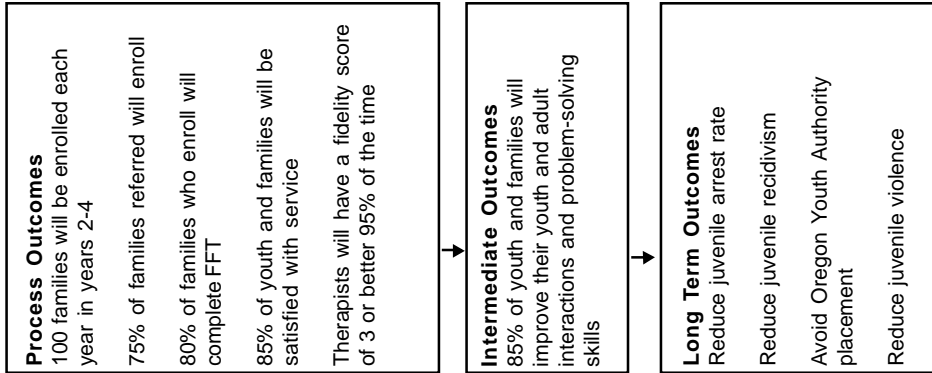
The Clackamas County Functional Family Therapy program has a service delivery staff of four persons. There are three FFT therapists, and a Program Director. The three FFT therapists all have master's degrees. They provide direct service to families using the FFT model and carry caseloads of up to 15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

#### *Collaboration*

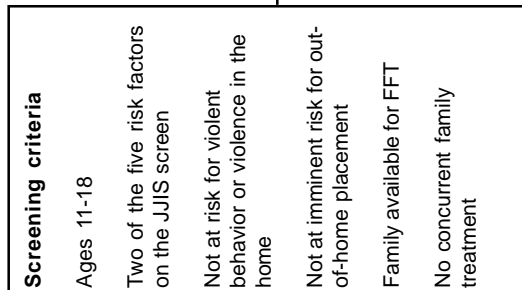
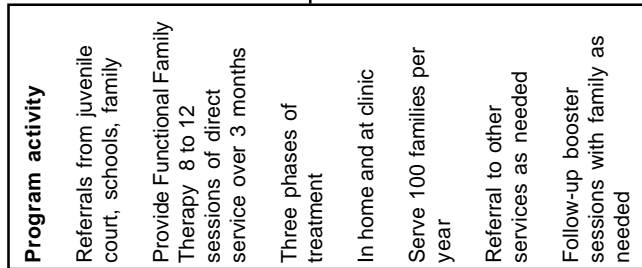
The key community partners for the Clackamas County Functional Family Therapy program are the Clackamas County Juvenile Department, Parrott Creek Child and Family Services, and the public school system. The key stakeholder and collaborative partner involved in identifying target families and referring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

# Program Logic Model Parrott Creek Child and Family Services

## Outcomes



## Goals



# Functional Family Therapy

## Parrott Creek Child and Family Services

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### Program Progress

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

### Process Evaluation

- *Clients served:* From July 1, 2003 through June 30, 2004, the program served 95 families. Of the 95 families served, 28 families were receiving services at the end of June 2004, 46 families had completed the program, and 21 families had failed to complete the program. There were two families on a waiting list for service. Of the 95 clients served in this reporting period, 52 (55 percent) clients were involved with the Clackamas County Juvenile Department (CCJD) at the time of intake and thus considered "delinquent" youth; 43 youth (45 percent) had not had prior involvement with CCJD and were considered "non-delinquent". A total of 40 percent of all FFT clients were on probation and 13 percent were in diversion at the time they began FFT services.

Basic demographic data were collected and recorded for the 95 youth served by the program. According to these data, 61 percent were male and 39 percent were female; 18 percent were under age 13 and 82 percent were 13 to 18 years of age. In addition 86 percent were White, eight percent were Hispanic, two percent were Asian, one percent were American Indian/Alaskan Native, one percent were Black, and two percent were multi-racial.

The program targets youth between the ages of 11-18 with risk factors in two of the following five domains: school issues, peer relationships, anti-social behavior, drug and alcohol abuse, and family functioning. On average, clients served during the reporting period exhibited 3.4 risk factors each. The frequency of risk factors (in descending order) for all clients participating in FFT this year was family functioning (95 percent of youth), school issues (91 percent), peer relationships (62 percent), anti-social issues (44 percent), and drug and alcohol abuse (41 percent).

Therapists noted several barriers to accessing FFT services during the past year. Language was a barrier to serving clients as the program currently does not have a bilingual therapist. Over the first three years of the program, there have been several occasions when a family was referred who did not speak sufficient English, without the aide of a bilingual therapist. Another barrier to participation was the limited number of available spaces for clients. In the past year the program typically maintained a waiting list of two to four clients per week. This is an improvement over previous years as the protocol around case assignments was streamlined this year and is much more efficient. As a result, there is a shorter waiting list, and clients are served sooner than in previous years. Another barrier to participation is that it is difficult to see a large number of clients

## Functional Family Therapy Parrott Creek Child and Family Services

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

- *Program implementation:* Evaluation data from quantitative measures provided evidence that the 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. A total of 94 percent of eligible families/youth referred to FFT enrolled in the program. The program served 95 clients, close to the benchmark of 100. One therapist resigned as of August 31, 2004 and the program judged it a clinical best practice for her to not take on any new clients who would have to be transferred. As a result, the number of clients seen dropped over the last quarter of the reporting period. A total of 46 (69 percent) of the families/youth who left the program during the year, completed the program. Data from families that completed FFT services indicates that families are satisfied with the services they received. Adolescent and parent feelings of alliance and engagement with the therapist and the degree to which the family feels the counseling is helpful was assessed early in the treatment process and then again at completion. Data is available for 37 of the 46 families who completed the program. The data shows that both adolescent and parent positive ratings increased significantly from the second session to the last rated session.
- *FFT Model Adherence:* Data from Parrott Creek therapists and the clinical supervisor suggest that therapists are adhering to the FFT model but that some treatment drift may be occurring. The Parrott Creek clinical supervisor rates each of the FFT therapists on their adherence to the FFT model utilizing an adherence measure created by FFT, Inc, the FFT Global Therapist Rating Scale. The supervisor rates the FFT therapists every three months. *Adherence* is the degree to which the therapist is doing the FFT program. The adherence scale ranges from 0 to 6. *Low* ratings (0-1) on adherence indicate that the therapist is not or very rarely using the technical elements of the program (assessment protocol, CSS), is not participating (attending staffing infrequently), or using the clinical model in work with clients (following phases of the model and attempting to achieve the goals of the model in clinical work). An *average* rating (2-4) indicates that the therapist is doing the technical aspects (see above), but not or infrequently doing the clinical aspects of the model. *High* adherence (5-6) indicates that a therapist is doing all parts of the model consistently.

A second scale, *competence*, reflects the skill of the therapist in doing the model. The scale ranges from 0 to 6. *Low* competence ratings (0-1) indicate a therapist who is attempting to achieve the goals of each phase and using the skills of each phase but doing clinical work in ways that is rigid, not matching to the family, in a way that reflects simple thinking about the process, that involves simple application of the skills (e.g. reframing) that is applied inconsistently. An *average* competence rating (2-4) indicates

## Functional Family Therapy Parrott Creek Child and Family Services

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that the therapist is thinking somewhat complexly about the family and process, using skills (e.g. reframing) with moderate complexity and doing these things most of the time. *High* competence ratings (5-6) indicate that the therapist has the ability to think complexly about families and the process, and to do the clinical skills of FFT with a high degree of skill in ways that match to many different kinds of families in a consistent manner.

A review of the adherence and competency ratings for the two therapists over the last year demonstrates that both therapists met the benchmark of adherence and competency ratings of three or better 95 percent of the time. However, in the last two ratings conducted in February/March and May/June, the supervisor did make recommendations to the therapists for additional actions to improve their adherence, competency, or both. A review of the rating scale scores indicates drift away from the FFT model for one therapist. For example, on the FFT Global Therapist Rating Scale conducted in May/June of this year, this therapist was rated in the bottom two performance categories, “not well” or “fairly well” (possible responses were “not well”, “fairly well”, “well”, and “very well”) on 13 of the 35 items. However, the same therapist had scored much higher in the previous four ratings with, at most, seven performance items rated in the “fairly well” or “not well” categories. In contrast, the other therapist has shown consistent improvement in adherence and competency with the number of “fairly well” and “not well” items steadily decreasing over time, from 15 in the first rating to 14, then six, and finally four items in the last rating by the supervisor.

- *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. The FFT program at Parrott Creek has now completed the training and is site certified. The program continues to be closely aligned with the Functional Family Therapy model as defined by FFT Inc, although there has been less direct contact during year three than in the first two years of the program. The lead therapist completed her training as an FFT supervisor and is now providing supervision for the two FFT therapists. She is part of a supervisor’s listserv, which gives her access to other FFT supervisors across the country. This is used to discuss mutual problems and provide information to one another. The site supervisor is also monitored on the CSS, and maintains a caseload. FFT Inc. reports that the site supervisor is doing an outstanding job of adhering to the FFT model in both her practice and supervision. The FFT therapists continue to contribute data to the CSS data system run by FFT Inc. however they receive no regular reports on this data. Standard queries are available for them to run on their own data. While the FFT staff at Parrott Creek has not been trained by FFT Inc. during the past year, the two full-time FFT therapists report that the individual supervision they receive from the Parrott Creek site supervisor on a weekly basis is useful and helps them examine goals for each family related to the phase they are in.

## Functional Family Therapy Parrott Creek Child and Family Services

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- *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. In the second year, FFT Inc. implemented a web-based CSS and it appeared these problems had been resolved. However, the program has found it difficult to extract data from the web-based CSS. Therapists must download the data one client and one variable at a time. There appears to be no standard query that allows one to look at all the data on one client at once. In addition, staff turnover is a barrier to implementing FFT. One of the therapists trained in FFT has resigned. Replacement of this therapist will require one month to advertise, interview, and complete the hiring. There will be a further delay while the new therapist receives FFT replacement training. This time lag will limit the program's capacity to serve clients. Finally, an ongoing barrier is that referral sources want more information about their client's progress than may be possible under the FFT model. As a result, referrals may fall off unless the program is proactive in providing information to referral sources. For example, Juvenile Department counselors (the primary referral source) feel they need more feedback from the therapists in order to find the referrals useful to them. The program has increased the amount of contact offered to the juvenile counselors (while trying to maintain the boundaries set up by the FFT model), by way of phone calls to acknowledge the referral, letting the counselors know when the family has started therapy and when they plan on ending therapy, as well as making a priority of getting a closing summary of services to the juvenile counselor in a timely fashion.

### Outcome Evaluation

- *Evaluation Activity.* Evaluation efforts during the third year focused on modifying the evaluation plan to insure the production of an accurate cumulative report at the end of year four. This cumulative report will require combining data from the CSS, JJIS, and the program administrative data kept by the FFT supervisor at Parrott Creek. The evaluation goals for the fourth year are to 1) create a single individual level database that merges CSS, JJIS, and administrative level data together; 2) create an analysis plan that maximizes the use of all data sources; and 3) produce an accurate cumulative report that provides a detailed account of FFT process and youth/family outcomes.
- *Program Outcomes.* There are four main outcome goals for youth completing the FFT program: (1) to improve family functioning, (2) to reduce juvenile arrest and recidivism rates, (3) to avoid Oregon Youth Authority (OYA) placements, and (4) to reduce juvenile violence. Youth contact with the juvenile justice system is recorded in the statewide JJIS. From this statewide system, evaluators collected juvenile justice data for all youth to whom Parrott Creek had provided service since program inception. Please note that the arrest and recidivism, as well as juvenile violence data presented below includes all youth served from program inception. Data on OYA placement is preliminary, having been tracked only since the third quarter of this reporting period. The fourth year report will include OYA placement data on all youth served.



## Functional Family Therapy Parrott Creek Child and Family Services

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*Family Functioning.* A total of 46 clients completed the FFT program. Of these 46, data is available for 45 clients. A total of 40 of the 45 clients (89 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 93 percent (42) 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, 36 percent (16) 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.

*Juvenile Arrest and Recidivism.* Recidivism rates were calculated for those youth with and without prior JJIS referrals at entry into the program. Analyses were conducted for all youth who had participated in the program and were at least six months post participation as well as on the subset of youth who had reached their 12-month follow-up point. A total of 44 youth who had participated in the program were at least six months post participation and four of the 44 (nine percent) had a referral to the juvenile justice system in the six months following participation. Arrest rates six months after program exit for youth *without* prior JJIS referrals were calculated. A total of 12 youth who had participated in the program were non-offenders prior to program entry. None of these youth had a referral to the juvenile justice system in the six months following program participation. Likewise, recidivism rates six months after program exit for youth *with* prior JJIS referrals were calculated. A total of 32 youth who had participated in the program were offenders prior to program entry. A total of four of these youth (13 percent) had a referral to the juvenile justice system in the six months following program participation.

A similar pattern existed at 12 months post participation. A total of 41 youth who had participated in the program were at least 12 months post participation and nine of the 41 (22 percent) had a referral to the juvenile justice system in the 12 months following participation. Arrest rates 12 months after program exit for youth *without* prior JJIS referrals were calculated. A total of 12 youth who had participated in the program were non-offenders prior to program entry. None of these youth had a referral to the juvenile justice system in the 12 months following program participation. Likewise, recidivism rates 12 months after program exit for youth *with* prior JJIS referrals were calculated. A total of 29 youth who had participated in the program were offenders prior to program entry and nine of these youth (31 percent) had a referral to the juvenile justice system in the 12 months following program participation.

*OYA Placement.* A total of 19 youth who had participated in the program were at least six months post participation and none of these youth had been committed to OYA and placed out of the home in the six months following participation. A total of 12 youth who had participated in the program were at least 12 months post participation and one of these youth (eight percent) had been committed to OYA and placed out of the home in the 12 months following participation.

## Functional Family Therapy Parrott Creek Child and Family Services

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*Juvenile Violence.* Recidivism rates were calculated for felony person-to-person crimes for all youth who had participated in the program. A total of 44 youth who had participated in the program were at least six months post participation and none of the 44 had a referral to the juvenile justice system in the six months following participation for a person-to-person crime. A similar pattern was observed at 12 months. A total of 41 youth who had participated in the program were at least 12 months post participation and none of the 41 had a referral to the juvenile justice system in the 12 months following participation for a person-to-person crime.

### Program Performance Measures and Outcomes

The performance measures for this program include:

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

The outcomes for Parrott Creek include:

- The program provided 95 youth/families with FFT treatment.
- 94 percent (88 of 94) of youth/family who were referred to FFT and were eligible attended at least one intake session.
- 69 percent (46 of 67) of youth/families admitted to FFT completed FFT (i.e. attended at least one session of generalization).
- 89 percent (40 of 45) of youth/families who participated in and completed FFT improved their family functioning as measured by pre- and post-testing on the youth to adult interactions and problem-solving skills scales.
- The program did not report this outcome in terms of a percent. The program reported satisfaction based upon a T-test analysis of the Counseling Process Questionnaire for the 37 families (80 percent) that completed FFT services. The analysis demonstrated that there was a statistically significant increase from the first test to the last test, improvement of a mean of 59.9 to 69.1 for adolescents and 61.0 to 73.5 for parents. These numbers indicate adolescents and parents had an increased feeling of an alliance with the therapist and that the therapist helped them to resolve family problems.
- All therapists demonstrated fidelity to the FFT model by obtaining average adherence and competency ratings of three or better 95 percent of the time.
- 100 percent (12) of at-risk, non-delinquent youth were not referred to the juvenile department for a crime for six months after FFT completion.
- 88 percent (28 of 32) of delinquent youth were not referred to the Juvenile Department for a crime for six months after FFT completion.
- 100 percent (12) of at-risk, non-delinquent, youth were not referred for a crime (felony or misdemeanor) for at least one year after completing FFT.

## Functional Family Therapy Parrott Creek Child and Family Services

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- 69 percent (20 of 29) of youth with previous delinquent referrals were not referred for a crime for at least one year after FFT completion.
- 100 percent (44) of youth were not referred to the juvenile department for a person-to-person felony crime for six months after completing FFT.
- 100 percent (41) of youth were not referred to the juvenile department for a felony person-to-person crime within one year of completing FFT.
- 100 percent (19) of youth avoided OYA placement for at least six months after completing FFT.
- 92 percent (11 of 12) of youth avoided OYA placement for at least one year after FFT completion.

### Lessons Learned

Collaboration between Parrott Creek and the Juvenile Department continues to be the key to successful implementation of the FFT program. The administrative staff, evaluators, and therapists all work well together for the common goal of implementing a best practice family therapy model in the County. This is characterized by a strong, non-competitive, mature partnership and excellent working relationship between Parrott Creek and CCJD. This, along with continual open communication with FFT Inc. and support from the PSU evaluators, encourages success for the program. Quarterly meetings occur between the two agencies and with the evaluator from PSU to process the evaluation data, discuss implementation issues, and problem solve. Effective communication among one another has led to identifying problems quickly, finding resolutions, and implementation of new systems to overcome challenges.

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

# Marigold Girls Program

## Homestead Youth and Family Services

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### Program Purpose

This grant provides Homestead with the funds necessary to launch the Marigold Girls program, which uses Functional Family Therapy (FFT) to address the needs of Umatilla and neighboring Morrow County at-risk girls and their families.

Homestead and its community partners decided that a family therapy service for girls was a natural focus of the new program for several reasons. First, services for girls were sorely lacking in Umatilla County despite the fact that arrests and incarcerations of teen girls rose faster than rates for teen boys during the 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 of youth/families served will be at-risk girls.
- 80 percent of youth/families participating in FFT treatment will successfully complete the program.
- 80 percent of youth/families completing FFT treatment will demonstrate improved individual and family functioning.
- 80 percent of youth completing FFT treatment will be attending school or otherwise engaged in educational or vocational pursuits.
- Youth who receive FFT treatment will have a 50 percent decrease in substance abuse.
- 80 percent of all youth who complete FFT treatment will avoid out-of-home placements and remain in the family environment.
- Youth with prior juvenile justice referrals who complete FFT treatment will have 50 percent fewer contacts with the juvenile justice system in the 12 months following treatment than in the 12 months prior to entering the FFT program.
- Youth with prior violent arrests who complete FFT treatment will have a 50 percent reduction in violent arrests in the 12 months following treatment compared to the 12 months prior to entering the FFT program.

## Marigold Girls Program Homestead Youth and Family Services

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- 80 percent of all youth with no prior juvenile justice referrals who complete FFT treatment will not have a referral to juvenile justice in the 12 months following treatment.

### Target Population

The Marigold Girls program targets adolescent girls and 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 or Morrow County, ideally live at home, and have parents or guardians willing to participate in the therapy; or if not, at least have family members and/or guardians willing to participate and work toward reconciliation. In addition, referred youth should not be at imminent risk of out-of-home placement and should not be involved in concurrent family treatment.

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

### Program Components

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

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

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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 (anxiety disorders, affective disorders, adjustment disorders, and stress-related illness), (2) interpersonal relationships, and (3) social role performance.

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

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

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

## Marigold Girls Program Homestead Youth and Family Services

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instructing modeling and directing session activities with the goal of changing the family's negative relational sequencing. Sequencing behavior is a method used by the therapist to assess what happens and who does what within a family. Sequencing or circular questioning is usually done around the specifics of a presenting problem. Because it is drawn out in a circular fashion it is visually easier to see the context in which behavior occurs. This information is rich in knowledge about all of the participants, the action each took, and the meaning of each participant's behavior.

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

*Case management:* The Case Manager helps families access needed services by providing appropriate referrals and helps families navigate the oftentimes confusing public support and social service systems. The case manager component is designed to work with families that request help with a variety of needs including, but not limited to, educational and vocational training and job searches; basic assistance such as food, shelter, and clothing; transportation assistance; and childcare assistance. The Case Manager introduces herself to the families early in the therapy process but typically does not start working with the families until the last phase of the FFT model. As families transition into the final FFT phase, the focus shifts to discussing the families' functioning after they leave the Marigold Girls program. At this point, the therapists determine, with families, whether they have any needs with which the Case Manager can help.

### Program Resources

#### *Byrne Funding*

The Homestead Marigold Girls program receives Byrne grant funding of \$200,000 and provides matching funds of \$66,667. During the period July 1, 2003 through June 30, 2004, the program expended \$202,434 in federal funds, and \$67,477 in match funds. Homestead uses Byrne grant funds for personnel salaries, evaluation activities, and FFT site certification. Homestead contracts with NPC Research, Inc., a Portland-based research and evaluation firm, to serve as the external evaluator and provide process and outcome evaluations of the program and with FFT Inc. for site certification and staff training.

#### *Program Staff*

The Homestead Marigold Girls program has a service delivery staff of four persons. There are two FFT therapists, a Case Manager, and a Program Director. The two FFT therapists both have master's degrees. They provide direct service to families using the FFT model and carry caseloads of up to 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. Program evaluation services are contracted to NPC Research, Inc.

## Marigold Girls Program Homestead Youth and Family Services

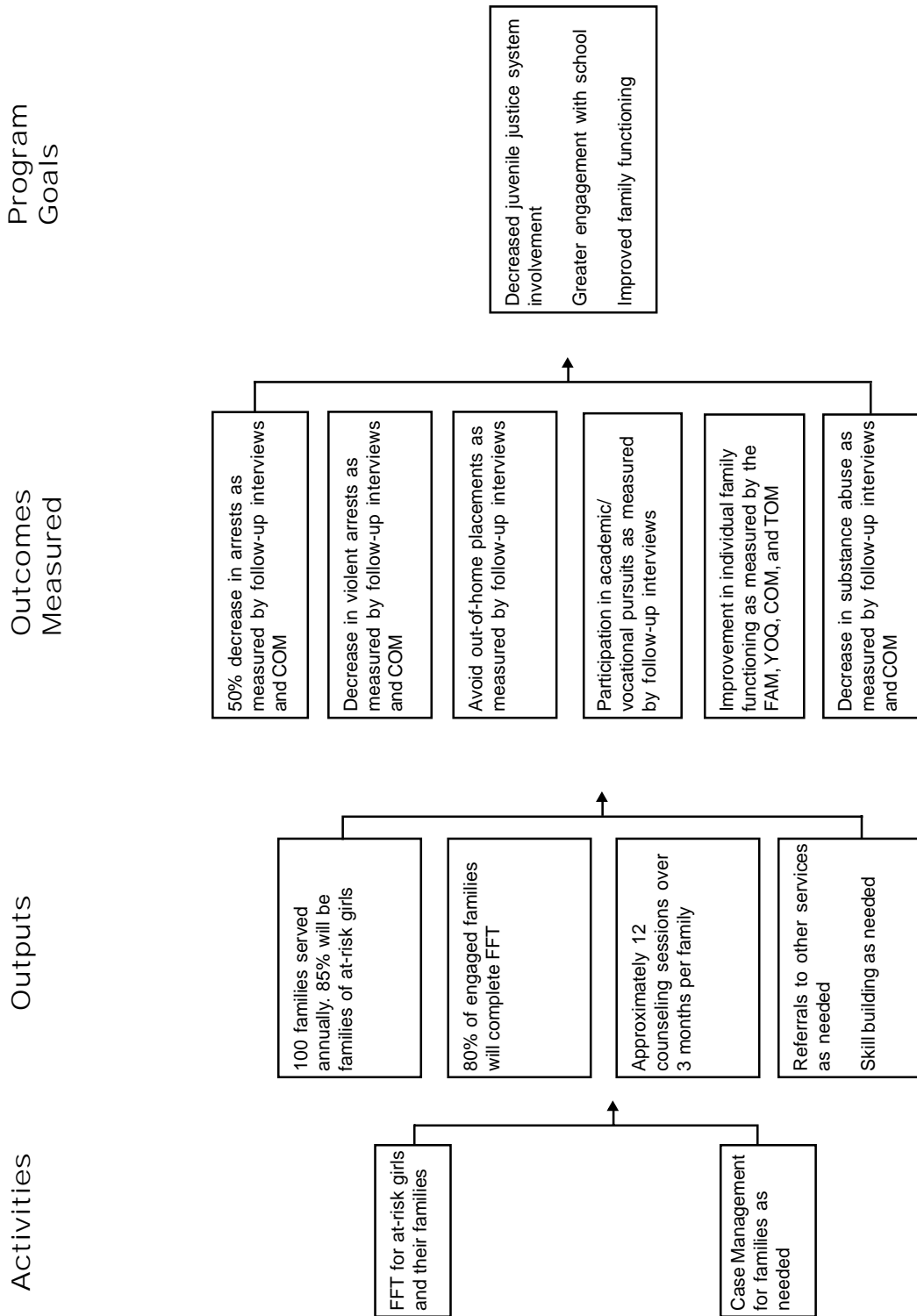
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### *Collaboration*

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 has provided at least \$17,500 annually for match funding and several other stakeholders assisted Homestead in planning the new program including the County Juvenile Services Division, the Oregon Youth Authority, and the Oregon Department of Human Services.



# Program Logic Model Marigold Girls Program



# Marigold Girls Program

## Homestead Youth and Family Services

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### Program Progress

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

### Process Evaluation

- *Clients served:* From July 1, 2003 through June 30, 2004, the program served 66 families. Of the 66 families served, 20 families were receiving services at the end of June 2004, 26 families had successfully completed the program, and 20 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 66 youth served by the program. According to these data, 32 percent were male and 68 percent were female (Marigold made strong efforts to recruit girls but haven't been successful. While they are serving more boys than anticipated, they give priority to girls and no girl has been wait listed because they are serving boys); 11 percent were under age 13 and 89 percent were 13 to 18 years of age. In addition, 85 percent were White, nine percent were Hispanic, three percent were American Indian and three percent were African-American.

During year three, Marigold received 115 referrals from more than 17 different sources. Marigold received an average of 9.6 referrals each month and received almost twice as many referrals for girls (66 percent) than for boys (34 percent). Of the 115 cases referred to Marigold during year three, 69 completed a Juvenile Crime Prevention (JCP) Risk Screen Assessment, 67 had a "zero" session (at which time families completed initial program paperwork), and 43 had at least one FFT session. Marigold employed the JCP risk assessment to screen referred youth for eligibility. Of the 69 youth with JCP risk data, the total number of risk factors ranged from 1 to 23, with youth averaging 9.6 risk factors. A total of 74 percent of the youth with JCP risk data had at least one risk indicator in the School Domain; 82 percent had one or more risk factors in the Peer Relationships Domain; 80 percent had risk indicator(s) in the Behavioral Issues Domain; all (100 percent) were at-risk in the Family Functioning Domain; and 69 percent had at least one risk factor in the Substance Abuse Domain.

Therapists noted several barriers to accessing FFT services during the past year. Marigold's attention to engagement with families from referral through the first phase may be a barrier i.e., if therapists are not adequately engaging families, motivation and commitment to therapy becomes a barrier. There were 115 families referred for service in year three. A total of 48 (42 percent) did not participate in a "zero" session. Reasons for nonparticipation included: the family declined program participation, the family requested another type of service (such as individual therapy or a girls residential home), the referred youth did not meet the minimum age requirement (they were under 11 years old), the family lived or moved out of Marigold's service area, or Marigold staff could not

## Marigold Girls Program Homestead Youth and Family Services

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reach the family. However, 67 (58 percent) families remained engaged in the referral process through to a “zero” session (paperwork session with the Case Manager). For those families, the number of days elapsing between the referral date and the “zero” session date ranged from 0 to 47, with a median of six days. A total of 24 of these families completed the “zero session” but failed to engage in the Marigold program. In addition, Marigold’s lack of cultural diversity may be a barrier to successfully providing services to Native American families. Despite the geographical proximity to the Umatilla reservation, Marigold received no referrals from the Native American community.

- *Program implementation:* Evaluation data from quantitative measures provided evidence that the Marigold program is being implemented with fidelity to the program design. However, program output objectives are not being met: the program served 66 families in the third year, below the benchmark of 100; a total of 68 percent of the youth served were at-risk girls, below the benchmark of 85 percent; and a total of 57 percent of the youth/families participating in FFT treatment completed the program, below the benchmark of 80 percent.

As noted above, the program served fewer girls (and more boys) than anticipated which was not in line with the program’s initially intended target population. The program was faced with competing goals, in a sense. In its second year, Marigold made available a limited number of program openings (15 percent) to boys. In this most recent reporting period, the referral rate for boys was greater than 15 percent and, when a referral arrived, the program had the option of leaving the opening for a girl to achieve the 85:15 ratio or offering services to an at-risk boy and providing a timely, needed resource and moving the program closer to its goal of serving 100 families annually. The program opted to fill therapist caseloads with girls first and, if an opening remained, to offer the service to any eligible boys and serve as many families as possible rather than leave openings for the sake of the 85:15 ratio. It should be noted that no girls waited for services or were turned away because of a lack of openings. Each participating youth met the screening requirement of scoring at-risk on two indices on the Juvenile Crime Prevention Risk Screen Assessment.

- *FFT model adherence:* 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 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.
- *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

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entire training and implementation process takes two years to complete. The program has successfully completed phases one and two of FFT site certification. This includes an initial three-day training; a two-day site visit to get the program up and running; weekly telephone consultations for the first year; three quarterly two-day site visits with an FFT consultant in year one; bimonthly calls with the site supervisor and an FFT consultant in year two; two two-day trainings for the site supervisor focused on clinical supervision of FFT sites; and one site visit during year two. Marigold is currently in the third and final phase of site certification which involves continued contact with FFT at a less intensive level. However, the current contract with FFT remains unsigned as FFT has not been clear with the program director about what they will provide in this phase and how it will be delivered. For example, the contract indicates that Marigold will benefit from a review of case notes and feedback about them. It remains unclear whether this is a one-time review and feedback session or an ongoing process with structured points of feedback. Communication with FFT regarding this issue has not been completely clear or timely.

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

Implementing the program according to the strict FFT model program protocol has also been a challenge for Marigold. For example, FFT directs sites to screen out referrals that may have other mental health services ongoing or ask that the other services be “put on hold” during the course of FFT. Many referents and families have been “turned off” to the program when Marigold staff request that they not engage in concurrent services. Marigold has responded to this in several ways including proactive networking with actual and potential referents about the value of focusing service delivery and avoiding

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conflicting messages or interventions. Second, Marigold has accepted some cases that have had other ongoing services and worked closely with the family and other providers to reduce the frequency of their participation in those other services during FFT and the rate at which the family receives conflicting professional intervention.

### Outcome Evaluation

- *Evaluation Activity:* Evaluation efforts during the third year focused on modifying the evaluation plan to insure the production of an accurate cumulative report at the end of year four and gaining access to the Juvenile Justice Information System in order to track program outcomes. During year three, the program continued to monitor the process of delivering services and also began to monitor and report program outcomes.
- *Program Outcomes:* There are six main outcome goals for youth completing the Marigold FFT program: (1) to improve family functioning, (2) to reduce alcohol and drug use, (3) to improve school engagement, (4) to avoid Oregon Youth Authority (OYA) placements, (5) to reduce juvenile arrest and recidivism rates, and (6) to reduce juvenile violence.

*Family Functioning.* Each family member completed the Client Outcome Measure (COM), a required FFT measurement tool, during the last therapy session. This measure asked youth and their parents to rate family change in six different domains: overall level of family change, change in communication skills, change in adolescent behavior, change in parenting, change in parental supervision, and change in family conflict. At exit, 80 percent or more of youth and fathers completing year three reported improvement in four of the COM domains; overall family change, change in communication skills, change in adolescent behavior, and change in family conflict. Between 70 and 79 percent of youth and fathers that completed reported improvement in the remaining two domains (improvement in parenting skills and parental supervision). More than 80 percent of mothers completing year three reported improvement in all six COM domains.

*Alcohol and Drug.* Four of the youth who completed the program in year three used alcohol and six used drugs at the time of program intake according to therapist reports. At program exit, youth and parent data from the COM indicate that one youth was using alcohol and one youth was using drugs.

*School Engagement.* The COM, completed at program exit, was used to capture school attendance data. Data on school attendance at the close of therapy were available for 25 of the 26 year three completed cases. At the close of therapy, 23 (92 percent) of these youth were attending school or a vocational program.

*OYA Placement.* Youth contact with the juvenile justice system is recorded in the statewide Juvenile Justice Information System (JJIS). From this statewide system, evaluators collected juvenile justice data for all youth to whom Marigold had provided service since program inception. Please note that the data presented on placement, as well as arrest, and violence below include all Marigold youth served from program inception to May 2004. A total of 84 youth who had participated in the program were at least six months post participation and none of these youth had been committed to OYA

## Marigold Girls Program Homestead Youth and Family Services

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or placed out of the home in the six months following participation. A similar pattern existed at 12 months post participation. A total of 47 youth who had participated in the program were at least 12 months post participation and none of these youth had been committed to OYA or placed out of the home in the 12 months following participation.

*Juvenile Arrest and Recidivism.* Recidivism rates were calculated for those youth with and without prior JJIS referrals at entry into the program. Analyses were conducted for all youth who had participated in the program and were at least six months post participation as well as on the subset of youth who had reached their 12 month follow-up point. A total of 84 youth who had participated in the program were at least six months post participation and 22 of the 84 (26 percent) had a referral to the juvenile justice system in the six months following participation. Arrest rates six months after program exit for youth *without* prior JJIS referrals were calculated. Arrest rates were similar regardless of whether or not the youth completed Marigold (21 percent for completers and 29 percent for non-completers). Likewise, recidivism rates six months after program exit for youth *with* prior JJIS referrals were calculated. Recidivism rates for youth *with* prior JJIS referrals were substantially lower for youth who completed Marigold (21 percent) than for youth who failed to complete the Marigold program (44 percent).

A similar pattern existed at 12 months post participation. A total of 47 youth who had participated in the program were at least 12 months post participation and 13 of the 47 (28 percent) had a referral to the juvenile justice system in the 12 months following participation. Arrest rates 12 months after program exit for youth *without* prior JJIS referrals were calculated. Arrest rates were similar regardless of whether or not the youth completed Marigold (zero percent for completers and five percent for non-completers). Likewise, recidivism rates 12 months after program exit for youth *with* prior JJIS referrals were calculated. Recidivism rates for youth *with* prior JJIS referrals were substantially lower for youth who completed Marigold (33 percent) than for youth who failed to complete the Marigold program (59 percent).

*Juvenile Violence.* Recidivism rates were calculated for those youth with and without prior violent referrals at entry into the program for person-to-person or violent crimes. Analyses were conducted for all youth who had participated in the program and were at least six months post participation (12 month rates were not calculated due to small sample size). A total of 84 youth who had participated in the program were at least six months post participation and four of the 84 (five percent) had a referral to the juvenile justice system in the six months following participation for a person-to-person crime. Arrest rates six months after program exit for youth *without* prior violent referrals were calculated. Arrest rates were similar regardless of whether or not the youth completed Marigold (three percent for completers and two percent for non-completers). Likewise, recidivism rates six months after program exit for youth *with* prior violent referrals were calculated. Recidivism rates for youth *with* prior violent referrals were substantially lower for youth who completed Marigold (zero percent) than for youth who failed to complete the Marigold program (29 percent).

## Marigold Girls Program Homestead Youth and Family Services

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Overall, with respect to recidivism and program participation, youth with prior juvenile justice system referrals who completed Marigold services had lower recidivism rates than youth with prior referrals who did not complete Marigold services. Furthermore, of all youth who entered Marigold (regardless of whether they had prior offenses), those who completed the Marigold program had lower rates of recidivism compared to those who had not completed Marigold.

### Program Performance Measures and Outcomes

The performance measures for this program include:

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

The outcomes for Marigold Girls Program include:

- The program provided 66 youth/families with FFT treatment.
- 68 percent (45 of 66) of youth served were at-risk girls.
- 67 percent (31 of 46) of youth/families participating in FFT treatment completed the program.
- 95 percent (19 of 20) of youth/families completing FFT treatment demonstrated improved individual and family functioning.
- 92 percent (23 of 25) of youth completing FFT treatment were attending school or otherwise engaged in educational or vocational pursuits.
- Youth who received FFT treatment had an 80 percent (8 of 10) decrease in substance abuse.
- 100 percent (56) of all youth who completed FFT treatment avoided out-of-home placements and remained in the family environment.
- Youth with prior juvenile justice referrals who completed FFT treatment had 54 percent (7 of 13) fewer contacts with the juvenile justice system in the 12 months following treatment than in the 12 months prior to entering the FFT program.
- Youth with prior violent arrests who completed FFT treatment had a 100 percent (1) reduction in violent arrests in the 12 months following treatment compared to the 12 months prior to entering the FFT program.
- 75 percent (15 of 20) of all youth with no prior juvenile justice referrals who completed FFT treatment did not have a referral to juvenile justice in the 12 months following treatment.

## Marigold Girls Program Homestead Youth and Family Services

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### Lessons Learned

The program faced a number of challenges in beginning FFT. Marigold has made efforts to recruit bilingual staff but no qualified candidates with bilingual skills have applied. The implementation of a model program has been, perhaps, the greatest overall challenge. The FFT model is a challenging one and requires not only a fit between it and the individual therapist but a fit with the agency as well. Without doubt, the training and support from FFT, Inc. early on was critical in being able to accomplish as much as Marigold has. Additionally, working with FFT, Inc. has been a challenge as well. As they undergo growth and change, FFT Inc. has made adjustments to their training protocol based on research findings and FFT's learning process regarding how to help sites with implementation. As a result, there have been times when communication with FFT, Inc. was not completely clear or timely. In year three, support and contact with FFT, Inc. dropped off dramatically. Marigold staff has struggled with dramatic change in support from FFT from previous years to this one. Marigold has come to adopt a stance of being proactive when it comes to continued training and communication/support from FFT, Inc. rather than waiting to be approached or until it is time to renew a contract. For example, in year three the Marigold program initiated discussion with FFT, Inc. about organizing a retreat or training for staff to meet the need for ongoing training.

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



# Youth Turnaround Project

## Jackson County Health & Human Services

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### Program Purpose

In 1999 the Oregon Progress Board reported that Jackson County ranked sixth among Oregon counties in the number of juvenile crimes committed over a 10 year period of time. In that group of high-crime counties, Jackson County was 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 committed 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 evidence-based services that will impact juvenile crime behavior, functional family behavior, and youth behavior correlated with juvenile crime. The program gives priority to chronic offenders.

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

The main goals of the program are to:

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

Program objectives in support of these goals are as follows:

- The program will provide 50 youth/families with FFT treatment annually.
- The program will enroll 25 of the 50 youth/families in Family Drug Court.
- Comprehensive case management plans will be developed for 100 percent of youth/families enrolled for 30 days.
- 70 percent of youth/families participating in FFT treatment and case management will demonstrate improved family self-sufficiency.
- Referral to one or more agencies for mental health, substance abuse treatment, education, or employment will be made for 100 percent of youth enrolled.
- 75 percent of youth referred for mental health, substance abuse treatment, education, or employment will demonstrate improvement in that referral area within six months of enrollment into the FFT program.
- 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 or school grades within six months of program enrollment.

# Youth Turnaround Project

## Jackson County Health & Human Services

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- 70 percent of youth/families participating in FFT treatment will complete the program.
- 80 percent of youth/families completing FFT treatment will demonstrate improved family functioning.
- The recidivism rate of chronic (four or more crimes) juvenile offenders will be reduced by 20 percent in the 12 months following program discharge.

### Target Population

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

Referrals to the program come from three primary sources: the Integrated Family Drug Court (IFDC), the juvenile justice system, or KARE. Youth referred through 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 thereby involving child protective services). 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 Community Family Court. FFT is an empirically grounded highly successful, family intervention program for dysfunctional youth. Data from numerous outcome studies suggest that FFT can reduce recidivism between 25 and 60 percent. FFT is the primary program component and all families receive FFT. The addition of the Integrated Family Drug Court as a motivator for the youth and their parents should strengthen the outcomes of FFT. For youth referred through the KARE program, the case management and integration with school services should maximize the effectiveness of FFT. The following is a detailed description of the main program components:

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

## Youth Turnaround Project Jackson County Health & Human Services

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

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

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

*Phase 2. Behavior Change:* During Phase 2 the therapist works with the family to create and implement short- and long-term behavior change plans tailored to each family member's needs and perspective. In this phase the therapist develops and implements individualized change plans that address parenting skills, delinquency behavior, and communication skills. The therapist teaches the family new ways to interact and talk to each other. Negative relational sequencing is changed. The therapist is active in structuring modeling and directing session activities with the goal of changing the family's negative relational sequencing. Sequencing behavior is a method used by the therapist

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to assess what happens and who does what within a family. Sequencing or circular questioning is usually done around the specifics of a presenting problem. Because it is drawn out in a circular fashion it is visually easier to see the context in which behavior occurs. This information is rich in knowledge about all the participants, the action each took, and the meaning of each participant's behavior.

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

- *Case management:* The Case Manager develops a comprehensive case plan, refers youth to mental health, chemical dependency treatment, educational resources, and employment services as indicated; identifies a school liaison for each youth and monitors school behavior and achievement; tracks the progress of all participants weekly; and communicates weekly with FFT therapists and other involved team members.
- *Integrated Community Family 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 Community Family Court Coordinator coordinates the Integrated Community Family Court Team members, attends weekly the Integrated Community Family Court Team meetings to review the progress of youth, attends the Integrated Community Family Court hearings, participates in courtroom processes, and provides information to the judge as needed. The team includes the Program Coordinator, the lead therapist in the treatment staff, the Case Manager, and the Probation Officer.

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 \$66,586. During the period July 1, 2003 through June 30, 2004, the program expended \$182,148 in federal funds, and \$60,716 in match funds. 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.

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### *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 master's degrees. They provide direct service to families using the FFT model and carry caseloads of up to 12 families. One of the four is designated as the lead therapist and is now receiving training from FFT Inc. to assume a clinical supervision role. In the interim, the program as a whole receives supervision and oversight from a trained FFT Clinical Consultant. The Clinical Consultant provides weekly phone supervision and conducts four on-site training sessions for the staff during the year. The Consultant's role is to reinforce the program model and to provide help, ideas, and examples on how to approach challenging cases. The Clinical Supervisor provides clinical oversight to the FFT team and participates in case staffing 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., a non-profit comprehensive counseling agency (FFT therapists for this program are employed at On Track). 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 program 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 program who are enrolled in school will show improvement in school attendance

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

Award of FFT site certification

### Outputs

50 youth will be enrolled

50 youth and their families will participate in FFT

School liaison will be identified for all youth in school

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

Completion of FFT training

Development of Individualized Youth Plan

### Activities

Training to become FFT certified site

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

Weekly case staffings on drug court enrolled clients

Monthly staffings on non-drug court families

Functional Family Therapy intake assessments

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

DHS, division of Children, Adults & 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 adult outpatient

Outside evaluation consultant

School Liasons

# Youth Turnaround Project

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### Program Progress

The Youth Turnaround Project made good progress during the third year of funding. The program provided Community Family Court/Functional Family Therapy for 25 families with at-risk youth ages 10-17, and Functional Family Therapy/case management for 40 families with at-risk youth ages 10-17. The program provides services to the Community Family 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-Community Family 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, 2003 through June 30, 2004, the program served 65 families. Of the 65 families served, 19 families were receiving services at the end of June 2004, 27 families had successfully completed the program, and 19 families had failed to successfully complete the program. There were 11 families on a waiting list for service. Basic demographic data were collected and recorded for the 65 youth served by the program. According to these data, 54 percent were male and 46 percent were female; 14 percent were under age 13 and 86 percent were 13 to 18 years of age. In addition, 91 percent were White, eight percent were Hispanic, and one percent were American Indian/Alaskan Native.

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 65 families served, 25 were enrolled in drug court and 40 were non-drug court high-risk youth. The non-drug court population come from two populations: youth and families who are eligible for the Community Family Court and decline to participate but who are willing to participate in Functional Family Therapy and youth and families with a high-risk offender youth where substance abuse is not an identified factor in the youth or family.

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 treatment but thus far that has not proven to be an insurmountable obstacle

## Youth Turnaround Project Jackson County Health & Human Services

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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 Community Family Court but many of them have been willing to enroll in Functional Family Therapy without the Community Family 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 third year, the program served 65 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. A total of 63 of the 65 youth (97 percent) enrolled in the program received referrals to one or more agencies for mental health, substance abuse treatment, education, or employment. The parents of two youth referred by Juvenile Corrections refused any services other than FFT. One of these youth dropped out shortly after beginning FFT. The other youth is currently active and the Youth Turnaround Case Manager will continue to work on identifying and making appropriate referrals for the family. The FFT therapist will encourage the family to accept assistance from the Case Manager. A school liaison was identified for 56 of the 60 (93 percent) youth enrolled in school and participating in the program prior to May 1, 2004. One youth was not enrolled in school during the reporting period. Youth entering May 1, 2004 or after were excluded since the end of the school year was approaching and enrollment after May 1, 2004 gave little time for the Case Manager to locate a school liaison. Among the four who did not have a school liaison, two dropped out early in their participation, and two moved out of the area shortly after beginning the program. A total of 71 percent of youth (30 out of 42) 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. During the third year, three of the four FFT trained therapists resigned. All three positions have now been replaced, trained, and are carrying full caseloads. However, because the program lost more than 60 percent of its staff, FFT Inc. requires the program to restart the site certification process from the beginning. 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) initial training of a 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:* Court capacity has limited the number of Community Family Court youth who are able to participate in the program. In addition, the period from referral to enrollment takes a minimum of three weeks due to judicial concern that youth



## Youth Turnaround Project

### Jackson County Health & Human Services

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and their families fully understand the rights they relinquish in order to participate in Community Family Court. Also, judges strongly pressure families with substance abuse issues to go into treatment and parents that are not ready to make that commitment disengage from the program. The Youth Turnaround team has attempted to address increasing the numbers of Community Family Court youth by streamlining the referral and intake process, developing plans for youth that can be completed within one year and encouraging judges to discharge youth on or before one year of Community Family Court participation. To compensate for barriers to enrolling youth through Community Family Court, the Youth Turnaround Team has worked closely with Juvenile Corrections to increase non Community Family Court offender referrals from probation officers. 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. The program is working with the courts and the Juvenile Department to increase the accountability of this population. The barriers to this include incomplete communication between the court, the probation officers, and the treatment providers and the lack of follow-through of some probation officers (not supportive of the program, fail to make referrals).

The economic cost of becoming and remaining a licensed FFT site is a major barrier to the long-term sustainability of providing FFT in this community. Jackson County hopes to work with the other Oregon FFT programs and the state to find a cooperative and cost-efficient way of maintaining this model statewide. With the focus on best-evidence practices, it is essential that Oregon find ways to maintain and stabilize the ones they have in place.

Another barrier to program implementation is the capacity of the program to maintain a core of trained FFT therapists. The Youth Turnaround Project went for two and a half years without losing one therapist and then lost three within a two-month period. One staff left the area, and two left for public service jobs with higher benefits and wages. OnTrack will always be at risk for losing staff because of the relatively low wages. The agency has dealt with this by assigning long-term employees with proven commitment to the agency as replacements for the staff who have left. Also the agency Director is in the process of becoming an FFT Supervisor thus stabilizing the FFT supervision role.

### Outcome Evaluation

- *Evaluation activity:* Evaluation efforts during the third year focused on modifying the evaluation plan to insure the production of an accurate cumulative report at the end of year four and gaining access to the Juvenile Justice Information System (JJIS) in order to track program outcomes. Evaluation data indicates that the youth and families who have completed the FFT training are having success. They have shown gains in school success, overall family functioning, family dynamics, and completion of plan goal areas. However, the program cannot report arrest and recidivism data as it has not yet been able to access JJIS successfully. The initial data collected by the Juvenile Department

## Youth Turnaround Project Jackson County Health & Human Services

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was not collected correctly and cannot be used for program evaluation. During the next grant year juvenile arrest and recidivism data will be collected with more specificity in accordance with the guidelines developed by the CJSD contract Evaluator.

- *Program outcomes:* There are four main outcomes for youth completing the Youth Turnaround Project FFT program: (1) to improve family self-sufficiency, (2) to improve family functioning, (3) to improve school attendance or school grades, and (4) to reduce recidivism among chronic juvenile offenders.

*Family self-sufficiency.* A total of 86 percent of families completing the FFT project have showed gains in family self-sufficiency as demonstrated by the comprehensive life scale assessment included in the project Request For Proposal (RFP). This assessment measures broad areas of life functioning including shelter, employment, mental health, parenting, and school attendance. The improvement is measured by pre/post changes in the overall scale. This pre/post scale is measured six months past intake. A total of 42 of the youth were enrolled six months or more. Of the 42, there were 37 with six months post enrollment data and five who dropped out before completing the program. Among the 37 with pre/post data, 32 (86 percent) showed improvement, three (eight percent) scored worse, and two (six percent) showed no change.

*Family functioning.* A total of 97 percent (31 of 32) of families completing FFT treatment have shown improvement as demonstrated by positive changes in pre/post assessment results on the Functional Family Therapy instrument. In addition, there is strong supportive evidence on the success of this therapy. Families have requested brush-up sessions after completion of the program in response to new family stresses and obstacles. Most of the families in Community Family Court have strongly supported the program and have talked about its value and importance to the family.

*School attendance/grades.* A total of 27 of 42 youth (64 percent) enrolled six months or more improved their school attendance or grades. Generally, those youth who do improve, do so in both areas. School improvement has been most marked in the Community Family 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 Community Family Court have been sanctioned with detention based on unacceptable school behavior. For some youth in the this program, Community Family Court has meant the difference between almost never attending school to an 80 or 90 percent attendance rate, with subsequent improvement in school grades and performance.

*Juvenile recidivism.* Preliminary data is available for chronic offenders enrolled in the program. Chronic offenders are those with four or more felony referrals in the year prior to enrollment. There have been 12 chronic offenders enrolled since the program began. A total of nine of the 12 (75 percent) offended following enrollment. It should be noted that some of the 12 are not yet 12 months post discharge, therefore the recidivism rate may increase.

# Youth Turnaround Project

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### Program Performance Measures and Outcomes

The performance measures for this program include:

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

The outcomes for Youth Turnaround Project include:

- The program provided 65 youth/families with FFT treatment.
- 38 percent (25 of 65) of the youth/ families served in the program have been enrolled through Family Community Court.
- 100 percent (65) of youth/families enrolled for 30 days received comprehensive case management plans.
- 86 percent (32 of 37) of youth/families participating in FFT treatment and case management demonstrated improved family self-sufficiency.
- 97 percent (63 of 65) of youth enrolled received a referral to one or more agencies for mental health, substance abuse treatment, education, or employment purposes.
- 71 percent (30 of 42) of youth referred for mental health, substance abuse treatment, education, or employment demonstrated improvement in that referral area within six months of enrollment into the FFT program.
- 93 percent (56 of 60) of youth enrolled in school had a school liaison identified.
- 64 percent (27 of 42) of youth enrolled in school improved their school attendance or school grades within six months of program enrollment.
- 59 percent (27 of 46) of youth/families participating in FFT treatment completed the program.
- 97 percent (31 of 32) of youth/families completing FFT treatment demonstrated improved family functioning.
- The recidivism rate of chronic (four or more crimes) juvenile offenders was reduced by 25 percent in the 12 months following program discharge.

