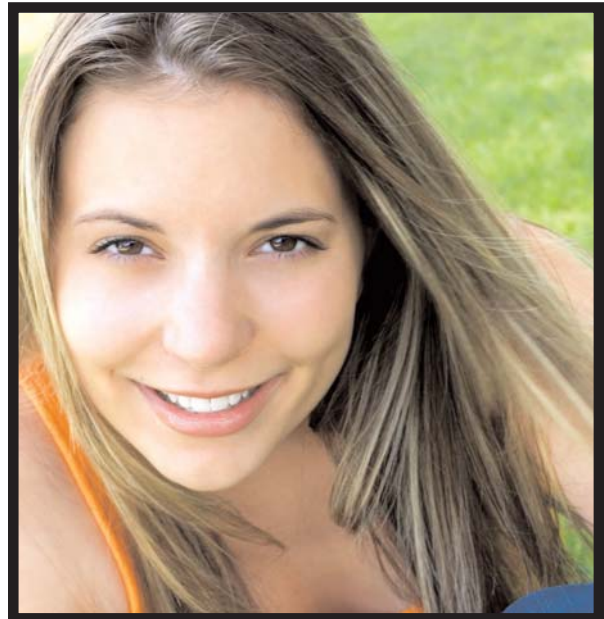


An Evaluation of the Marigold Program Umatilla County, Oregon Project Close Out Report



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October 2005



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*Research designed to promote effective decision-making by policymakers
at the national, state and community levels*

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EXECUTIVE SUMMARY

In October 2001, Homestead Youth and Family Services in Pendleton, Oregon received funding from the Edward Byrne Memorial Formula Grant Program to establish a new in-home family therapy program for at-risk adolescent girls in Umatilla County. This grant award, administered through the Oregon Department of State Police Criminal Justice Services Division, provided Homestead with the funds necessary to launch the Marigold program, which uses Functional Family Therapy (FFT) to address the needs of Umatilla County's at-risk youth and their families. This Project Close out Evaluation Report includes evaluation findings from October 1, 2001, to June 30, 2005.



The Marigold program achieved many of its program objectives. Marigold reached its service delivery objective of the proportion of girls served. However, the program fell short of its service delivery objectives in terms of the number of families receiving FFT and the proportion of families completing therapy. Marigold met many of its outcome objectives, including family functioning improvement, school attendance and fewer youth using drugs. Marigold also met its objective of serving youth who show decreased juvenile justice system involvement 6 and 12 months after therapy.

The Project Close Out Evaluation Report highlights several findings:

- Marigold received an increased number of referrals each year, with a total of 421 unique referrals from more than 24 different sources. Forty-one percent of those referred engaged in the Marigold program.
- Although Marigold only provided FFT service to an average of 54 youth and their families each year, the program provided service to an increasing number of families each year. In Year 4, Marigold provided service to 76 youth and their families.
- The program met its objective of maintaining an emphasis on serving girls.
- Although the overall proportion of families completing Marigold was lower than desired (50%), Marigold's retention rate improved noticeably between Year 1 and Year 3 (from 30% to 57%), declining only slightly in Year 4 (54%).
- For Marigold participants who completed FFT, a large proportion of youth, mothers, fathers, and therapists reported family functioning improvements in six family functioning domains at exit.
- Ninety-three percent of youth who completed Marigold services were attending school or a vocational program at program completion.
- For those youth who completed Marigold, fewer were using alcohol and/or drugs at the end of therapy.
- Youth served by the Marigold program who had prior juvenile justice system referrals showed decreased juvenile justice system involvement 6 and 12 months after therapy.
- None of the youth who completed Marigold were in OYA placement 12 months after therapy.

Chapter 2 of this report discusses the changes in the referral process and referral sources over time. Chapter 3 describes all families served including demographics, assessment scores and presenting issues. Chapter 3 also presents retention rates for the past four years. Chapter 4 documents family functioning, school attendance and substance use outcomes. Chapter 5 presents juvenile justice outcomes.

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CHAPTER 1: PROGRAM DESCRIPTION AND OBJECTIVES

Target Population

In October 2001, Homestead Youth and Family Services in Pendleton, Oregon received funding from the Edward Byrne Memorial Formula Grant Program to establish a new in-home family therapy program for at-risk adolescent girls in Umatilla County. This grant award, administered through the Oregon Department of State Police Criminal Justice Services Division, provided Homestead with the funds necessary to launch the Marigold program, which uses Functional Family Therapy (FFT) to address the needs of Umatilla County's at-risk girls and their families. During the second year of operation, Marigold expanded its services to include boys.



The Marigold program now targets adolescent girls and boys between the ages of 11 and 18 who exhibit at least two risk factors on the Juvenile Crime Prevention Risk Screen Assessment. The program strives to keep at least 75% of their caseload for girls in order to maintain the focus on this population. Eligible youth must live in Umatilla County, ideally live at home, and have parents or guardians willing to participate in therapy, or, if not, at least have family members or guardians willing to participate and work toward reconciliation. Furthermore, eligible youth should not be at risk of imminent out-of-home placement and should not be involved in concurrent family treatment. Referrals to the program come directly from families as well as from agencies such as the Juvenile Department, middle and high schools, social service agencies, and mental health agencies.

Program Objectives

Homestead has four main goals for the Marigold program. First, the program should increase individuals' coping and life management skills; improve parenting skills; help families achieve effective communication and functioning; and strengthen and stabilize the family. Second, youth who complete therapy will, hopefully, remain or re-engage in school or a vocational program. Third, fewer youth will use alcohol and/or drugs after completing therapy. Fourth, with improved family relations and communication, participating youth will reduce their delinquency behavior, and, as a result, juvenile justice system referrals will be reduced.

- The Marigold Program has identified a set of core objectives for the program:
- Marigold will provide service to 100 families annually;
- Marigold's caseload will be no more than 25% boys;
- 80% of families served will complete therapy;
- 80% of those families completing therapy will show improved family functioning;
- 80% of youth completing therapy should be attending school or vocational programs at the close of therapy;

- Of youth completing therapy, 50% fewer will use substances at the end of therapy;
- All youth served, and particularly youth who complete therapy should show a decrease in juvenile justice system involvement 6 and 12 months after therapy; and
- No more than 20% of youth completing therapy should be in Oregon Youth Authority (OYA) placement 12 months after therapy.

Appendix A includes a logic model that illustrates the link between program goals, outcome measurement, and program activities.

Program Components

Below is a description of the components of the Marigold program, including Functional Family Therapy, program staff and case management.

Functional Family Therapy

Functional Family Therapy (FFT) was developed in 1969 by researchers at the University of Utah to treat families from a variety of cultures with myriad relational issues and presenting problems but who were typically labeled as difficult or resistant to treatment. FFT at its core is a strengths-based model: “FFT providers have learned that they must do more than simply stop bad behaviors: they must motivate families to change by uncovering family members’ unique strengths, helping families build on these strengths in ways that enhance self-respect, and offering families specific ways to improve.”¹ FFT therapists help families focus on the multiple individual and relational systems in which the families live.

The FFT model consists of three phases: engagement and motivation, behavior change, and generalization. The focus of Phase 1, engagement and motivation, is to address any issues that might inhibit families’ full and productive engagement with therapy and to build on those individual and family strengths that will contribute to successful therapy. During this phase, therapists work to create a shared understanding of the presenting problems and build trust with the family members. During Phase 2, behavior change, the therapist works with the family to create and implement short- and long-term behavior change plans tailored to each family member’s needs and perspective. It is in this phase that the therapist can address parenting skills, delinquency behavior, and communication skills, for example. In the final phase, generalization, the therapist helps the family apply positive behavior change techniques to additional situations and potential problems that could arise in the future.

Assessment is an integral component of FFT and occurs at program intake, throughout therapy, and at program exit. FFT requires the use of a series of assessment instruments that allow therapists to measure individual and family functioning, and changes in such functioning, over time. The model has been used for over 30 years in a variety of settings with at-risk and delinquent youth, and an extensive body of research has found the model to be a successful and cost-effective means for reducing recidivism.

¹ Thomas L. Sexton and James F. Alexander (2000). *Functional Family Therapy*, OJJDP Juvenile Justice Bulletin, Office of Juvenile Justice and Delinquency Prevention, U.S. Department of Justice.

Program Staff

In general, the Marigold staff members consist of the program director/clinical supervisor, two therapists, and a case manager. Each therapist has a maximum caseload of 12 families, and the therapists' caseloads are often near, or at, capacity. The program director provides weekly clinical supervision to the Marigold therapists and serves as an additional therapist with a reduced caseload (between 2 and 3 families). The program director also contracts with FFT as a "national implementation consultant" which affords Marigold additional training materials.

