Multnomah County

Juvenile Crime Prevention Data[1] Summary

July 2011 – June 2013
FEBRUARY 2015 UPDATE

Table 1. Description and Profile of JCP Youth

Description of JCP Youth

- 260 youth were served between July 2011 and June 2013.
  - Youth were 73% (189) Male, 27% (71) Female.
  - Youth were about 15 years of age on average (range = 9 to 18).
  - Assessed youth were White (43%), Hispanic/Latino (17%), Multi-racial (3%), Native American (2%), African American (30%), Asian (2%), or some other race/ethnicity (4%).
  - Average months of service: 3.

Risk Profile of JCP Youth

- On their Initial Assessments, youth, on average, had:
  - 4 of the 6 risk domains
  - 9 of the 24 scored risk indicators
  - 3 of the 6 protective indicators lacking
  - A risk score of 12 (out of 30)
  - 1 of the 5 mental health indicators
- Proportion of youth with at least 1 risk indicator (or lacking a protective factor) in:
  - School domain: 74% (193)
  - Peer Domain: 91% (236)
  - Behavior Domain: 92% (238)
  - Family Domain: 82% (212)
  - Substance Use Domain: 70% (181)
  - Attitudes & Values Domain: 32% (82)

Table 2. Risk Level of JCP-Served Youth

Risk Level	Percent (number) of Youth at Risk Level	
	Multnomah	Statewide
Low Risk (0-5 risk indicators present and/or protective indicators lacking)	15% (39)	48% (1,920)
Medium Risk (6-13 risk indicators present and/or protective indicators lacking)	44 % (113)	40% (1,616)
High Risk (14 or more risk indicators present and/or protective indicators lacking)	42% (108)	12% (471)
TOTAL	**260**	**4,007**

Please note:

- Percents above do not add to 100 due to rounding.
- Many youth received multiple services, so there were actually 573 services provided (duplicated youth).

For questions about the JCP evaluation, please contact Anna Malsch, Ph.D., 503.243.2436 or malsch@npcresearch.com

Figure 1. Reduction in Dynamic Risk Score

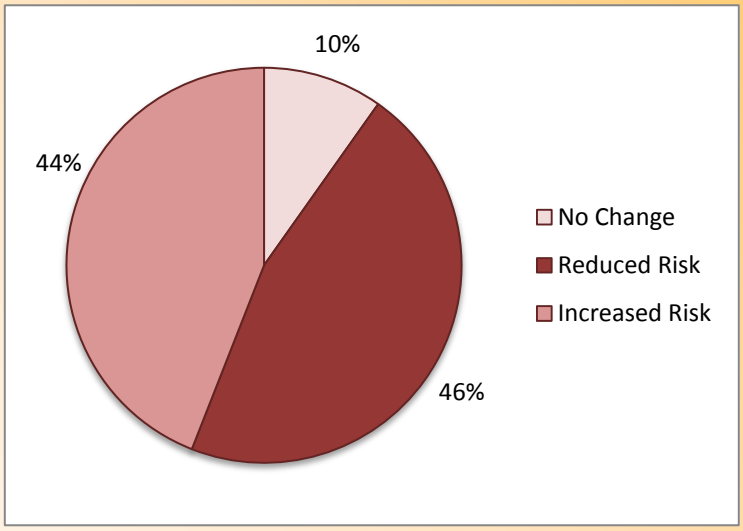

Figure 1 illustrates the proportion of JCP served youth who exhibited reductions in their risk score, a combination of reductions in risk indicators and increases in protective indicators related specifically to delinquency, after participating in JCP services. Dynamic risk scores range from 0 to 20 (14 possible risk indicators and 6 possible protective indicators). Without intervention, at-risk youth are likely to continue to accumulate additional risk over time.

Figure 2. Criminal Referrals 12 Months Post JCP Service Entry

Figure 2 illustrates the proportion of youth who had no criminal referrals within 12 months following their entry into JCP services. This figure includes all youth who were served during the 2011-13 biennium.

