

JUVENILE CRIME PREVENTION PROGRAM EVALUATION

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Submitted to:

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JCP Evaluation

Findings in Brief

JCP High-Risk Prevention programs have been implemented in every county and several Federally-recognized Tribes located within Oregon, have served youth in the target population (youth with indicators in 2 or more risk domains), have targeted risk factors that are known to contribute to juvenile delinquency, and are having a positive impact on youth. JCP youth are showing reductions in risk factors, increases in protective factors, and decreased numbers of criminal offenses, after participation in JCP High-Risk Prevention programs. Moreover, an organizational and programmatic framework has been established for development of public policy to sustain these efforts to prevent and reduce juvenile crime in Oregon. Importantly, this framework in which state and local governments in partnership with community based organizations fund and deliver services, also holds the promise to continuously improve outcomes for Oregon's children, youth and families.

■ JCP provides interventions for youth at risk of juvenile delinquency.

There were 17,100 enrollments of youth in JCP High-Risk Prevention services reported by counties for the study period ending March 31, 2003. Based on data collected this biennium (July, 2001, to March, 2003), JCP High-Risk Prevention programs conducted screens on 8,704 youth. Screening data collected in JJIS and the community provider database indicate that JCP-eligible youth on average have risk indicators in 3 or 4 of the 5 JCP risk domains (school, peer, behavior, family, and substance use) with an approximate total of 6.8 risk indicators within these 5 domains. They also had an average of 5.1 protective indicators. Over 1 in 5 eligible youth (22.5%) had 10 or more risk indicators out of 22.¹

■ JCP provides essential services to at-risk youth and families.

The JCP initiative allowed communities to fund services based on local needs. Thus, each county had a different package of services funded by JCP dollars. In general, services can be grouped into direct interventions (such as substance abuse treatment, tutoring, or family counseling), case management (including coordinated review and monitoring of a youth's needs and services), and support services (including the provision of basic needs services, such as housing assistance or medical assistance), with youth receiving one or more of the different types of services. The majority of youth received direct

¹ Data from this biennium of the JCP Evaluation include youth screened on two different versions of the OJCP Screen/Assessment, which have slight differences in risk and protective indicators. The results here show the means using both instruments. The original tool had 20 risk indicators and the revised version has 22.

interventions (76.6%), almost half received case management (45.8%), and almost a quarter received support services (23.9%). A small percentage of youth (4.7%) received services categorized as “other” services.

By the end of the 01-03 biennium, several of the tribes located in Oregon had also begun serving families and participating in the JCP evaluation. The first set of initial screens from these programs indicates that youth served through tribal programs were extremely high risk (mean number of risk indicators = 19²).

■ **JCP decreases problem behavior and reduces risk indicators for juvenile crime.**

Youth who participated in JCP programs received a review of their progress based on dynamic³ risk and protective indicators at the completion of JCP services or at 6 months after enrollment, if they were still in service at that time. JCP youth had reductions in risk indicators at their interim reviews. On average, youth had 48% fewer risk indicators after receiving JCP High-Risk Prevention services. Reductions were seen in all 19 risk indicators, and ranged from 19% to 83%. Particularly large reductions were seen in the school and behavior areas, with reductions ranging from 58% to 83% in those domains.

On average, youth started JCP interventions with over 3 risk domains and at their reviews were dealing with 2. By the interim review, 44% of participating youth had less than 2 risk domains present.

Youth who had moderate-low (5-8 risks), moderate-high (9-13 risks), and high risk (14 or more risks) were more likely to improve on their dynamic risk score compared to those who were low risk (2-4 risks) ($F=17.53$ (3, 1453) $p < .001$).

It appears that it is not necessary to target a specific domain in order to be effective and that the risk indicators are interrelated so that change or intervention in one area can be beneficial in other areas as well.

■ **JCP increases youth assets that protect against delinquency.**

The protective indicators were not required to be reported as part of the JCP evaluation; however, screeners and reviewers did complete these items quite often. All 10 of the protective factors measured over time showed improvement for the sample of 1,457 youth with information at the initial screen and at the interim review. Protective indicator improvements ranged from 33.3% for “Friends disapprove of unlawful behavior” to 76.7% for “There is an adult in the youth’s life she/he can talk to.”

² This number represents the average across the first 13 youth served and reflects the target population of a program serving youth who are already deeply involved in the Tribal court system. In comparison, youth served in county JCP services who identified as Native American had an average of 7.6 risk indicators and were somewhat younger (14 in the county sample compared to 15.5 in the Tribal sample).

³ Some risk indicators on the screen/assessment are historical (static) and some are changeable over time (dynamic). The dynamic risk indicators are measured at the follow-up time period on a tool called the Interim Review, so that the evaluation can assess reductions in those risk indicators from the initial risk screen/assessment.

■ **JCP reduces juvenile crime and makes our communities safer.**

The long-range goal of the Juvenile Crime Prevention Initiative is to reduce future crime. To estimate the impact of JCP High-Risk Prevention programs on re-offending, the JCP evaluation compared the offending behavior of youth served in JCP High-Risk Prevention programs before and after program enrollment. The JCP evaluation found that youth offenders participating in JCP High Risk Prevention programs had a lower rate of re-offending than the statewide population of youth offenders. Their new offenses were also less serious and less frequent compared to their prior JCP program involvement.

When prior offenses were tracked back 12 months prior to JCP involvement, 79.0% of the youth had had a prior criminal referral,⁴ compared to only 28.3% in the 12 months following JCP enrollment. The recidivism rate for JCP youth was better than the 42.2% recidivism rate for a statewide sample of youth. An even more significant reduction is found when JCP youth with two or more prior criminal referrals are compared to the statewide offender population with two or more prior criminal referrals. For this group, recidivism was reduced by 17.8%⁵. In the 12 months prior to enrollment, of the JCP youth with an offense during this period, 25% of the youth were referred for a felony, and 75% were referred for a misdemeanor. In the 12 months following enrollment, only 8.2% were referred for a felony, 20.2 percent were referred for a misdemeanor, and 71.6% had no new criminal referrals.

⁴ The most serious charge during the twelve months before enrollment was a felony for 35.6%, a misdemeanor for 36.6%, and a violation or a non-criminal charge (e.g., running away) for the remaining 27.2%.

⁵ 55.6% of youth statewide with two or more prior criminal referrals had at least one new crime within 12 months, compared to 45.7% of a comparable group of JCP High-Risk program youth.

Introduction

The 1999 Oregon Legislative Assembly approved new juvenile crime prevention grants to counties aimed at preventing high-risk youth from committing or repeating crimes. This legislation included the establishment of a community planning process with community based program delivery using guidelines and criteria established by an oversight Committee – the Juvenile Crime Prevention Advisory Committee (JCPAC). Each Oregon County is allocated funds to support local high-risk juvenile crime prevention plans based on the youth population age 18 or younger in those counties, with minimum grants to small counties. Senate Bill 555, the enabling legislation, requires that each county's local Juvenile Crime Prevention (JCP) plan "use services and activities to meet the needs of a targeted population of youths who:

- (a) Have more than one of the following risk factors:
 - (1) Antisocial behavior;
 - (2) Poor family functioning or poor family support;
 - (3) Failure in school;
 - (4) Substance abuse problems; or
 - (5) Negative peer association; and

- (b) Are clearly demonstrating at-risk behaviors that have come to the attention of government or community agencies, schools or law enforcement and will lead to imminent or increased involvement in the juvenile justice system." (ORS 417.855)

The Legislature also appropriated funds to evaluate the Juvenile Crime Prevention Initiative. In July 2001, the Oregon Criminal Justice Commission (CJC) selected the University of Oregon Institute on Violence and Destructive Behavior (IVDB), with NPC Research, Inc., as a subcontractor, to answer the evaluation question: "Does participation in JCP Programs reduce juvenile crime?" The evaluation examines the extent to which JCP programs serve the targeted population of youth and provide interventions that are successful in reducing risk of future offending. This *Juvenile Crime Prevention Program Evaluation Final Report* describes the evaluation design, activities and preliminary findings.

Background

In 1998, an estimated 7.5% of Oregon youth between the ages of 10 and 17 were referred to juvenile departments for a criminal offense. Of these youth, 36.9% re-offended within 12 months. Chronic offenders, or youth who were referred for three or more crimes within 12 months, represented 14.7% of all youth offenders that year⁶, but this group was responsible for 75.5% of all new crimes. This pattern suggests that even a small reduction in the number of chronic juvenile offenders could contribute significantly to the safety of our communities.

⁶ In the JCP recidivism sample, 11.4% of youth were chronic offenders in the 12 months prior to JCP enrollment.

From the research on the developmental pathways to delinquent careers, we have learned that many chronic offenders begin their criminal careers at an early age with pre-delinquent activity and escalate to more serious and violent forms of delinquency (Loeber & Farrington, 1998, p. 17). Major characteristics of repeat offenders include:

- 15 years or younger at first offense
- History of poor school attendance and performance
- Significant family problems
- Drug and/or alcohol abuse
- A history of pre-delinquent behavior
- Delinquent peers

Risk and protective factors and delinquency reduction

While children seem to be able to cope with one or two risk factors, there is conclusive evidence that having multiple risk factors increases a youth's probability of committing a crime (Hawkins, et al.; 2000; Loeber & Farrington, 1998; Mackin, Tarte, Seljan, & Yovanoff, 2002; Shumacher & Kurz, 1999). At the same time, there are protective factors that appear to buffer the effects of risk.

There is now persuasive evidence that appropriate interventions can significantly reduce risks and the associated rate of offending by high-risk youth (Lipsey, Wilson, & Cothorn, 2002). But using these same interventions with low-risk youth actually appear to increase, rather than decrease, the likelihood of further criminal activity. It is therefore important to accurately identify high-risk youth, and then use limited resources to provide proven and appropriate interventions matched to the youth's needs and learning style. Andrews, et al., (1990), showed that this approach has been effective at reducing recidivism by up to 50%.

It was this knowledge base that led to the development of the Oregon Juvenile Crime Prevention Initiative.

The Oregon Approach to Reducing Juvenile Crime

The Oregon approach to reducing youth crime is consistent with the public health approach supported by the recent Surgeon General's report on *Youth Violence (2001)*, which suggests that "risk factors are powerful tools for identifying and locating populations and individuals with a high potential for becoming violent, and they provide valuable targets for programs aimed at preventing or reducing violence" (p. 61).

The purpose of Oregon's juvenile crime prevention programs is to prevent initial and continued criminal behavior by:

- Using a consistent, research-based assessment instrument to identify, as early as possible, youth with risk factors for delinquency in multiple life domains
- Targeting high-risk pre-delinquent and delinquent youth
- Reducing dynamic risk factors and increasing protective factors related to juvenile crime
- Utilizing proven strategies and best practices

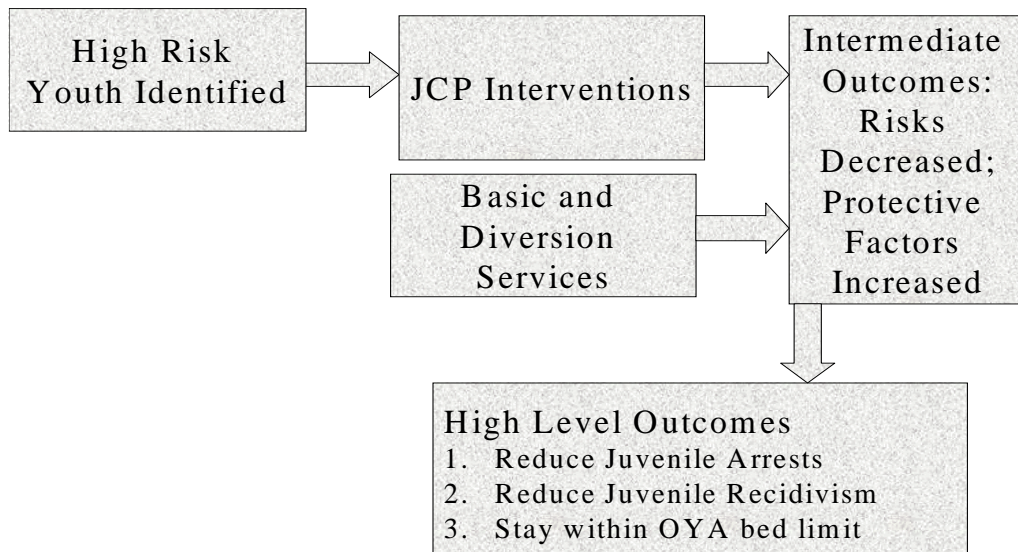
Multi-disciplinary teams in each county have developed and submitted plans for reducing juvenile crime within the parameters set by the JCPAC. County teams include representatives from juvenile justice, local commissions on children and families, public safety coordinating councils, schools, mental health planning committees, alcohol and drug planning committees, community members and others. These plans were designed to set measurable goals and outcomes for the following:

- (1) Prevention programs designed to reduce risk factors and increase protective factors including after school programs, alcohol and drug treatment, mental health treatment, mentoring, parent training/family support, educational support, and flexible/wraparound services;
- (2) Basic services designed to enhance community safety and hold youth accountable including detention, shelter care, and other graduated responses to antisocial behavior; and
- (3) OYA diversion services designed to divert youth at imminent risk of commitment to a state youth correctional facility.

Local plans also address cultural competency and gender specific services and issues concerning over-representation of minority youth in the juvenile justice system.

Figure 1 illustrates the Oregon Juvenile Crime Prevention model.

Figure 1: The JCP Model



Measuring progress in efforts to reduce juvenile crime

The “high-level outcomes” for the Juvenile Crime Prevention Initiative are derived from Oregon’s Benchmarks, and include reducing juvenile arrests, reducing recidivism, and maintaining county caps on discretionary OYA correctional bed allocations. However, since these are longer-term outcomes and are influenced by multiple factors – some

outside the control of counties – progress in each county and statewide is being measured using intermediate outcome measures.

County JCP strategies include intermediate outcome targets for reducing risk and protective factors; reducing the rate and/or severity of crimes by youth receiving JCP High-Risk Prevention interventions, and other locally tracked outcomes. The use of intermediate outcome targets was included in the design of Oregon’s Juvenile Crime Prevention strategy so that JCP programs, state and local agencies, the legislature, and other stakeholders would be able to measure the extent to which the JCP grant program is making progress toward the desired goal of reduced juvenile crime.

The focus on changing risk and protective factors mirrors the public health approach to reducing illnesses such as heart disease, which involved identifying risks such as high blood pressure and being overweight, and protective factors such as exercise and a low fat diet, and then finding ways to help people make indicated changes even though there are still some limitations to our knowledge about how risk and protective factors for heart disease – or youth offending – actually work.

JCP Evaluation Questions, Scope, and Methodology

Evaluation Questions:

1. What is the risk/protective factor profile of JCP youth?
2. To what extent do risk factors change after interventions?
3. What is the change in offending for JCP youth?
4. What is the relationship between risk and protective factors and offending?

Methodology

The University of Oregon /NPC Research Evaluation Team met monthly with a Data and Evaluation Subcommittee of the Juvenile Crime Prevention Advisory Committee, which offered feedback on the evaluation design, strategies, and challenges that arose. The evaluation team spent the first four months of the project developing an evaluation plan and evaluation measures, conducting regional meetings with JCP lead agency representatives and service providers, gathering feedback about the proposed evaluation process and tools, and revising both.

The resulting evaluation design had several components. Overall, the design was based on a strategy of performance measurement focusing on intermediate- and long-term outcomes. Data were collected and entered by community agencies and service providers on youth participating in JCP programs in participating counties. There was no comparison group. While the evaluation team did receive 32 interim reviews of youth who did not receive JCP services, this sample was too small to generalize to the broader population of high-risk youth who were not served by JCP. Providers receiving JCP funding for High-Risk Prevention services collected information on youth and reported that information to the Criminal Justice Commission and the evaluation team. All providers, programs, and counties were encouraged to participate in the evaluation.

Measures

The following measures were revised and/or developed to support the JCP evaluation:

Initial JCP Screen/Assessment: This tool is a set of questions that a service provider answers for each youth. The questions serve as

1. An eligibility screen for JCP services (youth must have at least 1 risk indicator in at least 2 domains to meet the state requirements for eligibility under this initiative; in some counties, the requirements have been tightened to at least 1 risk indicator in at least 3 domains) and,
2. A baseline measure that serves as a pretest of a youth's risk and protective characteristics, as well as potential mental health and service needs.

The initial screens were conducted at intake and/or before a youth began services. They were completed on all youth seen at county juvenile departments. These screens are entered into the Juvenile Justice Information System (JJIS). While Multnomah County recently began using JJIS (June 2003), the data contributed for this evaluation were derived from the community provider database. For most of the analyses discussed in this report, the evaluation team focused on the impact of JCP High-Risk Prevention services. Screens conducted on youth served in community settings are entered into a Microsoft Access database and were exported monthly to the main evaluation database. These youth are primarily JCP participants receiving JCP High-Risk Prevention services, although some counties used the database to track all youth that were screened.

The initial screening tool was in use by some counties before it became part of the JCP evaluation. Version 1 of the screen was implemented and tested, and then revised to create Version 2. Some youth were screened using the earlier version of the screen. The evaluation team receives extracts of JJIS initial screens (both Versions 1 and 2) and exports of community provider data from counties.

Interim Review: This tool includes questions, completed by a service provider, that mirror the initial screen, asking about current risk and protective characteristics, potential mental health and service needs, and information about the JCP services the youth has received. It is completed at the end of JCP services and at 6 months into services, if services continue that long. This tool is important to the evaluation as a posttest, or time 2 measure, because when matched with specific youth initial screens, it provides information about whether the indicators related to risk for juvenile justice involvement have been reduced and whether the indicators related to protection from juvenile justice involvement have been increased.

Interim review forms are also located in both JJIS and the Access database (see description in initial screen section above). Use of the Interim Review by counties and local programs began in February 2002. Training and actual implementation in some counties occurred later. Interim reviews are completed only on youth receiving JCP High-Risk Prevention services.