Case Management

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

Program Evaluation

The Criminal Justice Services Division has required all Byrne Grant awardees to take part in a series of evaluation activities. Each grantee was required to hire an external evaluator, create a Comprehensive Evaluation Plan, and complete several phases of evaluation activities. Phase 1, Building Evaluation Capacity, stipulated that the grantee must create a program description, logic model, and comprehensive evaluation plan (CEP) that outlined the program's goals and objectives along with plans for measurement, data collection, and analysis. Phase 2, Process Evaluation, required evaluators to conduct a process evaluation to determine the population served, the quantity and quality of services, and barriers to program implementation. Phase 3, Outcome Monitoring, required sites to measure changes in violence and crime-related behavior or correlates of violence and crime-related behavior among program participants. Phase 4, Outcome Evaluation, is required only of those grantees *not* implementing a "model program." FFT qualifies as a model program, and therefore the Marigold program is not required to take part in an outcome evaluation involving control or comparison group samples.

In January 2002, Homestead contracted with NPC Research, a Portland-based research and evaluation firm, to serve as the external evaluator for the Marigold program. NPC Research worked with Homestead to ensure that the agency complied with each required evaluation phase. Evaluation activities in Year 1 included designing the process evaluation and outcome monitoring components of the evaluation, and conducting the first year of the process evaluation. In September 2002, NPC Research released the Year 1 Evaluation Report, covering activities between October 2001 and July 2002. This report summarized the process evaluation of the first year of the Marigold program including a description of the families served, an analysis of the program staff's use of the FFT model, and a summary of challenges and successes during the first year of operation.

During Year 2, evaluation activities included a continued process evaluation as well as limited outcome monitoring. During Year 2, NPC researchers gathered referral information from a referral tracking form developed for this evaluation. Researchers also collected information (including family intake data, demographics, assessment scores and presenting issues) from the Client Services System (CSS), a Web-based case management system designed by FFT. The Year 2 report was released in September 2003. During the third and fourth years of the project, the focus of the evaluation activities shifted from the process evaluation to outcome monitoring. During Year 3, NPC researchers began collecting juvenile justice data to monitor the criminal involvement of youth. The Year 3 report was completed in September 2004. Data collection and outcome monitoring continued during Year 4 and the Year 4 report was released in September 2005.

The primary outcomes of interest for the evaluation are family functioning, school attendance, substance use, and juvenile justice involvement. To measure family functioning, school attendance and substance use, the evaluation relied upon a modified version of the Client Outcome Measure (COM). FFT requires that all youth and their parents complete this instrument at the time of program exit. This measure asks families to report changes in family functioning (including conflict, communication, and parenting skills) since the start of therapy. NPC modified the COM to also include information regarding school attendance and substance abuse. In addition, therapists complete a similar measure for each family called the Therapist Outcome Measure (TOM). To measure juvenile justice system involvement, data are gathered from Oregon's Juvenile Justice Information System (JJIS). NPC researchers collected juvenile justice data for each participant for the period of time 12 months prior to Marigold participation and 12 months after program termination.

Project Close Out Evaluation Report

The remainder of this report documents NPC's outcome evaluation of Marigold since program inception.² Chapter 2 outlines changes in the referral process and referral sources over time. Chapter 3 describes all families served including demographics, assessment scores and presenting issues. Chapter 3 also presents retention rates for the past 4 years. Chapter 4 documents family functioning, school attendance and substance use outcomes. Chapter 5 presents juvenile justice outcomes. The final chapter of the report, Chapter 6, summarizes the cumulative evaluation findings and presents lessons learned.

² The Marigold program received funding in October 2001 and began serving families in February 2002.

CHAPTER 2: REFERRAL PROCESS

This chapter provides a brief account of changes in the referral process; total number of referrals since program inception; demographics of the youth referred (including the results of the Juvenile Crime Prevention risk screen assessment tool); and program engagement rates by service year.

The Marigold case manager has served as the primary recipient of all referrals. Families were typically referred to Marigold in one of two ways. First, the referrer would tell a family about Marigold or give the family a brochure. Then, the referrer would call Marigold, share the family’s contact information, and Marigold would connect with the family. At other times, referrers told the family about the program but let the family contact Marigold directly.



Usually the case manager assessed the family’s program eligibility over the telephone. If the family met the preliminary program criteria (appropriate age and the family lived within Marigold’s service area) a “zero” session was scheduled. During Year 1, the therapist met with the family for the “zero” session. However, beginning in Year 2, the case manager conducted the “zero” session. At the “zero” session, Marigold staff met with the family (usually in their home) to administer the Juvenile Crime Prevention (JCP) risk screen assessment tool and to have the family complete initial program paperwork. During Year 1, Year 2 and Year 3, therapists (after receiving the “zero” session paperwork) would call families to schedule their first therapy session. During Year 4, however, if the family was interested in receiving therapy from Marigold at the time of the “zero” session, the case manager would call one of the Marigold therapists during the “zero” session in order to schedule a time for an initial therapy session.

Number of Referrals and Referral Sources

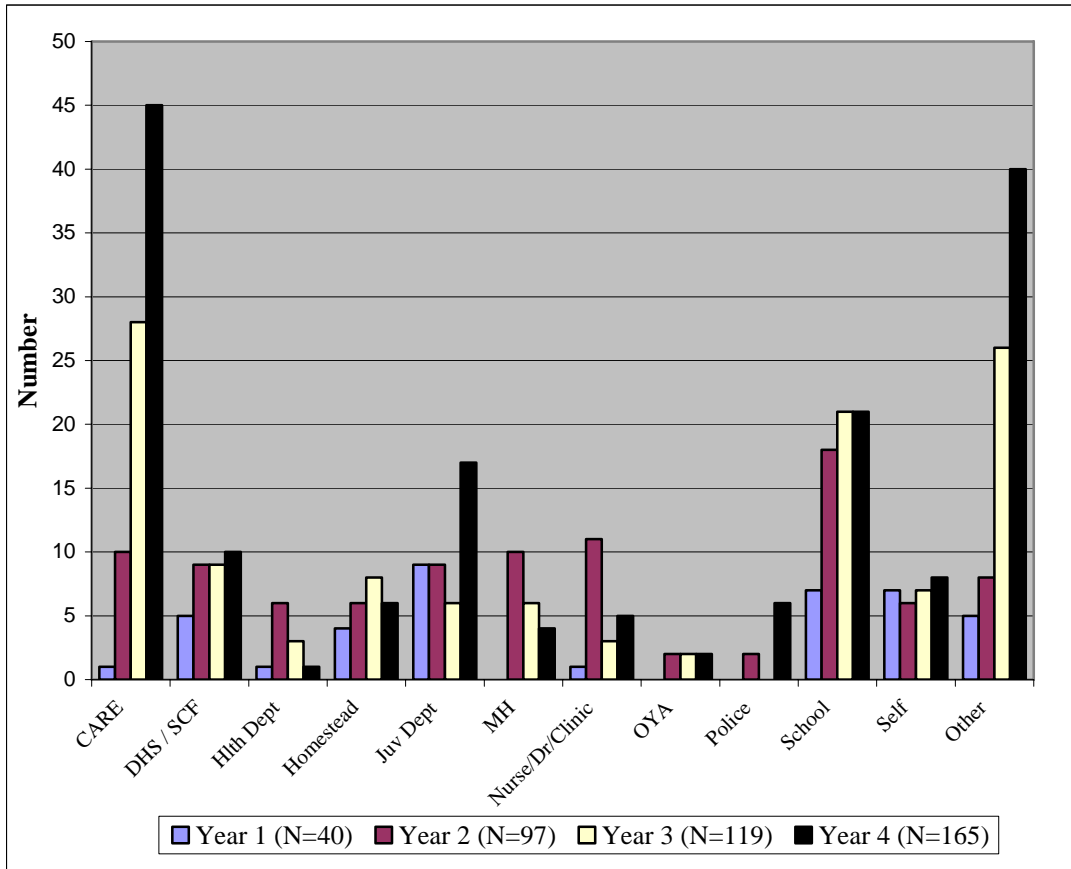
Since program inception, Marigold received 421 unique referrals³ from more than 24 different sources. Figure 1 illustrates each service year’s number of referrals by referral source, since program inception.⁴ Over the four years, Marigold received increased referrals from CARE (a school-based resource program), schools, and other sources.⁵

³ Twelve youth were referred to the program twice.

⁴ The Marigold Year 3 Report indicates that Marigold received 115 unique referrals during Year 3. However, after the completion of the Year 3 Report, evaluators received program documentation of additional referrals made to the program during Year 3. Thus, the total updated number of unique referrals in Year 3 is reported here as 119.

⁵ Other referral sources included The Commission on Children and Families, Child Welfare, Tanya’s House (a runaway shelter), Domestic Violence Services, Horizon (an after school tutoring program), the Community Resource Team, Salvation Army, Special Education Services (ESD), Umatilla Reservation, counselors/psychologists, the radio, newspaper, and the telephone book.