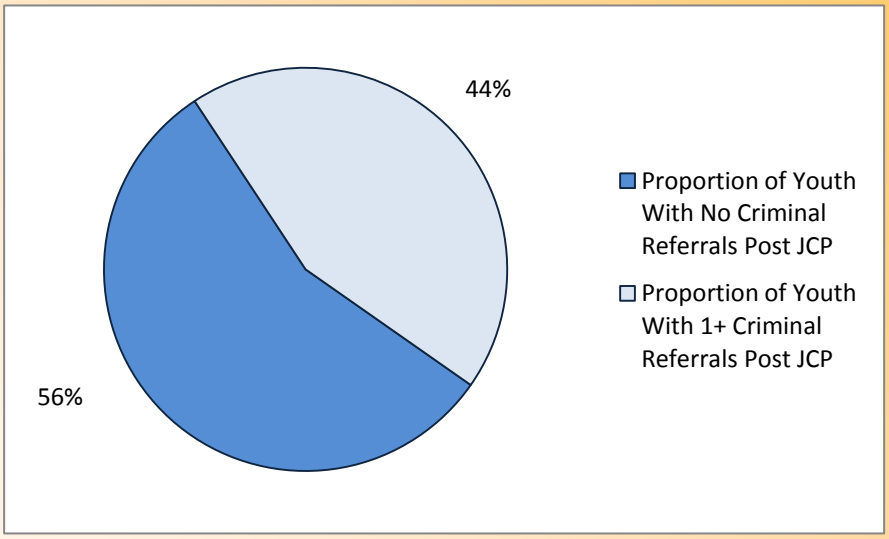

Table 3. Frequency of Risk, Protective, & Mental Health Indicators

Risk Indicator	Percent of Youth in Multnomah County With the Indicator on the Initial Assessment	Percent of Youth Statewide With the Indicator on the Initial Assessment
SCHOOL ISSUES		
• Academic failure (R2.2)	52% (126)	42% (1,639)
• Chronic truancy (R2.3)	47% (119)	21% (821)
• School dropout (R2.4)	27% (70)	5% (191)
PEER ISSUES		
• Friends engage in unlawful or serious acting out behavior (R3.2)	76% (183)	44% (1,685)
• Has friends who have been suspended, expelled, or dropped out of school (R3.3)	74% (158)	54% (2,038)
BEHAVIOR ISSUES		
• Chronic aggressive, disruptive behavior at school before age 13 (R4.1)	44% (109)	25% (963)
• Aggressive, disruptive behavior at school during past month (C4.2)	17% (43)	17% (664)
• Three or more referrals for a criminal offense (R4.3)	40% (103)	5% (216)
• Chronic runaway history (R4.6)	30% (77)	7% (257)
• Recent runaway (C4.7)	22% (56)	5% (212)
• In past month, youth's behavior has hurt others or put them in danger (R4.9)	27% (70)	10% (406)
• Behavior hurts youth or puts her/him in danger (R4.10)	39% (95)	22% (866)
• A pattern of impulsivity combined with aggressive behavior towards others (R4.12)	37% (90)	23% (918)
• Harms or injures animals (R4.13)	3% (7)	1% (48)
• Preoccupation with or use of weapons (R4.14)	15% (36)	4% (146)
FAMILY ISSUES		
• Poor family supervision and control (R5.2)	54% (133)	26% (996)
• Serious family conflicts (R5.3)	43% (100)	39% (1,507)
• History of reported child abuse/neglect or domestic violence (R5.4)	47% (114)	25% (940)
• Criminal family members (R5.6)	28% (66)	27% (1,027)

Table 3. Frequency of Risk, Protective, and Mental Health Indicators (Cont.)

Risk Indicator	Percent of Youth in Multnomah County With the Indicator on the Initial Assessment	Percent of Youth Statewide With the Indicator on the Initial Assessment
SUBSTANCE USE ISSUES		
• Substance use beyond experimental use (R6.1)	59% (149)	22% (842)
• Current substance use is causing a problem in youth's life (R6.2)	51% (123)	23% (878)
• Substance use began at age 13 or younger (R6.3)	51% (126)	17% (657)
• Has been high or drunk at school any time in the past (R6.4)	36% (80)	14% (553)
ATTITUDES, VALUES, & BELIEFS		
• Anti-social thinking, attitudes, values, beliefs (R7.1)	36% (82)	19% (749)
Protective Indicator	**Percent of Youth in Multnomah County With the Indicator on the Initial Assessment**	**Percent of Youth Statewide With the Indicator on the Initial Assessment**
• Significant school attachment/commitment (PF2.1)	39% (98)	63% (2,451)
• Friends disapprove of unlawful behavior (PF3.1)	31% (74)	70% (2,614)
• Has friends who are academic achievers (PF3.4)	51% (104)	77% (2,813)
• There is an adult in youth's life (other than parent) she/he can talk to (PF3.6)	74% (178)	77% (2,926)
• Involved in constructive extra-curricular activities (PF4.5)	25% (65)	43% (1,670)
• Communicates effectively with family members (PF5.1)	43% (104)	57% (2,204)
Mental Health Indicator	**Percent on the Initial Assessment - MC**	**Percent on the Initial Assessment - Statewide**
• Actively suicidal or prior suicide attempts (8.1)	10% (25)	6% (233)
• Depressed or withdrawn (8.2)	33% (73)	25% (948)
• Difficulty sleeping or eating problems (8.3)	23% (55)	20% (772)
• Hallucinating, delusional, or out of touch with reality (while not on drugs) (8.4)	1% (3)	2% (94)
• Social isolation: Youth is on the fringe of her/his peer group with few or no close friends (8.5)	14% (34)	19% (711)