### Lessons Learned

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

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

# Multisystemic Therapy Treatment Foster Care

## Multnomah County Department of Community Justice

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### Program Purpose

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

Over the first three years of the program (1998-2000), the County found that 25 percent of MST youth re-offended at six months, compared to 33 percent of all youth in the juvenile justice system at 12 months. This is a substantially lower improvement than national statistics suggest should result from a MST program. The primary use of the Byrne Grant is to fund and evaluate an enhancement to the existing MST program by developing and utilizing a MST-tailored Treatment Foster Care component. In the past, the MST program faced a lack of alternatives to correctional placement for youth who had to be removed from the family home for short periods of time during treatment. The Treatment Foster Care component will allow the program to place the youth outside of the home temporarily during MST program enrollment without disrupting treatment by providing a smooth bridging of MST principles, methods, and staffing from the home environment to the foster care environment. It is expected that this program enhancement will help to achieve the overall goals of the MST program, improve outcomes, and decrease recidivism rates. A rigorous evaluation study is being conducted to evaluate the effectiveness of the Treatment Foster Care component and the overall MST program.

The main goals of the program are to:

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

Program objectives supporting these goals are to:

- Provide 50 youth/families with MST treatment annually.
- Provide 30 of the 50 youth/families with alcohol and drug specific MST services annually.
- Of the 50 youth/families served by MST annually, provide MST services to 20 gang-involved or gang-affected youth.

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

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- Provide short-term treatment foster care to 50 percent of all youth participating in MST treatment annually.
- MST therapists will participate in quarterly booster trainings and receive weekly clinical supervision.
- The average monthly Therapist Adherence Measurement Scales score will be 0.40 or above.
- 60 percent of youth/families participating in MST treatment will successfully meet at least 75 percent of MST's overarching program goals (goals set with the family).
- 90 percent of youth/families participating in MST treatment will successfully meet at least 60 percent (partially successful completion) of MST's overarching program goals (goals set with the family).
- 80 percent of youth/families participating in MST treatment will maintain or improve family functioning.
- 75 percent of all youth participating in the MST program will demonstrate reduced alcohol and drug usage.
- 85 percent of all youth participating in the MST program will remain in their family or a family-like environment at the time of program discharge.
- 80 percent of all MST participating youth will not re-offend within *six months* after program discharge.
- 75 percent of all MST participating youth will not re-offend within *12 months* after program discharge.
- 85 percent of all youth who have successfully met at least 75 percent of the MST program goals will not re-offend within 12 months after program discharge.
- In year three of the grant period, MST program staff will begin to explore and plan for other funding options to sustain the short-term Treatment Foster Care component after the end of the grant period.

### Target Population

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

Referrals to the program come from the youth's Juvenile Court Counselor (probation officer). To make a referral, the Juvenile Court Counselor (JCC) completes a referral form and presents the case to the 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 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.

# Multisystemic Therapy Treatment Foster Care

## Multnomah County Department of Community Justice

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### Program Components

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

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

*Multisystemic Therapy.* MST uses the family preservation model of service delivery in that it is home-based, goal-oriented and time-limited. It is present-focused and seeks to identify and extinguish behaviors that are of concern not only to referring agents but to the family as well. The entire family participates in the MST program and MST involvement typically lasts between three and five months. Collaboration with community agencies is a crucial part of MST. The school is a key player and therapists may be in daily contact with teachers and administrators. MST therapists also work in close partnership with probation officers who are the referral source. A central feature of the MST treatment model is its integration of empirically tested treatment approaches, which have historically focused on a limited aspect of the youth’s social ecology (e.g., the individual youth, the family), into a broad-based ecological framework that addresses a range of pertinent factors across family, peer, school, and community contexts. 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.

# Multisystemic Therapy Treatment Foster Care

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

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

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

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

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

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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:* Treatment 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 staff meetings and counseling sessions with the family as appropriate. Additionally, the biological parents are afforded the opportunity to talk with and learn from the TFC foster parent. Once the youth is returned to his/her parental home, the foster parent often remains a support for both the youth and the biological parents.

### Program Resources

#### *Byrne Funding*

The Multnomah County Multisystemic Therapy Treatment Foster Care program receives Byrne grant funding of \$134,223 and provides matching funds of \$44,741. During the period July 1, 2003 through June 30, 2004, the program expended \$128,119 in federal funds, and \$43,740 in match funds. The program uses Byrne grant funds to provide clinical supervision to MST therapists, for external evaluation services that provide process and outcome evaluations of the program and to contract with Maple Star Oregon for treatment foster care services. Additional funding for the program is provided by the Multnomah County general fund and by state funds (specifically, Gang Transition Services dollars).

#### *Program Staff*

The Multnomah County Multisystemic Therapy Treatment Foster Care 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 master's degrees. 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 and is responsible for the development of the clinician's ability to bring MST-like thinking and interventions to cases. In so doing, the Clinical Supervisor identifies obstacles to implementation of MST and suggests strategies to address these issues. The Program Administrator provides overall supervision. Program evaluation services are provided by the Multnomah County Department of Community Justice.



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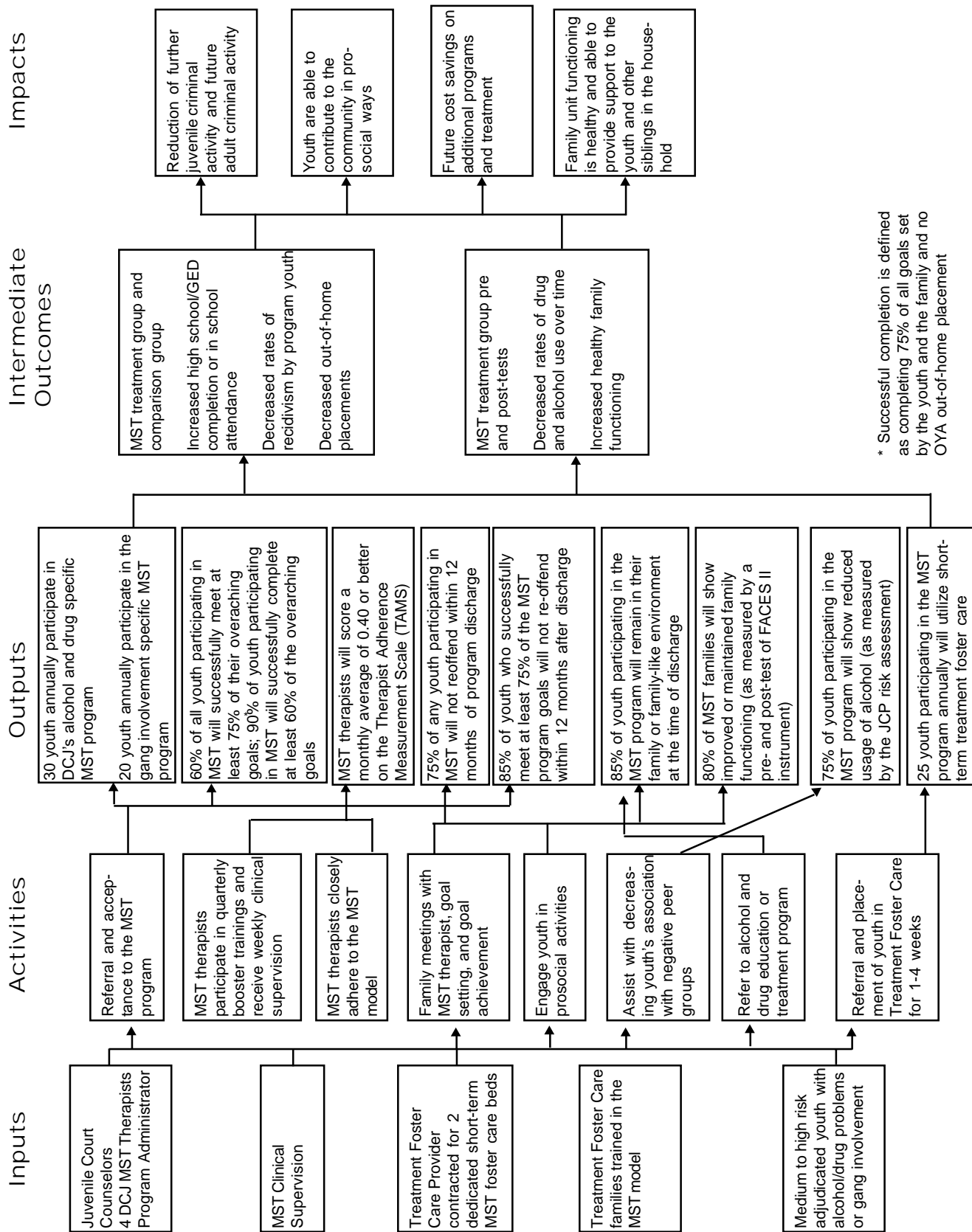
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### *Collaboration*

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 third year of funding. The Clinical Supervisor continues to meet with program staff weekly. The program successfully overcame the challenge of losing its Program Supervisor by quickly finding a knowledgeable replacement. The program was successful in keeping its highly experienced staff of four therapists throughout most of the year. Program evaluation staff completed a thorough process evaluation of the Treatment Foster Care's implementation. Evaluators also successfully negotiated the re-institutionalization of the Therapist Adherence Measurement Scales (TAMS) data collection.

### Process Evaluation

- *Clients served:* From July 1, 2003 through June 30, 2004, the program served 48 families. Of the 48 families served, 11 families were receiving services at the end of June 2004, 27 families had completed the program with at least partial success, and 10 families failed to successfully complete the program. There were no families on a waiting list for service. All youth served by the program were between the ages of 12 and 17 years old, adjudicated, on probation, and identified as high- to medium-risk to re-offend prior to program enrollment. As part of their eligibility for MST services, these youth had an alcohol and/or drug problem and/or were involved with gangs. Enrolled youth were also at immediate risk of out-of-home placement.

Ninety percent of the youth served during this reporting period were male, 45 percent were Caucasian, 28 percent were African-American, six percent were Asian/Pacific Islander, four percent were American Indian/Alaskan Native, and 17 percent were Hispanic. Twenty-eight percent of enrolled youth had substance abuse problems, 23 percent were involved with gangs, and 19 percent were identified as being both involved with gangs and abusing alcohol and/or drugs. Eighteen youth (38 percent) were placed in treatment foster care during the reporting period.

Youth and families can potentially encounter several barriers to enrollment in the MST treatment foster care program. Potential barriers include (1) the youth not meeting eligibility criteria, (2) youth who have no family present or willing to work with MST staff, and (3) the limited capacity of 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 relatively small. Unfortunately, this does not allow the program to serve all of those youth/families that meet the eligibility criteria. This situation is exacerbated when there is program staff turnover, further limiting the number of families that can be served. This was the case this past year. Budget cuts in the summer of 2003 reduced the therapist staffing from five to four. Additionally, a therapist resigned in April of 2004 leaving only three therapists to serve 13 families. However, if the youth is eligible for MST services but there are currently no openings in the program, the MST staff will work with the youths' Juvenile Court Counselors to try and obtain other services for them.

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Once in the program youth may encounter an additional barrier to receiving TFC services - the 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 indicate that the MST Treatment Foster Care program is being implemented as designed. Program staff served 48 youth this past year, very close to their goal of serving 50 youth/families despite having lost a therapist in April 2004. The program is meeting its goals of providing services to alcohol, drug and gang affected youth. The program provided 37 youth/families with alcohol and drug specific MST services, and 20 gang affected or involved youth were provided with MST services. The program provided Treatment Foster Care to 18 youth and only two youth needed to be committed to an OYA facility during the year.

Youth and their families must meet at least 75 percent of their treatment goals and they must avoid placement of the youth in an Oregon Youth Authority (OYA) or Oregon Department of Human Services (DHS) facility to have successfully completed the MST program. Youth and their families are considered partially successful if they meet at least 60 percent of their treatment goals and avoid OYA or DHS placement. Failing to meet at least 60 percent of their goals or placement of the youth in an OYA or DHS facility results in a youth/family failing to complete the program successfully. Sixty-five percent (24) of discharged youth/families successfully completed the program. This is an increase over last year's rate of 58 percent. Partial completers accounted for eight percent (3) of discharged youth/families. Together the partial and fully successful completers accounted for 73 percent of youth/families, which, though slightly lower than last year's rate of 75 percent, is still much greater than the first year's rate of 58 percent. Ten youth/families did not complete the program.

The Treatment Foster Care component of this MST program was implemented in May 2002. Implementation was delayed because after beginning negotiations with the foster care provider, Maple Star, it was discovered that Multnomah County policies required that the contract for the foster care beds be put out for bid. Only one contractor, Maple Star, responded to the bid. The contract with Maple Star was signed in April 2002 and by May, Maple Star was able to provide foster care families to allow placement of youth from the MST program. However, it was not until January of 2003 that Maple Star was able to provide a full-time foster care parent dedicated to the MST program. January 2003 to April 2003 was a "testing" period for both the MST program and the foster care parent to be sure that she was a "good fit", during this period she was trained in the MST model. In November and December 2003 the foster care parent experienced serious health problems that made her unavailable to receive referrals.

From July 1, 2002 through June 30, 2003, 53 youth were served by the MST program. Thirty-two percent (17) of those youth were referred to Treatment Foster Care. Similarly from July 1, 2003 through June 30, 2004, 48 youth were served by the program and 38 percent (18) of those youth were referred to Treatment Foster Care.

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A successful exit from Treatment Foster Care 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. Since the onset of TFC availability (May 2002), 78 youth/families have been served by the MST program and 35 (45 percent) of those youth/families were referred to Treatment Foster Care. Thirty-two of these youth/families have completed the MST program (three are still active in the program). Of these youth/families, 23 (72 percent) exited MST successfully, four were partially successfully, and five were unsuccessful in the MST program.

Interestingly, while there seems to be a strong connection (among youth/families referred to TFC) between successfully exiting TFC and successfully exiting the MST program as a whole, it is not entirely so. Of the 23 youth/families who exited MST successfully, 26 percent (six) had exited TFC unsuccessfully. This highlights an interesting observation from program staff that one of the reasons for exiting unsuccessfully from TFC is the youth running away, but often the youth is running back to the home.

- *TFC Implementation Evaluation:* Multnomah MST program evaluators conducted a process evaluation of the implementation of the Treatment Foster Care component. Evaluators gathered data from satisfaction surveys of parents and youth, focus groups with parents and youths, and key stakeholder interviews. Stakeholders were clear about the characteristics necessary to have in a Treatment Foster Care Provider—the provider should be able to (1) be familiar with and work within the framework of the MST model, (2) be accepting of involvement of the biological parent, (3) be knowledgeable about the youth targeted by the MST program, (4) be culturally competent, and (5) be available for 24/7 supervision of youth. Essentially, everyone agreed that the TFC provider needed to be a good “fit” i.e. be able to be a member of the MST staff team. Though it took awhile, the general consensus was that they had found such a person in April 2004. Praise abounds from parents, youth, and MST staff for the TFC provider. The person fits all the criteria. They provide a structured and normalizing environment that, while it challenges youth who have had a relatively unstructured upbringing by showing them that their behaviors are no longer acceptable, also supports them and their families. The provider’s own personal experience in recovery from alcohol and drugs gives her an empathic advantage in relating to the youth and families. The TFC provider is able to bond with parents and youth often providing them encouragement and support after the youth has returned to their family. The TFC provider attends all the counseling sessions between the family and the MST therapists while the youth is in TFC.

Stakeholders agree that the TFC component of the program has many benefits including: (1) reducing the placement of youth into OYA or DHS facilities, (2) empowering parents to regain control of the family environment by coaching parents throughout the process while the youth is in TFC and when the youth returns to the family environment, (3) sending a message to youth that their behavior needs to change, and (4) providing an environment for the youth to be successful outside the home.

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There were challenges to implementing the TFC component as well. The requirement for 24/7 supervision is very demanding and did not always mesh with the TFC provider's personal and medical needs. Possibly as a result, the TFC provider has given notice that she will be looking for other work. While the requirement that the provider be a good "fit" with the MST team is a necessity, it is also a challenge in that it meant taking a long time to find the right person. Another challenge to the Treatment Foster Care treatment element is the reluctance of parents to place their children outside of the home. The key to overcoming this barrier has been the way that TFC has been presented and explained by MST therapists. A final barrier has been the lack of a Spanish speaking TFC environment. The rate of placement of Hispanics into TFC has been much lower than for other races relative to the proportion of Hispanics in the MST program as a whole. The lack of a Spanish speaking TFC provider may explain this in part. Despite these challenges though, the implementation of the Treatment Foster Care as part of the MST program has provided an invaluable resource to youth and their families.

- *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 a day and a half 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.

In January of 2003, due to budget cuts, the program's contract with MST Services in South Carolina was terminated. The Multnomah County MST Treatment Foster Care program continues to subscribe fully to the practice of 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. Each therapist receives one hour a week of individual clinical supervision in addition to four hours of group supervision in the MST model. The clinical supervisor also conducts quarterly booster trainings to the MST therapists.

- *MST Model Adherence:* The MST program evaluators successfully negotiated with Advanced Behavioral Health to collect the Therapist Adherence Measurement Scales (TAMS) data. The TAMS are surveys of parents and youth in a phone interview regarding the nature and content of their interactions with the MST therapists. The TAMS are considered by MST Inc., to be one measure of adherence to the MST model. Collection of the TAMS began in May 2004. Two months of data indicate that on three out of five dimensions, therapists are meeting the target score. Most importantly, the TAMS indicate that the program is adherent to the MST model. Therapists have scored 0.43 on the Adherence dimension of the TAMS where the target score is 0.40. The TAMS data will be collected for another 10 months, which should yield enough data to be certain that the program remained adherent to the MST model.

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- *Barriers to implementation:* The primary barrier to program implementation has been staff turnover. During the second year, budget cuts brought the number of therapists down from five to four. During the third quarter of this past year a therapist resigned, leaving three therapists to serve 13 families from April 2004 through July of 2004. Hiring for this position will commence within the next quarter. Clearly the number of therapists has a direct impact on the number of families that can be served.

In March 2004, the program supervisor resigned. Another program supervisor was hired immediately so that there was no gap in program supervision. It is unclear what impact this may have had on program implementation.

Another barrier to implementation has been the health issues encountered by the Treatment Foster Care provider. When the TFC provider was ill she was unable to accept youth into her home. When this occurred youth had to be placed in settings that were not necessarily aligned with the MST model.

### Outcome Evaluation

- *Evaluation Activity:* Evaluation activities during the next grant year will include the continued collection of descriptive data 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 re-offend within six and 12 months of their completion of the MST program. Therapist Adherence Measurement Scales data will also be gathered for the next year. 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. The comparison groups will be used to assess the contextual relevance of changes in outcome measures.
- *Program Outcomes:* Program evaluators are gathering data on four main outcome goals for youth completing the MST program: (1) reduce alcohol and drug use, (2) keep youth in a family-like living environment and out of out-of-home placement, (3) improve family functioning, and (4) reduce recidivism.

*Alcohol and Drug.* Alcohol and drug use are measured at both intake and exit from the program. Evaluators rely on data from youth self-report, parents' reports, drug and alcohol related offense records and urine analysis. Thirty-one youth who had completed the program had both intake and exit data on drug and alcohol use in the previous 30 days prior to intake. Twenty-one (68 percent) of the 31 youth had decreased their use of alcohol and drugs at exit compared to intake. At intake, 13 percent (four) of the 31 youth reported no drug or alcohol use, while at program completion 65 percent (20) reported no alcohol or drug use in the previous 30 days.

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*Family Environment.* During this past year 37 youth were discharged from the MST program (27 youth/families completing with at least partial success, and 10 youth/families who did not complete successfully). Seventy-six percent (28) of these youth were living with the family or a relative at their exit from the program. Three youth were living outside the home and two had been placed in OYA facilities. Four youth had committed Measure 11 offenses and were subsequently discharged from the MST program.

*Family Functioning.* Family functioning is measured at program intake and exit by the Family Adaptability and Cohesion Scale (FACES II) instrument. The youth and a caregiver complete the FACES II survey separately. The instrument results in scores on two dimensions: Family Cohesion and Family Adaptability. Family Adaptability is the ability of the family system to change its power structure, role relationships, and relationship rules in response to situational and developmental stress. Family Cohesion is the emotional bonding that family members have toward one another. Scores on either dimension are collapsed into least balanced or most balanced, with scores toward being more balanced being the desired outcome. Eighty-two percent (45/55) of caregivers remained balanced or improved to being more balanced on the Family Adaptability dimension. Seventy-five percent of caregivers (41/55) remained balanced or improved to being more balanced on the Family Cohesion dimension. The scores for youth were substantially lower. Sixty percent (29/48) of youth remained balanced or improved to being balanced on the Family Adaptability dimension, while 63 percent (30/48) of youth remained balanced or improved to being balanced on Family Cohesion.

When data from caregivers and youth are merged, 69 percent (71) of the 103 caregivers and youth either remained balanced or improved to being more balanced on the Family Cohesion dimension. While 72 percent (74/103) of caregivers and youth remained or improved to being more balanced on the Family Adaptability dimension. Overall, the program seems to be helping improve family functioning as measured on these two dimensions.

*Juvenile Arrest and Recidivism.* Recidivism rates were calculated for all youth who had participated in the program and were at least six months post participation as well as on the subset of youth who had reached their 12-month follow-up point. All youth participating in the program had previous referrals to the juvenile justice system. Evaluators also compared the rates of recidivism for all youth participating in the program compared to the subset of youth who successfully completed the program. A total of 81 youth had participated in the program and were at least six months post participation. Thirty-nine of the 81 youth had successfully completed the program. Thirty-six percent (29/81) of all youth had reoffended in the six months past their discharge from the program, while 26 percent (10/39) of the youth who had successfully completed the program had re-offended at the six months follow-up point.

A subset of 64 youth had participated in the program and were at least 12 months post program discharge. Of these youth, 28 had successfully completed the program. Of the 64 youth, 48 percent (31/64) re-offended in the 12 months after being discharged from the program, while among successful completers of the program, 43 percent (12/28) had reoffended in the same period.



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### Program Performance Measures and Outcomes

The performance measures for this program include:

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

The outcomes for Multisystemic Therapy Treatment include:

- In year three the program served 48 youth.
- 77 percent of youth/families participating in the MST program (37 of 48) were provided with alcohol and drug specific MST services.
- MST services were provided to 20 gang-involved or gang-affected youth of the 48 youth served by the program.
- Short-term treatment foster care was provided to 38 percent (18 of 48) of youth participating in MST.
- MST therapists received quarterly booster trainings and weekly clinical supervision.
- The average monthly Therapist Adherence Measurement Scales score was 0.43.
- 65 percent (24 of 37) of youth/families participating in MST treatment successfully met at least three-quarters of MST's overarching program goals<sup>1</sup>.
- 73 percent (27 of 37) of youth/families participating in MST treatment successfully met at least 60 percent of MST's overarching program goals<sup>1</sup>.
- 69 percent of youth/families participating in MST treatment (71 of 103) maintained good family functioning or improved in family functioning as measured by parent and youth responses on the Family Cohesion scale of the FACES II survey.
- 68 percent (21 of 31) of youth participating in the MST program reduced their alcohol and drug usage<sup>1</sup>.
- 76 percent (28 of 37) all youth participating in the MST program remained in their family or a family-like environment at the time of program discharge<sup>1</sup>.
- 64 percent (52 of 81) of all MST participating youth did not reoffend within six months after program discharge<sup>2</sup>.
- 52 percent (33 of 64) of all MST participating youth did not reoffend within 12 months after program discharge<sup>3</sup>.
- 74 percent (29 of 39) of all youth who successfully met at least three-quarters of the MST program goals did not reoffend within 12 months after program discharge<sup>3</sup>.
- MST program staff have worked with the director of clinical programs for the Department of Community Justice to incorporate the cost of the short-term Treatment Foster Care component into the Department's general budget after Byrne funding ceases.

<sup>1</sup> Denominator equals youth who were served and discharged within the reporting period.

<sup>2</sup> Denominator equals youth served since beginning of Byrne funding (October 2001) who were also six months post discharge.

<sup>3</sup> Denominator equals youth served since beginning of Byrne funding (October 2001) who were also 12 months post discharge.

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### Lessons Learned

As reported above, the biggest challenge that the program has faced has been staff turnover with the loss of the program supervisor in March 2004, a therapist in April 2004, and most recently the impending loss of the TFC provider. These challenges are being met. There was a smooth transition from the former program supervisor to the new one, hiring for the fourth therapist slot will begin this next quarter, and the TFC provider has said that she will remain with the team until they can find a suitable replacement.

Several factors account for the success of the program. Among them the program has had the benefit of being staffed by experienced therapists all year long. 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 18 youth that were placed in TFC between July 1, 2003 and June 30, 2004, it is highly likely that had the TFC component not been available, the vast majority of those youth would have been placed in the state's (OYA or DHS) custody - either because of the parents' inability or unwillingness to continue to have the youth at home, or because of the youth's continued noncompliance with probation expectations.

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 who 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.

Another element that is helping the program be successful is the use of the TAMS data. This data has become an important tool in clinical supervision. Lastly, the structure and coherence of the MST treatment team has been important for the success of youth and families. Team members can rely on each other for support. While they meet as a group to discuss their cases, any team member can call upon all members of the team for help with a case. This is called a "reflective team" where all therapists and the team supervisors will meet with the family as an intervention to assist in moving the family forward in the change process.

This past year has been an exciting one for the Multnomah MST Treatment Foster Care program as it has seen the successful implementation of this important enhancement of services to youth and families. This coming fourth and final year the evaluators look forward to collection and analysis of comparison group data in order to better understand changes in family functioning and recidivism among youth enrolled in the MST program.

For further information about this program, please contact Ms. Kathy Ruberg at (503) 988-6009.

# ¡Poder!

## Oregon Council for Hispanic Advancement

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### Program Purpose

The main purpose of the ¡Poder! program is to reduce risk behaviors among high-risk, Latino high school dropouts in Portland by engaging them in an alternative education environment. The ¡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 overall purpose of ¡Poder! is to keep high-risk students ages 15 through 17 engaged in positive, productive, educational, and community activities thereby reducing the risk factors and enhancing the protective factors of each individual participant. Risk factors include school issues, peer relationships, behavioral issues, home/family situations, substance abuse, and mental health issues.

The main goals of the program are to:

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

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

- Provide 15 Latino youth, ages 15-17, with intensive case management services during each program year.
- 75 percent of the youth will remain enrolled in the program for a minimum of six months or successfully complete the program.
- 100 percent of the youth will meet with the Intensive Case Manager two or more times a week.
- 100 percent of the youths' families will have contact with the Intensive Case Manager one or more times per month.
- 100 percent of the youth will meet with the Intensive Case Manager to review their action plan and evaluate their progress one or more times every six months.
- 90 percent of youth will achieve positive change in at least one goal area of their action plan within six months.
- 75 percent of youth participating in the program will remain enrolled in the LISTOS Alternative Learning center for a minimum of six months.
- 85 percent of youth participating in the program will have 80 percent or greater attendance in the LISTOS Alternative Learning Center.
- 90 percent of youth participating in the program will show academic gains in one or more curricular areas within six months of enrollment as measured by the Computerized Adaptive Test (CAT) or Test of Adult Basic Education (TABE) exams.

## ¡Poder! Oregon Council for Hispanic Advancement

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- 50 percent of youth participating in the program will successfully pass one or more General Educational Development (GED) subtests within one year of LISTOS enrollment.
- 75 percent of youth participating in the program will remain free of violent crime and/or involvement in the juvenile justice system.

### Target Population

The target population of the ¡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.

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.

## ¡Poder! Oregon Council for Hispanic Advancement

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

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

- *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 GED credential.

## ¡Poder! Oregon Council for Hispanic Advancement

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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 two main tests: (1) Test of Adult Basic Education (TABE) to assess grade level of reading and math for Spanish speaking youth, and (2) Computerized Adaptive Test (CAT) to assess grade level in reading and math for English speaking youth.

After six months of enrollment at LISTOS, ¡Poder! participants complete follow-up assessments to show academic gains in one or more core curricular area (math, science, reading, writing, and social studies). LISTOS offers GED preparation instruction in English and Spanish, and multi-level 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.

*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 and participation in soccer and basketball leagues.
- 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 sponsored by the Humane Society, Forest Park, Cinco de Mayo, and National Night Out.
- School visits to local universities, colleges, and institutes.

### Program Resources

#### *Byrne Funding*

The ¡Poder! program receives Byrne grant funding in the amount of \$75,000 and provides matching funds of \$25,000. During the period July 1, 2003 through June 30, 2004, the program expended \$60,555 in federal funds, and \$20,184 in match funds. The majority of the funding is used to support Intensive Case Management services and the internal and external evaluators.

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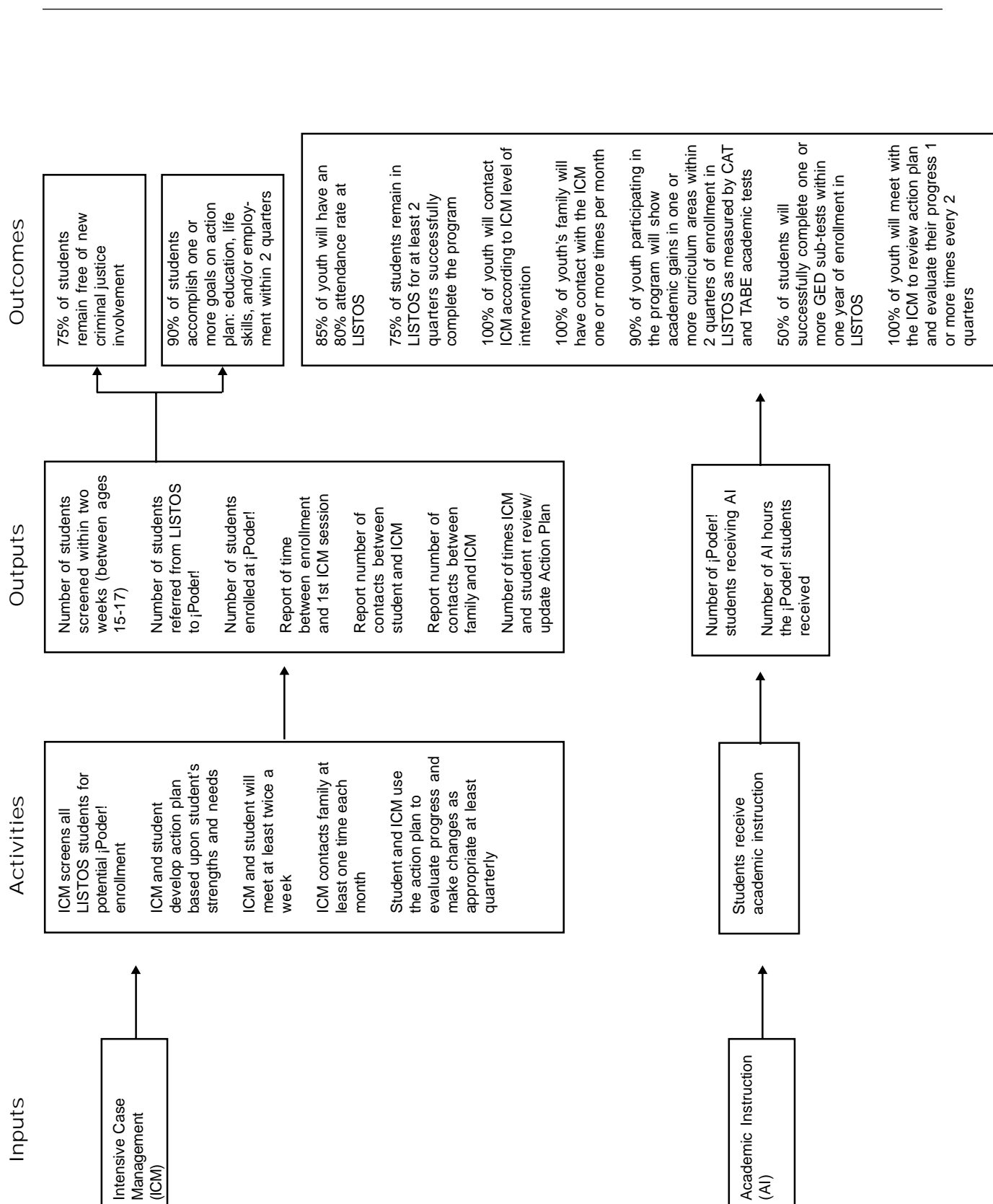
### *Program Staff*

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 County 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!





# ¡Poder!

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### Program Progress

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

### Process Evaluation

- *Clients served:* During the reporting period, a total of 26 youth participated in the program. A total of 30 youth have participated in ¡Poder! since the inception of the program. Of the 26 youth served from July 1, 2003 through June 30, 2004, 15 are still in the program, five successfully completed the program, and six did not complete the program. Of the six who did not complete the program three dropped out and three moved out of the area.

The population of participants being served by ¡Poder! is Hispanic youth with most born in Mexico. Those who enroll in ¡Poder! tend to lack the support network that would typically contribute to their ability to maintain their educational and prosocial activities. The risk profile of the 26 youth participating in ¡Poder! at program intake was as follows: 38 percent had prior involvement in the criminal justice system; 38 percent were gang-involved; an additional 50 percent had a primary relationship with a gang member; 31 percent were using substances; 27 percent were pregnant or parenting; 35 percent had limited English proficiency; 38 percent were homeless; 50 percent had a mental health problem; and 27 percent had an incarcerated family member. All 26 youth participating in ¡Poder! had multiple risk factors and the average number of risk factors was 3.8.

The barriers to participation for the target population appear to be related to each youth's life circumstances. These include the challenges of gang membership combined with family issues that appear to interfere with the ability of some participants to focus on their day-to-day activities. Events occurring outside of the LISTOS and ¡Poder! programs appear to impact the ability of participants to maintain consistent school attendance. The ICM provides a high level of consistency for these participants and this may mitigate these challenges to some extent. In addition, the ICM spends significant effort building partnerships with parents and family members. With assistance from some family members, the ability to monitor participants who are not yet able to self-regulate is enhanced.

During year three, ¡Poder! staff provided intensive case management and educational services to 26 students who met the eligibility criteria and enrolled in the program. The ICM met with all 26 youth at least two times per week and with the family members of 25 of the 26 youth at least one time per month as required by the program design. The ICM was unsuccessful in making monthly contacts with the family of one female participant who dropped out of ¡Poder! after being enrolled for three months.

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Most youth who enrolled in the ¡Poder! program participated a minimum of six months. Of the 26 participants enrolled, 22 began their enrollment six or more months ago and four began enrollment in the last six months. Results for year three show that 16 of the 22 (73 percent) remained enrolled for a minimum of six months. Six participants did not remain enrolled at least six months—three dropped out and three moved out of Oregon.

Almost all youth (93 percent) who participated a minimum of six months in ¡Poder! met with the ICM to review their goals and evaluate their progress during that time period as required by the program design. All of these youth achieved positive change in at least one goal area as measured by Goal Attainment Scaling.

All 26 participants enrolled in the LISTOS Alternative Learning Center and 23 began their enrollment six or more months ago. Results for year three show that 17 of the 23 (74 percent) remained enrolled in LISTOS for at least six months. Six participants left the Alternative Learning Center before six months: four dropped out and two moved out of the area.

- *Program Implementation:* The Oregon Council for Hispanic Advancement (OCHA) faced a number of challenges in implementing the ¡Poder! program. During the first year of the program, significant challenges occurred which impeded progress towards meeting the program goals and objectives outlined in the program's initial grant application, as well as meeting the requirements of the Evaluation Plan. These challenges were a direct result of considerable organizational transition within OCHA, which brought about numerous staffing changes within LISTOS. In addition to changes in personnel, the ¡Poder! program was also hindered by a lack of clear understanding of "intensive case management". The second year of program implementation brought substantial change in program design and management. A new Executive Director and a new Educational Director were hired. The new program directors developed a detailed Intensive Case Manager job description and hired a professional social worker, with experience and expertise in providing individualized case management services to high-risk youth and their families. The new team reviewed and redefined the goals and objectives of the ¡Poder! program, with consultation from the CJSD contract evaluator, to ensure that each was achievable and measurable. In the third year, these changes were successfully implemented resulting in improved service delivery to program participants as described below.

### Outcome Evaluation

- *Evaluation Activity.* Evaluation efforts during the third year focused on implementing the revised evaluation plan and logic model and designing a framework for monitoring program outcomes. The external evaluator and the ¡Poder! staff met regularly to ensure that collaborative relationships were maintained, program progress reported, and challenges addressed in a proactive and timely manner. During the year, the program continued to monitor program outcomes, began Goal Attainment Scaling to measure student progress toward meeting their action plan goals, and developed a Level of Intensity Form to make decisions about reducing intensive case management services

## ¡Poder! Oregon Council for Hispanic Advancement

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as participants move toward exiting the program. In addition, the evaluator conducted in-depth case studies of three program participants and a focus group with five ¡Poder! participants to better understand the experience of participants.

- *Program Outcomes.* There are three main outcomes for youth completing the ¡Poder! program: (1) to improve school attendance, (2) to improve academic performance, and (3) to reduce juvenile arrest rates.
- *Attendance.* Of the 26 participants enrolled in the ¡Poder! program this reporting period, 25 were also enrolled in LISTOS. One participant left LISTOS in June 2003, but continued to be enrolled in ¡Poder!. Thus, this participant is not included in the analysis. Of these 25 participants, 22 (88 percent) had at least an 80 percent attendance rate. The average attendance rate of the 25 ¡Poder! participants was 95 percent. For this same period, the overall attendance rate of LISTOS participants was 90 percent.
- *Academic Improvement.* A total of 17 ¡Poder! participants were enrolled in the LISTOS program for six or more months. A total of 13 of the 17 have completed their academic exams. All 13 participants (100 percent) showed academic gains in math or reading as measured by the LISTOS in-house exams, the CAT and TABE. Ten participants (77 percent) made gains in reading and 10 (77 percent) made gains in math. The average reading gain was two points while the average math gain was seven points.
- *GED.* A total of six ¡Poder! participants were enrolled in LISTOS for one year or more. Four (67 percent) of the six successfully passed all of their GED subtests and graduated from the LISTOS program. Two (33 percent) did not pass any subtests. Additionally, two participants, who were enrolled in the program for less than one year, successfully passed all of their GED subtests and graduated from LISTOS. Therefore, a total of six ¡Poder! participants graduated from the LISTOS program. LISTOS graduated 18 students this school year; 33 percent were ¡Poder! participants.
- *Violence.* During the current reporting period, 24 (92 percent) of the 26 participants remained free of violent incidents that came to the attention of law enforcement. Two participants were arrested for minor theft at a grocery store and were fined. Both participants took theft classes and are currently paying the fine. While involvement with the legal authorities was nearly absent during the period of participation, it appeared that incidents of violence occurred that did not lead to legal ramifications. For example, one participant was shot and left LISTOS for nearly four months. The ICM contacted his father and then re-connected with the participant. The participant came back to ¡Poder! and re-enrolled in LISTOS. However, LISTOS and ¡Poder! staff strongly suspect that this individual continues to be involved in gang activity. During his initial two months of ¡Poder! participation, he had minimal success in achieving action plan goals. However, he was successfully employed and demonstrated positive change in his relationships with his family.

# ¡Poder!

## Oregon Council for Hispanic Advancement

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### Program Performance Measures and Outcomes

The performance measures for this program include:

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

The outcomes for ¡Poder! include:

- The program provided 26 Latino youth, ages 15-17, with intensive case management services.
- 73 percent (16 of 22) of the youth remained enrolled in the program for a minimum of six months or successfully completed the program.
- 100 percent (26) of the youth met with the Intensive Case Manager two or more times a week.
- 96 percent (25 of 26) of the youths' families had contact with the Intensive Case Manager one or more times per month.
- 93 percent (13 of 14) of the youth met with the Intensive Case Manager to review their action plan and evaluate their progress one or more times every six months.
- 93 percent (13 of 14) of youth achieved positive change in at least one goal area of their action plan within six months.
- 74 percent (17 of 23) of youth participating in the program remained enrolled in the LISTOS Alternative Learning center for a minimum of six months.
- 88 percent (22 of 25) of youth participating in the program had 80 percent or greater attendance in the LISTOS Alternative Learning Center.
- 100 percent (13) of youth participating in the program demonstrated academic gains in one or more curricular areas within six months of enrollment as measured by the Computerized Adaptive Test (CAT) or Test of Adult Basic Education (TABE) exams.
- 67 percent (4 of 6) of youth participating in the program successfully passed one or more General Educational Development (GED) subtests within one year of LISTOS enrollment.
- 92 percent (24 of 26) of youth participating in the program remained free of violent probation/parole and/or justice involvement.

### Lessons Learned

LISTOS Alternative Learning Center and OCHA historically have been less successful with students ages 15 through 17 than with older students. Indeed, 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 and community experiences. The development and implementation of ¡Poder! provided the OCHA organization an opportunity to systematically address the needs of this group of participants. However, the process of establishing the intensive case management approach has been challenging, given the complexity of life circumstances and cultural issues faced by this population as they transition to young adulthood. In addition, environmental factors have been obstacles to effectively utilizing intensive case management throughout the course of program implementation.

## ¡Poder! Oregon Council for Hispanic Advancement

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The ability of OCHA to effectively utilize intensive case management is influenced by the multiple and complex life circumstances of the target population, inherent system fragmentation, and the limited ability of community agencies to effectively communicate with and serve Hispanic youth. The range of community agencies that serve this population includes juvenile corrections; law enforcement; numerous non-profits such as homeless programs, housing authority; and tangible supports such as food, clothing, household goods, medical, education, job training, etc. However, access to a number of these services was often limited, especially due to the lack of required documentation to qualify for services. The utilization of culturally appropriate intensive case management appeared to provide needed advocacy and coordination of supports for these youth. The ICM and LISTOS staff provided intensive support and a positive environment for high-risk participants. The evaluation data suggest that the 15 to 17 year old high-risk population of Latino participants responded to the types of structured and intensive support provided through ¡Poder!. However, additional system change activities within the community would need to occur in order to enable these young people to manage the complications of day to day life after leaving ¡Poder!. This appears especially true for those youth who were gang involved, who lack fiscal resources and positive adult influences beyond LISTOS and ¡Poder!.

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

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

## Oregon Department of Education

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Note: Project SUPPORT withdrew from Byrne funding after two quarters into the annual reporting period. The following information is based on the original anticipated goals and objectives for the full reporting period and outcome data is based on two quarters.

### 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 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.

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

## Oregon Department of Education

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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 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

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

## Oregon Department of Education

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relationship with the probation youth. Through these relationships, services will be tailored to the youth's strengths, needs, aptitudes, and interests with a focus on academic and/or employment placements. In addition, other local community agencies (e.g., mental health, alcohol and other drug agencies) will be utilized based on the individual needs of each program youth. The Transition Specialist will collaborate with OYA probation officers, education providers, employers, foster care, and community agency staff to assist the youth in meeting his or her transition goals.

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

- *Individualized educational placement and support:* Each Transition Specialist will be employed by an Education 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.



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

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### Program Resources

#### *Byrne Funding*

Project SUPPORT receives Byrne grant funding of \$99,317 and provides matching funds of \$33,106. During the period July 1, 2003 through June 30, 2004, the program expended \$46,805 in federal funds, and \$0 in match funds. 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.

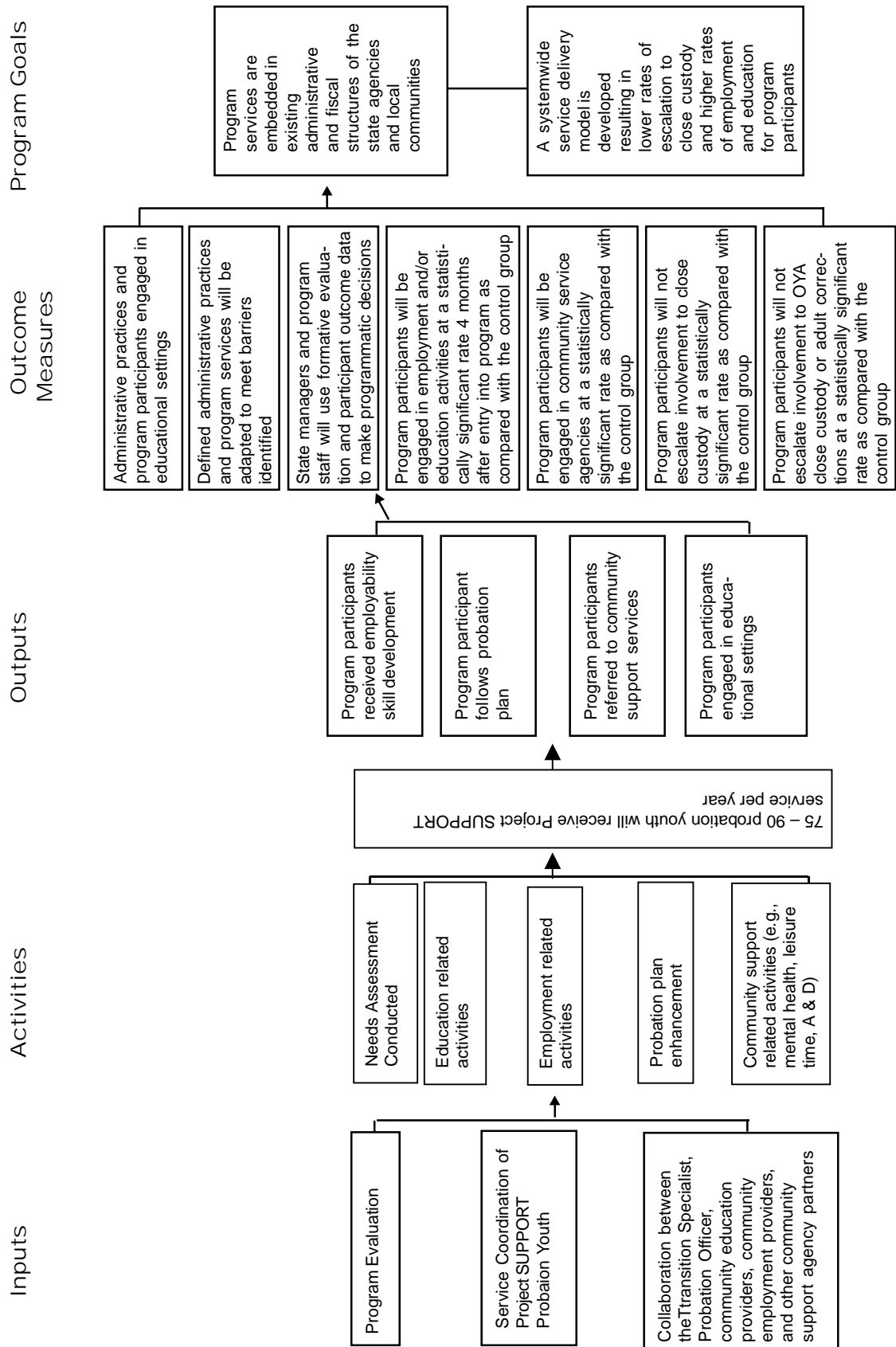
#### *Program Staff*

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 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 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



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

## Oregon Department of Education

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### Program Progress

Project SUPPORT ended at the midpoint of the annual reporting period when ODE discontinued support of its youth corrections education programs. There were several factors involved with this decision, none of which had to do with the delivery or quality of services to youth.

Program services continued to be implemented and caseloads maintained during the first two quarters of the reporting period. Services primarily focused on (a) supporting and maintaining the youth's enrollment in school, (b) developing the youth's pre-employment skills, (c) crisis management (e.g., between school and youth, foster parent and youth, peers and youth), (d) connecting youth with various community agencies, and (e) supporting the youth's individual needs based in the probation plan. Specifically, these activities were tailored for both the communities the youth lived in and the age of the youth.

Program engagement outcomes were met during this time period. Total engagement rates were much higher (95 percent at four months) and new adjudication rates were much lower (6.3 percent at six months) than anticipated. Also, education engagement rates were at 90.5 percent after four months into the program.

### Process Evaluation

- *Clients served:* At the time funding ended for Project SUPPORT, the program had served 56 clients. Of the 56 clients served, 73 percent were male and 27 percent were female. A total of 86 percent were Caucasian, seven percent were Hispanic, and seven percent were American Indian/Alaskan Native. The mean age at entry was 15 with an age range of 12 to 18 years of age. A total of 82 percent of program participants had either a Diagnostic and Statistical Manual (DSM) mental disorder and/or a special education diagnosis and 68 percent of program participants had both a DSM and special education diagnosis.

A review of program participants' criminal history backgrounds indicated that participants were first adjudicated at a mean of 13 years of age. Approximately 50 percent of participants were adjudicated for property crimes, 39 percent for person-to-person crimes, 14 percent for status crimes, and 14 percent for behavioral crimes. Barriers to transition success were also collected at entry into the program. On average 3.48 barriers to transition success were identified for each program participant. The top four barriers identified for Project SUPPORT participants were: (a) a history of frequent absenteeism and/or suspension from school (52 percent), (b) a history of substance abuse (43 percent), (c) an anger management deficit (39 percent), and (d) a history of dropping out of school (23 percent). Additionally, 57 percent of participants reported the last or current school attended was a traditional school setting and 25 percent of participants reported attending an alternative school or program. A total of 43 percent of program participants had received mental health services and 30 percent of participants had received alcohol and other drug abuse counseling services.

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

## Oregon Department of Education

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### Outcome Evaluation

- *Program Outcomes:* The available data at the time funding ended indicated that program participants were remaining free of new crimes while engaged in Project SUPPORT. Among youth who had participated for two months, nine percent (3 of 45) had a new adjudication. Among youth who had participated for four months, 11 percent (3 of 27) had a new adjudication. Among youth who had participated for six months, six percent (1 of 17) had a new adjudication. In addition, available data indicated that the program was successful in engaging youth in education and/or employment while preventing recidivism. Engagement is defined as being enrolled in school and/or being employed and having no new adjudication or conviction. Among those youth who did not recidivate, engagement rates were high. The total engagement rate (employed and/or enrolled) of participants at entry into the program was 75 percent (42 of 56). After initiation of program services, the engagement rate increased to approximately 90 percent at two months (36 of 40) and 91 percent at four months (21 of 23). At six months, the engagement rate decreased slightly to 81 percent (13 of 16). This increase in engagement rates was mostly driven by improvement in the employment rates of these youth (school enrollment rates remained constant from entry through months two and four and then decreased slightly at the six month benchmark). For example, at entry into the program, only about six percent of the youth were employed. At two months the employment rate increased to 30 percent, at four months to 35 percent, and at six months to 44 percent. This increased rate of employment services may be a result of the Transition Specialists' focus on employment and employability skills with program participants.

### Program Performance Measures and Outcomes

The performance measures for this program include:

- Percent of clients who complete the program.
- Percent of clients who report improved school engagement.
- Percent of clients who had a referral to the juvenile justice system during the 6 months following program participation.
- Percent of clients who had a referral to the juvenile justice system during the 12 months following program participation.
- Percent of clients who had a juvenile justice placement during the 6 months following program participation.
- Percent of clients who had a juvenile justice placement during the 12 months following program participation.