Figure 1. Total Referrals by Referral Source



Demographics of Youth Referred

During Year 1 and for the first half of Year 2, Marigold’s services were limited to girls and their families. Therefore, 100% of referrals in Year 1 were girls. Gender information was not captured for the referrals during Year 2. In Year 3, 66% of referrals were girls and in Year 4, 65% of referrals were girls. The average age of youth referred to Marigold was 13.7 years old (N=220).

Ethnicity data were available for 266 referred youth. The majority of youth referred (83%) were Caucasian, non-Hispanics (N=220). Eleven percent (11%) of those youth referred were Hispanic (N=28); 3% were multi-racial (N=7); 2% were African American (N=4); 2% were Native American (N=4); less than 1% (N=1) were Asian; and less than 1% (N=2) were an “Other” ethnicity.⁶ Marigold received a slightly greater proportion of Caucasian referrals and slightly smaller proportion of Hispanic referrals compared to the ethnicity proportions of Umatilla County (78% Caucasian, 16% Hispanic, 3% Native American, 1% Asian, 1% African American and 2% multi-racial).⁷

⁶ Due to rounding, percentage sum to more than 100%.

⁷ Source: U.S. Census Bureau <http://quickfacts.census.gov/qfd/index.html>. Note: Due to some respondents reporting multiple races, percentages sum to more than 100%.

Marigold employed the JCP risk assessment to screen referred youth for program eligibility. The JCP risk assessment tool contains “risk”, and “protective” indicators in five different domains (School, Peer Relationships, Behavior, Family Functioning, and Substance Use). Of the 180 youth with JCP data, the total number of risk factors ranged from 1 to 23 (of a possible 29), with youth averaging 9 risk factors. Sixty-four percent (64%) of the youth with JCP risk data had at least one risk indicator in the School Domain; 70% had one or more risk factors in the Peer Relationships Domain; 78% had risk indicator(s) in the Behavioral Issues Domain; almost all (98%) were at risk in the Family Functioning Domain; and 34% had at least one risk factor in the Substance Abuse Domain.

Referred youth had a total number of protective factors ranging from 0 to 9 (of a possible 11), with an average of 4 protective factors. Sixty percent (60%) of the youth had at least one protective factor in the School Domain; 54% had one or more protective factors in the Peer Relationships Domain; 28% had a Behavioral protective factor; 39% had a protective factor in the Family Functioning Domain; and 76% had a Substance Abuse related protective factor.

Program Engagement

Overall, of the 421 youth referred to Marigold, 172 engaged (41%) in the program.⁸ In Year 1, 58% of families referred to Marigold engaged in the program; in Year 2, 45% of families referred engaged; in Year 3, 47% of families engaged; and in Year 4, 30% of families engaged. It should be noted that the engagement rate for Year 4 might underestimate the true rate of engagement because youth who were referred to the program at the end of Year 4 may have engaged *after* the completion of Year 4 (see Table 1).⁹ The median time from referral to intake was 8 days (N=165).

Table 1. Engagement Rate of Referred Families by Referral Year

	Year 1 (N=40)	Year 2 (N=97)	Year 3 (N=119)	Year 4 (N=165)	Total (N=421)
Engagement Rate (Number who Engaged)	58% (23)	45% (44)	47% (56)	30% (49)	41% (172)

Note: The engagement rate for Year 4 youth may underestimate the true rate of engagement due to some youth who were referred to the program at the end of Year 4 who may have engaged *after* the completion of Year 4.

Analyses were conducted to determine if there was a pattern of which youth were more or less likely to engage in the Marigold program. Of the Caucasian (non-Hispanic) population of referred youth, 39% engaged in Marigold. One of the four (25%) referred African American

⁸ Engagement is defined here as attending at least one FFT session.

⁹ Youth were referred in the year indicated but may have engaged in a subsequent year. For instance, in Year 3, 119 youth were referred to Marigold and 56 engaged. The Year 3 Report states that 43 of the referred youth engaged because analyses conducted for the report were limited to data available at that time. Current analyses found youth who were referred at the end of Year 3 and engaged later in Year 4. The current analyses include these additional youth who engaged in subsequent years. It should be noted that the engagement rate for Year 4 youth may underestimate the true rate of engagement due to this same phenomenon.

youth and one of the four (25%) referred Native American youth engaged in the program. Five of the seven (71%) referred multi-racial youth engaged and the only referred Asian youth (100%) engaged. Only 4 of the 28 referred Hispanic youth (14%) engaged and only 2 of 23 (8%) youth for whom Spanish was their primary language engaged in the Marigold program.

On average, those youth who engaged had slightly fewer JCP risk factors (8.6) compared to those who did not engage (9.4). This finding was also true across domains. Interestingly, those youth who engaged also had more JCP protective factors (3.8) compared to those who did not engage (3.1), which was again true across domains.

Summary

The Marigold referral process operated in a similar fashion throughout the four years. Marigold received 421 referrals since program inception from more than 24 different referral sources. The ethnic proportions of youth referred to the program were similar to the ethnic proportions in Umatilla County. Of the 421 families referred to Marigold, 172 (41%) engaged in the program.

CHAPTER 3: FAMILIES SERVED AND RETENTION

Objective: An average of 100 families will be served annually.

Output: An average of 54 families were served annually. However, the program provided service to an increasing number of families each year. In Year 4, Marigold provided service to 76 youth and their families.

Marigold provided service (defined as a family having at least one Engagement and Motivation Phase session) to an average of 54 youth and their families each year.¹⁰ Although this falls short of the anticipated 100 families, the program provided service to an increasing number of families each year.

During Year 1, Marigold served 23 families.¹¹ (It should be noted that during Year 1 Marigold provided service to families for less than half of a full year due to project start-up activities.) During Year 2, Marigold served 51 families¹²; during Year 3, Marigold served 66 families; and during Year 4, Marigold served 76 families. Additionally, over the four years, Marigold provided an average of two Booster Sessions to nine different families.



In this chapter we describe the demographics and presenting issues of all families served (N=172) and discuss retention and dropout rates for these families.

¹⁰ Youth and their families may receive service during multiple years. For instance, some youth began service in Year 1 and continued service during Year 2. These youth would be counted as served in both Year 1 and Year 2. Therefore, the number of the youth served annually sums to a greater amount than the unduplicated total number of youth served by the program (N=172).

¹¹ The Year 1 Report states that 33 youth were served. The definition of “youth served” employed during Year 1 was “any youth admitted to the program regardless of whether they engaged in the program (completed at least 1 FFT session)”. The Year 1 definition differs from the current definition of “youth served,” which is “youth who are admitted and attend at least one FFT session”. This change in definition explains the greater number of youth reported as “served” in the Year 1 report than in this report.

¹² The count of 30 youth reported in the Year 2 Report was an underestimate. At the time the Year 2 Report was written, many youth served in Year 1 had missing exit dates. It was unclear at that time whether or not these youth were still receiving services from Marigold during Year 2. Since the Year 2 Report, updated CSS exit dates facilitated a more accurate count of youth served in Year 2. Moreover, current analyses found additional cases that were not available in the CSS at the time the Year 2 Report was written. Both of these factors explain the increased number of youth “served” during Year 2 reported here.

Demographics of Families Served

Objective: An average of 75% of clients will be girls.

Output: An average of 78% of clients served were girls.

The Marigold program aimed to focus its services on girls and their families. Since program inception, 78% (N=134) of the youth served by Marigold were girls. It should be noted that during Year 1 and for the first half of Year 2, Marigold's services were limited to girls.

The average age of youth served was 14.5, with an age range of 11 to 18 (N=165). Ethnicity data were available for 156 of the 172 youth. The majority of youth were Caucasian (89%), and smaller numbers of youth served were Hispanic (6%), African-American (1%), Native American (1%), Asian (1%) and "Other" (3%) ethnicities.¹³ Marigold served a greater proportion of Caucasian youth and smaller proportion of Hispanic youth compared to the ethnicity proportions of the general population in Umatilla County.

Information about parental marital status was available for 113 families. Forty-three percent (43%) of the parents in these families were married; 43% of these families were separated, divorced, or widowed; and 12% were single.

Data on whether a family's participation was mandated (e.g., by the Juvenile Department as a condition of probation) was available for 113 families, and 27% of these families were mandated to participate in Marigold services.

Assessment Scores and Presenting Issues

The youth and their families completed a range of assessments at intake. These assessments measured individual (youth) functioning, family functioning, and the degree of adolescent risk behavior. In addition to these assessment measures, therapists recorded detailed case notes after the first therapy session describing the families' presenting issues.

