



Marion County

Local High-Risk
JUVENILE CRIME PREVENTION PLAN
2017-2019

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INTRODUCTION

As per ORS 417.855 all counties in Oregon must develop a local high-risk juvenile crime prevention plan. The board of county commissioners designate an agency or organization to serve as the lead planning organization to facilitate the creation of a partnership among state and local public and private entities in each county. The partnership shall include, but is not limited to, education representatives, public health representatives, local alcohol and drug planning committees, representatives of the court system, local mental health planning committees, city or municipal representatives and local public safety coordinating councils. Plans must use services and activities to meet the needs of a targeted population of youths who have more than one of the following risk factors:

- A. Antisocial behavior;*
- B. Poor family functioning or poor family support;*
- C. Failure in school;*
- D. Substance abuse problems;*
- E. Negative peer association; and*
- F. Youth, clearly demonstrating at-risk behaviors that have come to the attention of government or community agencies, school or law enforcement and will lead to imminent or increased involvement in the juvenile justice system.*

In Marion County, the board of commissioners has designated the Juvenile Department to serve as the lead planning organization to facilitate the creation of a partnership among state and local public and private entities.

1. POSITIVE YOUTH DEVELOPMENT APPROACH & PROGRAMMING

The Family Support Program (FSP) addresses concerning behavior of youth ages 9-13 within the context of their family system. Referrals are most commonly received from law enforcement, school staff, juvenile probation officers for younger siblings of youth on probation, family self-referral, and from partner agencies. Once a referral is received, a Family Support Specialist (FSS) offers a meeting with the youth and family to assess eligibility for services. Eligible youth score medium or above on the Juvenile Crime Prevention Risk Assessment tool (JCP). The Family Support Specialist explains the program, and asks if the family would find value in participating. The program is voluntary, so the engagement of the youth and family at intake is critical. The FSS use the Family Check Up for the youth and family to prioritize areas of concern, establish goals and assist in the development of skills, supports, and access to resources. The program addresses, assists and supports the youth and family to mitigate areas of risk within the domains of the JCP which include: substance abuse; family functioning; negative peer associations; education; attitudes, values, and beliefs.

The Family Check Up tool and ongoing engagement with the youth and family is focused on identifying, supporting and strengthening what is working within the interactions and relationships of the family members. Supporting and strengthening the family interactions and relationships is a primary focus of the program.

In completing the initial intake JCP there is already a conversation that begins with the youth and family. Regardless of whether the youth scores as "low-risk" and is ineligible for the Family Support Program, the FSS will recognize and validate those areas of strength in the family relationships and parenting. The FSS provides assistance by identifying and connecting the family with appropriate community resources.

When a family is eligible and volunteers to participate in the program, Family Support Specialists work closely with the youth's parents and school staff to understand the education issues, model and support parents in advocating and supporting their youth's educational success, strengthen parental involvement in completion of homework and education engagement, and facilitate connectivity to healthy after school activities.

The program supports families in holding youth accountable by providing appropriate consequences, structure and limit setting, and initiating a system of recognition and rewards for positive behavior and accomplishments.

Parents are assisted and supported to identify, acknowledge and access treatment resources for family counseling, substance abuse and mental health issues to remove any barriers and increase their ability to appropriately parent and guide youth.

The program is designed to be a maximum of nine months in accordance with evidenced based principles of the Corrections Program Checklist from the work of Dr. Ed Latessa (Professor of the School of Criminal Justice at the University of Cincinnati). The majority of the time spent with the family is within the family home or school. FSS involvement is more frequent and intensive at the beginning and tapers off over time as family members find a comfort level in incorporating new skills.

The Family Support Program (FSP) consists of two Family Support Specialists, one of whom is bi-lingual and bi-cultural and serves the monolingual Spanish speaking community in the county.

The program promotes positive youth development within the context of the family system. Programs often invest in the youth without creating any changes within the interactions and relationships within the family. This program exemplifies key elements of positive youth development and resiliency in interactions with youth while modeling, teaching and supporting parents in implementing positive youth development approaches.

The Family Support Program incorporates the following:

Irlen Syndrome: Youth referred to the Family Support Program are screened for Scotopic Sensitivity, a perceptual processing disorder (the brain's ability to process visual information), and provided with information and resources for diagnosis as appropriate. Scotopic Sensitivity can significantly impact reading, attention and concentration, writing, and math. It can manifest with physical symptoms such as headaches, fatigue, and eye strain, as well as behavioral.

Family Check Up: The Family Support Specialists are trained and provided with ongoing support in implementing the Family Check Up (FCU) Model by clinical staff of The Child and Family Center at the University of Oregon. FCU is a brief, strength-based comprehensive family assessment that engages youth and families in identifying areas of strengths and challenges. The assessment is used to collaborate with parents to evaluate their needs and identify areas they have interest in addressing to improve relationships and functioning of their family.

Every Day Parenting: The Family Support Specialists are trained and provided with ongoing implementation support in the Every Day Parenting curriculum by clinical staff of The Child and Family Center at the University of Oregon. Every Day Parenting curriculum is divided into three areas of skills based on the concept of mindful parenting: supporting positive behavior, setting healthy limits, and building family relationships by helping parents change interaction patterns that occur daily in families and relationships.

Skillstreaming: is a four-part training approach—modeling, role-playing, performance feedback, and generalization—to teach essential prosocial skills and relationship skills to children and adolescents. The curriculum contains 50 skill lessons and includes six skill groups: Beginning Social Skills, Advanced Social Skills, Dealing with Feelings, Alternatives to Aggression, Dealing with Stress, and Planning Skills.

Effective Practices in Community Supervision (EPICS) and Cognitive–Behavioral tools (CBT): Teaching youth the link between thinking, feelings and actions gives them opportunities to explore risky thinking and behavior patterns and replace these with:

- pro-social thinking;
- developing skills to evaluate positive and negative decisions;
- increase feelings identification; and
- emotional regulation and empathy.

Case plans: translate Juvenile Crime Prevention Assessment risk and protective factors and Family Check-up results into a roadmap for youth, parents and the Family Support Specialist. Case plans identify long and short- term goals, competencies and interventions to be utilized and allow for the evaluation of progress and achievement of desired outcomes.

HOPE Survey: Hope is a cognitive-based motivational theory helping youth learn to develop the capacity to create strategies to attain their goals. (Snyder, 2002) The HOPE theory identifies two cognitive processes termed 'pathways' and 'agency'. Pathway is the mental strategies toward goal attainment

and agency is the mental energy or capacity the youth has to self-direct and sustain movement toward their goals. Research consistently demonstrates the compelling benefit for positive outcomes when a youth has high levels of hope.

The initial interaction with the Family Support Specialist and youth and family is about building trust by providing information on the program referral, explaining what involvement in the program would look like, and how the family would be directing the areas of focus and investment. Transparency promotes trust and a sense of safety. From the first meeting program staff respect families' "voice and choice" and support their decision to accept these voluntary services or not.

Families are encouraged to provide the types of information and the level of disclosure that they feel comfortable with as the relationship with the FSS evolves over time. They are provided information about confidentiality and that releases are required for information to be shared. Families may elect to include relatives, such as grandparents, or friends as supports in meetings in order to feel more comfortable or safe.

The initial meeting often occurs in the home if desired by the family to increase comfort. The Family Check Up reflects what the family members say about their perception of how things are working and is the basis for families to select the areas they want to invest in to reach the outcomes they desire. The Family Check Up is family centered, tailored to the unique needs and desires of the family, and strength based by validating existing strengths and building, practicing, and reinforcing youth and adult skills. A major focus is the relationships, interactions, and communication between family members.

Ongoing interactions between Family Support Specialists and youth include motivational interviewing, active listening and positive behavioral supports such as tangible incentives and reinforcers as well as praise and recognition. Youth develop problem solving, emotional regulation, decision making, conflict management skills, and explore their attitudes, values and beliefs through the use of Effective Practices In Community Supervision (EPICS) Skills Streaming and Cognitive Behavioral Tools developed by the University of Cincinnati. These include Pros and Cons, Cost Benefit Analysis, Behavior Chain, and Cognitive Restructuring. FSS encourage youth efforts and achievements, inspire them to consider future possibilities and acknowledge change and progress towards short and long-term goals. Conversations are child directed but include coaching and social skills work, with a focus on communication that builds relationships. FSS create opportunities for fun interactions during meetings and demonstrate interest in youth's lives and interests by attending activities and events.