Quarterly Report: This form is submitted to the Criminal Justice Commission to provide documentation of services provided. The evaluation uses information from the quarterly report to summarize the self-reported numbers of youth screened, reviewed, and served;

as well as the county or program specific service outcomes that are reported by each county. These data provide information about program and county progress toward reaching their service level (output) targets and outcome goals.

Enrollment and Termination Reports: This form, completed quarterly by counties, provides the evaluation team with information about the individual youth who have participated in JCP High-Risk Prevention services, by program, including their service start and end dates. This information is used to match individual youth with data from JJIS, to measure key outcomes for the JCP program including juvenile crime. Enrollment and termination information also helps the evaluation team verify data from other sources related to the JCP youth sample, how long services are provided under the JCP initiative, and what types of services are provided. These forms are completed electronically, using a Microsoft Excel spreadsheet, or hard copy, or through a report in the Access database.

Juvenile Justice Information System Referral Records: The Juvenile Justice Information System (JJIS) is a statewide database that links juvenile departments and the Oregon Youth Authority, and includes information about youth who have come into contact with any juvenile justice agency in the state, and their reason for contact. It is particularly important to the JCP evaluation for several reasons, but the primary reason is to provide data that would help determine if the main goal of the JCP initiative – whether it reduces or prevents juvenile crime – has been achieved. Referral records indicate which youth have come to the attention of the juvenile justice system and the charges that brought them there. The evaluation team uses these records to measure program- and county-level offending of youth participating in JCP programs.

Samples

The JCP evaluation had several purposes: to describe the implementation effectiveness of the JCP initiative and its many local direct service programs and to measure the outcomes of those programs. The evaluation of the JCP initiative used a variety of data sources and samples for answering different policy questions. Information was collected in a variety of ways and at different times.

Sample 1: A large number of youth in Oregon were screened using the OJCP risk screen/assessment, as this tool is used for a variety of purposes, including designating a level of juvenile department supervision in some jurisdictions. A sample of eligible youth was subsequently served through JCP High-Risk Prevention programs.

The state criteria for eligibility this biennium were two or more risk domains, though some counties tightened the criteria to three or more domains. This sample provided a profile summary of the risk and protective characteristics of youth eligible for JCP. The profile also describes the demographic characteristics of these youth.

Sample 2: One subset of the JCP-eligible youth includes those youth that were actually enrolled in JCP High-Risk Prevention services. Not all eligible youth receive JCP services for a variety of reasons. In some cases, the specific service to meet the youth's needs is not available in that community or is funded by another mechanism. In other cases, the youth or parent/guardian may have declined services. The evaluation was informed about the number of program enrollments by the interim review forms, located in the community provider (Access) database and JJIS, by the enrollment and termination forms, and by the program quarterly reports. At this level, the evaluation can provide

information about the profile (demographic, risk, and protective characteristics) of this sample, and the number of youth served by JCP High-Risk Prevention programs.

Sample 3 & 4: These youth have all received services in JCP programs and have data related to their outcomes. There are two samples here. One sample includes youth that have both an initial and interim review form, indicating that they have reached a service review time (suggested at 6 months) or are no longer receiving services. For this sample, in addition to profile information, the evaluation can determine whether the youth have had decreases in their risk indicators or increases in their protective indicators. Both of these outcomes demonstrate JCP program effectiveness.

The other sample includes JCP High-Risk Prevention program youth that have had a substantial (6-month or 12-month) follow-up period after the start of services. In addition to profile information on this sample, the evaluation can determine whether these youth have committed any new offenses since the start of JCP services.

Sample 5: Within the sample of youth screened and served by community providers was a group of youth who had not had a criminal or behavioral referral to a juvenile justice agency. These are non-offender youth and in several parts of this report are described distinctly from youth who did have a history of juvenile department contact.

Sample 6: There was a small group of JCP-eligible youth for whom we received an interim review but who had not received JCP High-Risk Prevention Services. Early in the evaluation we anticipated that this sample might be large enough to serve as a comparison group of sorts, but by the end of the study, it was too small to provide much comparative value.

Sample Representativeness

The methodology used in this evaluation was selected to balance the need for useful implementation and outcome data with the reality of resource limitations. It was important that evaluation tools be as relevant as possible to, or at least compatible with, service delivery. The model of training community members to collect information that would be used for research allowed the opportunity to gather data on a wide range of youth from different counties, regions of the state, risks and needs, and services provided.

By looking at the characteristics of the various evaluation samples, we can see that they are alike in many ways. They have similarities except where differences might be expected. For example, juvenile department samples are predominantly male while the community-based sample is more gender balanced. This difference reflects an actual client composition difference rather than any sampling bias. When we look at the total range of youth screened in juvenile departments and in community programs, we should have a sense of high-risk youth generally, even those who never became part of JCP. These youth are an average of 14.3 years old and have an average of 3 domains, 6.8 risk indicators, and 5.1 protective indicators. They also have an average of .5 mental health indicators. In contrast the group of youth in our sample used to show changes in risk and protective indicators over time, were slightly younger (an average of about 14), with more risk domains (average of 3.5), with an average of 6.8 risk indicators and 4.8 protective indicators.

The study samples include youth from counties of all sizes and geographic regions around the state.

Table 1: Comparison of selected samples**JCP SAMPLE PROFILE COMPARISONS**

Profile comparisons of JCP Eligible youth (JJIS and Access sample) compared to those youth with current change data, those youth from the current JCP eligible non-offender file (who are included in the JCP Eligible file), and those youth whose interim reviews suggested they did not receive intervention.

	Sample 1: JCP Eligible JJIS + Access		Sample 3: JCP Youth with data at Initial Screen and Interim Review		Sample 5: JCP Eligible Non-offenders		Sample 6: JCP Eligible youth who received an Interim Review but who did not receive service⁷
Sample size	8,704		1,457		2,178		32
Age	14.33		13.74		13.51		14.19
Males	66.6%		66.0%		56.6%		37.5%
Females	33.1%		33.8%		42.7%		62.5%
Black	5.3%		3.8%		1.7%		6.3%
White	68.8%		59.5%		64.6%		43.8%
Asian/Pacific Islander	1.3%		2.1%		.8%		0%
Native American	2.8%		1.6%		2.3%		6.3%
Hispanic/Latino/Mexican	11.0%		14.5%		10.8%		12.5%
Other/Unreported	8.1%		4.2%		13.1%		18.8%
Multi (access)	2.7%		14.2%		6.6%		12.5%
2 domains	22.5%		17.2%		21.8%		NA
3 domains	30.3%		35.3%		35.5%		NA
4 domains	27.4%		32.0%		27.7%		NA
5 domains	19.8%		15.6%		15.1%		NA
Avg. risk indicators	6.59 (v1)	7.15 (v2)	6.30 (v1)	7.44 (v2)	5.66 (v1)	7.37 (v2)	4.72
Avg. protective indicators	5.13 (v1)	4.93 (v2)	4.60 (v1)	5.16 (v2)	3.28 (v1)	4.65 (v2)	3.59
Avg. mental health indicators	.49 (v1)	.62 (v2)	.41 (v1)	.69 (v2)	.33 (v1)	.90 (v2)	.63

⁷ Interim reviews for youth not receiving service indicated the following reasons: Unable to contact youth or family (4 youth), youth or parent refused/declined (11 youth), no show (5 youth), appropriate service not available (2 youth), other (10 youth). Other reasons given were: Moved (2 youth), partial participation (1 youth), program eliminated/terminated (7 youth).

Sample Limitations

Because a variety of providers completed the evaluation measures, with a range of experience, training, and expertise, the quality of the data also varied. The evaluation team set criteria for data fields that needed to be completed and ranges of values (such as date ranges) that needed to be accurate for forms to be included in the samples. While the data cleaning procedures did eliminate a large number of evaluation forms, it did so from almost all counties submitting data (and therefore may not have introduced a bias in favor of some counties over others).

Because evaluation forms were completed by providers who were in many cases the same individuals or agencies that provided JCP services, it is possible there could have been inherent bias in the data. However, the person completing the initial screen was often different from the person who completed the interim review and usually the interim reviewer did not have the screening form to see what risks were indicated at Time 1. In addition, it is clear from the offense data that youth in JCP programs reduced their criminal (and other offending) behavior after JCP, and more than youth in the general population of youth offenders. Therefore, it is likely that the results we have found are not simply a function of this potential bias.

It is possible that youth who did not successfully complete service or who worsened in their behavior never received interim reviews. These youth would have been excluded from the change analyses, thereby artificially inflating the apparent success of JCP. However, even if this is the case, it is still true that JCP positively impacted a large number of youth. In addition, data from the recidivism analyses did not require that providers complete an interim review. Youth who were enrolled in programs were listed on reporting forms well in advance of the time of the follow up, so providers would not yet have known which youth would successfully complete and which might drop out or have further difficulty.

Findings

The findings from the JCP evaluation are encouraging. JCP High-Risk Prevention programs have been implemented in every county, have served youth in the target population (youth with 2 or more risk domains), have targeted risk indicators that are known to contribute to juvenile delinquency, and are having a positive impact on youth. JCP youth experienced reductions in risk indicators, increases in protective indicators, and decreased numbers of criminal offenses, after participation in JCP High-Risk Prevention programs.

Description of JCP youth

Before presenting the findings, it may be illustrative to look at some examples of youth who received JCP services. JCP service providers provided the following two case examples. They are descriptions of real youth who received JCP services, though their names have been changed.

JCP Youth Case Examples

Example 1:

In 2001, at age 11, Chris Bennett⁸ had a Formal Accountability Agreement because of an Assault IV and a Criminal Mischief 3. In 2002, Chris came to the Juvenile Department as the result of another assault IV against a youth in the neighborhood. Chris is from a socially low economic family. The mother and father lived together, but were never married. The parents worked on occasion, at low paying jobs, such as McDonald's or Burger King, but work did not appear to be a high priority for either of them. They were evicted from one house and then another. The mother was on probation for drug charges. Neither the mother nor the father had much formal education. Chris had little commitment to school with attendance of about 78 %.

In 2002, Chris was placed on probation for the Assault IV. As part of his probation conditions he was ordered to attend Moral Reconciliation Therapy and complete 9 steps. Chris struggled to get to group and he was assisted with bus tickets. After getting the bus tickets, he attended group. In group he would talk about how much restitution he owed and he would never get it paid off. He worked hard in group and finished his 9 steps. He went from a score of 11 on the assessment to a 0. Shortly after finishing his groups he moved to another county. He must have taken some of the group work with him because he signed up and completed all of his probation conditions and he paid off his restitution, with out any help from his parents. He was terminated from probation this month.

Example 2:

Jorge Gonzales⁹ is 14 years old and has changed a lot over the past 3 years. In 2000, his father committed suicide, and his mother was forced to move to a different home with her three children, and start working full time. Jorge had a hard time coping with his father's suicide and the other stressors in his life, and he acted out with violent and volatile behavior. He stole people's money and threatened to kill his sisters. In 2000, he was charged with theft, harassment, and burglary. Over the last 2 ½ years, he has taken anger management classes, attended counseling, and had weekly visits with his probation officer. He also participated in a family support program. Now his grades have improved and he can talk to his mom and sisters. He has new skills to use to calm down when he feels angry.

Example 3:

A 15-year-old female was referred to our program in June 2002. She was referred to us for fighting with another female. This teen girl attended classes regularly and the Prevention Specialist identified substance abuse and issues around losing her mother to a motorcycle accident. She completed the class and continued to contact the Prevention Specialist. She expressed struggles with sleeping and said that she needed to smoke marijuana to get to sleep. After interventions by the Prevention Specialist, she voluntarily

⁸ Name has been changed.

⁹ Name has been changed.

placed herself into an in-patient treatment facility and completed a 90-day program and has done very well.

Example 4:

A 12-year-old male was referred to our Truancy Team in October of 2002. After meeting with this boy over a 3-week period, the Prevention Specialist discovered self-mutilation and past attempts of suicide. Through many conversations with various services providers a decision was made to place him into a 90-day treatment program that works on abuse issues and cognitive thinking errors. Due to this youth's degree of trauma and the depth of his despair, our team of providers agrees that it is entirely possible that he would not be alive today if he did not receive timely treatment.

JCP Risk Profiles

Table 2 provides information about the percent of JCP youth who had each of the risk factors at their initial screen. This table reflects data from the "match" sample, which includes only JCP youth who have both an initial screen and interim review (n = 1,457; for additional profile data, see Appendix A).

It is clear from this table that some risk indicators are much more prevalent than others. For example, over half of the youth in this sample have friends who engage in unlawful behavior (61.6%), are dealing with academic failure (57.7%), and/or have experienced serious family conflicts (56.6%). Fewer youth are already school dropouts (8.1%) or have a chronic runaway history (8.4%). These indicators are presented to illustrate the very difficult experiences that many youth have already had in their lives (such as child abuse and domestic violence), as well as the extensive behavioral issues that put them at risk of committing crime (such as early aggressive behavior at school and substance use).

Table 2: Risk profile of JCP youth

RISK INDICATOR	Percent with indicator at initial screen
SCHOOL ISSUES	
Academic failure	57.7%
Chronic truancy	29.1%
School dropout	8.1%
Suspensions or expulsions during the past six months	36.3%
Suspensions or expulsions during the past month (V2)	6.2%
PEER ISSUES	
Friends engage in unlawful behavior	61.6%
Friends suspended or expelled (V2)	22.8%
BEHAVIOR ISSUES	
Aggressive behavior at school before age 13	28.6%
Aggressive behavior at school past month (V2)	8.7%
Three or more referrals for a criminal offense	14.5%
Referred for a criminal offense at age 13 or younger	28.6%
Chronic runaway history	8.4%
Recent runaway	2.6%
Behavior harms others or puts them in danger	31.2%
Behavior harms others past month (V2)	6.1%
Behavior hurts youth or puts her/him in danger	33.9%
Behavior harms youth past month (V2)	6.7%
FAMILY ISSUES	
Poor family supervision	46.4%
Serious family conflicts	56.6%
History of reported child abuse/neglect or domestic violence	24.3%
Child abuse/neglect or domestic violence past month (V2)	1.6%
Criminal family members (V2)	11.8%
Substance abusing family members (V2)	15.7%
Family trauma	38.8%
SUBSTANCE USE ISSUES	
Substance use beyond experimental	28.8%
Current substance use is problematic (V2)	9.5%
Substance use began at age 13 or younger	17.4%
Has been high or drunk at school anytime in the past	10.6%
Has been high or drunk at school past month (V2)	1.3%

Figure 2 describes the number of risk domains JCP youth have. Youth might have any combination of risk domains. For example, in the group of youth with two risk domains, some may have school failure and poor family functioning, or negative peers and substance abuse. Over three quarters of the juveniles in JCP have more than the required minimum number of risk domains.

Figure 2: Number of risk domains experienced by JCP youth

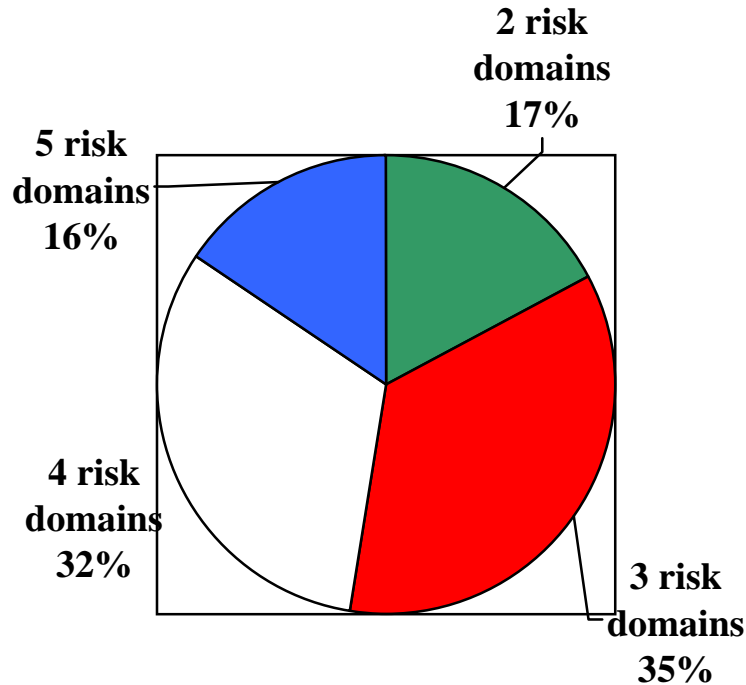


Table 3 illustrates the proportion of male and female youth who had 2 risk domains versus 3 or more risk domains. There is no significant difference in gender by domain.

Table 3: Number of risk domains by gender

	2 domains	3+ domains
Male	22.2%	77.8%
Female	23.1%	76.9%

JCP provides interventions for youth at risk of juvenile delinquency.

During this biennium, from July 2001, to March 2003, JCP High-Risk Prevention programs screened 8,704 youth (see profile data in Appendix A). Review of initial screening data collected in JJIS and the community provider Access database indicate that JCP-eligible youth on average have risk indicators in 3 or 4 of the 5 JCP risk domains (school, peer, behavior, family, and substance use), with an approximate total of 6.8 risk indicators within those 5 domains. They also had an average of 5.1 protective factors. Over 1 in 5 eligible youth (22.5%) had 10 or more risk factors.

JCP-eligible youth have an average age of 14 years, though youth in a broad range of ages (from 7 to 18) were served. Approximately 67% were male. Youth identified with the following racial/ethnic categorizations: 68.8% were White, 11.0% were Hispanic/Latino, 5.3% were Black, 2.8% were Native American, 2.7% were multiracial, and 1.3% were Asian/Pacific Islander. The remaining youth had some other identification or had race/ethnicity unreported (8.1%).

Although the state mandated JCP risk domains do not include mental health, the JCP risk assessment data indicates that there is a relationship between a youth's risk level, likelihood of offending, and the presence of mental health indicators. The JCP Risk Assessment includes five mental health indicators that are intended to serve as a trigger for additional mental health screening and assessment.

The five JCP Mental Health indicators are:

- Actively suicidal or prior suicide attempts
- Depressed or withdrawn
- Difficulty sleeping or eating
- Hallucinating, delusional, or out of touch with reality (while not on drugs or alcohol)
- Social isolation: youth is on the fringe of her/his peer group with few or no close friends

In the statewide sample of assessed youth, 33% had one or more of these indicators. Approximately 23 percent had only one, 8.9 percent had two, 3.5 percent had three, 1.0 percent had four, and 0.2% had all five.