The Outcome Questionnaire (OQ45.2)

The OQ45.2 is a self-report assessment that measures the youth's level of depression and anxiety (the Symptom Distress subscale), problems with interpersonal relationships (the Interpersonal Relations subscale), and levels of conflict and isolation in interpersonal relationships (the Social Role subscale). Intake scores on the OQ45.2 indicated that over half of youth scored themselves in the clinical range on all subscales. Over half of mothers rated their children in the clinical range on the Interpersonal Relations subscale (see Table 2 below).

¹³ Due to rounding, percentages sum to more than 100%.

Table 2. Percentage of Families with OQ45.2 Scores in Clinical Range

Subscale	Youth (N=133)	Mother (N=114)	Father (N=62)
Symptom Distress	50%	46%	21%
Interpersonal Relations	53%	51%	36%
Social Role	62%	41%	29%

Note: Subscales with 50% or more in clinical range are shaded gray.

The Family Assessment Measure (FAM)

The Family Assessment Measure (FAM) is a self-report instrument that provides family information in seven areas. Table 3 illustrates the percentage of youth, mothers, and fathers who rated their family as scoring in the clinical range on seven subscales: the Task Accomplishment subscale, indicating they had problems with basic tasks or identifying solutions to problems; the Role Performance subscale, indicating a lack of agreement among family members regarding role definitions or an inability to adapt to new roles; the Communication subscale, indicating problems with communication or a lack of understanding of other family members; the Affective Expression subscale, indicating either a lack of sufficient expression or overly emotional responses between family members; the Involvement subscale, indicating either insufficient family involvement or a lack of autonomy or narcissistic involvement; the Control subscale, signifying power struggles, use of control to shame, and lack of ability to adjust to changing life demands; and the Values and Norms subscale, indicating disjointed values systems, resulting in family tension and confusion. Overall, less than a third of youth, mothers, and fathers rated their family as scoring in the clinical range on these subscales.

Table 3. Percentage of Families with FAM Scores in Clinical Range

Subscale	Youth (N=135)	Mother (N=126)	Father (N=68)
Task Accomplishment	26%	30%	25%
Role Performance	28%	28%	21%
Communication	32%	29%	31%
Affective Expression	29%	23%	22%
Involvement	29%	27%	25%
Control	19%	23%	25%
Values and Norms	19%	25%	21%

Youth Outcome Questionnaire (YOQ)

The Youth Outcome Questionnaire (YOQ) is a measure of adolescent behavior. Youth, mothers, and fathers completed a YOQ at intake. Intake scores on the YOQ indicate that a majority of youth, mothers, and fathers rated the youth as scoring in the clinical range on all subscales *except* the Interpersonal Relations subscale, as illustrated in Table 4. Thus, a majority of family members rated the youth in the clinical range on the Interpersonal Distress subscale, which measures emotional distress; the Somatic subscale, which measures physical problems; the Social Problems subscale, which measures aggression and delinquency; the Behavioral Problems subscale, which measures inattention, hyperactivity, impulsivity, concentration, and ability to handle frustration; and the Critical Items subscale, which measures delusions, suicide, mania, and eating disorders.

Table 4. Percentage of Families with YOQ Scores in Clinical Range

Subscale	Youth (N=95)	Mother (N=126)	Father (N=68)
Interpersonal Distress	64%	75%	77%
Somatic	70%	68%	52%
Interpersonal Relations	0%	0%	0%
Social Problems	70%	85%	85%
Behavioral Problems	65%	71%	79%
Critical Items	71%	68%	73%

Note: Subscales with 50% or more in clinical range are shaded gray.

Presenting Issues

After each therapy session, Marigold therapists recorded a narrative description of each family’s situation and challenges. The notes from the first therapy session contain information regarding the families’ presenting issues. The issues facing Marigold families included problems with family relationships, communication, school attendance, peer group influence, delinquency, running away, youth substance abuse, parenting, marital discord and parental substance abuse. Parents were more likely than youth to identify school attendance, delinquency, running away, peer group influence and youth substance abuse as problems for the family. Youth, on the other hand, were more likely than parents to identify parenting as a problem for the family.

Retention

Objective: An average of 80% of families served will complete therapy.

Output: An average of 50% of families served completed therapy.

At the end of Year 4, there were 155 families who had exited Marigold (and 17 families who were still receiving FFT from Marigold). Of those 155 families who exited Marigold, 50%

(N=78) completed therapy¹⁴ and 50% (N=77) dropped out of therapy.¹⁵ In Year 1, 30% of families exiting Marigold had completed the program; in Year 2, 41% of families exiting had completed; in Year 3, 57% of families exiting completed; and in Year 4, 54% of families exiting completed (see Table 5).¹⁶

Table 5. Retention Rate for Families by Exit Year (N=155)

	Year 1 (N=10)	Year 2 (N=39)	Year 3 (N=47)	Year 4 (N=59)	Total (N=155)
Retention Rate	30%	41%	57%	54%	50%
(Number who completed)	(3)	(16)	(27)	(32)	(78)

The average number of days participating in Marigold for completers was significantly greater (170 days) than drop-outs (82 days) ($p < .001$). Likewise, completing families had significantly more Engagement, Behavioral, Generalization, and Total sessions compared to drop-outs. Table 6 shows that, on average, completers attended 12 total sessions, while drop-outs, on average, attended only 4 sessions.

Table 6. Average Number of Therapy Sessions for Completers and Drop-Outs

	N	Engagement & Motivation	Behavior Change	General- ization	Total Sessions
Completers	78	5	4	3	12
Drop-Outs	77	3	1	0	4

Note: All comparisons between completers and dropouts were statistically significant ($p \leq .001$)

Further analyses were conducted to determine when most families disengaged from FFT based on the year they dropped out. Table 7 below shows that on average, families who dropped out

¹⁴ Completing therapy is defined here as completing at least one Generalization Phase session.

¹⁵ Dropping out of therapy is defined here as engaging in therapy but failing to complete at least one Generalization Phase session.

¹⁶ Differences in the numbers reported here compared to the numbers reported in Annual Reports are the result of changes in definitions of youth “served” and “completion.” The Year 2 Report states that 16 cases exited during the first year. At the time the Year 2 Report was written, the definition of “youth served” was “any youth admitted to the program regardless of whether they engaged in the program (completed at least 1 FFT session).” This definition differs from the current definition of “youth served,” which is “youth who are admitted and attend at least one FFT session”. As a result, a decreased number of youth are reported here as “exiting” because fewer youth (than reported previously) were “served.” Also, the greater numbers of youth reported here as “exiting,” “completing,” and “dropping out” in Year 2 and Year 3 are due to updated data (primarily exit dates) that were not available in CSS at the time that the respective Annual Reports were written. Lastly, retention rates differ slightly from Annual Reports because of changes in the definition of program completion. For instance, in Year 3, successful completion was based on termination status code. Here, completion is based on whether or not the family “completed at least one Generalization Phase session.”

early on in the program’s development (during Year 1 and Year 2) tended to drop after attending more FFT sessions compared to families served in later years. For instance, during Year 1, families dropped out after an average of 5.6 sessions, but during Year 4, families dropped out after an average of only 3.6 sessions.

Table 7. Number of Sessions Drop-outs Attended by Exit Year (N=77)

	Year 1 (N=7)	Year 2 (N=23)	Year 3 (N=20)	Year 4 (N=27)	Overall (N=77)
Mean (Median)	5.6 (5.0)	4.4 (4.0)	3.9 (3.5)	3.6 (3.0)	4.1 (4.0)

Summary

Marigold has served an average of 54 families annually. More than three-fourths of families served were families with female youth. The assessment scores and presenting issues of these families indicate that many were struggling with emotional, physical and behavioral problems; family relationships; and communication as they began therapy. Half (50%) of the families Marigold served successfully completed therapy.

CHAPTER 4: OUTCOMES FOR YOUTH AND FAMILIES

This chapter reports on the outcomes for youth and families, including family functioning, school attendance and substance use for families who successfully completed¹⁷ the Marigold program (N=78).

Family Functioning

Objective: 80% of families completing therapy should show improvement in each of the six COM domains.

Outcome: At exit, more than 80% of youth completing therapy improved in four of the six COM domains, and more than 80% of mothers and fathers reported improvement in all six of the COM domains.

Each family member completed the Client Outcome Measure (COM), a required FFT measurement tool, during the last therapy session. This measure asks youth and their parents to rate family change in six different domains: overall level of family change, change in communication skills, change in adolescent behavior, change in parenting, change in parental supervision, and change in family conflict. Therapists also rated the family's level of change in these six domains. Ratings are on a six-point response scale (0='Things are worse,' 1='No change,' 2='Only a little better,' 3='Somewhat better,' 4='A lot better,' and 5='Very much better').



