

GOAL III: HEALTHY, THRIVING YOUTH

*"We need to demonstrate in this nation that we celebrate children, believe in them, challenge them, and prepare them for their work. And, most important, we need to create opportunities for them."
Alonzo A. Crim*

Indicator Summary

Goal III Indicators	Data Source	Oregon Benchmark	County Relative to State	County Trend
HLO# 10: Teen alcohol use	OPB (OADAP)	✓	☹	☹
HLO# 11: Teen drug use	OPB (OADAP)	✓	☹	😊
HLO# 12: Teen tobacco use	OPB (OADAP)	✓	😊	😊
Juvenile alcohol-related arrests	LEDS		😊	☹
Juvenile drug-related arrests	LEDS		☹	☹
Sale of tobacco to minors	OADAP		☹	😊
HLO# 13: Juvenile arrests	OPB (LEDS)	✓	☹	☹
HLO# 14: OYA bed use	OPB (OYA)		NA	😊
HLO# 15: Juvenile recidivism	OPB (LEDS)	✓	☹	☹
Family management problems	LC-DYS		NA	😊
HLO# 16: Teen pregnancy	OPB (OHD)	✓	☹	😊
Birth rate to teen mothers	OHD		😊	😊
HLO# 17: Youth suicide	OHD		☹	☹
HLO# 18: High school dropouts	OPB (ODE)	✓	☹	☹

😊 = good, positive trend ☹ = about the same, neutral, unclear trend ☹ = bad, negative trend NA = not available/not applicable

GOAL III: HEALTHY, THRIVING YOUTH

Local Factors Affecting the Data or Planning Analysis

There are six general factors affecting the crime data and trends:

- **Availability of law enforcement officers** – an increase or reduction in officers can change the amount of reported crimes and arrests, e.g., COPS money brought more officers on the street;
- **Number of detention beds** – The more beds available, increases the likelihood that a juvenile will be charged and detained for an offense;
- **Community norms** – such as campaigns against under age drinking that lead to and intensified effort toward arrests;
- **Community resources** – offenders may be referred to community-based diversion programs in lieu of a police record;
- **Policies, procedures, laws** – changes in regulations or reporting criteria can make it difficult to interpret trends correctly, e.g., the impact of Measure 11; and
- **LEDS** – due to adherence with federal crime reporting guidelines (when multiple crimes are committed, only the highest-level crime is documented), data from the Law Enforcement Data System (LEDS) under-estimates the number of crimes committed. Local crime data sources include all crimes, but they are not reported in a consistent manner across agencies to allow for aggregation.

HLO#10-12 DECREASE TEEN ATOD USE

STRENGTHS AND ASSETS *(THIS SECTION IS CURRENTLY UNDER REVISION, AND WILL BE UPDATED IN THE NEXT SUBMISSION)*

Children and Youth

- A yearly drug and alcohol prevention awareness campaign involving activities in schools and other community organizations
- A high school youth leadership group participating in service learning projects that build positive behaviors and skills, and share with other youth
- Alcohol and drug diversion program
- Peer courts
- Juvenile Drug Court
- ATOD curriculum
- Non-residential treatment that can be supported by parental supervision at night; and school system payment of academic portion of day treatment program
- Community intensive residential treatment for adjudicated adolescent boys supported by the juvenile justice system
- Alcohol and drug outpatient treatment slots for low income youth
- Training and support groups for high-risk teen and adult

Family/Community

- A family event celebrating New Year's Eve in an alcohol and drug-free community environment
- Coordinated county wide tobacco prevention efforts
- Family Support Team for team approach to intervention for high need families
- Zero Tolerance
- Community-based prevention efforts
- Intensive case management

GAPS* AND BARRIERS *(THIS SECTION IS CURRENTLY UNDER REVISION, AND WILL BE UPDATED IN THE NEXT SUBMISSION)*

Children and Youth

- Juvenile detox program
- Heroin treatment for youth
- Alternative health treatment programs for adolescents and accessible funding for the programs
- Day treatment for youth not in school – avoid referrals to residential treatment out of Lane County
- Residential treatment availability
- Need community intensive residential treatment beds for non-adjudicated youth
- Additional mentoring

Family/Community

- After care that functions more like a system so families can flow between them

Cultural

- Bilingual, bicultural counselors

Gender

- Continued funding of residential treatment services to women with children
- Insufficient funding of community intensive residential treatment beds for adjudicated adolescent males (10-11 month waiting list)
- No funding of community intensive residential treatment beds for adjudicated adolescent females

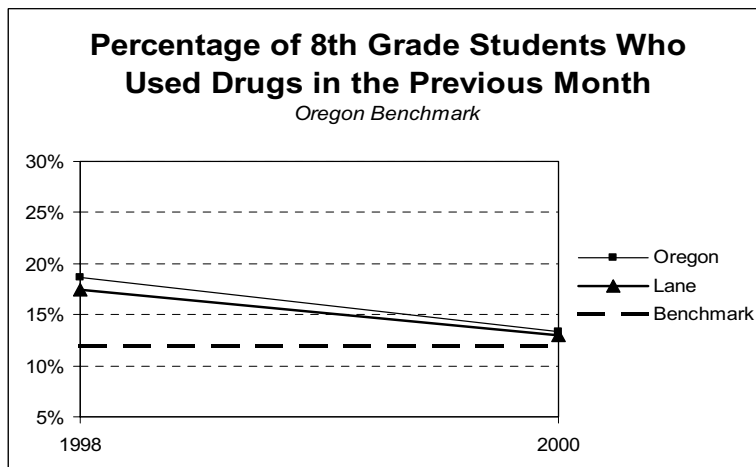
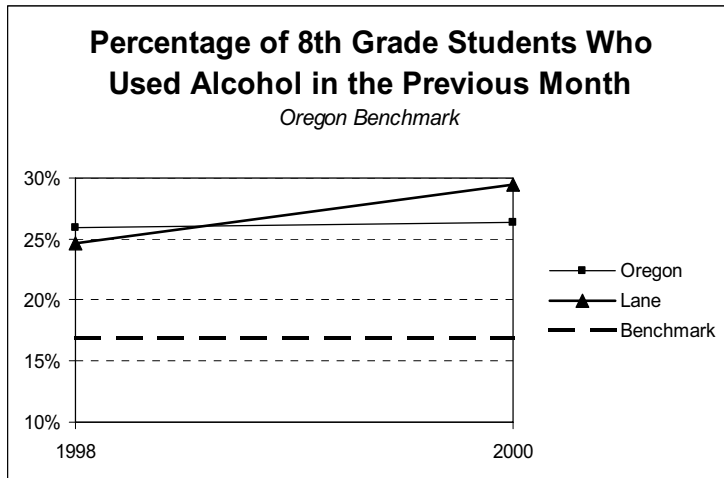
Rural