The Family Support Program promotes improved relationships with peers and natural supports by social skills development that maintains and improves strength-based interactions. Due to the profound effect of peer influence, staff work with parents on youth monitoring and family management. The FSS strives to teach skills that recognize healthy relationships, pro-social peers, improved strength based interactions and help youth engage and maintain positive peer supports. Youth are encouraged to assess peer relationships and how they reflect on their values and needs and support social success.

Family Support Specialists guide parents to gain and practice techniques that increase positive interactions with their child (children), improve daily interactions and promote connectedness. Staff emphasize youth and parent strengths to validate healthy family interactions. They provide praise and recognition, demonstrate supportive communication, relationship building, personal accountability, problem solving, and commitment and integrity: all skills that they want parents to exhibit in a parallel process with their youth. FSS provide direct support in assisting parents to navigate and weather challenges when trying to access community services.

FSP know the local resources and community agencies and broker services for youth and families with mental health agencies such as Children's Behavior Health, New Solutions and refer families to MV WRAP. They reach out to Developmental Disabilities and Child Welfare when necessary and assist families to work with their faith community, recreational services and to access local food bank and utility services when needed.

Supporting the youth and families strengths and enhancing the use, depth, and levels of competency in a variety of situations (and in response to a variety of stressors and events) occurs in every interaction with the FSS. Family Support Specialist mediate stress and conflict using rapport with youth and parents to teach and model positive communication, support and affirmation, tolerance, and encourage perseverance and resilience.

Family Support Specialists engage in collaborative partnerships with area schools including attending planning meetings and working with teachers and counselors to develop interventions that improve behavior and invite parent engagement. FSS coach parents on connecting with schools, developing relationships with school staff, and investing in the educational process. They support parents in holding youth accountable for attendance, completion of homework, academic achievement, advocacy for their youth's needs, and recognition and rewards for accomplishments. Supporting the value of educational engagement and environment conducive to learning and homework completion, communication between parents and educators, and youth accountability is critical for school success.

The Family Support Specialists recently completed training with Dr. Chan Hellman, College of Arts and Sciences Department of Human Relations University of Oklahoma on the Science and Power of Hope. Through the Hope Survey, youth are measured for how hopeful they are. Youth that are hopeful are more resilient and successful. Youth showing apathy (the opposite of hope) are less hopeful. The FSP already incorporates youth and family identification of goals and development of pathways to achieve those goals into the program – key elements of increasing hope. The Hope Survey will be incorporated into the work of the Family Support Program.

In the fall of 2016, the Juvenile Department made a significant investment in mandated trainings for all juvenile department employees and the Family Support Program staff. In addition to HOPE, experts were brought in to train staff on: Understanding the adolescent brain (Karen Williams, MSSW) ; childhood trauma (Dr. Vincent Felitti, one of the authors of the Adverse Childhood Experience Study (ACES)); and trauma informed care (Dr. Mandy Davis, Co-Director of Trauma Informed Oregon and Associate Professor of Practice at Portland State University's School of Social Work).

Cultural awareness and sensitivity is part of ongoing training at the Marion County Juvenile Department.

2. JUVENILE CRIME PREVENTION RISK ASSESSMENT TOOL

The Juvenile Crime Prevention Risk Assessment (JCP) is used to determine eligibility for services. Youth eligible for Family Support Services must score as medium, medium-high, or high risk.

The JCP is widely used by every Marion County Juvenile Department Probation Officer and is integrated in our services. Family Support Staff are trained in the use of the JCP. Training for new hires, and refresher trainings as needed are provided by the Juvenile Department.

The JCP is a validated risk tool for the target population and assesses risks in domains that have been

identified through research to be tied to criminal behavior. The risk factors identified in the JCP are used to build a case plan that addresses skill development and risk mitigation in the areas of: attitudes values and beliefs; negative peer associates; educational engagement and conduct; and family functioning. The case plan format is the domains from the JCP and creates the road map for the FSS and the family to build an action plan with goals. The JCP is used at the beginning, middle and end of services to measure outcomes.

The Juvenile Crime Prevention Theory of Action Risk and Resiliency Factors mirror what is assessed through the JCP risk assessment. The case plan uses the resiliency factors within the strategies and actions to achieve the goals (outcomes). The critical Positive Youth Development Factors are the areas of focus with the youth and family (strengthening youth engagement with school, developing relationships, communication skills, conflict management, parenting, decision making, emotional regulation, goal setting, pro-social behavior etc.). The interventions in the skill building create the changes in resiliency factors to accomplish the youth development outcomes.

The JCP assessment data is entered into the Juvenile Justice Information System (JJIS) for youth who are referred by law enforcement. All other referral sources data will be entered into the Youth Development Council (YDC) database when operational. County support staff or Family Support Staff enter these assessments. A "Family Support Measureable Outcomes" form is completed when a youth leaves services. That data along with the JCP assessments are used to evaluate service outcomes.

3. PLANNING PROCESS

On May 10, 2016, Dr. Mary Arnold, Professor and Youth Development Specialist at the Oregon State University, and member of the Youth Development Council, provided a presentation to the Marion County Public Safety Coordinating Council (MCPSCC) on Positive Youth Development (PYD) and Juvenile Crime Prevention (JCP). Her presentation included trauma informed programming; developmental relationships; youth program standards; critical PYD factors for youth at risk for juvenile crime; juvenile crime prevention risk assessment; aligning risk and resiliency factors with JCP outcomes; and juvenile crime prevention program theory.

At the same meeting, the Family Support Program staff provided the council with an overview of the program funded through Juvenile Crime Prevention, service delivery model, eligibility, curriculum used, and integration of the elements discussed by Dr. Arnold within the Marion County Juvenile Department's Juvenile Crime Prevention Program.

On February 21, 2017, a community planning meeting was held at the Marion County Juvenile Department to discuss the Juvenile Crime Prevention Planning process, Family Support Program, and community needs and gaps in services. Several members of the Marion County Public Safety Coordinating Council (MCPSCC) participated including: The Presiding Circuit Court Judge; District Attorney; Citizen Member and MCPSCC co-chair; Oregon Youth Authority Parole and Probation Supervisor; Director Marion County Community Services; Circuit Court Administrator; and Chief of Police – Keizer.

Other attendees represented: Local Alcohol and Drug Planning Committee; Community Action Agency; Deputy District Attorney assigned to Juvenile; Department of Human Services Child Welfare; Catholic Community Services; Children's Behavioral Health; Marion County Children's Behavioral Health; Marion County Health Community & Provider Services; Salem Police; and Salem Keizer School District Student Services Coordinator.

On March 14, 2017, the 2017-19 Juvenile Crime Prevention Plan was approved by the Marion County Public Safety Coordinating Council during their regular meeting.

Marion County has active processes to consider local community juvenile justice issues, needs, barriers, and service gaps. The Children and Families Commission, Youth Resources Action Team, Family Preservation Action Team, Runaway and Homeless Task Force, (Mid-Willamette Homeless Initiative Strategic Plan adopted February 7, 2017); Marion & Polk County's System of Care Executive Committee, and the Local Public Safety Coordinating council are just a few examples. Marion County just completed a yearlong partnership with Multnomah County and Third Sector Capital on a Pay For Success project. This project sought to define and describe a target population to be served through an intensive in-home family support model. The Juvenile Department is involved in discussions with a community partner considering needs, target population, programs and services to support a community investment in Hispanic and Latino families. In October 2015, the Alliance for Hope international completed a Marion County community assessment evaluating the response of government and community based agencies to domestic violence and related child abuse, sexual assault, and other childhood trauma. "The mission of the Alliance is to create pathways to hope for women, children, and men who are victims of domestic violence and related sexual assault (and co-occurring child abuse) through collaborative, integrated multi-disciplinary centers, teams and initiatives in order to break the generational cycle of violence and abuse in families across the United States and around the world."(Marion County Community Assessment report, October 2015,)

Marion County has a number of research efforts and tools to identify issues, needs, barriers, and service gaps:

- Escalation to Oregon Youth Authority that considers the factors that contribute to a youth escalating into the Oregon Youth Authority (OYA) system of residential placement or Youth Correctional Facilities;
- OYA Youth Reformation System predictive success rates (PSR) that uses analysis to identify where a youth might best be served to achieve the outcome of no new felony convictions:
 - Community Juvenile Department,
 - OYA residential placement, or
 - OYA Youth Correctional Facility;
- The Marion County annual jail surveys where inmates are surveyed at one point in time, and, information is obtained as to their juvenile histories of trauma, substance abuse, family events, educational issues, etc

In partnership with the Oregon Youth Authority (OYA), the Juvenile Department is looking at factors present in youth that end up in OYA's state-wide residential treatment programs, or in a Youth Correctional Facility. Researching the data base of youth already committed to OYA indicates there are populations of youth that would be better served in the community -if the community has the appropriate resources, programs and services to safely manage these youth.