Table 8 shows, for each of the six COM domains, the percent of youth, mothers, and fathers who indicated that positive change occurred and the percent of *families* who indicated positive change occurred.¹⁸ Also presented in Table 8 is the percentage of families showing positive change according to therapists' ratings (Therapist Outcome Measure) in each of the six domains. Lastly, Table 8 shows (**in bold**) the percent of youth, mothers, and fathers reporting improvement in all six domains.

At exit, 80% or more youth who completed therapy reported improvement¹⁹ in four of the six COM domains. Likewise, 80% or more *families* reported improvement in four of the six domains. Moreover, more than 80% of mothers and fathers completing therapy rated favorable change in all six COM domains. Therapists indicated that 80% or more of the families as having made positive change in five of the six domains.

¹⁷ Completing therapy is defined here as completing at least one Generalization Phase session.

¹⁸ The families who indicated positive change were those families in which every family member (who provided a response) responded with a rating of 2 or higher.

¹⁹ Improvement is defined as a response scale rating of a 2 or higher.

Table 8. Percent of Completing Families Indicating Improvement on the COM/TOM

COM/TOM Domain	Youth (N=50)	Mother (N=46)	Father (N=20)	All Family Members	Therapist (N=65)
Overall Family Change	96%	98%	100%	95%	94%
Change in Communication Skills	84%	100%	100%	86%	97%
Change in Adolescent Behavior	88%	94%	100%	84%	86%
Change in Parenting Skills	78%	96%	90%	77%	89%
Change in Parental Supervision	76%	91%	95%	73%	77%
Change in Conflict	90%	94%	100%	88%	88%
Improvement in ALL Domains	64%	85%	90%	59%	68%

Note: Domain cells with 80% or more indicating positive change are shaded gray.

Note: Improvement is defined as a response rating of 2 or higher on the six-point scale (0=‘Things are worse,’ 1=‘No change,’ 2=‘Only a little better,’ 3=‘Somewhat better,’ 4=‘A lot better,’ and 5=‘Very much better’).

School Attendance

Objective: 80% of youth completing therapy should be attending school or a vocational program at the close of therapy.

Outcome: 93% of youth completing therapy were attending school or a vocational program at the close of therapy.

Data on school attendance at the close of therapy (captured on the COM) were available for 56 of the 78 youth who successfully completed and exited the program in Year 3 and Year 4.²⁰ Overall, 93% of youth were attending school or a vocational program at the close of therapy. For exiting youth in Year 3, 92% were attending school or a vocational program and for exiting youth in Year 4, 94% were attending school or a vocational program.

²⁰ These items were not included in the exiting COM until Year 3.

Substance Use

Objective: Of youth completing therapy, 50% fewer will use substances at the end of therapy.

Outcome: For youth who completed therapy, as of program exit, 33% fewer were using alcohol; 63% fewer were using drugs; and 60% fewer were using both alcohol and drugs.

The Marigold case manager and counselors provided a report of youths’ alcohol and drug use at the time of program intake. Additionally, both the youth and the parents were asked to report the youth’s alcohol and drug use at the time of exit (on the exiting COM).

For youth who completed therapy, as of program exit, 33% fewer were using alcohol; 63% fewer were using drugs; and 60% fewer were using both alcohol and drugs (see Table 9). At the time of program intake, 9 used alcohol; 8 used drugs; and 5 used both alcohol and drugs. At program exit, 6 youth reported using alcohol; 3 youth reported using drugs; and 2 youth reported using both alcohol and drugs.²¹

Table 9. Substance Use Among Completing Youth

	Number of Youth At Intake	Number of Youth At Exit	Percent Change
Alcohol Use (N=51)	9	6	-33%
Drug Use (N=49)	8	3	-63%
Alcohol and Drug Use (N=49)	5	2	-60%

Summary

Marigold met many of its outcome objectives for the families who completed therapy. A great majority of completing families showed improvement in family functioning, as illustrated by the COM. Almost all youth who completed therapy were enrolled in school or a vocational program, and fewer youth were using alcohol and/or drugs at program completion.

²¹ In every case where the parent suspected the youth was using alcohol and/or drugs, the youth confirmed that they were, in fact, using alcohol and/or drugs. However, in several cases where the youth reported using, the parent reported either that their child was not using or that they did not know if their child was using. Because of the limitation of the parent reported data, only the youth’s report of alcohol and/or drug use is presented here.

CHAPTER 5: JUVENILE JUSTICE OUTCOMES

Contact with the juvenile justice system is recorded in the statewide Juvenile Justice Information System (JJIS). From this statewide system, data were collected for Marigold youth who engaged in therapy (had at least one FFT session) and exited Marigold (either completed or dropped out) prior to December 2004 so that at least six months of recidivism data was available for each youth.²² For 127 of the 155 exiting Marigold youth, at least 6 full months had elapsed after their program exit and at least 12 full months after their program exit had elapsed for 97 youth.



This chapter presents data on 12-month post-program exit referrals for Marigold youth. Contact with the juvenile justice system is called a “referral.” Referrals can include one or more charges or allegations. Therefore, referral data presented here may include multiple allegations per referral. For these analyses, the most severe allegation was used to categorize the type of referral. Severity scores are assigned to each allegation and range from 2-19. Non-criminal type allegations are assigned a lower severity score. Higher severity scores represent felony allegations. Only the highest severity allegation was retained in the referral analyses. For data on 6-month post-program exit referrals please see Appendix B. For data on 6-month and 12-month post-program exit allegations (as opposed to referrals), please see Appendices D, E and F.

Below we present data related to Marigold’s juvenile justice objective. The remainder of the chapter presents more detailed juvenile justice data, including an analysis of subgroups as determined by youths’ prior involvement the juvenile justice system (non-offenders, offenders, and chronic offenders). Next, we present data illustrating the relationship between JCP risk scores and therapists’ report of family functioning with JJIS referrals. Finally, the chapter concludes with data related to Marigold’s Oregon Youth Authority (OYA) placement outcome.

Objective: All youth served, and particularly youth who successfully complete therapy, should show a decrease in juvenile justice system involvement 12 months after therapy.

Outcome: Overall, youth served by the Marigold program showed decreased juvenile justice system involvement 12 months after therapy.

Youth served by the Marigold program showed decreased juvenile justice system involvement 12 months after program participation. Overall, youth received significantly fewer felony referrals after Marigold’s service compared to before the program. However, the average severity of these referrals increased after program exit (see Table 10 below).

²² Juvenile justice data were collected in July 2005.

Table 10. Pre- and Post-Juvenile Justice Involvement for Marigold Youth (N=97)

	Average Referrals	Average Misdemeanors	Average Violent Misdemeanors	Average Felonies	Average Violent Felonies	Average Non-Criminal	Average Severity
Priors	.95	.43	.08	.28	.05	.19	4.45
Posts	.69	.29	.07	.12	.03	.28	6.29
Significant:	No	No	No	Yes	No	No	No

Note: Results are marked as statistically significant if $p \leq .05$.

For those youth with referrals in the 12 months prior to entering Marigold (“offenders,” N=38), this decrease in juvenile justice system involvement is even more pronounced. Offenders entered the Marigold program with an average of two referrals. During the 12 months after program exit, these youth had received an average of only one new referral, and committed significantly fewer misdemeanors and felonies after completing the Marigold program. However, the average severity score did not change over time (see Table 11). (See Table C3 in Appendix C for additional data. Also, see Table E3 in Appendix E for allegation-level data.)

Table 11. Pre- and Post-Juvenile Justice Involvement for Offenders (N=38)

	Average Referrals	Average Misdemeanors	Average Violent Misdemeanors	Average Felonies	Average Violent Felonies	Average Non-Criminal	Average Severity
Priors	2.42	1.18	0.21	0.71	0.13	0.47	6.14
Posts	1.45	0.55	0.16	0.26	0.05	0.63	6.34
Significant:	Yes	Yes	No	Yes	No	No	No

Note: Results are marked as statistically significant if $p \leq .05$.

Non-Offenders, Offenders and Chronic Offenders

The next section of this chapter is organized into three sub-sections based on the youth’s intake status, as determined by their prior involvement the juvenile justice system. Non-offenders are defined here as youth without a referral in JJIS in the 12 months prior to Marigold intake. Offenders are defined as youth with at least one referral in JJIS in the 12 months prior to Marigold intake. Chronic offenders are a subset of the offender group and are defined here as youth with at least three referrals in JJIS in the 12 months prior to Marigold intake.

As Table 12 below shows, of the 97 exiting youth who reached the 12-month follow-up point, 59 youth did not have a prior referral. Of these 59 non-offenders, only 8 (14%) had one or more referrals in the twelve months after program exit. Those 8 youth received a combined total of 12 post-program referrals.²³ In contrast, 38 of the 97 youth had a referral prior to entering

²³ One youth may have multiple referrals.