- Location of services

**Gaps in services exist to varying degrees, either because they need to be developed, or in most cases because they need to be enhanced or expanded.*

HLO#10-12 DECREASE TEEN ATOD USE

DATA



ANALYSIS

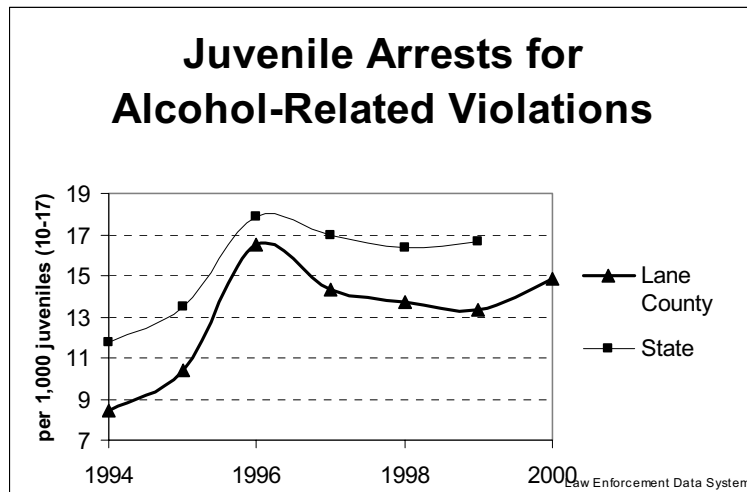
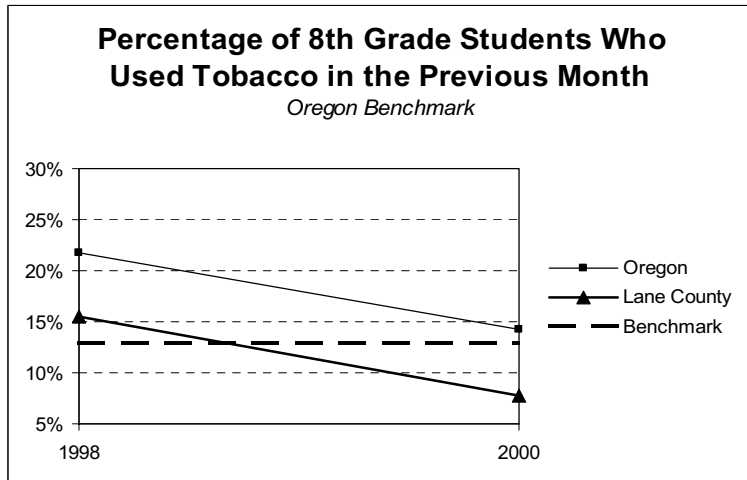
#10. Percentage of 8th Grade Students who reported using alcohol during the previous month. *Source: Oregon Progress Board (OADAP – Oregon Public Schools Drug Use Survey)*

- With two years of survey data, it would appear that the rate of alcohol use among eighth graders increased somewhat between 1998 and 2000.

#11. Percentage of 8th Grade Students who reported using drugs during the previous month. *Source: Oregon Progress Board (OADAP – Oregon Public Schools Drug Use Survey)*

- The use of illicit drugs and tobacco products as reported among eighth graders, on the other hand, appears to have decreased significantly between 1998 and 2000.

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#12. Percentage of 8th Grade Students who reported using tobacco during the previous month. *Source: Oregon Progress Board (OADAP – Oregon Public Schools Drug Use Survey)*

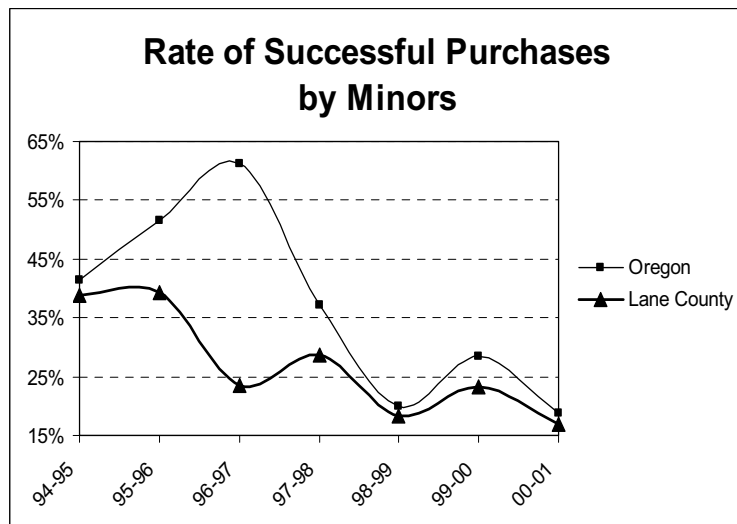
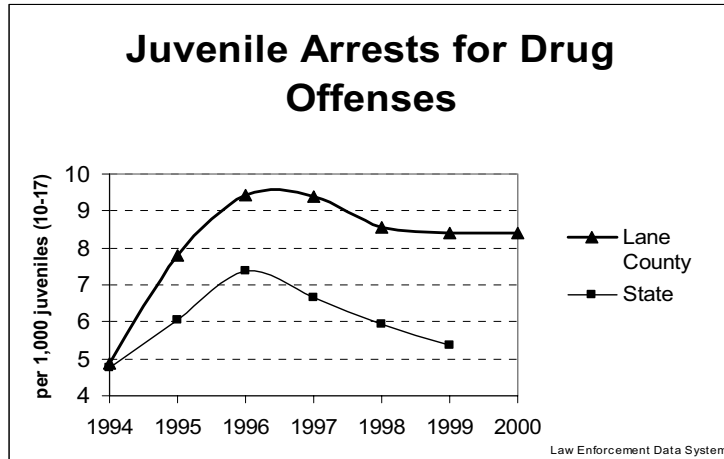
- The use of illicit drugs and tobacco products as reported among eighth graders, on the other hand, appears to have decreased significantly between 1998 and 2000.

Other Relevant Data

Alcohol-Related Arrests

- The rate of alcohol-related arrests – including liquor laws and driving under the influence – has been decreasing since 1996. The county rate has also been decreasing at a greater rate than the state as a whole.

HLO#10-12 DECREASE TEEN ATOD USE



Drug-Related Arrests

- Unlike the rate of alcohol-related arrests per 1,000 juveniles, the county rate of arrests for drug offenses far exceeds the overall rate for the state as a whole. In 1997, the rate began to decrease at both the county and state levels, but the rate dropped more dramatically at the state level.

Sale of Tobacco to Minors

- The *Rate of Successful Tobacco Purchases by Minors* is tracked by Oregon Department of Human Services – Office of Alcohol & Drug Abuse Programs (OADAP). The rate has dropped overall in Lane County since Fiscal Year 1995 and has been consistently lower than the state rate.