White youth and Native American youth were the most likely to have a mental health indicator, with 36/7% and 37.5% of youth in these racial groups being screened as having one of these five indicators. Females were also more likely than males to have one, with 39.7% of girls in the JJIS sample being indicated.

There is a significant relationship between the total number of risks and the number of mental health indicators identified. There is also a significant relationship between virtually every risk factor and the number of mental health indicators identified.

JCP Tribal Youth Programs

A member of the JCP Evaluation Team participated in quarterly tribal prevention meetings along with the JCP Coordinator. The JCP evaluation measures were reviewed and revised, to ensure that they were culturally appropriate for Native American youth, families, and staff.

By the end of the 01-03 biennium, several of the tribes had also begun serving families and participating in the JCP evaluation. The first set of initial screens from two tribal programs (n = 13) indicates that youth served through tribal programs were extremely high risk (mean number of risk indicators = 19.1¹⁰). Because these programs started later than county programs, no youth had participated long enough to have an interim review or recidivism data by the end of the data collection period. The numbers are also small, so they are not included in the main body of this report. A summary of the risk profile of the first set of served youth is included in Appendix C.

JCP provides essential services to at-risk youth and families.

The JCP initiative allowed communities to fund services based on local needs. Thus, each county has a different package of services funded by JCP dollars. In general, services can

¹⁰ This number represents the average across the first 13 youth served and reflects the target population of a program serving youth who are already deeply involved in the Tribal court system. In comparison, Native American youth served in county JCP services had an average of 7.6 risk indicators and were somewhat younger (14 in the county sample compared to 15.5 in the Tribal sample).

be grouped into direct interventions (such as substance abuse treatment, tutoring, or family counseling), case management (including coordinated review and monitoring of a youth's needs and services), and support services (including the provision of basic needs services, such as housing assistance or medical assistance).

Based on a sample of 1,457 youth with information at screening and at the interim review, the majority of youth received direct interventions (76.6%), followed by case management (45.8%), support services (23.9%), and other services (4.7%). Many youth received a variety of services that crossed these categories.

Many JCP High-Risk Prevention programs targeted a specific domain area, or combination of areas. In this sample, youth received services that were targeted to school issues (59.9%) peer issues (58.3%), family issues (51.1%), and behavior issues (47.2%). Substance use issues were targeted for 23.5% of youth. Of the 7.1% of youth who received services targeting an area other than the five domains, mental health services were the most common area mentioned.

In addition to the youth, JCP services also benefited other members of the youths' families. In some counties, JCP High-Risk Prevention funds were used to support programs that served entire families, including parents/guardians and siblings, such as Functional Family Therapy or other family-based interventions and services.

JCP decreases problem behavior and reduces risks for juvenile crime.

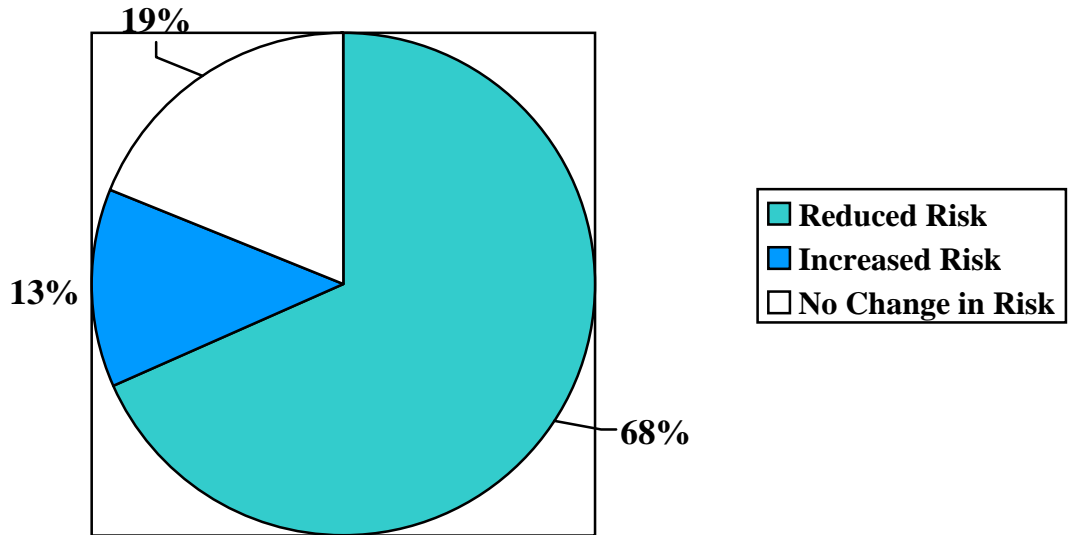
The JCP evaluation measures the risk indicators of individual youth before they begin receiving JCP High-Risk Prevention services, and again at the end of services or after they have been involved in services approximately 6 months. These risk indicators are research-based behavioral characteristics that put a youth at increased risk of becoming involved in, or continuing her/his involvement in, the juvenile justice system (for detailed data on changes in risk indicators, see Appendix A).

Youth who participated in JCP programs had reductions in risk factors at their interim reviews. In this sample, reductions were seen in all 18 of the risk indicators that could be measured at this time. Risk indicator reductions ranged from 19% to 83%. Particularly large reductions were seen in the school and behavior areas, with reductions ranging from 58% to 83% in those domains. The largest reductions were seen in school suspensions.

On average, youth started JCP interventions with over 3 risk domains and at their reviews were dealing with 2. By the interim review, 44% of participating youth had less than 2 risk domains present.

Figure 3 shows the proportion of youth whose total number of risk indicators increased, decreased, or stayed the same from Time 1 (initial screen) to Time 2 (interim review). The majority of youth (over 2/3rds) saw a decrease in total risk indicators over time. With the other two groups, it is possible that a decrease in risk in one area may have been offset by an increase in another area, as some problems do tend to emerge as a juvenile becomes older. Also, some risk indicators are not known at Time 1 and are discovered by program staff once they get to know the youth and family.

Figure 3: Net change in numbers of risk indicators



Changes in risk indicators by initial risk level

A “dynamic” risk score of evaluation items common to all versions of the instrument was calculated. This risk score consisted of academic failure, chronic truancy, school dropout, friends engage in unlawful or serious acting out behavior, poor family supervision and control, serious family conflicts, substance use beyond experimental use, and social isolation.

Youth who had moderate-low (5-8 risks), moderate-high (9-13 risks), and high risk (14 or more risks) were more likely to improve on their dynamic risk score compared to those who were low risk (2-4 risks) (F=17.53 (3, 1453) p < .001).

Table 4: Improvement in JCP dynamic risk score based on risk level

	Improved	Did Not Improve	Sample Size
2-4 Risks	56.4%	43.6%	463
5-8 Risks	71.4%	28.6%	601
9-13 Risks	77.6%	22.4%	321
14 + Risks	80.6%	19.4%	72

Improvement in a youth’s dynamic risk score was not significantly related to the type of service a youth received (that is, direct intervention, case management, or support services only).

Changes in risk indicators by risk domain

Youth having a risk in the Behavior Issues domain may be less likely to see an improvement in dynamic risk score over time (though in the current set of dynamic risk

indicators there aren't any items from the behavior domain). Youth with a risk in the Substance Use domain may be most likely to see an improvement in the dynamic risk score over time. However the percent improvement was fairly high across all domains.

Table 5: Risk change by domain

Domain	% with risk reductions	% without risk reductions	N
School Issues	73.2%	26.8%	1102
Peer Relationships	72.6%	27.4%	997
Behavior Issues	67.8%	32.2%	838
Family Functioning	71.5%	28.5%	1223
Substance Use	75.3%	24.7%	474

Changes in risk indicators by type of intervention

The evaluation team was interested in whether certain types of intervention approaches were more successful at reducing risk indicators than others. On the interim review, providers indicated if the youth being reviewed received direct services (such as family counseling, anger management classes, substance abuse treatment, etc.), case management (oversight by a provider who helped assist the youth to meet her/his needs, including coordination of services), support services (which include services to meet basic needs, such as housing and food assistance), or a combination. Table 5 presents the results of the proportion of youth who received the various types of services and who either experienced reductions in risk indicators or who did not.

Table 6: Improvement of JCP dynamic risk score based on type of service received

	Improved	Did not Improve	Sample Size
Direct Service Only	63.8%	36.2%	428
Case Management Only	56.5%	43.5%	23
Both Direct Service and Case Management	67.1%	32.9%	629
Support Services only	78.8%	21.2%	53

Changes in risk indicators by domain targeted

JCP Program staff members were asked to indicate the risk domain that their service was targeting. The evaluation team then looked at whether change was more likely to occur in targeted domains. The following tables illustrate how improvements (reductions in risk indicators) occurred regardless of whether the domain was the target of the intervention or not. In these tables, each risk and protective indicator within each domain is listed. In the columns to the right is information about whether that risk or protective indicator increased or decreased over time across all JCP participants for whom the evaluation team collected change data, and whether the change was significant or not¹¹. Results are

¹¹ Paired sample t-tests were conducted to see if there were significant differences between risk items on the initial screen compared to the interim review who those risk items were part of a domain being targeted versus when they were not part of a target domain. Statistical significance was determined by a mean

shown for youth who had the domain targeted and youth who did not. The columns with the faces provide a simple way of showing the positive and negative results.

It appears that it is not necessary to target a specific domain in order to be effective and that the risk indicators are interrelated so that change or intervention in one area can be beneficial in other areas as well.

Table 7: Targeted Domain: School Issues

Item #	Risk / Protective Factor	Targeted Group			Non-Targeted Group		
PF2.1	<i>Significant school attachment</i>	<i>Increased</i>	<i>Sig.</i>	☺	<i>Increased</i>	<i>Sig.</i>	☺
R2.2	Academic Failure	Decreased	Sig.	☺	Decreased	Sig.	☺
R2.3	Chronic Truancy	Decreased	Sig.	☺	Decreased	Sig.	☺
R2.4	School Dropout	Decreased	Sig.	☺	Decreased	N.S.	☺
C2.6	Suspensions/expulsions past month	Decreased	Sig.	☺	Decreased	Sig.	☺
PF2.7	<i>Family actively involved in helping youth succeed in school</i>	<i>Increased</i>	<i>Sig.</i>	☺	<i>Decreased</i>	<i>N.S.</i>	☹

Table 8: Targeted Domain: Peer Relationships

Item #	Risk / Protective Factor	Targeted Group			Non-Targeted Group		
PF3.1	<i>Friends disapprove of unlawful behavior</i>	<i>Increased</i>	<i>Sig.</i>	☺	<i>Increased</i>	<i>Sig.</i>	☺
R3.2	Friends engage in unlawful or serious acting out behavior	Decreased	Sig.	☺	Decreased	Sig.	☺
R3.3	Has friends who have been suspended or expelled or dropped out of school	Decreased	Sig.	☺	Decreased	N.S.	☺
PF3.4	<i>Has friends who are academic achievers</i>	<i>Increased</i>	<i>Sig.</i>	☺	<i>Increased</i>	<i>N.S.</i>	☺

Table 9: Targeted Domain: Behavior Issues

Item #	Risk / Protective Factor	Targeted Group			Non-Targeted Group		
C4.2	Aggressive, disruptive behavior at school during past month	Decreased	Sig.	☺	Decreased	N.S.	☺
PF4.5	<i>Involved in extra-curricular activities</i>	<i>Increased</i>	<i>Sig.</i>	☺	<i>Increased</i>	<i>Sig.</i>	☺
C4.7	Recent runaway	No change	N.S.	☹	Decreased	Sig.	☺
C4.9	In past month, youths behavior has hurt others or put them in danger	Decreased	Sig.	☺	Decreased	Sig.	☺
C4.11	In past month, youths behavior	Decreased	N.S.	☺	Decreased	Sig.	☺

difference value of at least a .05 level (meaning that there is at least a 95% probability that a real difference actually exists between the two groups).

	has hurt him/her or put him/her in danger						
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Table 10: Targeted Domain: Family Functioning

Item #	Risk / Protective Factor	Targeted Group			Non-Targeted Group		
PF5.1	<i>Communicates effectively with family members</i>	<i>Increase</i>	Sig.	☺	<i>Increase</i>	Sig.	☺
R5.2	Poor family supervision and control	Decreased	Sig.	☺	Decreased	Sig.	☺
R5.3	Serious family conflicts	Decreased	Sig.	☺	Decreased	Sig.	☺
C5.5	Child abuse/neglect or domestic violence in past month	Decreased	Sig.	☺	Decreased	N.S.	☺
R5.6	Criminal family members	Decreased	Sig.	☺	Decreased	Sig.	☺
R5.7	Substance abusing family members	Decreased	Sig.	☺	Decreased	Sig.	☺
R5.8 C5.9	Family trauma/disruption since previous review	Decreased	Sig.	☺	Decreased	Sig.	☺
PF5.10	<i>Has close, positive, supportive family relationship with at least one family member</i>	<i>Decreased</i>	<i>N.S.</i>	☹	<i>No change</i>	<i>N.S.</i>	☹

Table 11: Target Domain: Substance Use

Item #	Risk / Protective Factor	Targeted Group			Non-Targeted Group		
R6.1	Substance use beyond experimental	Decreased	Sig.	☺	Decreased	Sig.	☺
R6.2	Current substance use is causing a problem in youth's life	Decreased	Sig.	☺	Decreased	Sig.	☺
C6.5	Has been high or drunk at school past month	Decreased	N.S.	☺	Decreased	N.S.	☺
PF6.7	<i>Caretaker free of substance abusing behavior past month</i>	<i>Decreased</i>	<i>N.S.</i>	☹	<i>Decreased</i>	<i>N.S.</i>	☹

Changes in risk indicators by gender

There are significant gender differences on dynamic risk score on both the initial screen and the interim review. Females had more risks, on average, at both time points compared to males (3.35 versus 3.11 on the initial screen, 2.00 versus 1.78 on the interim review). Note, though, that behavior items, which are traditionally more salient for males, are not included in the dynamic risk score. Also note that the risk decrease within gender is about equal.

Additionally, there are some differences on specific dynamic risk factors that may be of interest. Risk factors with statistically significant differences are listed in the tables

below. However, please note that there was no significant difference in improvement by gender (67.8% of males and 69.3% of females improved their dynamic risk score).

Table 12: Gender differences on initial screen dynamic risk factors for youth with change data

RISK INDICATOR	DOMAIN	GENDER DIFFERENCE
Chronic truancy	School	Females had higher means compared to males
Friends engage in antisocial or acting out behavior	Peer	Males had higher means compared to females
Serious family conflicts	Family	Females had higher means compared to males
Social Isolation	Mental Health	Males had higher means compared to females

Table 13: Gender differences on interim review dynamic risk factors for youth with change data

RISK INDICATOR	DOMAIN	GENDER DIFFERENCE
School dropout	School	Males had higher means compared to females
Serious family conflicts	Family	Females had higher means compared to males
Substance use beyond experimental	Substance	Males had higher means compared to females

There were no significant differences in rates of improvement in risk indicators by race or age.

Risk indicators by region (rural/urban differences)

Youth in Eastern and Central Oregon counties, which are also rural counties, had higher risk levels and numbers of dynamic risk indicators on the interim review than urban counties¹². There were no differences on dynamic risks at the initial screen and no significant differences in improvement over time. Table 13 summarizes these findings.

Table 14: Risk indicator comparisons by region

	CEOJJC	Urban	Significant Difference
Risk level (1-4)	2.23	1.91	Yes
IR Dynamic Score	2.23	1.83	Yes
Initial Dynamic Score	3.36	3.12	No
Improvement	.66	.68	No

A comparison was also run to look at the percent of youth within each county that showed improvements. Percent improvements ranged from 29% to 100%. Approximately fifteen percent (14.8%) of counties with data on changes in risk and protective indicators had less than a 50% improvement rate. Twelve counties had greater than a 75% improvement rate.

¹² For this analysis, urban counties included Multnomah, Marion, Clackamas, and Washington Counties.

Comparison of youth who improved with youth who did not

The following table provides a profile of demographic information comparing the youth who had a net reduction in risk indicators from Time 1 (initial screen) to Time 2 (interim review). This information reflects the sample of youth for whom the evaluation team had both screening and review data for this biennium (n = 1,457). Youth who improved tended to be slightly higher risk than youth who did not. They were also less likely to be Black/African American and more likely to be coded as “Other” race/ethnicity or to have their race/ethnicity information missing. They had otherwise similar demographic characteristics.

Table 15: Profile of youth who improved (risk indicators were reduced) compared to youth who did not

	Improved	Did Not Improve
Average Age	13.71	13.84
Average Risk Indicators	7.20	5.81
Average Protective Indicators	4.57	5.40
Average Domains	3.60	3.16
Average Mental Health Indicators	.55	.46
Males	65.4%	67.2%
Females	34.2%	32.8%
Black/African American	2.8%	6.1%
White/Caucasian	58.3%	62.2%
Asian/Pacific Islander	2.3%	1.7%
Native American	1.7%	1.3%
Hispanic/Latino(a)/Mexican	14.0%	15.4%
Other/Unreported	16.8%	9.5%
Multiple race/ethnicity	4.0%	3.7%
Low Risk (2-4 indicators)	26.2%	43.9%
Moderate-Low Risk (5-8 indicators)	43.0%	37.4%
Moderate-High Risk (9-13 indicators)	25.0%	15.7%
High Risk (14 or more indicators)	5.8%	3.0%

Comparison of youth who completed program requirements and those who did not

Table 15 below illustrates the differences in proportions of youth who experienced overall decreases in their total number of risk indicators during their participation in JCP services. In this analysis, youth who completed program requirements, that is they successfully completed the program, were compared to youth who participated in some, but not all, of the program.

Table 16: Proportions of youth who experienced risk reductions by completion status

	Improved	Did not improve
Partial program participation	58.9%	41.1%
Completed program requirements	68.6%	31.4%

JCP increases youth assets that protect against delinquency.