Marigold. Of these 38 offenders, 23 (61%) had at least one new referral in the twelve months after program exit. Those 23 youth received a combined total of 55-post program referrals.

Table 12. Types of Referrals for Offenders and Non-Offenders, 12-Months Post-Program Exit

Group	Youth With Subsequent Referrals	Total Referrals	Total Misdemeanors	Violent Misdemeanors	Total Felonies	Violent Felonies	Total Non-Criminal	Average Severity
Non-Offenders (N=59)	14% (8 youth)	12	7	1	2	1	3	6.2
Offenders (N=38)	61% (23 youth)	55	21	6	10	2	24	6.3
Total (N=97)	32% (31 youth)	67	28	7	12	3	27	6.3

Note: One youth may have multiple referrals.

In general, non-offenders continued to remain out of the juvenile justice system. As Table 13 below shows, as of 12 months after program exit only 14% of non-offenders (8 youth) had a referral. Five of these youth receiving new referrals had failed to complete Marigold. (Please see Tables D2 and E2 in Appendices D and E for allegation-level data.)

Table 13. Non-Offenders: Types of Referrals for Successful Completers and Drop-Outs, 12-Months Post-Program Exit

	Youth with Subsequent Referrals	Total Referrals	Total Misdemeanors	Violent Misdemeanors	Total Felonies	Violent Felonies	Total Non-Criminal	Average Severity
Successful Completers (N=35)	9% (3 youth)	6	5	1	1	0	0	7.1
Dropouts Only (N=24)	21% (5 youth)	6	2	0	1	1	3	5.6
All Non-Offenders (N=59)	14% (8 youth)	12	7	1	2	1	3	6.2

Note: One youth may have multiple referrals.

As Table 14 below shows, 61% of offenders (23 youth) had recidivated after 12 months post program exit. Sixteen of these youth had failed to complete Marigold. (Please see Tables D2 and E2 in Appendices D and E for allegation-level data.)

Table 14. Offenders: Types of Referrals for Successful Completers and Drop-Outs, 12-Months Post-Program Exit

	Youth with Subsequent Referrals	Total Referrals	Total Misdemeanors	Violent Misdemeanors	Total Felonies	Violent Felonies	Total Non-Criminal	Average Severity
Successful Completers (N=12)	58% (7 youth)	14	8	2	3	1	3	8.0
Dropouts Only (N=26)	62% (16 youth)	41	13	4	7	1	21	5.5
All Offenders (N=38)	61% (23 youth)	55	21	6	10	2	24	6.3

Note: One youth may have multiple referrals.

Of the 38 offenders who entered the Marigold program, 14 were chronic offenders with . at least three referrals in the 12 months prior to Marigold intake. Seventy-one percent (71%) of chronic offenders (10 youth) had recidivated during the 12 months post program exit (see Table 15). Eight of these youth had failed to complete Marigold. (See Table F1 in Appendix F for allegation-level data.)

Table 15. Chronic Offenders: Types of Referrals for Successful Completers and Drop-Outs, 12-Months Post-Program Exit

Group	Youth with Subsequent Referrals	Total Referrals	Total Misdemeanors	Violent Misdemeanors	Total Felonies	Violent Felonies	Total Non-Criminal	Average Severity
Successful Completers Only (N=4)	50% (2 youth)	3	1	0	1	0	1	5.5
Dropouts Only (N=10)	80% (8 youth)	23	9	2	1	0	13	4.3
All Chronic Offenders (N=14)	71% (10 youth)	26	10	2	2	0	14	4.5

Note: One youth may have multiple referrals.

Thus, across all three groups (non-offenders, offenders, and chronic offenders), those youth who completed Marigold services had fewer subsequent referrals than those youth who dropped out of Marigold.

JUVENILE JUSTICE INVOLVEMENT AND MARIGOLD EXIT STATUS

We next examined the relationship between Marigold exit status and juvenile justice involvement. Fifty-nine percent of non-offenders completed Marigold, 32% of offenders completed, and 29% of chronic offenders completed program.²⁴ (See Table 16.)

Table 16. Program Completion Rates and Offending Status (N=97)

	Non-Offenders	All Offenders	Chronic Offenders	Overall
Retention Rate (Number who completed)	59% (35)	32% (12)	29% (4)	48% (47)

²⁴ Completing therapy is defined here as completing at least one Generalization Phase session.

JCP Risk Factors and Juvenile Justice Involvement

On average, that youth with more JCP risk factors at the time of Marigold program intake had a greater number of JJIS referrals 12 months after program exit. Although these relationships were not evident 6 months after program exit, the youth's number of JCP risk factors at intake positively and significantly correlated with their future number of total referrals, total felonies, violent misdemeanors and violent felonies 12 months after program exit. This means that youth with more JCP risk factors at program intake had more referrals after program exit. The relationship between the number of JCP risk factors and the number of felony and violent referrals was strongest for offenders who dropped out of Marigold. Allegation-level analyses produced similar results.

Analyses were attempted to determine the nature of the relationship between JCP risk factors and JJIS referrals for chronic offenders. However, samples sizes were too small to produce meaningful results.

Family Functioning and Juvenile Justice Involvement

Overall, families rated by their therapists as showing improved family functioning had fewer juvenile justice referrals 12 months after program exit. These relationships were also evident 6 months after program exit. The therapist's rating of family functioning improvement inversely and significantly correlated with the youth's total number of referrals and non-criminal referrals (e.g. status offenses and violations) 12 months after program exit.

Oregon Youth Authority Placement

***Objective:* No more than 20% of youth completing FFT therapy should be in Oregon Youth Authority (OYA) placement 12 months after therapy.**

***Outcome:* None of the youth who completed FFT therapy were in OYA placement 12 months after therapy.**

Oregon Youth Authority (OYA) placement data were obtained from JJIS. None of the youth who successfully completed FFT therapy and who had 12 months of recidivism time elapse since their program exit (N=47) were placed in OYA during the 12 months after therapy.

Summary

Marigold met its objective of decreasing juvenile justice system involvement for the youth it served. Overall, youth served by Marigold showed decreased juvenile justice system involvement 12 months after therapy. The great majority of youth who did recidivate, however, were those youth who failed to complete the Marigold program. None of the youth who completed therapy were in OYA placement 12 months after therapy.

CHAPTER 6: SUMMARY OF FINDINGS

This chapter summarizes the services provided by Marigold and the outcomes achieved by Marigold families.



Services Provided

Finding 1: Marigold received an increased number of program referrals each year, with a total of 421 unique referrals. Forty-one percent of those youth referred engaged in the Marigold program.

Marigold received 421 unique referrals from more than 24 different sources. Each year, Marigold received more referrals (compared to the previous year). Most noticeable, increased referrals came from CARE (a school-based resource program), schools, and other sources. Of the 421 referred, 172 engaged (41%) in the program. The median time from referral to intake was only 8 days.

Finding 2: Marigold provided service to an increased number of families each year, with an average of 54 youth and their families served each year.

Marigold provided service to an average of 54 youth and their families each year. During Year 1, Marigold served 23 families; during Year 2, Marigold served 51 families; during Year 3, Marigold served 66 families; and during Year 4, Marigold served 76 families. Additionally, Marigold provided an average of two Booster Sessions to nine different families.

Finding 3: The program met its objective of maintaining an emphasis on serving girls, as 78% of the youth served were female.

Finding 4: Although the proportion of families completing Marigold was lower than desired, Marigold's retention rate improved between Year 1 and Year 3.

Marigold's retention rate improved between Year 1 and Year 3, declining only slightly in Year 4. In Year 1, 30% of families exiting Marigold completed the program; in Year 2, 41% of families exiting completed; in Year 3, 57% of families exiting completed; and in Year 4, 54% of families completed. On average, completers attended 12 total sessions, while drop-outs attended an average of only 4 sessions.

Outcomes for Families

Finding 6: For the Marigold participants who completed FFT, a great proportion of youth, mothers, fathers, and therapists reported family functioning improvements at exit.

Eighty percent (80%) or more of youth who completed therapy reported improvement in four of six family functioning domains (overall family change, change in communication, change in adolescent behavior, and change in family conflict). More than 80% of mothers and fathers completing therapy rated favorable change in all six family functioning domains (including

change in parenting skills and change in parental supervision). Therapists rated 80% or more of families made positive change in five of six domains (all except change in parental supervision).

Finding 7: Almost all youth who completed Marigold services were attending school or a vocational program at program completion.

Upon exiting Marigold, 93% of youth were attending school or a vocational program.

Finding 8: For those youth who completed Marigold, fewer were using alcohol and/or drugs at the end of therapy.

For youth who completed therapy, as of program exit (compared to program intake), 33% fewer were using alcohol; 63% fewer were using drugs; and 60% fewer were using both alcohol and drugs.