HLO#10-12 DECREASE TEEN ATOD USE

PRIORITIES	STRATEGIES ¹	RATIONALE
<p>A) Reduce youth use of alcohol, tobacco and other drugs.</p>	<p>A1) Promote substance abuse prevention best practices in schools and communities.</p>	<p>A) Research indicates that that youth benefit from community, school, and home environments that are supportive, predictable, and organized.</p> <p>Citations:</p> <p><i>Science-based Practices in Substance Abuse Prevention: A Guide, Working Draft</i>; Substance abuse and Mental Health Service Administration, Center for Substance Abuse Prevention, Division of Knowledge Development and Evaluation, December 1998</p> <p>White Paper Report: <i>Treatment Protocol Effectiveness Study</i>, Executive Office of the President, Office of National Drug Control Policy, March 1996.</p> <p><i>Best Practices for Comprehensive Tobacco Control Programs - August 1999</i>. Center for Disease Control and Prevention. Atlanta GA: U.S. Department of Health and Human Services, CDC, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, August 1999.</p>
	<p>A2) Involve local media to inform community about youth use of ATOD</p>	
	<p>A3) Enhance community-based prevention coalitions addressing youth ATOD issues.</p>	
	<p>A4) Support community norms and laws change regarding the use of alcohol.</p>	
	<p>A5) Support, enhance or create meaningful and consistent criminal justice responses to youth use of ATOD</p>	
	<p>A6) Restrict youth access to ATOD</p>	
	<p>A7) Promote earlier identification of high-risk youth</p>	
	<p>A8) Create tobacco-free environments by a) recruiting Lane County high school youth to participate in activities to create tobacco free environments; and b) meeting with local media to highlight the problems of secondhand smoke exposure and advocate for change</p>	
<p>B) Stabilize the A& D system with essential services ranging from prevention through treatment</p>	<p>B1) Develop or enhance local treatment options for youth, including detox and residential care for males and females. <i>(requires additional or stabilized funding to implement).</i></p>	<p>B) Research shows that involvement in supportive environments such as family-oriented, drug and alcohol free activities contributes to positive youth behaviors.</p> <p>“Three decades of scientific research and clinical practice have yielded a variety of effective approaches to drug addiction treatment. Extensive data document that drug addiction treatment is as effective as are treatments for most other similarly chronic</p>

HLO#10-12 DECREASE TEEN ATOD USE

	<p>B1) Increase funding for prevention services to support the Center for Substance Abuse Prevention, CSAP, strategies for effective prevention: information dissemination, prevention education, community based processes, environmental/social policy, alternative activities and identification and referral.</p>	<p>medical conditions. In spite of scientific evidence that establishes the effectiveness of drug abuse treatment, many people believe that treatment is ineffective. In part, this is because of unrealistic expectations. Many people equate addiction with simply using drugs and therefore expect that addiction should be cured quickly, and if it is not, treatment is a failure. In reality, because addiction is a chronic disorder, the ultimate goal of long-term abstinence often requires sustained and repeated treatment episodes.”-- Alan I. Leshner, Ph.D., Director, National Institute on Drug Abuse, Principles of Drug Addiction Treatment A Research-Based Guide, Printed October 1999, Reprinted July 2000</p>
<p>C) Incorporate “strength-based”, family-focused approaches to services across the continuum of prevention and treatment services. (requires additional or stabilized funding to implement).</p>	<p>C1) Promote strength-based treatment models across the continuum of youth and adult treatment services. Specific service priorities include funding for case management services that help the client/family access needed services and family skills enhancement/development strategies</p> <p>C2) Promote strength-based prevention models (including universal, selected and indicated strategies) across the Institute of Medicine model continuum of care.</p>	<p>C) Research shows that involvement in supportive environments such as family-oriented, drug and alcohol free activities contributes to positive youth behaviors.</p> <p>Citations:</p> <p>Berg, I.K. (1994). Family –Based Services: A Solution-Focused Approach. New York: Norton</p> <p>Saleeby, Dennis, ed. (1992) The Strength Perspective in Social Work Practice. New York: Longman</p> <p>Session One: The Power of Strengths Approach—Program Design Implications; Institute for Strengths in Juvenile Justice; Dr. Laura Nissen</p>

¹ Strategies are based on the Lane County Alcohol and Drug Plan

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STRENGTHS AND ASSETS *(THIS SECTION IS CURRENTLY UNDER REVISION, AND WILL BE UPDATED IN THE NEXT SUBMISSION)*

- High school youth leadership group participating in service learning projects that build positive behaviors and skills, and share with other youth
- Peer Courts – In Cottage Grove, Bethel, Florence, Oakridge and Churchill High
- Delinquency diversion program
- Misdemeanor diversion program
- Restorative justice
- Formal accountability contracts
- Secure detention
- Supervision/probation
- Home detention
- Residential placement
- Youth correctional facilities
- Pretrial supervision in community as an alternative to secure detention
- Shelter care program
- Contract services with clinical psychologist
- Placement review for parole violators
- Residential sex offender treatment
- Police activities league
- School resource officers
- Youth conservation corps
- Student assistance programs
- Teen parent program
- Links between schools and community
- Minority diversion program
- Resource unit for high risk offenders
- Early identification

GAPS* AND BARRIERS *(THIS SECTION IS CURRENTLY UNDER REVISION, AND WILL BE UPDATED IN THE NEXT SUBMISSION)*

Youth

- Offender aftercare
- Non-offender treatment resources
- Community-based supervision, after-school programs, programs incorporating physical exercise/recreation, arts and cultural learning, skill building and mentoring
- Non-offender mentoring

Family/Community

- Help for families of youth with multiple risk factors

Gender

- Detention facilities for girls
- Special Needs
- Assessments for mental health

High-Risk Youth

- Assessment for non-offender youth who exhibit three or more risk factors and are likely to commit a crime within 2 years; Centralized data across jurisdictions and agencies; Ability to identify high-risk first time offenders and provide services
- Sufficient graduated sanctions to identify youth early and provide consequences and accountability for minor offenses.
- Help for high-risk youth to make healthy decisions regarding drug and alcohol use
- Unmet needs of high-risk children ages 0-10