The JCP evaluation measured the protective characteristics of individual youth before they began receiving JCP High-Risk Prevention services, and again at the end of services or after they had been involved in services approximately 6 months. These protective indicators are research-based characteristics that have been shown to provide a buffering effect from the potential impacts of life challenges. While it is important to target and reduce risk factors, it is also important to build on existing strengths and develop new ones.

The protective indicators were not required as part of the JCP evaluation; however, screeners and reviewers did seem to complete these items quite often. Of the 10 possible protective factors measured over time, all of them showed improvement for the sample of 1,457 youth with information at the initial screen and at the interim review. Protective indicator improvements ranged from 33.3% for “Friends disapprove of unlawful behavior” to 76.7% for “There is an adult in the youth’s life she/he can talk to” (for a detailed report on protective indicator changes, see Appendix A).

JCP reduces juvenile crime and makes our communities safer.

Youth offenders enrolled in JCP High-Risk Prevention programs had a lower rate of re-offending than the statewide population of youth offenders. Their new offenses were also less serious and less frequent.

The long-range goal of JCP programs is to reduce future crime. To estimate the impact of JCP programs on re-offending, the JCP evaluation used a variety of strategies and samples. Youth in the juvenile department and community sample (excluding Multnomah) were tracked through November 25, 2002. Recidivism data from Multnomah County tracked youth through February 28, 2003, and offending data for the community sample were collected through March 17, 2003.

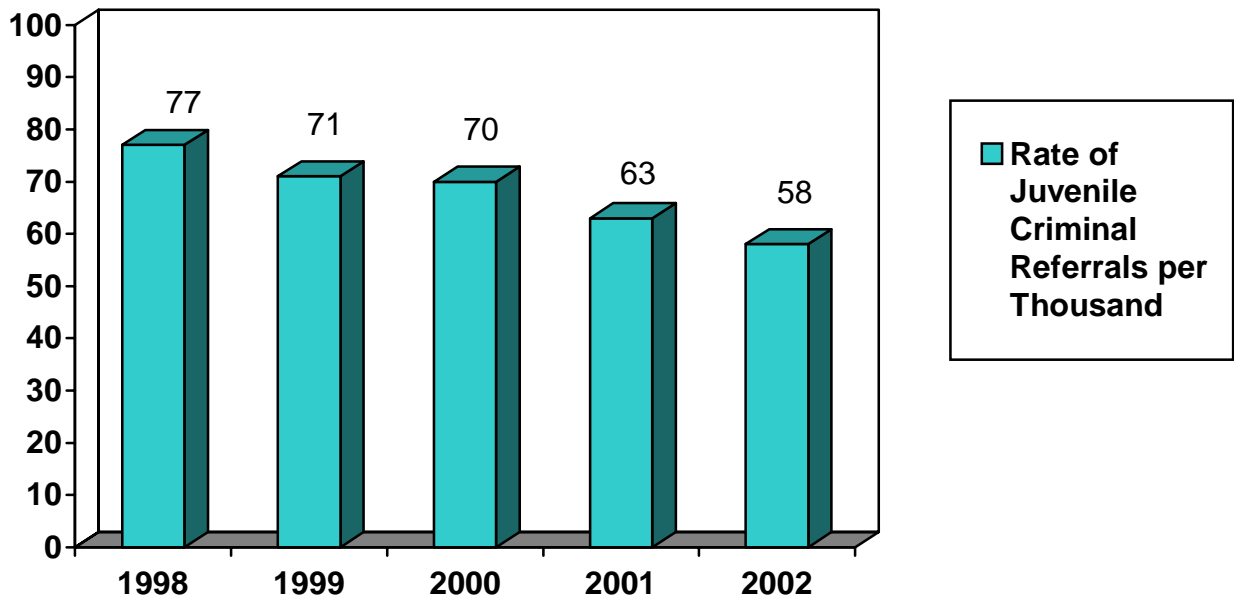
The recidivism study sample includes youth from 17 counties with 86.2% of Oregon’s population under the age of 18. The sample of 1,134 unduplicated youth represents both large and small counties. Since JCP targets at-risk youth ages 10 through 17, the at-risk population of each included county for youth ages 10 to 17 was calculated, using 2001 estimates from Portland State University’s Center for Population Research. The table below shows the number of counties included by the size of this at-risk population.

Table 17: Size of Counties Represented in JCP Recidivism Study Sample

Estimated Youth Population Ages 10 through 17	Number of Counties Represented in Recidivism Study Sample
Under 5,000	4
5,000 to 10,000	4
11,000 to 25,000	5
34,000 to 66,000	5
An estimated 86.2% of Oregon's population under 18 is included in the JCP Recidivism sample.	

The Oregon benchmark calls for a reduction in juvenile arrests. However, arrest data are not available for 2002, and data on the number of referrals to juvenile departments are a new, comparable, but also more accurate and more available measure of juvenile crime. With the full implementation of the Juvenile Justice Information System (JJIS), we now have a more accurate and timely measure of changes in juvenile crime in Oregon. The JJIS data show that the number of youth referred to juvenile departments decreased substantially between 1998 and 2002. During the past five years, the number of juvenile criminal referrals dropped by 20% from 29,165 in 1998 to 23,357 in 2002 (see Figure 4).

Figure 4: Criminal juvenile referrals from 1998 to 2002

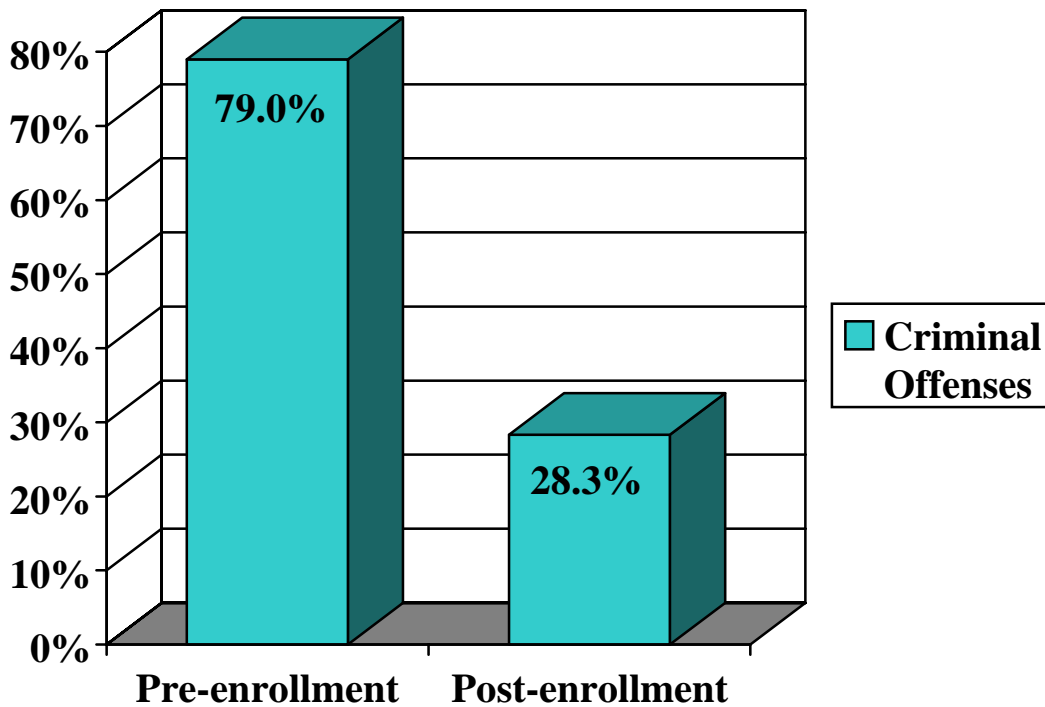


The JCP evaluation compared the offending behavior of youth served in JCP High-Risk Prevention programs before they entered a JCP program with their offending after they were enrolled, using each youth's JCP program start date.

New crimes were reduced

When prior offenses were tracked back 12 months prior to JCP involvement, 79.0% of the youth had had a prior criminal referral,¹³ compared to only 28.3% in the 12 months following JCP enrollment (see Figure 5). The remaining 21% either had a criminal prior referral, but more than 12 months before their enrollment, or they had only a non-criminal (usually MIP or less than an ounce of marijuana) offense prior to enrollment.

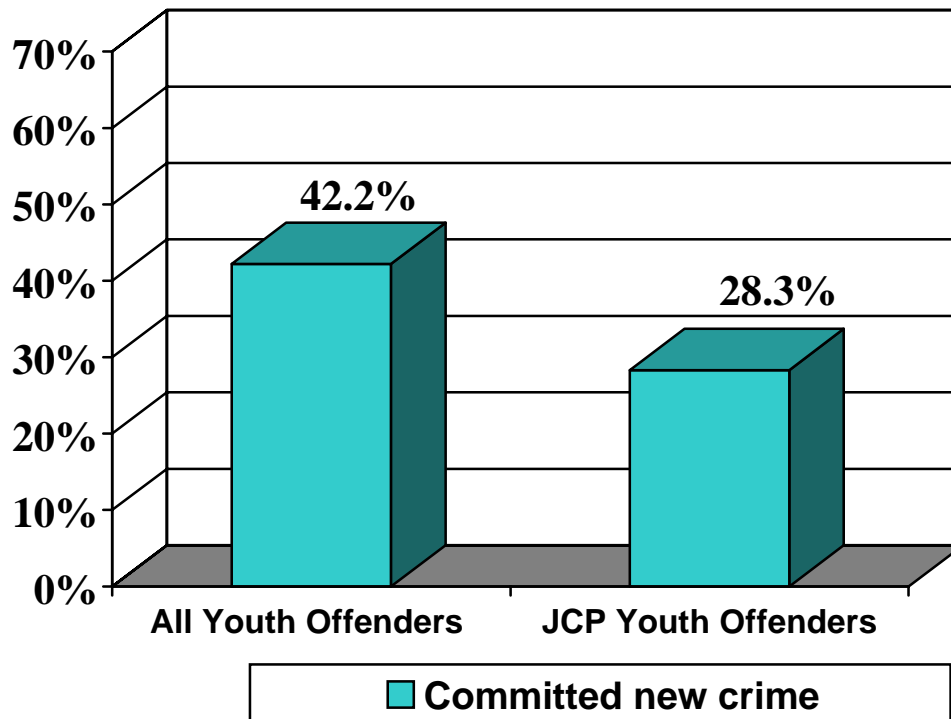
Figure 5: Pre-Post Comparison of Criminal Offending of JCP Youth



¹³ The most serious charge during the twelve months before enrollment was a felony for 35.6%, a misdemeanor for 36.6%, and a violation or a non-criminal charge (e.g., running away) for the remaining 27.2%.

To evaluate the observed reductions, the re-offense rates of JCP youth were compared with re-offending data for all juvenile department referrals between 1996 and 2000. Of those youth who had at least one criminal allegation prior to JCP enrollment, 28.3% (321) had at least one new criminal allegation during the 12 months following enrollment. Figure 6 compares the 28.3% recidivism rate for JCP youth to the 42.2% recidivism rate for the statewide sample of youth who had at least one prior criminal referral ever. The 42.2% recidivism rate for all youth offenders is based on the 5 year average for youth who had at least one prior criminal referral, and then at least one new criminal referral during the 12 month tracking period (Oregon Youth Authority, 2002, p. 19) The JCP sample includes youth who had at least one prior criminal referral during the past 12 months (prior to enrollment). The “All Youth Offenders” group is the statewide group of offenders, so JCP youth are included in that sample. JCP youth with prior criminal histories were less likely to re-offend than the statewide population of youth with prior criminal histories¹⁴. An even more significant reduction is found when JCP youth with two or more prior criminal referrals are compared to the statewide offender population with two or more prior criminal referrals. For this group, recidivism was reduced by 17.8%¹⁵.

Figure 6: Re-offending by Youth with Prior Criminal Referrals: JCP Youth, Compared to Youth Offenders Statewide



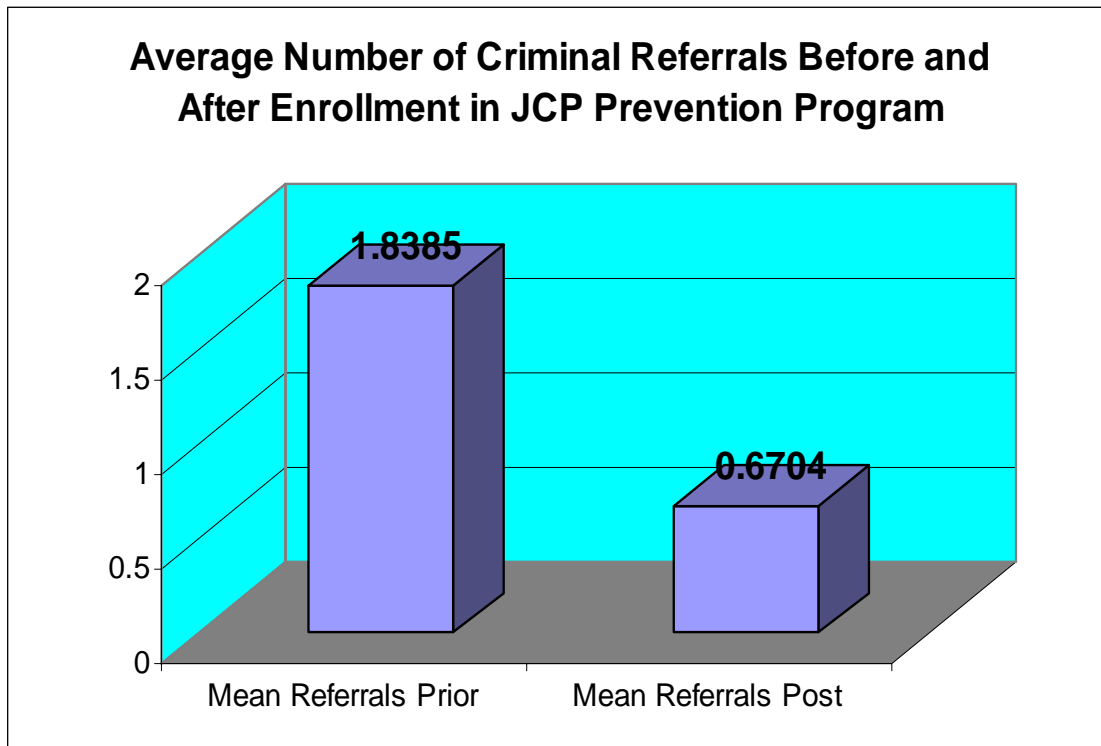
¹⁴ See Oregon Juvenile Recidivism Report for 1996-2000, available on the Oregon Youth Authority’s web site: www.oya.state.or.us/StatewideRecidivism.pdf.

¹⁵ 55.6% of youth statewide with two or more prior criminal referrals had at least one new crime within 12 months, compared to 45.7% of a comparable group of JCP High-Risk program youth.

Frequency of crimes was reduced: There was a 63% reduction in the number of criminal referrals, and criminal allegations contained in those referrals, by youth who had at least one criminal referral in the twelve months prior to their enrollment in a JCP Prevention Program. Using a 12 month pre and post enrollment time period for youth with both a prior criminal referral and a subsequent criminal referral, the average number of prior criminal referrals¹⁶ for JCP youth was 1.8 (with a range of 1 to 25), and the average number of criminal allegations was 4.8 (with a range of 1 to 58 prior criminal allegations). In the 12 months after enrollment, the average number of subsequent criminal referrals for this group was 0.67 with a range of 0 to 9) and the average number of criminal allegations was 1.8. This sample includes 452 youth with at least one criminal referral to a county juvenile department (excluding Multnomah County)¹⁷ in the twelve months prior to their enrollment in a JCP Prevention Program.

Figure 7 illustrates the average number of criminal referrals that JCP youth had in the 12 months before and after their JCP enrollment. The reduction in the number of referrals from pre to post is clear.

Figure 7: Number of criminal referrals before and after JCP participation



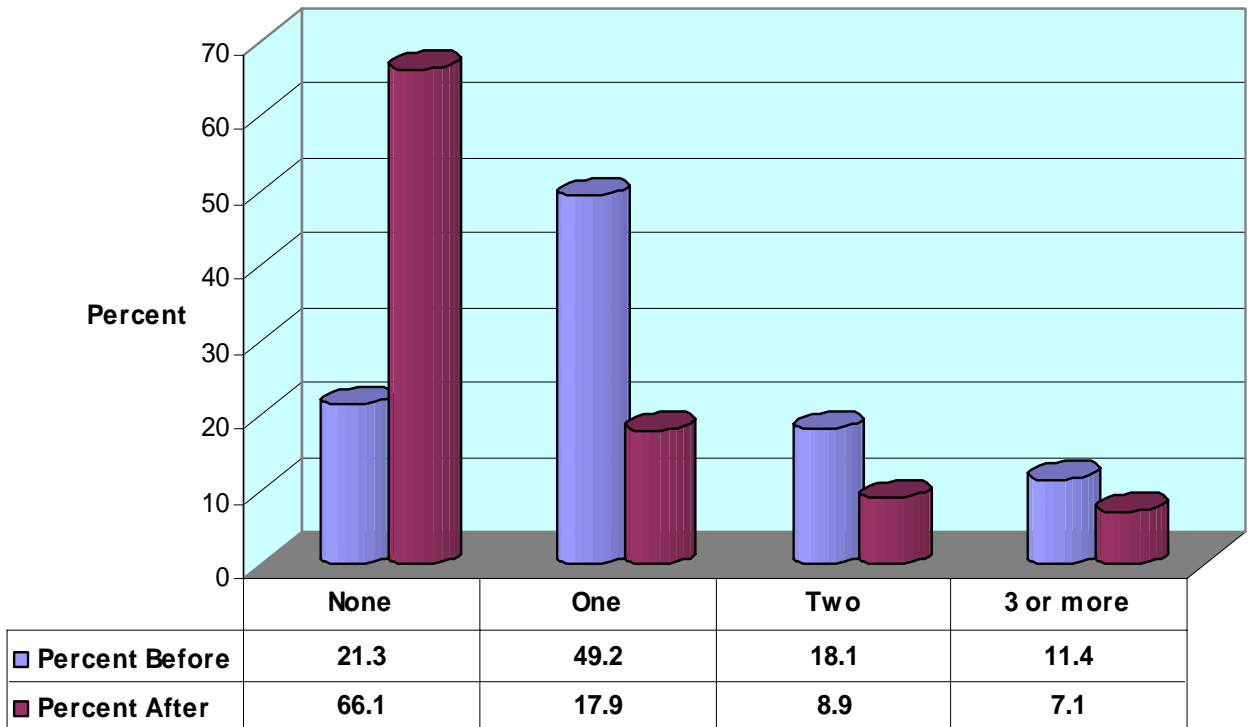
¹⁶ Each referral can include one or more criminal or non-criminal allegations.