The outcomes for Project SUPPORT include:

- The program provided 56 youth with transition services. Each Transition Specialist served an average of 14 youth with transition services.
- Each Transition Specialist developed and implemented a service delivery model for 100 percent (56) of the youths they served within two months of the youths' entry into the program.
- 75 percent (42) of program participants engaged in employment and/or educational activities within four months of entry into the program.
- 43 percent (24) of program participants were engaged 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.

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

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- 79 percent (31 of 39) of Project SUPPORT participants did not commit a new crime that escalated their involvement to OYA close custody while engaged in the program.

### Lessons Learned

ODE withdrew from Byrne funding after two quarters into the reporting period. Among the reasons, the state budget crisis forced state administrators to make very difficult decisions regarding its commitments to the numerous prevention programs that it was involved in. At the same time, ODE was experiencing a reorganization of its agency that led to a change of strategy and direction for its programs. A final decision to end Byrne funding came after a determination was made by the Office of the Attorney General that changed the methods by which ODE can obtain payments to support youth in transitional service programs.

For further information about this program, please contact Mr. D. Jay Gense at (503) 378-3600 ext. 2325.

# HomeWorks Youth Contact, Inc.

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## Program Purpose

Youth Contact, Inc. in Hillsboro receives 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 HomeWorks program, which uses Multisystemic Therapy (MST) to address the needs of Washington County's high-risk youth and their families.

Youth Contact, a private non-profit agency founded in 1976, has 25 years of successful youth treatment service delivery providing family therapy services for delinquent and at-risk youth since 1981. The agency has substantial expertise in the delivery of treatment from a strategic/structural family therapy treatment perspective, which is also one of the key theoretical/clinical components of MST.

The primary purpose of Youth Contact's HomeWorks 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 anti-social behavior in adolescents and their families. MST has been designated as a best practices program and has been shown to reduce the rates of anti-social behavior in adolescents, reduce out-of-home placements, and empower families to resolve future difficulties.

The main goals of the program are to:

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

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

- The program will provide 55 youth/families with MST treatment annually.
- 80 percent of eligible youth/families referred to the program will engage in MST treatment services.
- 85 percent of youth/families will be satisfied with the services they receive from the MST program.
- 80 percent of youth/families who engage in MST treatment services will successfully complete treatment services.
- Therapists will demonstrate adherence to MST principles for 95 percent of the youth/families they treat.
- 85 percent of youth/families participating in MST treatment will demonstrate improved family functioning.
- 90 percent of youth receiving MST treatment will abstain from or reduce their substance use while enrolled in the program.
- 90 percent of youth receiving MST treatment will participate in at least one pro-social community activity by the end of treatment.
- 90 percent of youth receiving MST treatment, enrolled in school, and attending regularly will maintain their baseline attendance level while in the program.

## HomeWorks Youth Contact, Inc.

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- 80 percent of youth receiving MST treatment, enrolled in school, and not attending regularly will increase their attendance while in the program. One hundred percent of youth receiving MST treatment and not enrolled in school will re-enroll in an academic program by the end of treatment.
- 90 percent of youth receiving MST treatment, enrolled in school, and attending regularly will maintain their baseline attendance level for six months post discharge.
- 75 percent of youth receiving MST treatment, enrolled in school, and not attending regularly will maintain the level of school attendance demonstrated at the end of treatment for six months post discharge.
- 90 percent of youth/families 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* prior juvenile justice referrals will not have a referral to juvenile justice within six or 12 months of program discharge.
- 90 percent of all MST participating youth *with no* prior juvenile justice referrals will not have a referral to juvenile justice within six or 12 months of program discharge.

### Target Population

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

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 HomeWorks staff: (1) review the case to determine if it is appropriate for MST, (2) determine if space is available in the MST program, (3) verify that the referral agency has informed the family of the referral, (4) schedule an intake session with the family, and (5) provide regular feedback to the referral agency.

### Program Components

Multisystemic Therapy (MST) is a family-oriented, home-based program that targets chronically violent, substance-abusing juvenile offenders 12 to 17 years old. The underlying premise of MST is that criminal conduct is multi-determined; therefore, effective interventions must recognize this fact and address the multiple sources of criminal influence. These sources are found not only in the youth (values and attitudes, social skills, biology, etc.) but also in the youth's social ecology: the family, school, peer group, and neighborhood. While the initial MST involvement may be

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intensive, perhaps daily, the ultimate goal is to empower the family to take responsibility for making and maintaining gains. An important activity of therapists is fostering parents' ability to advocate for their children and themselves with social service agencies. In other words, parents are encouraged to develop the requisite skills to solve their own problems rather than rely on professionals.

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

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

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

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

Within the family, parents and adolescents frequently display high rates of conflict and low levels of affection. Similarly, parents (or guardians) frequently disagree regarding discipline strategies, and their own personal problems (e.g., substance abuse, mental illness) often interfere with their ability to provide necessary parenting. Family interventions in MST often attempt to provide the



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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.

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

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

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

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

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## Program Resources

### *Byrne Funding*

The Youth Contact HomeWorks program receives Byrne grant funding of \$200,000 and provides matching funds of \$66,667. During the period July 1, 2003 through June 30, 2004, the program expended \$201,205 in federal funds, and \$70,569 in match funds. Youth Contact's HomeWorks program uses Byrne grant funds for personnel salaries and benefits. Youth Contact contracts with Portland State University for external evaluation services to provide process and outcome evaluations of the program, Eileen Bobrow of the Mental Research Institute in Palo Alto, California, for monthly clinical consultations, and Dr. Lynn Fontana (independent consultant) for MST training for new hires.

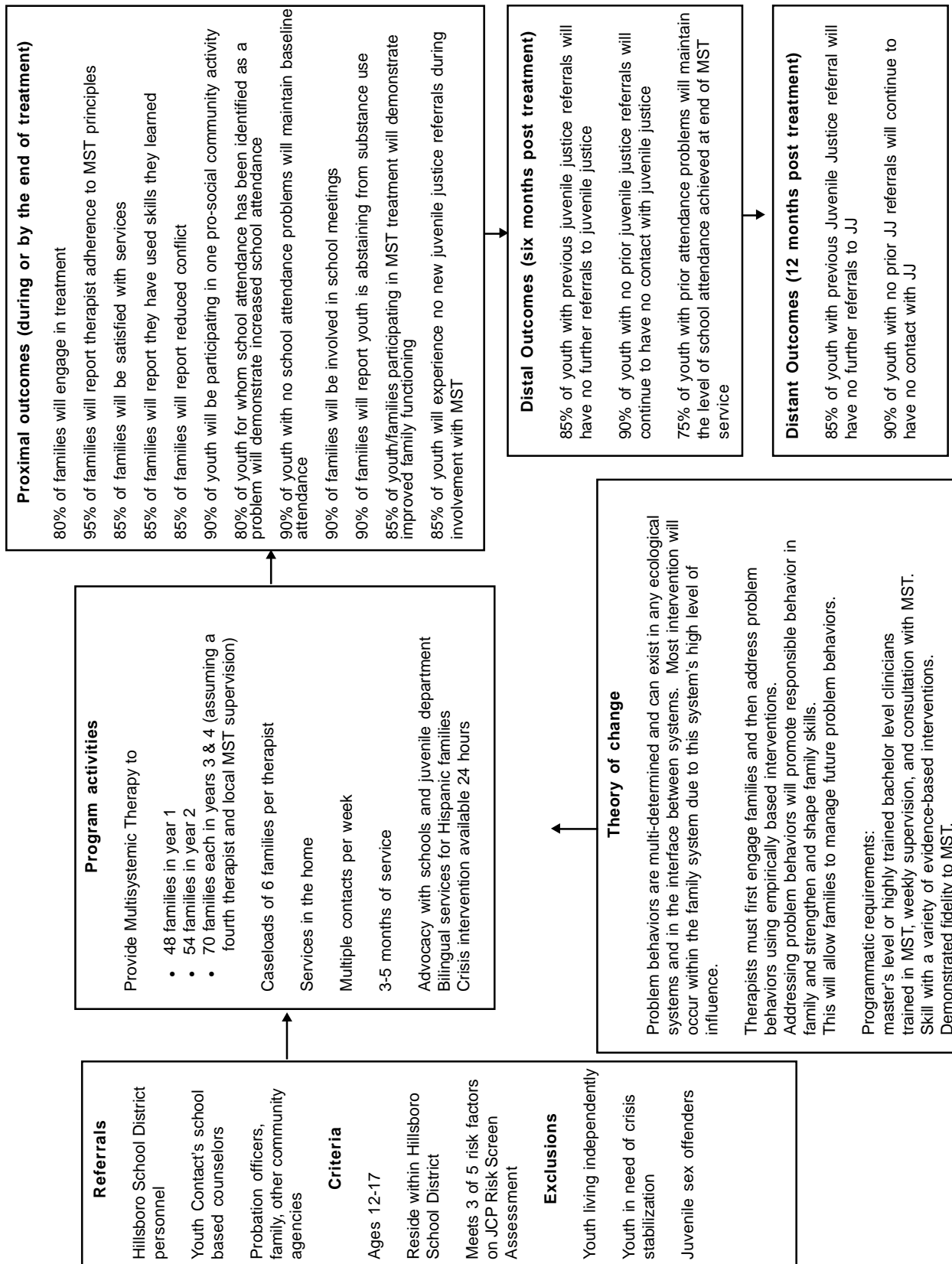
### *Program Staff*

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

### *Collaboration*

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

# Program Logic Model HomeWorks



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## Program Progress

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

## Process Evaluation

- *Clients served:* From July 1, 2003 through June 30, 2004, the program served 45 families. Of the 45 families served, 26 families were still active in the program and receiving services at the end of the year, 14 families had successfully completed the program, and five families failed to successfully complete the program. Of the five families who ended services prematurely, one family moved out of the area, three families chose to not transfer to a new therapist when their therapist resigned, and the child of one family was placed in foster care by the Washington County Juvenile Department despite the judgment of the therapist that the child could remain in the home. There were three families on a waiting list for services at the end of the year, however, throughout most of the year there were usually about eight families on the waiting list.

MST is designed to serve those youth who are most at-risk, particularly for incarceration or other out-of-home placement. Most of the youth served in the third 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).

A total of 62 percent (28/45) of youth served by the program this year were male and all youth except one were between the ages of 13 to 17. A total of 71 percent were Caucasian, 25 percent were Hispanic, two percent were Asian and two percent were African-American. All clients met the intended target population eligibility criteria, which include the following: between ages 12 to 17, attending or eligible to attend school in the Hillsboro School District, and meet at least three of five risk factors according to the Juvenile Crime Prevention Risk Screen Assessment. The areas of risk assessed by the screening tool include: anti-social behaviors, family functioning, school performance, peer relationships, and substance abuse. The majority of youth served by the program were at-risk in all five areas. In addition to being at-risk for delinquency, approximately 25 percent of youth served by the program also demonstrated emotional problems that included victimization, depression, and/or self-harming behaviors.

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Furthermore, one barrier to participation in HomeWorks during the past year was the limited number of available spaces for clients. Because of the intensity of MST, each of the three HomeWorks therapists generally could not manage a caseload larger than eight families at any given time. Thus, in the past year, the program typically maintained a waiting list of approximately eight 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 HomeWorks therapists and supervisors adhered to the principles of MST and delivered high-quality services. A total of 100 percent (45) of eligible youth/families that were referred to HomeWorks engaged with therapists (defined as attending two or more counseling sessions).

Families must complete at least 75 percent of their treatment goals to be considered as having successfully completed the HomeWorks MST program. Seventy-four percent of discharged youth/families (14/19) successfully completed the program by this standard. Five families dropped out of the program prior to completing at least 75 percent of their goals.

Parent and youth satisfaction with services is measured using three instruments: the Therapist Adherence Measure Scale (TAMS), parent survey, and a youth survey. The TAMS is collected monthly while the parent and youth surveys are collected quarterly. The response rate for the TAMS was low for part of the year but changes in the collection procedures resulted in a good response rate of 72 percent by the end of the year. The parent and youth survey response rates were very good this year (81 percent and 76 percent respectively). The majority of respondents to the TAMS, parent, and youth surveys indicate that they are satisfied with the services they are receiving from the HomeWorks therapists.

HomeWorks staff were able to meet the majority of their program objectives. The program met or exceeded 18 of the 21 benchmarks in their Evaluation Measurement Plan. Evaluators concluded that the HomeWorks program was continuing to do an excellent job of engaging families, adhering to MST principles, and promoting solid progress towards a variety of key family outcomes.

- *MST site certification:* Following two years of dissatisfaction with MST, Inc.'s training and clinical consultation services, the HomeWorks program was granted permission by CJSD to end its contractual relationship with MST, Inc. beginning in year three of funding. HomeWorks staff and administration had essentially two concerns about the training and consultation they received from MST, Inc.: (1) there were significant gaps and weaknesses in the training and consultation. For example, the program staff felt that the

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clinical consultations with MST, Inc. were often too narrowly focused on one particular therapeutic strategy which excluded the consideration of other therapeutic strategies that staff thought were worthy of discussion, and (2) the MST training did not add anything to the principles and practices already in place at the hosting agency, Youth Contact.

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

- *MST model adherence:* The HomeWorks program is adherent to the MST model. Adherence to the MST model was measured using the Therapist Adherence Measure Scale (TAMS), a standardized instrument developed by MST Inc. to assess treatment fidelity. HomeWorks staff collected 122 completed TAMS from families in the period from July 1, 2003 to June 30, 2004. MST recommends an adherence score of at least 0.40. HomeWorks therapists averaged 0.59 on the adherence scale of the TAMS.
- *Barriers to implementation:* Program capacity limitations were the primary barrier to implementation of the HomeWorks program this year. The program aims to serve 55 youth/families each year. This year the program was only able to provide services to 45 youth/families. This was a result of two factors (1) loss of program staff and (2) length of treatment:
  - 1) One of the therapists needed to take a medical leave at the end of the third quarter, thus the program could not serve as many families as they would have if they had been operating at full capacity.
  - 2) Therapists found that youth/families benefited from longer treatment than was expected from the MST model. Many of the youth/families served by HomeWorks this year presented multiple and compounded problems such as substance abuse by parents and youth, parental mental illness and criminality, and extreme conflict. In an interesting departure from the usual MST practice of limiting treatment to approximately four months, HomeWorks therapists (in consultation with their colleagues and supervisors) extended treatment for several families significantly beyond four months (up to a year in at least one case). This had the effect of limiting the number of families that could be served by the program, while allowing the families that were served to complete the program successfully. Though this strategy is a departure from the usual MST practice it is not contrary to any of MST’s nine core principles.

## Outcome Evaluation

- *Evaluation Activity:* External evaluators of the HomeWorks program found that the response rate for the TAMS was unsatisfactory. They worked with program staff this past year to modify collection procedures for the TAMS and as a result the response rate has returned satisfactorily to 72 percent. Current collection methods for the parent and youth surveys do not allow evaluators to link surveys to particular families. In the next quarter, evaluators and program staff will collaborate to modify the current data collection process to allow evaluators to identify the number of unique respondents. Evaluators discovered this past year that they could track recidivism activity of youth who turn 18 prior to 12 months post program discharge through the Oregon Law Enforcement Data System (LEDS). Evaluators fine-tuned the measurement of youth satisfaction and youth substance abuse to enable them to more accurately report on the corresponding objectives.
- *Program Outcomes:* Program evaluators are gathering data on five main outcome goals for youth completing the MST program: (1) reduced substance abuse, (2) improved school attendance, (3) increased involvement in supportive community activities, (4) improved family functioning, and (5) reduced juvenile recidivism:

*Substance Abuse:* Clients that complete the HomeWorks program show significant improvement in substance abuse. At intake into the program 75 percent (61/81) of all youth served by the program since its inception were reported to be abusing alcohol or drugs. Therapists use a variety of tools to help youth and families deal with this difficult problem including helping parents develop a plan to increase supervision of their children, helping parents recognize the indicators of substance abuse, teaching youth refusal skills and ways to develop relationships with non-using pro-social peers. Ninety-three percent (13/14) of families that completed the program this year reported that the youth abstained from or reduced his or her use of alcohol or drugs.

*School Attendance:* One of the HomeWorks objectives it to help youth stay in school, or if they are not, then to enroll them into school. Poor school attendance is highly correlated with juvenile delinquency. At program intake 85 percent (11/13)<sup>1</sup> of the youth who eventually completed the program this year were experiencing problems attending school. In fact, one youth was not enrolled in school at all. By the end of treatment 100 percent (13/13) of youth who completed the program were stable in their attendance or had improved their school attendance. Evaluators also measure school attendance six months after treatment has ended. Six months after the end of MST treatment 83 percent (10/12)<sup>2</sup> of youth completing the program this year had maintained the level of attendance they had attained at the end of treatment.

<sup>1</sup> School attendance data are not available for one youth who moved out of the school district while in treatment (but still received services).

<sup>2</sup> Six months post-treatment attendance was not available for one youth who transferred to a GED program.

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*Community and School Involvement:* From an ecological perspective, one of the determinants of youth behavior is the extent to which the youth and the family is integrated into a healthy community. The HomeWorks program seeks to address this issue by providing parents with resource information and assisting them in connecting with community programs. Playing sports with a positive peer group, participating in church activities or gaining employment are some examples of positive community involvement. Ninety-three percent (13/14) of youth who completed the program this year participated in at least one supportive community activity. One of the key factors in a youth's success in school is the extent to which the parents are involved with the school. It is a specific objective of the program to improve the level of the parents' involvement with the school by facilitating the forming of positive connections between the school and the family and by coaching the family on ways they can advocate for their child at school. A total of 100 percent (14/14) of parents who had completed treatment this year participated in at least one school-based activity during treatment.

*Family Functioning:* Program evaluators measure family functioning through two benchmarks. The first benchmark is parents' response to the question of whether they have used the skills that they learned from counseling in settings outside of treatment. Ninety-eight percent of responses to the parent survey (61/62) indicated that parents are using their new skills with the family outside of the counseling session. The other benchmark is to reduce conflict within the family. A total of 95 percent of survey responses (59/62) indicated that conflict had been reduced in the family. The number of responses is not a direct indicator of the number of families that are making the report because the parent survey is administered quarterly to parents and thus a family has the opportunity to make multiple responses to the same question. The response rate of 81 percent for the surveys is high. Such a high response rate makes it reasonable to conclude that family functioning as measured by these benchmarks is improving for families in the HomeWorks program. Program evaluators and staff will be making some minor procedural changes this next quarter that will allow evaluators to say precisely how many families answered the survey questions.

*Youth Recidivism and OYA Placement:* The ultimate goal of the HomeWorks program is for youth to not be involved with the justice system. The HomeWorks program made good progress in helping families with this goal. A total of 13 percent (6/48) of all youth served since the beginning of the program and who were at least six months post discharge had a referral to the juvenile justice system in the six months after program discharge. Similarly, 15 percent (5/34) of all youth served by the program since its inception (and at least 12 months post discharge) had a referral to the juvenile system<sup>3</sup> in the 12 months after their discharge from the program.

Similarly low rates are seen in placement to an Oregon Youth Authority facility. In the six months after treatment, four percent (2/48) of youth had a juvenile justice placement and 12 months after treatment six percent (2/34) of youth had been placed.

<sup>3</sup> Youth and families who are at least 12 months post-discharge are included among the youth/families who are at least six months post-discharge.



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### Program Performance Measures and Outcomes

The performance measures for this program include:

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

The outcomes for HomeWorks include:

- The program provided 45 youth/families with MST treatment in year three.
- 100 percent of eligible youth/families (45) referred to the program engaged in MST treatment services.
- 90 percent of responses to the parent survey (56 of 62) indicated that families were satisfied with the services they received from the MST program<sup>1</sup>.
- 74 percent of youth/families (14 of 19) who engaged in MST treatment services successfully completed treatment services.
- 95 percent responses to the parent survey (116 of 122) indicated that the therapists were adherent to MST principles<sup>1</sup>. The average monthly Therapist Adherence Measurement Scales score of 0.59 indicates that therapists are adhering to the MST model<sup>2</sup>.
- 95 percent of youth/families participating in MST treatment (59 of 62) demonstrated improved family functioning as measured by family reports of reduced conflict in the home and use of new skills learned during counseling.
- 93 percent of youth receiving MST treatment (13 of 14) abstained from or reduced their substance use while enrolled in the program.
- 93 percent of youth receiving MST treatment (13 of 14) participated in at least one pro-social community activity by the end of treatment.
- 100 percent of youth receiving MST treatment (2)<sup>3</sup>, enrolled in school, and attending regularly maintained their baseline attendance level while in the program.
- 100 percent of youth receiving MST treatment (10), enrolled in school, and not attending regularly increased their attendance while in the program or re-enrolled if they were not initially enrolled in school.
- 100 percent of youth receiving MST treatment (2)<sup>3</sup>, enrolled in school, and *attending* regularly maintained their baseline attendance level for *six months post discharge*.
- 75 percent of youth receiving MST treatment (9 of 12), enrolled in school, and *not attending* regularly maintained the level of school attendance demonstrated at the end of treatment for *six months post discharge*.

<sup>1</sup> There were more survey responses than there were families because the survey is administered quarterly.

<sup>2</sup> A score of at least 0.40 is recommended.

<sup>3</sup> Denominator is low because this objective was added only after the third quarter of the year and data was available from the school district for the last quarter only.

## HomeWorks Youth Contact, Inc.

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- 100 percent of youth/families participating in MST treatment (14) had parents involved in school meetings, activities, or school-based counseling sessions by the end of treatment.
- 82 percent (14 of 17) of all MST participating youth *with prior* juvenile justice referrals did not have a referral to juvenile justice within *six months* of program discharge, and 100 percent (8) did not have a referral within *12 months* of program discharge.
- 100 percent (7) of all MST participating youth *with no prior* juvenile justice referrals did not have a referral to juvenile justice within *six months* of program discharge, and 67 percent (2 of 3) did not have a referral within *12 months* of program discharge.

### Lessons Learned

Evaluation data indicate that the HomeWorks program is effectively working with at-risk youth and their families to meet treatment goals. There are several factors that have been key to the program's success.

- *Clear program objectives:* Program objectives have been developed and refined collaboratively with evaluators, program staff, and CJSD. The presence of clear measurable objectives and the continual feedback of progress toward those objectives has enabled program staff to implement the program as intended.
- *Ecological perspective:* Progress towards family and youth outcomes has been enhanced by assessing and working intensely with the systems (e.g. school, peers, service agencies, church) with which the family interacts. Assessing the systems provides the therapist with a more comprehensive understanding of the multi-determined nature of clients' behavior. Understanding the determinants of their behavior leads to more sensitive and effective therapeutic interventions. Working directly with the systems which impact the client allows the therapist to link them into an integrated treatment approach.
- *Competent staff:* HomeWorks' success has been largely due to the selection of staff with excellent experience and training working with delinquent youth and their families. In addition, the success of the program in maintaining a Spanish-speaking therapist to serve monolingual Spanish clients has been advantageous in attracting an underserved population, especially considering that 25 percent of the youth served this year were Hispanic.
- *Characteristics of the host agency:* Youth Contact, the host agency for the HomeWorks program, has three characteristics that have been essential in the implementation of an effective program. First, Youth Contact has a solid reputation in the community for providing effective services to youth and families. This reputation has helped therapists establish working relationships with community partners and with influential members of the systems with which the clients interact. This strong community reputation may help explain HomeWorks high level of client engagement. Second, Youth Contact's services rest on a solid theoretical foundation of structural family therapy and strategic family

## HomeWorks Youth Contact, Inc.

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therapy that both have strong empirical support. The fact that this theoretical stance is congruent with the MST approach facilitates implementing the HomeWorks program. Third, Youth Contact supports a professional culture committed to continuing education on best practices in preventing and treating mental health and psycho-social problems.

- *Adequate funding:* Adequate funding allows skilled therapists to do intensive closely supervised work with a small number of families. Full funding allows therapists to make multiple visits to the clients' home each week, work closely with the systems involved (e.g., school, justice system) and have the time to discuss difficult cases with their colleagues and supervisor.

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

# SchoolWorks

## Juvenile Rights Project, Inc.

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### 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. 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 200 dependent or delinquent youth between the ages of eight and 15 who are experiencing achievement, attendance, or behavioral difficulties at school.
- Establish eligibility for special education services for 75 percent of SchoolWorks youth deemed in need of these services.
- 75 percent of SchoolWorks youth not currently enrolled in school will re-enroll in school.
- Reduce or prevent disciplinary action for 75 percent of SchoolWorks youth subject to such action.
- Reduce or prevent suspensions or expulsions for 75 percent of SchoolWorks youth threatened with suspension or expulsion.
- Create new or updated school plans (such as Individualized Education Plans (IEPs) and 504 Plans) consistent with child welfare and/or juvenile court plans for 75 percent of SchoolWorks youth who need them.
- Link 75 percent of SchoolWorks youth (who are in need) with new school services (e.g., counseling, speech therapy, educational aides).
- Prevent moves between schools for 75 percent of SchoolWorks youth for whom frequent school moves have been identified as a problem.
- Obtain a more appropriate school placement for 75 percent of SchoolWorks youth threatened with an inappropriate school placement.
- Facilitate cross-system coordination (e.g. between Department of Education and the Developmental Disabilities Office) for 75 percent of SchoolWorks youth for whom achievement has been identified as a concern.
- Promote improved academic achievement for 75 percent of SchoolWorks youth for whom achievement has been identified as a concern.

# SchoolWorks

## Juvenile Rights Project, Inc.

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- Reduce absenteeism for 50 percent of SchoolWorks youth for whom attendance has been identified as a concern.
- Reduce juvenile court events for 50 percent of SchoolWorks youth for whom this has been identified as an immediate concern.
- Provide community trainings and education sessions to 75 participants and participate in other meetings designed to enhance partnerships with other agencies serving this population.
- Complete two or three targeted systemic reform activities per year.

### 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.

### 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.

## SchoolWorks Juvenile Rights Project, Inc.

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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 system-wide problems for improvement. For example, program staff may bring together representatives from various systems to address a problem that is affecting many youth. Through this multi-system collaboration, the representatives may help develop new policies, procedures, or programs.

### Program Resources

#### *Byrne Funding*

The SchoolWorks program receives Byrne grant funding in the amount of \$199,513 and provides matching funds of \$66,504. During the period July 1, 2003 through June 30, 2004, the program expended \$196,422 in federal funds, and \$65,475 in match funds. Juvenile Rights Project, Inc. uses the majority of the Byrne grant funds to pay the cost of personnel salaries and contractual services.

#### *Program Staff*

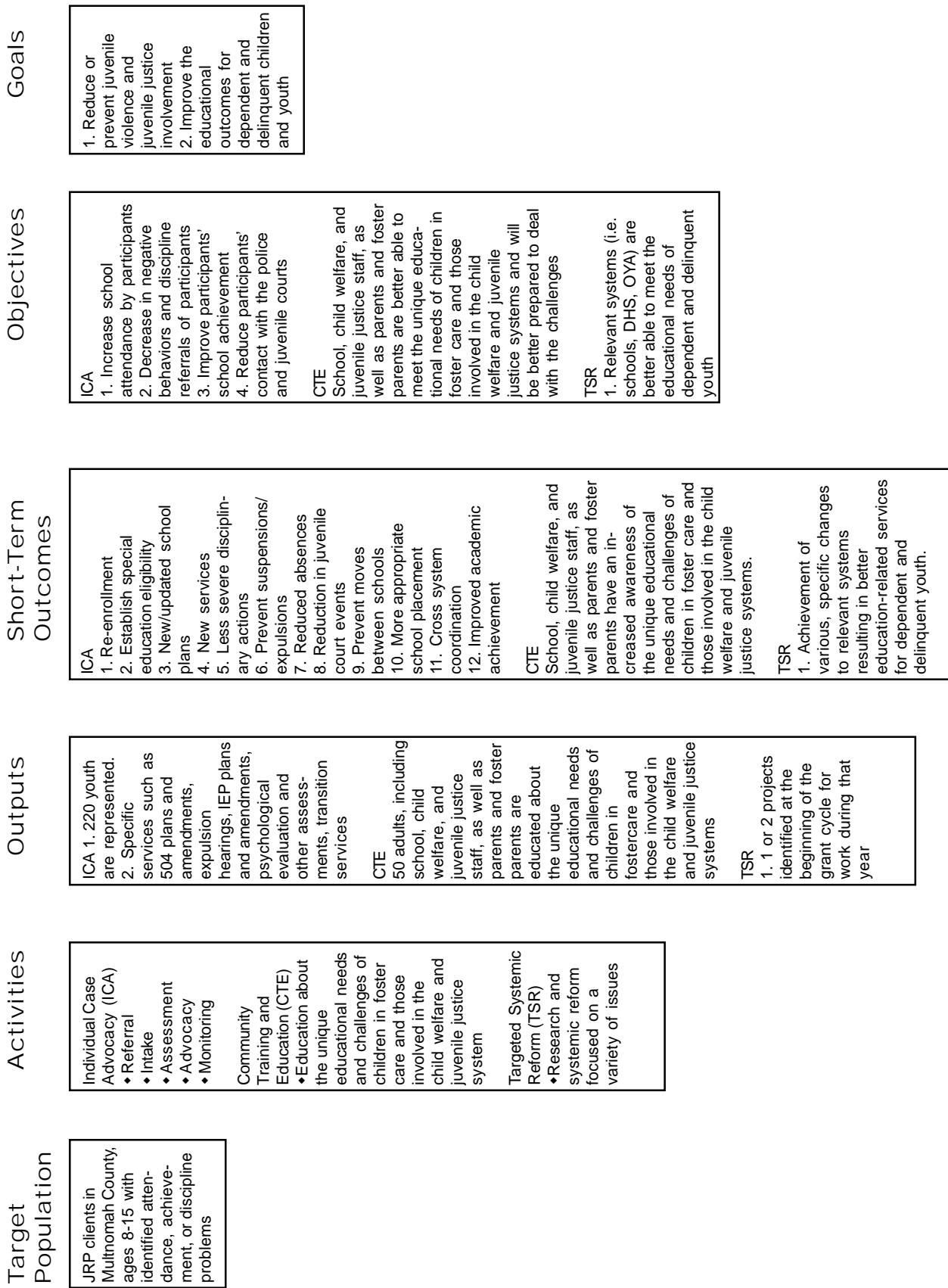
The program is operated as part of the Juvenile Rights Project, Inc. Four attorneys (one supervising attorney and three attorneys) are responsible for providing individual case advocacy for clients, conducting community training and education, and working on targeted systemic reform. The JRP Director 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



**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.

# SchoolWorks

## Juvenile Rights Project, Inc.

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### Program Progress

During the second program year, from July 1, 2003 through June 30, 2004, the SchoolWorks program continued to make good progress on its goals and objectives. Program staff provided individual case advocacy to over 300 children and youth during this time period and trained/educated over 75 community members. In addition, the program undertook two targeted systemic reform efforts to address the educational needs of children in foster care and the transition needs of special education students moving from school to work.

SchoolWorks was very effective in advocating for dependent or delinquent children and youth in the school systems and the program met most of its school-related objectives (e.g., reducing absences, reducing school moves, creating or updating school plans, reducing or eliminating suspensions and expulsions, improving achievement, etc.). The program will work on gathering juvenile justice data in the third program year.

### Process Evaluation

- *Clients served:* From July 1, 2003 through June 30, 2004, the SchoolWorks program provided individual case advocacy to 308 youth (227 new admissions and 81 carried over from the first year).
- *Client profile:* The new clients who enrolled in the program in year two (N = 227) matched most of the target criteria for program services. Originally, the program only planned to target youth between the ages of eight and 15. However, 12 youth under the age of eight and 35 youth over the age of 15 were also served in year two. All of the youth 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. Youth could be experiencing problems in only one area or in more than one area. In year two, 30 percent of the youth were referred because they were not in school, 56 percent were experiencing behavioral problems in school, 81 percent were academically behind, and 48 percent had more than two reasons for referral. The majority of SchoolWorks clients were male (61 percent) and a disproportionately large number were minority students (47 percent). SchoolWorks clients have an average of six risk factors for poor school outcomes.
- *Program implementation:* At the close of the second year, 222 clients had completed SchoolWorks and 86 clients remained active in the program. Of those who completed the program, 52 percent were successful completions and 48 percent were unsuccessful completions. However, this may not be the most accurate way to understand successful and unsuccessful program completion because many of the unsuccessful cases were not due to program failure but due to the court closing the case or the youth moving out of the area. If these administrative closures are not included in the completion rate, the successful program completion rate increases to 78 percent.

SchoolWorks staff engaged more than 75 people (including teachers, school administrators, lawyers, Court Appointed Special Advocates (CASAs), foster parents, and advisory board members) in formal training or partnership meetings during this grant year. Examples included: facilitating a meeting between several experts on fetal alcohol



## SchoolWorks Juvenile Rights Project, Inc.

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syndrome and staff at a local school, meeting with the Governor's staff to talk about the issues of education for children in foster care, and meeting with Oregon Department of Education staff, Department of Human Services (DHS) Child Welfare staff, Developmental Disabilities staff, and Vocational Rehabilitation staff regarding transition services for special education students.

The two primary systemic reforms that SchoolWorks staff worked on during the second year involved multi-system collaboration. The first, borne of frustration in individual cases with the lack of adequate transition planning for older special education students, involved multiple meetings with representatives from the Department of Education, Vocational Rehabilitation, DHS Children, Adult, and Families, Developmental Disabilities, and the Office of Mental Health and Addiction Services. The group, brought together by SchoolWorks advocates, is working on a brochure that will provide resources for transitioning to be published by the Department of Education that will identify the system players and their roles and will be available in hard copy and via the Internet. The group will also look at additional training for all involved in the lives of these vulnerable teens.

The second reform effort involves representatives of the Department of Education, several Educational Service Districts, school board administrators, Oregon Youth Authority (OYA), and DHS Children, Adults, and Families and is focused on the educational needs of children in foster care. The group has met several times and has focused on the issue of exchange of information among the players. It is hoped that an intergovernmental agreement of memorandum of understanding can be developed which would outline the rights and responsibilities of the schools and DHS and OYA with respect to student records and other areas of cooperation.

### Outcome Evaluation

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

- Program staff established eligibility for special education services for 85 percent of the 13 youth deemed in need of these services.
- 95 percent of the 19 youth who were not enrolled in school were re-enrolled and 92 percent of the 11 youth deemed in need of earlier, or less severe, disciplinary action obtained such action.
- Suspensions or expulsions were reduced or prevented for 86 percent of the 22 youth deemed in need of help in this area.
- 96 percent of the 55 youth who needed new or updated school plans (such as IEPs and 504 plans) received them with the help of their SchoolWorks attorney.

## SchoolWorks Juvenile Rights Project, Inc.

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- Almost all of the 25 youth (92 percent) in need of new school services were linked with these services.
- School moves were prevented for 75 percent of the 16 youth in need of advocacy to prevent the moves.
- 83 percent of the 40 youth in inappropriate school placements (e.g., going to a new school mid-year, restrictive classroom settings) obtained a more appropriate placement.
- 94 percent of the 50 youth identified as needing cross-system coordination because of achievement concerns received this assistance.
- 81 percent of the 16 youth for whom academic achievement was a concern received this service.
- 70 percent of the 10 youth for whom attendance was a concern had reduced absenteeism (the objective was to reduce absenteeism for 50 percent).

The program will not have data on the juvenile court involvement objective until the third program year.

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 comparison group evaluation planned for years three and four.

The primary outcomes of interest for the community training and education component 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 the targeted systemic reform component is the achievement of various specific changes to relevant systems resulting in better education-related services for dependent and delinquent youth. These outcomes will be assessed in the third program year.

### Program Performance Measures and Outcomes

The performance measures for this program include:

- Percent of clients who complete the program.

The outcomes for SchoolWorks include:

- The program provided 227 youth with individual school-based advocacy and representation.
- The program established special education services eligibility for 85 percent (11 of 13) of youth deemed in need of these services.
- The program re-enrolled 18 of 19 youth in school (95 percent) not previously enrolled.
- 91 percent (10 of 11) of youth with previous disciplinary problems received less severe disciplinary action due to intervention of the program.
- 86 percent (19 of 22) of youth previously threatened with suspension or expulsion had suspensions or expulsions reduced due to the intervention of the program.
- 96 percent (53 of 55) of youth in need of new or updated school plans (e.g., IEPs and 504 plans) received them.
- 92 percent (23 of 25) of youth deemed in need of new school services such as counseling, speech therapy or educational aides were linked with these services.
- 75 percent (12 of 16) of youth who had previous problems with frequent school moves avoided changing schools as a result of the program.

## SchoolWorks Juvenile Rights Project, Inc.

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- 83 percent (33 of 40) of youth in inappropriate school placements obtained a more appropriate placement.
- 94 percent (47 of 50) of youth identified as needing cross-system coordination because of achievement concerns received this assistance.
- 81 percent (13 of 16) of youth for whom academic achievement was a concern improved academically.
- 70 percent (7 of 10) of youth for whom attendance was a concern reduced absenteeism.
- The program will not have data on the juvenile court involvement objective until the third program year.
- SchoolWorks staff engaged more than 75 people (including teachers, school administrators, lawyers, CASAs, foster parents, and advisory board members) in formal training or partnership meetings.
- Targeted system reform efforts involved multi-system collaboration around transitioning older special education students from school to work and the educational needs of children in foster care.

### Lessons Learned

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

The short time that SchoolWorks represents a delinquent youth had been a major barrier to service provision. The program has addressed this by reaching an agreement with the Chief Judge of the Multnomah County Circuit Court and with the Chief Judge of the Family Law Division to extend the JRP appointment usually to 90 days.

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

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

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

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Table #3. Number, Gender, Race/Ethnicity, and Age Range of Program Participants

<b><i>Descriptive Characteristics of 2004 Offender Alcohol and Drug Treatment Program Participants</i></b>	<b>Offender Alcohol and Drug Treatment Programs</b>		
	Jackson County Transitional Offender Treatment Program (closed 3/31/04)	Umatilla County New Life Program	Washington/Clatsop County LifeWorks NW Recovery Mentor Program
Total Number of Clients Served	53	99	203
<b>Gender (%)</b>			
Male	96	84	71
Female	4	16	29
Unknown	0	0	0
<b>Age Range (%)</b>			
Under 18	0	0	0
18-24	60	21	18
25-34	32	36	41
35-44	2	30	29
45-54	6	11	9
55-64	0	1	1
65 and over	0	0	1
Unknown	0	0	2
<b>Race/Ethnicity (%)</b>			
American Indian/Alaskan Native	9	1	5
Asian/ Pacific Islander	2	2	2
Black or African American	2	2	1
Hispanic	4	5	4
White	83	90	85
Multi-racial	0	0	0
Unknown	0	0	3

\* numbers within category may not equal 100 percent due to rounding.

## Offender Alcohol and Drug Treatment Performance Measures

	<b>Offender Alcohol and Drug Treatment Programs</b>		
<b>Performance Measures</b>	Jackson County Transitional Offender Treatment Program (closed 3/31/04)	Umatilla County New Life Program	Washington/Clatsop County LifeWorks NW Recovery Mentor Program
Number of clients served	53	99	203
Overall program completion rates	-	48	49
Number of positive drug screens	-	30	24
Recidivism rate (felony convictions)	3	4	13

# Recovery Mentor Program

## LifeWorks NW (formerly Tualatin Valley Centers)

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### Program Purpose

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

Offenders receive intensive support and therapeutic case management, as well as specialized aftercare services focusing on relapse prevention.

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

The main goals of the program are to:

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

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

- The Washington County Recovery Mentor Program will provide services to a minimum of 100 offenders during each annual period. The Clatsop County Recovery Mentor Program will provide services to a minimum of 50 offenders during each annual period.
- 50 percent of offenders will successfully complete the program (including completion of substance abuse aftercare treatment). Average treatment completion rates for Oregon are 31 percent.
- 45 percent of offenders will show abstinence from their primary drug at the time of discharge from the program.
- Recidivism rates (felony convictions) will be reduced to 10 percent, as compared to an average recidivism rate of 32 percent for Washington County offenders or 25 percent for Clatsop County offenders. Criminal justice involvement, defined as felony or misdemeanor arrests and convictions, will also be reported.

## Recovery Mentor Program LifeWorks NW (formerly Tualatin Valley Centers)

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- 75 percent of offenders will be fully or partially employed at the time of discharge from the program.
- 90 percent of offenders will have housing at the time of discharge from the program.

### Target Population

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

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

### 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 Program as follows:

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



## Recovery Mentor Program LifeWorks NW (formerly Tualatin Valley Centers)

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and are eligible to move to aftercare services. Relapses are addressed as a therapeutic learning process. Identification of relapse triggers and subsequent prevention techniques are established. All relapses are reported to the program participants' probation and parole officer or other supervising authority.

- *Intensive Case Management:* Recovery Mentors provide intensive case management to all offenders. Offenders with a long criminal history present a harder challenge for employment and require more management. In addition to the offender's transition goals, offenders who have difficulty remaining abstinent or who have co-occurring disorder issues are monitored closely in an effort to reduce these issues. Such case management would occur with individuals who have psychiatric issues or were referred for mental health counseling and services. Other offenders may need close monitoring of their medicine intake to ensure that they are taking it as prescribed and that the medication is relieving their symptoms.
- *Community-Based Treatment:* All offenders are required to be involved in community-based 12-step programs. Offenders demonstrating a resistance to a 12-step program are given the opportunity to participate in other supportive programs such as Alcoholics Victorious, Overcomers, or Rational Recovery. Some offenders become involved in religious activities and may attend weekly support meetings while in transitional housing.

### Program Resources

#### *Byrne Funding*

The program receives Byrne grant funding in the amount of \$227,375 and provides matching funds of \$75,792. During the period July 1, 2003 through June 30, 2004, the program expended \$211,815 in federal funds, and \$70,605 in match funds. The majority of the funds are used for specialized correctional caseload and contractual services in community-based treatment, case management, psychiatric services, urinalysis testing, and program evaluation.

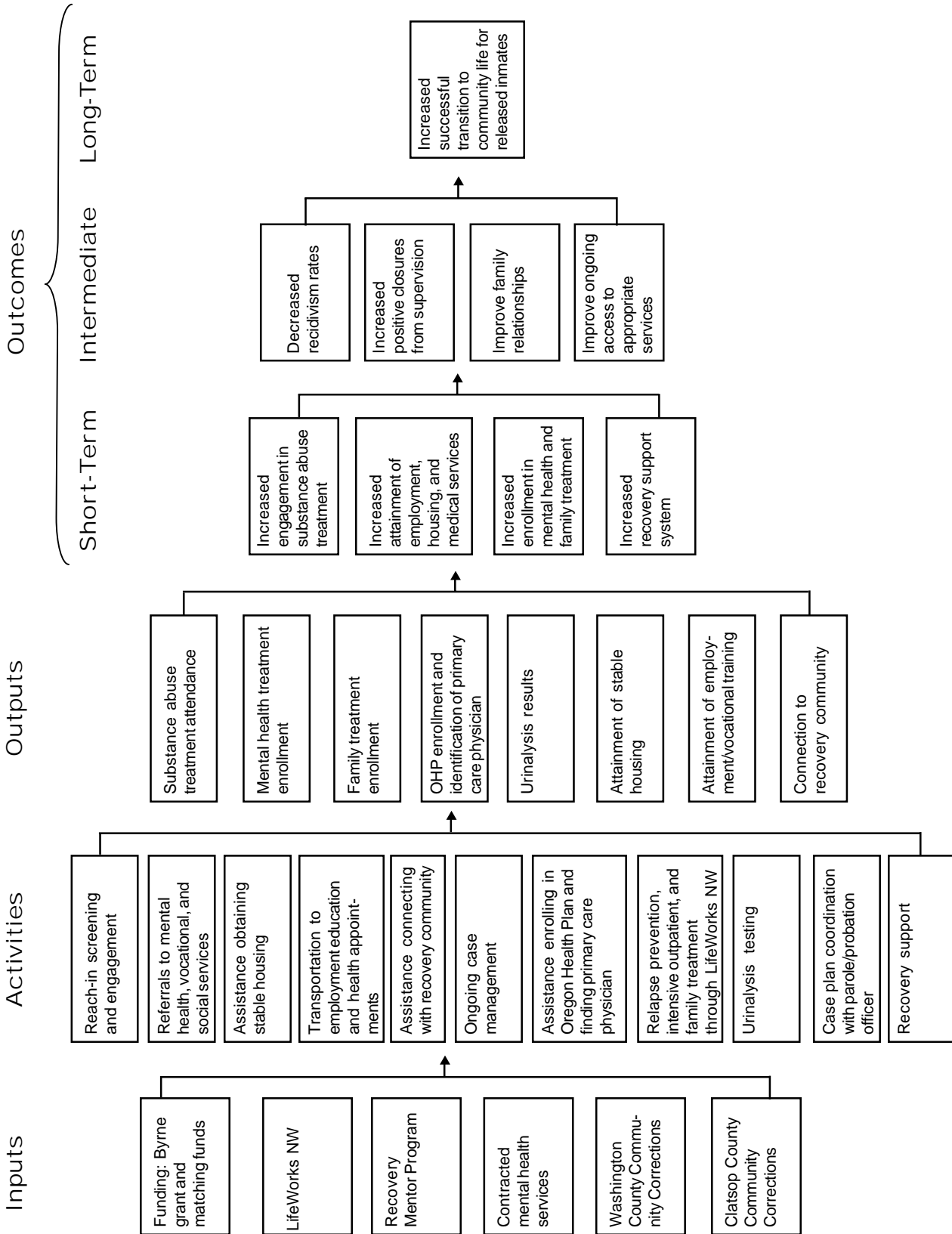
#### *Program Staff*

The Recovery Mentor Program is staffed by a total of two Clinicians and three Recovery Mentors. The Washington County program is staffed by two half-time master's level Clinicians (one FTE), one male and one female, and three Recovery Mentors (two FTE), one full-time female, one half-time female and one half-time male. Gender specific services to address treatment and recovery issues are provided for all clients when appropriate. The Clatsop County program is staffed by one full-time bachelor's level Clinician and one full-time Recovery Mentor. RMC Research, Inc., conducts program evaluation under contract with LifeWorks NW.

#### *Collaboration*

The key community partners for the Recovery Mentor Program are LifeWorks NW, Washington County Community Corrections, and Clatsop County Community Corrections. Collaboration with other agencies for specific services is done on a case-by-case basis.

# Program Logic Model LifeWorks NW (formerly Tualatin Valley Centers)



# Recovery Mentor Program

## LifeWorks NW (formerly Tualatin Valley Centers)

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### Program Progress

LifeWorks NW Recovery Mentor Programs in Washington County and Clatsop County continued to make good progress on their goals and objectives. The two programs served 203 clients during the third program year. Overall, the demographic profile of clients in both counties was similar: 71 percent of the clients were male, 88 percent were between the ages of 18 and 44, and 85 percent were White. Both programs reported completion rates of 49 percent for all clients closed during the third program year. The recidivism (felony conviction) rate was 13 percent and 76 percent of the clients had consistent negative urinalysis tests.

### Process Evaluation

- *Clients served:* The Washington County Recovery Mentor Program provided services to 123 clients (the objective was 100 clients) and the Clatsop County Recovery Mentor Program provided services to 80 clients (the objective was 50 clients). This objective was met and exceeded by both programs.
- *Client profile:* Overall, the demographic profile of the clients in both Recovery Mentor Programs were similar and in aggregate are as follows: 71 percent of the clients were male, most were between the ages of 18 and 44 (88 percent), and 85 percent were White.
- *Program Implementation:* During the third program year, 95 new clients enrolled in the Washington County Recovery Mentor Program. Eighty-five cases were closed during the same period. Of the cases that were closed, seven percent of the clients did not attend the program after they were released from jail, 49 percent successfully completed the program, and 44 percent did not successfully complete the program. At the end of the third year, 39 clients remained active in the program and were carried over into the fourth year.

Forty-nine new clients were enrolled in the Clatsop County Recovery Mentor Program during the third year. Forty-nine cases were closed during the same period. Of the cases that were closed, 25 percent of the clients did not attend the program after they were released from jail, 49 percent successfully completed the program, and 27 percent did not successfully complete the program. At the end of the third year, 34 clients remained active in the program and carried over into the fourth year.

Both the Washington County and Clatsop County Recovery Mentor Programs reported completion rates of 49 percent for all clients closed during the third program year (the objective was 50 percent).

### Outcome Evaluation

The primary outcomes of interest for the Recovery Mentor Program include: 1) recidivism – felony convictions, 2) recidivism – general criminal justice involvement (including misdemeanor and felony arrests and convictions), 3) alcohol and drug use/treatment, 4) employment status, and 5) housing status. Preliminary data on recidivism and alcohol and drug use are presented

## Recovery Mentor Program LifeWorks NW (formerly Tualatin Valley Centers)

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here. The data for the other outcomes will be obtained by examining Client Process Monitoring System (CPMS) treatment enrollment and treatment completion forms. This data will not be available for analyses until the fourth program year.

- *Recidivism – Felony Convictions:* Washington and Clatsop County Corrections utilized the Law Enforcement Data System (LEDS) to search for any felony convictions post-program for all clients since the program's inception. Felony convictions remain low for the Recovery Mentor Program overall. Of 303 clients closed to the program since inception (across both sites), 13 percent (N = 40) had new felony convictions post-program completion (there were no differences based on county). The program objective was to reduce felony convictions to 10 percent (compared to average rates in Washington County of 32 percent and in Clatsop County of 25 percent).

Preliminary analyses of these data show a relationship between successful treatment completion and successful outcomes. Of the 40 clients who received new felony convictions after participating in the Recovery Mentor Program, eight clients only received jail in-reach and did not receive any program services post-release. Of the 32 clients who received in-reach and post-release program services, 29 did not complete the program.

A more accurate picture of felony convictions will be compiled in the fourth program year, as longitudinal data is available over a three-year period. That is, the program will be able to assess recidivism for one year post-program, two-years post-program, and three-years post-program (currently, there is no differentiation in the amount of time post-program). Currently, the Oregon standard is to assess the percentage of felony convictions over the three years since program completion.

- *Recidivism – General Criminal Justice Involvement:* Although felony convictions three-years post program termination are the agreed upon state benchmark and a reduction in felony convictions is the primary objective of the program, the Recovery Mentor Program also wanted to impact overall criminal justice involvement (including any misdemeanor or felony arrests or convictions). Staff utilized the LEDS to examine involvement for the 303 clients closed to the program since inception (across both sites). Forty-three percent had new arrests or convictions (felony or misdemeanor). In searching for new crimes, program and evaluation staff removed arrests clearly labeled as parole and probation violations. There was no difference between the Washington County site and the Clatsop County site.

Preliminary analyses of these data also indicate a relationship between successful treatment completion and successful outcomes. Of the 129 clients with new arrests or convictions (felony or misdemeanor), 18 clients only received jail in-reach and did not receive any program services post-release. Of the 111 who received in-reach and post-release program services, 80 did not complete the program.