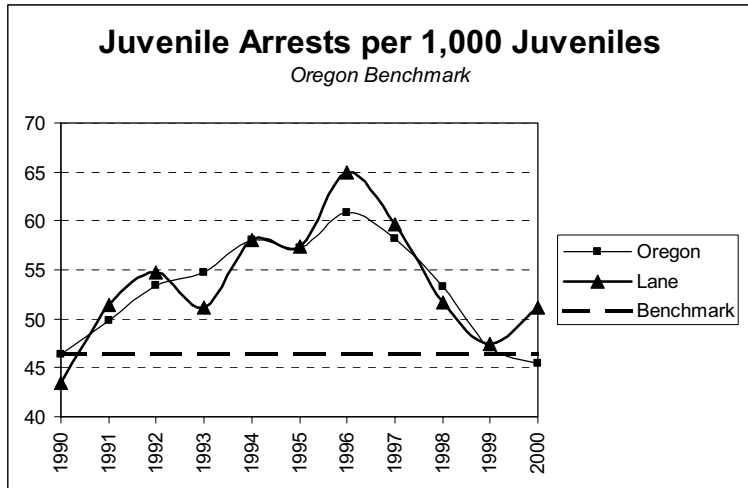
Rural

- Transportation to treatment and services
- Diversion programs

**Gaps in services exist to varying degrees, either because they need to be developed, or in most cases because they need to be enhanced or expanded.*

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DATA

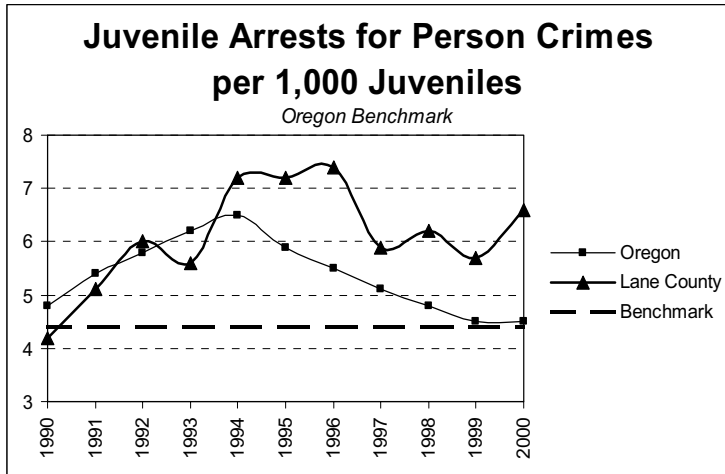


ANALYSIS

#13: Number of juvenile arrests per 1,000 juveniles

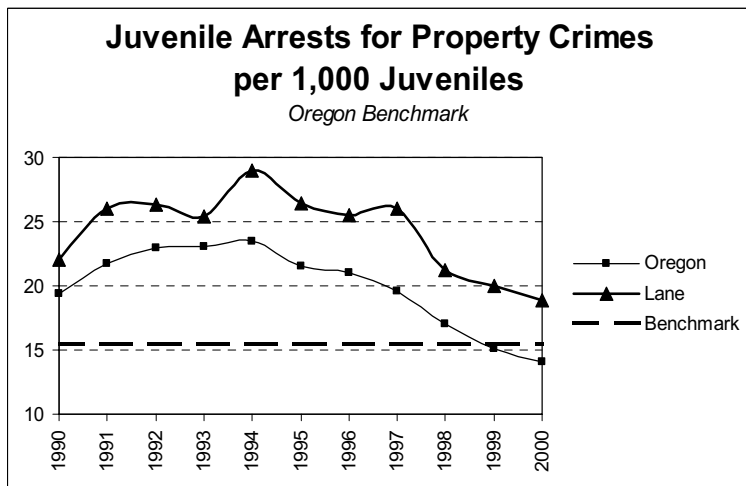
- Juvenile arrests continued to climb from 1990 through 1996. County and state trends for total juvenile arrests are similar, both in terms of level and rate of change. Both trends were generally upward until 1996, then downward until 1999. More data are needed to indicate if this is real shift in overall direction. In 2000, the arrest rate increased in Lane County.
- While juvenile offenders represent a small segment of the entire juvenile population, their impact on communities is extensive. The cost to victims of juvenile crime in Oregon in 1996 was estimated at over \$20.9 million. Cost estimates include losses from property theft, medical expenses, and lost time at work. Not included in these estimates are the lost productivity of youth and the cost of this drain on our society.
- Cost estimates prior to 1995 were understated because they were based on a 1992 national study of costs to victims and did not include the cost of law enforcement, juvenile justice operational costs, treatment costs. In addition, the cost of crimes to victims did not include emotional damage resulting from personal trauma or the reduced sense of safety.

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#13a. Number of juvenile arrests for person crimes per 1,000 juveniles.

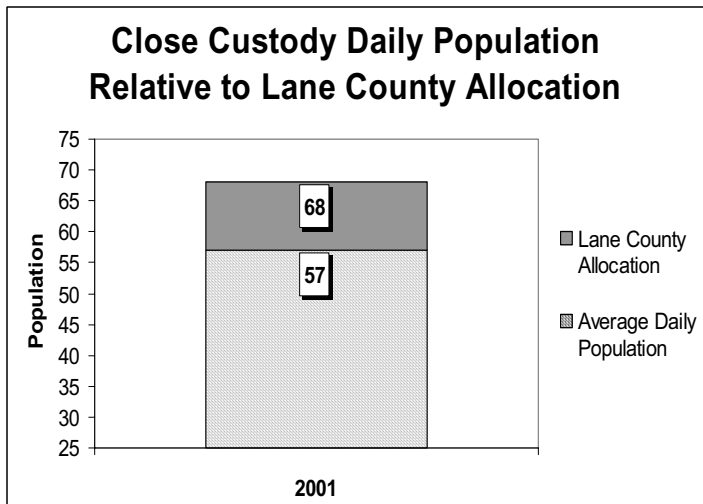
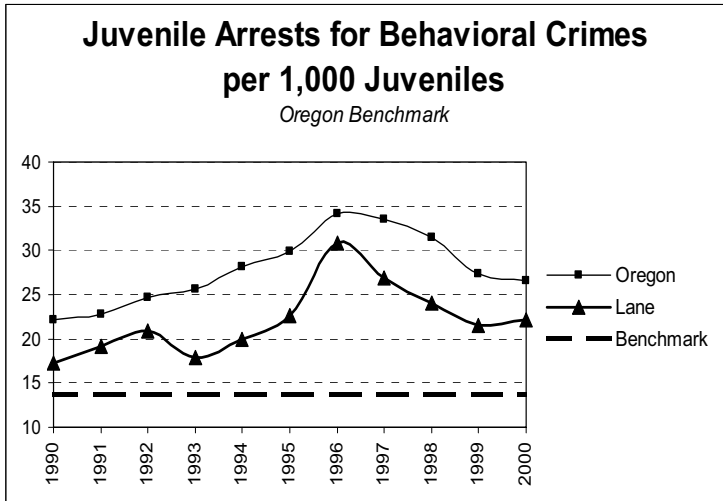
- Crimes against persons include criminal offenses where the victim is present and the act is violent, threatening or have the potential to be physically harmful. Types of person crimes include murder, rape, kidnapping, robbery, and assault.
- Juvenile arrests for person crimes in Lane County have been sporadic since 1990. Although the general trend has been upward – with peaks in the mid-1990s – the rate was lower in 1997 through 1999, and back up again in 2000. It is too early to determine if this is a real trend.
- Since 1994, the county’s rate has been consistently higher than the state as a whole.