The following identifies the needs, barriers, and service gaps identified through the active processes and existing research and reports. These were reviewed by the participants of the community planning meeting on February 22, 2017 and the list was updated to include their additions.

Youth Mental Health: Educate and infuse mental health best practices into existing programs to address youth needs at all access points:

- Coordinate mental health hub that youth can access during late evening hours.
- Coordinate a system connecting youth to needed social services – especially youth who have mental

health, alcohol, and drug issues.

- Lack of placement resources for youth with significant mental health needs and behavioral problems.
- Reduce waiting list for MV-WRAP.
- Youth are placed inappropriately in detention due to lack of resources and/or coordination of services to make proper decisions and placements
- Youth committed to Youth Correctional Facilities with serious mental health issues or serious emotional disturbance

Youth and Family Support: Coordinate services, supports, providers and families in a way that promotes the welfare of youth in their own homes and communities:

- Improve visitation practices at Oregon Department of Human Services.
- Recruit foster parents to create family siblings placements, in lieu of placing a large numbers of foster children in one home. Support foster parents.
- Develop programs and services to support youth transitions from foster care. Include:
 - Supporting youth in managing the impact of early childhood experiences,
 - Supporting family members in reunification,
 - Parenting and support of youth given early childhood experiences, and
 - Supporting parents in healthy family functioning.
- Coordinate training and implementation of the Family Check Up program for targeted sectors: education, public safety, early childhood, mental health, and social services – no wrong door to access services
- In partnership with state government partners, develop a model for youth on probation to support them in the community within the context of families. Reduce commitments to Oregon Youth Authority residential placements and Youth Correctional Facilities. The model would address the whole person by focusing on educational, health, and social/emotional outcomes, and other factors including: parent skill building, family engagement, collaborative and customized treatment, and trauma-informed care interventions.
- Family preservation and support.
- Reduce teen pregnancies.
- Strategize to prevent child abuse.
- Reduce domestic violence and increase supports for adult survivors and children.
- Consider how to provide referrals and services to children and youth not in the juvenile justice system or connected to victim services. Include mentoring.
- Align community resources to help the community become more effective in mobilization for positive youth development in Marion County. Identify the key partners, funding sources, and community readiness to improve wellness outcomes for youth.
- Mentoring available to support youth across the continuum of services, ages, and needs.
- Foster or respite options for families in crisis where youth can be safe while family issues are being assessed and worked on. Respite care on all levels for time outs for parents and for youth.
- After normal business hours and weekend availability and access to supports for youth and families.
- Risk assessment tools appropriate for young women and programs, interventions, supports and services effective for young women.
- Trauma informed care for young women.
- Avenues to connect with and support youth when schools are on break.
- Coordination with everyone involved with a family. Reduce need for information and paperwork requested of families with each agency.

Runaway and Homeless Youth Options: Increase shelter options and services for youth in our community:

- Support and expand neighborhood-based community centers for homeless families and youth, such as Salem Dream Center and Mid Willamette Valley Community Action Agency's Home and Resource Center.
- Use of safe families for children program.
- Explore reception center concept.
- Work with local programs that focus on youth homeless prevention.
- Address barriers that homeless children face in advancing their education:
 - Ten-day absentee policy;
 - School-based work skills development programs;
 - Tutoring/mentorship for students in the gap between mainstream and alternative school; and
 - Professional development opportunities for educators and staff dealing with homeless and high risk populations.
- Prioritize runaway and homeless youth as a major focus. Identify gaps in services and resources needed to fill gaps.
- Increase community out-reach and family support to reduce the amount of time and events where youth are on the run.
- Encourage a portion of new housing to offer homeless families.
- Supports and services for lesbian, gay, bi-sexual, transgender, questioning, and gender non-conforming youth.

Domestic Violence:

- Encourage a portion of new housing to offer as a priority to victims of domestic violence.
- Implementation of the Alliance for Hope Community Assessment report recommendations incorporated into Marion County Community Assessment Recommendations and Next Steps.
- Assistance for families in negotiating systems responding to domestic violence, and providing ongoing support.
- Options for referrals to support youth identified in homes when police respond to domestic violence calls.
- Assessments for youth and family needs and resources to address these needs.

Minority Youth Over-Representation: Identifying effective strategies to reduce over-representation in the juvenile justice system:

- Expand alternatives to detention and residential treatment.
- Cultural sensitivity and responsiveness interactions, programs, and services that recognize and support cultural differences.
- Partner with higher education to identify skill sets for working with youth and families in social services.
- Family support services for healthy families.
- Educational supports.
- Coordinate providers involved with a family.

Education:

- Overlap in Salem and Keizer schools.
- Coordinate services being provided to prevent duplication.

Youth Employment: Give youth skills while in school. Transitioning them to the next level:

- Establish a system that allows young people to work while gaining needed skill sets.

- Assist the school districts to offer effective and relevant financial literacy training in selected schools through proven curriculum materials and community trainers.

Crossover Youth: Youth who have histories of abuse and neglect involved with child welfare who cross over into the juvenile justice system:

- Partnership and commitment to implement the crossover model
- Adequate resources to appropriately serve youth given what is known about brain development and trauma.
- Alternative strategies to reduce crossover youth commitments to youth correctional facilities.

Substance Abuse: Resources needed to address serious substance abuse issues:

- Youth residential substance abuse treatment resources.
- Length of treatment appropriate to adequately address youth issues sometimes conflicts with insurance allowed length of stay.
- Youth engaging in substance use and abuse at earlier ages (10-12). Appropriate services needed for them.
- Need avenues to address substance abuse and parents as we work with youth. Issue creates inability for parents to appropriately parent their youth.
- Need a coordinated community prevention strategy.

Marion County is Oregon’s fifth most populous county. With four of fourteen state correctional institutions, two state juvenile corrections facilities, and the Oregon State Hospital housing offenders with psychiatric diagnoses, the county population of state prisoners and local inmates is the highest per capita rate of any Oregon county. More than 27% of Oregon’s total prison population is housed in Salem, the county seat and Oregon’s capital. (*Marion County Pay For Success Final Report, August 2016*). Marion County is located in the Willamette Valley with 20 incorporated cities, encompassing nearly 1,200 square miles with a population 330,700 (*Marion County web site*).

Youth between the ages of 9 and 13 comprise 8% (23,357) of the total population in Marion County. This age group (9-13) represents approximately 17% of the total youth population referred to the Marion County Juvenile Department in 2016. Hispanic youth represent 41% (9,616) of the overall county 9-13 population. 36% of the referrals to the Juvenile Department in 2016 were Hispanic. Gender for this age group in general population of youth is almost equal, but the gender ratios for youth involved in juvenile justice show males consistently above 65% of youth referred. (*All population data found at Easy Access to Juvenile Populations: 1990-2015 (<https://www.ojdp.gov/ojstatbb/ezapo>)*). Referral statistics for Marion County come from the Juvenile Justice Information System.

Profile of Youth in the Family Support Program

Youth who are referred to the Family Support Program who complete the JCP risk assessment at the initial intake meeting have the following profile:

School

- 73% are not attached to school
- 69% are failing
- 69% have had an expulsion or suspension in the past 6 months.