Finding 9: Overall, youth served by the Marigold program (who had prior juvenile justice system referrals) showed decreased juvenile justice system involvement 6 and 12 months after therapy.

In general, youth without prior JJIS referrals continued to remain out of the juvenile justice system after exiting from the Marigold program. Youth served by the Marigold program (who had prior juvenile justice system referrals) showed decreased juvenile justice system involvement 6 and 12 months after therapy. Previous offenders entered the Marigold program with an average of 2 prior referrals. During the 12 months after program exit, offenders received an average of only 1 new referral. Similarly, chronic offenders entered the Marigold program with an average of 4 prior referrals. During the 12 months after program exit, chronic offenders received only 2 new referrals. Furthermore, when chronic offenders re-offended, on average, they committed less severe offenses.

Finding 10: No more than 20% of youth completing FFT therapy should be in Oregon Youth Authority (OYA) placement 12 months after therapy.

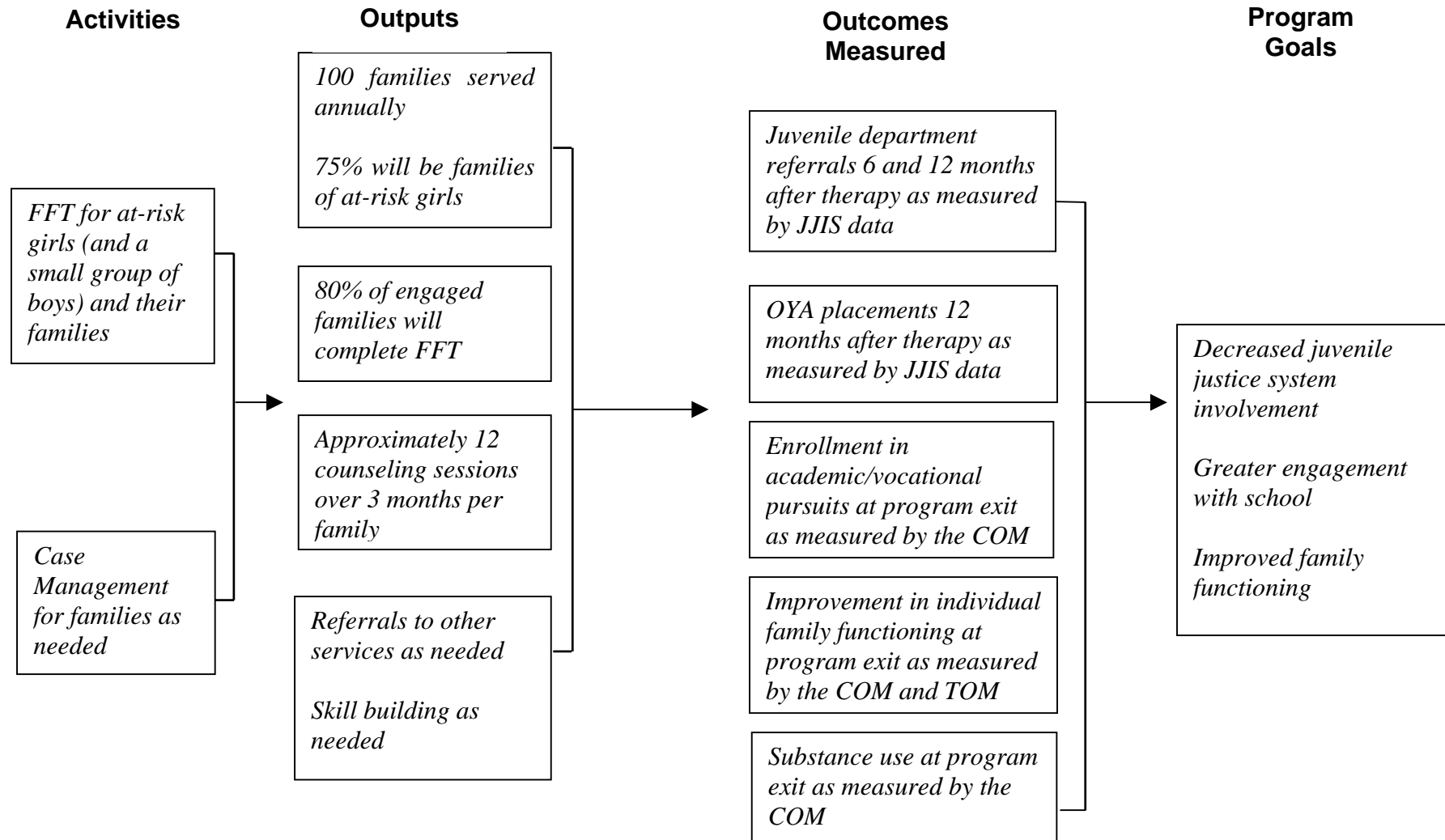
None of the youth who completed FFT therapy were in OYA placement 12 months after therapy.

Conclusion

Marigold achieved many of its objectives during its first 4 years of operation. Marigold reached its service delivery objective in terms of the proportion of girls served. However, the program fell short of its service delivery objectives of the number of families receiving FFT and the proportion of families completing therapy. Marigold met many of its outcome objectives in terms of family functioning improvement, school attendance and fewer youth using drugs. Marigold also met its objective of serving youth who show decreased juvenile justice system involvement 6 and 12 months after therapy.

APPENDIX A: MARIGOLD PROGRAM LOGIC MODEL

Marigold Program Logic Model



**APPENDIX B: JUVENILE JUSTICE REFERRALS (6 MONTHS
POST PROGRAM PARTICIPATION) FOR EXITING
MARIGOLD YOUTH**

Table B1. Percent of Youth by Completion Status Who Recidivated and Types of Referrals During 6 Months Post Program Participation

Group (N)	Youth with Subsequent Referrals	Total Referrals	Total Misdemeanors	Violent Misdemeanors	Total Felonies	Violent Felonies	Total Non-Criminal	Average Severity
Successful Completers Only (N=60)	20% (12)	24	10	2	6	1	7	8.3
Dropouts Only (N=67)	31% (21)	35	16	5	5	1	14	5.9
TOTAL (N=127)	26% (33)	59	26	7	11	2	21	6.8

Note: Total misdemeanors, total felonies and total non-criminal referrals sum to slightly less than the total referrals. This is due to the existence of a referral (with only one allegation) that lacked a typology code.

Note: One youth may have multiple referrals.

Table B2. Percent of Youth by Entering Offender Status Who Recidivated and Types of Referrals During 6 Months Post Program Participation

Group (N)	Youth with Subsequent Referrals	Total Referrals	Total Misdemeanors	Violent Misdemeanors	Total Felonies	Violent Felonies	Total Non-Criminal	Average Severity
Successful Completers Only (N=60)								
Non-Offenders (N=45)	9% (4)	7	3	2	1	0	3	8.4
Offenders (N=15)	53% (8)	17	7	0	5	1	4	8.3
Dropouts Only (N=67)								
Non-Offenders (N=37)	14% (5)	5	1	0	1	1	3	5.2
Offenders (N=30)	53% (16)	30	15	5	4	0	11	6.1
All Exiting Youth (N=127)								
Non-Offenders (N=82)	11% (9)	12	4	2	2	1	6	6.6
Offenders (N=45)	53% (24)	47	22	5	9	1	15	6.8

Note: Total misdemeanors, total felonies and total non-criminal referrals sum to slightly less than the total referrals. This is due to the existence of a referral (with only one allegation) that lacked a typology code.

Note: Offenders are defined as youth who had one or more referrals within one year prior to their Marigold intake.

Note: One youth may have multiple referrals.

**APPENDIX C: JUVENILE JUSTICE REFERRALS (12 MONTHS
POST PROGRAM PARTICIPATION) FOR EXITING
MARIGOLD YOUTH**

Table C1. Percent of Youth by Completion Status Who Recidivated and Types of Referrals During 12 Months Post Program Participation

Group (N)	Youth with Subsequent Referrals	Total Referrals	Total Misdemeanors	Violent Misdemeanors	Total Felonies	Violent Felonies	Total Non-Criminal	Average Severity
Successful Completers Only (N=47)	21% (10)	20	13	3	4	1	3	7.7
Dropouts Only (N=50)	42% (21)	47	15	4	8	2	24	5.5
TOTAL (N=97)	32% (31)	67	28	7	12	3	27	6.3

Note: One youth may have multiple referrals.