Change In Risk For Delinquency

Table 4a. Changes in Dynamic Indicators After JCP Program Involvement (Risks)

Total # of youth with both an initial assessment and reassessment = 193	Column A	Column B	Column C
Risk Indicator	Number of youth with both an initial and reassessment with indicator reported on the Initial Assessment	Of Column A, number of youth with indicator reported on the Re-assessment	Percent change
SCHOOL ISSUES			
Academic failure (R2.2)	88	40	55% decrease
Chronic truancy (R2.3)	83	38	54% decrease
School dropout (R2.4)	58	24	59% decrease
PEER ISSUES			
Friends engage in unlawful behavior (R3.2)	141	121	14% decrease
Friends suspended or expelled (R3.3)	119	113	5% decrease
BEHAVIOR ISSUES			
Aggressive behavior at school past month (C4.2)	28	10	64% decrease
Recent runaway (C4.7)	39	17	56% decrease
Behavior harms others past month (R4.9)	50	15	70% decrease
FAMILY ISSUES			
Poor family supervision (R5.2)	96	62	35% decrease
Serious family conflicts (R5.3)	71	56	21% decrease
Criminal family members (R5.6)	44	32	27% decrease
SUBSTANCE USE ISSUES			
Substance use beyond experimental (R6.1)	108	91	16% decrease
Current substance use is problematic (R6.2)	88	51	42% decrease
ATTITUDES, VALUES, & BELIEFS			
Anti-social thinking, attitudes, values and beliefs (R7.1)	58	48	17% decrease

Table 4b. Changes in Dynamic Indicators After JCP Program Involvement (Protection)

Total # of youth with both an initial assessment and reassessment = 193	Column A	Column B	Column C
Protective Indicator	Number of youth WITHOUT protective indicator reported on the Initial Assessment	Of Column A, number of youth WITH protective indicator reported on the Re-assessment	Percent change
Significant school attachment/ commitment (PF2.1)	121	66	55% increase
Friends disapprove of unlawful behavior (PF3.1)	124	26	21% increase
Has friends who are academic achievers (PF3.4)	78	29	37% increase
There is an adult in the youth's life (other than a parent) she/he can talk to (PF3.6)	53	31	58% increase
Involved in constructive extra-curricular activities (PF4.5)	138	25	18% increase
Communicates effectively with family members (PF5.1)	98	39	40% increase

Table 5. Juvenile Crime

Referral Findings
• Of the 241 youth with at least one criminal referral in the 12 months prior to their JCP Initial Assessment, 56% did not have a subsequent criminal referral in the 12 months after starting JCP services. • Of the 96 youth with matched assessments who had no criminal referrals in the 12 months after starting JCP services, 56% showed improvement in their JCP score (decreased risk indicators and/or increased protective indicators). • Of the 97 youth with matched assessments who did have at least one criminal referral in the 12 months after starting JCP services, 36% showed improvement in their JCP score (decreased risk indicators and/or increased protective indicators). • Multnomah County youth had an average risk score of 12, which means a 65% likelihood of having a new criminal referral within 12 months of the assessment. In addition, 42% of this group had a risk score of 14 or higher. Youth who score a 14 have a 75% likelihood of having a new criminal referral within 12 months. This means that the recidivism rate in this group of youth served by JCP is lower than would be expected.