Peers

- 67% are engaged in unlawful or serious acting out behavior
- 70% have been suspended, expelled or dropped out of school

Family

- 59% have poor family supervision
- 60% have serious family conflicts
- 56% History of reported child abuse or domestic violence
- 59% family trauma/disruption during past 12 months

Anti-social thinking, attitudes and values

- 73% have anti-social thinking, attitudes, values and beliefs

Substance Abuse

- 28% substance use began at age 13 or younger
- 15% current substance use causing problems in youths life
- 19% substance use beyond experimental use (uses alcohol or drugs regularly)

Given that these youth are aged 9 to 13, the fact that they are already using drugs and alcohol beyond experimental use to the point of creating disruption in their lives, is of great concern.

One of the strongest predictors of future criminal behavior is a referral for a crime prior to age thirteen. FSP statistics indicate 96% of the youth who met the medium to high-risk eligibility criteria, were referred for criminal activity. The age of culpability restricts youth 9-12 from being within the jurisdiction of the juvenile justice system.

These are youth and families with complex issues not easily or initially served in other programs in the county.

JUVENILE CRIME PREVENTION FAMILY SUPPORT PROGRAM

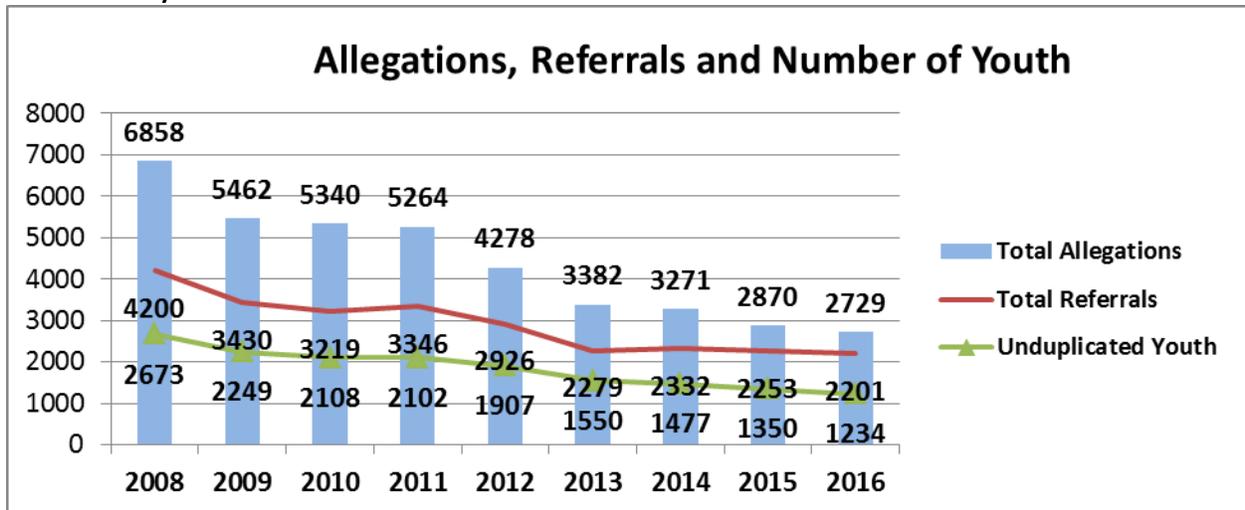
Youth Profile: 2010-2016

TOTAL YOUTH IN PROGRAM – 252

(Average age of assessment – 11)

	Medium to High Risk (6 -30)
<i>2.1 Significant school attachment/commitment (has significant involvement/commitment to school)</i>	(-73%)
2.2 Academic failure (recently failed, or currently failing two or more classes)	69%
2.5 Suspension(s) or expulsion(s) during past 6 months	69%
<i>3.1 Friends disapprove of unlawful behavior</i>	(-65%)
3.2 Friends engage in unlawful or serious acting-out behavior	67%
3.3 Has friends who have been suspended or expelled or dropped out of school	70%
3.5 Substance abusing friends	39%
4.1 Chronic aggressive, disruptive behavior at school starting before age 13 (stealing, fighting, bullying, threatening, shunning, starting rumors/malicious gossiping)	75%
4.4 Referred for a criminal offense at age 13 or younger (misdemeanor or felony charges; exclude status offenses, violations, infractions)	96%
<i>4.5 Involved in constructive extra-curricular activities (sports, clubs, music, theater, arts, etc.)</i>	(-77%)
4.8 Behavior hurts others or puts them in danger (check if true at any time in past)	71%
4.10 Behavior hurts youth or puts her/him in danger (check if has been true at any time in the past) (suicide, excessive risk-taking)	50%
4.11 In past month, youth's behavior has hurt or put her/him in danger (suicide, excessive risk-taking)	55%
4.12 A pattern of impulsivity combined with aggressive behavior toward others	64%
<i>5.1 Communicates effectively with family members (both verbal and nonverbal shared communication with healthy relationship boundaries)</i>	(-65%)
5.2 Poor family supervision and control (don't know where youth goes, what youth does, and has little influence in such matters)	59%
5.3 Serious family conflicts (family often yell at or insult each other in ways that make youth uncomfortable/unhappy)	60%
5.4 History of reported child abuse/neglect or domestic violence	56%
5.8 Family trauma/disruption during past 12 months (separation/divorce, frequent moves, inadequate finances, illness, death, abandonment)	59%
7.1 Anti-social thinking, attitudes, values, beliefs (attitudes or values which are accepting of delinquent behavior, drug use, and/or violence)	73%
7.2 Youth lacks empathy, remorse, sympathy, or feelings for his/her victim(s)	53%
Items that are of special concern for the age of the youth	
6.1 Substance use beyond experimental use (uses alcohol and/or drugs regularly)	19%
6.2 Current substance use is causing problems in youth's life (youth is having problems with school, the law, family, friends or community related to alcohol/drug use).	15%
2.8 Diagnosed learning disability or concrete evidence of cognitive difficulties	32%
5.8 Family trauma/disruption during past 12 months (separation/divorce, frequent moves, inadequate finances, illness, death, abandonment)	59%
6.3 Substance use began at age 13 or younger	28%

Marion County Juvenile crime trends since 2008



The Family Support Program measures outcomes by change in risk and protective factors on the JCP assessments. These show youth who received FSP services make significant improvements in key areas.

Oregon County Juvenile Justice measures overall public safety with the rate of criminal re-offense within twelve months of the first criminal referral. Referrals come from law enforcement and allege that a criminal offense has been committed by the youth. Only youth assessed at medium to high-risk to recidivate as determined by the JCP assessment are eligible for FSP services. Youth who successfully completed FSP services from 2010 through 2015 show a lower rate of recidivism 12 months after completion of FSP services. This is a more specific measure of recidivism than the statewide measure. We look for any criminal referrals after the provision of services has ended, or from the date the youth/family declined, or was referred elsewhere.

All above data is from the Juvenile Justice Information System (JJIS).

4. RELATION TO LOCAL DATA ON DISPROPORTIONATE MINORITY CONTACT [DMC]

Marion county tracks and reports disproportionate minority contact annually using the Oregon Juvenile Justice Information System (JJIS 471 Series of Reports). In 2012 and 2016 an external analysis was completed by Dr. Bill Feyerherm of Portland State University. The disproportionately in Marion County happens primarily for Hispanic youth. They are consistently over-represented at Referral from law enforcement, under-represented with Diversion services and detained at our detention at higher rates than White youth. For the last two years (2015, 2016), parity has been achieved in detention indicating efforts to offer other options for Hispanic youth are having an effect on local practices. Diversion from petition to court for Hispanic youth is trending down and in 2016 was at parity. We continue to look for opportunities to connect these youth with diversion services.

Table below shows the Juvenile Department's Relative Rate Index trends for the past 5 years.