Table C2. Percent of Youth by Entering Offender Status Who Recidivated and Types of Referrals During 12 Months Post Program Participation

Group (N)	Youth with Subsequent Referrals	Total Referrals	Total Misdemeanors	Violent Misdemeanors	Total Felonies	Violent Felonies	Total Non-Criminal	Average Severity
Successful Completers Only (N=47)								
Non-Offenders (N=35)	9% (3)	6	5	1	1	0	0	7.1
Offenders (N=12)	58% (7)	14	8	2	3	1	3	8.0
Dropouts Only (N=50)								
Non-Offenders (N=24)	21% (5)	6	2	0	1	1	3	5.6
Offenders (N=26)	62% (16)	41	13	4	7	1	21	5.5
All Exiting Youth (N=97)								
Non-Offenders (N=59)	14% (8)	12	7	1	2	1	3	6.2
Offenders (N=38)	61% (23)	55	21	6	10	2	24	6.3

Note: Offenders are defined as youth who had one or more referrals within one year prior to their Marigold intake.

Note: One youth may have multiple referrals.

Table C3. Offenders’ Average Number of Prior and Post Referrals During 12 Months Prior to and Post Program Participation

	Average Referrals	Average Misdemeanors	Average Violent Misdemeanors	Average Felonies	Average Violent Felonies	Average Non-Criminal	Average Severity
Successful Completers Only (N=12)							
Priors	2.83	1.17	0.08	1.33	0.08	0.25	6.43
Posts	1.17	0.67	0.17	0.25	0.08	0.25	8.61
Significant:	No	No	No	Yes	No	No	No
Dropouts Only (N=26)							
Priors	2.23	1.19	0.27	0.42	0.15	0.58	6.02
Posts	1.58	0.50	0.15	0.27	0.04	0.81	5.43
Significant:	No	Yes	No	No	No	No	No
All Offenders (N=38)							
Priors	2.42	1.18	0.21	0.71	0.13	0.47	6.14
Posts	1.45	0.55	0.16	0.26	0.05	0.63	6.34
Significant:	Yes	Yes	No	Yes	No	No	No

Note: Results are marked as statistically significant if $p \leq .05$.

**APPENDIX D: JUVENILE JUSTICE ALLEGATIONS (6
MONTHS POST PROGRAM PARTICIPATION) FOR EXITING
MARIGOLD YOUTH DURING**

Table D1. Percent of Youth by Completion Status Who Recidivated and Types of Allegations During 6 Months Post Program Participation

Group (N)	Youth with Subsequent Allegation	Total Allegations	Total Misdemeanors	Violent Misdemeanors	Total Felonies	Violent Felonies	Total Non-Criminal	Average Severity
Successful Completers Only (N=60)	20% (12)	35	15	2	7	1	12	7.4
Dropouts Only (N=67)	31% (21)	51	27	6	8	1	16	5.3
TOTAL (N=127)	26% (33)	86	42	8	15	2	28	6.0

Note: Total misdemeanors, total felonies and total non-criminal allegations sum to slightly less than the total allegations. This is due to a lack of coding typology for several allegations.

Table D2. Percent of Youth by Entering Offender Status Who Recidivated and Types of Allegations During 6 Months Post Program Participation

Group (N)	Youth with Subsequent Allegation	Total Allegations	Total Misdemeanors	Violent Misdemeanors	Total Felonies	Violent Felonies	Total Non-Criminal	Average Severity
Successful Completers Only (N = 60)								
Non-Offenders (N=45)	9% (4)	8	4	2	1	0	3	7.4
Offenders (N=15)	53% (8)	27	11	0	6	1	9	7.4
Dropouts Only (N=67)								
Non-Offenders (N=37)	14% (5)	7	3	1	1	1	3	4.1
Offenders (N=30)	53% (16)	44	24	5	7	0	13	5.6
All Exiting Youth (N=127)								
Non-Offenders (N=82)	11% (9)	15	7	3	2	1	6	5.5
Offenders (N=45)	53% (24)	71	35	5	13	1	22	6.2

Note: Total misdemeanors, total felonies and total non-criminal allegations sum to slightly less than the total allegations. This is due to a lack of coding typology for several allegations.

Note: Offenders are defined as youth who had one or more allegations within one year prior to their Marigold intake.

**APPENDIX E: JUVENILE JUSTICE ALLEGATIONS (12
MONTHS POST PROGRAM PARTICIPATION) FOR EXITING
MARIGOLD YOUTH**

Table E1. Percent of Youth by Completion Status Who Recidivated and Types of Allegations During 12 Months Post Program Participation

Group (N)	Youth with Subsequent Allegation	Total Allegations	Total Misdemeanors	Violent Misdemeanors	Total Felonies	Violent Felonies	Total Non-Criminal	Average Severity
Successful Completers Only (N=47)	21% (10)	34	20	3	4	1	10	6.7
Dropouts Only (N=50)	42% (21)	69	28	5	11	2	30	4.8
TOTAL (N=97)	32% (31)	103	48	8	15	3	40	5.4

Table E2. Percent of Youth by Entering Offender Status Who Recidivated and Types of Allegations During 12 Months Post Program Participation

Group (N)	Youth with Subsequent Allegation	Total Allegations	Total Misdemeanors	Violent Misdemeanors	Total Felonies	Violent Felonies	Total Non-Criminal	Average Severity
Successful Completers Only (N=47)								
Non-Offenders (N=35)	9% (3)	11	7	1	1	0	3	6.3
Offenders (N=12)	58% (7)	23	13	2	3	1	7	6.9
Dropouts Only (N=50)								
Non-Offenders (N=24)	21% (5)	8	4	1	1	1	3	4.5
Offenders (N=26)	62% (16)	61	24	4	10	1	27	4.9
All Exiting Youth (N=97)								
Non-Offenders (N=59)	14% (8)	19	11	2	2	1	6	5.1
Offenders (N=38)	61% (23)	84	37	6	13	2	34	5.5

Note: Offenders are defined as youth who had one or more allegations within one year prior to their Marigold intake.

Table E3. Offenders' Average Number of Prior and Post Allegations During 12 Months Prior to and Post Program Participation

	Total Allegations	Total Misdemeanors	Violent Misdemeanors	Total Felonies	Violent Felonies	Total Non-Criminal	Average Severity
Successful Completers Only (N=12)							
Priors	6.08	2.58	0.17	2.67	0.08	0.75	6.68
Posts	1.92	1.08	0.17	.25	0.08	0.58	7.37
Significant:	No	No	No	Yes	No	No	No
Dropouts Only (N=26)							
Priors	3.38	1.92	0.46	0.58	0.27	0.85	5.58
Posts	2.35	0.92	0.15	0.38	0.04	1.04	4.94
Significant:	No	Yes	No	No	No	No	No
All Offenders (N=38)							
Priors	4.24	2.13	0.37	1.24	0.21	0.82	5.88
Posts	2.21	0.97	0.16	0.34	0.05	0.89	5.60
Significant:	Yes	Yes	No	Yes	No	No	No

Note: Results are marked as statistically significant if $p \leq .05$.

Note: Offenders are defined as youth who had one or more allegations within one year prior to their Marigold intake.

**APPENDIX F: JUVENILE JUSTICE ALLEGATIONS (12 MONTHS
POST PROGRAM PARTICIPATION) FOR CHRONIC OFFENDERS**

Table F1. Percent of Chronic Offenders by Completion Status Who Recidivated and Types of Allegations During 12 Months Post Program

Group (N)	Youth with Subsequent Allegation	Total Allegations	Total Misdemeanors	Violent Misdemeanors	Total Felonies	Violent Felonies	Total Non-Criminal	Average Severity
Successful Completers Only (N=9)	44% (4)	11	6	2	2	1	3	7.9
Dropouts Only (N=16)	69% (11)	48	19	3	6	1	23	4.2
TOTAL (N=25)	60% (15)	59	25	5	8	2	26	5.2

Note: Chronic offenders are defined here are youth who had three or more allegations during the one year prior to their Marigold intake.

Table F2. Chronic Offenders' Average Number of Prior and Post Allegations 12 Months Prior to and Post Program Participation

	Total Allegations	Total Misdemeanors	Violent Misdemeanors	Total Felonies	Violent Felonies	Total Non-Criminal	Average Severity
Successful Completers Only (N=9)							
Priors	7.78	3.33	0.22	3.56	0.11	0.89	8.53
Posts	1.22	0.67	0.22	.22	0.11	0.33	7.93
Significant:	Yes	Yes	No	Yes	No	No	No
Dropouts Only (N=16)							
Priors	4.69	2.63	0.69	0.81	0.31	0.06	5.85
Posts	3.00	1.19	0.19	0.38	0.06	1.44	4.24
Significant:	No	Yes	No	No	No	No	Yes
Chronic Offenders (N=25)							
Priors	5.80	2.88	0.52	1.80	0.24	1.08	6.56
Posts	2.36	1.00	0.20	0.32	0.08	1.04	5.22
Significant:	Yes	Yes	No	Yes	No	No	No

Note: Results are marked as statistically significant if $p \leq .05$.

Note: Chronic offenders are defined here are youth who had three or more allegations during the one year prior to their Marigold intake.