#13b. Number of juvenile arrests for property crimes per 1,000 juveniles

- Property crimes include theft and burglary, arson, forgery, fraud, embezzlement, and vandalism.
- Property crime rates have been variable but generally decreasing since 1990 – and consistently higher than the state as a whole.

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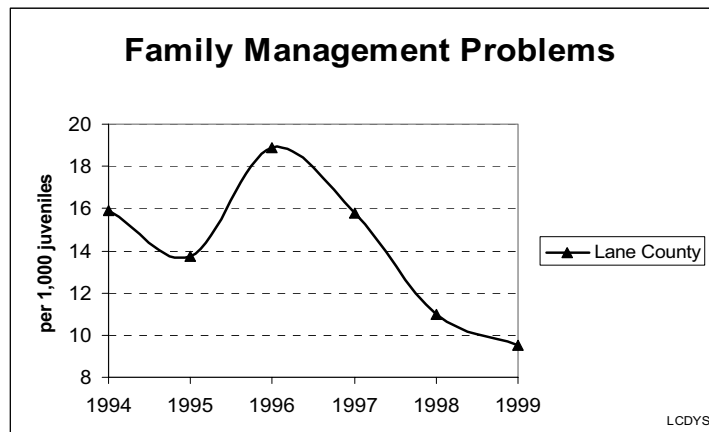
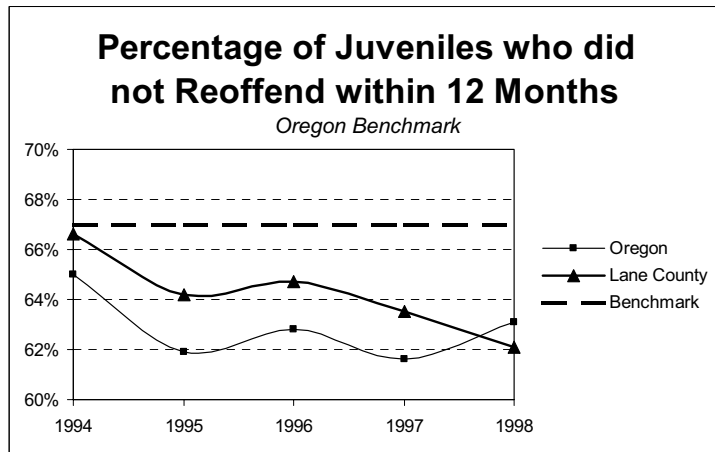
#13C. Number of juvenile arrests for behavioral crimes per 1,000 juveniles

- Juvenile behavioral crimes are criminal offenses that violate laws relating to personal conduct, responsibility and public order. They include offenses such as prostitution, gambling, disorderly conduct, liquor and drug law violations, runaway juveniles, DUIs, curfew violations, and traffic crimes.
- Although the trends had been generally upward for the county and state since 1990, in 1997 the trend appears to have begun a downturn. Between 1990 and 1999, the county's level of juvenile arrests for behavioral crimes was consistently lower than the state as a whole.

#14. Adjusted Oregon Youth Authority bed allocation - numbers based on percentages of population and arrests among 0-17 year olds. Source: Oregon Youth Authority

- This, by definition, is not an outcome measure, but it must be addressed due to state statutory direction. This measure was not included in Phase I.
- In 2001, Lane County was allocated 68 out of a total of 589 beds allocated to counties overall. These allocations were based on the percentage of youth (age 0-17) in the population and arrests of youth.

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Other Relevant Data

Percentage of juveniles without a new criminal referral to a county juvenile department within 12 months of their original offense.

Source: Oregon Youth Authority (Juvenile Justice Information System)

- Juvenile recidivism was not addressed in Phase I. The Oregon Progress Board added the inverse of this high-level outcome as a new benchmark. The benchmark goal for "Percentage of juveniles with a new criminal referral to a county juvenile department within 12 months of the initial criminal offense" is 33% by 2005. This was inverted to 67% for comparison with the high-level outcome.

Family Management Problems

- Juvenile status offense charges (beyond control, behavior endangering, family problems, curfew, runaway) and selected behavior crimes (disorderly conduct, prostitution) referred to the Lane County Department of Youth Services are an indicator of family management problems.
- The rate for this indicator has declined since 1996.

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PRIORITIES

A) Identify youth at high risk of committing their first crime and identify juvenile offenders at risk of future delinquency – these high-risk youth have multiple risk factors in the area of acting out behavior, negative peer association, family issues, school issues, and alcohol and other drug use (AOD)

STRATEGIES¹

A1) Screen youth in the community identified as high risk and juveniles entering DYS Intake using the OJCP Screen / Assessment tool to identify those youth with three or more risk factors and aid in determining additional assessment needs, service needs, appropriate placements

A2) Conduct additional assessments as needed (A&D, domestic violence, sex offending, mental health, fire setting, etc.)

RATIONALE

A1) The first step toward effective delinquency prevention / reduction is to identify those youth most likely to offend or re-offend.

Howell, James. C., Editor (1995). Guide for Implementing the Comprehensive Strategy for Serious, Violent, and chronic Juvenile Offenders. Office of Justice Programs. Office of Juvenile Justice and Delinquency Prevention.

A2) On-going assessments are required to review and update treatment / corrections responses.

Howell, James. C., Editor (1995). Guide for Implementing the Comprehensive Strategy for Serious, Violent, and chronic Juvenile Offenders. Office of Justice Programs. Office of Juvenile Justice and Delinquency Prevention.

HLO#13-15 REDUCE JUVENILE CRIME

B) Increase opportunities for positive skill development by increasing protective factors and reducing the aforementioned risk factors that place these youth at increased jeopardy of criminal activity. In addition, for the offender population, provide these risk reduction / protective factor strategy in balance with a graduated sanctions approach. In all instances, intervene as early as possible

B1) Student Assistance Programs - Strategy includes:

- Screen youth using the OJCP Screen/Assessment tool to identify those youth with three or more risk factors and aid in determining additional assessment needs, service needs
- Conduct additional assessments as needed
- School based Team works with family to determine resource needs
- Child and family are referred to services as needed
- Wraparound funds are provided to pay for services not funded with other resources.