MARION COUNTY RELATIVE RATE INDEX 2012-2016

(Youth ages 10 through 17)

SIGNIFICANT RELATIVE RATE INDEX COMPARED WITH WHITE JUVENILES						
	YEAR	BLACK	HISPANIC	ASIAN	NATIVE AMERICAN	ALL MINORITIES
Refer to Juvenile Court	2012	1.89			2.73	
	2013	2.25		0.62	2.93	
	2014	1.99		0.58	3.71	
	2015	2.55	1.4		3.13	1.43
	2016		1.35	0.48	4.64	1.58
Cases Diverted	2012			0.70		
	2013					
	2014			0.74		
	2015				1.4	
	2016					
Cases Involving Secure Detention	2012		1.56			1.45
	2013	1.54	1.58	1.54	0.57	1.41
	2014	2.07	1.40		0.38	
	2015	1.38			0.47	
	2016	2.68				
Cases Petitioned	2012		1.53	1.54	.	1.42
	2013	1.52	1.35			
	2014	1.60	1.36	1.71		
	2015					
	2016	1.95				

NOTE: Results displayed *ONLY* if RRI value is significant.

In order to identify those areas of highest priority, we have used the OJJDP Endorsed Criteria for interpreting the RRI matrix:

1. Statistical Significance
2. Magnitude of the RRI values
3. Volume – the number of youth involved and / or the numeric extent of disproportionate contact.
4. Comparison with other States / communities

In order to use these criteria in examining county data in Oregon, we used the following cutoff points:

1. For Statistical Significance the Index must be significant at the P<.01 level
2. For Magnitude, the Index value must be over 1.33 in magnitude or under .75
3. For Volume, the number of cases to be changed in order to reach statistical parity must be at least 25
4. For Comparison, the index value must be above the 75th percentile, or for diversion and probation decisions, below the 25th percentile when compared to all other Communities providing DMC reporting.

The Family Support Program serves youth who are not yet involved in the Juvenile system. It's effectiveness with Hispanic youth can directly impact these youth progressing further into the system.

5. POPULATION TO BE SERVED

The Family Support Program serves youth and their families in Marion County, although consultation occurs occasionally with youth who live in Linn County and attend school in Marion County in the Stayton, Jefferson, and Mill City areas. Referrals are made by school staff, law enforcement, and community agencies such as mental health and New Solutions, Department of Human Services, recommendations from previous clients, probation officers working with a family concerned about younger siblings in the family, and parents who self refer to FSP with concerns about their youth.

To be eligible for services a youth must be nine to thirteen years old and score at a minimum medium on the Juvenile Crime Prevention Risk Assessment. Youth served in the program are non-adjudicated. However, more than half of the youth are referred by law enforcement with criminal behavior as a concern. There is no other program in Marion County that offers services to this age youth designed to address and intervene in criminal behavior through assessing and mitigating criminogenic risk factors.

Historically we receive roughly 200 referrals a biennium and do no outreach or promotion of the program. There is a high demand for Family Support Services, however only two Support Specialists. Roughly 100 youth will be eligible, volunteer, and participate during the biennium and can be timely served within the program capacity of two Family Support Specialists.

Demographics of the referred and served youth are similar, with the exception of a higher percentage of Hispanic youth that met criteria and engaged in services. Half (54%) of the referred youth were non-Hispanic Caucasian and 36% Hispanic. Overall, 72% of referred youth were male, which matches overall juvenile justice proportions.

6. JCP STRATEGIES AND OUTCOMES

Marion County Juvenile collects all JJIS data for youth with referrals and youth without a criminal referral are tracked in our internal CRIS system. We are able to report all demographic information and service data as described in Appendix H – Required Data Collection and Reporting for all youth served by the Family Support Program.

Outputs to be tracked in JJIS and our internal CRIS data system for youth with community referrals will include:

- Number of youth referred
- Number of youth assessed
- Number of youth met criteria
- Number of youth engage in services

Outcomes will be measured by change in risk and protective factors on the JCP assessments, successful completion of the program, recidivism, and lack of committing first crime. We will use JJIS, CRIS and Data Manager data to compile these outcomes.

7. EVIDENCE BASED PRACTICE AND CULTURAL APPROPRIATENESS

Skillstreaming: Addresses the social skill needs of students who display aggression, immaturity, withdrawal, or other problem behaviors. This newly revised book offers the most up-to-date information for implementing the *Skillstreaming* approach, which utilizes modeling, role playing, performance feedback, and transfer (homework). Students develop competence in dealing with interpersonal conflicts and learn to use self-control. The curriculum contains 50 skill lessons and includes six skill groups: Beginning Social Skills, Advanced Social Skills, Dealing with Feelings, Alternatives to Aggression, Dealing with Stress, and Planning Skills.

- Goldstein, A.P. & McGinnis, E. (1997). *Skillstreaming the adolescent: New strategies and perspectives for teaching prosocial skills*. Champaign, IL: Research Press. www.researchpress.com
- Evans, Amy, and Candice Stefanou. "Behavioral and academic effects of Skillstreaming the Adolescent for at-risk middle school students." *NERA Conference Proceedings 2009*. 2009.

Family Check Up and Everyday Parenting: The Everyday Parenting curriculum is an adaption of the social learning approach to parent training and family therapy and is based on the Family Check-up model. This approach is divided into three areas of skills based on the concept of mindful parenting: supporting positive behavior, setting healthy limits, and building family relationships by helping parents change interaction patterns that occur daily in families and relationships.

The Family Check-Up is listed as a model program on several registries, including:

- Blueprints for Healthy Development, <http://www.blueprintsprograms.com/about.php>
- NREPP, <http://www.nrepp.samhsa.gov/>
- Administration for Children and Families, <http://homvee.acf.hhs.gov/programs.aspx>
- National Institute of Justice, <http://www.crimesolutions.gov/>

Other Research:

- Connell, A. M., & Dishion, T. J. (2008). Reducing depression among at-risk early adolescents: Three-year effects of a family-centered intervention embedded within schools. *Journal of Family Psychology, 22*, 574-585.
- Connell, A., M., Dishion, T. J., & Klostermann, S. (2011). Family Check-Up effects on adolescent arrest trajectories: Variation by developmental subtype. *Journal of Research on Adolescence, 22*(2), 367-380.
- Dishion, T. J., Shaw, D., Connell, A., Gardner, F., Weaver, C., & Wilson, M. (2008). The Family Check-Up With High-Risk Indigent Families: Preventing Problem Behavior by Increasing Parents' Positive Behavior Support in Early Childhood. *Child development, 79*(5), 1395-1414.
- Dishion, T. J., Brennan, L. M., McEachern, A., Shaw, D. S., Wilson, M. N., & Weaver, C. M. (2014). Prevention of problem behavior through annual Family Check-Ups in early childhood: Intervention effects from the home to the beginning of elementary school. *Journal of Abnormal Child Psychology.*
- Dishion, T. J., Nelson, S. E., & Kavanagh, K. (2003). The Family Check-Up with high-risk young adolescents: Preventing early-onset substance use by parent monitoring. *Behavior Therapy, 34*(4), 553-571.
- Lunkenheimer, E. S., Dishion, T. J., Shaw, D. S., Connell, A. M., Gardner, F., Wilson, M. N., & Skuban, E. M. (2008). Collateral benefits of the Family Check-Up on early childhood school readiness: Indirect effects of parents' positive behavior support. *Developmental Psychology, 44*(6), 1737.
- McEachern, A. D., Fosco, G. M., Dishion, T. J., Shaw, D. S., Wilson, M. N., & Gardner, F. (2013).

Collateral benefits of the Family Check-Up in early childhood on caregiver's social support and relationship satisfaction. *Journal of Family Psychology*.