¹⁷ Multnomah County data are included in most of the recidivism analyses; however, because they were in the process of converting to JJIS, the comparable data available for Multnomah did not include the detail needed for the comparisons shown in Figures 7 and 8.

Figure 8 provides more detail about the numbers of criminal referrals the JCP youth had before and after their enrollment in JCP programs. As you can see, the number of youth with no crimes was substantially higher in the 12 months after JCP enrollment.

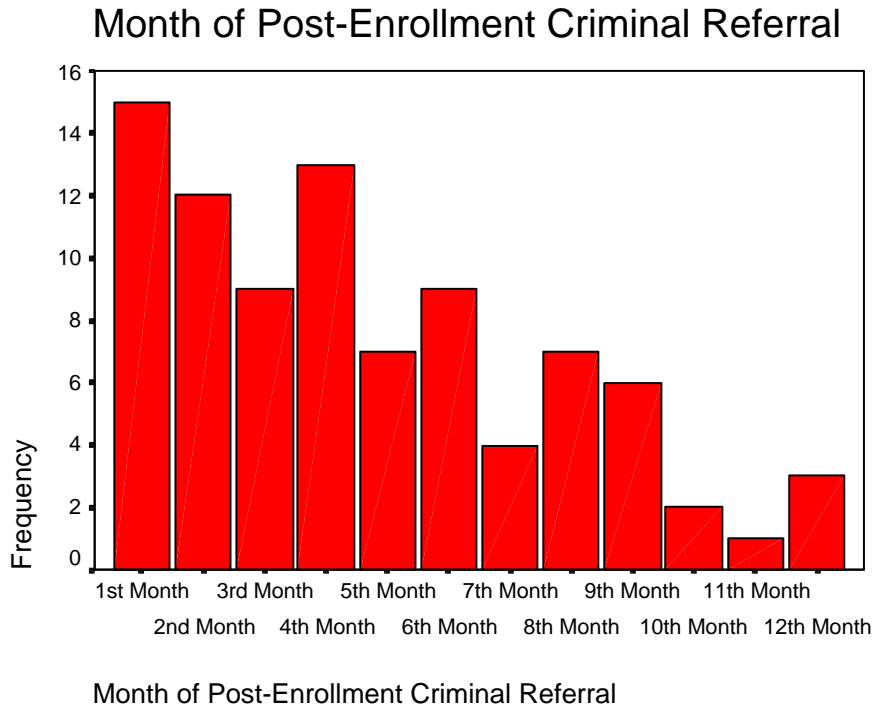
Figure 8: Number of Criminal Referrals Before and After JCP

JCP Recidivism Sample: Comparison of Criminal Referrals 12 Month Before and 12 Months After JCP Prevention



When new criminal referrals occur, they are likely to happen fairly soon after a youth’s enrollment date. Figure 9 illustrates the month during which the first post enrollment criminal referral occurred. Seventy-four percent (74%) of youth offenders who have a post enrollment criminal referral have their first new offense within the first 6 months after enrollment (and 41% have their first new offense in the first 3 months). This suggests that it takes at least a few months before an intervention with high-risk youth can be expected to have an impact on future criminal behavior.

Figure 9: Timing of Post-Enrollment Criminal Referrals



Severity of subsequent crimes was reduced

Oregon’s juvenile justice system has adopted a severity scale that ranges from a low of 1 for status offenses, to a high of 19 for murder. A severity score is assigned to each offense entered into JJIS, based on the criminal codes in the Oregon Revised Statutes (ORS). The severity of the most serious offense prior to a criminal offender’s JCP involvement was compared with the severity of new crimes for those youth that re-offended.

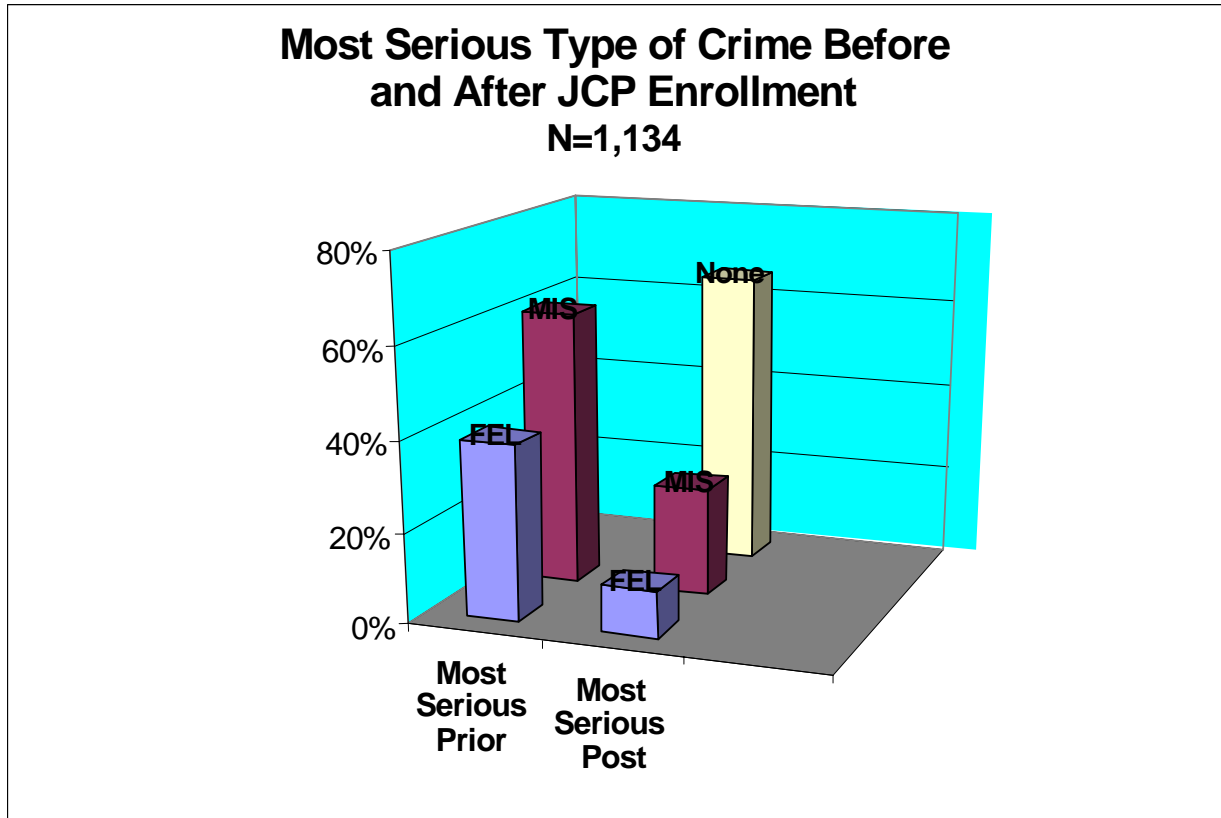
The average severity of the offenses committed by youth enrolled in JCP programs decreased from an average of 10.4 (s.d. 4.6) out of a possible 18 during the 12 months prior to their enrollment, to an average of 8.3 (s.d. 4.0) during the 12 months following enrollment. A 10 on the severity scale is a crime against a person that is classified as an A Misdemeanor. An 8 on the severity scale is a crime against a person that is classified as a C Misdemeanor.

Figure 10 below shows reductions in felony and misdemeanor referrals for a sample of 1,134 youth from 17 counties who had at least one criminal referral in the 12 months before enrollment in a JCP prevention program¹⁸. In the 12 months prior to enrollment, 25% of the youth were referred for a felony, and 75% were referred for a misdemeanor.

¹⁸ The sample includes youth from small, medium, and large Oregon Counties, and includes two Central and Eastern Oregon counties. There were several reasons why some counties are not included in the recidivism sample. Some did not serve offenders; some had waivers from JCP Prevention and funded only Basic Services; and some had youth who dropped out of the sample because of age, lack of a prior criminal history, or too few months of follow-up. A few did not provide the information necessary to be included.

In the 12 months following enrollment, only 8.2% were referred for a felony, 20.2% were referred for a misdemeanor, and 71.6% had no new criminal referrals.

Figure 10: Most serious crime before and after JCP participation



Relationships between offending and other factors

Both the severity and the frequency of subsequent offenses are associated with the number of risk domains and risk indicators identified prior to program involvement. Only 12.5% of youth with one risk domain re-offended, while 39.2% of youth with 5 risk domain re-offended. However, there was little difference in the re-offense rate for youth with risks in two, three, and four domains (between 32.6% and 35%). Preliminary data also suggest that recidivism was most often prevented when risks were eliminated in all but one or two domains. Additional cases should be tracked to see if this pattern continues.

Females were significantly less likely to commit a new crime than males, with 37.8% of males re-offending within 12 months, compared to only 23.1% of females. This is true even though males and females start out with similar risk levels and show similar improvement in their risk scores. Boys tend to have more problems with substance abuse, school drop out, and social isolation, and these problems may be less amenable to change, especially over a short time.

The type of intervention (direct intervention, case management, or support) was not significantly related to re-offending. Youth with all 3 interventions did better than those with just two, but not as well as those receiving just one. Those receiving more types of service were not significantly different in terms of risks, but they did have significantly fewer protective factors. Surprisingly, the presence of one or more mental health indicators was not significantly related to re-offending. It appears that most youth with mental health indicators were referred for assessments or other appropriate services.

County-level recidivism rates

The JCP county prevention efforts included in this sample varied in both the seriousness of the youth they served, and in their success in reducing new crimes. Looking only at those youth who had a prior criminal referral, the JCP Evaluation found that 12-month recidivism rates for county programs ranged from a low of 25.0% to a high of 38.5% (samples of 4 or less are excluded). Within these counties, individual program rates were more variable, but the size of many program samples is too small to make a legitimate comparison at this time. Additional analyses, as well as additional cases, are needed to determine the reasons for these variations and whether they are significant.

Chronic offenders

Chronic offenders are defined as youth with 3 or more criminal referrals within a 12-month period. In the JCP recidivism sample, 11.4% of the youth qualified as chronic offenders in the 12 months prior to JCP enrollment, and 7.2% were chronic offenders in the 12 months after JCP enrollment. The statewide chronic re-offender rate for 2000 was 8.0%.

Non-offenders

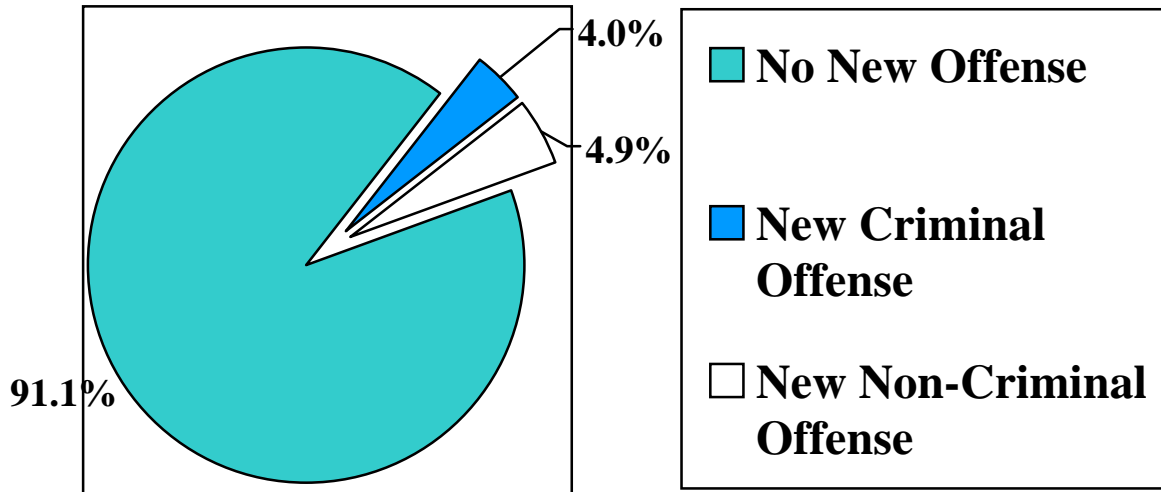
Some of the youth served in JCP High-Risk Prevention programs through community providers were referred to those services due to problematic behavior that had not yet brought the youth to the attention of a juvenile department. While the providers were not required or expected to know if youth were truly non-offenders, the evaluation team did run a statistical matching program, using name when available, date of birth, gender, and county of residence, to identify those youth in the community provider database who had a referral in JJIS prior to their JCP enrollment. A sample of 2,523 JCP youth served in community JCP High-Risk Prevention programs were tracked to JJIS. Of this sample, 21.6% were found to have a JJIS number. Youth may have had JJIS numbers for status offenses or violations, either before or after their JCP enrollment, or due to being involved in a dependency case (a victim of child abuse or neglect). Those youth who did not have a juvenile department referral prior to their JCP enrollment were considered “non-offenders” for the following analyses (see profile data in Appendix A).

Most of the high-risk youth who began JCP services as non-offenders did not commit any offenses in the 12 months following their JCP enrollment. Less than 10% (8.9%) did commit an offense, and only 4% were for criminal offenses. As a comparison, it is interesting to note that of all youth in the 10 to 17 age range in the year 2000, 4.7% committed a crime (this proportion includes both youth who had never committed a crime and some with prior juvenile justice involvement).

Offenders and non-offenders did not have significantly different numbers of initial risk indicators, but did have different rates of offending during the follow-up period. Figure 9

illustrates the percentages of non-offender JCP youth who had an offense recorded in JJIS in the 12 months following their JCP enrollment.

Figure 11: Offense rates of non-offenders



OYA Discretionary Bed Use

The JCP Initiative aims to reduce juvenile crime and juvenile recidivism. By serving high-risk youth in their communities before serious crimes are committed, it is hoped that the need for OYA close custody beds would be decreased.

OYA close custody beds serve the following youth:

- Youth offenders who have been adjudicated in juvenile court and committed to OYA (includes both Public Safety Reserve [PSR] and Discretionary Beds [DBA]). Public Safety Reserve beds (PSR) are available to counties for youth offenders committed by juvenile courts for the highest-level crimes; these are the first priority for close custody. Counties have access to Discretionary Beds (DBA) for youth offenders committed by juvenile courts who do not fall under the PSR. Each county is allocated a maximum number of discretionary beds for their use.
- Offenders who have been sentenced for “Measure 11” and waived offenses, and who are in the legal custody of the Department of Corrections and—due to their age—are placed in the physical custody of OYA. Beds for Measure 11 and Waived offenders in DOC legal custody in placed in OYA facilities are not available to counties for youth offenders.

Community Resources

Funding for OYA close custody beds and community programs has been significantly reduced. The budget reductions have had the following impacts:

- Decreased services provided by county juvenile departments for basic services
- Decreased services for youth at high risk of committing crimes
- Decreased services intended to divert youth from OYA facilities
- Elimination of OYA parole and probation positions
- Elimination of professional shelter care capacity statewide
- Decreased numbers of residential treatment beds and foster care beds
- Decreased availability of individualized services

Use of Discretionary Beds

One of the high level outcomes tracked by the JCP Evaluation is whether counties stay within established limits in their use of discretionary OYA close custody beds. County use of discretionary beds is recorded on a weekly basis. OYA works with juvenile departments individually and as regions on a daily basis regarding the use of discretionary beds.

Weekly close custody population reports were reviewed for the period of time from July 1, 2001, through March 11, 2003¹⁹. During this period, the overall (statewide) weekly average discretionary bed use was 563.46 beds. The majority of the time (86%), the state as a whole did not exceed its weekly allocation of 599 beds. The remaining 14% will be reviewed separately using more detailed data that is available.

¹⁹ Data were not available for the month of July 2002.

Observations and Recommendations

Oregon, like many states throughout the nation, faces immediate challenges within its juvenile justice system as a result of increasing workloads, changing laws, limited and dwindling resources, and a lack of capacity for courts, probation, detention operations, and services to at-risk youth. More importantly, the stakeholders of the system are committed to finding new ways to slow the revolving door for offenders and to improve community safety. Due to limited resources and growing demand, officials recognize that the juvenile justice system must target its efforts and work collaboratively with other public and private agencies and communities to provide services to youth and their families. In their landmark study of successful delinquency programs, researchers Lloyd Ohlin and Alden Miller noted that, “Delinquency is a community problem. In the final analysis its prevention and control must be built into the fabric of community life.” (Miller & Ohlin, 1985) While a growing body of research suggests that evidence-based programs and services located in the community can be effective in reducing juvenile crime, without a public policy context to support them, they cannot be sustained.

In its Juvenile Crime Prevention Program (JCP), Oregon has created an organizational and programmatic framework for development of public policy to sustain efforts to prevent and reduce juvenile crime in Oregon. Importantly, this framework in which state and local governments--in partnership with community based organizations--fund and deliver services, also holds the promise to continuously improve outcomes for Oregon’s children, youth and families.

Within this framework the state has utilized a research-based strategy to reduce risk factors and increase protective factors with in the appropriately targeted youth population. The efficacy of this strategy is well documented, especially in the U.S. Surgeon General’s report on youth violence (2001). While appropriate attention has been focused on outputs and outcomes from these efforts, little attention has been given to strengthening the framework itself.

This evaluation has provided the opportunity for the Evaluation Team to work closely with various components of Oregon’s juvenile justice system. This association has allowed us to observe the operations of programs and services and the organizations that fund and implement them. As a result, a variety of observations and recommendations can be made from the implementation of the Juvenile Crime Prevention Program. Some are common to any complex initiative. Others may result from JCP-specific design. These observations and recommendations are grouped into three categories: policy, technical assistance and training, and information systems and data collection procedures.