B1) Student Assistance Program – The rationale includes a primary goal to reduce the likelihood that non-offenders go on to commit their first offense. The intermediate goal is to provide an intervention focused on reducing risk factors and increasing protective factors. The program is designed on using the Employee Assistance Program model. It is based in middle schools through Lane County with the highest risk factor scores.

Cairns, R. B., & Cairns, B. D. (1994). *Lifelines and risks*. New York: Cambridge University Press.

Cairns, R. B., Cairns, B. D., & Neckerman, H. J. (1989). Early school dropout: Configurations and determinants. *Child Development, 60*, 1437-1452.

Eddy, J. M., Reid, J. B., & Fetrow, R. A. (2000). An elementary school-based prevention program targeting modifiable antecedents of youth delinquency and violence: Linking the Interests of Families and Teachers (LIFT). *Journal of Emotional & Behavioral Disorders, 8*(3), 165-176.

Reid, J. B., Eddy, J. M., Fetrow, R. A., & Stoolmiller, M. (1999). Description and immediate impacts of a preventative intervention for conduct problems. *American Journal of Community Psychology, 24*, 483-517.

U.S. Department of Health and Human Services. (2000a). Children and mental health. In *Mental health: A report of the Surgeon General* (DHHS publication No. DSL 2000-0134-P; pp. 123-220). Washington, DC: U.S. Government Printing Office.

HLO#13-15 REDUCE JUVENILE CRIME

B2) Family Support and Skill Building - Strategy includes:

- Screen youth using the OJCP Screen/Assessment tool to identify those youth with three or more risk factors and aid in determining additional assessment needs, service needs (this first step applies to each strategy to follow – will not be repeated on each, but applies to all)
- Conduct additional assessments as needed
- Provide support and treatment for families through multiple contacts per week as needed.

B3) Peer Court – Strategy includes:

- Referral to Peer Court
- Program level screening and assessment as needed
- Cases heard by peer jury
- Consequences mandated by Court, including treatment compliance as necessary

B2) The rationale includes the primary goal to help families provide a stable, healthy environment for their children. The intermediate goal is to improve family functioning and reduce negative peer association.

Kumpfer, Karol, Ph.D Strengthening America’s Families: Exemplary Parenting and Family Strategies for Delinquency Prevention. Funded by the Office of Juvenile Justice and Delinquency Prevention under grant No. Grant No. 95-JN-FX-D010. University of Utah. April 1999.

Dembo, Richard; Rameriz-Garnica, Gabriela; Schmeidler, James; Rollie, Matthew; Livingston, Stephen; Hartsfield, Amy. “Long-Term Impact of a Family Empowerment Intervention on Juvenile Offender Recidivism”. Journal of Offender Rehabilitation. Volume 33| Issue 1. 2001.

Perkins-Dock, Robin E. “Family Interventions with Incarcerated Youth: A Review of the Literature”. International Journal of Offender Therapy and Comparative Criminology. Volume 45. Issue 5. October 2001.

B3) Peer Court – The rationale is to provide early intervention with acting out behavior, prevent youth from additional acting out behavior, and reduce risk factors. The national / state research on peer courts is very limited. Local studies are underway.

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B4) Mentoring – Strategy includes:

- Utilize research based components of effective mentor programs
- Screen youth
- Screen mentors
- Support mentors with training, assistance, supervision
- Provide one-one adult/youth matches
- Match youth with mentors

B4) Mentoring for Delinquent Youth – The rationale for this program includes the primary goal to reduce delinquency for offenders referred by DYS. The intermediate goal is to reduce negative peer association, increase pro-social activities. While this specific program is targeted at juvenile offenders, mentoring has also been identified as an effective strategy to reduce the likelihood that high-risk non-offenders go on to commit crimes. The community has such mentoring program and has listed this strategy as an area needed for enhancement as resources allow.

Novotney, Laurence C.; Mertinko, Elizabeth; Lange, James; Baker, Tara Kelley. "Juvenile Mentoring Program: A Progress Review". OJJDP Juvenile Justice Bulletin. September 2000. Office of Juvenile Justice and Delinquency Prevention. Washington, D.C.

Sipe, C.L. "Mentoring: A Synthesis of Public/Private Ventures Research: 1988-1995. 1996.

Jackson, Yo. "Mentoring for Delinquent Children: An Outcome Study with Youth Adolescent Children". Journal of Youth and Adolescence, Volume 31, Issue 2. April 2002.

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B5) Early Intervention and Treatment – Strategy includes:

- Early identification of high-risk offenders and access to immediate responses
- Based on screening and assessment, refer youth and family to needed services and purchase services and resources as needed

B5) Early Intervention and Treatment – The rationale includes the primary goal to prevent offenders from committing another crime. The intermediate goal is to reduce risk and increase protective factors.

Capaldi, D. M., Chamberlain, P., Fetrow, R. A., & Wilson, J. E. (1997). Conducting ecologically valid prevention research: Recruiting and retaining a "whole village" in multimethod, multiagent studies. *American Journal of Community Psychology, 25*, 471-492.

Caspi, A., Moffitt, T. E., Newman, D. L., & Silva, P. A. (1996). Behavioral observations at age 3 years predict adult psychiatric disorders: Longitudinal evidence from a birth cohort. *Archives of General Psychiatry, 53*, 1033-1039

Elliott, D. S. (Ed.). (1998). *Blueprints for Violence Prevention*. Boulder, CO: Institute of Behavioral Science, Regents of the University of Colorado.

Kellam, S. G., Ling, X., Merisca, R., Brown, C. H., & Jalongo, N. (1998). The effect of the level of aggression in the first grade classroom on the course and malleability of aggressive behavior into middle school. *Development & Psychopathology, 10*, 165-185.

Rutter, M. (1990). Psychosocial resilience and protective mechanisms. In J. Rolf, A. S. Masten, D. Cicchetti, K. H. Nuechterlein, & S. Weintraub (Eds.), *Risk & protective factors in the development of psychopathology* (pp. 181-214). Cambridge, MA: Cambridge University Press.

U.S. Department of Health and Human Services. (2000a). Prevention of violence. In *Mental health: A report of the Surgeon General* (DHHS publication No. DSL 2000-0134-P). Washington, DC: U.S. Government Printing Office.

HLO#13-15 REDUCE JUVENILE CRIME

B6) Court School – Strategy includes:

- Court mandates youth to attend court school as condition of probation/parole.
- Provide individualized education plan and services.
- Help develop and implement transition plan to further education or training or work.

B6) Court School – The rationale includes the primary goal to reduce delinquency for offenders. The intermediate goal is to increase academic achievement of delinquent youth. While addressing academic needs is identified in delinquency prevention research, this particular program has not had the benefit of extensive research. Outcome data are being tracked for all participants.