- *Alcohol and Drug Use/Treatment:* Alcohol and drug use was measured using urinalysis (UA) results. Washington and Clatsop County Corrections examined Corrections' databases to search for structured sanctions imposed for positive UAs. While this method captures the majority of offenders with positive UAs, those who received

## Recovery Mentor Program LifeWorks NW (formerly Tualatin Valley Centers)

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sanctions that resulted from a court hearing or treatment intervention (rather than sanctions) are not included. Of the 203 clients who received services during the third year, 48 were sanctioned for positive UAs (24 percent). Of these, 32 received one sanction, 13 received two sanctions, and three received three or more sanctions. There were no differences based on county.

### Program Performance Measures and Outcomes

The performance measures for this program include:

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

The outcomes for LifeWorks NW include:

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

### Lessons Learned

LifeWorks NW has enjoyed a strong relationship with Corrections staff in both counties. Having mentors on site in the corrections 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 is monitored closely and clients are less likely to “fall through the cracks.” Reach-in services have been formalized and fully implemented during this annual period with monthly visits to correctional facilities in an effort to engage and enroll all eligible clients.

Availability of alcohol and drug-free housing has increased in both counties as a result of additional grant funding. Clients are expected to have safe housing prior to discharge from the work release center and the additional capacity has helped clients meet this goal. In particular, Washington County has been able to find housing for everyone who needed it, including difficult-to-place sex offenders.

The dedication and hard work of the Recovery Mentors themselves is the key strength of the program. Mentors handle large caseloads and are available at virtually all hours to their clients. Mentors work under high-stress conditions while networking with community-based partners, providing case management to clients, and tracking their work on paper and on the computer. Mentors play a key role in providing practical assistance to clients: teaching them how to fill out applications, get a bus pass, find clean and sober housing, and other daily living skills. Through this assistance and having access to someone who’s been in their position and is now in recovery, clients are better prepared to succeed in transitioning into the community. In the words of one clinical supervisor, “We’ve had incredible success with people who were considered throw-aways and are now productive members of society.”

## Recovery Mentor Program LifeWorks NW (formerly Tualatin Valley Centers)

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The program continues to have staffing challenges. During this annual period, there was turnover in four Recovery Mentor staff positions. Since the program's inception, the recruitment and hiring of individuals who have both a criminal history and are in recovery has presented challenges. During their interviews, all of the Mentors eventually hired displayed an appropriate understanding of recovery as well as a working knowledge of the needs of clients exiting correctional facilities. Once hired, and after a period of time, some Mentors were unable to maintain a therapeutic relationship with clients and correctional staff and became more "anti-social" in their behavior toward authority (one Mentor actually threatened the Director of Community Corrections in Clatsop County). Other Mentors formed inappropriate relationships with clients and were fired for unethical behavior. Mentors become closely involved in the lives of their clients (e.g., transporting them to job interviews, helping them move, providing on-call support) and the distinction between a clinical relationship and that of friendship or intimacy has occasionally become blurred.

In another instance, the Mentor recently hired in Washington County was temporarily suspended from her duties after being disqualified by the Department of Human Services once her criminal record was reviewed. This suspension placed additional burden on the remaining Mentor and the new employee experienced significant financial hardship and inconvenience during the suspension. Clients receiving mentoring services experienced discontinuity of service and service provider.

To address these issues, LifeWorks NW has made policy, supervision, and staffing revisions. LifeWorks NW reviewed its hiring policy and made an exception for hiring Recovery Mentors. In the future, all applicants who make it to the second interview will be asked to review a list of documents that will be required in the event that the typical agency background check results in disqualification to make sure they can prove they are actually qualified according to the Recovery Mentor Program guidelines. In addition, new policy states that Mentors are required to attend formal workshops on ethics and boundaries and that male Mentors may not transport female clients.

In Washington County, supervision time has increased to at least once a week and includes more in-depth consultation around individual clients. In Clatsop County, the substance abuse treatment clinician has taken over supervision of the Mentor in order to improve access to consultation as often as needed. Another change in Washington County was a transition from one full-time and two part-time Mentors to a staffing of two full-time Mentors. Full-time Mentors are now able to be more available to clients, and it is hoped that staff retention will be improved because Mentors will not need to hold down other jobs to supplement their incomes.

In Clatsop County, access to resources for basic needs such as transportation, and sufficient housing and employment options have continued to be a barrier. In both counties, clients often lack the financial resources to obtain a driver's license or state identification card and are unable to find employment without these documents. Clinicians also report that many clients are not prepared to follow-up with mental health treatment referrals, and unresolved mental health issues can be a barrier to successful outcomes.

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

# New Life Program

## Umatilla County

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### Program Purpose

Umatilla County Community Corrections indicates that 65 to 70 percent of all post-prison offenders have a drug history 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 special needs of offenders who may require services beyond participation in the standard level of program services. The primary component of the New Life Program is a cognitively based two-phase outpatient program to address 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 the contact with the families and significant others related to the offender. 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 screened for program eligibility.
- A total of 140 offenders will be targeted for participation in New Life.
- 60 of the offenders targeted for participation will become enrolled and actively involved in New Life.
- Approximately 30 percent (N = 18) of enrolled offenders will have completed a structured treatment program while in prison or jail.
- Approximately 70 percent (N = 42) of enrolled offenders will have completed a structured treatment program immediately upon release from prison or county jail.
- 40 percent of those enrolled in the program will successfully complete the New Life Program.
- 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.

## New Life Program Umatilla County

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- 100 percent of offenders participating in the program will submit to weekly urinalysis testing.
- 70 percent of those offenders participating in the program will test negative for the use of a controlled substance while in the program.
- The recidivism rate among offenders convicted of felonies in Umatilla County and who have successfully completed the program will be reduced to 10 percent as compared to the average baseline rate of 17 percent.
- 80 percent of those successfully completing program services will receive a positive case closure at the end of parole and post-prison supervision.

### Target Population

The New Life Program targets male and female offenders who reside in Umatilla County, ages 18 and older, who have substance abuse issues, are transitioning from a prison or jail facility, and will be serving a parole or post-prison supervision sentence. These offenders are primarily high-risk offenders who served a period of incarceration as a result of a serious felony offense or failure of a previously structured supervision program. The risk scores for re-offense indicate that 66 percent (N = 65) of the clients served in year three were high risk, 23 percent (N = 23) were medium risk, 11 percent (N = 11) were low risk, and 0 were limited risk.

All clients must have completed a structured treatment program while in prison or jail or completed a structured treatment program immediately upon release from prison or county jail. During the third year, 17 percent of the clients completed treatment while in custody and 83 percent completed a treatment program immediately upon release (due to limited treatment options in prison and jail settings).

### Program Components

The New Life Program was designed as a cognitive-based program that 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



## New Life Program Umatilla County

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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 such as 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 men, and 120 days for women. 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.

- *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 to 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.

## New Life Program Umatilla County

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### Program Resources

#### *Byrne Funding*

The program receives Byrne grant funding in the amount of \$230,750 and provides matching funds of \$76,917. During the period July 1, 2003 through June 30, 2004, the program expended \$224,466 in federal funds, and \$74,821 in match funds. 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 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 staff person provides the GED educational components and the job skills and development portions of the program. Finally, additional administrative staff provide 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 multi-team 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.

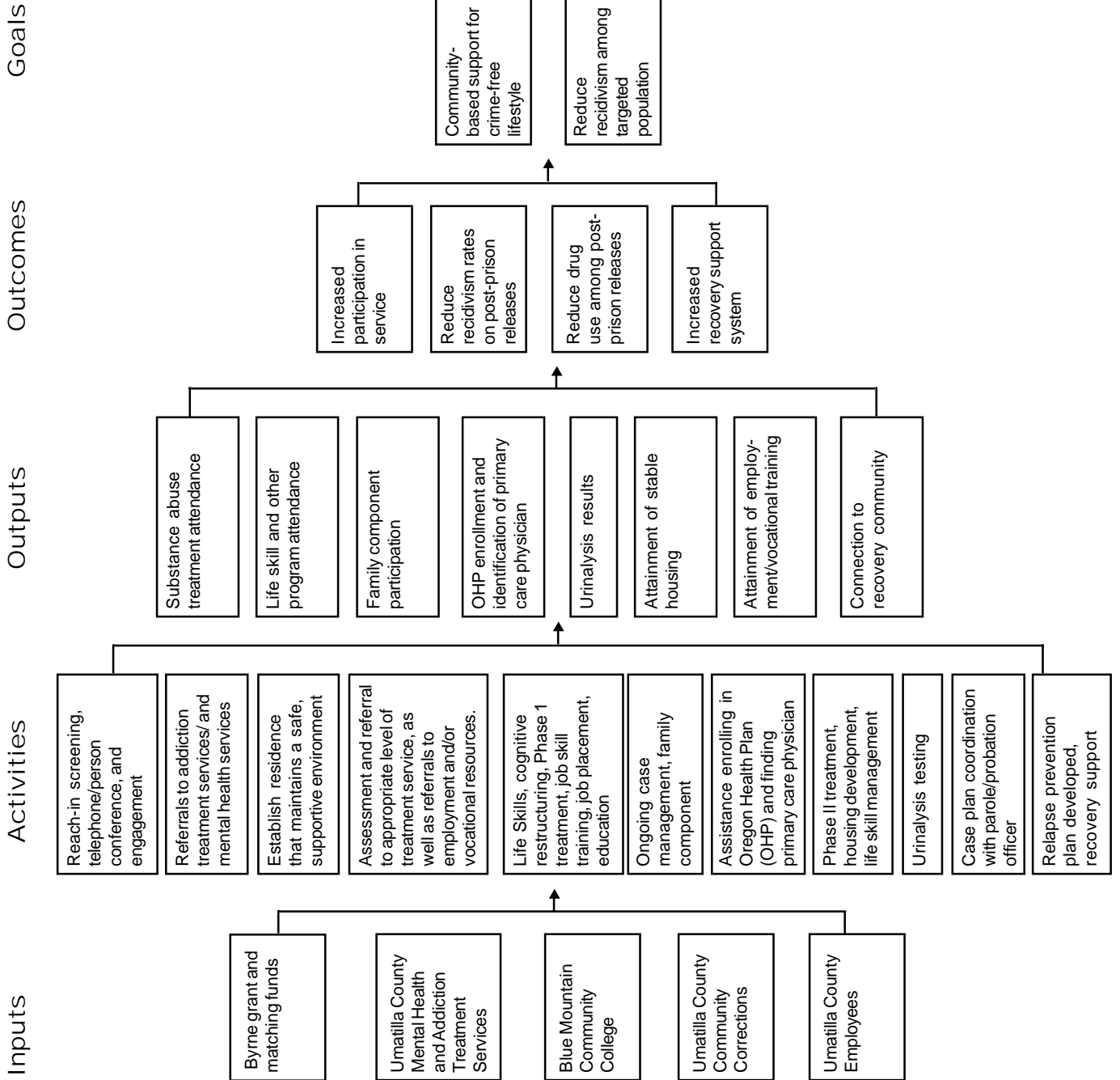
## New Life Program Umatilla County

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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 Corrections (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



# New Life Program

## Umatilla County

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### Program Progress

The New Life Program continued to creatively work on ensuring that all clients received substance abuse treatment prior to entry into the program. During the third program year, the program served 99 clients. Over eighty-four percent of the participants were White males between the ages of 18 and 44 years of age. Thirty-three clients remained open at the end of the third year. Of the 66 offenders whose cases were closed during the third year, 48 percent (N = 32) successfully completed the program (the objective was 40 percent) and 52 percent (N = 34) did not complete the program (including unsuccessful completions and administrative closures).

The program met most of its objectives and exceeded several. Since the inception of the program, the felony recidivism rate (over one year) for persons who completed the program is four percent. One hundred percent of the offenders who completed the program also had a successful supervision case closure. Ninety-two percent of the clients were employed at the time of program graduation and 65 percent of the clients had consistent negative urinalysis results over their tenure in the program.

### Process Evaluation

- *Clients served:* During the reporting period the program met their objective by screening 100 percent of those returning to Umatilla County from the custody of the Local Supervisory Authority and the Department of Corrections (N = 231). A total of 105 offenders were targeted for services. Although the program did not meet the objective of targeting 140 offenders, they made a substantial improvement in the identification of appropriate clients over the past two years. Seventy-one (68 percent) of those targeted for services entered and became actively involved (the objective was for 60 new clients to become involved).
- *Client profile:* The majority of the participants (84 percent) were White males and 88 percent were between the ages of 18 and 44 years of age. Ninety percent were White, five percent were Hispanic, two clients were African-American (two percent), two clients were Asian/Pacific Islanders (two percent), and one client was an American Indian/Alaskan Native.
- *Program implementation:* During the third program year, 99 clients were served by the program (including 71 new clients and 28 clients who enrolled in the program during the second year but continued receiving services in the third year). Thirty-three clients remained open at the end of the third year. Of the 66 cases that were closed during the third year, 48 percent (N = 32) were closed as successfully completing the program (the objective was 40 percent). Fifty-two percent of the offenders (N = 34) did not complete the program. Those who did not complete the program include unsuccessful completions and administrative closures.

# New Life Program

## Umatilla County

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### Outcome Evaluation

The primary outcomes of interest for the New Life Program include: 1) recidivism (felony convictions), 2) positive case closures at the end of supervision, 3) employment status, and 4) reduced substance use.

- *Recidivism* – Recidivism is defined as any new felony conviction (incident date occurring during this same release cycle) within 12 months after release. For the reporting period 92 percent of the offenders who successfully completed the program did not have any subsequent felony convictions. This represents an eight percent recidivism rate, lower than the objective of 10 percent and the Umatilla County baseline rate of 17 percent. From the inception of the program through June 30, 2004, the recidivism rate is four percent. However, 33 percent of those successfully completing the program during this period were involved in the criminal justice system through arrests, parole violations, or non-felony convictions. If any criminal justice involvement was used as the indicator, 38 percent of those successfully completing the program were further involved in the criminal justice system.
- *Positive Supervision Case Closures* – In Umatilla County, approximately 48 percent of offenders (similar to the target population for the New Life Program) received a positive case closure at the end of their supervision. Although only 24 New Life clients have been terminated from supervision to date, all were positive case closures.
- *Employment Status* – The New Life Program had the objective of referring 100 percent of the offenders who were unemployed to extensive job skills development and placement services. In the third program year, 40 offenders in the New Life program were unemployed. Of those, 33 (83 percent) were referred to Job Skills. Since the program's inception, 92 (or 90 percent) of unemployed clients have been referred to and participated in the Job Skills program. Those not referred were screened out due to other requirements placed on those individuals that would not permit their immediate referral to the Job Skills program.

Over the third program year, 31 of the 32 program graduates (97 percent) were employed at the time of graduation. Since the program's inception, 61 of 66 New Life graduates (92 percent) were employed at the time of graduation. The program exceeded the original objective of 75 percent employment at graduation.

- *Reduced Substance Use* – To assess substance use, the New Life Program had an objective of weekly urinalysis testing for all clients. Over the third program year, a total of 75 percent (74 of the 99 served) of all clients submitted weekly urinalysis tests a minimum of once per week. Since the program's inception, 160 of the 187 clients (86 percent) have been tested a minimum of once weekly. Reasons for not testing include failing to report for program participation, personal emergency situations, and the participant already serving a sanction for a prior violation.

## New Life Program Umatilla County

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Over the third program year, 69 of the 99 clients served (70 percent) consistently tested negative for the use of controlled substances. Since the program's inception, a cumulative total of 122 out of 187 (65 percent) consistently tested negative for the use of controlled substance. While the New Life Program has not exceeded the objective of 70 percent negative urinalysis tests, it has consistently far exceeded the Umatilla County baseline rate (for similar clients) of 46 percent.

### Program Performance Measures and Outcomes

The performance measures for this program include:

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

The outcomes for New Life Program include:

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

### Lessons Learned

The New Life Program continued to face a lack of treatment resources available to clients while incarcerated within prisons or jails. In the past, the program attempted to address this issue by making use of the services of contracted in-patient substance abuse treatment providers. In addition, Umatilla County Mental Health (UCMH) has continued to experience difficulties in providing consistent staffing and service delivery. Program staff continued to meet with the administration and line staff regarding service delivery concerns although little change has occurred. To overcome these difficulties, the program will contract an additional UCMH staff person to act as a supervisor for all UCMH staff assigned to the New Life Program office. The additional staff will be paid with Community Corrections funds and only a small portion already identified as "clinical supervision" will be paid with Byrne grant funds.

In addition, the New Life Program has implemented the 30-day treatment program, "Transition to New Life," within Umatilla County jail. This program targets jail inmates who meet the criteria for participation in the New Life Program. This treatment program allows the specified target population to enter into the New Life Program once the 30-day treatment program has been successfully completed and also allows for easy access to the client during the reach-in component of the program. The delivery of program services remains consistent with the intended program theory, core components, and target population.

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

# Transitional Offender Treatment Program

## Jackson County

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Note: Jackson County withdrew from Byrne funding after three quarters into the annual reporting period. The following information is based on the original anticipated goals and objectives for the full reporting period and outcome data is based on two quarters.

### Program Purpose

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 offenders achieve easily become 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 Jackson County Transitional Offender Treatment program provides transitional comprehensive treatment services for adult offenders 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.

The main goals of this program are to:

- Reduce future criminal behavior.
- Decrease substance abuse.
- Increase life functioning in order to promote noncriminal self-sufficiency.

The specific objectives of the program are as follows:

- 65 offenders will be served in the treatment program.
- 100 percent of offenders enrolled in the community-based 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. The identified services may include housing, employment assistance or educational services.
- 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 of 33 percent.

### Target Population

The population served in the Transitional Offender Treatment Program includes adults 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:



# Transitional Offender Treatment Program

## Jackson County

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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 state and local correctional 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 noncriminal 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 reoffend category.

### 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.

#### *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 both monitor treatment attendance and may offer support or place sanctions on the client. Support may include transportation or accompanying a client to

# Transitional Offender Treatment Program

## Jackson County

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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 works 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 \$275,279 and provides matching funds of \$91,760. During the period July 1, 2003 through June 30, 2004, the program expended \$147,541 in federal funds, and \$49,179 in match funds. Jackson County Health and Human Services uses Byrne grant funds for treatment, case management, and specialized probation services.

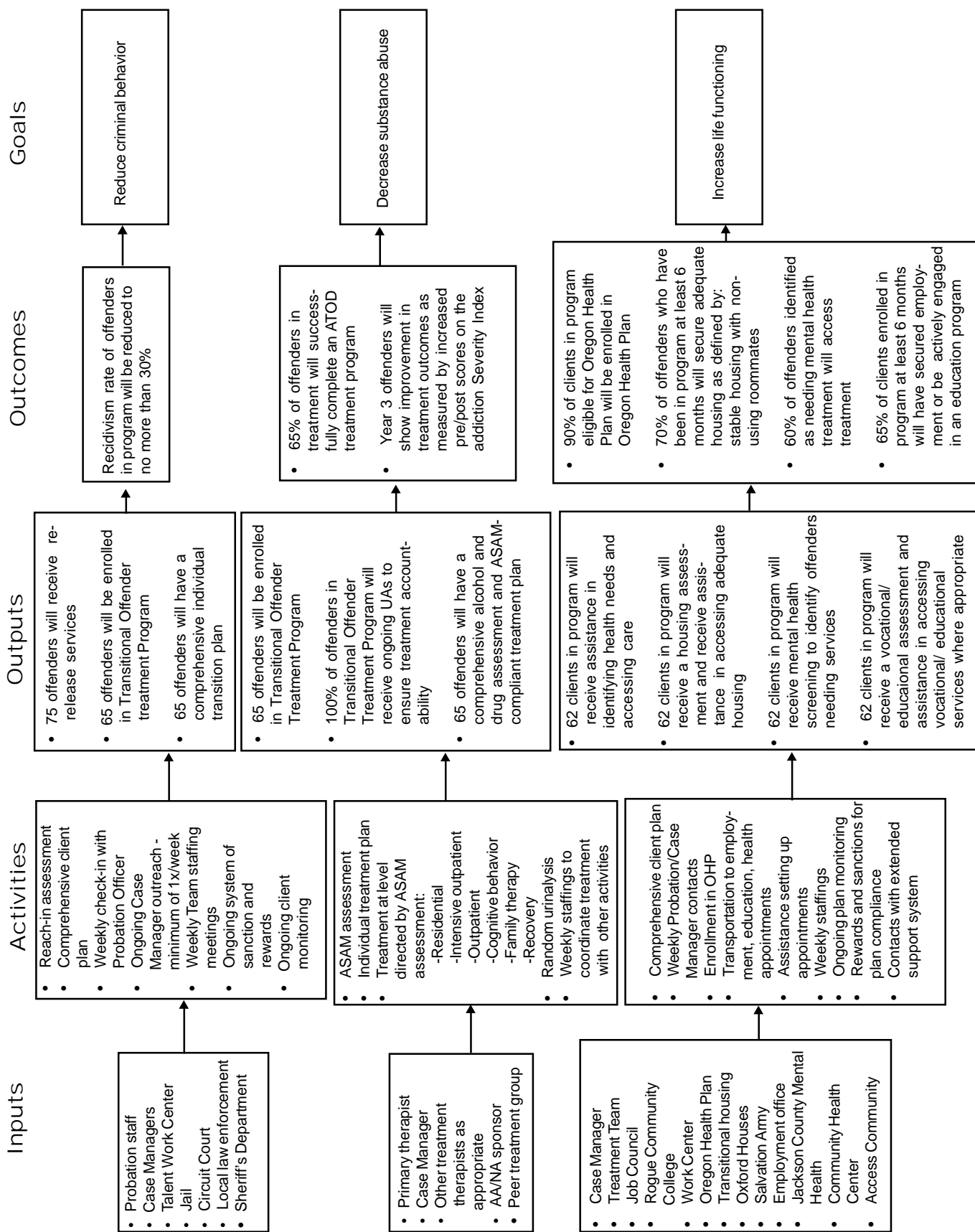
#### *Program Staff*

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.

#### *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 experienced in every major partner service system.

# Program Logic Model Transitional Offender Treatment Program



Program Descriptions Summary  
Offender Alcohol & Drug Treatment

# Transitional Offender Treatment Program

## Jackson County

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### Program Progress

The Jackson County Transitional Offender Treatment Program continued to provide transitional comprehensive treatment services to offenders but encountered many obstacles, forcing the program to close mid-way through the third year. In the initial two years of Byrne funding, the Transitional Offender Treatment Program provided transitional treatment services for adult offenders age 18 to 25 released from state or local prison supervision. Local budget constraints forced Jackson County to shut down the Talent Work Release Center (the County offender facility that provided organized offender substance abuse treatment programs) at the end of year two. This action severely reduced the number of released offenders eligible for grant services. At this time, grant administrators gave Jackson County permission to remove the 18 to 25 age limitation and serve all adult offenders who were otherwise eligible. However, it soon became clear that even with the broadened population age range, Jackson County could not access enough eligible offenders to meet the population numbers specified by the proposal and necessary for continued funding at the same rate. Jackson County terminated their participation in the Byrne program six months into their third year of funding.

The process and outcome data provided below is based on accomplishments within the first five months of this year.

### Process Evaluation

- *Clients served:* A total of 53 offenders were served in the treatment program.
- *Client profile:* Of the 53 clients served, 96 percent were male. A total of 83 percent were Caucasian, nine percent were American Indian/Alaskan Native, four percent were Hispanic, two percent were Asian/Pacific Islander, and two percent were Black/African American. Ninety-two percent of the clients were between the ages of 18 and 34 (60 percent were between the ages of 18 and 24; 32 percent were between the ages of 25 to 34; two percent were between the ages of 35 to 44 and; six percent were between the ages of 45 and 54).

All of the clients were assessed on the ASAM (American Society for Addiction Medicine) for Level II or Level III services. Clients in Level III were placed in residential or day treatment programs. Clients in Level II were placed in intensive outpatient services (nine hours/week of treatment). The average risk score on the Oregon Correctional Risk Assessment was 11.02. Clients enrolled during the third year had more risk than the previous two years because a higher proportion came from state prisons.

- *Program implementation:* All of the new offenders enrolled during year three (N = 20) completed a comprehensive transitional plan and all were enrolled and served in the appropriate level of treatment services as specified in their plan.

# Transitional Offender Treatment Program

## Jackson County

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### Outcome Evaluation

The primary outcomes of interest for the Transitional Offender Treatment Program include: (1) recidivism, (2) alcohol and drug treatment, and (3) life functioning.

- *Recidivism* – The data that was available at the time funding ended indicates that recidivism was low (three percent).
- *Alcohol and Drug Treatment* – 47 percent of offenders successfully completed alcohol and drug treatment. If the clients who did not complete because of the program closure were removed, then 25 of 29 clients who had the opportunity to complete the project in year three successfully completed treatment (86 percent). However, this is an artificially high percentage since the population who did not complete includes both those who did not complete treatment because they did not have time and those who did not complete because they were not successful in meeting project requirements.
- *Life Functioning* - In addition, the data suggests that overall life functioning was improved. During the third year (through 3/31/04), 81 percent of clients were enrolled in the Oregon Health Plan. All of the clients who had been enrolled in the program for at least six months (N = 34) had adequate housing. Both of the clients who needed mental health treatment were able to access treatment. Eighty-eight percent of the clients enrolled in the project for at least six months were employed or actively enrolled in an education program.

### Program Performance Measures and Outcomes

The performance measures for this program include:

- Number of clients served.
- Recidivism rate (felony convictions).

The outcomes for the Transitional Offender Treatment Program include:

- 53 offenders were served in the treatment program.
- 100 percent (20 offenders) enrolled in the community-based treatment program during the reporting period completed the development of their comprehensive transitional treatment plan within 30 days from the date of entry into the program.
- 53 offenders completed the transitional treatment plan during the reporting period and received housing, employment, health, and educational services.
- During the third year, 47 percent of those served successfully completed alcohol and drug treatment.
- Of the 105 offenders who completed the program, 21 percent had a new felony conviction after enrolling in the program.

## Transitional Offender Treatment Program Jackson County

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### Lessons Learned

Jackson County withdrew from Byrne funding after three quarters into the reporting period. The major obstacle to the Transitional Offender Treatment Program was the loss of the eligible population due to the closure of the Talent Work Center. The solutions that were attempted include: (1) working with the Board of Commissioners and other key policy makers to attempt to reopen the facility, (2) working with the Sheriff's office and Community Justice to attempt to increase the treatment programs in the main jail to meet grant standards, (3) working with the Courts and Sheriff's office to try to get a core group of prisoners to be retained in jail long enough to meet minimum standards of a treatment program, (4) working with treatment providers (OnTrack, ARC) to increase treatment capacity in the main jail, and (5) adjusting the age eligibility to include adults over the age of 25. These solutions were attempted with various degrees of success. Once it became clear that Jackson County could no longer recruit a large enough population who had at least 30 days of treatment in a secured correctional facility, Jackson County requested termination of the program.

The Transitional Offender Treatment Program team believes that its greatest success was with young, at-risk offenders who could benefit from support and increased accountability. The placement of treatment staff at Community Justice greatly increased accountability and team effectiveness.

For further information about this program, please contact Ms. Carin Niebuhr at (541) 774-7807.

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

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

<b>Descriptive Characteristics of 2003 Domestic and Family Violence Prevention Program Participants</b>	<b>Domestic and Family Violence Prevention Programs</b>										
	Immigrant and Refugee Community Organization (IRCO) <sup>A</sup>	Looking Glass <sup>B</sup>	Lane County Legal Aid Service <sup>C</sup>	Multnomah County District Attorney's Office <sup>D</sup>	Project DOVE <sup>E</sup>	Hillsboro Police Department <sup>F</sup>	Catholic Charities Immigration Services <sup>G</sup>	Women's Safety and Resources Center <sup>H</sup>	Clatsop County Community Corrections	Multnomah County Department of Community Justice <sup>I</sup>	Multnomah County Department of Community and Family Services <sup>J</sup>
Total Number of Clients Served	166	40	193	54	145	495	298	64	165	189	11,699
Gender (%)											
Male	0	55	50	22	51	0	18	0	85	10	-
Female	100	45	50	78	49	100	82	100	15	89	-
Unknown	0	0	0	0	0	0	0	0	0	1	-
Age Range (%)											
Under 18	0	100	-	0	-	4	35	-	1	0	-
18-24	6	0	12	0	49	23	19	16	19	1	-
25-34	31	0	45	0	13	29	33	32	30	47	-
35-44	27	0	31	0	15	14	11	33	33	40	-
45-54	14	0	7	0	23	2	2	17	15	8	-
55-64	7	0	0	25	0	0	0	2	2	3	-
65 and over	0	0	0	75	0	0	0	0	0	0	-
Unknown	16	0	5	0	0	28	0	0	0	1	-
Race/Ethnicity (%)											
American Indian/Alaskan Native	0	0	2	0	3	0	0	13	1	3	-
Asian/ Pacific Islander	17	0	1	8	0	2	6	3	0	0	-
Black or African American	5	0	3	3	0	2	0	0	0	11	-
Hispanic	44	0	4	0	56	37	89	7	3	15	-
White	30	100	80	89	41	50	5	68	96	59	-
Multi-racial	0	0	3	0	0	1	0	7	0	7	-
Unknown	4	0	7	0	0	8	0	2	0	5	-

<sup>A</sup> Total number of clients based on ESL/DV and case management components. Demographic data based on 133 ESL/DV students.

<sup>B</sup> Total number of clients includes only children. Figures excluded 19 parents of the children.

<sup>C</sup> Demographic data based on 137 parent clients, excluding 56 child clients.

<sup>D</sup> Total number of clients based on victims in abuse cases reviewed for prosecution. (Excluded 380 training session participants.) Demographic data based on 36 victims in *prosecuted* cases.

<sup>E</sup> Demographic data based on 61 parent clients, excluding 84 child clients.

<sup>F</sup> Age data based on 185 Hispanic clients receiving victim services. 310 clients were non-Latina victims referred through police reports that received one-time telephone follow-up.

<sup>G</sup> All data based on clients of legal consultation service only. (Excluded 537 education session participants.)

<sup>H</sup> Age and race/ethnicity data based on shelter intake information for 60 new adult clients who entered shelter program.

<sup>I</sup> Demographic data based on 73 parent clients, excluding 116 child clients.

<sup>J</sup> Clients represent incoming domestic violence related calls only. The crisis line served an additional 13,005 callers seeking general social services information and referrals.



## Domestic and Family Violence Prevention Performance Measures

<b>Performance Measures</b>	<b>Domestic and Family Violence Prevention Programs</b>										
	Immigrant and Refugee Community Organization (IRCO)	Looking Glass	Lane County Legal Aid Service	Multnomah County District Attorney's Office	Project DOVE	Hillsboro Police Department	Catholic Charities Immigration Services	Women's Safety and Resources Center	Clatsop County Community Corrections	Multnomah County Department of Community Justice	Multnomah County Department of Community and Family Services
Number of Training/Education Sessions	1	-	-	15	-	5	24	-	-	-	9
Number of Training/Education Session Participants	30	-	-	380	-	101	537	-	-	-	-
Percent of Clients Who Complete the Program	70	96	-	100	-	-	-	-	69	59	-
Percent of Clients Who Report Satisfaction with the Program	-	-	87	-	100	91	82	87	-	-	-
Percent of Clients Who Received Safety Planning	100	100	-	-	50	-	-	84	-	100	-
Percent of Clients Who Report Improved Safety Planning	-	-	100	-	100	97	76	-	-	-	-
Percent of Clients Who Report Improvement in Emotional Well-Being	-	-	-	-	-	-	80	86	-	87	-

## Domestic and Family Violence Prevention Performance Measures

	<b>Domestic and Family Violence Prevention Programs</b>										
<b>Performance Measures</b>	Immigrant and Refugee Community Organization (IRCO)	Looking Glass	Lane County Legal Aid Service	Multnomah County District Attorney's Office	Project DOVE	Hillsboro Police Department	Catholic Charities Immigration Services	Women's Safety and Resources Center	Clatsop County Community Corrections	Multnomah County Department of Community Justice	Multnomah County Department of Community and Family Services
Percent of Clients Who Report Improvement in Knowledge About Domestic Violence and/or Resources	97	.	.	.	.	91	93	90	.	.	.
Percent of Offenders Completing Domestic Violence Treatment Programs	.	.	.	.	.	.	.	.	60	.	.
Recidivism Rates of Domestic Violence Offenders	.	.	.	.	.	.	.	.	8.4	.	.
Number of Elder Abuse Cases Prosecuted	.	.	.	36	.	.	.	.	.	.	.

# Governor's Council on Domestic Violence

## Criminal Justice Services Division (CJSD)

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### Program Purpose

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

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

### Program Outcomes

During the reporting period, the Governor's Council on Domestic Violence held public hearings in McMinnville and Klamath County and convened a strategic planning retreat in Wallowa County to identify the key issues impacting the Council, assess what the Council is doing well and what it must do differently to be successful in the future, establish key focus areas for future action, and determine next steps to initiate an action plan for the selected focus areas.

In addition, the Governor's Council on Domestic Violence helped draft legislation to:

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

### Program Resources

#### *Byrne Funding*

The Criminal Justice Services Division allocated \$10,000 for this program. During the period of July 1, 2003 through June 30, 2004, the program expended \$9,177 in federal funds.

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

# Domestic Violence Education Program for Immigrant and Refugee Women

Immigrant and Refugee Community Organization (IRCO)

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## Program Purpose

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

The main goals of the program are to:

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

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

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

# Domestic Violence Education Program for Immigrant and Refugee Women

## Immigrant and Refugee Community Organization (IRCO)

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### Target Population

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

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

### Program Components

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

Following is a detailed description of the main program components:

- *ESL/DV classes:* This component of the program is designed for immigrant and refugee women at all levels of English proficiency. Through class participation, women gain English skills as well as acquire information on U.S. laws pertaining to domestic violence. Two 90-minute classes are offered per week over an eight-week period in a safe environment, either in the IRCO building or at other 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. Within each component there are several topics. For example, under the life management component there are topics such as family, home, transportation, health, communication, and budget. Within the domestic violence education component there are topics such as women's rights, safety planning, services, and resources. Classes are taught by the program Trainer/Facilitator, guest speakers from law enforcement agencies, the Case Manager, and volunteers.

- *Case management and advocacy services:* Case management and advocacy services assist clients who have been affected by domestic violence to access the law enforcement, criminal justice, legal, and social service systems necessary for their safety, self-reliance, and well-being. The Case Manager works one-on-one with clients to develop safety and case plans, file or modify restraining orders, file police reports, obtain

# Domestic Violence Education Program for Immigrant and Refugee Women

## Immigrant and Refugee Community Organization (IRCO)

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assistance from the District Attorney's office and victim assistance programs, and access emergency and support services such as immigration counseling, motel vouchers, client assistance funds, transportation, food, rental assistance, housing, or interpretation services.

- *Law enforcement training:* A survey was administered to local law enforcement agencies to assess law enforcement officers' knowledge of and response to domestic violence in immigrant and refugee communities. Training materials were developed based on the results of this assessment. The curriculum focuses on building cultural competency and information sharing to develop or refine protocols that would benefit police officers as they 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. During the period July 1, 2003 through June 30, 2004, the program expended \$95,828 in federal funds, and \$29,739 in match funds. IRCO uses the majority of the funding to support program personnel.

#### *Program Staff*

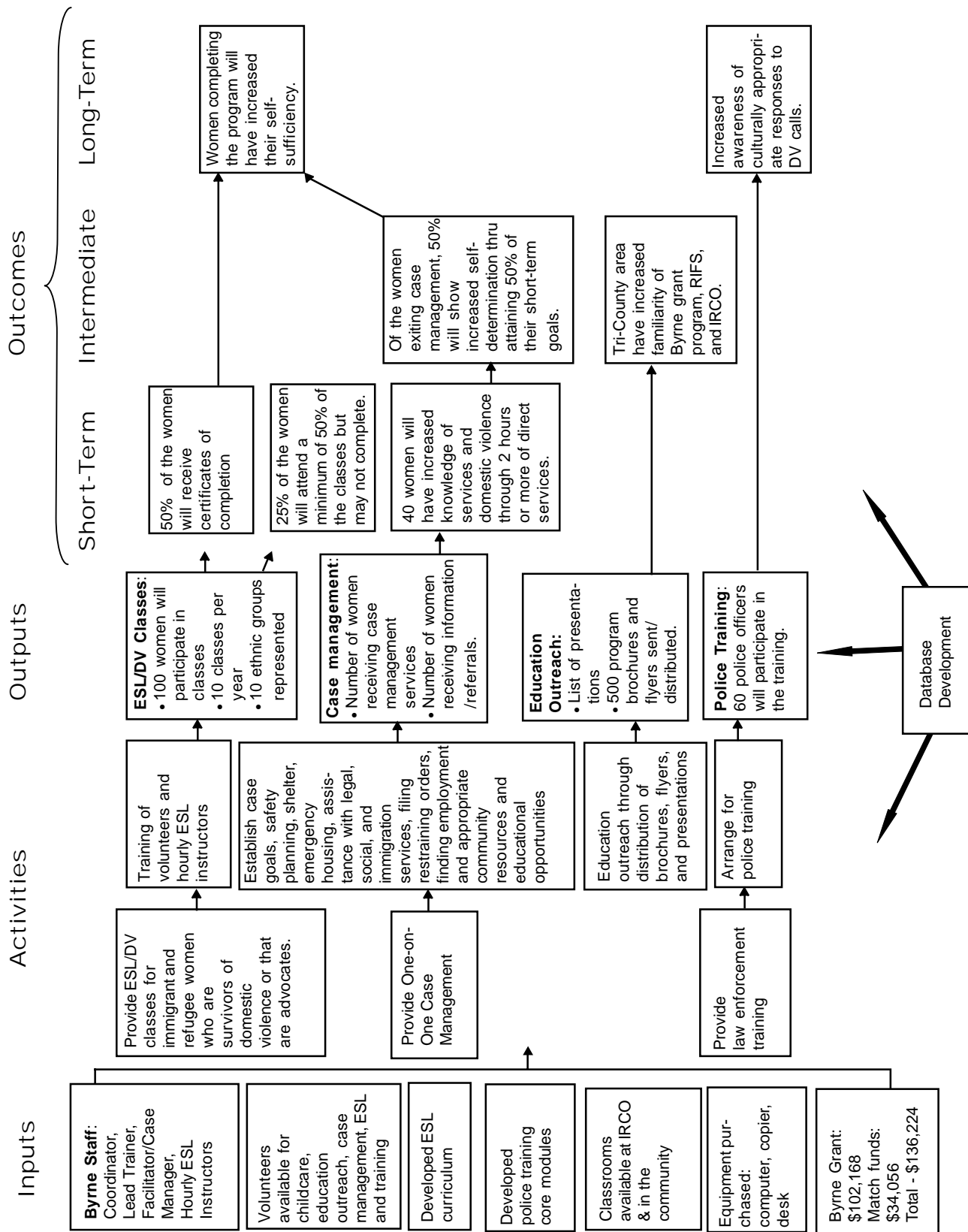
Three employees (1.95 FTE) and 15 volunteers staff the Domestic Violence Education Program. The Program Coordinator manages the service delivery and evaluation activities. She is responsible for the day-to-day implementation of the program. The Lead Trainer is responsible for the curriculum development, 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 survivors.

#### *Collaboration*

The main collaborating agencies for IRCO's Domestic Violence Education Program are: Multnomah County Human Services, Multnomah County Victim Assistance, the Domestic Violence Unit of Multnomah County Adult and Criminal Justice, local domestic violence shelters, 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



Program Descriptions Summary  
Domestic and Family  
Violence Prevention

# Domestic Violence Education Program for Immigrant and Refugee Women

## Immigrant and Refugee Community Organization (IRCO)

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### Program Progress

During the third year, the program built upon lessons learned from previous years with respect to ESL/DV class scheduling. ESL/DV classes continued successfully in terms of enrollment, attendance, and class completion as a result of offering a variety of classes at convenient locations and times, as well as dovetailing ESL/DV classes with other IRCO programs. Nineteen ethnic groups were represented in 14 classes and, in turn, individual class curriculums were tailored for each group. Class presentations by law enforcement representatives and victim advocates were well received and provided a unique opportunity for linking ESL and DV components.

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

The law enforcement training component faced challenges which prompted program staff to consider other ways to educate the police on issues of cultural importance when domestic violence is involved. The main challenge has been to establish a dialogue with police departments in the first place. For instance, during the first quarter of the program year, the Facilitator/Trainer called 25 police departments and distributed 60 brochures to police agencies and emergency response teams in the Tri-County region about the "Domestic Violence in Immigrant and Refugee Communities" training session. Only nine police departments requested additional information. Follow-up calls to these nine police departments resulted in just one face-to-face outreach meeting. At this meeting, which took place during the third quarter of the program year, the Facilitator/Trainer and Case Manager met with law enforcement officers of the Domestic Violence Reduction Unit of the Multnomah County Southeast Precinct and discussed the possibility of trainings in the fall of 2004.

The one training session which was conducted this year, was arranged through the Clackamas County Domestic Violence Enhanced Response Team (DVERT), as a result of outreach efforts by the Facilitator/Trainer during the second year. Thirty women attended this training session but only two were police officers - the rest were community service providers.

Third year program evaluation efforts focused on revision of the logic model with changes to the short-term outcomes of ESL/DV classes, implementation of the ESL/DV pre-/post-assessment, and measuring case management activities and outcomes.

### Process Evaluation

#### *Clients served:*

- *ESL/DV classes:* The ESL/DV classes are intended for immigrant and refugee women at all levels of English proficiency who may be survivors of, or advocates against, domestic violence. During the third year of program implementation, 133 refugee and immigrant women attended 14 ESL/DV education classes. Nineteen ethnic groups were represented, including: Belarusian, Cuban, Chinese, El Salvadoran, Ethiopian, Haitian,



# Domestic Violence Education Program for Immigrant and Refugee Women

## Immigrant and Refugee Community Organization (IRCO)

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Honduran, Japanese, residence of Kazakhstan and Kyrgyzstan, Kenyan, Mexican, Mien, Moldavian, Oromo, Russian, Somalian, Ukrainian and Vietnamese. Forty-four percent of these women were Hispanic and 30 percent were Eastern European. The women attending ESL/DV classes ranged from 18 years of age to 64 years of age, with the majority (58 percent) of the women between the ages of 25 and 44. Three women attending ESL/DV classes also received case management.

- *Case management and advocacy services:* Case management and advocacy services are intended for immigrant and refugee survivors of domestic violence. During the third year of the program, 36 women affected by domestic violence became clients and received two or more hours of case management and advocacy services. Women receiving case management and advocacy services ranged from 18 years of age to 64 years of age, with the majority (89 percent) between the ages of 25 and 44. The most widely represented ethnic groups of women receiving case management and advocacy services were Asian/Pacific Islanders (42 percent), followed by Eastern Europeans (28 percent). An additional 40 women affected by domestic violence each received an average of two or more hours of support through information and referral services.

### **Program Implementation:**

- *ESL/DV classes:* During the third program year, a total of 133 immigrant and refugee women attended ESL/DV classes. Out of the 121 women whose ESL/DV classes had ended by June 30, 2004 (12 women continued into the next reporting period), 97 women (80 percent) attended more than 50 percent of the classes, while 85 women (70 percent) went on to complete 75 percent or more of the classes and received certificates of completion. The program exceeded its goals of providing ESL/DV classes to 100 women with a 50 percent completion rate.

Key factors contributing to the success of this component during this year include: offering ongoing enrollment and open enrollment, convenient class locations, dovetailing ESL/DV classes with other IRCO programs, weekly phone calls to remind and encourage women to continue with classes, utilizing volunteers to assist with classes and childcare for women attending classes, and extensive outreach. During the first two quarters of this reporting period, approximately 1,000 program and informational brochures were distributed in partnership with presentations at women's shelters, domestic violence service agencies, schools, social service agencies, health clinics, parenting classes, and immigrant and refugee community groups. These outreach efforts provided the momentum for consistent enrollment through the year.

- *Case management and advocacy services:* During the third year, 36 women affected by domestic violence became clients and received two or more hours of case management and advocacy services. Additionally, 40 women received information and referrals from the Case Manager.

# Domestic Violence Education Program for Immigrant and Refugee Women

## Immigrant and Refugee Community Organization (IRCO)

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On average, clients attained 81 percent of their short-term goals. Examples of short-term goals include: finding safe housing/shelter, filing restraining orders, meeting basic emergency needs, finding appropriate legal representation, meeting with district attorneys and immigration law attorneys, filing for divorce and child custody issues, completing VAWA petitions and receiving benefits from the Department of Human Services. Overall, the program met its goal on case management and advocacy this year.

- *Law enforcement training:* The goal was to train 60 representatives from area law enforcement agencies to better understand and respond to the special needs of immigrant and refugee domestic violence survivors. This goal was not met due to a lack of police participation.

In an effort to arrange for these training sessions, the Facilitator/Trainer attempted to contact police departments in the Tri-County region by telephone and email, directly at community meetings, and by sending them brochures about the training. Very few police departments responded to this outreach. Others stated that budget cuts had limited police availability for such educational opportunities.

In the last quarter of year three, the Facilitator/Trainer and Program Director started brainstorming on new approaches for engaging the police in the training. Strategies for more flexible implementation of law enforcement training were developed and will be used for year four. They include offering a brief training session during roll call when all shift officers are present instead of a lengthy session at some other time; developing pocket-sized, culturally specific information cards that the officers could keep for reference when responding to situations involving immigrants and refugees; and creating a PowerPoint training on a CD for viewing within departmental training schedules.

### Outcome Evaluation

- *ESL/DV classes:* The pre/post-assessment contains 18 multiple-choice questions assessing 1) women's awareness of what constitutes domestic violence, 2) safety planning, 3) knowledge of resources available, and 4) knowledge of the legal system as it pertains to domestic violence and women's rights. Possible responses to these questions were: "yes", "no" or "don't know". The pre-assessments are administered to women at the class session when the domestic violence lessons begin, usually the third class, and the post-assessments are administered during the last session of the domestic violence classes.

During the first two quarters of year three, the language of the pre-/post-assessment was simplified because students had been experiencing difficulty completing the assessment individually. Unfortunately, language barriers and differing literacy levels continued to affect student comprehension of the revised assessment, especially in elementary level classes. In these classes the assessments provided the most feedback from students when administered through group discussions, which, in turn, reduced the number of assessments being individually completed.

# Domestic Violence Education Program for Immigrant and Refugee Women

## Immigrant and Refugee Community Organization (IRCO)

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During the last quarter of year three, the pre-/post-assessment was translated into Spanish, Vietnamese, and Russian, as these are the most commonly spoken languages in the classes. The translated assessment allowed students to focus on the content of the assessment, as opposed to the English. Thus far, the translated form has been implemented in two classes and will be used in future classes, when possible. Completion rates for the pre-/post-assessments are expected to be higher in year four, when all classes will receive assessments in their native translations.

This year, 53 pre-assessments were completed, 45 post-assessments were completed, and 31 women answered both, a pre-assessment and a post-assessment. Completion rates of the pre-/post-assessment for year three were affected by two factors: the language that the form was written in and sporadic attendance. If a student missed class on the first or last day of domestic violence lessons, they missed the pre-/ or post-assessment. The following are some of the findings based on the 31 pre-assessments and post-assessments completed by the same women. As a result of attending domestic violence lessons:

- The percentage of women who understood that “domestic violence” is defined as “when your boyfriend, husband, or someone in your family hurts you or your children”, increased from 58 percent (18) at the baseline to 97 percent (30) at the follow-up.
- The percentage of women who were aware that “domestic violence is against the law in the United States”, increased from 39 percent (12) at the baseline to 84 percent (26) at the follow-up.
- The percentage of women who understood that a “safety plan includes having important papers and documents in a safe place”, increased from 35 percent (11) to 84 percent (26).
- The percentage of women answered “Yes” to the question “Would you call 9-1-1 if you have an emergency?” increased from 94 percent (29) to 100 percent.
- The percentage of women who were aware that there are “domestic violence shelters in Portland for women and children”, increased from 55 percent (17) to 97 percent (30).
- The percentage of women who were aware that you can “call Portland Women’s Crisis Line or IRCO if you experience domestic violence”, increased from 55 percent (17) to 94 percent (29).
- The percentage of women who correctly answered “No” to the question “Do you need a lawyer to get a restraining order?” increased from 42 percent (13) to 81 percent (25).
- The percentage of women who correctly answered “No” to the question “Does a restraining order last forever?” increased from 26 percent (8) to 84 percent (26).
- *Case management and advocacy services:* The Case Manager tracked case management and advocacy outcomes through the evaluation of case records for all 36 clients. One hundred percent of the clients (36 women) receiving case management and advocacy services created a safety plan with the Case Manager this year. On average, clients achieved 81 percent of their short-term goals and 59 percent of their long-term goals. By the end of the program year, 22 clients had exited the program and

# Domestic Violence Education Program for Immigrant and Refugee Women

## Immigrant and Refugee Community Organization (IRCO)

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14 clients were still receiving case management and advocacy services. Of the 22 clients who exited the program, 10 clients had left abusive situations and had attained personal goals towards independence, stability, and empowerment, five clients returned to their abusers with a safety plan, and seven clients discontinued services and could not be contacted for follow-up.

- *Law enforcement trainings:* One training session was completed this year with the Domestic Violence Enhanced Response Team of Clackamas County (DVERT). Twenty-eight community service providers and two law enforcement officers attended. All of the attendees were female. The post training survey was not administered due to the low attendance of police officers.

### Program Performance Measures and Outcomes

The performance measures for this program include:

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

The outcomes for IRCO include:

- A total of 133 women attended 14 ESL/DV education class and 19 ethnic groups were represented.
- 70 percent of the women completed 75 percent or more of the classes and received certifications of completion.
- Approximately 1,000 ESL/DV program brochures were distributed among immigrant and refugee communities in the tri-county area.
- Completion rates of the pre- and post-assessment for year three were affected by two factors: the language the form was written in and sporadic attendance, therefore the completion rates were limited to 31 women. The percentage of women who were aware that “domestic violence is against the law in the United States”, increased from 39 percent (12 of 31) at baseline to 84 percent (26 of 31) at the follow-up.
- Each ESL/DV class hosted visits from at least one law enforcement representative and/or victim assistance advocate.
- A total of 36 women received two or more hours of case management and advocacy services.
- 81 percent of the women receiving case management and advocacy services obtained their short-term goals.
- This goal was not met due to a lack of police participation.
- This goal was not met due to a lack of police participation.

# Domestic Violence Education Program for Immigrant and Refugee Women

## Immigrant and Refugee Community Organization (IRCO)

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### Lessons Learned

The primary lesson learned this year was the importance of this program as an active link between service providers, law enforcement agencies, and the immigrant and refugee communities they serve. Outreach to women in immigrant and refugee communities provided the momentum to keep ESL/DV class enrollments up and the flexibility of class schedules kept attendance consistent. Active involvement by the Facilitator/Trainer, Program Director, Case Manager, and program volunteers within overlapping immigrant and refugee community networks, social service networks, and legal/law enforcement networks, allowed for the maintenance of a very thorough web of support for a population often overlooked.