- Shaw, D. S., Connell, A., Dishion, T. J., Wilson, M. N., & Gardner, F. (2009). Improvements in maternal depression as a mediator of intervention effects on early childhood problem behavior. *Development and psychopathology*, 21(02), 417-439.
- Smith, J. D., Dishion, T. J., Moore, K. J., Shaw, D. S., & Wilson, M. N. (2013). Effects of video feedback on early coercive parent-child interactions: The intervening role of caregivers' relational schemas. *Journal of Clinical Child & Adolescent Psychology*, 42(3), 405-417.
- Smith, J. D., Dishion, T. J., Shaw, D. S., & Wilson, M. N. (2013). Indirect effects of fidelity to the Family Check-Up on changes in parenting and early childhood problem behaviors. *Journal of Consulting and Clinical Psychology*, 81(6), 962.
- Spirito, A., Sindelar-Manning, H.I., Colby, S.M., Barnett, N.P., Lewander, W., Rohsenow, D.J, and Monti, P. (2011). Individual and family motivational interventions for alcohol-positive adolescents treated in an emergency department. *Archives of Pediatric Medicine*, 165, 269-274.
- Stormshak, E. A., Connell, A., & Dishion, T. J. (2009). An adaptive approach to family-centered intervention in schools: Linking intervention engagement to academic outcomes in middle and high school. *Prevention Science*, 10, 221-235.
- Stormshak, E. A., Connell, A. M., Véronneau, M.-H., Myers, M. W., Dishion, T. J., Kavanagh, K., & Caruthers, A. S. (2011). An ecological approach to promoting early adolescent mental health and social adaptation: Family-centered intervention in public middle schools. *Child Development*, 82(1), 209-225.
- Van Ryzin, M. J., & Dishion, T. J. (2012). The impact of a family-centered intervention on the ecology of adolescent antisocial behavior: Modeling developmental sequelae and trajectories during adolescence. *Development and psychopathology*, 24(03), 1139-1155.
- Smith, J. D., Knoble, N. B., Zerr, A. A., Dishion, T. J., & Stormshak, E. A. (2014). Family Check-Up Effects Across Diverse Ethnic Groups: Reducing Early-Adolescence Antisocial Behavior by Reducing Family Conflict. *Journal of Clinical Child and Adolescent Psychology : The Official Journal for the Society of Clinical Child and Adolescent Psychology, American Psychological Association, Division 53*, 43(3), 400-414. <http://doi.org/10.1080/15374416.2014.888670>

EPICS is a promising program on National Institute of Justice, <http://www.crimesolutions.gov/>

- Labrecque, Ryan M., and Paula Smith. 2015. "Does Training and Coaching Matter? An 18-Month Evaluation of a Community Supervision Model." *Victims & Offenders* 00:1-20.

HOPE scale

- Snyder, C. R., Harris, C., Anderson, J. R., Holleran, S. A., Irving, L. M., Sigmon, S. T., et al.(1991). The will and the ways: Development and validation of an individual-differences measure of hope. *Journal of Personality and Social Psychology*, 60, 570-585.
- Babyak, M. A., Snyder, C. R., & Yoshinobu, L. (1993). Psychometric properties of the Hope Scale: A confirmatory factor analysis. *Journal of Research in Personality*, 27, 154-169.
- Snyder, C. R. (2002). Hope theory: Rainbows in the mind. *Psychological Inquiry*, 13, 249---275.

Case Plans are considered Best Practice

- Implementing Evidence-Based Policy and Practice in Community Corrections, 2nd ed. (October 2009). U.S. Department of Justice, National Institute of Corrections.
<http://nicic.gov/Downloads/PDF/Library/024107.pdf>

IRLEN:

- Ekenna-Kalu, C., Fatolitis, P., Momen, N., Haseltine, C., Temme, L., Krouse., S. (2006). Meares-Irlen Syndrome Innovation Study: Assessment of the potential for colored overlays to enhance the reading skills of listed recruits (Navy). Report by the Naval Aerospace Medical Research Laboratory (NAMRL), July, 2006.
- Evans, B. (1994). The relationship between optometric problems, visual discomfort and reading difficulties. *Optician*, 5436(207), 18-22.
- Irlen, H. (1994). Scotopic Sensitivity/Irlen Syndrome – Hypothesis and Explanation of the Syndrome. *Journal of Behavioral Optometry*, 5, 62-65.
- Whichard, J.A., Feller, R.W., & Kastner, R. (2000). The Incidence of Scotopic Sensitivity Syndrome in Colorado Inmates. *Journal of Correctional Education*, 51(3), 294-299.

Please see page 21: Juvenile Crime Prevention Evidence-Based Practices Checklist

8. RELATION OF JCP SERVICES TO THE CONTINUUM OF SERVICES

The Juvenile Crime Prevention – prevention funding serves youth 9-13 referred to the program. In collaboration with the youth and their family, the goal is to address areas of concern within the domains of the Juvenile Crime Prevention Risk Assessment and mitigate the likelihood that these youth will escalate into the Juvenile Justice system.

Juvenile Crime Prevention – Basic funding provides support for the Juvenile Departments infrastructure to provide resources to manage youth successfully within the community. In Marion County the Basic funding is used as partial funding to support a ninety day shelter care program – GAP. GAP serves adjudicated youth who need an alternative placement out of their home and receive programs and services within the program and community to address risk factors in substance abuse; education; poor peer associations; family functioning; and attitudes, values and beliefs. Youth live in the program but during the day are in public school or work programs, and then attend treatment programs in the community and back at GAP after school.

Diversion Funding - this funding is specific to provide services to youth to divert them from commitment to the Oregon Youth Authority and placement in a Youth Correctional Facility. Diversion funding is also used as partial funding for the GAP program with those youth who are at risk of commitment.

9. BUDGET INFORMATION

Budget information should include budget detail and budget narrative.

MARION COUNTY JUVENILE DEPARTMENT

JCP Plan 2017-19

Personnel	JCP Prevention	JCP Basic	JCP Diversion
<u>Guaranteed Attendance Program (GAP)</u>			
4.64 FTE Group Worker 2		\$846,665	
4.08 FTE Group Worker 2			\$718,588
<u>Family Support Program</u>			
1.79 FTE Family Support Specialist	\$372,440		
Total Personnel	\$372,440	\$846,665	\$718,588
Total Administrative Charges	\$41,382	\$94,074	\$79,843
TOTAL	\$413,822	\$940,739	\$798,431

The program operates with 2FTE Family Support Specialists. The JCP funds are used to provide direct services to youth and families - the cost of 1.79 FTE Family Support Specialists positions. Funding for the additional .31FTE comes through Criminal Justice Funds in the Juvenile Department budget.

Because these positions are housed in the Juvenile Department, supplies, training, office space, supervision, and infrastructure are funded as part of the total department budget.

***YOUTH DEVELOPMENT COUNCIL JUVENILE CRIME PREVENTION EVIDENCE-BASED
PRACTICES CHECKLIST***

COUNTY/TRIBE: Marion

JCP FUNDED PROGRAM (fill out a form for each funded program): Family Support Program (FSP)

PROGRAM TYPE (e.g. mentoring, family therapy/counseling, skill building):
Family support, Family Functioning, Youth and Family Skill building. Educational Success skill building, Community based in home services.

BRIEF DESCRIPTION OF FUNDED PROGRAM:

- The purpose of the Family Support Program (FSP) is to prevent youth who are likely, based on behaviors indicating risk factors associated with criminality, from entering into the juvenile justice system.
- Youth ages 9-13 are referred to the program for behaviors identified within the family, community, and schools. Referrals typically come directly from parents, through our partnership with schools, and from law enforcement (youth under the age of criminal responsibility or identified as best served outside the juvenile justice system). Participation in the program is voluntary and all support and interventions with youth occur within the context and engagement of the family. Collaboratively a case plan is developed using outcomes of the Juvenile Crime Prevention Risk Assessment and Family Check Up Assessment in alignment with the family's identified areas of concern and goals. The plan is focused on reducing risks, addressing needs, increasing assets and protective factors, supporting and strengthening family functioning, pro-social community engagement, and increasing educational success.
- The program outcomes are to decrease the likelihood that the youth will end up formally within the jurisdiction of the juvenile justice system, or penetrate deeper into the juvenile justice system, recidivism, and achievement of academic success.

TARGET POPULATION:

Youth age 9-13 referred by schools, law enforcement, community based agencies, family self-referral, and by probation officers for younger siblings of youth already formally involved with the juvenile justice system in order to reduce generational delinquency. Youth must score as medium or high risk on the Juvenile Crime Prevention Risk Assessment to be eligible for services.

EVIDENCE BASED PROGRAM:

The Family Support Program was evaluated using the Corrections Program Checklist (CPC) in January 2008. The Evidenced Based Correctional Program checklist is a tool developed by the University of Cincinnati Corrections Institute to assess correctional intervention programs and is used to ascertain how closely correctional programs meet know principles of effective intervention. The overall program rating was Effective. Since that evaluation the program has substantially increased the assessment and treatment components, areas where necessary improvement was required to increase program effectiveness.