B7) Treatment Foster Care – Strategy includes:

- Screen all youth entering DYS Intake using the OJCP Screen/Assessment tool to identify those youth with three or more risk factors and aid in determining additional assessment needs, service needs
- Conduct additional assessments as needed
- Recruit, train, support community foster families
- Place delinquent youth with foster families
- Provide 24 hour supervision for youth
- Skill oriented treatment
- Parent training/ treatment
- Monitoring school attendance, performance

B7) Treatment Foster Care – The rationale includes the primary goal to prevent offenders from committing another crime. The intermediate goal is to provide a multisystemic approach to reducing risk and increasing protective factors.

Elliott, D. S. (Ed.). (1998). *Blueprints for Violence Prevention*. Boulder, CO: Institute of Behavioral Science, Regents of the University of Colorado

HLO#13-15 REDUCE JUVENILE CRIME

<p>B8) High Risk Supervision – Strategy includes:</p> <ul style="list-style-type: none"> ▪ Intensive supervision by DYS Court Counselors for high risk youth offenders, minority offenders, sex offenders on Formal Accountability Agreements, probation, and/or in treatment 	<p>B8) High Risk Supervision – The rationale includes the primary goal to prevent offenders from committing subsequent crimes. The intermediate goals are to reduce acting out behavior and negative peer association and keep youth in the community.</p> <p>Clouser, M. “Intensive Probation: An Alternative to Placement”. <u>Pennsylvania Progress</u>. Volume 3. Issue 1. January 1996.</p> <p>Howell, James. C., Editor (1995). Guide for Implementing the Comprehensive Strategy for Serious, Violent, and chronic Juvenile Offenders. Office of Justice Programs. Office of Juvenile Justice and Delinquency Prevention.</p>
<p>B9) Ensure safe living options</p> <ul style="list-style-type: none"> ▪ Shelter care ▪ Treatment Foster Care ▪ Independent living and other living options for youth who cannot return home. 	<p>B9) Shelter Care – The rationale includes the primary goal to prevent offenders from committing subsequent crimes. The intermediate goal for youth who transition home is to improve the number who remain at home at least 3 months. For those who transition to treatment, increase the number who complete treatment. . While this specific program is targeted at juvenile offenders, safe living options is also a need for high risk non-offenders and has been identified by our community as in need of enhancements for this population as resources allow.</p> <p>Howell, James. C., Editor (1995). Guide for Implementing the Comprehensive Strategy for Serious, Violent, and chronic Juvenile Offenders. Office of Justice Programs. Office of Juvenile Justice and Delinquency Prevention.</p>
<p>B10) Provide full spectrum of social supports for at-risk youth who do not qualify for categorical services.</p>	<p>B10) The rationale includes the goal to provide an effective continuum of care for all youth. This is listed in recognition of limited resources for older youth who fall through the cracks.</p> <p>An overarching continuum of care is defined in:</p> <p>Howell, James. C., Editor (1995). Guide for Implementing the Comprehensive Strategy for Serious, Violent, and chronic Juvenile Offenders. Office of Justice Programs. Office of Juvenile Justice and Delinquency Prevention.</p>

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	<p>B11) Reduce unsupervised time and times with deviant peers.</p>	<p>B11) The rationale includes the goal to reduce the likelihood of acting out behavior for high-risk youth by increasing pro-social activities and decreasing negative peer association. The latter is highly correlated to delinquency.</p> <p>Howell, James. C., Editor (1995). Guide for Implementing the Comprehensive Strategy for Serious, Violent, and chronic Juvenile Offenders. Office of Justice Programs. Office of Juvenile Justice and Delinquency Prevention</p>
<p>C) Provide an effective, safe learning environment</p>	<p>C1) Strengthen intervention for early acting out and bullying</p>	<p>C1) The rationale includes the goal to reduce the likelihood of acting out behavior for high-risk youth by decreasing early acting out behavior and bullying.</p> <p>The following citation provides research to support this overarching concept. - Howell, James. C., Editor (1995). Guide for Implementing the Comprehensive Strategy for Serious, Violent, and chronic Juvenile Offenders. Office of Justice Programs. Office of Juvenile Justice and Delinquency Prevention.</p>
	<p>C2) Strengthen school violence prevention design and systems</p>	<p>C2) The rationale includes the need to prevent and reduce school violence.</p> <p>Goldberg, Cecil. Editor (1999). Recognizing and Preventing School Violence. Office of Juvenile Justice and Delinquency Prevention. Journal - Facts You Can Use. Vol. 3. Issues 3. Fall</p> <p>Sochet, Melorra. (2000). Nuts and Bolts of Implementing School Safety Programs. Vera Institute of Justice.</p> <p>Sprague, Jeffrey Ph.D.; Walker, Hill Ph.D.; Golly, Annemieke, Golly Ph.D.; White, Kathy M.S.; Myers, Dale M.S.; Shannon, Tad M.S. (1999) Translating Research into Effective Practice: The Effects of a Universal Staff and Student Intervention on Key Indicators of School Safety and Discipline.</p>

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	C3) Increase range of education opportunities	C3) The rationale includes interrupting the cycle between educational failure and delinquency. The research on this issue has been cited in this document, e.g., reducing risk factors, school success, etc.
	C4) Increase support of social institutions working with youth	C4) The rationale includes the need to work in partnership and support each other as we address the needs of high-risk youth.
D) Do our work together, more effectively, by being leaders in sharing information for decision-making and identifying best practices with community members, partners, and staff on what works to prevent juvenile crime and routinely evaluate effectiveness.	D1) Strengthen intervention for early acting out and bullying	D1) The rationale includes the goal to reduce the likelihood of acting out behavior for high-risk youth by decreasing early acting out behavior and bullying. The following citation provides research to support this overarching concept. - Howell, James. C., Editor (1995). Guide for Implementing the Comprehensive Strategy for Serious, Violent, and Chronic Juvenile Offenders. Office of Justice Programs. Office of Juvenile Justice and Delinquency Prevention.
	D2) Increased identification of serious, chronic offenders	D2) The rationale includes the goal to focus limited resources on high risk youth most likely of becoming serious, chronic offenders and providing effective services to prevent that from occurring. Howell, James. C., Editor (1995). Guide for Implementing the Comprehensive Strategy for Serious, Violent, and Chronic Juvenile Offenders. Office of Justice Programs. Office of Juvenile Justice and Delinquency Prevention.
	D3) Increase identification and control of serious, chronic offenders	D3) The first step toward effective delinquency prevention / reduction is to identify those youth most likely to offend or re-offend and become serious, chronic offenders. Howell, James. C., Editor (1995). Guide for Implementing the Comprehensive Strategy for Serious, Violent, and Chronic Juvenile Offenders. Office of Justice Programs. Office of Juvenile Justice and Delinquency Prevention

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D4) Address or enhance identified community needs.