Policy

Continue and refine the research-based strategy of reducing risk factors and increasing protective factors within state/local collaboration framework. It is important to examine carefully the implementation of new approaches so that money and time will not be wasted on ineffective programs that do nothing to reduce the human tragedy and suffering caused by juvenile delinquency for all concerned: victims, offenders, families and society in general. When new programs are implemented, evaluation must be conducted and their results examined, so that the benefits of these innovations can be

(a) verified and (b) replicated in other locations. In Oregon, for example, the general public is interested in trying new approaches (Begasse, 1997).

- Improve outcomes through implementation of evidence-based interventions within a coherent continuum of care.
- Encourage counties to keep their plans simple and to focus on doing a small number of services well, rather than trying to do too many things at the risk of diluting their potential impact.
- Develop monitoring protocols to measure fidelity to the evidence base as well as dosage. Among interventions for youth three have reasonably well-developed methods for assessing fidelity: multi-systemic therapy (Henggeler & Schoenwand, 1998), treatment foster care (Foster Family-Based Treatment Association, 1995; Farmer, Burns, Chamberlain & Dubs, 2001); and wraparound (Epstein et al., 1998). At a minimum, consider the inclusion of a set of items to track services received by participating youth.
- Develop minimum standards for data collection and reporting for organizations that receive JCP funding.
- Develop a data collection protocol to clearly distinguish offenders from non-offenders.
- If an offender/non-offender distinction is deemed useful, a more rigorous nomination protocol must be developed to distinguish program participants.
- Consider the inclusion of a cost study in future JCP evaluations. The study should emphasize a “cost to the taxpayer” approach to assessing costs and to assessing avoided costs that accrue from successful outcomes of the JCP. The cost to taxpaying citizens for untreated substance abuse and other issues in combination with criminal activity for juveniles is quite high. These costs continue to accrue as these untreated individuals reach their peak age for criminal activity. Intervening in this development prior to adulthood has the potential to save the taxpayer considerable amounts of money as well as contribute to public safety. This is an important outcome of the JCP that needs to be captured by the evaluation.
- Consider the possibility of identifying or creating a comparison group for future JCP evaluations.

Technical Assistance and Training

Communities need easily accessed and ongoing training and technical assistance to help implement components of services with highly structured requirements--such as school-based early intervention programs helping young children overcome anti-social behavior or data collection and reporting procedures—and to adapt best practice models to the local context. Assistance is also needed to reconcile differing interpretations by local, state and federal stakeholders with respect to fidelity to the various research-based models and best practices. Training and technical assistance resources can also be deployed to assist sites with evolving concepts and approaches.

- Many counties faced staff turnover this biennium. In addition to providing challenges to program implementation and service provision, these changes caused disruptions to data collection, data entry, and reporting. New staff members were not

always informed or clear about the JCP data requirements or procedures. In future years, it would be helpful to have additional resources focused on maintaining updated contact information and periodic check-ins to ensure that the evaluation team is aware of staff turnover and can provide new staff with training and updated information. In addition, even continuing staff could benefit from additional reminders and retraining material.

- Develop and update video or computer based tutorials on data collection and reporting procedures as well as regularly scheduled video and or telephone conferences to answer questions and solve problems.
- Provide site-delivered (with video back-up) training on evidence-based interventions and best practices.
- Provide clearinghouse services to localities for resources and products relating to the prevention and control of juvenile crime.
- Consider adopting the self-training curriculum, developed for increasing reliability of the risk screen/assessment and for providing an independent training mechanism for agencies using this tool.²⁰

Information systems and data collection procedures

- Revise the JCP reporting forms to make them simpler and more directly relevant to the evaluation.
- Develop a more rigorous nomination protocol to distinguish non-offender from offender program participants.

While the data systems were generally differentiated as youth served in juvenile departments and youth served in community programs, this distinction, it turns out, did not discriminate between offenders and non-offenders. Many youth were served in community programs and entered into the Access database who were referred to programs from a juvenile department, or who were either concurrently or at some past time involved in the juvenile department, separate from their involvement in this particular JCP program. In addition, the mere presence of a JJIS number did not guarantee present or past criminal involvement, as many youth came into the juvenile justice system on violations or status offenses, many of which were handled informally. As well, a set of youth had files in JJIS because of dependency cases (child abuse or neglect) rather than because of their own problematic behavior.

While the evaluation team did implement the plan of conducting identifier searches (name, date of birth, gender, county), it became clear that this method was not completely reliable. Youth who were listed in the community provider database by their initials, by nicknames, or with a variety of data inaccuracies (such as youth with Hispanic surnames being listed in a variety of ways or with incorrect entries in the date of birth field) created some challenges for the match program. Additional training and data cleaning procedures will help make this matching procedure more reliable in future years.

²⁰ The self-training materials, including PowerPoint presentation slides, user's manual, and exercises with sample vignettes, can be obtained from the Oregon Juvenile Department Directors' Association or NPC Research, Inc.

This evaluation team looked at a variety of comparisons during the course of this evaluation, including comparisons between community and juvenile department youth, and between youth with criminal charges, non-criminal charges, and non-offenders. We did not specifically look at the issue of adjudicated compared to non-adjudicated youth. It may be useful for the JCPAC to have a discussion about the most relevant comparison, to make sure that the future evaluation efforts make the comparisons of most interest to that Committee.

One strategy for improving the accuracy and simplicity of the non-offender designation would be to ask community providers to indicate on the initial screen 1) whether the youth is a referral from a juvenile department and 2) whether the youth has had any prior contacts with law enforcement or a juvenile department. This could be information they ask the youth or parent/guardian. It also might be relevant to add additional questions, depending on the decision that JCPAC makes regarding the most important distinction or youth groupings it would like to see compared.

- Further research should be conducted to gather more information about the characteristics and future behavior of JCP non-offenders. Because the current evaluation followed youth for only 12 months, and does not have a comparison group, it is possible that the current JCP non-offenders will or would have different patterns of offending in later years. A small proportion of non-offenders became offenders during the 12-month follow-up period, which makes it difficult to predict those youth accurately. It is also difficult to assess the cost-savings of intervening with this group of youth, as the proportions in this sample was not significantly different than the rate of first time offenders in the general population. However, one can assume that the JCP population was higher risk than the general first-time offender population because they had both a presenting problem behavior and risk indicators in at least two domains. While this evaluation provides evidence the JCP reduces problem behaviors (risk indicators), a longer follow-up period may help determine if JCP truly prevented future offending for non-offenders.
- Determine whether reporting will be based on episodes/enrollments or unduplicated youth
- Ensure procedures are in place to link screens to interim reviews.

While many counties had data management structures in place to facilitate the matching of youth data at initial screen and interim review, others had more complex or less consistent procedures. For example, some counties had youth in both JJIS and Access databases, some counties transitioned from sending forms in for data entry to entering their own data, and some counties had youth who were continuing from before the consent process was implemented. The following strategies are suggested as possible approaches for solving some of these data problems:

- Train (and follow up with) counties that enter screens in Access to link the screen with the interim review (by using the same participant ID number). This process is fairly simple if the staff person receives some basic instructions and is willing to search the database for the youth's records before entering new forms²¹.
- Train (and follow up with) counties to enter interim reviews in Access when the initial screens are in JJIS include the JJIS number in the Access database.

²¹ Access database training manuals are available online from NPC Research at www.npcresearch.com.

- Add fields on the JJIS interim review that allows counties to link the review to an initial screen and to designate the youth as a JCP youth.
 - Add required fields so that staff cannot close an incomplete initial screen or interim review. In particular, those fields that are needed for a match to occur, such as date of the review, participant or JJIS ID number, or date of birth would be helpful.
 - As much as possible, set up county data management systems so that both the screen and interim review are entered in the same place (either in JJIS or Access). For programs, counties, or tribes sending forms to the evaluation team for entry, this would mean that both screens and interim reviews would be sent in, so that the evaluation team would be able to check early on if we were missing screens for interim reviews that were submitted.
- Investigate the possibility of having JCP forms on bubble forms that can be scanned centrally, so that local service providers could opt to send in forms rather than doing their own data entry. This strategy could cut down the administrative workload of some programs and counties, and encourage the completion of a greater proportion of evaluation forms and result in less data entry error.
 - Future evaluations may also want to consider collecting individual level data on youth participating in OYA Diversion programs. During this biennium, individual level data on risk and protective indicators were only collected on youth participating in JCP High-Risk Prevention Programs. However, because some of the services funded through Diversion were best practice programs, measuring outcomes from those services could provide valuable information.

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Appendix A: Data Tables

JCP Program Eligibility Profile (Access and JJIS)

JCP Non-Offender Participants

JCP Profile of Participants with data on Changes in Risk and Protective Indicators

JCP Youth Risk Indicator Change Report

JCP Youth Protective Indicator Change Report

JCP Program Eligibility Profile (Access and JJIS)

DEMOGRAPHICS

- 8,704 youth had initial screens/assessments during this biennium (July 1, 2001 through March 15, 2003 for Access, July 1, 2001 through March 27, 2003 for JJIS) that met JCP eligibility requirements (at least one risk in at least 2 domains).
 - Average age was 14.33
 - 5,798 males (66.6%)
 - 2,878 females (33.1%)
 - 28 unreported gender

- Screens/Assessments in this sample come 35 of the 36 counties. One county with a very small youth population did not have eligible data during this target period in either of our databases. Of this sample, 14.1% represent youth screened in a Central or Eastern Oregon county (CEOJJC).

- Race/Ethnicity breakdown:

Black	462	5.3%
White	5,987	68.8%
Asian/Pacific Islander	109	1.3%
Indian	7	.1%
Native American	248	2.8%
Hispanic/Latino/Mexican	956	11.0%
Other/Unreported	704	8.1%
Multi*	231	2.7%

*Category possible in Access sample only

RISK STATUS

- By definition, this sample includes only youth who had at least one risk indicator in two or more domains.

Number of Domains	Number of Cases	Percent
2	1958	22.5%
3	2635	30.3%
4	2389	27.4%
5	1722	19.8%

Risk Level	Number of Cases	Percent
Low (2-4 risks)	2,856	32.9%
Med-low (5-8 risks)	3,300	37.9%
Med-high (9-13 risks)	2,027	23.3%
Hi (14 + risks)	512	5.9%

YOUTH PROFILE

	Version 1	Version 2
Average number of risk indicators ²²	6.59	7.15
Average number of protective indicators ²³	5.13	4.93
Average number of mental health indicators ²⁴	.49	.62

*Average = mean

Risk Indicators: Slightly more than half (54.0%) of the sample had 6 or fewer risk indicators at the initial screen/assessment and 23.5% had 7 to 9 risk indicators. Over 1 in 5 eligible youth (22.5%) had 10 or more risk indicators.

Protective Indicators: Slightly more than half (55.4%) of the sample had 5 or fewer protective indicators at the initial screen/assessment. Because protective factors were not required for JCP eligibility and do not contribute to risk scores, it is possible that the number of protective factors are under-reported.

Mental Health Indicators: There are five items on the initial screen/assessment that indicate mental health issues. It is probable that these items are not completed by all screeners, either because they do not have access to the information or simply because completion of those items is not required. Even with these likely limitations, more than 1 in 3 youth (33.5%) in this sample have been screened as having at least one of these serious mental health issues, with 4.9% of the sample having three or more.

²² Depending on the version of the screen, youth could either have a maximum of 20 or 22 risk indicators.

²³ Depending on the version of the screen, youth could either have a maximum of 10 or 12 protective indicators.

²⁴ Mental Health indicators are not a required section of the JCP screen/assessment, and as a result have over 97% with zero mental health items indicated. These can either be true zeros, or missing information.

JCP Non-Offender Participants

DEMOGRAPHICS

- 2,178 youth had initial screens/assessments during this biennium (July 1, 2001 through March 15, 2003) that met JCP eligibility requirements (at least one risk in at least 2 domains).
 - Average age was 13.51
 - 1,232 males (56.6%)
 - 929 females (42.7%)
 - 17 unreported gender
- Screens/Assessments in this sample come from 25 of the 36 counties. Of this sample, 149 youth (6.8%) were from a Central or Eastern Oregon county (CEOJJC).
- Race/Ethnicity breakdown:

Black	37	1.7%
White	1408	64.6%
Asian/Pacific Islander	18	.8%
Native American	51	2.3%
Hispanic/Latino/Mexican	235	10.8%
Other/Unreported	278	2.8%
Multi*	144	6.6%

RISK STATUS

- By definition, this sample includes only youth who had at least one risk indicator in two or more domains.

Number of Domains	Number of Cases	Percent*
2	474	21.8%
3	773	35.5%
4	603	27.7%
5	328	15.1%

YOUTH PROFILE

	Version 1	Version 2
Average number of risk indicators ²⁵	5.66	7.37
Average number of protective indicators ²⁶	3.28	4.65
Average number of mental health indicators ²⁷	.32	.90

Notes: Average = mean; Version 1 initial screens were completed on 1,126 youth. There were 20 possible risk and 12 possible protective indicators. Version 2 initial screens were completed on 1,052 youth. There were 19 possible risk and 10 possible protective indicators.

Risk Indicators: More than half (67.0%) of the sample using Version 1 had 6 or fewer risk indicators at the initial screen/assessment while only 44.3% of those using Version 2 had 6 or fewer risk indicators. 19.9% of those using Version 1 and 31.0% of those using Version 2 had 7 to 9 risk indicators. Of the eligible youth, 8.6% using Version 1 and 18.4% using Version 2 had 10 or more risk indicators present.

Protective Indicators: Many youth screened using Version 1 (80.0%) had 5 or fewer protective indicators, while only slightly less than half (58.8%) of the Version 2 sample had 5 or fewer protective indicators at the initial screen/assessment. Because protective factors were not required for JCP eligibility and do not contribute to risk scores, it is possible that the number of protective factors are underreported.

Mental Health Indicators: There are five items on the initial screen/assessment that indicate mental health issues. It is probable that these items are not completed by all screeners, either because they do not have access to the information or simply because completion of those items is not required. Even with these likely limitations, 20.2% of those youth screened with Version 1 and 48.3% of those youth screened with Version 2 have at least one of these serious mental health issues, with 2.4% of the Version 1 and 11.6% of the Version 2 samples having three or more.

²⁵ Depending on the version of the screen, youth could either have a maximum of 20 or 22 risk indicators.

²⁶ Depending on the version of the screen, youth could either have a maximum of 10 or 12 protective indicators.

²⁷ Mental Health indicators are not a required section of the JCP screen/assessment, and as a result have over 97% with zero mental health items indicated. These can either be true zeros, or missing information.

JCP Profile of Participants with data on Changes in Risk and Protective Indicators

DEMOGRAPHICS

- 1,457 youth had comparison data available.
 - Average age was 13.75
 - 961 males (66.0%)
 - 792 females (33.8%)
- Racial/Ethnic breakdown:

Race/Ethnicity	N	Percentage
Black	56	3.8%
White	867	59.5%
Asian/Pacific Islander	31	2.1%
Native American	23	1.6%
Hispanic/Latino/Mexican	211	14.5%
Other	62	4.2%
Unreported	207	14.2%

- County: This sample represents youth from the following 27 counties: Benton, Clackamas, Clatsop, Columbia, Coos, Crook, Curry, Deschutes, Grant, Harney, Hood River, Jackson, Jefferson, Josephine, Klamath, Lake, Lane, Lincoln, Linn, Malheur, Marion, Multnomah, Polk, Union, Wallowa, Washington, and Yamhill. Of this sample, 8.6% of the youth were from a Central or Eastern Oregon county (CEOJJC).

RISK STATUS

- On average, these youth initially had at least 3 of the 5 risk domains (mean = 3.46). On the interim review these youth had approximately 2 risk domains (mean = 1.84). At the interim review, 642 youth (44.0%) had less than 2 risk domains present.

PROGRAM STATUS

- More than half of the youth had been terminated from a JCP program at the time of their interim review.

Status	Number	Percent
Terminated	763	52.4%
Still Active	384	26.4%
Inactive	116	8.0%
Missing Information	194	13.3%

SERVICE RECEIVED

- The majority of youth received direct intervention services, but many received a combination of types of services. Since youth are eligible for multiple types of services, percent totals will not equal 100%. “Other Services” were most often either “Mentoring” or “Weekend Visits.”

Type of Service	Number	Percent
Direct Interventions	1116	76.6%
Case Management	668	45.8%
Support Services	348	23.9%
Other Services	68	4.7%

AREAS TARGETED BY JCP PROGRAMS

- Many programs targeted a specific domain areas, or combination of areas. Most programs seemed to focus on School and Peer issues. Some programs offered other services outside of the JCP domains. Those services were most often mental health services (74% of total other services). Since programs may target multiple domain areas, percent totals will not equal 100%.

Target Area	Number	Percentage
School Issues	873	59.9%
Peer Issues	850	58.3%
Behavior Issues	688	47.3%
Family Issues	745	51.1%
Substance Use Issues	343	23.5%
All Domains (number also included in above totals)	120	8.2%
Other Areas	104	7.1%

JCP Youth Risk Indicator Change Report

- Information is based on data reported to NPC Research on or before March 15, 2003, and/or data entered in JJIS on or before March 27, 2003.
- 1,457 youth had comparison data (both initial screens and interim reviews) available.
- Represents data from 27 counties: Benton, Clackamas, Clatsop, Columbia, Coos, Crook, Curry, Deschutes, Grant, Harney, Hood River, Jackson, Jefferson, Josephine, Klamath, Lake, Lane, Lincoln, Linn, Malheur, Marion, Multnomah, Polk, Union, Wallowa, Washington, and Yamhill.
- Risk indicators with low numbers are often items that were new to the 2nd version of the initial screen, therefore there are fewer youth who were screened on this version and who also already received an interim review at the time of analyses. These items are followed by (V2) after the item name.