In year three, ESL/DV enrollment and completion rates had increased and more case management clients were attaining more of their short-term and long-term goals. ESL/DV classes and case management services empowered women to identify incidents of domestic violence - in their lives or in the lives of others - and to take appropriate action with confidence in the social, legal, and support systems which exist within their communities.

An excellent example of the benefits of this linkage is in the case of ESL/DV classroom presentations by law enforcement representatives and victim advocates. Within the supportive and safe classroom setting, women felt comfortable talking with law enforcement representatives and victim advocates. Many women had questions about how the police respond to domestic violence calls, or what to do if a woman didn't feel comfortable speaking to the police in English. In one class, a woman actually came forward and revealed her experience with domestic violence. At the time, her most recent experience with domestic violence was only a few days old, and until then she was unaware what had happened to her was domestic violence. After the class, with the assistance of the Case Manager, she was able to speak with the police officer privately, and filed a police report.

Educational training to law enforcement agencies turned out to be the most challenging task due to time and budget constraints on police departments this past year. Strategies for more flexible implementation of law enforcement training during year four include: presentation of training materials during roll call, development of easy to access reference cards for officers to take with them when responding to immigrant and refugee situations, and a PowerPoint training class which officers can take, according to individual schedules.

Another area for improvement for year four will be better collection of case management and ESL/DV outcome data. Client exit surveys will be added to the case management component to assess client satisfaction of services and use of translated ESL/DV pre-/post-assessments will improve the response rate, which will ultimately benefit the ESL/DV program and its recipients - the immigrant and refugee women.

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

# Safe Families - Support for Children Witnessing Domestic Violence Looking Glass

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## Program Purpose

The purpose of the Safe Families - Support for Children Witnessing Domestic Violence (Safe Families) program is to target child witnesses of domestic violence and their parents or caregivers and provide them with services necessary to increase their safety and improve their emotional and behavioral health. There has been increased awareness among community professionals of the profound negative impact of domestic violence on children and families. Children who witness domestic violence often experience trauma and the enduring symptoms associated with unresolved trauma. Non-offending parents or caregivers usually want to protect their children and do what is best for them but often lack the knowledge and resources to effectively provide healing and safety.

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.

The Safe Families program is implemented by Looking Glass, a non-profit community-based agency, and has the following primary goals:

- Improve the emotional and behavioral health of child witnesses of domestic violence and their non-offending parents or caregivers.
- Increase children's and parents' safety through development of safety planning and coping skills.
- Increase parents' parenting skills and their knowledge about domestic violence issues, the effects of violence on children, and the availability of community resources.
- Conduct outreach to domestic violence service providers and potential program clients.

The specific objectives of the program are as follows:

- 75 children who have witnessed domestic violence will be assessed for program eligibility and will receive individualized treatment plans.
- 24 parents of children who have witnessed domestic violence will be assessed for program eligibility and will receive individualized treatment plans.
- 30 children will participate in support/education groups.
- 20 children will receive *individual* therapy and 60 children will receive *family therapy*.
- 10 parents of children who have witnessed domestic violence will participate in *support/education groups*. Forty parents will receive *family therapy*.
- Program staff will provide outreach to 10 domestic violence and other social service providers in the community.
- Pre- and post-program surveys of parents of children that participated in the program will indicate improvements at the conclusion of services in the following areas:
  - (1) Children's emotional and behavioral health
  - (2) Children's safety
  - (3) Parents' emotional and behavioral health
  - (4) Parents' safety
  - (5) Parents' knowledge about domestic violence

# Safe Families - Support for Children Witnessing Domestic Violence Looking Glass

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## 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.

- *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 conduct outreach at other community service agencies by attending staff meetings, making presentations, distributing written materials, providing case reviews and consultations, and contacting potential clients for program referral and motivation counseling.
- *Assessment:* Therapists conduct one- to three-hour individual assessments with referred children and their non-offending parents or caregivers. The assessments are focused on the emotional and behavioral health of both child and parent, the current level of safety within the family, and possible future safety issues and concerns.
- *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.

## Safe Families - Support for Children Witnessing Domestic Violence Looking Glass

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- *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:* The focus is on resolving parents' emotional, mental, and behavioral problems caused by domestic violence that interfere with effective parenting. The duration and frequency of therapy sessions for parents are the same as those for children.
- *Family therapy:* The focus is on improving family communication and functioning by providing therapy for children, parents, and relevant family members together. The 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 topics are: "Abuse is not okay;" "I have the right to be safe;" "I'm not the only one whose parents fight. It's okay to tell people about fighting in my family;" "Abuse is not my fault;" "It's not my fault when people are abusive to me or others;" "Seeing abuse is frightening and scary. I can help myself feel better;" "My body belongs to me: I have the right to protect it;" and "There are safe grownups that can help protect kids."
- *Parent's support and education groups:* These groups consist of eight-week, open-ended and topic-focused sessions that provide information about how domestic violence affects children, effective parenting, and community resources. The eight-week topics are: "Facts and myths about family violence;" "Safety and safety planning;" "Accessing support systems;" "Understanding and dealing with anger;" "Common behavioral responses to family violence;" "Common emotional responses to family violence;" "Common developmental responses to family violence;" and "Talking with, listening to, and supporting your children."

The children's and parent's support groups both meet for one and one half hours simultaneously. They start by eating dinner together with guided discussion and check-in from a lead therapist. The groups then separate for their individual topic areas. Some



# Safe Families - Support for Children Witnessing Domestic Violence Looking Glass

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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, and improving decision-making skills to building healthy relationships with self and others. Topics are delivered through a variety of methods including handouts, videotapes, role-plays, art projects, informal lectures, and group discussions. Each session starts with a check-in and ends with a check-out and the question, "Is it safe for you to go home?"
- *Safety planning:* In the process of receiving program services, both children and parents work to identify safety concerns and develop a safety plan that adequately addresses these concerns.

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. During the period July 1, 2003 through June 30, 2004, the program expended \$48,684 in federal funds, and \$46,279 in match funds. 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.

### *Program Staff*

The Safe Families program is operated based on Looking Glass' existing infrastructure. Looking Glass is staffed with more than 28 master's degree-level therapists. Eight therapists were identified, for a total of 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.

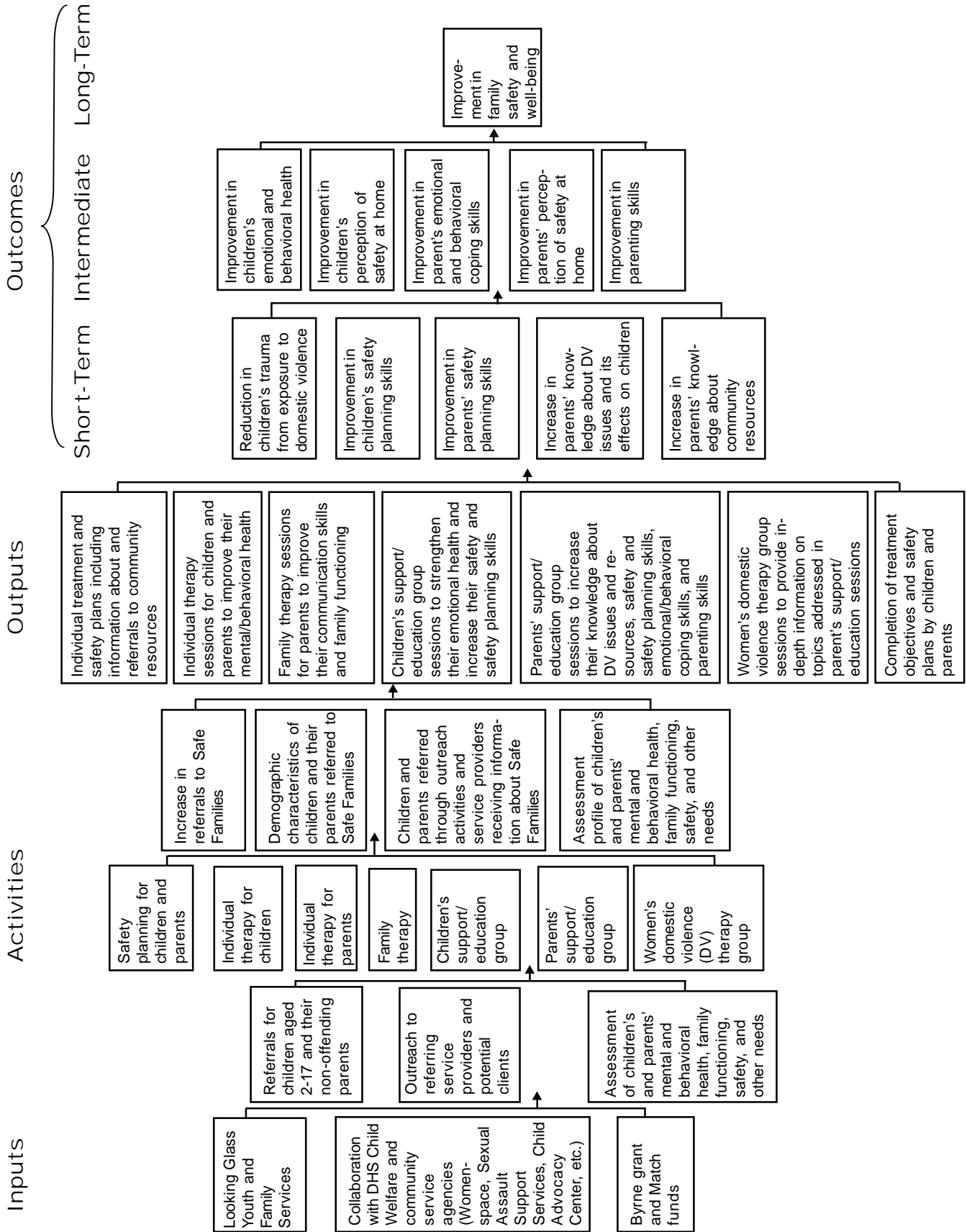
## Safe Families - Support for Children Witnessing Domestic Violence Looking Glass

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### *Collaboration*

The main collaborating agencies for the Safe Families program are: the Community Safety Net; the Department of Human Services/Child Welfare Program; the Lane County Domestic Violence Council, a coordinating agency for local domestic violence services; Womenspace, a support and advocacy agency for domestic violence victims; Sexual Assault Support Services; Relief Nursery; Head Start; Child Advocacy Center; and area public schools.

# Program Logic Model Looking Glass



# Safe Families - Support for Children Witnessing Domestic Violence Looking Glass

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## Program Progress

During the third program year the Safe Families program focused on delivering services for children and their parents, while addressing the issue of lack of referrals of potential clients to the program. Discontinuation of intensive client outreach activities during the last program year resulted in a significant decrease in referrals for the first half of this year. Staff resumed intensive client outreach activities in the middle of this year and as a result, received sufficient referrals for the second half. However, the program was not able to provide services to as many clients as projected. Due to an unsophisticated client tracking system, the program had difficulty last year in reporting the number of unduplicated clients and the services that they received.

During this year, the program was able to accurately report the number of “unduplicated” clients. The Program Evaluator conducted a preliminary analysis of pre- and post- program survey data collected from parents to assess program outcomes. Overall, parents who were surveyed at program completion reported better outcomes in terms of children’s and parents’ emotional and behavioral health, children’s and parents’ safety, and parents’ knowledge about domestic violence. However, these positive results need to be interpreted with caution, due to methodological weaknesses in the survey design in year three.

## Process Evaluation

- *Clients served:* Therapists at Looking Glass conducted assessments with 40 children for program eligibility and developed an individualized treatment plan for each of the children. A total of 59 children received program services this year, including 10 who entered the program last year. Staff conducted formal assessments with 19 parents this year and developed individualized treatment plans for them to engage in a variety of program services. (A formal assessment is not needed for the parents participating only in family therapy together with their children.) The annual program goal was to provide assessments and develop treatment plans for 75 children and 24 parents. The number of clients served this year was lower than projected. This was due to lack of referrals from various referral sources during the first half of the year. Referrals increased significantly after staff conducted intensive outreach activities in the second quarter.

After receiving an assessment and treatment plan, clients participated in a variety of program services that included support and education groups, individual therapy, family therapy, and safety planning. Of the 59 children and their parents served this year, 36 children and 15 parents participated in the eight-week support and education groups. The annual program goal was to engage 30 children and 10 parents of the children in support and education groups. All of the children and their parents developed safety plans with their therapist, either in the support and education groups or in the context of family therapy. Staff provided individual therapy for 46 children this year. A total of 44 children and 47 parents participated in family therapy.

- *Client profile:* Overall, the Safe Families program delivered services to the target populations. All of the 40 children who entered the program this year were between four and 18 years of age, experienced exposure to domestic violence, and met the

## Safe Families - Support for Children Witnessing Domestic Violence Looking Glass

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other criteria described in the Target Population section. The program served primarily low-income families who often consisted of single mothers and their children.

Additionally, a preliminary analysis of data collected from the 53 parents of 76 children in the past two years indicated that at the time of program admission, children had various emotional and behavioral problems such as anger and aggression (69 percent of the children), anxiety and fear (61 percent), depression (47 percent), not feeling good about themselves (46 percent), and negative peer relationships (17 percent). In addition, 30 percent of the children did not have a safety plan and 13 percent did not feel safe at home.

At program admission, many of the parents reported that they were also experiencing emotional and behavioral problems. These problems included anger and aggression (28 percent), anxiety and fear (35 percent), depression (48 percent), and feelings of isolation or being alone (27 percent). Thirty percent of the parents reported blaming themselves for domestic violence and 18 percent reported not having a safety plan.

- *Client outreach efforts:* A low number of client referrals to the program was the primary challenge during the third year. The program experienced the same issue during the first program year. For the first half of the first year, the program used the Community Safety Net as the only referral source, as planned. However, due to the lack of referrals, the program changed the initial plan, conducted intensive client outreach activities, and expanded the referral sources to include local domestic violence service agencies, health care professionals, area schools, and self-referrals. During the second year the program once again relied too heavily on one source of referrals while concentrating on service delivery, thus resulting in low referral numbers at the beginning of the third year. To increase client referrals to the program, staff conducted intensive outreach activities in the middle of the year. Outreach included sending e-mails and letters about the benefits of the Safe Families program to more than 100 community partners, educating the Looking Glass staff about domestic violence and the effects on children, and sending internal memos asking staff to review their caseloads and make client referrals to the program. For the whole year, the program conducted a total of 73 hours of outreach to more than 10 local social service providers.
- *Support and education groups:* During the first half of the year, the program faced an additional challenge: low participation in support and education groups for children and parents. This problem was embedded in parents' unwillingness to allow their children to participate in therapy and groups. According to staff observation, it was difficult for most parents to initially accept that their child had been negatively impacted by domestic violence. It was usually a child's emotional or behavioral problems, not the exposure to domestic violence itself, that persuade parents to seek therapy. In addition, parents tended to feel uncomfortable with the concept of discussing emotional and sensitive issues in a group setting. To overcome this challenge, therapists focused on helping parents connect their child's problems to the witnessing of domestic violence, emphasized the benefits of group therapy, and

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offered an array of treatment options to choose from. In addition, the program identified a new group of young mothers (15 to 17 years old) who were victims or witnesses of domestic violence and created education and support groups for them.

## Outcome Evaluation

To understand the effect of the Safe Families program on children and parents, therapists collected data from parents by administering the Safe Families Parent Questionnaire at program admission and completion. This questionnaire was designed by the Program Evaluator in the middle of the second program year to measure parents' perception about: (1) children's emotional and behavioral health, (2) children's safety, (3) parents' emotional and behavioral health, (4) parents' safety, and (5) parents' knowledge about domestic violence. The survey was anonymous and did not collect any information to identify respondents or match respondent's pre- and post-surveys. (Implementation of matched pre- and post-program surveys was not feasible for this program, due to a small evaluation budget, multiple therapists involved, and the lack of an advanced client tracking system.)

As of June 30, 2004, there were 53 parents (of 76 children) who completed a survey at program admission and 25 parents (of 38 children) who completed a survey at program completion. The Program Evaluator conducted a preliminary analysis of this set of survey data. Overall, parents who were surveyed at program completion reported better outcomes in terms of children's and parents' emotional and behavioral health, children's and parents' safety, and parents' knowledge about domestic violence. However, these preliminary positive results need to be interpreted with caution because the parents who filled out a survey at completion of the program were not necessarily the same parents as those who filled out a survey at program admission. The low number of surveys at program completion reflects the pilot-testing stage of data collection during the second program year. Data collection procedures will be refined next year. Differences in pre- and post-survey data should not be interpreted as changes that occurred over time within the same respondent. The results of a preliminary data analysis conducted this year are as follows:

- *Children's emotional and behavioral health:* Overall, at completion of the program, a lower percentage of parents reported that their children had problems related to emotional and behavioral health. Specifically, at program completion, fewer parents reported that their children had problems with: (a) anger and aggression (reported by 59 percent of the parents, compared to 69 percent at admission), (b) anxiety and fear (35 percent, compared to 61 percent at admission), (c) not feeling good about themselves (25 percent, compared to 46 percent at admission), (d) depression (28 percent, compared to 47 percent at admission), and (e) not getting along well with other children (5 percent, compared to 17 percent at admission).
- *Children's safety:* At program completion, more parents reported that their children had a safety plan (88 percent, compared to 70 percent at admission) and felt safe at home (95 percent, compared to 87 percent at admission).
- *Parents' emotional and behavioral health:* Overall, at program completion, a lower percentage of parents reported problems with their own emotional and behavioral health. At admission, 30 percent of parents reported blaming themselves for the

# Safe Families - Support for Children Witnessing Domestic Violence Looking Glass

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domestic violence but at completion, none of parents did so. Additionally, at program completion, fewer parents reported having their own problems with anxiety and fear (16 percent, compared to 35 percent at admission) and depression (28 percent, compared to 48 percent at admission). However, there was no change in the percentage of parents who reported having problems with anger and aggression (28 percent of the parents both at completion and admission).

- *Parents' safety:* At completion of the program, more parents reported having a safety plan for themselves (96 percent of the parents, compared to 82 percent at admission).
- *Knowledge about domestic violence:* At program completion, more parents reported that they were knowledgeable about the dynamics of domestic violence (92 percent of the parents, compared to 83 percent at admission) and the effects of domestic violence on children (91 percent, compared to 81 percent at admission).

## Program Performance Measures and Outcomes

The performance measures for this program include:

- Percent of clients who complete the program.
- Percent of clients who received safety planning.

The outcomes for Looking Glass include:

- 40 children who witnessed domestic violence were assessed for program eligibility and received individualized treatment plans.
- 19 parents of children who witnessed domestic violence were assessed for program eligibility and receive individualized treatment plans.
- 36 children participated in support/education groups.
- 44 children received family therapy and 46 children received individual therapy.
- 15 parents of children who witnessed domestic violence participated in support/education groups. A total of 47 parents received family therapy.
- Program staff provided a total of 73 hours of outreach to 10 domestic violence and other social service providers in the community.
- Pre- and post-program surveys of parents of the children who participated in the program indicated improvements at the conclusion of services in the following areas:
  - (1) Children's emotional and behavioral health: anger and aggression (10 percent improvement), anxiety and fear (26 percent), not feeling good about themselves (21 percent), depression (19 percent), and not getting along well with other children (12 percent).
  - (2) Children's safety: having a safety plan (18 percent improvement) and feeling safe at home (eight percent).
  - (3) Parents' emotional and behavioral health: blaming themselves for the domestic violence (30 percent improvement), anxiety and fear (19 percent), and depression (20 percent).
  - (4) Parents' safety: having a safety plan (14 percent improvement).
  - (5) Knowledge about domestic violence: dynamics of domestic violence (nine percent) and the effects of domestic violence on children (10 percent).

# Safe Families - Support for Children Witnessing Domestic Violence Looking Glass

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## Lessons Learned

Four main lessons have been learned from the implementation of the Safe Families program over the past three years. First, parents' decision for their child to participate in the program is primarily driven by the children's identified emotional or behavioral problems, not by the exposure to domestic violence itself. Staff had to correct the initial assumption that once families with domestic violence issues were identified and sent to the program by client referral sources, most of the families would follow-through on their referrals and would be willing to engage in the program. In addition, staff have needed to educate and provide services to parents in order to help them connect their child's difficulties to the trauma of witnessing domestic violence.

Second, children and families in the Safe Families program present with a unique set of symptoms, strengths, resources, goals, and motivation for treatment. To meet clients' unique needs, staff have tailored therapy and services to each individual, offering an array of options that families can choose from.

Third, knowledgeable staff and teamwork are essential in providing highly individualized treatment plans and services. All of the therapists and the Clinical Supervisor working on the Safe Families program have extensive work experience and training in the areas of their specialty and domestic violence. They have met regularly as a team to conduct comprehensive assessments of clients and discuss a range of treatment options.

Finally, active community outreach is essential in developing and establishing domestic violence prevention programs, especially those targeting child victims. The program needs to actively communicate with the community, especially program partners, about the concept of the program, specific services, and program benefits. This process requires staff to provide education about the program, identify the community's needs, incorporate them into the program, and constantly engage in relationship-building activities. Through active community outreach, the Safe Families program was able to overcome the lack of clients in the first and third program years.

For further information about this program, please contact Mr. Chris Rubin at (541) 484-4428.



# Kids First Safe Alternatives Center

## Lane County Legal Aid Service

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### Program Purpose

Kids First Safe Alternatives Center (Kids First) is a supervised visitation and exchange program that provides an opportunity for non-custodial or non-residential parents, primarily in Lane County, to maintain contact with their children in a safe and neutral setting. Kids First has two primary components: (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* report<sup>1</sup>, at least one out of six Oregon children witnessed domestic violence during the past year. In addition, four of seven Oregon regions, including Lane County, identified supervised parenting time as one of the top three services *not available but needed* for children who have witnessed domestic violence. Kids First is currently the only supervised visitation and exchange program in Lane County.

Kids First has the following four main goals:

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

The specific objectives of the program are as follows:

- Provide 1,000 supervised visits to 60 children and 172 supervised exchanges for 25 children and 20 parent victims of domestic violence.
- Provide an orientation to all children served and a two-hour assessment and orientation session, including the Kids First orientation packet, to all custodial and visiting parents.
- 100 percent of supervised visits and exchanges will have zero incidents of exposure to physical assault. Ninety percent of visits and exchanges will be in compliance with program agreements and protocols.
- Conduct a program satisfaction survey with parents who received Kids First services. At least 85 percent of the parents surveyed will report satisfaction with program services.
- Conduct parent surveys to assess the main program outcomes: children's and custodial parents' safety, their emotional/behavioral health and well-being, family relationships, and domestic violence occurrence. After receiving Kids First services, at least 75 percent of custodial parents will report an increase in their own overall safety and well-being as well as their children's.
- Recruit, train, and support 30 new volunteers as Visit/Exchange Supervisors. Provide three volunteer trainings, totaling 120 training hours.
- Collaborate with community partners, train program staff, and streamline program protocols to enhance supervised visitation and exchange services for underserved populations in Lane County.

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

# Kids First Safe Alternatives Center

## Lane County Legal Aid Service

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- Conduct a survey to identify key stakeholders' (e.g., judges and court personnel, victim advocates, child welfare services) need for the Kids First program, knowledge about Kids First mission and services, satisfaction with Kids First, referral practices, and their recommendations.

### Target Population

The primary target area for Kids First Safe Alternatives Center is Lane County. Supervised visitation or exchange services are provided to: (1) adult victims of domestic violence, (2) child victims of domestic violence, and (3) domestic violence offenders who have either been ordered to supervised visitation or exchange by the court or who have custody of children whose contact with the adult victim of domestic violence is required to be supervised. All cases involve a history or allegations of domestic violence. Adult clients may be mothers or fathers. Children of any age may participate in the program. Parents are eligible regardless of income and minimal service fees (sliding scale ranging from \$0 to \$25 per visit) are charged based on ability to pay.

Potential Kids First clients are referred through a variety of sources. Most frequently, adult victims of domestic violence seek a protective order in which they request supervised parenting time or exchange for the protection of themselves and/or their children. Specific referral sources include judges, court personnel, victim or witness service providers, local domestic violence or sexual assault agencies, child protective services, the local Family Mediation Services agency, family law attorneys, batterer intervention services, and self-referrals.

In general, potential clients receive basic information about Kids First from referral sources and initiate contact with the program for themselves or through their attorneys. Kids First staff provide detailed information on Kids First services, conduct initial screening for program eligibility, and schedule intake appointments.

### Program Components

The core program components of Kids First are: (1) supervised visitation that provides supervision of parenting time for families in which the children generally live with one parent and see the other non-custodial 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:

- *Intake and orientation for parents:* Intake and orientation are conducted by program staff for parents whose initial program eligibility is established, as described in the Target Population section. A small group of trained interviewers conduct face-to-face intake interviews with each of the parents separately. Interviews are frequently observed by volunteer Visit Supervisors to provide feedback and ensure safety.

The interview process involves gathering, reviewing, and assessing information about parents and their children that includes court orders or proceedings, reasons for the request for program services, and risk factors including a history of family violence, mental illness, and alcohol and drug abuse. The interview process also involves providing

## Kids First Safe Alternatives Center Lane County Legal Aid Service

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each parent with information about program policies and procedures including confidentiality, staff neutrality between the custodial and non-custodial or visiting parents, parents' accountability, and potential steps to promote the safety and welfare of the child. Intake interviews are a balance between creating an environment in which the parents are both respected and accountable.

After their intake interviews, parents receive a tour of the program facilities with careful emphasis on the portions of the building they are permitted to use, what the routine will be for visits, and what they can expect when they arrive. Custodial parents are shown the entire building. Non-custodial 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 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 and a half hours. Each visit takes place in one of three visit rooms, with one family and one Supervisor per room. Efforts are made to ensure that the same Visit Supervisor works with the same family over time.

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The process of supervised visitation begins with the custodial parent arriving at a designated time, parking in a designated area, and entering the custodial parent waiting area. Visiting parents are usually scheduled to arrive 15 minutes after the custodial parent. During that waiting period, the custodial parent and child interact with the Visit Supervisor. This is usually a time for play and settling, in anticipation for the visit. While the Visit Supervisor stays in the custodial parent area, a Site Supervisor waits in the visiting parent arrival area and watches for their arrival. After arrival, visiting parents wait at a locked door, ring a doorbell, and are greeted by the Site Supervisor. Visiting parents sign in, provide vehicle information, leave car keys and any other items brought on site in a designated area, are checked by the Site Supervisor for signs of alcohol or drug use, and are escorted to the visit room.

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

Visiting parents generally spend time with children talking, playing, drawing, painting, reading, playing games, and listening to music. The Visit Supervisor and/or Site Supervisor are always ready to respond to any problems that occur during the visit. The Visit Supervisor wears a “panic alarm” that connects directly to 911 emergency services. The Site Supervisor is always available as “backup” for the Visit Supervisor. Potential problems include a child in distress, a child safety 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, or disclosure by the child of safety-related information.

After the custodial parent and child leave, the visiting parent is required to remain on site an additional 15 minutes. During this time, the visiting parent is provided with feedback, if needed, and receives confirmation about the next 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.

- *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

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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. 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 or when parents receiving the program services are required by court order to attend batterer intervention, parent education, drug and alcohol treatment, or mental health treatment programs. Case coordination also involves 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 work 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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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. During the period July 1, 2003 through June 30, 2004, the program expended \$149,011 in federal funds, and \$41,752 in match funds. The majority of the funding is used to support the Program Director and Volunteer Coordinator, rent and maintenance of the visitation center, and contracts for program consultation and evaluation.

#### *Program Staff*

Kids First currently operates with 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.

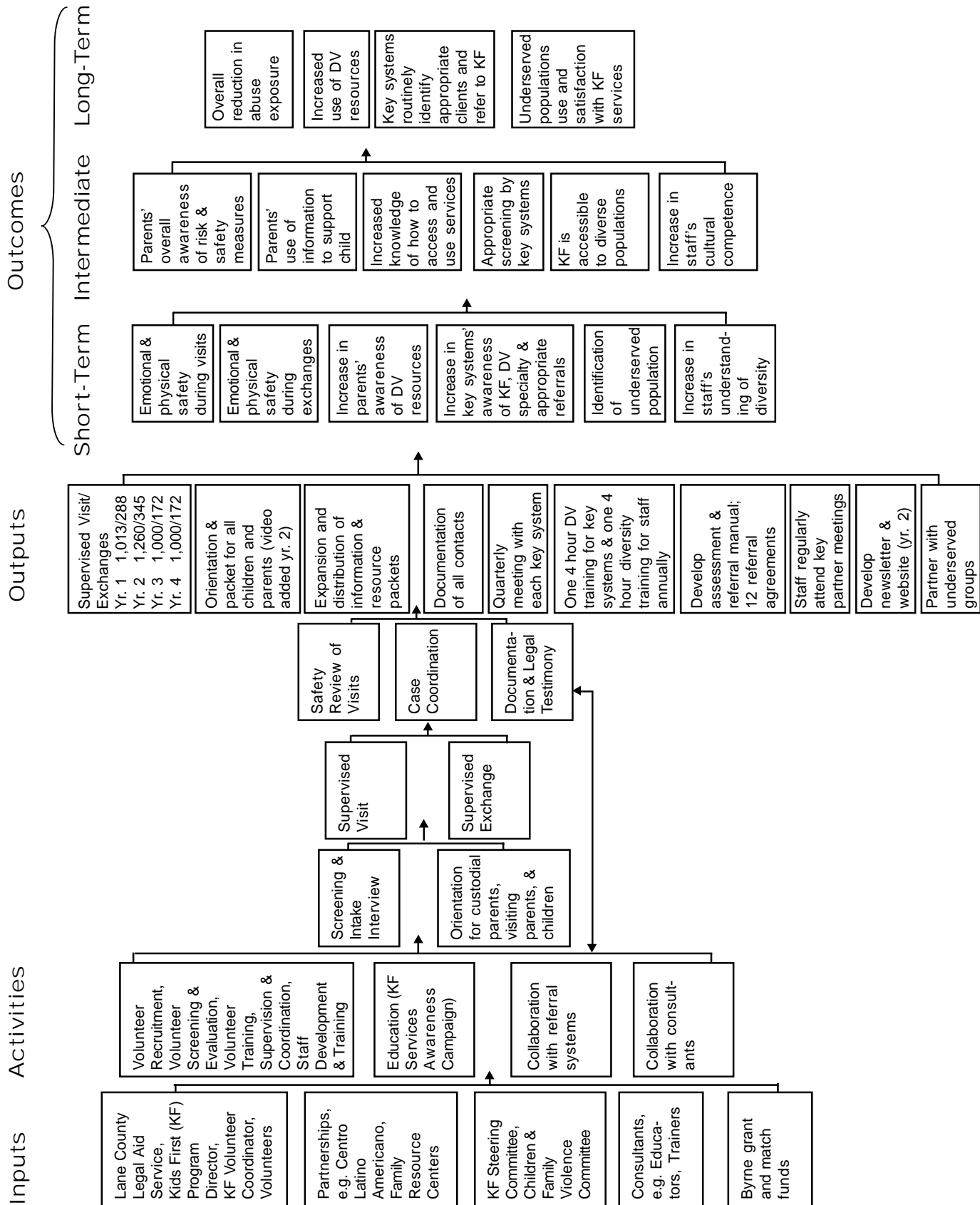
## Kids First Safe Alternatives Center Lane County Legal Aid Service

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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





# Kids First Safe Alternatives Center

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### Program Progress

During the third program year, Kids First staff continued to focus efforts on meeting the increasing demand for program services. Since the second program year, the program has operated at full capacity with many clients on the waiting list for services. To address this demand, the program continued to utilize volunteer resources. Significant progress was made on program evaluation this year. The Program Evaluator analyzed clients' demographic and risk profiles, conducted a survey with parents to assess their satisfaction with Kids First services, and started implementation of a series of parent surveys to measure the impact of the program. Preliminary data analysis indicates that prior to participation in Kids First, all custodial parents experienced domestic violence by the visiting parent. Overall, both custodial and visiting parents were very satisfied with program services. After engagement in the program custodial parents reported improvement in their child's safety and well-being as well as their own.

### Process Evaluation

- *Clients served:* Kids First provided 992 supervised *visits* to 47 children and 238 supervised *exchanges* to nine children. Both visitation and exchange services involved a total of 37 parent victims of domestic violence. Staff conducted Kids First orientations for all of the 35 new children who started receiving services this year. Staff also provided two-hour assessment and orientation sessions for all 74 new parents. The program nearly met the annual goal of providing 1,000 supervised visits and exceeded the goal of providing 172 exchanges. However, the program did not meet the annual goal set in terms of the number of children receiving services. The goal was to provide visitation services for 60 children and exchange services for 25 children. The primary reason for not meeting this goal was that existing cases stayed open much 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 for more than 20 months. Approximately 40 percent of the cases served this year had been carried over from the past program year.

The demand for Kids First services continued to increase. Since the beginning of the second program year, the program has operated at full capacity with many clients on the waiting list for program services. As of June 30, 2004, there were 32 cases on the waiting list.

- *Profile of clients in general:* Kids First provided supervised visitation or exchange services to a total of 56 children this year. Of the 56 children, 29 were boys and 27 were girls. Their ages ranged from three months to 15 years with an average age of seven years. The range of their parents' age was 21 to 54 years. The mothers' average age was 33 and the fathers' was 34.

Kids First delivered services to the intended target population. All of the visitation and exchange cases served by the program involved one adult victim of domestic violence and one or more children impacted by domestic violence. All of the cases also involved offenders of domestic violence who have either been ordered to supervised visitation or exchange by the court or who have custody of children whose contact with the adult

## Kids First Safe Alternatives Center Lane County Legal Aid Service

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victim is required to be supervised. The majority (53 percent) of the cases involved Family Abuse Prevention Act (FAPA) restraining orders at the time of intake. The rest of the cases involved Custody Modification orders, Divorce Modification orders, and a Guardianship order.

- *Risk profile of visiting parents:* The Program Evaluator analyzed the risk profile of visiting parents by using data collected from custodial parents at intake. Cumulatively, intake data was available on a total of 60 custodial parents since the inception of the program. All of the custodial parents reported that prior to involvement in Kids First, they experienced threatening and dangerous behaviors from the visiting parent at least once. Custodial parents reported that 80 percent of the visiting parents “physically hurt” them, 77 percent “threatened to take children” or had “taken children” (against will), and 67 percent “threatened to kill self, partner, or children.” Seventy-three percent of custodial parents reported experiencing injuries as a result of the visiting parent’s behavior and 76 percent reported feeling “afraid for my safety” during a harmful behavior incident(s). Ninety-three percent of children were exposed to at least one harmful behavior incident. Other risk behaviors reported by custodial parents included “insulting my personality,” “damaging property,” and “stalking.”

According to the custodial parents’ intake data, the vast majority of visiting parents had been involved in the legal system: 87 percent of the visiting parents had been arrested and charged with a crime, 73 percent had been convicted of a crime, and 60 percent were issued a restraining order. Additionally, 90 percent of the visiting parents had received services such as anger management training, batterer intervention, and alcohol and drug treatment. Seventy-three percent of the custodial parents believed alcohol or other drugs were a problem for the visiting parent.

- *Volunteer program:* Kids First continued to utilize volunteer resources to address the understaffing issue. Thirty-six new volunteers were recruited, trained, and supported as Visit and Exchange Supervisors this year. A total of 120 hours of training was provided to them through three trainings. The majority of volunteers were students. The program continues to make efforts to recruit from a wide range of resources to promote diversity within the volunteer pool.
- *Efforts to reach underserved populations:* Despite the continued efforts to reach the underserved Hispanic population, the program served only four monolingual Spanish speaking clients this year. This number is extremely low, given the number of Latino families experiencing domestic violence in the local community. A primary barrier to Latino families’ use of Kids First services was the lack of Spanish speaking services at the Lane County Circuit Court, a key referral source of clients for the program. To resolve this issue, the Kids First’s Latina Services Coordinator started working with Crime Victim and Survivor Services (CVSS) so that their advocates can provide support at the court to Latina families, especially monolingual Spanish speakers, and provide referrals to Kids First. The program made additional efforts to reach underserved populations that included: (1) hosting a cultural competency training for the staff of Kids First, CVSS, Sexual Assault Support Services (SASS), Legal Aid, and Womenspace, (2) hiring a bilingual English and Spanish speaking intern and volunteers, and (3) sending program

## Kids First Safe Alternatives Center Lane County Legal Aid Service

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brochures and materials in English and Spanish to all Family Resource Centers in the county, Department of Human Service offices, and other local community service organizations.

### Outcome Evaluation

- *Safety of supervised visits and exchanges:* During the third program year, there was no physical assault in any of the 992 supervised visits and 238 exchanges. According to clients' weekly visit/exchange records, approximately two out of 15 visits/exchanges per week were not in compliance with program agreements and protocols. This is approximately an 87 percent compliance rate. The program goal was to have no incidents of exposure to physical assault and a compliance rate of 90 percent. None of the noncompliance cases posed an imminent risk for children or custodial parents. Noncompliance issues included failure to arrive on time for program services, frequent cancellations or no-shows for service appointments, engagement in unallowable conversation such as discussing inappropriate topics with children and asking questions about the other parent, and harassment or verbal assault towards program staff and volunteers.

The high safety ratings during this program year are a confirmation of the findings of a formal evaluation conducted in April and May 2002. At that time, staff and the program evaluation team used the 48-item Visit Process Review Form to monitor the process of delivering visitation services. Data was collected on 65 visits over a five-week period. The evaluation concluded that the visits involved no substantive safety violation and were conducted as intended.

- *Client satisfaction with program services:* The Program Evaluator conducted an annual client satisfaction survey with 21 parents (12 custodial and nine visiting parents) from November 12 through December 5, 2003. The survey included a total of 17 questions using a five-point Likert scale ("strongly agree" to "strongly disagree"). Preliminary analyses indicated that 87 percent of the respondents "agreed" or "strongly agreed" that, overall, they were satisfied with Kids First services. One hundred percent of the custodial parents agreed that both they and their child were benefiting from Kids First services and were safer as a result of the services. However, there was a difference in the ratings between custodial parents and visiting parents. Custodial parents agreed in a positive way to virtually 100 percent of the survey questions, whereas visiting parents did so to only 74 percent of the questions. Future analyses will include data from more parents so that specific differences can be examined more carefully.
- *Clients' safety and well-being:* In an effort to measure the impact of Kids First services on clients' safety and well-being, the program started implementation of time-series surveys of program participants in March 2004. A series of structured questionnaires were designed to be administered with parents at multiple points in time: at their first call to the program before receiving visitation (or exchange) services, after their first, fifth, and twentieth visits (or exchanges), and at approximately three-months follow-up after exit from the program. There were a total of 11 questions in the first call survey and

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36 questions in the visit and follow-up surveys. Most questions related to measuring clients' perception used a six-point Likert scale (from 1= "strongly disagree" to 6= "strongly agree").

As of June 2004, 19 custodial parents completed a total of 36 questionnaires (19 questionnaires at first call, 15 after first, fifth, or twentieth visits, and two at follow-up). The Program Evaluator conducted a preliminary analysis to understand the effects of the program on parents' perception of safety and well-being. Due to the low number of completed surveys available, the evaluator conducted simple analysis this year by averaging the scores of data collected from first visit through twentieth-visit surveys (n=15) and comparing the average scores with the first call survey (n=19) data. The results indicated that overall, after engagement in the program, custodial parents reported improvement in their child's safety and well-being as well as their own. (These results should be interpreted as descriptive and as preliminary due to the small sample size and use of the average scores of survey data collected at different points of program participation. The evaluator is planning on more advanced time-series data analysis in the next program year as more surveys are completed.) Specific results of the analysis include:

- Overall, custodial parents reported an increase in their child's safety while receiving Kids First services. On a six-point Likert scale (1= "strongly disagree" about being afraid to 6= "strongly agree" about being afraid), parents reported being less afraid for their child's overall safety while participating in Kids First (average score was 4.8 before enrollment in Kids First compared to 2.6 during participation in Kids First). In addition, parents were less afraid of emotional harm to their child while participating in Kids First (average score was 5.3 before program enrollment compared to 2.8 during participation). Similarly, parents reported less fear about a child's exposure to unhealthy things while participating in Kids First (average score was 5.0 before enrollment compared to 2.4 during participation). There was little change in parents' fear about their child's *physical* safety between the time they enrolled in services and while receiving services. At both time periods, parents expressed a lower level of being afraid than they did for other dimensions of safety (average score was 2.3 before enrollment compared to 2.4 during participation).
- On the same six-point Likert scale (1= "strongly disagree" about being worried to 6= "strongly agree" about being worried), custodial parents reported being less worried about their child's well-being while with the other parents during Kids First services, although their concern remained relatively high (average score was 5.3 before program enrollment compared to 4.2 during participation).
- Visit surveys included a few questions that asked parents more directly about the impact of Kids First services. (These questions were included for comparison between pre- and during program responses.) Analysis of responses to these questions indicated:
  - (1) One hundred percent of custodial parents who completed the visit surveys reported that the other parent had not physically harmed the child or themselves over the past month since becoming involved in Kids First.

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(2) On a scale of 1 to 6 (1= “strongly disagree” that Kids First increased... to 6= “strongly agree” that Kids First increased...), custodial parents reported that Kids First increased their own safety (average score was 4.6) and their child’s safety (average score was 5.8). Additionally, on the same scale (1= “strongly disagree” that safety would decrease... to 6= “strongly agree” that safety would decrease...), custodial parents expressed a high level of concern that both their safety (average score was 4.6) and their child’s safety (average score was 5.8) would decrease once Kids First services ended.

- *Community partner survey:* A community partner survey is scheduled for implementation in October 2004. Similar to the interviews conducted with the local court judges last year, the survey will be designed to assess key community partners’ perception of and experiences with Kids First and to gain feedback on improvement of program services.

### Program Performance Measures and Outcomes

The performance measures for this program include:

- Percent of clients who report satisfaction with the program.
- Percent of clients who report improved safety planning.

The outcomes for Kids First include:

- The program provided 992 safe supervised visits to 47 children and 283 safe supervised exchanges to nine children – both services reached 37 parent victims of domestic violence.
- The program provided Kids First orientations to all new children (35) who started the program this year and a two-hour assessment and orientation (including the Kids First orientation packet) for all new parents (74).
- 100 percent of supervised visits and exchanges had zero incidents of exposure to physical assault. An estimated 87 percent of visits and exchanges were in compliance with program agreements and protocols.
- An annual client satisfaction survey was conducted with 21 parents (12 custodial and nine visiting parents). The results indicated that 87 percent of all respondents were satisfied with Kids First services.
- According to the annual client satisfaction survey, all custodial parents (12) reported that both they and their child were safer as a result of Kids First services and were benefiting from program services. Additionally, the program started implementation of time-series surveys of program participants this year in order to assess the impact of Kids First services on clients’ safety and well-being.
- The program recruited, trained, and supported 36 new volunteers and provided three trainings, totaling 120 hours.
- The program provided accessible, appropriate and culturally competent supervised visitation and exchange services for underserved populations in Lane County whenever possible. The program served four Spanish speaking clients this year, including two children, one visiting parent, and one custodial parent/survivor. The efforts to reach underserved populations included: working with Crime Victim and Survivor Services

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(CVSS) to support Latina families, hosting a cultural competency training for the staff of Kids First, Sexual Assault Support Services (SASS), Legal Aid, Womenspace, hiring a bilingual English- and Spanish-speaking intern and volunteers, and sending out program brochures and materials in both English and Spanish.

- A 26-item, community partner survey has been developed and will be implemented in October 2004.

### Lessons Learned

The main lesson learned during the third year of operation of the Kids First Safe Alternatives Center is that program structure, consistency, clear expectations, and effective communication are all essential factors in working with parents, especially those who are involved in domestic violence. Successful implementation of these key elements can be facilitated through ongoing case coordination, staff training and support, a pool of committed volunteers, and strong collaboration with community partners. Over the three years of operation, staff learned that it is resource intensive to provide this type of service to parents and children for long periods of time. This has resulted in serving fewer new families than originally anticipated. To address this issue, the program continues to utilize volunteer resources, encourage staff to work as a team to support each other, and streamline program policies (i.e., setting a policy on the maximum number of visitation hours that a family can receive per week).

For further information about this program, please contact Ms. Jean Blanchard at (541) 683-6353.

# Elder Abuse Prevention Program

## Multnomah County District Attorney's Office

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### 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. In addition, the DDA conducts traditional case work functions by actively reviewing, issuing, and prosecuting elder abuse cases.

As is the case nationwide, domestic abuse of persons over the age of 60 is among the least reported, investigated, and prosecuted areas of criminal activity in Multnomah County. This problem results from the social dynamics driving the perpetrator and inhibiting the victim, and the lack of allocated investigative and criminal justice resources. As of July 1, 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 the two neighboring 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:

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

The specific objectives of the program are as follows:

- Review and prosecute three to six elder abuse cases per month (36 to 72 cases per year).
- Increase the number of elder abuse cases referred from police agencies for review and prosecution by the program. The number of cases will increase by 25 percent from year one to year two, and by 50 percent from year one to year three.
- Provide trainings to primary mandatory reporters, law enforcement, and health and human service workers to improve their knowledge of mandatory elder abuse reporting laws. One-hundred and fifty to 200 police officers will participate in trainings to improve their knowledge of elder abuse and protocols for responding to and reporting abuse.
- Provide four informational trainings to 25 non-traditional reporters (e.g., neighborhood associations, faith-based organizations, bank employees, retailers, civic organizations) to increase their awareness and reporting of elder abuse.
- Develop and conduct 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 elder abuse and reporting options.
- Track the number of non-English speaking elder abuse victims to ensure their access to program services.

# Elder Abuse Prevention Program

## Multnomah County District Attorney's Office

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### Target Population

The Elder Abuse Prevention Program is designed to benefit persons residing in Multnomah County who are 60 years of age or older. Legal prosecution services are provided for victims, aged 60 and over, when the criminal activity involved is physical abuse, psychological abuse, abandonment, and/or sexual abuse by someone who has a relationship with the older person. The alleged defendant could be a spouse, 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 cases involving elderly victims in institutions or group residential care facilities and elderly victims of financial fraud. All potential elder abuse cases are referred to the program from eight local law enforcement agencies.

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

### Program Components

The Elder Abuse Prevention Program has two main program components: (1) review and prosecution of 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, 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.

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 no crime has been committed or a criminal offense cannot be proven, the DDA makes contact with the victim to explain his decision and offers additional services that the victim may benefit from. The case file, including a written analysis of why the case cannot be charged, is then returned to the investigating officer within three to five days of the case rejection.



## Elder Abuse Prevention Program Multnomah County District Attorney's Office

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While the DDA works on the legal process, the program's Victim Advocate (VA), who is supported through other funding sources, 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 continue providing information about the Elder Abuse Prevention Program and educate the community about program services and elder abuse. Presentations are made to local law enforcement officers, Multnomah County 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 audience and their involvement. 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.

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

## Elder Abuse Prevention Program Multnomah County District Attorney's Office

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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 one hour.

### Program Resources

#### *Byrne Funding*

The Elder Abuse Prevention Program receives Byrne grant funding in the amount of \$90,000 and provides matching funds of \$30,000. During the period July 1, 2003 through June 30, 2004, the program expended \$89,187 in federal funds, and \$29,729 in match funds. 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.

#### *Program Staff*

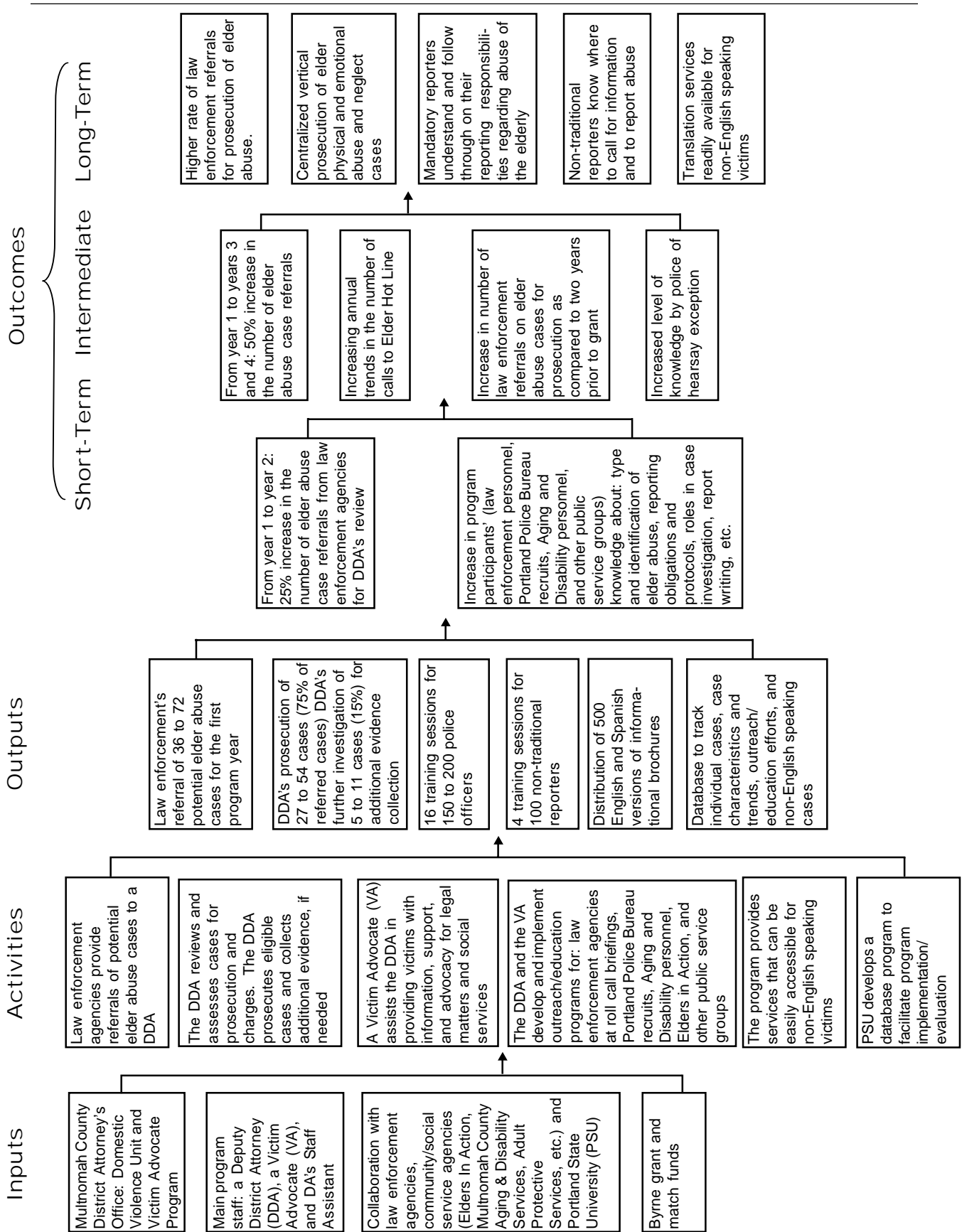
The DDA is the only full-time position assigned to the Elder Abuse Prevention Program. The DDA is responsible for initiating and conducting most of the program activities including community outreach and education and prosecution of elder abuse cases. Additional staff who provide time and services for the program but are not supported through Byrne grant funding include: the Victim Advocate (VA) who provides advocacy services for victims of elder abuse cases in legal proceedings; 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 Victim Advocate. A professor from Portland State University conducts program evaluation under contract with the 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; the Adult Protective Services (APS) unit of the Multnomah County Aging and Disability 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

## Multnomah County District Attorney's Office

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### Program Progress

During the second program year the full-time Multnomah County Deputy District Attorney (DDA) continued to work on prosecution of elder abuse cases, while conducting a variety of community outreach and education activities. The DDA was able to nearly meet or exceed most of the annual program goals and objectives proposed in terms of processing potential elder abuse cases for prosecution and educating a variety of service agency personnel and community members. As a result of continued outreach efforts, the DDA received 25 percent more referrals than last year. A new Program Evaluator from Portland State University is currently in the process of revising the initial evaluation plan for a more practical program evaluation. The focus of the future evaluation efforts will be on: tracking the number and profile of pre- and post-program elder abuse cases processed by the county District Attorney's Office, tracking pre- and post-program trends in the number of local elder abuse-related hotline phone calls, and interviews with some of participants in the program's training and education sessions.