Table 6. Summary of Findings

Data Findings
• Youth with JCP Initial Assessments tended to most frequently have the following risk issues identified: o Friends engage in unlawful or serious acting-out behavior o Has friends who have been suspended or expelled or dropped out of school o Substance use beyond experimental use
• Youth tended to most frequently have the following protective indicators identified: o There is an adult in youth's life (other than parent) she/he can talk to o Has friends who are academic achievers
• Youth tended to most frequently have the following mental health indicator identified: o Depressed or withdrawn
• Youth who received JCP program services most frequently saw decreases in the following risk indicators: o Behavior harms others past month o Aggressive behavior at school past month
• Youth who received JCP program services most frequently saw increases in the following protective indicators: o There is an adult in the youth's life (other than a parent) she/he can talk to o Significant school attachment/commitment
Recommendations
• Youth on average are lacking 3 of the 6 protective indicators. There areas are worth exploring as they reduce risk for reoffending as well as increase youth resilience and provide a buffer for the risks the youth already has. Engaging youth in extra-curricular activities, for example, can provide multiple benefits, including the possibility of connecting them with positive peers, another protective factor. Negative peers are notable risks for this group of youth, so focusing on finding positive friends could be particularly beneficial. • Multnomah County is commended for connecting this group of youth to behavioral healthcare supports, given the family trauma (child abuse/neglect and domestic violence) that close to half of the youth have experienced.

[1]*Thank you to Kimberly Bernard, Ph.D., at the Multnomah County Department of Community Justice for providing the information in this report. Data describing the demographic and initial risk profile of youth are based on youth with data from the JCP Assessment version 2006.1. Data describing changes in risk and protective indicators include all JCP youth with both an initial assessment and re-assessment, who were served during the 2011-13 biennium, even if the initial assessment occurred prior to the start of the biennium.*

Table 7. Description of JCP Service

Multnomah County Youth received the following services through the provision of JCP funds:

ATYF – Assessment

Masters-level Mental Health Consultants (MHCs) administer an evidence-based clinical assessment tool, the Global Appraisal of Individual Needs (GAIN), which provides comprehensive mental health and substance abuse evaluation and diagnoses, in addition to assessing the youth's risks and needs on the following domains: physical health, risk behaviors and disease prevention, environment and living situation, legal, and vocational (school, work, financial). ATYF clinicians also provide specialized assessment and screening for youth with fire setting charges. The MHCs develop and provide clinical level of care recommendations, in accordance with criteria determined by the American Society of Addiction Medicine (ASAM) and the American Academy of Child and Adolescent Psychiatry's Child and Adolescent Service Intensity Instrument (CASII). These recommendations assist the courts with dispositional planning to increase the likelihood that youth will receive appropriate treatment without compromising community safety.

ATYF - Care Coordination

Two ATYF Mental Health Consultants (MHCs) serve youth who are experiencing an array of behavioral health problems in detention that require specialized care. These two MHCs also assess for risk of suicide and make determinations about any reduction in a suicide watch or transfer to a hospital.

ATYF - Treatment

ATYF Mental Health Consultants (MHCs) provide intensive outpatient individual and family treatment using an evidence-based model, Multidimensional Family Therapy (MDFT). Clinicians receive intensive training and supervision and are required to demonstrate model adherence and competence through annual re-certification. Services are provided in the youth's home, the clinic office, school and other community settings and focus on changing anti-social behaviors and reducing drug and alcohol use. Research shows that youth with untreated substance abuse issues are nearly 10 times more likely to become chronic reoffenders. Delinquent youth who receive substance abuse treatment have fewer re-arrests, convictions and detention visits (Cuellar, Markowitz, & Libby, 2004).

Crossroads Cognitive Behavioral Groups

Cognitive-behavioral programming, using the National Curriculum of Training Institute (NCTI) Crossroads curriculum was provided to juvenile justice-involved youth. Interventions were designed to assist youth in acquiring pro-social thinking and pro-social attitudes. Services provided included groups on: Anger Management, Gang Involvement, Shoplifting, True to Life, Drugs and Alcohol, and Cognitive Life Skills. These services were discontinued in November 2011.

RAD - Morrison Center

The Residential Alcohol and Drug (RAD) program was a Behavior Rehabilitation Services (BRS) Intensive Residential Services program serving justice-involved youth with significant substance abuse problems. The program served both male and female youth, ages 13-17, and operated as a partnership between Multnomah County and Morrison Child and Family Services, with Morrison clinicians providing mental health and addictions therapy. The typical length of stay in RAD was 4 to 6 months. This program was discontinued in March 2014 and replaced with a new BRS (Assessment & Evaluation) program to better meet current needs.