RISK INDICATOR	Column A Number of youth with indicator reported on Initial Screen	Column B Of Column A, number of youth with indicator reported on Interim Review	Column C % Change [^]
SCHOOL ISSUES			
Academic Failure	672	281	58.2% Reduction
Chronic Truancy	334	129	61.4% Reduction
School Dropout	97	33	66.0% Reduction
Suspension during past month (V2)	77	13	83.1% Reduction
PEER ISSUES			
Friends engage in unlawful behavior	784	395	49.6% Reduction
Friends suspended or expelled (V2)	294	238	19.0% Reduction
BEHAVIOR ISSUES			
Aggressive behavior at school past month (V2)	114	35	69.3% Reduction
Behavior harms others past month (V2)	71	13	81.7% Reduction
Behavior harms youth past month (V2)	79	19	75.9% Reduction
FAMILY ISSUES			
Poor family supervision	624	269	56.9% Reduction
Serious family conflicts	760	474	37.6% Reduction
Child abuse/neglect past month (V2)	21	4	81.0% Reduction
Criminal family members (V2)	151	98	35.1% Reduction
Substance abusing family members (V2)	199	126	36.7% Reduction
Family trauma	200	210	58.0% Reduction
SUBSTANCE USE ISSUES			
Substance use beyond experimental	376	228	39.4% Reduction
Current substance use is problematic (V2)	121	32	73.6% Reduction
Has been high or drunk at school past month (V2)	15	3	80.0% Reduction

JCP Youth Protective Indicator Change Report

- Information is based on data reported to NPC Research on or before March 15, 2003, and/or data entered in JJIS on or before March 27, 2003.
- 1,457 youth had comparison data (both initial screens and interim reviews) available.
- Represents data from 27 counties: Benton, Clackamas, Clatsop, Columbia, Coos, Crook, Curry, Deschutes, Grant, Harney, Hood River, Jackson, Jefferson, Josephine, Klamath, Lake, Lane, Lincoln, Linn, Malheur, Marion, Multnomah, Polk, Union, Wallowa, Washington, and Yamhill.
- Protective factors with low numbers may be indicative of the fact that gathering information about protective factors was not a required part of the JCP evaluation.

	Column A	Column B	Column C
PROTECTIVE INDICATOR	Number of youth WITHOUT protective factor reported on Initial Screen	Of Column A, number of youth with protective factor reported on Interim Review	Percent Improvement
SCHOOL ISSUES			
Significant school attachment/commitment	579	249	43.0% Improvement
Family actively involved in helping youth succeed in school	325	140	43.1% Improvement
PEER RELATIONSHIPS			
Friends disapprove of unlawful behavior	615	205	33.3% Improvement
Has friends who are academic achievers	425	227	53.4% Improvement
BEHAVIOR ISSUES			
Involved in constructive extra-curricular activities	801	332	41.4% Improvement
FAMILY FUNCTIONING			
Communicates effectively with family members	643	332	51.6% Improvement
Has close, positive, supportive relationship with at least one family member	177	131	74.0% Improvement
SUBSTANCE USE			
Caretaker free of substance abusing behavior during the past month	72	36	50.0% Improvement
OTHER ISSUES			
Lives in low crime and/or stable, supportive neighborhood	438	221	50.5% Improvement
There is an adult in youth's life she/he can talk to	236	181	76.7% Improvement

Appendix B: Deschutes County Waiver

Deschutes County Waiver

In 1999, the Oregon Legislature created a waiver, allowing counties to place a greater emphasis on early intervention and work with younger children than required by the Juvenile Crime Prevention Advisory Committee. Deschutes County requested and was granted such a waiver. In 2002, Deschutes County received approval from the Oregon Criminal Justice Commission on a JCP evaluation and work plan detailing the county's evaluation efforts under the waiver. Under this plan, it was agreed that only the Maple Star treatment foster care program would utilize both the Initial Assessment and the Interim Review.

Other programs are evaluated separately as follows:

- "Ready Set Go" a home visiting program for probation and parole families uses the Healthy Start data instruments currently collected and analyzed by NPC Research. Results as of March 31, 2003, include: Thirty-nine families have participated in the program with 88% demonstrating positive parenting, 80% are enrolled in the Oregon Health Plan, 100% have retained a primary family physician, and 92% of children have received check-ups and immunizations. The full report completed by NPC Research on these families is available upon request from Deschutes County Commission on Children and Families.
- The Family Resource Center Parenting Education Program uses the Parenting Skills Ladder developed by Clara Pratt at Oregon State University. Results as of March 31, 2003, include: 811 parents/families have completed research-based parent training classes with 92% showing an increase in family management processes and skills.
- First Step to Success, the early intervention for kindergartners utilizes four evaluation tools developed by the University of Oregon's Institute on Violence and Destructive Behavior. Results as of March 31, 2003, include: Forty children were served since July 2002 with 90% increasing academic engagement, 81% decreasing aggressive behavior, 72% decreasing maladaptive behavior and 81% increasing classroom behavior. First Step evaluation results are forwarded to the University of Oregon at the completion of each school year.

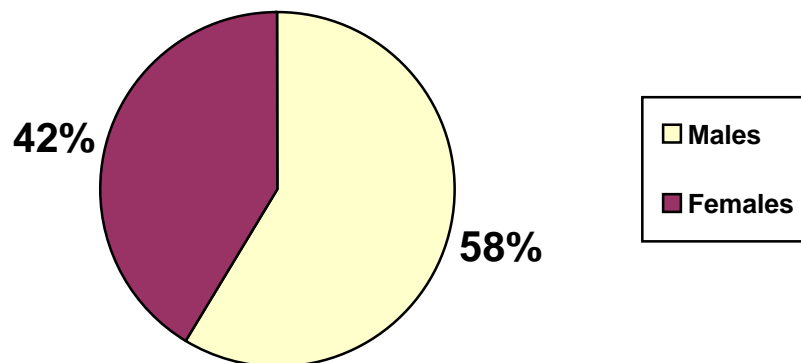
***Appendix C: Summary of Data on American
Indian / Alaskan Native Youth***

AMERICAN INDIAN / ALASKAN NATIVE HIGH-RISK YOUTH PROFILE SUMMARY

Demographic Characteristics of Youth Screened

- 540 youth with screens reported to NPC Research by March 15, 2003, or entered into JJIS by March 27, 2003, identified American Indian/Alaskan Native as their race/ethnicity. These youth were not necessarily served by JCP programs, but rather, were screened using the JCP Risk Screen/Assessment and entered into one of the two databases. (Note: this sample includes only those youth screened by county service providers or juvenile departments. It does not include those youth screened by Tribal JCP Programs. Data on that sample of youth are summarized in a different report.)
- Youth in the sample ranged in age from 8 – 18 years old. The average age was 14.4 years. There were more males (316) than females (224) in the sample of youth.

Figure 1. Percent of American Indian/Alaskan Native Males and Females Screened



- American Indian / Alaskan Native youth from 32 Oregon Counties are represented. The majority of those youth resided in Jefferson (22.0%) and Klamath (14.4%) counties.
- Please refer to Table 1 below for a count of youth by county.

Table 1. Number of Youth by County

County	Number of Youth	County	Number of Youth
Baker	1	Lane	11
Benton	3	Lincoln	32
Clackamas	9	Linn	35
Clatsop	5	Marion	32
Columbia	4	Morrow	1
Coos	18	Multnomah	37
Curry	9	Polk	22
Deschutes	4	Tillamook	3
Douglas	17	Umatilla	26
Grant	2	Union	2
Harney	17	Wallowa	2
Hood River	1	Wasco	8
Jackson	15	Washington	9
Jefferson	119	Wheeler	1
Josephine	4	Yamhill	9
Klamath	78	Not Reported	2
Lake	2		

Profile of Youth Screened

- American Indian/Alaskan Native youth had between 0 and 21 risk indicators on the JCP Screen/Assessment (depending on the version of the instrument). The average risk score was about 8 indicators.
- American Indian/Alaskan Native youth had as few as 0 and as many as 12 protective indicators. The average protective score was about 5 indicators.
- Out of the 5 possible mental health indicators, American Indian/Alaskan Native youth had between 0 and 5, with the average number of mental health indicators being less than 1. 32.6% of the youth screened had at least 1 mental health indicator. Only 3.4% of the youth had 3 or more mental health indicators.

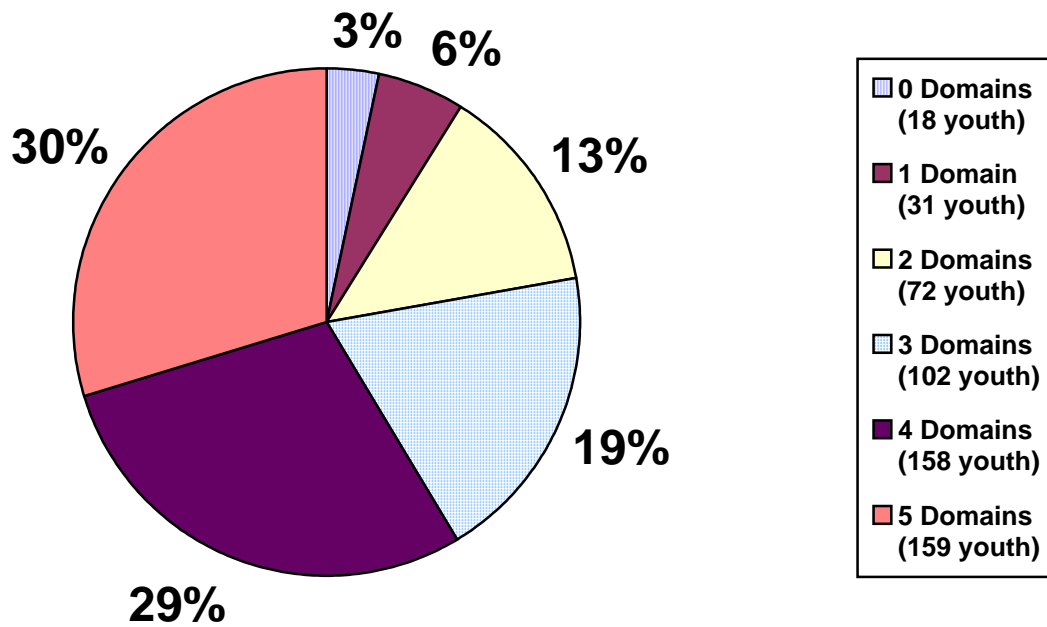
Table 2. Average Risk, Protective, and Mental Health Indicators

Mean Screen/Assessment Items	Mean and Standard Deviation
Mean number of Risk Indicators	7.80 (4.56)
Mean number of Protective Indicators	5.00 (3.29)
Mean number of Mental Health Indicators	.49 (.82)

Risk Domain Status

- On average, American Indian/Alaskan Native youth had at least 3 of the 5 risk domains (mean = 3.53, s.d. = 1.36).

Figure 2. Number of Risk Domains Identified in American Indian/Alaskan Native Youth



AMERICAN INDIAN / ALASKAN NATIVE JCP PROFILE SUMMARY

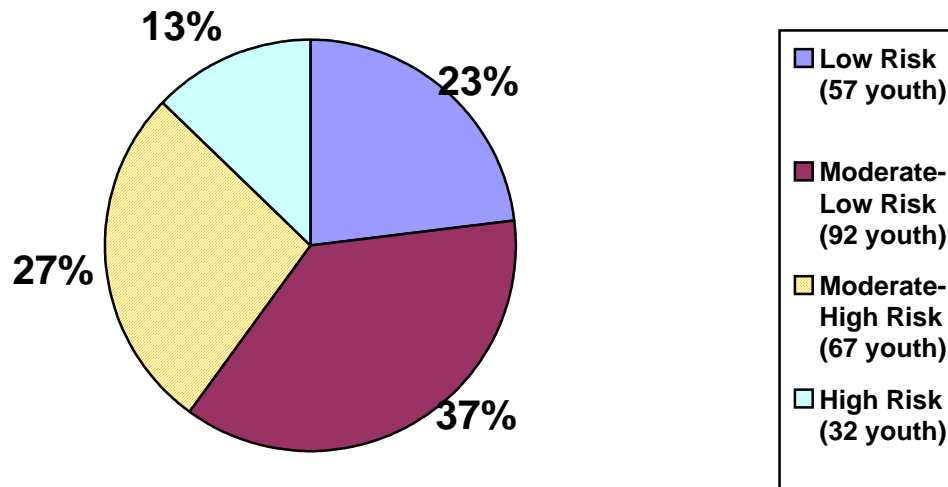
JCP Program Eligibility

- In order to be eligible for JCP services, youth needed to have at least one risk indicator in at least 2 risk domains. For most of the statewide JCP analyses, youth were included if they had been screened during this biennium (that is, after July 1, 2001).
- 248 American Indian/Alaskan Native youth met JCP Program eligibility during this biennium. These youth were about the same age (14.3 years old) and represented the same ratio of males to females compared to the overall sample of all American Indian/Alaskan Natives screened.

Risk Level

- JCP risk level is a statistically defined level of risk to commit crime, based on number of risk indicators. The levels were developed and validated based on a group of juvenile offenders whose juvenile justice involvement was tracked for 12 months after their risk screen/assessment. Those youth at “low” risk typically have 2-4 risk indicators. At 4 indicators, youth have a 25% probability of committing a crime in the next 12 months. Those youth at “moderate-low” risk have 5-8 risk indicators. At 9 indicators, youth have a 50% probability of offending during the next 12 months. Those youth at “moderate-high” risk have 9-13 risk indicators, and those youth at “high” risk have 14 or more risk indicators. The probability of offending within a year rises to 75% at 14 risk indicators.

Figure 3. Risk Level of American Indian/Alaskan Native Youth Meeting JCP Eligibility this biennium



JCP Eligible American Indian/Alaskan Native Youth Compared to Statewide Sample

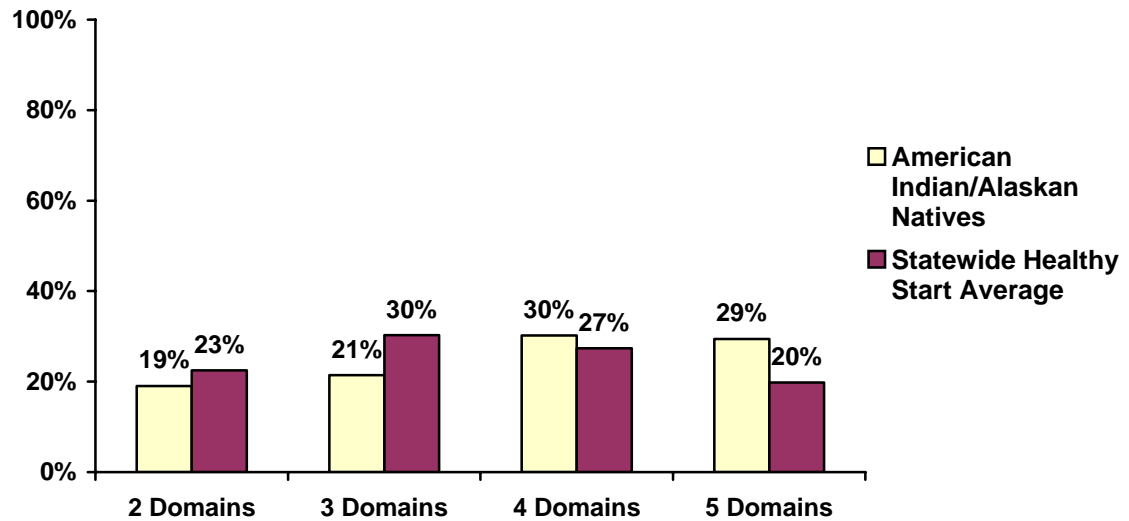
- On average, JCP Eligible American Indian/Alaskan Native youth were about the same age, but had fewer males and more females meeting eligibility requirements compared to the statewide sample.

Table 3. Demographics of JCP Eligible American Indian/Alaskan Native Youth Compared to the Statewide Sample

	Sample Size	Mean Age	% Males	% Females
American Indian/ Alaskan Native	248	14.30	58.1%	41.9%
Statewide Sample	8,704	14.33	66.6%	33.1%

- The average number of domains is about the same between the samples. American Indian/Alaskan Native youth had an average of 3.7 domains, whereas the statewide total had an average of 3.5 risk domains.
- American Indian/Alaskan Native youth were more likely than the statewide sample to have risks in all 5 domains (29.4% compared to 19.8%).

Figure 4. Percentage of Youth in Each Risk Domain for JCP Eligible American Indian/Alaskan Natives Compared to the Statewide Sample



- American Indian/Alaskan Native youth who met JCP Eligibility had more risk indicators, on average, compared to the statewide sample. The average number of protective indicators and mental health indicators was about the same for the two samples.

Table 4. Average Risk, Protective and Mental Health Indicators of JCP Eligible American Indian/Alaskan Native Youth Compared to the Statewide Sample

	Average Risk Indicators	Average Protective Indicators	Average Mental Health Indicators
American Indian/Alaskan Native	8.14	5.01	.56
Statewide Sample	6.79	5.06	.54

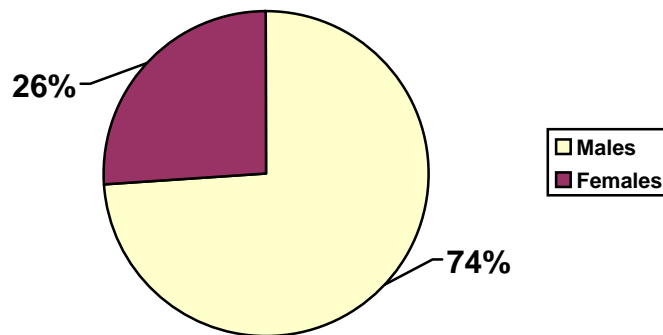
AMERICAN INDIAN / ALASKAN NATIVE CHANGES IN RISK AND PROTECTIVE INDICATORS

Information in this report is based on data reported to NPC Research on or before March 15, 2003, and/or data entered into the Juvenile Justice Information System (JJIS) on or before March 27, 2003.