### Process Evaluation

- *Clients served:* From July 1, 2003 through June 30, 2004, the DDA received 54 referrals of potential elder abuse cases from law enforcement agencies. After his review, the DDA prosecuted 36 eligible cases with sufficient evidence and rejected the remaining 18 cases with insufficient evidence. The annual program goal was to review and prosecute 36 to 72 cases. Of the 36 cases prosecuted this year, 12 were still active on the attorney's caseload and 24 were closed with the following dispositions: two guilty trials, 16 guilty pleas, four dismissals, and two deferred sentencings.

As a result of the program's outreach and education efforts, the Multnomah County District Attorney's Office received 23 percent more referrals of potential elder abuse cases than last year's 44 referrals. The program nearly met the annual goal of a 25 percent increase in referrals.

The profile of victims in the 36 cases prosecuted by the DDA was consistent with the target populations initially proposed to meet the eligibility requirements of Byrne grant funding. 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 continued to conduct community outreach and education activities by reviewing the current elder abuse reporting process, attending community meetings, and making presentations. The DDA provided trainings to approximately 700 mandatory reporters of elder abuse, law enforcement agents, and health and human service agency personnel. According to the DDA, a 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 provided training sessions and focused on the mandatory law of reporting elder abuse cases in addition to how to identify and investigate abuse.

A total of seven trainings were conducted this year for approximately 140 law enforcement officers. The annual program goal was to train 150 to 200 officers. The DDA conducted trainings through two different venues: Oregon Department of Public Safety Standards and Training's (DPSST) Advanced Academy and Oregon Police Corps.

## Elder Abuse Prevention Program Multnomah County District Attorney's Office

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Training participants were from Portland Police Bureau, Oregon State Police, and Bend, Hillsboro, and Beaverton Police Departments. The training topics included Oregon's domestic violence statutes, Oregon's Mandatory Arrest provisions, reporting obligations and protocols, identification of abuse, effective case investigation and report writing, and the role of the Adult Protective Services (APS) unit of the Multnomah County Aging and Disability Services in preventing elder abuse.

The DDA continued to attend the Multidisciplinary Team (MDT) meetings hosted by APS and addressed the importance of consistent reporting of elder abuse. As a result, APS developed an interagency agreement for a protocol for reporting of elder abuse to law enforcement. APS has already started implementing this protocol in their practices and law enforcement agencies have recently started reviewing the protocol for incorporation into their policies and procedures.

The DDA provided eight education sessions this year for approximately 240 community members in order to increase their awareness and reporting of elder abuse. The majority of these participants were not mandatory reporters of elder abuse under the Oregon law. The annual program goal was to provide four sessions for 25 non-mandatory reporters. The DDA made presentations to various civic groups, students, Elders in Action Ombudsman, and Governor's Task Force on Elder Abuse, as well as current or potential victims of elder abuse during home visits.

- *Efforts to reach a non-English speaking population:* The DDA prosecuted two elder abuse cases involving non-English speaking victims this year. The program continued the efforts to reach an underserved, non-English speaking population. With a translator's help, the DDA developed three Russian versions of program brochures that included information about victims' rights, the prosecution system related to domestic violence, and domestic violence in general. Spanish versions of these brochures are already available. The program distributed approximately 350 brochures this year by mail, at public appearances and meetings, and through home visits. The program is currently utilizing a bilingual English- and Spanish-speaking Victim Advocate, the AT&T Language Line, and other paid translators to serve non-English speaking clients.

### Outcome Evaluation

- *Number of pre- and post-program elder abuse cases convicted:* The Program Evaluator continued to work on establishing the baseline data on the elder abuse cases that had been processed by the Domestic Violence Unit of the county District Attorney's Office Family Justice Division. Preliminary baseline data showed that over the four years (July 1998 through June 2002) prior to implementation of the Elder Abuse Prevention Program, there were approximately 30 elder abuse convictions for the same target population. (Data was not available on either cases referred from law enforcement or prosecuted cases without resulting in a conviction. By law, only convicted cases were stored in the database. Convicted cases are the cases in which the defendant is guilty either by plea or trial after prosecution.) In comparison, for the past two years (from July 2002 through June 2004) after implementation of the Elder Abuse Prevention Program, the DDA prosecuted 42 cases that resulted in a conviction.

## Elder Abuse Prevention Program

### Multnomah County District Attorney's Office

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- *Evaluation plan:* In the middle of this second program year, a new Program Evaluator was hired. In consultation with the CJSD Evaluation Team, the new evaluator is currently working on revising the initial evaluation plan. The revised evaluation plan will be built on the following main components: (1) tracking the number of elder abuse cases processed by the DDA (and the number of cases convicted by the Domestic Violence Unit before implementation of the Elder Abuse Prevention Program), (2) tracking pre- and post-program trends in the number of elder abuse-related phone calls to the Multnomah County Aging and Disability Service's 24-Hour Helpline, (3) comparison of pre- and post-program profiles of convicted elder abuse cases, and (4) interviews with the employees of the county Aging and Disability Services, law enforcement agents, and others who participated in the program's training and educational sessions. The program will discontinue the initially planned efforts to implement pre- and post-program surveys of participants in training and educational sessions. The previously proposed survey design and instruments turned out to be ineffective in measuring improvement in participants' post-training knowledge.

### Program Performance Measures and Outcomes

The performance measures for this program include:

- Number of training/education sessions.
- Number of training/education session participants.
- Percent of clients who complete the program.
- Number of elder abuse cases prosecuted.

The outcomes for Elder Abuse Prevention include:

- During this reporting period, the program screened 54 cases involving domestic abuse of persons 60 years of age or older. The program reported a 23 percent increase in the number of cases referred from police agencies for review and prosecution from year one to year two.
- Training was provided to 240 people at Multi-Disciplinary Teams, 128 Aging and Disability Services (ADS) workers, 60 Multnomah County District Attorney's office employees, and 160 people that are part of the Multnomah County Elder Abuse Task Force. Seven trainings were provided to a total of 140 police officers representing seven police agencies.
- Three informational trainings were provided to 48 members of Elders in Action Ombudsman, 40 civic members including students at Portland State University, 140 experts, and members and attendees of the Governor's Task Force on Elder Abuse.
- The program will discontinue the initially planned efforts to implement pre- and post-program surveys of participants in training and education sessions. The proposed survey design and instruments turned out to be ineffective in measuring improvement in participants' post-training knowledge. This evaluation component will be replaced with interviews with stakeholders including the employees the county Aging and Disability Services, law enforcement agents, and others who participated in the program's training and education sessions.
- The program prosecuted two elder abuse cases involving non-English speaking victims this year.

## Elder Abuse Prevention Program Multnomah County District Attorney's Office

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### Lessons Learned

The main lessons learned from the Elder Abuse Prevention Program include realizing the benefit of practicing vertical prosecution of elder abuse cases, connecting with other community agencies, and maintaining a close working relationship between the DDA and the VA. Vertical prosecution refers to the practice of having the same prosecutor or prosecution unit make the initial filing or appearance in a case and perform all subsequent court appearances through to its conclusion, including sentencing. By engaging in vertical prosecution, the full-time DDA assigned to the Elder Abuse Prevention Program was able to accelerate his learning in handling elder abuse cases and develop expertise in the area of elder abuse. This also made the DDA more readily available and accessible to law enforcement officers working on elder abuse cases. By connecting actively with other community agencies, the DDA was able to learn about the current status of reporting and managing elder abuse cases, identify areas in need of improvement, and develop and conduct relevant community outreach and education activities. The close working relationships between the DDA and the VA ensured identification and satisfaction of victims' needs and the streamlining of community outreach and education activities.

For further information about this program, please contact Ms. Helen Smith at (503) 988-3154.

# KidSafe Project DOVE

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## 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* report<sup>1</sup>, at least one of six Oregon children witnessed domestic violence during the past year. In addition, four of seven Oregon regions, including Malheur County, identified supervised parenting time as one of the top three services *not available but needed* for children who have witnessed domestic violence.

The KidSafe program was initially proposed by the Malheur County Family Violence Team as part of their coordinated community response to prevent domestic violence. KidSafe is operated by Project DOVE, a community-based agency that 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.

The four primary goals of the program are to:

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

KidSafe's specific program objectives are as follows:

- Provide 40 hours per week of supervised visitation and exchange services.
- Provide 150 supervised visits to 22 families and 260 supervised exchanges to 18 families.
- Provide program intake and orientation for 75 parents. Provide all of these parents with education on the effects of domestic violence on children.
- Provide safety planning education for 20 non-abusive parents.
- 100 percent of visits and exchanges will be free of incidents of physical assault, as observed by program staff. Ninety-five percent will be free of violation of program safety procedures and protocols.
- Train program staff and volunteers on effective delivery of supervised visitation and exchange services. A Volunteer Service Manager will be hired and 10 volunteers will be available for the program.

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



## KidSafe Project DOVE

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- Extend program services to rural, Hispanic, and low-income populations. Complete English and Spanish versions of program manuals that include program policies, procedures, intake/assessment forms, and outreach materials.
- Develop a formal, written Memorandum of Understanding to ensure client referrals to KidSafe and collaborative services and gain signatures from seven community partners.
- Conduct a program satisfaction survey with some of the parents who received KidSafe services. At least 85 percent of the parents surveyed will report satisfaction with program services.
- Develop parent survey tools and procedures to assess the main program outcomes: children's and non-abusive parents' safety, their emotional/behavioral health and well-being, child-parent relationships, and domestic violence occurrence. (When the survey is implemented next year, at least 75 percent of custodial parents will report an increase in their own safety and well-being as well as their children's).
- Develop a survey with community partners to assess their knowledge of and satisfaction with KidSafe services and gain feedback to improve program services. (When the survey is implemented next year, at least 80 percent of community partners surveyed will report satisfaction with program services.)

### Target Population

The target population 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, 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

## KidSafe Project DOVE

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contacting each other. Only parents and children who complete an intake and attend an orientation conducted by program staff are eligible to receive supervised visitation and exchange services. As clients receive these services, they are also engaged in safety planning with staff and have opportunities to increase their knowledge about the effects of domestic violence on children.

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

- *Client intake and orientation:* Potential clients referred from a variety of sources make an appointment with KidSafe staff for formal face-to-face intake and orientation sessions. These sessions are scheduled separately for custodial parents and non-custodial parents. At the intake and orientation sessions, staff determine eligibility and provide detailed information about the program. They discuss the policies and procedures for supervised visitation and exchange services including staff and parent accountability, and provide information about increasing children's safety and well-being. In addition, staff discuss and conduct safety planning with custodial parents and conduct one-on-one education with non-custodial parents about the effects of domestic violence on children. Eligible clients sign a confidentiality agreement to accept program services and acknowledge their understanding of the program. The average length of intake and orientation sessions is approximately one hour.
- *Supervised visitation:* Parents and children who complete program intake and orientation sessions are eligible to receive supervised visitation services. Supervised visitation is scheduled contact between a non-custodial parent and one or more 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 trained to recognize and intervene in any inappropriate behavior during the visit. At the end of the visit, the child(ren) is escorted back to the custodial parent. The duration of each visit ranges from approximately one to three hours.

## KidSafe Project DOVE

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- *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 fee (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 p.m., 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.

### Program Resources

#### *Byrne Funding*

The KidSafe program receives Byrne grant funding in the amount of \$66,504 and provides matching funds of \$22,168. During the period July 1, 2003 through June 30, 2004, the program expended \$60,152 in federal funds, and \$20,051 in match funds. 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.

## KidSafe Project DOVE

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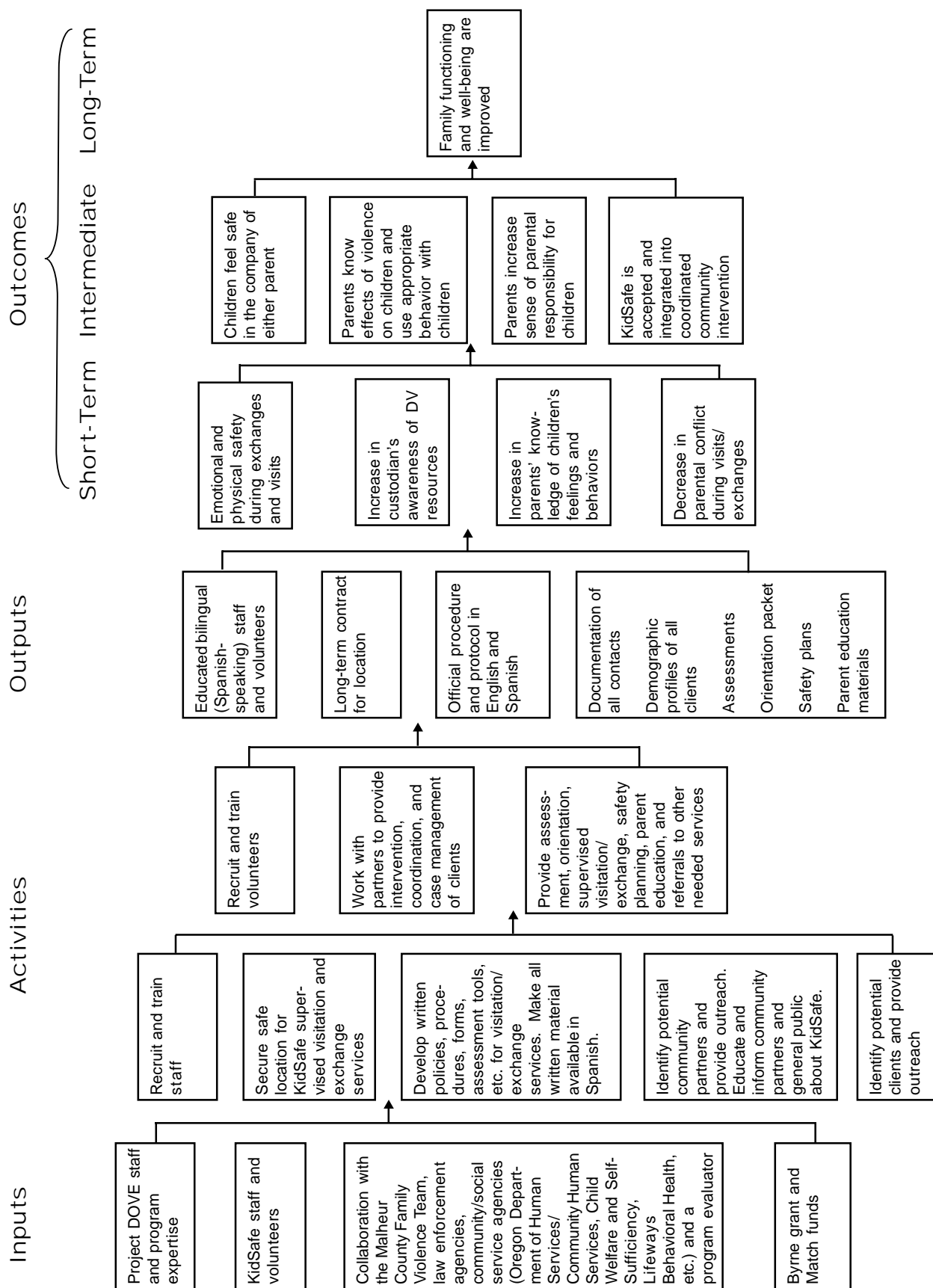
### *Program Staff*

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 is the Program Coordinator and acts as a direct supervisor for all program staff, while providing services for clients. 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.) A professor from the University of Oregon conducts program evaluation under contract with Project DOVE.

### *Collaboration*

The majority of key agency stakeholders in the KidSafe program come from the Malheur County Family Violence Team (FVT). The FVT members who signed the Memorandum of Understanding (MOU) to create the operational agreement for KidSafe are: Malheur County District Attorney's Office for offender prosecution and court liaison, Malheur County Community Corrections for probation enforcement and offender supervision, the Children, Adults and Families Office 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, including a family who is receiving services, meet bi-weekly to review each domestic violence case in Malheur County. Formal and informal referrals of potential clients are made to KidSafe through this multidisciplinary case management system.

# Program Logic Model Project DOVE-KidSafe



Program Descriptions Summary  
Domestic and Family  
Violence Prevention

## KidSafe Project DOVE

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### Program Progress

During the second program year from July 1, 2003 through June 30, 2004, KidSafe staff focused efforts on stabilizing the program structure and services while increasing and meeting the demand for program services. As a result of these efforts, staff were able to exceed most of the annual program goals and objectives this year. The program made significant improvements over the last year in various aspects of the program including increasing the number of clients served and services provided, expanding volunteer resources, and increasing outreach to underserved populations. A new Program Evaluator contracted this year implemented a client satisfaction survey with parents. Overall, the results indicated that the parents were very satisfied with KidSafe services. Additional evaluation activities included development of a community partner survey (to gain feedback to improve program services) and development of time-series parent surveys (to measure the impact of the program). These surveys will be implemented early next year.

### Process Evaluation

- *Clients served:* During the second program year, the KidSafe program provided 231 supervised visits for 18 families and 333 supervised exchanges for 12 families. A total of 84 children and 61 parents received program services. The program exceeded the annual goal of providing 150 supervised visits and 260 exchanges but did not meet its goal in terms of the number of families served. The annual goal was 22 families receiving visitation service and 18 families receiving exchange service. Although there were not as many families served as expected, the program made a significant improvement this year over the last year. Last year, the program provided a total of 19 families with 18 supervised visits and 73 exchanges. (The program will likely lower next year's objective in terms of serving the number of families to adequately reflect program capacity.)

Additionally, staff conducted intakes and orientations for a total of 100 parents this year; of those, 61 were eligible to receive supervised visitation or exchange services. During their intake and orientation sessions, all of the 100 parents received written and verbal education on the effects of domestic violence on children; 50 parent victims of domestic violence received additional education on safety planning. The annual program goal was to provide intakes and orientations for 75 parents and safety planning education for 20 victim parents.

Most of the time, the KidSafe program operated a standard 40 hours per week, opening from noon to 8 p.m., Wednesday through Sunday. Staff occasionally made after-hour arrangements to accommodate those parents whose visitation or exchange schedule did not fit within the regular program hours.

- *Efforts to stabilize the program:* In the second year, program staff focused on stabilizing the program structure and services while increasing the number of clients. This was accomplished through intensive community outreach, staff realignment, use of volunteers, and streamlining of program services.

## KidSafe Project DOVE

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- (1) *Community outreach* - The program continued to conduct outreach to community service providers. Staff made presentations about KidSafe services to the local bar association, court judges, churches, and attendees at parenting classes and conferences. Staff regularly attended the county's FVT meetings and Child Abuse Prevention Multi-Disciplinary Team meetings.
  - (2) *Staff realignment* - The intermediate-level Family Advocate hired last year became the Program Coordinator this year and provided oversight of other staff as well as working closely with clients, staff, and volunteers. A Volunteer Services Manager was hired to expand and manage volunteer resources. The Project DOVE Executive Director resigned and a new director was hired.
  - (3) *Use of volunteers* - The program utilized volunteer resources to meet the increasing demand for services. Fourteen volunteers were recruited, trained, and helped staff provide services this year. Four different trainings were conducted for volunteers this year. Training included modules on the effects of domestic violence on children, batterer tactics, and the connection between domestic violence and child abuse.
  - (4) *Streamlining program services* - The program created intake and orientation sessions for children, separate from parents. In the children's session, staff provided children with a tour of the program facility, informed them about the general program rules, assured them that their parents agreed to abide by the rules, and addressed their questions and concerns. Additionally, staff made special efforts to connect children with services available outside the KidSafe program. As a result, more clients were referred to a variety of community-based services such as mental health treatment, Project DOVE's children's safety planning groups, and education and support groups for adult victims of domestic violence.
- *Efforts to reach underserved populations:* The majority of KidSafe clients are rural, Hispanic, and low-income families. According to program intake data on 61 parent clients served this year, 56 percent were Hispanic, 95 percent were living in rural areas of Malheur County, and 30 percent had annual incomes of less than \$8,000 (only 20 percent had annual incomes over \$24,000). Although this client profile partly reflects the local community population, it is additionally the result of KidSafe's efforts to reach and accommodate underserved populations. Both of the KidSafe's Family Advocates are bilingual in English and Spanish with additional translators available through the local Department of Human Services office. Staff completed development of Spanish versions of program manuals this year that included program policies and procedures, intake and assessment forms, and outreach materials. Program brochures were distributed to the local Hispanic communities and service agencies including the Migrant Farm Worker's Council, Consulades de Mexico, and Oregon Legal Aid Services. The program utilized volunteers and Project DOVE's shelter van to provide transportation to the visitation center for some of the rural, low-income clients who did not have access to their own transportation.

# KidSafe Project DOVE

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## Outcome Evaluation

- *Safety of supervised visits and exchanges:* All of the 231 supervised visits and 333 exchanges provided this year were free of incidents of physical assault. According to staff's informal estimation, approximately 95 percent of the visits and exchanges were free of violation of program safety procedures and protocols. There were three occasions in which visiting parents had to be interrupted and reminded not to discuss certain issues. On two of these occasions, the parent immediately complied. On the other occasion, though, the police had to be called to escort the visiting parent off the property. The child was safe, the custodian parent was informed, and a letter was sent to the court regarding this violation and suspension of further visitation.
- *Client satisfaction survey:* The Program Evaluator implemented an annual client satisfaction survey from February 27 through April 4, 2004. Surveys were distributed to 18 parents; of those, 15 (seven custodial and eight visiting parents) returned the survey. Sixty-four percent of the respondents were Hispanic. The survey included a total of 17 questions, mostly phrased with a five-point Likert scale ("strongly agree" to "strongly disagree"). Overall, the respondents expressed a high degree of satisfaction with program services. One hundred percent of the 15 respondents agreed (or strongly agreed) that they were satisfied with KidSafe services; 93 percent agreed that they were treated with respect by KidSafe staff and were treated fairly by staff; 76 percent agreed that they had benefited as a parent by receiving program services. All of the respondents responded "no" when asked if they had safety concerns while receiving program services. All of the seven custodial parents agreed that both their child and they were benefiting from KidSafe services and were safer as a result of the services. Additional results of client satisfaction surveys will be presented when more data is available from next year's survey.
- *Other survey development:* In the beginning of this program year, Project DOVE contracted with a new Program Evaluator from the University of Oregon who is also the Program Evaluator for another Byrne-funded supervised visitation and exchange program (Kids First Alternatives Center). In consultation with the CJSD Evaluation Team, the evaluator focused on three main evaluation activities during the second year: (1) developing and implementing a parent survey to assess their satisfaction with KidSafe services, (2) developing time-series parent surveys to assess the impact of program services over time in terms of children's and victim parents' safety, their emotional and behavioral health and well-being, child-parent relationships, and domestic violence occurrence, and (3) developing a community partner survey to assess their satisfaction with the KidSafe program.

## Program Performance Measures and Outcomes

The performance measures for this program include:

- Percent of clients who report satisfaction with the program.
- Percent of clients who received safety planning.
- Percent of clients who report improved safety planning.



## KidSafe Project DOVE

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The outcomes for Project DOVE include:

- The program provided 40 hours per week of supervised visitation and exchange services.
- The program provided 231 supervised visits for 18 families and 333 supervised exchanges for 12 families.
- The program provided program intake and orientation for 100 parents.
- 50 non-offending parents received safety planning education.
- 100 percent of supervised visits and exchanges were free of physical violence and 95 percent were free of violation of program safety procedures and protocols.
- 2 program staff and 14 volunteers were trained on effective delivery of supervised visitation and exchange services. A Volunteer Service Manager was hired to expand and manage volunteer resources.
- According to program intake data on 61 parent clients served this year, approximately 55 percent were Hispanics, 95 percent were living in rural areas of Malheur County, and 30 percent had annual incomes of less than \$8,000. Staff completed development of Spanish-versions of program manuals.
- The program has a Memorandum of Understanding signed by eight stakeholders for the purposes of support and commitment to send referrals.
- An annual client satisfaction survey was conducted with 18 parents (seven custodial and eight visiting parents). The results indicated that all of the respondents were satisfied with KidSafe services.
- According to the annual client satisfaction survey, all of the custodial parents (seven) reported that both they and their child were safer as a result of KidSafe services and were benefiting from program services. Additionally, the program completed development of time-series surveys of program participants in order to assess the impact of KidSafe services on clients' safety and well-being. These surveys will be implemented next year.
- The program developed a community partner survey to assess their knowledge of KidSafe services and gain feedback to improve program services. This survey will be implemented next year.

### Lessons Learned

The major lesson learned from operation of the KidSafe program over the past two years 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.

For further information about this program, please contact Ms. Andrea Hammond at (541) 889-6316.

# Domestic Violence Intervention Services

## Hillsboro Police Department

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### Program Purpose

The purpose of the Domestic Violence Intervention Services program is to address the special needs of Latina domestic violence victims by providing victim services and educational programs. The program has a significant Latino population in its service area, comprising approximately 16 percent of the community population in the city of Hillsboro. Although some excellent resources exist for victims of domestic violence in Hillsboro, Latina victims are reluctant to seek out services due to cultural and language barriers, fears of deportation, and lack of awareness of available services. Furthermore, victims who are advised by police officers at the scene of the incident are often in a state of shock and confused and 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 Latino community.

The main goals of the program are to:

- Enhance the delivery of victim services.
- Provide victims rights education within the Latino community.
- Enhance police officers' response to Latina victims through domestic violence and cultural diversity training sessions.

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

- The Liaison will initiate phone contact with 48 Latina domestic violence victims identified through police reports a year (a minimum of four referrals per month from police reports) to determine service needs.
- The Liaison will provide short-term advocacy services (i.e. information about and referrals to community resources and information about legal rights) to 40 Latina domestic violence victims identified through police reports, on-scene contact, agency referrals, and self-referrals.
- The Liaison will provide case management services (three or more advocacy contacts) to 24 Latina domestic violence victims a year.
- The Liaison will facilitate a five-week group education session three times a year to increase Latina womens' knowledge of domestic violence issues, community resources, and their legal rights.
- 76 Hillsboro Police Department (HPD) officers will attend training sessions to enhance their response to Latina domestic violence victims.
- At least 50 percent of Latina domestic violence victims who receive short-term follow-up/case management services will report (1) gaining information about legal options and safety planning, and (2) receiving support and help in making decisions.
- At least 50 percent of Latina domestic violence victims who receive case management services will report receiving assistance with identified needs.

# Domestic Violence Intervention Services

## Hillsboro Police Department

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### Target Population

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

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

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

### Program Components

The main components of the Domestic Violence Intervention Services program are as follows:

- *Victim services:* Victim services include the provision of information and referrals, case management services, and advocacy services by the Liaison. The amount and duration of services provided varies for each client depending on her needs and can range from limited, one-time assistance to longer-term case management services. For women in need of more intensive services, the Liaison provides case management services that include assistance in obtaining restraining orders, housing, counseling, and U-Visa applications.
- *Outreach and education sessions:* Outreach and education services are conducted in the community with the aim of informing current and potential domestic violence victims about their legal rights and available resources. A five-week series of educational classes is offered three times a year. Topics covered in the educational classes include safety planning, breaking the cycle of violence, community resources, and legal rights/options. The classes are facilitated by the Liaison with guest speakers from domestic violence, social services, and legal programs.

In addition to these classes, the Liaison also rides along with police officers twice a week to provide outreach and education to domestic violence victims in the field.

- *Police officer training:* Training is provided to police officers in the areas of victims' rights, advocacy, and how to work with the Latino community. Two four-hour trainings on cultural diversity are offered annually. In addition to the cultural diversity training, an interagency domestic violence course for law enforcement is also provided. The "Advanced Domestic Violence Investigation" curriculum provides officers with the

## Domestic Violence Intervention Services Hillsboro Police Department

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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. During the period July 1, 2003 through June 30, 2004, the program expended \$31,691 in federal funds, and \$11,250 in match funds. The Hillsboro Police Department uses the majority of the funding to contract with the Domestic Violence Resource Center for a full-time Intervention Services Liaison who provides program services.

#### *Program Staff*

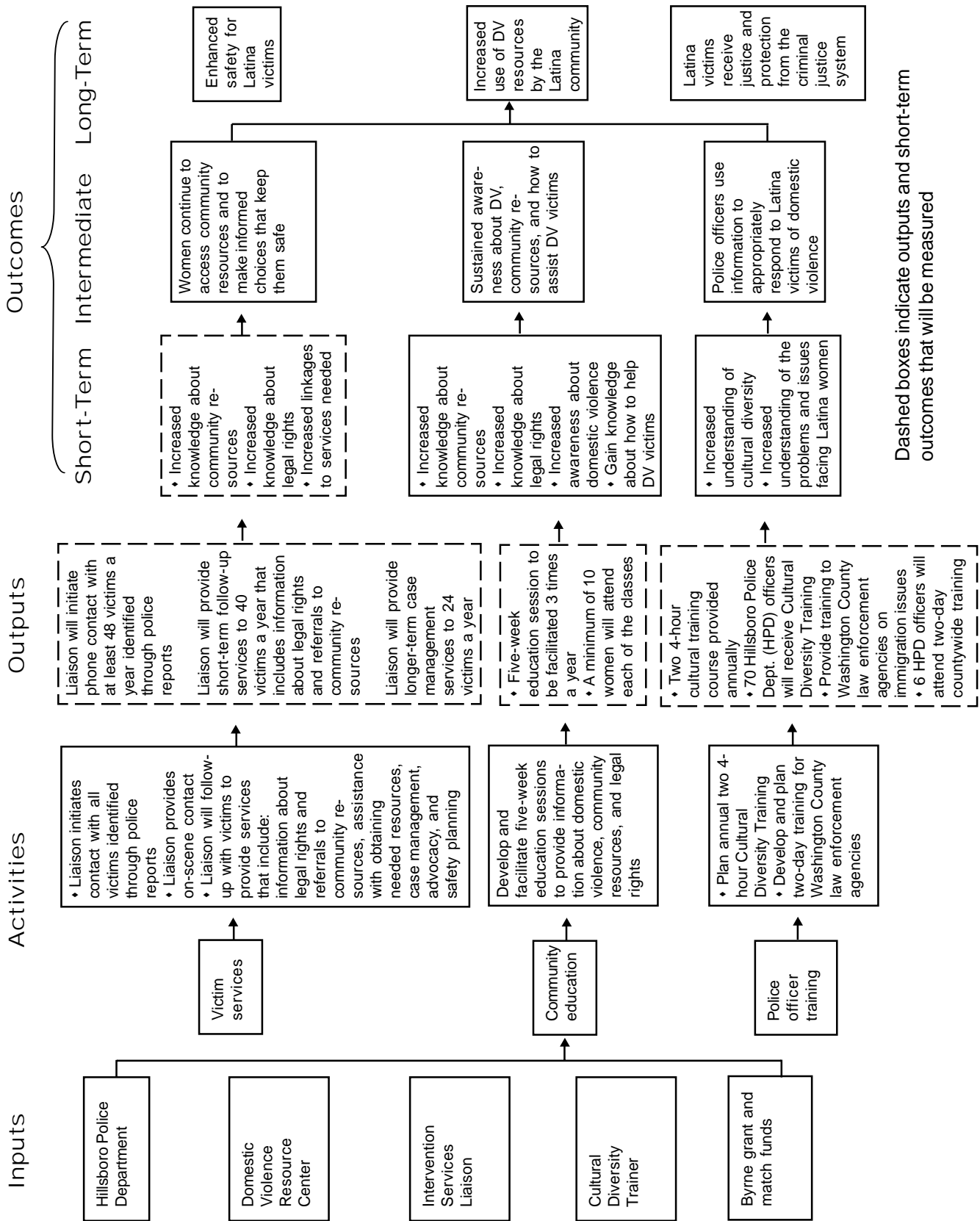
The Domestic Violence Intervention Services program is primarily staffed by the Intervention Services Liaison and the Project Coordinator. The Liaison is stationed at the police department and provides victim services and facilitates outreach/education activities. The Project Coordinator oversees the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

#### *Collaboration*

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

# Program Logic Model

## Hillsboro PD-Domestic Violence Intervention Services



# Domestic Violence Intervention Services

## Hillsboro Police Department

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### Program Progress

In its second year of funding, the program made good progress in meeting its goals and objectives. The program met or exceeded most of its second year program objectives. The program served 185 Latina domestic violence victims this year, which is a significant increase from last year (24 Latinas received program services in the first program year). This is the first full year of program implementation, and the Liaison, hired in April 2003, continues to provide follow-up services, case management and outreach, and education services to Latina women. During this year, the program conducted survey interviews with program clients, and the results were generally positive. Latina victims expressed satisfaction with the program and indicated that they had gained information about safety planning and legal options.

### Process Evaluation

- *Clients served:* From July 1, 2003 through June 30, 2004, the program served a total of 185 Latina victims of domestic violence; of those, 136 received brief, one-time advocacy services (e.g. provision of information and referrals), and 49 received case management services. Restraining order assistance was also requested by 51 percent of Latina victims (n = 94) during their brief contact with the Liaison or as part of case management. The annual objective for short-term advocacy was 40 Latina victims, and the annual objective for case management was 24 Latina victims.

Most of the women were referred to the program through police reports. The Liaison followed up on 156 police reports which involved Latina victims, and was able to initiate contact with 133 of these victims to provide program services (annual objective was 48 Latina victims). An additional 52 Latinas received program services and were referred from other agencies, self-referrals, or through on-the-scene response.

The program also provided one-time follow-up services to 310 non-Latina victims who were identified through police reports. The Liaison conducted telephone follow-up with these non-Latina women to provide information and referrals. This is a larger than anticipated number of victims who did not match the target criteria for program services. Reviewing the eligibility criteria for Byrne-funded program services is a priority in the next year. In addition, the department is addressing the large demand for victim advocacy services through establishment of a countywide Domestic Violence Response Team (DVRT). As part of the DVRT, volunteer advocates are being recruited and trained to provide domestic violence advocacy services to victims. HPD will be training volunteer advocates beginning in September 2004.

- *Case management services:* In April 2004, the program began collecting information about case management services, including the number of contacts and types of services provided. Preliminary data on the 24 Latina case management clients indicated that 71 percent of them had six or more contacts with the Liaison. With regard to service provision, all of the women (100 percent) received criminal justice advocacy (i.e. filing police report); 21 of 24 women received assistance with restraining orders and counseling/support; and 12 of 24 received advocacy for immigration issues.

## Domestic Violence Intervention Services Hillsboro Police Department

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- *Education sessions:* The program offered education sessions as planned, and it met its annual objective of facilitating the five-week education classes three times a year. For each of the five-week series, information was provided on safety planning, immigration and citizenship, and community resources. A total of 33 participants attended the education sessions, with average attendance for each class between five to 20 participants. Attendance was lowest during the third session and this drop in attendance was attributed to organizational changes and miscommunication. These issues have since been addressed.

Based on feedback from class participants, the Liaison modified the classes to provide additional information and resources. Participants expressed significant interest in learning more about English as a Second Language (ESL). While the focus of the program is not to provide ESL classes, it is important to demonstrate that the program is responsive to victim's needs-language is an especially large barrier for minority women who are victims of domestic violence. In February 2004, HPD partnered with Portland Community College (PCC) to provide weekly ESL classes at the HPD precinct. In the next year, the Liaison will continue to facilitate the education sessions, and HPD will partner with PCC to provide weekly ESL classes at the police precinct.

- *Police officer training:* A total of 68 police officers participated in trainings this year (the annual objective for training was 76 police officers). Fifty-six officers received cultural awareness training (specific to the Latino culture) and 12 officers participated in an eight-hour interagency "Advanced Domestic Violence Investigation" training. The Liaison developed and facilitated the interactive cultural awareness training. Training topics included the importance of culturally competent victim services, working with Latina victims, and cultural barriers to effective victim assistance. The Liaison was also an instructor at the "Advanced Domestic Violence Investigation" training, where she provided information on conducting an investigation when there is a language barrier.

In addition to these trainings, the Liaison was available to provide information and support to HPD police officers as needed. Stationed at the police precinct, the Liaison was accessible to the police officers and was available to provide information and support on an individual, level as well as during shift briefings.

During this past year, the Liaison gathered feedback from 132 Latina victims regarding their experience with police for domestic violence-related calls. This feedback will be used to identify areas where officers could benefit from additional training. With regard to their experience with police, women expressed overall satisfaction. Ninety-five percent of the women indicated that they were either "very satisfied" or "somewhat satisfied" with how the police responded to the last domestic violence incident. Women were also asked about various behaviors and demeanor of the police during the last domestic violence call, and to indicate if it occurred. From a list of 10 statements, 97 percent or more of the respondents endorsed the statements that the police did come to their house when they called for assistance, the police did seem to understand their problem was important, the police did not make them feel embarrassed or to blame, and that the police did not arrest them. The two statements that received the lowest endorsement pertained

## Domestic Violence Intervention Services Hillsboro Police Department

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to police officers providing information about counseling and shelters, and restraining orders. Forty-two percent of respondents indicated that they received information about counseling or shelters, and 63 percent reported they received restraining order information from the police officers.

- *Implementation issues:* The program encountered two major implementation issues this year: a significant decrease in available community resources due to budget cuts, and the police department's limited service capacity. During this year, several of the programs that HPD partners with have seen a reduction in their funding. This has resulted in a reduction of immigration services and housing options available for Latina victims of domestic violence. In addition, the Liaison provided victim services to a significant number of non-Latina women following a law enforcement contact, as there was no other staff or resources available. It is anticipated that once the DVRT advocates are trained and in the field, the Liaison can primarily focus on providing services to Latina victims of domestic violence. In the interim, volunteer staff are being used to alleviate some of the workload issues for the Liaison. Volunteer HPD staff provide clerical assistance to the Liaison and whenever possible assist with victims' paperwork.

### Outcome Evaluation

The program implemented two victim survey interviews to assess the outcomes associated with brief victim advocacy and case management services. The survey interviews were based on survey instruments developed at the University of Illinois to assess statewide advocacy services. The transitory nature of program services and the program's concerns of illiteracy among the Latino population guided the timing and the use of structured survey interviews. Because a large majority of women received only short-term assistance (often only one contact), the Liaison conducted the Intervention Services Survey interviews with victims at the end of their first advocacy contact (with the exception of on-the-scene crisis response). To assess the outcomes associated with case management services, the Liaison conducted the Extended Advocacy Intervention Services Survey interviews with victims at the end of their third advocacy contact. The survey methods used, however, have some limitations, which are important to keep in mind when interpreting the survey results. These limitations include having the Liaison conduct the interviews, and the absence of baseline data before receiving program services.

- *Interview surveys of Latinas who received brief advocacy services:* The Intervention Services Survey interviews began in April 2003. As of June 30, 2004, 132 of the 196 Latinas who received brief advocacy services participated in the survey interviews. The Intervention Services Survey interview contains questions that assessed: (1) knowledge about legal process, police response, restraining order, and safety planning; (2) knowledge about community resources; and (3) overall amount of information and support victims received.

Based on these survey interview data, Latina women reported that their knowledge about the legal process, restraining order process, and safety planning increased after participating in the program. Between 92 percent and 97 percent of Latina women reported having "much more" and "somewhat more" information about police response, the legal process, restraining order process, and safety planning as a result of having met with the Liaison. When asked about the level of information and support received



## Domestic Violence Intervention Services Hillsboro Police Department

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and the helpfulness of having the Liaison present to guide decision-making, Latina victims overwhelmingly responded positively. Ninety-one percent of Latina victims reported that they have “a lot” or “somewhat more” information, 92 percent reported that they received “a lot” or “some support,” and 91 percent reported that having the Liaison present helped them “a lot” or “somewhat” in making decisions.

- *Interview surveys of Latinas who received case management:* The Extended Advocacy Intervention Services Survey interviews began in April 2004 and to date, 24 case management clients (who have had three or more advocacy contacts with the Liaison) completed interviews. The Extended Advocacy Intervention Services Survey interview contains questions to assess: (1) knowledge of specific legal rights gained (i.e. victim cannot be deported for reporting domestic violence, victims will not be asked about their immigration status when reporting domestic violence, etc.); (2) overall amount of information and support victims received; and (3) amount of assistance received for getting specific services.

Preliminary survey data indicate that women enrolled in case management services received information, support, and assistance to get needed services from the community. On a four-point scale from “a lot more” to “no more”, all 24 women reported that they received “a lot more” information because someone was present to assist them. Furthermore, from the three response options of “true”, “false”, or “don’t know”, 100 percent of the women responded correctly to eight domestic violence-related factual questions pertaining to their legal rights (e.g. “A victim cannot be deported for reporting domestic violence”, “A victim’s immigration status is not an issue when applying for a restraining order”, “A victim will be asked about her immigration status when reporting domestic violence”). When asked about the amount of support using a four-point scale of “a lot” to “none at all”, all of the women indicated that they received “a lot” of support from the program. All of the women who identified needing assistance with the legal system (n=24), getting food, clothing or supplies (n=24), and counseling (n=23) indicated that the program helped them get the services that they needed. For women who indicated that restraining orders (n=20) and residency status/immigration issues (n=15) were relevant needs, all indicated that they had been helped “very much” with these service needs. Although there were fewer women who indicated needs with education (n=11), housing (n=11), medical needs (n=8), employment (n=6), or childcare (n=5), all of these women reported that they had been helped by the program with these needs.

These survey results should be interpreted with caution given the limitations of the structured interview method and the use of the post-only evaluation design. One of the weaknesses of the structured interview method is that the results can be biased. Interviewees may give socially desirable responses that make them look good or to give answers they think the Liaison would like to hear. Secondly, the program was not able to assess changes in client’s knowledge or attitudes, since there was no baseline survey conducted. For the majority of program clients who receive one-time services, the use of a pre-post survey would not have been feasible. In the next program year, the CJSD Evaluation Team will work with the program to modify its evaluation strategy. Priority will be placed on gathering better outcome data, which are feasible within the scope of limited evaluation resources and will provide more meaningful information to the program.

# Domestic Violence Intervention Services

## Hillsboro Police Department

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### Program Performance Measures and Outcomes

The performance measures for this program include:

- Number of training/education sessions.
- Number of training/education session participants.
- Percent of clients who report satisfaction with the program.
- Percent of clients who received safety planning.
- Percent of clients who report improved safety planning.

The outcomes for Domestic Violence Intervention Services include:

- The Liaison initiated phone contact with 133 Latina domestic violence victims identified through police reports to determine service needs.
- The Liaison provided short-term advocacy services (i.e. information about and referrals to community resources and information about legal rights) to 136 Latina domestic violence victims identified through police reports, on-scene contact, agency referrals and self-referrals.
- The Liaison provided case management services to 49 Latina domestic violence victims.
- The Liaison facilitated three five-week group education sessions to increase Latinas' knowledge of domestic violence issues, community resources, and their legal rights.
- 68 of 132 Hillsboro Police Department (HPD) officers attended training sessions to enhance their response to Latina domestic violence victims.
- More than 90 percent (22 of 24) of Latinas' receiving short-term follow-up/case management services reported having (1) gained information about legal options and safety planning, and (2) received support and help in making decisions.
- 96 percent (23 of 24) Latina domestic violence victims who received case management services reported receiving assistance with the legal system, restraining orders, residency/immigration issues, counseling, and getting food, clothing or supplies. However, less than 50 percent of Latina victims who indicated needing help with education, childcare, medical needs, substance abuse, or money problems reported that they received it.

### Lessons Learned

Lessons learned during the second year include the importance of community partnerships, having experienced staff, and establishing trust with the Latino community. During this year, relationships were developed between HPD and a number of agencies, including those that provide assistance with immigration issues, housing services, and education services. These relationships facilitated the provision of on-site ESL classes at the police department, and the development of the Domestic Violence Response Team. The bilingual/bicultural Liaison has also been a contributing factor to the success of the program. She has not only provided consistent staffing for this small-scale program, but her experience and significant contacts in the community have contributed to the success of the program. Lastly, the program is working on establishing trust within the Latino community through innovative outreach and education efforts. Nearly 20 percent of Latina victims who received program services this year were referred from other agencies or were self-referred.

For further information about this program, please contact Ms. Tina Sahnou at (503) 681-6195.

# VAWA Immigration Project

## Catholic Charities Immigration Services

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### Program Purpose

The purpose of the VAWA Immigration Project is to address the special needs of immigrants in Oregon who are victims of domestic violence. The program is designed to reach and educate immigrant victims of domestic violence, primarily Hispanics, and victim service providers about victims' rights under immigration law; to provide immigrant victims of domestic violence with legal 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 main goals of the program are to:

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

The specific objectives of the program are as follows:

- 200 immigrant victims of domestic violence will receive legal consultation and representation services regarding their legal immigration status.
- 200 immigrants and domestic violence service providers (e.g., advocates, police officers) will attend outreach/education sessions to increase their knowledge of VAWA immigration issues and resources.
- 300 potential program clients or domestic violence service providers will access a toll-free telephone line to receive information and consultations regarding domestic violence and immigration resources.
- A pro bono legal training program will be developed and training will be provided to 30 attorneys and interpreters on providing legal representation for immigrant victims of domestic violence.
- 90 percent of the legal cases represented by the program (for VAWA applications to gain legal immigration status) will be accepted by the U.S. Citizenship and Immigration Services (USCIS, formerly, the Bureau of Citizenship and Immigration Services).

# VAWA Immigration Project

## Catholic Charities Immigration Services

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- An annual survey of clients receiving legal consultation and representation services will indicate that:
  - (1) 90 percent of the clients are satisfied with their representation.
  - (2) 90 percent of the clients have a better understanding of legal options available to them.
- Pre- and post-program knowledge tests will be designed for the pro bono training program. Tests will be administered to participants to assess their increase in knowledge needed to assist and represent immigrant victims of domestic violence in the VAWA application process.

### 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 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) legal consultation and representation to assist immigrant victims of domestic violence, primarily Hispanics, in the process of gaining lawful immigration status, (2) outreach and education to educate immigrant victims of domestic violence and victim service providers about victims' rights under immigration law, and (3) a pro bono training program in which attorneys are trained to represent immigrant victims of domestic violence.

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

- *Legal consultation and representation:* Eligible immigrant victims of domestic violence receive legal consultation and representation services in the process of gaining lawful immigration status. These services include consultation, preparing applications and other

## VAWA Immigration Project Catholic Charities Immigration Services

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forms, corresponding with the U.S. Citizenship and Immigration Services (USCIS) and attending USCIS interviews and court appointments with the client. Legal consultation and representation services are delivered mostly by two VAWA Specialists with help from a pro bono Coordinator/attorney and a Program Manager/attorney.

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

The 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 clients that are waiting for a priority date.

Ongoing representation services for clients who wait to apply for permanent residency status include renewing their work authorizations and informing them of the progress of their immigration priority dates and new immigration relief available, if any. Additionally, referrals to domestic violence and other community agencies are provided for clients who are in need of services such as shelter placement, case management, or support groups.

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 helpful to law enforcement agencies in the prosecution of offenders may be eligible for a newly created U-Visa. The U-Visa allows victims to obtain temporary lawful residence that will eventually lead to permanent residence. Asylum may be granted for immigrants who establish a well-founded fear of being persecuted in the form of domestic violence after returning to their home country. According to the immigration law, all lawful residents who have been married to a U.S. citizen for less than two years are required to jointly petition with their spouse to remove the condition on their residence. However, in the case of separation due to domestic violence, victims can seek a waiver of this requirement.

## VAWA Immigration Project Catholic Charities Immigration Services

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- *Outreach and education:* Outreach and education activities are targeted at both potential immigrant victims of domestic violence and service providers. A VAWA Specialist travels statewide to conduct outreach and education for low-income, immigrant communities on: domestic violence, the VAWA and U.S. immigration law, victims' rights, and services available for victims. Public Service Announcements are broadcast, mainly in Spanish, regarding rights under VAWA, as well as other 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 to enable 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 and one-half hour education sessions for both potential immigration victims of domestic violence and service providers.

- *Pro bono training program:* In the pro bono training program, non-immigration attorneys and interpreters are trained through one full-day session to assist and represent immigrant victims of domestic violence in the legal process of self-petitioning under VAWA. The pro bono training program was developed and started in the third program year. At least one training session will be held every year.

### 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. During the period July 1, 2003 through June 30, 2004, the program expended \$142,991 in federal funds, and \$43,886 in match funds. The funding is distributed among five primary staff members.

#### *Program Staff*

The VAWA Immigration Project has five primary program staff members: two VAWA Specialists, a pro bono Coordinator/attorney, an Administrative Assistant, and a Program Manager/attorney. All of the staff are fluent in English and Spanish. All staff except the Administrative Assistant can appear in immigration court, either as an attorney or a fully-accredited representative. All legal staff carry a caseload. The caseload is allocated based on geographical location of clients and the nature of the case involving domestic violence. Two VAWA Specialists respectively cover rural Oregon and the vicinity of the Portland metropolitan area. The pro bono Coordinator covers the Portland metropolitan area, while coordinating the pro bono training program. The Program Manager handles cases that are not straightforward self-petitions but involve domestic violence, while providing training and supervision for staff. The Administrative Assistant provides clerical assistance with cases and other administrative support. A professor from Portland State University conducts program evaluation under contract with Catholic Charities Immigration Services.