Evidence and research based programs, services and principles are the basis of the intervention through a strength based approach, case planning, and risk reduction and skill development strategies.

RESEARCH AND THEORY:

Based on empirically valid research and theory (please provide citation for the theory and research)

The program is designed to be a maximum of nine months in accordance with evidenced based principles of the Corrections Program Checklist (CPC) from the work of Dr. Ed Latessa (Professor of the School of Criminal Justice at the University of Cincinnati).

Irlen Syndrome: Youth referred to the Family Support Program are screened for Scotopic Sensitivity, a perceptual processing disorder (the brain's ability to process visual information), and provided with information, and resources for diagnosis as appropriate. Scotopic Sensitivity can significantly impact reading, attention and concentration, writing, and math. It can manifest with physical symptoms such as headaches, fatigue, and eye strain, as well as behaviorally.

- Ekenna-Kalu, C., Fatolitis, P., Momen, N., Haseltine, C., Temme, L., Krouse, S. (2006). Meares-Irlen Syndrome Innovation Study: Assessment of the potential for colored overlays to enhance the reading skills of listed recruits (Navy). Report by the Naval Aerospace Medical Research Laboratory (NAMRL), July, 2006.
- Evans, B. (1994). The relationship between optometric problems, visual discomfort and reading difficulties. *Optician*, 5436(207), 18-22.
- Irlen, H. (1994). Scotopic Sensitivity/Irlen Syndrome – Hypothesis and Explanation of the Syndrome. *Journal of Behavioral Optometry*, 5, 62-65.
- Whichard, J.A., Feller, R.W., & Kastner, R. (2000). The Incidence of Scotopic Sensitivity Syndrome in Colorado Inmates. *Journal of Correctional Education*, 51(3), 294-299.

Family Check Up: The Family Support Specialists are trained and provided with ongoing support in implementing the Family Check Up (FCU) Model by clinical staff of The Child and Family Center at the University of Oregon. FCU is a brief, strength-based comprehensive family assessment that engages youth and families in identifying areas of strengths and challenges. The assessment is used to collaborate with parents to evaluate their needs and identify areas they have interest in addressing to improve relationships and functioning of their family.

Every Day Parenting: The Family Support Specialists are trained and provided with ongoing implementation support in the Every Day Parenting curriculum by clinical staff of The Child and Family Center at the University of Oregon. Every Day Parenting curriculum is divided into three areas of skills based on the concept of mindful parenting: supporting positive behavior, setting healthy limits, and building family relationships by helping parents change interaction patterns that occur daily in families and relationships.

Blueprints for Healthy Development, <http://www.blueprintsprograms.com/about.php>

- NREPP, <http://www.nrepp.samhsa.gov/>
- Administration for Children and Families, <http://homvee.acf.hhs.gov/programs.aspx>
- National Institute of Justice, <http://www.crimesolutions.gov/>
- Other research: Brennan, L. M., Shelleby, E. C., Shaw, D. S., Gardner, F., Dishion, T. J., & Wilson, M.N. (2013). Indirect effects of the Family Check-Up on school-age academic achievement through improvements in parenting in early childhood. *Journal of Educational Psychology*, 105(3), 762.
- Connell, A. M., & Dishion, T. J. (2008). Reducing depression among at-risk early adolescents: Three-year effects of a family-centered intervention embedded within schools. *Journal of Family Psychology*, 22, 574-585.

- Connell, A. M., Dishion, T. J., & Klostermann, S. (2011). Family Check-Up effects on adolescent arrest trajectories: Variation by developmental subtype. *Journal of Research on Adolescence*, 22(2), 367-380.
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- Dishion, T. J., Nelson, S. E., & Kavanagh, K. (2003). The Family Check-Up with high-risk young adolescents: Preventing early-onset substance use by parent monitoring. *Behavior Therapy*, 34(4), 553-571.
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- Smith, J. D., Dishion, T. J., Moore, K. J., Shaw, D. S., & Wilson, M. N. (2013). Effects of video feedback on early coercive parent-child interactions: The intervening role of caregivers' relational schemas. *Journal of Clinical Child & Adolescent Psychology*, 42(3), 405-417.
- Smith, J. D., Dishion, T. J., Shaw, D. S., & Wilson, M. N. (2013). Indirect effects of fidelity to the Family Check-Up on changes in parenting and early childhood problem behaviors. *Journal of Consulting and Clinical Psychology*, 81(6), 962.
- Spirito, A., Sindelar-Manning, H.I., Colby, S.M., Barnett, N.P., Lewander, W., Rohsenow, D.J., and Monti, P. (2011). Individual and family motivational interventions for alcohol-positive adolescents treated in an emergency department. *Archives of Pediatric Medicine*, 165, 269-274.
- Stormshak, E. A., Connell, A., & Dishion, T. J. (2009). An adaptive approach to family-centered intervention in schools: Linking intervention engagement to academic outcomes in middle and high school. *Prevention Science*, 10, 221-235.
- Stormshak, E. A., Connell, A. M., Véronneau, M.-H., Myers, M. W., Dishion, T. J., Kavanagh, K., & Caruthers, A. S. (2011). An ecological approach to promoting early adolescent mental health and social adaptation: Family-centered intervention in public middle schools. *Child Development*, 82(1), 209-225.
- Van Ryzin, M. J., & Dishion, T. J. (2012). The impact of a family-centered intervention on the ecology of adolescent antisocial behavior: Modeling developmental sequelae and trajectories during adolescence. *Development and psychopathology*, 24(03), 1139-1155.

Skillstreaming: is a four-part training approach—modeling, role-playing, performance feedback, and generalization—to teach essential prosocial skills and relationship skills to children and adolescents. *Skillstreaming* addresses the social skill needs of students who display aggression, immaturity, withdrawal, or other problem behaviors. This newly revised book offers the most up-to-date information for implementing the *Skillstreaming* approach, which utilizes modeling, role playing, performance feedback, and transfer (homework). Students develop competence in dealing

with interpersonal conflicts and learn to use self-control. The curriculum contains 50 skill lessons and includes six skill groups: Beginning Social Skills, Advanced Social Skills, Dealing with Feelings, Alternatives to Aggression, Dealing with Stress, and Planning Skills.

- Goldstein, A.P. & McGinnis, E. (1997). *Skillstreaming the adolescent: New strategies and perspectives for teaching prosocial skills*. Champaign, IL: Research Press. www.researchpress.com
- Evans, Amy, and Candice Stefanou. "Behavioral and academic effects of Skillstreaming the Adolescent for at-risk middle school students." *NERA Conference Proceedings 2009*. 2009.

Effective Practices in Community Supervision (EPICS) and Cognitive–Behavioral tools (CBT):

Teaching the link between thinking, feelings and actions; provides opportunities to explore risky thinking and behavior patterns and replace with pro-social thinking; develops skills to evaluate positive and negative decisions; increase feelings identification, emotional regulation and empathy.

- Promising program on National Institute of Justice, <http://www.crimesolutions.gov/Labrecque>, Ryan M., and Paula Smith. 2015. "Does Training and Coaching Matter? An 18-Month Evaluation of a Community Supervision Model." *Victims & Offenders* 00:1-20.

HOPE Scale: Hope is a cognitive-based motivational theory helping youth learn to develop the capacity to create strategies to attain their goals. (Snyder, 2002) The theory identifies two cognitive processes termed 'pathways' and 'agency'. Pathway is the mental strategies toward goal attainment and agency is the mental energy or capacity the youth has to self-direct and sustain movement toward their goals. Research consistently demonstrates the compelling benefit for positive outcomes when a youth has high levels of hope.