Demographic Characteristics of Change Sample Youth

- 23 American Indian youth had comparison data available.
 - Average age was 14.35
 - 17 males (73.9%)
 - 6 females (26.1%)

Figure 5. Percent of Males and Females with Comparison Data



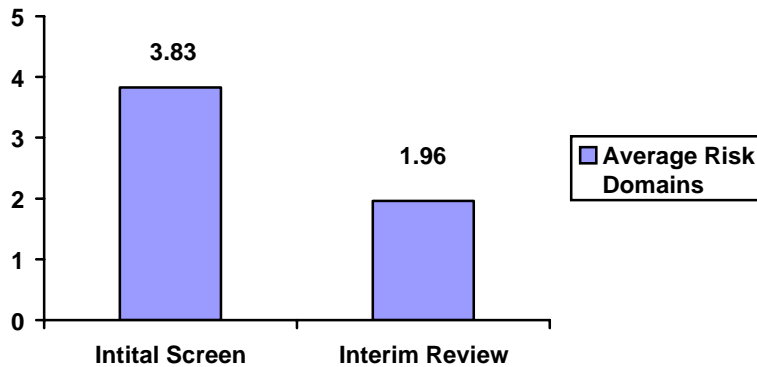
- This sample represents youth from the following 9 counties: Clatsop, Coos, Grant, Jefferson, Lincoln, Linn, Marion, Multnomah, and Washington.

Risk and Program Status; Services Received

Risk Status

- On average, these youth initially had at least 3 of the 5 risk domains (mean = 3.83).
- On the interim review these youth had approximately 2 risk domains (mean = 1.96).
- At the interim review, 9 youth (39.1%) had less than 2 risk domains present.

Figure 6. Average Risk on Initial Screen and Interim Review for Comparison Sample



Program Status

- More than 40% of the youth had completed their JCP program/service at the time of their interim review. American Indian/Alaskan Native youth were less likely to have finished JCP services at the interim review; however, there was a high rate of missing information for these youth about their program status.

Table 5. Program Status for Comparison Sample

Status	Number	Percent	Statewide sample
Completed	10	43.5%	52.4%
Still Active	5	21.7%	26.4%
Inactive	2	8.7%	8.0%
Missing Information	6	26.1%	13.3%

Service Received

- The majority of youth received direct intervention services. American Indian/Alaskan Native youth were less likely to receive direct interventions, more likely to receive case management, and less likely to receive support services than the statewide sample.

Table 6. Type of Service Received for Comparison Sample

Type of Service	Number	Percent	Statewide sample
Direct Interventions	14	60.9%	76.6%
Case Management	5	21.7%	45.8%
Support Services	3	13.0%	23.9%

Areas Focused on by JCP Programs

- Many programs focused on a specific domain area, or combination of areas. Most programs seemed to attend to School, Family, and Peer issues. Since programs may work on multiple domain areas, percent totals will not equal 100%. American Indian/Alaskan Native youth were less likely than the statewide sample of youth to be received services focused on school, peer, behavior, or family issues, and more likely than other youth to be in services focused on substance use.

Table 7. Risk Domains Focused On for Comparison Sample

Focus Area	Number	Percentage	Statewide sample
School Issues	11	47.8%	59.9%
Peer Issues	9	39.1%	58.3%
Behavior Issues	7	30.4%	47.3%
Family Issues	10	43.5%	51.1%
Substance Use Issues	7	30.4%	23.5%

JCP Youth Risk Indicator Change Report

Risk indicators with low numbers are often items that were new to the 2nd version of the initial screen, therefore there are fewer youth who were screened on this version and who also already received an interim review at the time of analyses. These items are followed by (V2) after the item name. (For comparison to the statewide sample, please see the JCP evaluation final report).

Table 8. Risk Indicator Changes

	Column A	Column B	Column C
<i>RISK INDICATOR</i>	Number of youth with indicator reported on Initial Screen	Of Column A, number of youth with indicator reported on Interim Review	% Change
<i>SCHOOL ISSUES</i>			
Academic Failure	5	3	40.0% Reduction
Chronic Truancy	5	4	20.0% Reduction
School Dropout	1	1	0% Reduction
Suspension during past month (V2)	1	0	100% Reduction
<i>PEER ISSUES</i>			
Friends engage in unlawful behavior	10	9	10.0% Reduction
Friends suspended or expelled (V2)	6	5	16.7% Reduction
<i>BEHAVIOR ISSUES</i>			
Aggressive behavior at school past month (V2)	1	1	0% Reduction
Behavior harms others past month (V2)	NA*	NA*	NA*
Behavior harms youth past month (V2)	1	0	100% Reduction
<i>FAMILY ISSUES</i>			
Poor family supervision	4	4	0% Reduction
Serious family conflicts	11	8	27.3% Reduction
Child abuse/neglect past month (V2)	1	0	100% Reduction
Criminal family members (V2)	4	4	0% Reduction
Substance abusing family members (V2)	3	2	33.3% Reduction
Family trauma	9	3	66.7% Reduction
<i>SUBSTANCE USE ISSUES</i>			
Substance use beyond experimental	9	8	11.1% Reduction
Current substance use is problematic (V2)	2	1	50.0% Reduction
Has been high or drunk at school past month (V2)	NA*	NA*	NA*

*No change could be measured because no youth had this indicator present on the initial screen.

JCP Youth Protective Indicator Change Report

Protective indicators with low numbers may be indicative of the fact that gathering information about protective indicators was not a required part of the JCP evaluation. (For comparison to the statewide sample, please see the JCP evaluation final report).

Table 9. Protective Indicator Changes

	Column A	Column B	Column C
<i>PROTECTIVE INDICATOR</i>	Number of youth WITHOUT protective factor reported on Initial Screen	Of Column A, number of youth with protective factor reported on Interim Review	Percent Improvement
<i>SCHOOL ISSUES</i>			
Significant school attachment/commitment	6	2	33.3% Improvement
Family actively involved in helping youth succeed in school	10	8	80.0% Improvement
<i>PEER RELATIONSHIPS</i>			
Friends disapprove of unlawful behavior	6	2	33.3% Improvement
Has friends who are academic achievers	1	0	0% Improvement
<i>BEHAVIOR ISSUES</i>			
Involved in constructive extra- curricular activities	5	0	0% Improvement
<i>FAMILY FUNCTIONING</i>			
Communicates effectively with family members	3	2	66.7% Improvement
Has close, positive, supportive relationship with at least one family member	13	11	84.6% Improvement
<i>SUBSTANCE USE</i>			
Caretaker free of substance abusing behavior during the past month	5	3	60.0% Improvement

Appendix D: JCP Tribal Youth
Preliminary Risk Profile

JCP Tribal Youth Preliminary Risk Profile

The data summarized below are youth screened and served by Tribal JCP programs during the 2001-03 biennium. Because these tribal programs had only just begun operating, the numbers of youth are still small. Caution must be used in interpreting these preliminary data, as they represent a specific sample of youth.

DEMOGRAPHICS

- 13 tribal youth had initial screens that met JCP eligibility requirements (at least one risk in at least 2 domains).
 - Average age was 15.58 (s.d. = 1.78).
 - 5 males (38.5%)
 - 8 females (61.5%)

- Tribal youth from three different Native American tribes in Oregon are represented:

Tribe	Number of Youth
Umatilla	10
Shoshone	2
Cow Creek Umpqua	1

RISK STATUS

- On average, the tribal youth had at least 4 of the 5 risk domains (mean = 4.85, s.d. = .56).

Number of Domains	Number and Percent of Sample
3	1 (7.7%)
5	12 (92.3%)

YOUTH PROFILE (Mean followed by standard deviation)

Mean Screen/Assessment Items	Mean and Standard Deviation
Mean number of Risks	19.08 (4.44)
Mean number of Protective Factors	1.31 (1.55)
Mean number of Mental Health Indicators	.31 (.63)

Appendix E: School Dropout Report

OJCP SCHOOL DROP OUT ANALYSES

Exploratory Analyses of Data from OJDDA's Risk Assessment Project

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Summary of Key Observations

- Approximately 10% of the study sample of 1,607 juvenile department referrals was identified as having dropped out of school.
- Juvenile department referrals who had dropped out of school had almost twice as many risk indicators as those who had not dropped out.
- The risk factor for school dropout is strongly correlated with the risk factors for chronic truancy and substance use beyond experimental use.
- A higher percentage of females (14%) had dropped out compared to males (8.6%).
- Those who dropped out had almost twice as many risk indicators (average of 10.8 out of 20) as those who did not drop out of school (average of 5.7).
- Only 22.3% of the dropouts had 7 or more protective factors (out of 12), compared to 71.7% of the non-drops.
- Dropouts, on average, had risks indicators in 4.3 JCP risk domains, compared to an average of 2.9 domains for other juvenile department referrals.
- School dropouts (69.4%) were more than twice as likely to have substance abuse problems than non-dropouts (33%).
- School dropouts were more likely to commit a new crime than non-dropouts (50% of school dropouts had a new criminal referral within 12 months of their JCP Assessment, compared to 35% of the non-dropouts).
- Over a third (36.3%) of the youth identified as school dropouts were also identified as having one of 5 potentially serious mental health problems, compared to 18.3% of the non-dropouts.
- Youth identified as non-English speakers were twice as English speakers to be identified as school dropouts.

Introduction

In response to the increased interest in Oregon's school drop out rate, the OJDDA Risk Assessment Project wanted to share some exploratory analyses that we conducted in the hopes that it would compliment other information available for understanding and addressing the issue of school drop.

The findings we are reporting here are based on 1,607 offending youth who had a Oregon Juvenile Crime Prevention Assessment (JCP Assessment) completed prior to October 2000 as a part of their contact with one of Oregon's county juvenile departments. We then used JJIS to track any new criminal referrals for each youth for 12 months to test the ability of the tool to identify those youth most likely to re-offend.

The JCP Assessment has widespread use throughout the state of Oregon 1) as a screening tool for determining JCP program eligibility, 2) as an evaluation instrument for the Juvenile Crime Prevention evaluation; and 3) as a risk assessment for youth who are referred in person to a juvenile department for assessment and case management.

The JCP Assessment (Version 1) used to collect the data reported here consisted of 20 risk items and 12 protective items assessing the 5 risk domains addressed by Senate Bill 555. The sample is similar to most juvenile justice populations. The mean age of these youth is 14.06 (s.d.= 2.04). The data presented below primarily focus on the risk item responsible for assessing whether or not the youth was a school dropout. Of the sample, 157 youth were dropouts (approximately 10%).

Correlations with other risk/protective items

The risk factor for school dropout is strongly correlated with the risk factors for chronic truancy and substance use. There is a strong negative correlation with the protective factor "teachers let youth know s/he is doing well." This may in part be due to the fact that the youth are no longer in school, and are thus unable to receive teacher feedback.

Risk/Protective Item	Value
Chronic Truancy	.430
Teachers let youth know s/he is doing well	-.316
Substance use beyond experimental use	.305

Gender

Of the 1,175 males in the sample, 101 had dropped out of school. Of the 400 females, 56 had dropped out. Females have a higher percentage of dropouts than males. This is based on 1,575 cases that provided gender information.

	Drop Out	No Drop Out
Male	8.6%	91.4%
Female	14.0%	86.0%

Total Risk Indicators

Those who dropped out had almost twice as many risk indicators as those who did not drop out of school. This difference is not only statistically significant; it is one of the largest between-group differences observed..

	Drop Out	No Drop Out
Average # of Risk Factors (out of 20)	10.8	5.7

Total Protective Factors

There were statistically significant differences between those youth who dropped out and those who did not. **Those who were not school dropouts had almost twice as many protective factors as those who dropped out.** Further, of those who did drop out of school, only 22% had more than half of the 12 possible protective factors, whereas 62% of those who did not drop out had over half of the protective factors.

	Drop Out	No Drop Out
Average # of Protective Factors	4.2	7.1

	Drop Out	No Drop Out
0-6 Protective Factors	77.7%	38.3%
7-12 Protective Factors	22.3%	61.7%

Total Risk Domains

Dropouts, on average, had risks indicators in **4.3 JCP risk domains**, compared to an average of **2.9 domains** for at juvenile department referrals. Further, almost 99% of the drop-out population qualified for JCP high risk services as opposed to 81% of non-dropouts.

	Drop Out	No Drop Out
Average # of Domains	4.3	2.9
JCP Eligibility (2+ Domains)	98.7%	81.0%

There is an interesting difference in the percentages of youth who have a given risk domain by whether or not they dropped out of school. By virtue of being a dropout, they automatically had a risk indicator in the school domain. But as shown in the table below, **they were also more likely than other youth to have problems in each of the other JCP risk domains, and they were more than twice as likely to have substance abuse problems than non-dropouts.**

	Drop Out	No Drop Out
School Domain	100.0%	57.4%
Peer Domain	82.2%	58.4%
Antisocial Behavior Domain	84.1%	75.3%
Family Issues Domain	93.6%	67.9%
Substance Abuse Domain	69.4%	33.0%

Post Referrals

In the 12 months following the JCP Assessment, 35% of the youth who were NOT school dropouts had a new criminal referral. In contrast, **50% of school dropouts had a new criminal referral within 12 months of their JCP Assessment.**

	Drop Out	No Drop Out
No New Criminal Referral	49.7%	65.0%
At Least One New Criminal Referral	50.3%	35.0%

Mental Health Indicators

The JCP Assessment includes five mental health indicators (see attachment for list of items). **In this sample of juvenile department referrals, youth identified as school drop-outs were twice as likely to also have a potential mental health problem.** Of those that dropped out, 36% were identified as having at least one potential serious mental health condition. Of those that did not drop out, 18% had a mental health indicator.

	Drop Out	No Drop Out
No mental health indicator	63.7%	81.7%
At least one mental health indicators	36.3%	18.3%

The mental health indicators on the JCP Assessment include the following items:

Actively suicidal or prior suicide attempts
Depressed or withdrawn
Difficulty sleeping or eating problems
Hallucinating, delusional, or out of touch with reality (while not on drugs or alcohol)
Intentionally harms or injures animals or people, destroys property, or set fires

The recommendation is that youth identified with any one of these items be further assessed using the Oregon Mental Health Checklist, from which these items were derived, and/or referred for a more complete mental health assessment.

Age

A substantial proportion of the dropouts are in the older age group. Specifically, our sample indicates that the largest proportion of dropouts (47%) is 16 year olds, followed by 15 year olds (24%) and 17 year olds (10%). The drop out rate in our sample was lowest for 11 and 18 year olds (1% and 3% respectively). Further we examined the cut-off age of 16 years old (the age at which youth can drop out of school with parental consent) and noticed that sample (of 16 and older) had a higher frequency of dropping out than youth who were 15 or younger.

	15 or Younger	16 or Older
Drop Out	5.7%	20.9%
No Drop Out	94.3%	79.1%

Educational Assessment

Assessments indicated that 22% of the sample should have an educational assessment. The need for an education assessment was indicated for 44% of those youth who dropped out, compared to 20% of those who did not drop out. Interestingly, 79 (50.3%) of the dropouts declined the educational assessment.

	Drop Out	No Drop Out
No Educational Assessment	43.9%	80.1%
Educational Assessment	56.1%	19.9%

English as a Second Language

Despite the fact that the sample of non-English speakers was small, a disproportionate percentage of them had dropped out in comparison to English speakers. Of the total non-English speakers in the sample, almost 24% were dropouts. Of the English speakers, only 10% were dropouts. **Non-English speakers seem to be twice as likely to drop out of school as English speakers.**

	Drop Out	No Drop Out
English	9.8%	90.2%
Non-English	23.8%	76.2%

Because nearly a quarter of all English as a second language speakers dropped out of school, it may be interesting to examine their relationship to the other school item risk factors.

Of those with ESL:

38% needed an educational assessment (compared to 22% non ESL).

30% had the risk indicator for chronic truancy (compared to 26% non ESL).

52% had the risk indicator for suspensions (compared to 38% non ESL).

Violence Indicators

Research suggests that several items in the risk screen can be used as violence indicators for particular age groups. For youth aged 12-14, those violence indicators include (1) involvement with antisocial peers, and (2) social isolation.

1. Friends engage in antisocial or acting out behaviors. Of those who dropped out in the 12-14-age range, 92% of them (22 of 24) had this violence indicator. 57% of those who did not drop out had this violence indicator.

2. Social Isolation. Conversely, of those who dropped out, 78% did not have this violence indicator (18 of 23). This is also the same percentage for those who did not drop out (413 of 529).

It is also interesting to note, that although not currently normed as violence indicators for youth in the 15 and above age range, the results are similar. 80.5% of dropouts 15 years old and above had the risk factor for friends engaging in antisocial behavior. Similarly, 67.2% did not have the violence indicator related to social isolation.

Of additional interest regarding the risk factor “Friends engage in antisocial or acting out behaviors” is that 60% of the data sample has this indicator. That is similar to the finding reported in your summary “A member of a ‘negative peer group’ has an almost 70-percent chance of experiencing his or her first felony arrest within two years.”

Risk Odds Ratio

School dropouts in this sample of juvenile department referrals were 1.8 times more likely to commit another offense during the 12-month follow-up period compared to those who did not drop out of school. This is similar to the findings reported in the executive summary stating “Youth who don’t attend school or work are more than twice as likely to return to OYA within six months of release.”

Other School Risk Items

Because truancy is so highly correlated with dropping out, the truancy risk indicator can be seen as a possible precursor to school drop out. Further exploration demonstrated that some of the higher correlates with truancy are:

Risk/Protective Item	Correlation
Significant school attachment	-.448
Academic failure	.452
Family involved in helping youth succeed in school	-.304
Friends disapprove of delinquent behavior	-.309
Friends engage in antisocial behavior	.310
Has friends who are academic achievers	-.325
Involved in extra-curricular activities	-.301
Communicates effectively with family members	-.338
Poor family supervision and control	.400
Substance use beyond experimental	.453
Substance use began age 13 or younger	.333
Youth has been high or drunk at school	.334

Note: Negative correlations indicate that an inverse relationship between the item and truancy. **For instance, as expected, youth with truancy tend to be lacking significant school attachment.**

Of those youth who had the truancy risk factor, 41% were identified as needing an educational assessment. 30% of youth who had the suspension risk factor were identified as needing an educational assessment. For youth with both these risk factors, 4 youth had the need for an educational assessment indicated but it was not available. Of the truancy risk factor youth, 193 declined the educational assessment. Of the suspension risk factor youth, 311 declined the educational assessment. Thus, it is important to consider that even when educational assessments are indicated, many youth do not receive them.