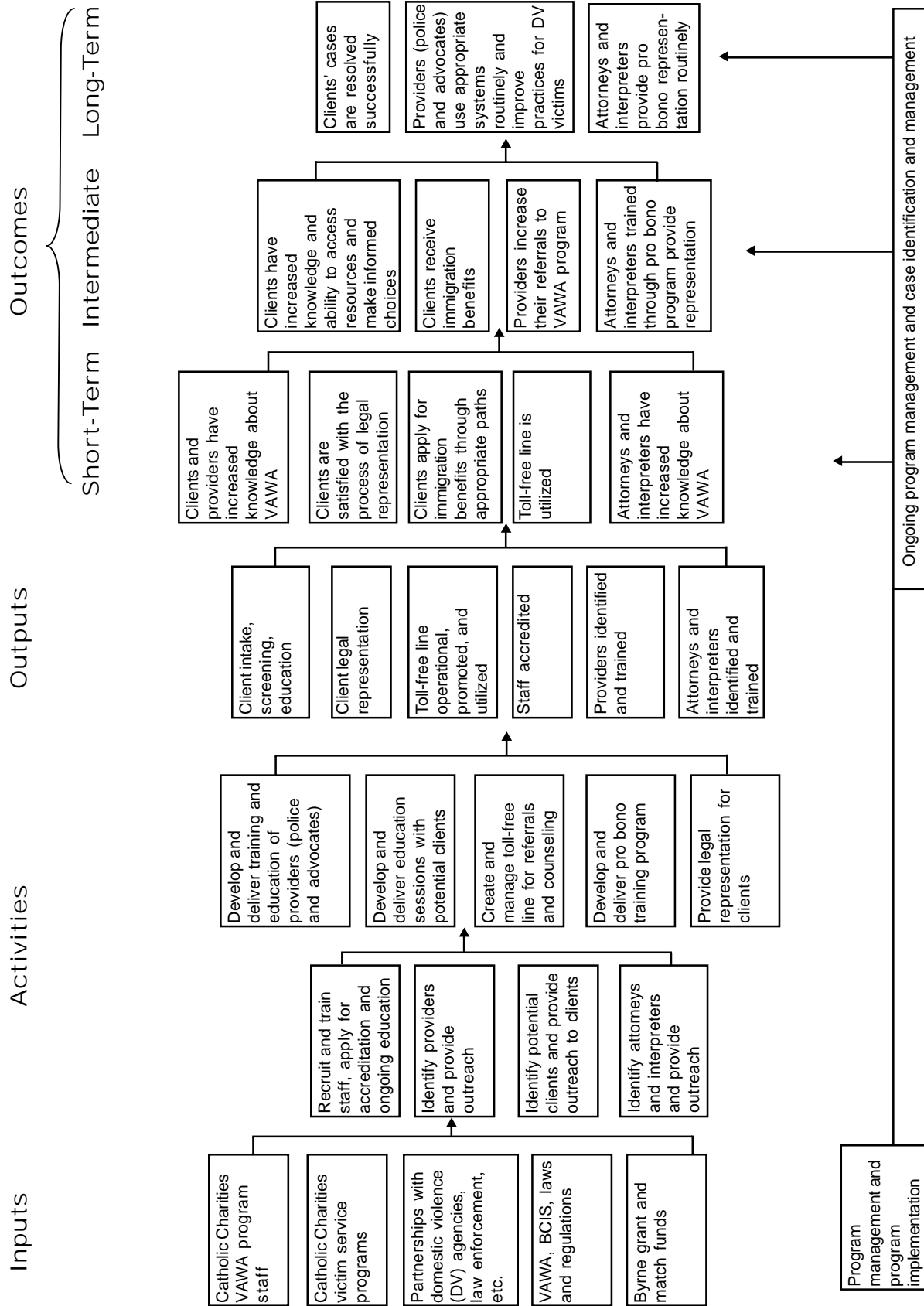
## VAWA Immigration Project Catholic Charities Immigration Services

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### *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/Children, Adults, and Families; offices of Legal Aid Services of Oregon, St. Andrews Legal Clinic, and St. Matthews Legal Clinic which provide immigrants with pro bono legal referrals for civil legal action; and Latina advocacy programs, law enforcement agencies, and health care clinics throughout the state.

## Program Logic Model VAWA Immigration Project





# VAWA Immigration Project

## Catholic Charities Immigration Services

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### Program Progress

During the third year of funding, the VAWA Immigration Project progressed well toward achieving grant goals. The program met or exceeded most of the third-year objectives. The Program Manager and the pro bono Coordinator joined the program this year. Staff continued to focus on providing legal consultation and representation services for immigrant victims of domestic violence while conducting outreach and education activities for immigrants and service providers. Staff also initiated a long-delayed pro bono training program this year. Preliminary results of program evaluation were positive in general and included: a high rate of successful VAWA applications for immigration, a high level of satisfaction among clients who received legal consultation and representation services, and an increase in knowledge in targeted areas among those who participated in the program's education sessions.

### Process Evaluation

- *Clients served:* During the third program year, the VAWA Immigration Project exceeded all but one of the annual objectives in terms of the number of clients served. The program provided legal consultation for 298 potential immigrant victims of domestic violence; of those, 228 were eligible for and received legal representation services to apply for lawful immigration status. (The annual objective was to provide legal consultation and representation services for 200 clients.) The program provided 24 outreach and education sessions for 537 immigrants and domestic violence service providers to improve their knowledge on the VAWA and U.S. immigration law. Through the program's toll-free telephone line, staff provided assistance to 504 callers who were either potential program clients or service providers. Staff conducted the first pro bono training session this year for 14 attorneys and interpreters.
- *Legal consultation and representation:* During the third year, staff continued to meet the increasing demand for legal consultation and representation services. These services are the core VAWA Immigration Project services designed to assist immigrant victims in the process of gaining lawful immigration status. The increasing demand was met because original staff members (two VAWA Specialists and the Administrative Assistant) brought stability to the program while new staff (the Program Manager and the pro bono Coordinator) were added. In addition, both of the VAWA Specialists upgraded their "partial" accreditation status with the Board of Immigration Appeals to the "full" status this year. With a "partial" accreditation status, the Specialists represented clients with the USCIS by preparing and submitting documentation to the USCIS and accompanying them to various USCIS interviews. With a "full" accreditation status, the Specialists are additionally allowed to appear and represent clients in immigration court.

Of the 298 clients who received consultation and whose demographic data were available: 100 percent were immigrants, 89 percent were Hispanic, 82 percent were female, and 35 percent were under the age of 18.

There were two potential barriers to program participation. One barrier was the long and complicated nature of the legal immigration process (which the program has no control over). The U.S. Citizenship and Immigration Services currently has a nine to 12-month backlog to process immigration applications for approval. There is an additional legal waiting period that ranges from approximately one to 10 years or more for actual

## VAWA Immigration Project Catholic Charities Immigration Services

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allowance of legal immigration status, depending on the status of offenders and victims of domestic violence. Because of the long and complicated legal process, victims may be unwilling to participate in the program and return to their abusive spouse. The second potential barrier to program participation is related to the inherent difficulties in helping victims of domestic violence. Some of the potential clients identified by the program do not follow through on gathering documents in their cases. These clients tend to be very depressed or incapable of completing the tasks necessary for gaining legal immigration status. In order to remove this barrier, staff have made an effort not to overwhelm clients with many tasks at the first consultation and have referred them to appropriate social services including mental health and other support services.

- *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. Staff conducted 24 one and one-half hour education sessions for 287 immigrants and 252 domestic violence service providers. 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.

The number of immigrants who participated in the education program this year almost tripled. This increase was most likely due to the new curriculum implemented since late last year that extends the VAWA-focused topics of the old curriculum to include general immigration law as well. The purpose of implementing the new curriculum was to attract a larger immigrant population after staff realized that many of the immigrants' spouses did not favor the immigrants' being exposed to or gaining knowledge about domestic violence-related issues solely.

Utilization of the toll-free telephone line increased significantly this year as staff resumed outreach and education sessions throughout the state. There were 504 callers this year, compared to 50 last year. Throughout education sessions, the VAWA Specialists continue to distribute their business cards and program brochures that post the toll-free line number.

- *Pro bono training program:* Staff conducted the first pro bono training program session this year for nine attorneys and five interpreters. Initiation of the pro bono training program had been delayed over a year, due to staff turnover and lack of program resources. In collaboration with Miller Nash LLP, a well-known Pacific Northwest law firm, the newly hired pro bono Coordinator and the committee developed the curriculum and materials for the program, and conducted a full-day training session. The Oregon State Bar Association approved the training for 6.5 continuing legal education credits. Throughout the training session, participants learned how to assist and represent immigrant victims of domestic violence in the legal process of gaining lawful immigration status under VAWA.

# VAWA Immigration Project

## Catholic Charities Immigration Services

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### Outcome Evaluation

- *Successful completion of applications for immigration:* Since the beginning of the program, the program has submitted VAWA applications for legal immigration status for 141 families (including 55 this year). To date, none of these applications have been denied by the USCIS. Of the 141 applications, 68 were approved and 73 are awaiting approval. In comparison, the national approval rate of VAWA applications was 78 percent in 2003 and 84 percent in 2002.
- *Mail survey of legal consultation and representation clients:* The Program Evaluator from Portland State University conducted an annual mail survey of clients to assess their satisfaction with legal consultation and representation services. The survey was mailed to 189 clients in July 2003. Thirteen percent (n= 25) were returned by the post office with incorrect addresses. Forty percent (n= 66) of the 164 clients with correct addresses returned a completed survey.

Overall, most (82 percent) of the respondents were satisfied with the services offered by Catholic Charities. The vast majority of respondents were satisfied with program staff's prompt service provision (91 percent of the respondents) and respect for their privacy (92 percent). Most reported a better understanding of their cases (91 percent) and legal options (93 percent) because of the program services. Most (88 percent) pursued their legal cases after meeting with staff. In addition, respondents reported that as a result of receiving program services, they felt safer (76 percent) and became more hopeful about their future legal status (80 percent).

- *Pre- and post-program knowledge tests of education and training participants:* In the past two years, the program assessed the effects of the education program for immigrants and service providers by administering pre- and post-program knowledge tests to participants. The knowledge tests consisted of 11 "true or false" questions about VAWA-related immigration issues and legal options and procedures. Tests were administered to a total of 215 participants in 17 education sessions. Of those, 203 completed pre- and post-tests. After one and one-half hour education sessions, participants improved their knowledge by scoring better on the post-tests. (The average post-test score was 88 percent and the average pre-test score was 74 percent.)

Due to limited evaluation resources, administration of pre- and post-program knowledge tests was discontinued this year for education sessions for immigrants and service providers. Later in the year, the evaluation resources were used to evaluate the pro bono training program. The Program Evaluator developed similar pre- and post-knowledge tests and staff administered them to all of the 14 participants in the first pro bono training session. Preliminary analysis of the test data indicated an overall improvement in participants' knowledge needed to assist and represent immigrant victims of domestic violence in the VAWA application process. Specific results will be reported next year.

# VAWA Immigration Project

## Catholic Charities Immigration Services

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### Program Performance Measures and Outcomes

The performance measures for this program include:

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

The outcomes for Catholic Charities Immigration Services include:

- A total of 298 immigrant victims of domestic violence received legal consultation and representation services regarding their legal immigration status.
- A total of 285 immigrants and domestic violence service providers (e.g., advocates, police officers) attended outreach/education sessions to increase their knowledge of VAWA immigration issues and resources.
- A total of 504 potential program clients or domestic violence service providers accessed a toll-free telephone line to receive information and consultations regarding domestic violence and immigration resources.
- One pro bono legal training program was provided to nine attorneys and five interpreters on providing legal representation for immigrant victims of domestic violence.
- 100 percent of the legal cases represented by the program (for VAWA applications to gain legal immigration status) have been accepted by the U.S. Citizenship and Immigration Services (USCIS, formerly, the Bureau of Citizenship and Immigration Services).
- An annual survey of clients receiving legal consultation and representation services indicated that:
  - (1) 82 percent of the clients are satisfied with their representation.
  - (2) 93 percent of the clients have better understanding of legal options available to them.
- Due to limited evaluation resources, administration of pre - and post-program knowledge tests were discontinued for this year.

### Lessons Learned

The main lesson learned from the 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, experience, and teamwork, 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 in the second program year, the two original VAWA Specialists were able to handle the increasing workload by utilizing their accumulated knowledge and experience. The Program Manager and the pro bono Coordinator who joined the program this year worked well with the existing staff as a team and provided support, when needed. By timing the initiation of the pro bono training program and modifying the education curriculum for immigrants, the program was able to maintain stability, expand, and attract more clients.

For further information about this program, please contact Ms. Siovhan Sheridan-Ayala at (503) 231-4866.

# Enhance Shelter Services

## Women's Safety and Resource Center

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### Program Purpose

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

The Enhance Shelter Services program includes case management and enhancement activities including support and education groups, yoga classes and other exercise opportunities, and a peer buddy system. Case management services are offered by two full-time staff. Prior to the inception of the Enhance Shelter Services program, the shelter was staffed with a .35 FTE Shelter Manager and a .25 FTE Family Advocate. There was no case management structure at the shelter. 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's goals are to:

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

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

- 90 percent of domestic violence victims in shelter will receive an initial client/needs assessment by the end of the first working day after admission.
- 90 percent of domestic violence victims in shelter will receive assistance with creating, updating, or reviewing/maintaining safety plans.
- 90 percent of domestic violence victims in shelter for seven or more days 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 three or more days will receive information about and/or a referral to a community resource.
- 90 percent of enhancement activities will be provided as planned: daily Morning Circle; weekly Peer Counseling Training, weekly Mindfulness session, twice weekly yoga, and weekly support group.
- 90 percent of domestic violence victims in shelter will participate in at least one enhancement activity during their stay.
- 85 percent of domestic violence victims in shelter will report 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 developed will help them stay safe as measured by post-shelter surveys.

## Enhance Shelter Services Women's Safety and Resource Center

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- 75 percent of domestic violence victims will report increased knowledge about, and access to, community resources as measured by post-shelter surveys.
- 75 percent of domestic violence victims in shelter for 14 or more days will report benefiting from participation in enhancement activities as measured by post-shelter surveys.

### Target Population

The Enhance Shelter Services program serves women in need of shelter who are fleeing violent relationships in Coos County. Women are screened to determine their ability to live in a communal environment. Screening criteria includes an assessment of intoxication from alcohol or illegal substances, and severe mental impairment needing constant monitoring and care. Women must be non-aggressive, non-violent, non-suicidal, cooperative, and drug-free. While in the shelter (Chloe House), program participation in the shelter's enhancement activities is voluntary; however, all shelter residents receive case management services.

Potential program participants can be referred through self-referrals or from a community partner such as the Oregon Department of Human Services (DHS)/Children, Adults and Families, DHS Self Sufficiency 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 including 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 a public pool and exercise room. 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 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.
  - (a) *Peer buddy system:* When the client enters the shelter she is introduced to another shelter resident. This buddy provides the initial shelter orientation tour and provides the new client with an immediate connection. This buddy introduces her into the current shelter culture, helps her to become connected, and reduces the feeling of isolation.

## Enhance Shelter Services Women's Safety and Resource Center

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- (b) *Morning Circle*: This information and group sharing time, which is held every morning for 20 to 40 minutes, is designed so that shelter residents and staff can check-in with each other on a daily basis.
- (c) *Peer Support Counseling Group*: This group is designed to support clients' attempts to counsel each other and to help clients communicate more effectively during their own advocacy or therapy sessions. The emphasis of the group is on communication skills and boundary setting. The weekly group provides instruction and exercises related to constructive interaction, self-awareness, communication, problem-solving, issues pertaining to loss, counseling, and stress management.
- (d) *Yoga*: This component is designed to allow clients to reconnect with their bodies and to provide clients with tools for relaxation and stress reduction. Instructors use Hatha Yoga stretches and poses to increase the body's circulation and to facilitate the release of tension. Two 90-minute yoga sessions are offered in the shelter weekly, providing women with a form of exercise and opportunities for gaining personal strength.
- (e) *Mindfulness Group*: This group consists of weekly one-hour sessions on creating and sustaining healthy boundaries, managing emotions, and mindfulness. Topics include learning how to take responsibility for feelings and self, how to deal with emotional distress, how to focus on the present moment, and how to stop blaming or projecting guilt. Because it addresses building effective relationships, the Mindfulness Group complements information from the Peer Support Counseling Group and enhances the peer support network within the shelter.
- (f) *It's Not OK Anymore (INOKA) support group*: This weekly psycho-educational group offers support, information, and education about domestic violence issues. INOKA is designed to empower women by increasing their knowledge about abuse, safety planning, and awareness of themselves. The program consists of 12 group sessions divided into three topics: Ending Abuse, Taking Charge, and Loving Yourself.
- (g) *Pool/exercise 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.

## Enhance Shelter Services Women's Safety and Resource Center

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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).

The shelter had initially proposed to use some of the Byrne funding for a children's advocate who would facilitate play groups and children's education sessions. It was discovered, however, there were not always children in the shelter and it seemed to be a more efficient use of Byrne funding to have two full-time Case Managers (instead of 1.5 FTE). The program opted to provide respite childcare through a local daycare facility and to use other program funding to facilitate safety planning and domestic violence education with children.

### Program Resources

#### *Byrne Funding*

The Enhance Shelter Services program receives Byrne grant funding of \$69,131 and provides matching funds of \$23,044. During the period July 1, 2003 through June 30, 2004, the program expended \$74,070 in federal funds, and \$24,690 in match funds. The Women's Safety and Resource Center uses the majority 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 funded 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.

#### *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)/Children, Adults and Families; A&D providers; mental health providers; and 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

- 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 for match
- Maintained shelter facility
- Assembled staff, including Case Managers, yoga instructors, and other group facilitators
- Acquired supplies, including INOKA workbooks, daily planners, yoga mats, journals, and pens

Program Descriptions Summary  
Domestic and Family  
Violence Prevention

## Enhance Shelter Services Women's Safety and Resource Center

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### Program Progress

During the third year of Byrne funding, the Enhance Shelter Services program made good progress in meeting its goals and objectives. All program components and evaluation activities were implemented as planned. No major program changes occurred this year, and all enhancement activities were conducted on a regular basis. There was no turnover in group facilitators or case managers, which contributed to consistent program services and a stable shelter environment. Evaluation activities were focused on the fine-tuning of data collection procedures, the tracking of program objectives more accurately and the administration of the shelter exit survey. Based on survey results to date, shelter residents generally indicate that as a result of the program, they have gained knowledge about domestic violence, learned about community resources, developed a safety plan, and have benefited from the group enhancement activities.

### Process Evaluation

- *Clients served:* From July 1, 2003 to June 30, 2004, there were a total of 64 female victims of domestic violence sheltered. Of these 64 women, 60 were new shelter residents and four were existing residents. At the end of June 2004, 59 of the 64 women had exited the shelter. Of the 64 domestic violence victims sheltered this year, 61 received at least one case management service: initial needs assessment, case planning, information about and/or referrals to community services, or safety planning; and 59 domestic victims received at least one enhancement activity during their stay. With the exception of safety planning, the program met its objective pertaining to needs assessment, case planning, information and referrals, and enhancement activities.
- *Client profile:* The Women's Safety and Resource Center delivered program services to its target population – victims of domestic violence residing in the shelter. Based on shelter intake information (n=60) and exit information (n=59), the Women's Safety and Resource Center served a diverse group of women last year in terms of race/ethnicity, ages, service needs, and length of stay.
  - (1) Nearly one-third of the shelter residents were women of color (30 percent), and a little more than two-thirds of the women were White. Sixty-five percent of the shelter residents were between the ages of 25 and 44, and 33 percent were equally distributed in the age categories of 18 to 24 and 45 to 54, and the remaining two percent were between 55 and 64.
  - (2) 45 percent of women had children with them in shelter. Slightly more than a quarter (27 percent) of the women identified themselves as having a mental health, drug or alcohol problem at intake. Eighty-eight percent were not employed, and 62 percent were receiving public assistance.
  - (3) Based on shelter exit information, 51 percent (30 women) stayed in shelter less than one week. Of the 59 women who left shelter, 29 percent stayed in the shelter two or less days, 22 percent stayed between three and six days, 10 percent stayed between seven and 13 days, 17 percent stayed between 14 and 30 days, and 22 percent stayed more than 30 days.

## Enhance Shelter Services Women's Safety and Resource Center

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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 facilitated three groups in the evenings, allowing women to attend who had scheduling conflicts during the day. The yoga instructor worked with women who had physical limitations to modify the yoga exercises. For example, during yoga, the facilitator might encourage these women to sit and follow the deep breathing and relaxation exercises.

- *Program Implementation:* Based on case management records and group attendance sheets, the program met five of its six output objectives during this program year.
  - (1) 95 percent of domestic violence victims (57 of 60) who entered the shelter this year were provided with an initial client/needs assessment by the end of the first working day after shelter entry.
  - (2) 67 percent of domestic violence victims (40 of 60) who entered the shelter this year received assistance with creating, updating, or reviewing their safety plans. Program staff continue to work on more consistently providing and documenting safety planning services.
  - (3) 90 percent of domestic violence victims (28 of 31) 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.
  - (4) 86 percent of domestic violence victims (55 of 64) in the shelter received information about and/or referrals to community resources.
  - (5) 98 percent of all group enhancement activities were provided as planned. Cancellation of group activities (a total of eight scheduled activities were cancelled) generally occurred during holidays or when staffing of an activity was in transition.
  - (6) 93 percent of domestic violence victims (55 of 59) participated in at least one enhancement activity during their stay. The annual objective was 75 percent. The four women who did not participate were in the shelter for one night or less.

### Outcome Evaluation

The Chloe House Survey, implemented since March 2003, measures the main program outcomes of: (1) increased knowledge about and access to community resources; (2) safety planning; (3) increased knowledge about domestic violence; and (4) effects of the enhancement activities. The self-administered surveys are distributed to women with shelter stays of at least

## Enhance Shelter Services Women's Safety and Resource Center

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three days, at or near the time of their departure from the shelter. However, during this year, the Chloe House Survey was not administered for three months due to WSRC's participation in a statewide shelter study. For this three-month period, the program administered only the statewide shelter survey, as most of the questions were similar and measured the same outcomes as those in the Chloe House Survey. For program specific questions related to the enhancement activities, a one-page insert was added to the statewide shelter survey.

As of June 30, 2004, Chloe House Surveys (or the statewide shelter surveys) were completed by 34 women, representing a 48 percent response rate. The program will continue to administer the Chloe House Survey in year four to assess and monitor the program's progress in achieving its goals. Survey data available to date indicates that the program is achieving the following outcomes (the denominator for each of the questions varied due to missing responses or "does not apply" responses):

- *Knowledge about and access to community resources:* 91 percent of survey respondents (31 of 34) indicated that the shelter staff helped them to find out about community resources, and that the shelter staff helped them to get assistance from community resources. A total of 82 percent of respondents agreed with the statement that they know more about various resources and options in the community because of using the shelter's services. The annual objective for knowledge about and access to community resources was 75 percent.
- *Safety planning:* Eighty-eight percent of survey respondents (15 of 17) indicated that the safety plan they developed would help them stay safe (annual objective was 75 percent for helpfulness of safety plan). Furthermore, 84 percent of survey respondents (26 of 31) indicated that staff helped them with safety planning. The statewide survey only included one of the two safety planning questions from the Chloe House Survey, hence the denominators for the two safety planning questions were different. Safety planning rates based on the surveys were similar to those documented in case management records.
- *Knowledge about domestic violence:* Overall, 90 percent of survey respondents indicated that they gained new information about domestic violence and its effects. The annual objective was 85 percent. More specifically, 81 percent of survey respondents (26 of 32) stated that they learned new ways to deal with the effects of the abuse; 91 percent (29 of 32) stated that they have a better understanding about the effects that abuse has had on their life; and 97 percent (31 of 32) stated that they have a better understanding that the violence/abuse is not their fault.
- *Benefits of enhancement activities:* The enhancement activity that was most attended and received the highest rating was the INOKA psycho-educational group. Ninety-six percent of the participants (29 of 30) reported that they benefited from the INOKA group. Swimming was the least attended activity, and it received the lowest rating. Sixty-four percent of the participants (9 of 14) perceived swimming to be beneficial. Ratings of the other enhancement activities are as follows: 80 percent of participants (24 of 30) reported yoga as beneficial; 82 percent of participants (23 of 28) reported the Mindfulness Group as beneficial; 90 percent of participants (27 of 30) reported Morning Circle as beneficial; and 93 percent of participants (27 of 29) reported Peer Counseling Group as beneficial.

## Enhance Shelter Services Women's Safety and Resource Center

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All enhancement activities, except for swimming, were perceived to be beneficial for more than 80 percent of the participants regardless of their length of stay (the annual objective was 75 percent for shelter residents in shelter for 14 or more days).

More than 80 percent of survey respondents also indicated that they learned new ways to take care of their bodies (26 of 32), became more aware of their strengths (27 of 32), and learned how to better support other women who had also been abused (30 of 32). These are all elements that are emphasized throughout all of the group enhancement activities.

### Program Performance Measures and Outcomes

The performance measures for this program include:

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

The outcomes for Women's Safety and Resource Center include:

- 96 percent of domestic violence victims in shelter received an initial client/needs assessment by the end of the first working day after admission.
- 80 percent of domestic violence victims in shelter received 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 received assistance with developing a case plan outlining their goals.
- 85 percent of domestic violence victims in shelter for three or more days received information about and/or a referral to a community resource.
- 98 percent of enhancement activities were provided as planned.
- 93 percent of domestic violence victims in shelter participated in at least one enhancement activity during their stay.
- 90 percent of domestic violence victims in shelter reported gaining knowledge about domestic violence as measured by post-shelter surveys.
- 80 percent of domestic violence victims in shelter reported that the safety plan they developed helped them stay safe as measured by post-shelter surveys.
- 91 percent of domestic violence victims reported increased knowledge about, and access to, community resources as measured by post-shelter surveys.
- 80 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.

## Enhance Shelter Services Women's Safety and Resource Center

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### Lessons Learned

One of the key factors to the successful implementation of the program and the evaluation activities has been the leadership provided by the Program Director from the onset. Her leadership resulted in hiring and maintaining shelter staff who are committed to providing holistic services and is engaged in the evaluation process. The support of the external evaluator has also contributed to the success of the program. During this past year, the external evaluator communicated regularly with the Program Director and provided regular feedback to program staff based on findings from the evaluation activities. Based on the feedback, program staff was able to identify service areas as well as data collection procedures that needed to be improved. One of the areas identified was the need for improvement in providing and documenting safety planning services.

During this past year, more than half of the shelter residents (51 percent) stayed at the Chloe House shelter for less than one week. Given the short shelter stay, shelter staff have identified strategies for providing safety planning and resource referrals as early as possible and whenever possible. Safety planning is being addressed during the shelter intake process with the case manager as well as initiated during the shelter screening process and addressed in the INOKA group. The program also encourages women who have exited the shelter to continue their participation in all of the enhancement activities.

For further information about this program, please contact Ms. Judy Moody at (541) 756-7864.

# Domestic Violence Misdemeanor Supervision and Supervision Enhancement Program Clatsop County Community Corrections

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## Program Purpose

The Domestic Violence Misdemeanor Supervision and Supervision Enhancement Program (Domestic Violence Supervision Program) is designed to increase the safety of domestic violence victims while providing specialized supervision and services to domestic violence offenders. The releasing authority (Parole Board, Circuit Court, or Local Supervisory Authority) mandates Domestic Violence Supervision Program participation for offenders placed under formal supervision for a domestic violence or domestic violence-related offense. All felony domestic violence cases are assigned to the Domestic Violence Supervision Program, while Class A and B misdemeanor offenders are admitted to the program based on availability of caseload hours. In most cases, the domestic violence probation officer is able to admit misdemeanor offenders to the program. The Domestic Violence Supervision Program comprises three primary components: enhanced supervision, treatment services, and victim services.

The primary goals of the program are to:

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

The specific objectives of the program are as follows:

- 100 percent of all new offenders will undergo a domestic violence intake and assessment and will have supervision provided by the domestic violence probation officer.
- 100 percent of offenders who violate supervision by having unauthorized contact with the victim will have action taken via interventions, sanctions, etc.
- 100 percent of offenders with a condition to undergo a domestic violence treatment assessment will be referred for an assessment for domestic violence treatment services, with funding available for indigent offenders.
- 100 percent of offenders assessed as needing domestic violence treatment will complete domestic violence treatment before successfully completing the program.
- 100 percent of offenders who exhibit a need for other treatment services will be referred to appropriate treatment programs for assessment.
- 20 percent of referred offenders will complete other treatment services.
- The domestic violence probation officer will attend a minimum of one domestic violence treatment group session per month.
- Offender felony and misdemeanor rates for all crimes will decrease by 20 percent compared to all other offenders on supervision as a result of the program. Clatsop County felony recidivism rates are 25 percent, so this would constitute a reduction to 20 percent recidivism.
- Domestic violence re-offense 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

# Domestic Violence Misdemeanor Supervision and Supervision Enhancement Program Clatsop County Community Corrections

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

- *Enhanced supervision:* The program offers enhanced supervision through the following elements: increased levels of supervision, specialized training for the supervising officer, standardized domestic violence intake (SARA) monitoring of compliance with domestic violence treatment, polygraph and urinalysis testing as indicated, and imposition of sanctions for any unauthorized offender/victim contact. Regardless of offenders' assigned risk level, the Domestic Violence Supervision Program moves all offenders to a medium or high level of supervision for the first three months. The domestic violence probation officer also generally exceeds the Oregon Case Management System minimum contact standards for medium and high risk offenders, to provide high intensity supervision. The domestic violence probation officer conducts a SARA intake with each offender at program entry in order to develop an offender case plan and verify the need for the no-contact order. The domestic violence probation officer may re-administer the SARA at a later date, if an offender is readmitted to the program or if she suspects that information may have changed.

The domestic violence probation officer monitors domestic violence treatment compliance through close contact with the treatment provider. Supervision program staff frequently utilize polygraph testing when prohibited contact or substance use is suspected, or prior to lifting a no-contact order. The program will engage law enforcement officers to detain offenders who are out of compliance and the officers will automatically arrest an offender who has made unauthorized contact. The domestic



## Domestic Violence Misdemeanor Supervision and Supervision Enhancement Program Clatsop County Community Corrections

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violence probation officer imposes sanctions for noncompliance without going to court unless an offender has exhausted all of his or her corrections units or if, in particularly difficult cases, the probation officer thinks the offender would benefit from court intervention (“sometimes judges give good lectures”).

If police reports or offender behavior cause the domestic violence probation officer to suspect substance abuse, she will request an immediate urinalysis and will refer the offender for a substance abuse evaluation. The domestic violence treatment provider may also discover evidence of substance abuse problems through his evaluation. To more rapidly channel offenders into treatment, Clatsop County Community Corrections recently improved access to substance abuse treatment by contracting with a private provider.

- *Treatment services:* When offenders have committed domestic violence toward an intimate partner, they receive a court mandate to attend domestic violence treatment. At any point in time, up to four domestic violence treatment groups operate in the area (one in Seaside for male offenders, two in Astoria for male offenders, and one in Astoria for female offenders). On average, 10 to 11 offenders attend the male treatment groups while the female treatment group attendance can dip as low as one due to the much smaller number of female offenders on the caseload.

The domestic violence treatment provider maintains contact with the Domestic Violence Supervision Program a couple of times per week. The provider contacts the domestic violence probation officer each morning following a group treatment session to report attendance and any relevant problems or information. He faxes a monthly progress report for each offender which contains information on intake dates, missed sessions, terminations, completions, and a brief general narrative of the offenders' progress in treatment. The domestic violence probation officer uses information from the provider in her supervision, for example by confronting an offender about no-shows or disruptive behavior in group, or commending an offender who is doing well. The domestic violence probation officer attends a group treatment session one to two times a month.

Treatment program graduates are welcome to return to group beyond their mandated number of sessions and are encouraged to participate in outreach and education if they desire. One offender returned to attend other treatment groups to read his letter of accountability (written by offenders prior to graduation). Some offenders gave permission to post their letters at a Silent Witness exhibit (a domestic violence public awareness campaign). One treatment group made a silhouette for the exhibit in honor of a woman who was murdered.

- *Victim services:* To increase victim safety, the Domestic Violence Supervision Program works closely with Clatsop County's domestic violence victim service provider (Women's Resource Center). The domestic violence probation officer refers victims to the Women's Resource Center and shares information with the agency regarding offenders or their victims. When the victim and offender wish to reinstate contact, contact is not

# Domestic Violence Misdemeanor Supervision and Supervision Enhancement Program Clatsop County Community Corrections

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allowed until the domestic violence treatment provider and the domestic violence probation officer conclude that the offender has made sufficient progress in treatment to reduce danger to the victim. The domestic violence treatment provider generally recommends graduated degrees of contact, beginning first with phone contact or with contact with children. For contact to occur, victims are requested to attend a Victim Waiver Class run by the Women's Resource Center, create a safety plan, and sign a Waiver of Liability acknowledging that Corrections can make no guarantee of safety. The Victim Waiver Class is a free weekly domestic violence class for victims, originally instituted at the request of the Circuit Court judges in order to provide domestic violence information and safety planning for victims wanting to waive restraining orders. The domestic violence probation officer sends a written referral to the Women's Resource Center, and the Women's Resource Center shares information with Corrections by phone regarding victim attendance.

## 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. During the period July 1, 2003 through June 30, 2004, the program expended \$73,266 in federal funds, and \$24,424 in match funds. Clatsop Community Corrections uses the majority of the funding to pay the cost of personnel salaries, contractual services, travel and training.

### *Program Staff*

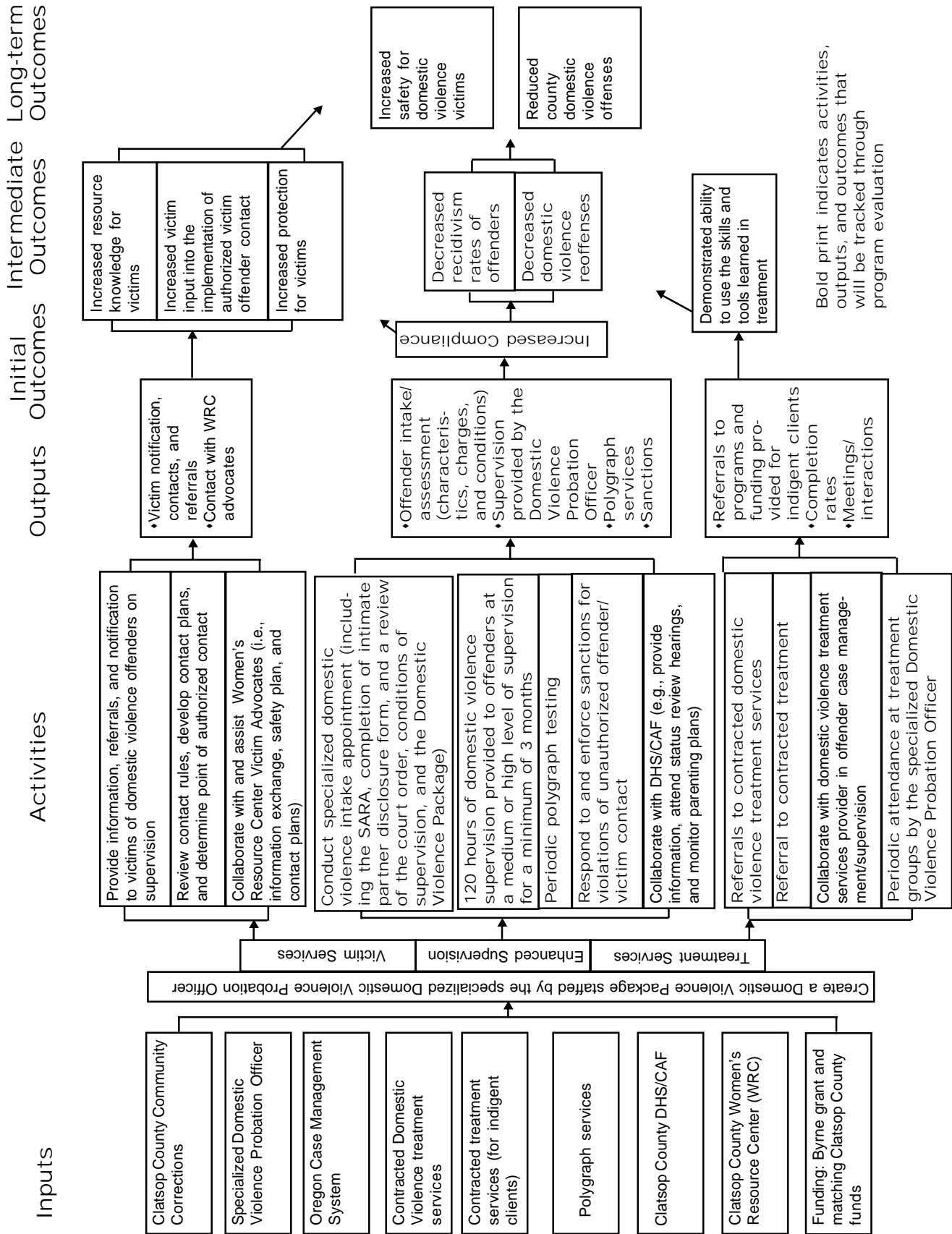
The entire program is operated as part of Clatsop County Community Corrections. One specially trained domestic violence probation officer supervises the entire caseload of domestic violence offenders and the Director of Clatsop County Community Corrections oversees the program and administers the grant. Subcontracted staff provide polygraph testing services, domestic violence treatment services, and 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 domestic violence probation 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 provides information to and receives information from the supervising officer regarding any supervised domestic violence offenders or their victims and also provides victims with advocates, classes, safety plans, and information.

# Program Logic Model

## Misdemeanor Supervision and Supervision Enhancement Program



# Domestic Violence Misdemeanor Supervision and Supervision Enhancement Program Clatsop County Community Corrections

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## Program Progress

In the third year from July 1, 2003 through June 30, 2004, the program continued to show significant progress in meeting its goals and objectives. The program served 165 offenders, most of whom were White males between the ages of 25 and 44. Approximately half of the participants were eligible for the program due to domestic violence misdemeanor convictions and approximately half due to domestic violence felony convictions.

The Domestic Violence Supervision Program's three primary components were fully implemented during the third year and included: enhanced supervision, domestic violence treatment services (and other treatment services including substance abuse and mental health), and victim services. During the third year, 69 percent of the clients successfully completed the program (not including administrative closures). The domestic violence probation officer was able to immediately identify offenders who violated supervision by having unauthorized contact with the victim and impose appropriate sanctions (usually a jail sentence) or interventions in 100 percent of the cases. Sixty percent of the offenders successfully completed domestic violence treatment. Many were referred for substance abuse or mental health treatment. At the present time, the overall felony recidivism rate for offenders in the Domestic Violence Supervision Program is 8.4 percent and the domestic violence recidivism rate is 2.7 percent.

## Process Evaluation

- *Clients served:* A total of 165 offenders received services in the Domestic Violence Misdemeanor Supervision and Supervision Enhancement Program from July 1, 2003 through June 30, 2004. There were 68 new admissions during the third year, and 97 cases that were continued from the first or second program years.
- *Client profile:* The majority of participants (85 percent) were male. Ninety-seven percent of the offenders were between the ages of 18 and 54, with 63 percent between the ages of 25 and 44 years old. Most of the clients were White (96 percent), three percent were Hispanic, and one percent were American Indian/Alaskan Native. A little less than one half of the participants had been convicted of a felony offense (47 percent) while the rest had been convicted of a misdemeanor offense. Most were either convicted of a Class C felony (41 percent) or a Class A misdemeanor (37 percent).
- *Program implementation:* During the third program year, 70 clients completed the program. Thirty-one (44 percent) successfully completed the program. Thirty-nine (56 percent) did not successfully complete the program. Of the 39 clients who did not complete the program successfully, 25 clients did not "successfully complete" due to administrative conditions (e.g., transferred to corrections in another county, sent to jail to complete mandated time prior to expected return to the caseload, etc.) rather than program failure. If those clients are not included in the termination rate, 31 out of 45 clients (69 percent) successfully completed the program.

# Domestic Violence Misdemeanor Supervision and Supervision Enhancement Program Clatsop County Community Corrections

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

- *Enhanced supervision:* All 68 (100 percent) of the new admissions to the program received a domestic violence intake and assessment by the domestic violence probation officer as well as supervision provided by the domestic violence probation officer.

Thirty of the 165 offenders receiving services (18 percent) violated supervision by having unauthorized contact during this reporting period. These offenders were responsible for 39 unauthorized contacts. The offenders received structured sanctions or intervention for all 39 unauthorized contacts (100 percent). The domestic violence probation officer imposed 25 sanctions and the courts imposed 14 sanctions.

During the third year, 60 offenders completed urinalysis tests and 22 offenders completed 23 polygraph tests, however results were unavailable.

- *Treatment services:* Sixty-one unduplicated offenders were admitted to the program during the third year, with a total of 68 admissions (seven offenders were closed and readmitted). Seventy-nine percent of offenders referred to domestic violence treatment (N = 61) actually entered treatment (N = 48). All 61 (100 percent) of the offenders admitted to the program with a condition to complete a domestic violence assessment were referred for an assessment for domestic violence treatment. Of the 61 referred, 53 completed a domestic violence treatment assessment (87 percent). All but three of those who completed the assessment were recommended for treatment (N = 50). Of those recommended for treatment, 96 percent (N = 48) entered treatment. Forty offenders received indigent funding for domestic violence treatment services during the reporting period, and a total of 433 treatment sessions were funded.

All of the 31 offenders who successfully completed the supervision program first completed domestic violence treatment, thus meeting the program objective. Fifty-five offenders were closed from the domestic violence treatment program during the reporting period. Of these, 60 percent (N = 33) successfully completed domestic violence treatment and 40 percent (N = 22) were terminated unsuccessfully from domestic violence treatment. This completion rate appears quite high compared to other studies of domestic violence treatment where completion rates range from four percent to 74 percent.

The domestic violence probation officer attended 23 treatment group sessions during the third year, almost twice as many as the program objective. She continues to find this connection to be a useful method of staying in touch with offenders' progress and reinforcing accountability.

The program objective of referring all offenders who needed other treatment services (e.g., substance abuse treatment, mental health treatment, etc.) to the appropriate community-based service was met. During the third year, 59 offenders were referred to

# Domestic Violence Misdemeanor Supervision and Supervision Enhancement Program Clatsop County Community Corrections

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substance abuse treatment. Eight offenders were referred to the Breaking Barriers program (a cognitive behavioral group therapy program designed for criminal justice offenders), four received a referral to mental health treatment, one offender was referred to sex offender treatment, and one received a referral to anger management.

Of the 59 offenders referred for substance abuse treatment, 43 entered treatment within the third program year and 16 were awaiting entry into treatment at the end of the reporting period. Of the 43 who entered, nine were still in treatment at the end of the reporting period and 34 were closed. Seven of the closures were successful, 17 were unsuccessful, and 10 were neutral administrative closures. All eight offenders referred to Breaking Barriers entered and completed the program. Three of the four clients referred to mental health treatment entered treatment and completed treatment (one was a successful completion, one was an unsuccessful completion, and one was a neutral administrative closure). The offender referred for sex offender treatment entered treatment and was closed administratively. The offender referred for anger management was awaiting entry at the end of the reporting period.

- *Victim services:* The domestic violence probation officer contacted 77 victims during the third year. Typically, a victim makes the initial contact with the domestic violence probation officer (generally to ask for authorization for contact with the offender). In addition to telephone contact, the domestic violence probation officer sends a form letter to those seeking to reconcile, explaining how the process works and what conditions would need to be met prior to lifting the no-contact order. For those closer to achieving authorization, the domestic violence probation officer may work with a victim on a plan for resuming contact, including referrals to the Clatsop County Women's Resource Center for safety planning and domestic violence education. The domestic violence probation officer also contacts victims if she is concerned for their safety based on information from a treatment group, polygraph, community contact, or other source.

## Outcome Evaluation

The primary outcomes of interest are: overall offender recidivism rates and domestic violence recidivism rates. A total of 297 offenders participated in the Domestic Violence Supervision Program since its inception in October 2001. Of these cases, 25 offenders have been convicted of new felony crimes, a recidivism rate of 8.4 percent. This rate is much lower than the Clatsop County felony recidivism rate of 25 percent. However, the Clatsop County rate is based on three-years post supervision admission and not all of the 297 offenders have that much time post supervision admission. The 25 re-offenders ranged from 33 to 15 months past initial entry date to the Domestic Violence Supervision Program.

The domestic violence recidivism rate was even lower (2.7 percent). Calculation of domestic violence re-offense rates included convictions for misdemeanor domestic violence assaults in addition to felony convictions. With the inclusion of these misdemeanors, eight of the 297 offenders who participated in the Domestic Violence Supervision Program were convicted of new domestic violence assaults. Four of the domestic violence crimes were felonies and four were misdemeanors.

# Domestic Violence Misdemeanor Supervision and Supervision Enhancement Program Clatsop County Community Corrections

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## Program Performance Measures and Outcomes

The performance measures for this program include:

- Percent of clients who complete the program.
- Percent of offenders completing domestic violence treatment programs.
- Recidivism rates of domestic violence offenders.

The outcomes for Clatsop County Community Corrections include:

- 100 percent (68) of the new admissions to the program received a domestic violence intake and assessment by the domestic violence probation officer, as well as supervision.
- 100 percent (30) of the offenders that violated supervision by having unauthorized contact received structured sanctions or intervention.
- 100 percent (61) of the offenders admitted to the program with a condition to complete a domestic violence treatment assessment were referred for an assessment for domestic violence treatment.
- 100 percent (31) of the offenders assessed as needing domestic violence treatment completed domestic violence treatment before successfully completing the program.
- 100 percent (73) of offenders who exhibited need for other treatment services were referred to appropriate treatment programs for assessment.
- 36 percent of offenders who were referred to substance abuse treatment, cognitive behavioral group therapy, other mental health treatment, sex offender treatment, or anger management and able to enroll, successfully completed treatment services.
- The domestic violence probation officer attended two domestic violence treatment group sessions per month.
- The overall felony recidivism rate for offenders in the program was eight percent (misdemeanor rates were not able to be collected); Program staff view this as a reduction but comparison figures are not available.
- The overall domestic violence recidivism (re-offense) rate for offenders in the program was three percent; Program staff view this as a reduction but comparison figures are not available.

## Lessons Learned

To describe the implementation of the Domestic Violence Supervision Program and gather qualitative data useful in examining its achievement of goals and objectives, the program evaluators conducted a process evaluation that included 17 interviews with a range of key stakeholders including Parole and Probation staff from the program and other caseloads, staff at the Women's Resource Center and Department of Human Services Child Welfare, prosecuting and defense attorneys, Circuit Court judges, law enforcement, and community service providers (e.g., substance abuse treatment, mental health, and polygraph providers).

Informants were asked their views on the impact of the program from the perspective of their own work. Some general positive impacts are described in the following comments made by a community service provider, a probation officer, a law enforcement officer, and a prosecuting attorney:

## Domestic Violence Misdemeanor Supervision and Supervision Enhancement Program Clatsop County Community Corrections

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“It’s indispensable to the county; it’s had a huge beneficial impact. I can see this from my own conversations with offenders in the program and their families.”

“I think it’s had a large impact. Any time you take a particular population with similar dynamics and supervision requirements and put them with one person, you have a higher quality of supervision, and greater protection for the community. You become very familiar with the populations, with how they react, how to communicate with them, how to predict behavior, how to intervene when you see that behavior, and how to elicit better information from collaterals.”

“It allows for consistency and accountability, running things through one person. I know who to talk to when I’m dealing with domestic violence. [Offenders] I’ve dealt with seem to be held accountable. They don’t like it, but that’s probably a good thing.”

“If it went away, I don’t know what we’d do. It’s made an incredibly big difference in the county.”

When asked to name the factors most critical to the success of the Domestic Violence Supervision Program, many key stakeholders spoke of the Corrections staff involved with the program, especially the personal qualities of the domestic violence probation officer. Many stakeholders also spoke highly of the treatment provided by the domestic violence treatment provider. Some believed that an important strength of the program lay in the inevitability of consequences for offender noncompliance and some spoke of the positive impact of coordination between a variety of agencies to improve offender accountability. Other strengths mentioned included the high level of supervision, having a standardized program with clear guidelines, the availability of resources for indigent funding for domestic violence treatment, having a protocol that allows offenders and victims to be in contact while the offender is still under supervision, and the domestic violence probation officer’s attendance at domestic violence group treatment sessions.

Key stakeholders also had suggestions for improvement. One of the most common suggestions for improvement revolved around the need for additional jail space. Although stakeholders generally reported positive collaboration with the county, some asserted that a stronger partnership between all providers involved in domestic violence would be beneficial. Some believed that a greater diversity of treatment provider options was necessary and that more resources were needed for indigent offenders. Some key stakeholders reported a need to expand outpatient substance abuse treatment services, add an additional domestic violence probation officer, and increase family resources.

For further information about this program, please contact Ms. Carol Harrod at (503) 325-4982 ext. 24.



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

## Multnomah County Department of Community Justice

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### Program Purpose

The purpose of the Hope, Education, Resources, and Opportunities (H.E.R.O.) for Kids program is to identify, screen, and provide services for children in Multnomah County who have witnessed domestic violence. Recently, there has been increased awareness among community professionals of the profound negative impact of domestic violence on children and families. Children who have witnessed domestic violence often experience trauma and the enduring symptoms associated with unresolved trauma. Non-offending parents or caregivers usually want to protect their children and do what is best for them but often lack the knowledge and resources to effectively provide healing and safety.

An estimated 21,000 children witness or experience domestic violence in Multnomah County each year.<sup>1</sup> Targeted at children ages six to 14 years old who have witnessed domestic violence, the H.E.R.O. for Kids program provides safety planning, support groups, individual counseling and therapy, and other services necessary to increase children's safety and improve their psychological and behavioral health. Primary program services are provided by a non-profit community-based agency, LifeWorks Northwest (formerly Tualatin Valley Centers), 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 intrafamily 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:

- 300 children who have witnessed domestic violence will be referred by designated DCJ programs to LifeWorks Northwest.
- Parents (or guardians) of 130 children will be interviewed, assessed, and engaged in family safety planning.
- 90 children and their parents will be assessed by LifeWorks Northwest clinicians and a Family Action Plan and an Individual Case Plan will be prepared for each child.
- 65 children will attend individual counseling and/or psychoeducational groups to improve their emotional and behavioral health.
- 40 children will complete psychoeducational groups, exit interviews, and clinical assessments.
- Parents of 65 children will attend psychoeducational groups to increase communication skills and parental empathy for the children.
- 40 children will complete individual safety plans, as part of their psychoeducational groups. All of these children and their parents will also complete family safety plans.
- Clinicians' behavioral assessments of children participating in the program and pre-, post-, and three-month follow-up surveys of the children's parents will indicate the following program outcomes:

<sup>1</sup> 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*. (The document is available at [www.co.multnomah.or.us/dchs/dv/dvreport.pdf](http://www.co.multnomah.or.us/dchs/dv/dvreport.pdf).)

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

## Multnomah County Department of Community Justice

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- (1) Of the children who have an emotional and behavioral health-related problem at program intake and complete the program, 70 percent will show improvement in emotional and behavioral health at program completion; 50 percent will continue to show improvement in three months after program completion.
- (2) Of the parents completing psychoeducational groups, 70 percent will have an improvement in communication skills and empathy for their children at the conclusion of services; 50 percent will continue to show improvement in three months after program completion.
- (3) At the conclusion of services, 60 percent of the children completing safety plans will have an improved sense of personal safety; 60 percent of their parents will have an improved sense of family safety.