- Snyder, C. R., Harris, C., Anderson, J. R., Holleran, S. A., Irving, L. M., Sigmon, S. T., et al.(1991). The will and the ways: Development and validation of an individual-differences measure of hope. *Journal of Personality and Social Psychology*, 60, 570-585.
- Babyak, M. A., Snyder, C. R., & Yoshinobu, L. (1993). Psychometric properties of the Hope Scale: A confirmatory factor analysis. *Journal of Research in Personality*, 27, 154-169.
- Snyder, C. R. (2002). Hope theory: Rainbows in the mind. *Psychological Inquiry*, 13, 249--275.
- Edwards, L. M., Ong, A. D., & Lopez, S. J. (2007). Hope measurement in Mexican American youth. *Hispanic Journal of Behavioral Sciences*, 29, 225-241.
- Twyford, Jennifer M., Dowdy, E, & Sharkey, Jill D. Implications of Self-Reported Levels of Hope in Latino and Latina Youth on Probation. *OJJDP Journal of Juvenile Justice*. Vol 3, Issue 2, Spring 2014. <http://www.journalofjuvjustice.org/JOJJ0302/article05.htm>

Caseplans: translate Juvenile Crime Prevention Assessment (JCP) risk and protective factors and Family Check-up results into a roadmap for youth, parents and the Family Support Specialist. Caseplans identify long term and short term goals, competencies and interventions to be utilized. Caseplans allow for the evaluation of progress and achievement of desired outcomes.

- Implementing Evidence-Based Policy and Practice in Community Corrections, 2nd ed. (October 2009). U.S. Department of Justice, National Institute of Corrections. <http://nicic.gov/Downloads/PDF/Library/024107.pdf>

RISK PRINCIPLE:

Uses a validated risk assessment tool (JCP)

Addresses risk in family, school, peer group, and other relevant social settings

- The Family Support program uses the Juvenile Crime Prevention Risk (JCP) tool to determine eligibility for program services. A referred youth must score medium or high risk to participate. This tool is widely used in Oregon and is a validated instrument with

high predictive rate for criminogenic risk. It is validated for the 9-13 age group of the target population.

- The tool assesses risk and protective factors within the family; education; values, attitudes and beliefs; peer associations; substance abuse; and life and social skill domains.

NEED (CRIMINOGENIC)PRINCIPLE:

As a juvenile crime prevention strategy, the targeted interventions must focus on criminogenic risk factors.

- The Juvenile Crime Prevention Risk tool assesses criminogenic risk. It provides both a score that is correlated from low to high risk for engaging in criminal behavior, and identifies specific risk and protective factors.
- The risk and protective factors are shared with the youth and family and they determine which areas they want to invest their time, energy and resources in creating change for the outcomes they desire.
- A case plan is developed from a format that includes all of the domains from the JCP. The case plan is the roadmap of strategies and actions towards achieving the identified goals and outcomes.
- The targeted areas of risk are addressed through comprehensive interventions across all of the systems (family, school, community),and building skills to increase holistic success in all aspects of a youths lives (relationships with parents and siblings, peer relationships, educational success, healthy lifestyle, goal setting and pathways to achievement, emotional regulation, problem solving and decision making, leisure activities, attitudes and values).
- Changes within one domain directly impact others. As a youth addresses substance abuse the family relationships improve, connectivity to education can be strengthened, and attitudes and beliefs become more pro-social.
- A re-assessment of the JCP measures changes in the risk and protective factors as interventions and services are provided.
- The program is nine months with intensive services initially to understand the issues in the JCP risk assessment domains, develop a case plan to address, build skills through role modeling, practice, reinforcement and rewards, and increase competency and comfort. Services are reduced in intensity as the youth and family become more proficient in the skills and the family is appropriately addressing limit setting, approval of peers, providing rewards and consequences, teaching accountability, etc.

RESPONSIVITY PRINCIPLE:

Families voluntarily participate in the Family Support Program. Through “voice and choice” the family members participate in the completion of the JCP and the Family Check Up tool and identify those areas that they are invested in making changes to accomplish their desired outcomes. The Family Support Staff build relationships through developing trust, use motivational interviewing to engage and motivate goal-oriented and client centered behavior change. Family Support Staff meet the youth and families where they are at in their process. Meetings take place where most comfortable for the youth and family and encouragement is given to include supportive friends, other service providers, and extended family members. The process to build trust, observe interactions and behaviors, provide support, modeling, re-enforcement and skill development

inherently involves frequent contact and in the moment recognition and praise. As youth and families become more comfortable and confident the involvement with the Family Support Specialist becomes less intensive. The caseloads are purposely low to allow for this level of engagement.

The Family Support Staff are skilled in working with this younger youth population, and are trained in adolescent development specific to the physiology of the developing brain and impact of trauma. Language and materials used are appropriate for the target population. The program is strength based and focused on relationships and interactions. Family Support Staff emphasize youth and parents strengths to validate healthy family interactions, and re-enforce the increase of those positive interactions as well as support the development of additional skills.

The Family Support Program serves youth within the context of their family, school and community. This is a critical period of biological and physical growth for a youth and the program addresses those developmental needs where solid skills are necessary to facilitate transition to full adolescence and adulthood. This age group is transitioning from childhood to early adolescence and middle school, to preparation for high school. These are all critical transitions. The program shores up educational engagement, connectivity, and academic achievement; develops skills and maturity in problem solving, emotional regulation, decision making, evaluation of consequences, goal setting and action steps or pathways to achieving goals; and parental skills in limit setting, appropriate consequences, rewards and incentives, positive youth development and engagement.

One of the Family Support Specialist is bi-lingual and bi-cultural to best serve the Hispanic/Latino clients.

QUALITY SERVICE PRINCIPLE:

The supervisor of the Family Support Program has thirty-years in working with youth and families. They were trained five years ago in Effective Practices in Community Supervision (EPICS), served as a state wide EPICS juvenile justice trainer, and provide the on-going coaching and support to the Family Support Specialists. The direct services Family Support Staff are a critical asset and well equipped to provide relational services within the model and in a manner that is strength-based, voice and choice centered, and promotes skill development and positive youth development. The staff are trained in the models and tools used in the program and philosophically support a behavior change model that enhances strengths, addresses attitudes, values and beliefs through connecting thinking with behavior, understanding of normal adolescent behavior and the developmental tasks to be accomplished, and how adults support youth through childhood and adolescence. The bi-lingual, bi-cultural staff has seventeen years of experience working with youth and outside of his professional employment coach's youth. The other Family Support Specialist has sixteen years of experience working with youth and families. Eight of these years was spent working specifically within the mental health system providing training for therapeutic foster parents; family wrap-around services; and therapeutic skills training; all intensive community services.

Using the Family Check Up information and the Juvenile Crime Prevention Risk Assessment and Re-assessment, and the Measureable Outcomes Form, the Juvenile Department Management Analyst continually reviews outcome data to ensure focus remains on results. The program staff use established models and curriculum for service delivery.

COLLABORATION PRINCIPLE:

The initial engagement with the youth and family begins the collaborative process. The program is voluntary and focuses on those areas identified by the youth and family for investment. The basis

of the program is the trust and relationship evolving with the youth and family. The program emphasizes addressing concerns regarding the youth's behavior within the context of the family system. This is the second level of the collaborative process.

The Family Support Staff have a long history of highly collaborative partnerships with schools throughout Marion County. They model and support the family engagement and advocacy for the youth's educational achievement. They assist schools in finding solutions and strategies that improve the youth's behaviors, attitudes and academic success.

FSP staff collaborate with community based agencies such as Children's Behavioral Health, Child Welfare, Developmental Disabilities, law enforcement, Mid Valley Wrap (MV-WRAP), New Solutions, and non-profit agencies.

COGNITIVE-BEHAVIORAL APPROACHES:

Family Check Up, Every Day Parenting, Skillstreaming and EPICS all use a cognitive-behavioral approach. Services from FSS to youth and parents utilize modeling, role playing, performance feedback, and transfer (homework). For youth services; highlight the link between thinking, feelings and actions; provide opportunities to explore risky thinking and behavior patterns and replace with pro-social thinking; develop skills to evaluate positive and negative decisions; increase feelings identification, emotional regulation and empathy. FSP staff work with parents around the concept of mindful parenting: supporting positive behavior, setting healthy limits, and building family relationships by helping parents change interaction patterns that occur daily in families and relationships. Following the cognitive-behavioral model, staff consistently follow-up with youth and families to reinforce learned skills.