### Target Population

The H.E.R.O. for Kids program serves children ages six to 14 years in Multnomah County who have witnessed domestic violence. Program participation is voluntary, based on the consent of children's non-offending parents or custodians. Children's non-offending parents or custodians are not required to participate in the program but are strongly encouraged to do so.

Children must be within the age range of six to 14 years to ensure minimal communication skills. Children or parents who do not speak English as a primary language and for whom translation services are difficult to obtain may be referred to other agencies. Children or parents who have behavioral control issues and cannot participate in group activities may also be referred to other agencies for more appropriate counseling.

### Program Components

The H.E.R.O. for Kids program is built on the principle that children and families respond to short-term, small group interventions that focus on the child's safety, boundaries, and the ability to communicate within the family unit to enhance a sense of safety, empowerment, and anxiety reduction. Specific components of the H.E.R.O. for Kids program are: referral, contact, and outreach to non-offending parents (or custodians), intake assessment, psychoeducational 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:* Potential clients are referred to the H.E.R.O. for Kids program by the staff of the Multnomah County DCJ and the county Family Court. Specific staff members who provide client referrals to the program include: probation officers in the Domestic Violence Unit (DVU) of DCJ who supervise offenders of domestic violence, juvenile court counselors, and employees working in the restraining order room for the Family Court. At the time of referral, referral forms capturing basic family and safe contact information are completed and sent to Lifeworks Northwest.

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

## Multnomah County Department of Community Justice

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Due to the lack of referrals from the client referral sources within DCJ, the program started accepting families' self-referrals and referrals from domestic violence service agencies in the third program year. Information on these families is gathered at the first point of contact with program staff, and forwarded to the DCJ Research and Evaluation Unit.

- *Contact and outreach to non-offending parents (or custodians):* After receiving referrals, an Outreach Specialist at LifeWorks Northwest contacts children's non-offending parent or custodian by telephone at a safe phone number. At least three contact attempts are made and recorded. If contact attempts fail or parents decline services, an informational packet is sent by mail to the family that includes information on the program, a program referral form, and a form to request information on a variety of subjects. If parents agree to participate in the program, the Outreach Specialist schedules an initial face-to-face intake appointment at LifeWorks Northwest.
- *Intake assessment:* An initial parent intake session is conducted at LifeWorks Northwest by the Case Manager. During this session, the parent shares his or her story and learns about program services. The Case Manager reviews immediate safety concerns and makes crisis referrals, if necessary. The Case Manager also administers an intake survey with the parent and collects information on each child 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 the basic needs of the family, and ask whether they would like to participate. Following the Case Manager's assessment, a Mental Health Therapist at LifeWorks Northwest conducts a clinical assessment for children's emotional and behavioral health by administering the H.E.R.O. for Kids Youth Assessment Tool. The whole intake assessment process takes approximately 10 hours of staff time.
- *Individual case and family action planning:* After the intake assessment, the Mental Health Therapist and the Case Manager develop an individual case plan and a family action plan for each child and family. An individual treatment plan includes a child's treatment goals, service needs, and an agency coordination plan, if needed. A family action plan contains a service plan for the family to address their basic needs and facilitate the child's treatment process. For instance, for children or parents with 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.
- *Psychoeducational 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 for the last three weeks they attend a portion of the children's group. The length of each session is approximately one and one-half hours. The main focus of the children's group is on improvement in emotional and behavioral health. The focus of the parents' group is on understanding children's feelings and improving communication skills with their children.

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Specific activities during the first seven group sessions for children and parents include: developing a safety plan, talking about things that can happen in families; drawing pictures of the best and worst things that happened in the home; creating cards about and understanding feelings of different family members; discussing different types of communication, touching, and violence; and watching and discussing a video about not blaming oneself for abusive family relationships. During the last three joint group sessions with children, parents view children's pictures, create a document of rights for themselves and their children, review children's safety plans, and finalize a written safety plan for each family member.

- *Safety planning:* Throughout the program, children and parents are involved in developing an individualized safety plan for the family. An initial draft plan may be developed as early as the intake assessment and modified, depending upon circumstances, during individual counseling or the first and second weeks of 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 10-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 to ensure that the program met individual case plan goals and family needs.

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### 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. During the period July 1, 2003 through June 30, 2004, the program expended \$145,494 in federal funds, and \$49,991 in match funds. The Multnomah County DCJ uses the majority of the funding to contract with LifeWorks Northwest to provide program services.

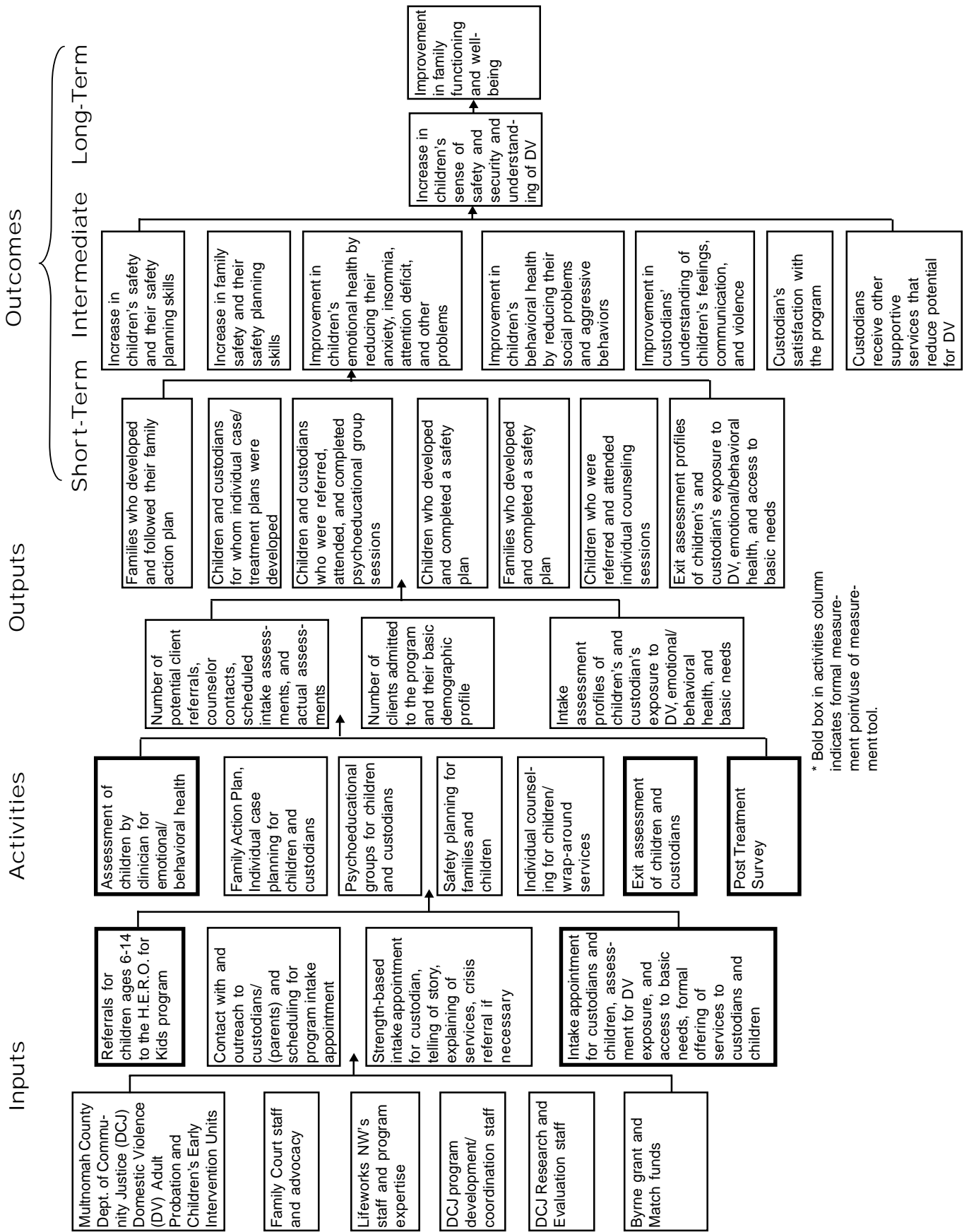
#### *Program Staff*

There are three main staff members at LifeWorks Northwest 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 psychoeducational groups, and provides individual counseling. The additional program staff include: child and family therapists at LifeWorks Northwest who provide wrap-around services, a Clinical Supervisor who ensures that case plans meets clinical standards, a Service Director who manages program staff, and the Project Coordinator at the Multnomah County DCJ who is responsible for overall service delivery and acts as the primary program contact person. DCJ's Research and Evaluation Unit conducts the program evaluation.

#### *Collaboration*

The main collaborating agencies for the H.E.R.O. for Kids program are the Multnomah County DCJ, Multnomah County Family Court, and LifeWorks NW. 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. LifeWorks NW delivers the primary program services for clients under contract with the Multnomah County DCJ.

# Program Logic Model H.E.R.O for Kids



\* Bold box in activities column indicates formal measurement point/use of measurement tool.

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### Program Progress

From July 1, 2003 through June 30, 2004, the H.E.R.O. for Kids program nearly met or exceeded most of their goals and objectives. During the first half of the year, LifeWorks NW continued to experience a lack of referrals of potential clients from the Multnomah County DCJ. However, by changing the initial referral strategy and expanding the referral base in the middle of the year, the program was able to significantly increase the number of referrals for the rest of the year. In general, preliminary evaluation findings were encouraging. Parents reported that after completing the program, children who had an emotional and behavioral health problem at program intake showed an overall improvement. Parents also reported that as a result of the program, their communication with and empathy for their child increased. However, there was no clear indication on improvement in the sense of child and family safety.

### Process Evaluation

- *Clients served:* During the third program year, a total of 320 children (167 families) were referred to LifeWorks NW from the DCJ and other referral sources. LifeWorks NW staff arranged and conducted initial intake sessions for 116 children and 73 of their non-offending parents or custodians. The annual program goal was to recruit 300 children and conduct initial intakes for 130 children.

After conducting initial intake sessions, LifeWorks NW staff prepared individual case plans and family action plans for 84 children (56 families) and their parents, and engaged 74 children (50 families) and their parents in 10-week psychoeducational groups. Thirty-four children completed individual safety plans as part of their psychoeducational group activities. The annual program goal was to prepare individual case and family action plans for 90 children, engage 65 children in psychoeducational groups, and complete individual safety plans for 40 children.

The program nearly met or exceeded the annual goals this year in terms of the number of clients referred and served. Last year, DCJ was not able to refer as many children because of severe budget and staff reductions in DCJ's referral source units. The lack of referrals of potential clients initially worsened early this year due to dissolution of the Early Intervention Unit (EIU), one of the DCJ's three main referral sources. To resolve this issue, the program changed the original strategy to use DCJ as the only referral base in the middle of this year, and expanded the referral sources to include self-referrals, local domestic violence service agencies, the county Department of Human Services, and internal programs at LifeWorks NW. These efforts resulted in a significant increase in the number of referrals in the second half of the year.

- *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 116 children who entered the program this year were six to 14 years old and were exposed to domestic violence. Seventy-eight percent of the children were exposed to violence in the home for more than two years; 45 percent intervened in domestic violence events themselves; 20 percent were injured in those events; 85 percent experienced verbal abuse; and 64 percent experienced physical abuse.

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- *Barriers to program participation and completion:* After completing initial intake sessions for 116 children, LifeWorks NW staff engaged 64 percent (74) of them in the 10-week psychoeducational groups. The rate of group engagement was significantly improved from 52 percent last year, although it was still not as high as originally expected. The rate of program completion continued to be low. Of the 58 children who were enrolled and terminated from the psychoeducational groups this year, 59 percent (34) completed the program.

Initially, it was anticipated that once families started receiving program services through intake sessions, most of them would follow through, participate in psycho-educational groups, and complete the program. Program staff feel that life circumstances of the families prevented them from fully engaging in the program. Parents of the children targeted by the H.E.R.O. for Kids program are often unemployed and have unstable housing or transportation, and their priority is looking for work or attending school. In some cases, parents are emotionally unstable, not ready to leave the abusive relationship, or continuing to struggle with abuse issues. Occasionally, parents are concerned about the consequences of their answers to questions that are asked in the assessment. To encourage families' program participation and completion, staff continued to clarify expectations and accommodate family schedules. In addition, the program has recently expanded wrap-around services to meet a variety of family needs.

- *Streamlining program services:* In addition to expanding the client referral base, staff streamlined program services by: (1) shifting safety planning activities in psychoeducational groups earlier into the first and second sessions to assure participation in safety planning, (2) creating a Healthy Family Support Group in which parents meet on a weekly basis after they complete the psychoeducational groups, and (3) expanding wrap-around groups to include a Play Therapy group, Young Children of Addicted Families group, and Anger Management group.

### Outcome Evaluation

The main outcomes targeted by the H.E.R.O. for Kids program are: (1) improvement in children's emotional and behavioral health, (2) improvement in children's and family's sense of safety, and (3) improvement in parents' communication with and empathy for their children. To measure these outcomes, the program collects data through a variety of survey instruments that have been introduced at different times during the program implementation. These instruments include: (1) intake and exit assessment forms that are administered by Lifeworks NW counselors to parents to collect demographic data, assess the extent of children's exposure to domestic violence, and measure pre- and post-program change in parents' perception about children's emotional and behavioral health, (2) pre- and post-H.E.R.O. for Kids Youth Assessment surveys that are administered by the counselors to children to measure changes in the level of anger and perception about violence, blaming themselves for the domestic violence occurred, safety planning skills, and family communication, (3) three-month follow-up telephone surveys that are conducted by a DCJ's Program Evaluator with parents to measure sustained effects of the program on children's emotional and behavioral health, children's and family's safety, and communication with children, and (4) confidential client evaluation surveys that are



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completed by parents to measure their satisfaction with program services and perceived improvement in some of the program outcomes including communication with and empathy for children.

Program evaluation staff from the DCJ's Research and Evaluation Unit conducted a preliminary analysis this year to assess the program's progress toward meeting the annual goals and objectives. In general, the results of analysis were encouraging. Parents reported that after completing the program, children who had an emotional and behavioral health-related problem at program intake showed an overall improvement. Parents also reported that as a result of the program, their communication with and empathy for their child increased. However, the findings about child and family safety did not change.

These findings should be interpreted as preliminary due to the early stage of data preparation and analysis this year. In consultation with the CJSD Evaluation Team, DCJ's Program Evaluators are beginning to integrate and streamline data and measures from various surveys and analyze cumulative data collected since the inception of the program.

Below is a description of the program's progress towards its annual goals and objectives.

This descriptive analysis was based upon the following data: (1) program intake and exit assessment forms of the parents of 34 children who completed the program this year, (2) three-month follow-up telephone surveys of the parents of 36 children who completed the program and whose surveys were conducted this year, and (3) confidential client evaluation surveys of 18 parents after program completion.

- *Children's emotional and behavioral health:* According to program intake and exit assessment data, parents reported that at intake, 23 of the 34 children (68 percent) had at least one of the following seven emotional or behavioral health related issues: anxiety/fear, sleep disturbances, inappropriate social behavior, adult attachment issues, negative academic performance, hurting animals, and sexualized behavior. At program completion, 87 percent (20) of these children reported not having one or more of the emotional and behavioral health issue(s) identified at intake. The program objective was for 70 percent of the children who had an emotional and behavioral issue(s) at intake to show improvement at completion. (Statistical comparative analyses will be conducted next year on cumulative data to better understand the effects of the program. In each area of the emotional and behavioral health issues, comparison will be made between the number of children who had the issue at program intake but did not at completion and the number of those who did not have the issue at intake but did at completion. The similar analytical methods will also be used for applicable pre-, post-, and three-month follow-up survey data presented below.)

Three-month follow-up telephone surveys were conducted this year with the 24 parents of 36 children who completed the program. According to program intake assessment data, 26 of these had at least one of the seven emotional and behavioral health issues at intake. At three-month follow-up, 96 percent (25) of the children reported not having one or more of the emotional and behavioral health issues identified at intake. The program objective was for 50 percent of the children to show improvement at follow-up.

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- *Parents' communication and empathy:* Changes in parents' communication with and empathy for their children were measured through confidential client evaluation surveys of 18 parents at the time of program completion. Parents were asked whether their communication and empathy increased as a result of the H.E.R.O. for Kids program. One hundred percent of the parents reported that communication with their children improved as a result of the program and 89 percent (16) reported that empathy for their children improved. The program objective was for 70 percent of the parents to report improvement in both areas.

At three-month follow-up telephone surveys, parents were asked whether communication with their children improved, compared to the time before program participation. At follow-up, 100 percent of the 24 parents who completed the survey this year reported improvement in talking and listening to their children and 83 percent of the parents reported improvement in communicating and sharing feelings with their children about violence. The program objective was for 50 percent of parents to report improvement.

- *Sense of child and family safety:* Data on children's sense of personal safety and parents' sense of family safety were collected on intake and exit assessment forms by using the ratings of 1 to 4 (1= "none," 2= "low," 3= "moderate," and 4= "high"). Data showed no clear indication of improvement at program completion in both areas of safety. At program intake, of the 34 children who completed safety plans this year, 10 percent were rated as "none" in their sense of personal safety; six percent, "low"; 34 percent, "moderate"; 50 percent, "high." At program completion, none of children were rated as "none"; 20 percent, "low"; 57 percent, "moderate"; 23 percent, "high." On parents' sense of family safety, at intake, six percent were rated as "none", 15 percent, "low"; 20 percent, "moderate"; 59 percent, "high." At completion, none were rated as "none" or "low"; 77 percent, "moderate"; and 23 percent, "high."

The safety-related data was not presented in terms of the program goal related to improvement in child and family safety. (The program goal was that at program completion, 60 percent of the children completing safety plans would have an improved sense of personal safety; 60 percent of their parents would have an improved sense of family safety.) The vast majority of clients started with a high level of safety at intake and there were only a very few clients whose improvement could be reported. Program staff and evaluators are currently in discussion to revise these safety-related objectives and track progress by using safe-related data collected from other survey instruments such as the H.E.R.O. for Kids Youth Assessment survey.

## Program Performance Measures and Outcomes

The performance measures for this program include:

- Percent of clients who complete the program.
- Percent of clients who received safety planning.
- Percent of clients who report improvement in emotional well-being.

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The outcomes for HERO include:

- A total of 320 children who witnessed domestic violence were referred to LifeWorks NW this year.
- 73 parents (or guardians) of 116 children were interviewed, assessed, and engaged in family safety planning.
- 84 children and their parents were assessed by LifeWorks NW clinicians and a Family Action Plan and an Individual Case Plan were prepared for each child.
- 74 children attended individual counseling and psychoeducational groups to improve their emotional and behavioral health.
- 34 children completed psychoeducational groups, exit interviews, and clinical assessments.
- Parents of 74 children attended psychoeducational groups to increase communication skills and parental empathy for the children.
- 34 children completed individual safety plans, as part of their psychoeducational groups. All of these children and their parents also completed family safety plans.
- Clinicians' behavioral assessments of children participating in the program and pre-, post-, and three-month follow-up surveys of the children's parents indicated the following program outcomes:
  - (1) Of the 23 children who had an emotional and behavioral health-related problem at program intake and complete the program, 87 percent (20) showed improvement in emotional and behavioral health at program completion. At three-month follow-up surveys, 96 percent (25) of the 26 children who had at least one emotional and behavioral program at intake did not have the program(s) at follow-up.
  - (2) According to the client evaluation survey of 18 parents this year, 100 percent of the parents reported that communication with their children improved as a result of the program and 89 percent (16) reported that empathy for their children improved. At three-month follow-up survey of 24 parents, 100 percent reported improvement in talking and listening to their children and 83 percent of the parents reported improvement in communication and sharing feelings with their children about violence.
  - (3) Data on children's sense of personal safety and parents' sense of family safety showed no clear indication of improvement at program completion. Data will be further explored next year.

## Lessons Learned

The main lesson learned from implementation of the H.E.R.O. for Kids program is that program staff need to be flexible and resourceful, and 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 participating in program services by families, LifeWorks NW 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 LifeWorks NW and at other community service agencies.

For further information about this program, please contact Ms. Martha Strawn Morris at (503) 988-3383.

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

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

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## 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 several domestic violence victim services agencies or programs (including eight domestic violence crisis lines), 33 law enforcement jurisdictions, three District Attorneys, and multiple court systems. In the *2002 Multnomah County Community-Based Victim Services 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 (DCHS) 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:

- Respond to at least 6,000 domestic violence and/or sexual assault related calls a year.
- Respond to at least 1,500 calls a year from domestic violence and/or sexual assault intervention partners seeking information from the crisis line.
- Provide monthly trainings (one training per month) to PWCL crisis line specialists and volunteers to include referral and assessment skills; advanced advocacy skills; and information on policies, procedures, and practices of agencies across the domestic violence intervention system.
- Maintain up-to-date information and referrals (I&R) information by developing an I&R database, updating the database quarterly, and distributing the database twice a year to domestic violence agencies.
- Develop interagency agreements with the eight domestic violence agencies in the region that operate a crisis line to include protocols for shelter prescreening and specified times for when PWCL answers shelter crisis lines from these agencies.
- Develop a Memorandum of Understanding (MOU) with the 2-1-1 social services information and referral line, specifying that PWCL will be the designated first referral source for domestic violence and sexual assault related calls.

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- Expand PWCL's capacity to answer calls from 20,000 to 30,000 in year three and year four.
- Increase the number of calls answered by the crisis line that are related to domestic violence and/or sexual assault by 20 percent in year three and year four as compared to the first year.
- 80 percent of the calls answered will have a favorable outcome for the caller (as measured by documentation of needs met).
- Pre- and post-system implementation surveys will indicate positive changes in users' perceptions of the crisis line from year one to year four.

## Target Population

The IRC targets domestic violence victims/survivors and professionals involved in domestic violence situations or intervention in Washington, Clackamas, and Multnomah Counties. The IRC provides a centralized, single access point for domestic violence victims/survivors and professionals seeking information, referrals, crisis counseling, and access to services.

## Program Components

The IRC program consists of two primary components: planning and development and implementation. These components occurred in three phases. The following is a detailed description of the main program components:

- *Planning and development:* In Phase I/year one, the program was focused on evaluating the 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 included:
  - (a) *Best practices research:* Program staff gathered information about existing programs around the country and researched practices and standards developed for domestic violence crisis lines, information and referral lines, and help lines in a variety of fields. Based on research, the Chicago Domestic Violence Hotline and the Massachusetts SafeLink were identified as the most comprehensive domestic violence information and referral systems in the country. Both systems appear to be promising domestic violence Information and Referral Software System (IRC) models, and site visits to these programs were conducted by project staff.
  - (b) *Technology assessment/plan:* A technology consultant was hired to develop a written technology plan that included (1) an assessment of victim services agencies' technology capacity and needs of domestic violence victim services agencies; (2) recommendations for telephone technology and computer hardware, software, and networking; (3) estimates of the resources needed to purchase, install, and maintain the system; (4) an implementation plan for installing, training, and testing the technology, including recommendations for implementation priorities as funding becomes available; and (5) evaluation criteria for monitoring the performance of the system's technology.

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

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- (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 services agencies; and (3) mailed surveys to 290 community stakeholders in the Tri-County region. Written surveys were also developed for victims/survivors in English and Spanish.
- (d) *Inventory of domestic violence-related information and referral resources:* A domestic violence resource database was developed that contains more thorough, accurate and up-to-date information. Core resources in the database include domestic violence victim services, criminal and civil justice information, batterer intervention services, financial assistance, and other services commonly accessed by domestic violence victims. Each listing contains the organization name, contact information, detailed description of services provided, days and hours of operation, eligibility criteria or service requirements, intake procedures, language services availability, and ADA accessibility. By the end of the program's first year, a paper version of the I&R database was available for community partners.
- (e) *Redesign and implementation plan:* Based on information gathered from the first year, a redesign and implementation plan was completed. The redesign plan specifically addressed and sought consensus on (1) simplified access to services through a single access phone number; (2) involvement of stakeholders, including victims and providers; (3) interpreters/appropriate services for non-English 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:* Based on information gathered in Phase I, year one, the new crisis line service model was implemented beginning in Phase II/year two. The second year's activities were focused on the start-up and the pilot testing of a new service model at PWCL. The implementation of the IRC model initiated in Phase II/year two continued during Phase III/year three. Phase III/years three and four activities focus on the ongoing 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 Information and Referral Software System (IRis) database, the seeking of additional funding sources, and the fine-tuning of the IRC model as needed. It is expected that the IRC system capacity will increase from 20,000 calls annually to 30,000 calls during Phase III/years three and four. Components of the implemented crisis line are:
    - (a) *New service model at PWCL:* The Portland Women's Crisis Line served as the primary crisis line and provided a new service model. Components of the new service model include the use of the IRis database to provide accurate and updated information and referrals, improved call handling procedures and interagency communication (i.e., pre-screening to determine basic needs and eligibility; directly

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

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connecting caller to the appropriate referral and making sure that someone is available to talk to the caller; and when appropriate, introducing the caller's situation to the referral source before disconnecting from the call). PWCL also hired paid crisis line specialists to respond 24 hours a day and increased its capacity to respond to calls during peak times.

- (b) *The IRis client tracking and information system:* The IRis system was developed and served as PWCL's primary data collection tool and information database. Crisis line responders have been using the IRis system to track call data and to provide updated information and referrals that are specific to the caller's needs. The IRis call screen was customized to be able to capture information on call type, demographic information about the callers, problems/service needs, and whether the needs of the caller were met. The paper version of the I&R database developed in year one was updated, expanded, and transferred to the IRis software program.
- (c) *Development of interagency agreements:* Program staff began working with the existing victim services agencies to develop protocols and interagency agreements regarding call handling procedures, referrals, and information sharing. Development of interagency agreements, which began in the second year, were finalized in the third year. These agreements focus on the centralized pre-screening by PWCL for shelter services and on having PWCL provide after-hours crisis line response for the existing crisis lines. These interagency agreements will be monitored and reviewed in the fourth year to ensure streamlined access to services for domestic violence victims/survivors.
- (d) *Training of staff and volunteers:* Existing and new crisis line staff and volunteers at PWCL began receiving a new revised training. Topics covered include call handling procedures, more detailed information on resources available, policies and procedures across the domestic violence intervention system, and how to use the new IRis system. Additionally, monthly staff meetings are being held, and half of each meeting is devoted to staff training and skill development. Topics covered during monthly trainings include referral and assessment skills; advanced advocacy skills, communication skills, and safety planning.
- (e) *Development of a shared resource database:* The program will be distributing an electronic resource directory to domestic violence agencies once the I&R database has been assigned standardized keywords for searching. Ongoing maintenance, including regular updates and review of existing information will also be planned.
- (f) *Purchase and installation of new equipment and technology:* Based on the technology plan recommendations, the most essential crisis line equipment and I&R technology were purchased. These purchases include a software program/database for caller tracking, two computers, and a server for the software system.

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The redesigned IRC was implemented in stages based on the level of funding and resources available. The program had originally proposed to purchase technology and equipment to link area domestic violence agencies. The scope of the program changed during the second year, resulting in the purchase of only the most essential information and referral equipment and software for PWCL. The technology and equipment for linking area domestic violence agencies was not purchased due to the costs involved and the lack of infrastructure within nonprofit domestic violence agencies. To create a more integrated crisis line system, the program has focused 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. During the period July 1, 2003 through June 30, 2004, the program expended \$107,358 in federal funds, and \$30,816 in match funds. The Multnomah County DCHS uses most of its funding to hire program staff and to contract with the Portland Women's Crisis Line to provide crisis line services and for a Crisis Line Coordinator who facilitates implementation of the new model of services at PWCL.

### *Program Staff*

The program has a "core team" who are responsible for planning and carrying out the grant activities. Core team members include 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 third year, specific responsibilities included meeting with domestic violence shelter directors to develop collaborative agreements and overseeing the customization and implementation of the IRis client tracking software and information database. 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 Crisis Line Coordinator also provides supervision to the crisis line responders and facilitates system changes at PWCL. 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.

A new Director at PWCL was hired this year. Funding for the Research Analyst was not expended as planned, due to his involvement in another project for most of the year. The program lead staff person, the PDS, assumed responsibility for the oversight and implementation of the IRis client tracking and information system.



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

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

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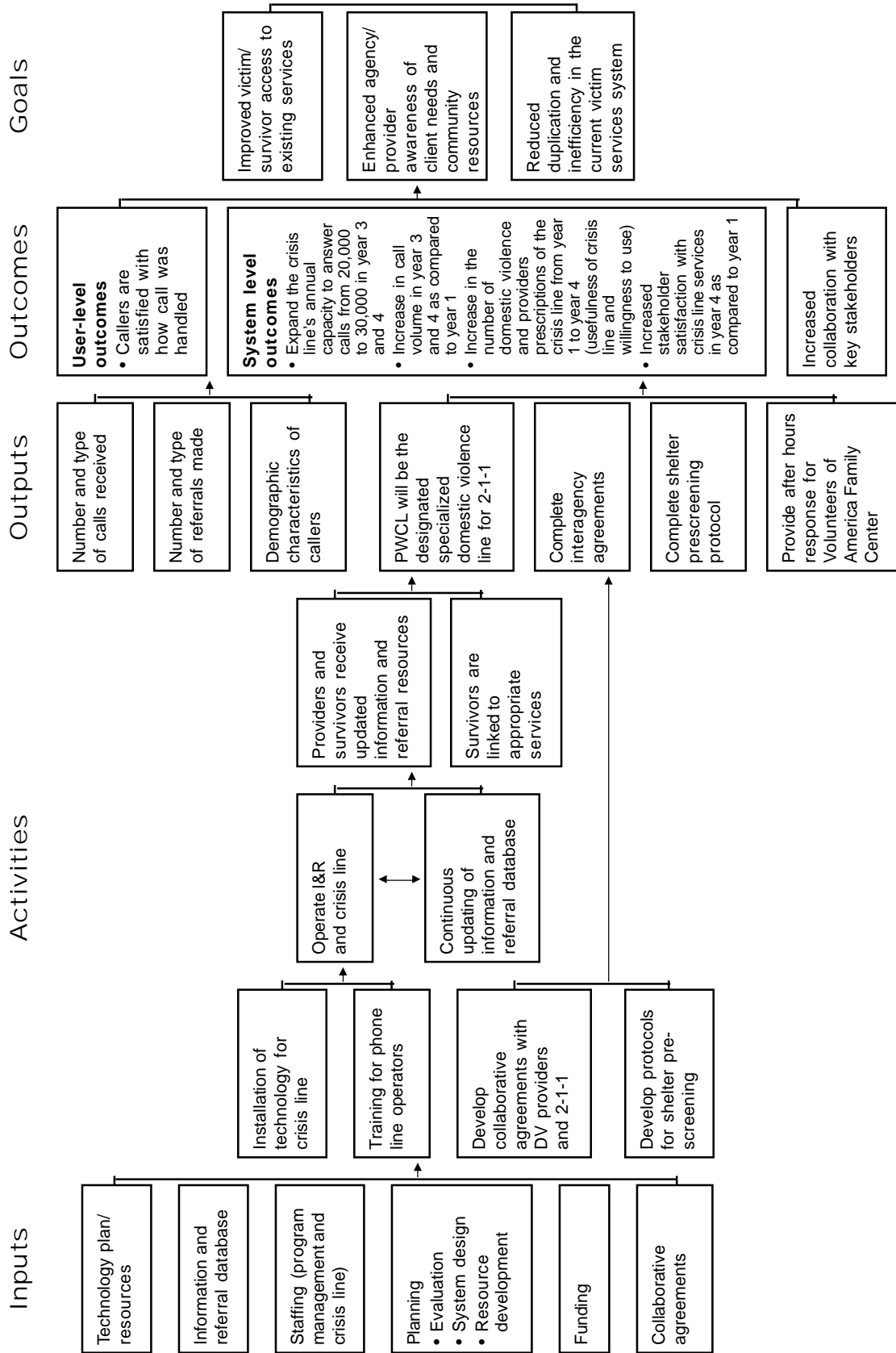
## *Collaboration*

The primary partners in this program are the Portland Women's Crisis Line and member agencies in the Tri-County Domestic and Sexual Violence Intervention Network (network comprised of 18 agencies that provide services to victims of domestic violence and sexual assault in the Tri-County region of Oregon).

A new collaboration with the regional 2-1-1 project, which began in year two, was further developed in year three. DVCO and PWCL staff were active participants this year in the planning for the regional 2-1-1 service, a general social services information and referral line that will begin operation in July 2004. The United Way of the Columbia-Willamette area is coordinating this effort with a number of agencies in the Portland metropolitan area. The 2-1-1 project has designated PWCL as the primary referral/partner for the specialized domestic violence crisis line.

# Program Logic Model

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



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## Program Progress

In Phase III/year three, the program continued to implement the new crisis line service model. During this year, a third crisis line was added. This was the first time in PWCL's history that three lines have been available for incoming calls. Other program activities included: the continued training and skill development of the IRC staff, the mainstreaming of call handling procedures that emphasize more in-depth assessment of callers' needs, facilitation of referral process whenever possible by crisis line staff, the use of the IRis client tracking and information system, and the development of collaborative agreements. This year's primary evaluation activities were connected to the implementation of the IRis database system. Due to evaluation staffing issues, the program was not able to fully integrate the use of the IRis client tracking system or to conduct an in-depth process evaluation as planned. A temporary consultant will be hired at the beginning of the next program year to assess the implementation of the service model, and additional training and supervision will be provided to crisis line responders on entering call data into the IRis system.

## Process Evaluation

- *Clients served:* From July 1, 2003 to June 30, 2004, PWCL received 24,704 incoming calls, of which 11,699 were related to domestic violence and sexual assault (47 percent of overall calls). A total of 2,934 calls were received this year from providers/agency staff. The program did not meet its overall call volume objective, but it did meet its annual objectives pertaining to (1) responding to at least 6,000 domestic violence and/or sexual assault related calls a year, and (2) responding to at least 1,500 calls a year from domestic violence and/or sexual assault intervention partners seeking information from the crisis line.

Although the intended target populations of the IRC are domestic violence victims/survivors and professionals involved in domestic violence intervention, PWCL continues to receive a significant number of calls from people seeking general social services information and referral because no other resources exist for this purpose. During this year, 16 percent of the callers sought general information and referrals, nine percent sought assistance with homelessness issues, and nine percent sought help with mental health issues. It is anticipated that these calls will decrease with the implementation of the new 2-1-1 social services information and referral line. The general 24-hour social services information and referral line is expected to begin operating in some areas of the Tri-County region in July 2004. With the implementation of the 2-1-1 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 2-1-1 line, and the 2-1-1 line will be referring calls related to domestic violence and sexual assault to PWCL.

The primary barrier to program participation is that there are only three telephone lines to handle incoming calls. During peak times, a caller may get a busy signal. In this year, PWCL added a voicemail to the crisis line, allowing callers to leave a message if it is

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

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safe to do so. PWCL also monitors its call volume on a regular basis to ensure that adequate staffing is available during peak times. The program does not currently have the capacity to track missed callers or callers who receive a busy signal, but the program believes that staffing is the primary factor influencing PWCL's capacity and call volume. Currently PWCL uses two paid crisis line specialists from 9:00 a.m. to 1:00 p.m. on weekdays, with one paid staff during all other hours. Volunteers are used to supplement the crisis line staffing whenever possible to ensure that there are two crisis line responders between 7:00 a.m. and 11:00 p.m. A third incoming crisis line is also staffed during peak hours as well as some nights and weekends.

- *IRis system implementation/management:* In October 2003, the IRis system became PWCL's primary data collection tool and information database. Crisis line responders began using the IRis system to track call data and to provide updated information and referrals that are specific to the caller's needs. The IRis call screen was customized to be able to capture information on call type, demographic information about the callers, problems/service needs, and whether the needs of the caller were met. Due to the nature of crisis services being provided, IRC staff were not routinely entering the caller's demographic information or the callers' geographic area. This information, while not always necessary for crisis intervention, can be helpful for identifying appropriate referrals. In addition to improving data collection, PWCL will work with the crisis line responders to more consistently identify and provide referrals for callers who may be eligible for region- or culturally-specific services.

PWCL was not able to meet its objective of distributing the I&R database on a disk to partner agencies as planned this year. A number of crisis line specialists worked this year on developing standardized keywords, taxonomy classifications, and geographic search areas for the database. However, it was discovered that using numerous people to develop the database resulted in significant inconsistencies in the categorization of resources in the database. The PWCL Crisis Line Coordinator and DVCO staff have to clean and recategorize the more than 1,000 records currently in the database before it can be distributed on a disk to partner agencies in the next year.

- *Provision of training:* Monthly trainings occurred this year as planned, with the exception of the months of November, December, and January due to scheduling tions with the PWCL crisis line specialists, which resulted in a signed contract in June. With this resolved, DVCO staff expect to be able to refocus on developing crisis line specialists' skills and responsibilities through continued trainings and supervision. Instituting change at PWCL and across multiple agencies has also been time consuming. The program, which envisions a new service delivery model and a new role for the agency in the existing domestic violence intervention system, requires that each agency make significant changes in the way they provide services. Program staff have been meeting on a regular basis with partner agencies to ensure the involvement of the domestic violence victim services system. Ongoing discussions partner agencies are planned in Year 4 to assess the effectiveness of existing collaborative agreements, problem solve issues or concerns that arise, and to discuss additional ways to improve victim/survivor access to existing services.

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

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For new crisis line staff and volunteers, PWCL has been providing orientation/training that encompasses information and referral skills, program policies and procedures, and training on using crisis line equipment. Starting this year, volunteers also received trainings that were standardized for all domestic violence agencies in the Tri-County region. PWCL volunteers participated in all three unified trainings offered during the past year, with each group also receiving additional agency-specific training on PWCL's philosophy, programs, policies and procedures, and the IRis database system.

- *Collaborative agreements:* During this program year, the program met its objective of developing a Memorandum of Understanding (MOU) with the 2-1-1 social services line and interagency agreements with domestic violence agencies. The MOU with the 2-1-1 line specifies that PWCL will be the primary referral source for callers with domestic violence and/or sexual assault issues. Several collaborative agreements were further developed this year with domestic violence agencies. This included PWCL's role in administering "pre-screening" questions to callers seeking shelter to ensure more appropriate referrals and the development of a protocol for doing "warm hand-offs" (directly connecting caller to the referral source, and making sure that someone is available to talk to the caller). PWCL also formalized individual MOUs with six domestic violence shelter programs regarding answering their crisis line during specified times.
- *Program challenges:* The program experienced two primary challenges this year: staffing changes at PWCL and instituting change within PWCL and across multiple agencies. During this year, a new Executive Director was hired at PWCL. This is the fourth Executive Director in less than three years of program operation. Each new director has had to learn the agency's history, programs, service delivery practices, and role in the system, while building relationships with existing staff and community partners. As with previous turnover, time was spent this year on familiarizing the new Director to the nature and scope of the program. In addition, much of this past year was also focused on the unionization process and contract negotiations with the PWCL crisis line specialists, which resulted in a signed contract in June. With this resolved, DVCO staff expect to be able to refocus on developing crisis line specialists' skills and responsibilities through continued trainings and supervision.

Instituting change at PWCL and across multiple agencies has also been time consuming. The program, which envisions a new service delivery model and a new role for the agency in the existing domestic violence intervention system, requires that each agency make significant changes in the way they provide services. Program staff have been meeting on a regular basis with partner agencies to ensure the involvement of the domestic violence victim services system. Ongoing discussions with partner agencies are planned in year four to assess the effectiveness of existing collaborative agreements, problem solve issues or concerns that arise, and to discuss additional ways to improve victim/survivor access to existing services.

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## Outcome Evaluation

As outlined in the program's Evaluation Measurement Plan, the program will assess: (1) system level changes and improved crisis line services using pre- and post-call data and implementation surveys; and (2) individual level outcome of whether caller's needs were met.

- *Changes in call volume and type:* Preliminary data indicates that the program is meeting its objective of a 20 percent increase in the number of calls related to domestic violence and/or sexual assault this year as compared to year one. When compared to call data in the pre-system implementation period (October 1, 2001 to September 30, 2002), there has been a 55 percent increase in calls related to domestic violence and sexual assault in the most recent one year period (July 1, 2003 to June 30, 2004). During the pre-implementation period, PWCL received 19,713 calls, of which 7,521 were related to domestic violence and or sexual assault (38 percent of overall calls). Although PWCL did not reach its call volume objective this year, there has been a 25 percent increase in the overall call volume this year as compared to year one.
- *Pre- and post-system implementation focus groups and surveys:* Since the program was still in the process of improving and refining its service model in the third year, post-system implementation focus groups and surveys will not be conducted until the final year of the grant. Baseline data were gathered from providers and survivors in year one prior to implementation of the new service model. Similar questions and methods, including surveys and focus groups, will be used to assess changes in stakeholders' satisfaction and perceptions of crisis line functioning in the final year of the grant. Because not enough surveys from survivors were collected in year one, baseline data from survivors will not be used for comparison. However, post-implementation surveys will still be conducted with survivors who have previously had contact with PWCL or other domestic violence crisis lines in the Tri-County area.
- *Outcome of call:* With implementation of the IRis database this year, PWCL began tracking the needs identified by callers, and whether these needs were met or unmet. A caller's need is considered "met" if the crisis line responder either provides the service (i.e. safety planning) or finds an appropriate referral in the category for which the caller was seeking help. Although crisis line responders will generally not know whether the caller later receives services from the referral, they are instructed to mark the need as "unmet" if they cannot find a referral that is likely to provide the needed service. For example, a caller who needs domestic violence shelter when all the shelters are full would be counted in the unmet need, regardless of whether the crisis line responder gave any referral numbers.

Preliminary data available since January 1, 2004 indicate that the top five needs of callers were housing (40 percent of callers), followed by support, information and safety planning (26 percent), civil legal services (7 percent), and counseling/support groups (6 percent) and financial assistance (6 percent). Other needs identified were advocacy/case management (3 percent), transportation assistance (3 percent), medical/dental services

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

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(2 percent), criminal justice services (1 percent). Less than one percent of the needs identified were in the following areas: clothing/household items, employment/education services, adult/child protective services, suicide crisis intervention/counseling, and translation/interpretation. The top five needs were met between 78 and 98 percent of the time. While housing was most frequently cited as a need, crisis line responders only reported this need as “met” 78 percent of the time. Callers’ needs were met 97 percent of the time when the need was related to support/information/safety planning, 98 percent of the time when the caller needed civil legal services, 96 percent of the time when the caller needed counseling/support groups, and 95 percent of the time for financial assistance.

However, these data should be interpreted with caution. During this year, crisis line responders were not consistently recording needs and the outcome of the call (whether need was met or unmet) for all callers. Furthermore, “met” needs included the counting of referrals provided, even if these referrals were not likely to result in a met need for the caller. Improved data collection, coding, and entry training is a priority for year four.

## Program Performance Measures and Outcomes

The performance measure for this program is:

- The number of training/education sessions.

The outcomes for Domestic Violence Centralized Information, Referral and Crisis Line include:

- A total of 11,699 domestic violence and sexual assault calls were received.
- A total of 2,934 calls were received from domestic violence and/or sexual assault intervention partners seeking information from the crisis line.
- A total of nine trainings to Portland Women’s Crisis Line (PWCL) crisis line specialists were provided.
- Maintained up-to-date information and referrals (I&R) information by developing an I&R database and updating the database quarterly. They were unable to distribute the I&R database to domestic violence agencies because the staff member in charge of this objective resigned. Distribution of the I&R database will take place in year four.
- Developed interagency agreements with the six domestic violence agencies that operate a crisis line to include protocols for shelter prescreening and specified times for when PWCL answers shelter crisis lines.
- Developed a Memorandum of Understanding (MOU) with the 2-1-1 social services information and referral line, specifying that PWCL will be the designated first referral source for domestic violence and sexual assault related calls.
- A total of 24,704 calls were received in year three.
- Preliminary data indicates a 20 percent increase in calls related to domestic violence and sexual assault.
- Preliminary data indicates that callers needs were met 97 percent of the time.
- Pre- and post-system implementation surveys will not be conducted until the final year of the grant.

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

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## Lessons Learned

The main lessons learned from program implementation include the importance of having paid crisis line specialists and the involvement of agencies in the domestic violence services system. The use of paid staff continues to be one of the key factors contributing to successful implementation of the new service 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. PWCL crisis line specialists are currently part-time positions with no set schedule and no benefits, which slow staff skill development and can contribute to staff turnover. However, there is room for further development of these paid positions to enhance both program stability and service delivery. As seen with the more comprehensive domestic violence I&R systems such as the Chicago Domestic Violence Hotline, full-time paid staff can learn the nuances and complexities of how various intervention systems work, build relationships with community partners, and take on additional responsibilities such as telephone follow-up and database management. In the next program year, DVCO and PWCL will seek funding opportunities to sustain the new service model, with a priority being additional funding for IRC staff.

Another factor that contributed to the success of this program has been the involvement of the domestic violence victim services system. Partner agencies in the system have been willing to meet countless hours to develop a program model and to work on system wide changes that enhance victim access to services. Partner agencies were engaged in ongoing discussions about the IRC program, resulting in a number of collaborative agreements this program year.

For further information about this program, please contact Ms. Chiquita Rollins at (503) 988-4112.



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

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# Criminal Justice Records Improvement- Five Percent Set-Aside Law Enforcement Data System (LEDS)

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## Program Purpose

Byrne grant guidelines require that each state administrative agency set aside five percent of its annual grant funds for criminal justice records improvement (CJRI). These funds must be spent on programs that promote one or more of the following goals:

- Completion of criminal histories to include the final disposition of all arrests for felony offenses.
- Full automation of all criminal justice histories and fingerprint records.
- Enhancement of the frequency and quality of criminal history reports to the FBI.
- Improvement of state records systems and the sharing of all records described above with the Attorney General.
- Improvement of state records systems and the sharing of all the records described above and the child abuse crime records required under the National Child Protection Act of 1993 (42 U.S.C. 5119 et seq.) among state criminal justice agencies.

Between July 1, 2003 and June 30, 2004, three LEDS programs were funded with CJRI five percent set-aside funds:

### 1. Message Switch

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

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

The LEDS Message Switch Replacement project will design, implement, and deliver an integrated message switch system to electronically transport criminal justice and law enforcement data between user systems and various databases. Unisys, the primary contractor, will deliver LEMS 2000, a turnkey solution. LEMS 2000 is a law enforcement message system software product in use in eight other states. Unisys will install and configure both hardware and software for the replacement system, and provide customized code for Oregon's unique processes.

### 2. NCIC-2000

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 system wide improvements have been made.

## Criminal Justice Records Improvement- Five Percent Set-Aside Law Enforcement Data System (LEDS)

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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.

### 3. Oregon Uniform Crime Reporting (OUCR)

The Oregon State Legislature under ORS 181.550 established the Oregon Uniform Crime Reporting program in 1973. This program was created to meet the need for crime statistics used in operational planning and policymaking. Police departments and sheriff's offices rely on the data to help them support staffing decisions, allocate funding and resources, gauge the effectiveness of specific law enforcement programs, and support legislative and judicial mandates. Many local and state agencies use OUCR data to support their requests to secure federal grant monies, to design new crime-fighting initiatives, or to craft anti-crime legislation.

The Governor's Office, Oregon State Legislature, Media, Researchers, and the academic community rely heavily upon Oregon UCR program data. Additionally this information is forwarded to the FBI for National Uniform Crime Reporting.

# Criminal Justice Records Improvement- Five Percent Set-Aside Law Enforcement Data System (LEDS)

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## Program Performance Measures and Outcomes

The performance measures for these programs are:

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

The replacement of the Message Switch hardware and software has been completed. The new Message Switch is currently on line and system design and programming is continuing. To ensure system capability with all previous LEDS Switch transactions, the vendor is working with LEDS to write system programming. There are currently 49 users who have yet to upgrade to the new Switch capability. Over 200 previous users have upgraded, and 150 new users have connected via the enhanced Switch.

LEDS is now able to support NCIC-2000 transmission protocols. At the start of the program two agencies were reporting in NIBRS format, currently 24 agencies are reporting in NIBRS format. The goal is for all agencies / locations (248) to report in NIBRS format. Users are reporting quicker transaction turnaround times and cost reductions associated with connecting via TCP/IP instead of Bisync phone lines. The CrimeVue database has been upgraded, but continued development of the programming for transactions that are processed through the database is continuing.

## Program Resources

### *Byrne Funding*

LEDS receives Byrne grant funding of \$323,330 and provides matching funds of \$70,743. During the period of July 1, 2003 through June 30, 2004, the program expended \$615,751 in federal funds and \$175,442<sup>1</sup> in match funds.

For further information about this program, please contact Mr. Terry O'Connell at (503) 378-3055 ext. 55020

<sup>1</sup> LEDS is reporting on previous federal grants awarded during a prior reporting period yet expended during this reporting period.

# Program Summaries: Developing or Improving the Capability to Analyze DNA for Identification Purposes

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# Improving DNA Analysis Capabilities

## Forensic Services Division

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### Program Purpose

Funds were awarded to the Oregon State Police Forensic Services Division to improve the state's forensic laboratory capabilities for enhancing DNA analysis for identification purposes by (1) increasing the efficiency of DNA sample collection, screening, and analysis and (2) keeping current with, and developing and implementing, new technologies for improving the DNA unit's capabilities.

Specifically, Byrne grant funds will be used to (1) purchase DNA kits and supplies for DNA sample collection, screening, and typing, (2) train and test DNA forensic scientists to maintain expertise, technology, and proficiency, and (3) review, validate, and implement new technologies.

Purchased kits and supplies for DNA sample collection, screening, and typing include:

- ABA hematrace kits for the forensic identification of human blood
- ABA P30 kits for the identification of semen or seminal fluid
- DNA quantification and typing kits for the validation of the reverse transcription-polymerase chain reaction (RT-PCR) instrument. RT-PCR is the most sensitive technique for mRNA detection and quantitation currently available. Compared to the two other commonly used techniques for quantifying mRNA levels, RT-PCR can be used to quantify mRNA levels from much smaller samples and the technique is sensitive enough to enable quantitation of RNA from a single cell.
- Sexual assault examination kits
- Convicted offender buccal swabbing and scanning cards for the required collection of all felony offender samples
- ABI profiler/cofiler typing kits and DNA specific consumable supplies for processing and typing of DNA casework samples

### Program Performance Measures and Outcomes

The performance measure for this program is:

- Amount of grant funding used to develop/improve DNA laboratories

During the reporting period, the Forensic Services Division was able to purchase \$79,475 in kits and supplies to conduct DNA analysis and provide training to forensic scientists so that they keep current with expertise and technology in the field.

### Program Resources

#### *Byrne Funding*

The Forensic Services Division receives Byrne grant funding of \$61,531 and provides matching funds of \$20,510. During the period of July 1, 2003 through June 30, 2004, the program expended \$59,606 in federal funds and \$19,869 in match funds.

For further information about this program, please contact Mr. David Schmierbach at (503) 378-3720.







FY 2003 Annual Report  
Edward Byrne Memorial State and Local Law Enforcement Assistance Program Grant