Description - Community needs for high risk youth are identified in the aforementioned strategies, however, we recognize two things 1) these needs require enhancements and 2) community needs are dynamic and we cannot foresee all future service needs in a single document. We can, however, commit to making data-driven decision-making and utilize the most current information at any given time to identify needs as we have done with in this planning process.

D4) The rationale for these strategies is to recognize that all strategies are in need of enhancement and that there are other identified areas in our community that need to be enhanced in an effective treatment model. "Effective treatment" has a research based rationale and responds to the needs of diverse populations including those based on race, ethnicity, cultural, gender, age, physical ability, and geographic area (rural / urban) etc. In addition, "effective treatment" leads to measurable positive impact on the target population.

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Members who worked on the Juvenile Justice portion of this document also recognized the need for enhancements on all the strategies listed above and on the following:

- Victim / offender mediation
- Continuity of treatment for youth in transition
- Effective secure custody responses
- Services for specific offending populations (e.g., sex offenders, arsonists, weapons violations, etc).
- Truancy programs, including adding attendance officers
- Community-based substance abuse prevention
- Aftercare
- Community-based substance abuse prevention
- Aftercare
- Community-based, resources, and referral for high risk families
- Safe Place crisis response
- Runaway / homeless services
- Counselors in schools
- Mental health prevention and intervention services
- Mental health sub-acute and acute care
- Home-based family intervention
- Adolescent drug and alcohol treatment (including detoxification services)
- Strength-based practices for dealing with high risk youth in the juvenile justice system
- Tools to coordinate services which lead to positive impact on clients
- Partnerships between juvenile justice, juvenile court, treatment providers for addressing community safety and the needs of substance abusing juvenile offenders

¹ *Priorities and strategies are based on the Lane County High-Risk Youth Plan.*

HLO#16 REDUCE TEEN PREGNANCY

STRENGTHS AND ASSETS *(THIS SECTION IS CURRENTLY UNDER REVISION, AND WILL BE UPDATED IN THE NEXT SUBMISSION)*

- Teen pregnancy prevention education
- Runaway and homeless sexual behavior programs
- Street outreach related to sexual behavior and sexually transmitted diseases
- Mentoring programs
- Community information campaigns on safe sex and making good behavioral choices

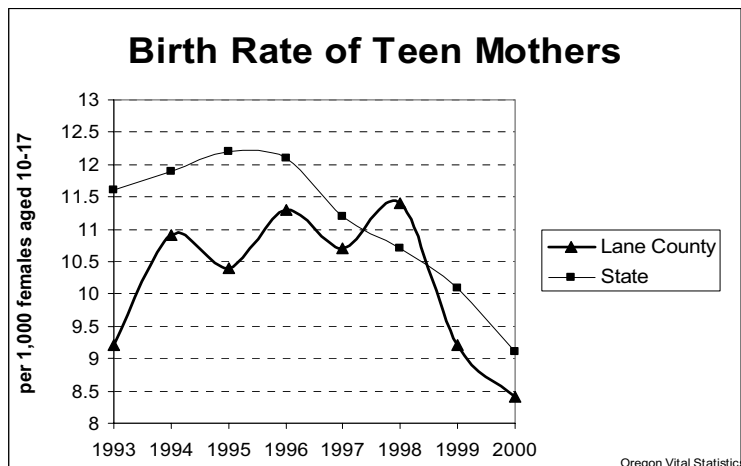
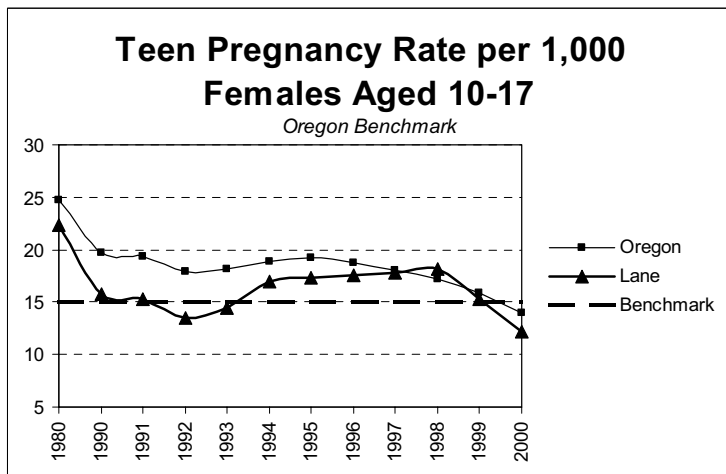
GAPS* AND BARRIERS *(THIS SECTION IS CURRENTLY UNDER REVISION, AND WILL BE UPDATED IN THE NEXT SUBMISSION)*

- Community norm that has lower expectations from boys for sexual behavior and responsibility

**Gaps in services exist to varying degrees, either because they need to be developed, or in most cases because they need to be enhanced or expanded.*

HLO#16 REDUCE TEEN PREGNANCY

DATA



ANALYSIS

Pregnancy rate per 1,000 females 10-17.

Source: Oregon Progress Board (Oregon Health Division)

- Adolescent child bearing is often associated with long-term difficulties for the mother, her child, and society. The birth rate of adolescents under age 18 is of particular interest because the mothers are still of school age.
- The teen pregnancy rate in Lane County rose between 1992 and 1998 – and from 1994 through 1998, it was above the statewide benchmark goal for 2005 of 15 per 1,000 females 10-17 years old. Since 1999, it has been at or below the statewide benchmark, as well as the statewide pregnancy rate. There is a new teen pregnancy benchmark developed by the Oregon Progress Board that disaggregates the benchmark into ages 10-14 and ages 15-17. The benchmark for 10-14 year-olds is 0 per 1,000 girls; and for 15-17 year-olds, it is 36 per 1,000 girls. The new benchmark data are not yet available at the county level.

Teen Birth Rate

The birth rate to teen mothers has been variable but generally decreasing since 1998. In all years except 1998, it has been lower than the state rate overall.

HLO#16 REDUCE TEEN PREGNANCY

PRIORITIES	STRATEGIES	RATIONALE
<p>A) Provide a community wide and comprehensive effort to assist in making decisions</p>	<p>A1) Delay the onset of sexual activity by providing school based life skill development and comprehensive sexuality education (self esteem, goal setting, human growth and development, abstinence, contraception, and refusal skills).</p>	<p>A1) Providing comprehensive sexuality education that includes the ten characteristics of effective curricula has been shown to delay the onset of sexual activity (Kirby, D.2001. <i>Emerging Answers: Research Findings on Programs to Reduce Teen Pregnancy</i>.(summary). Washington, DC: National Campaign to Reduce Teen Pregnancy.)</p> <p>Research shows that skills-based sexuality education curricula not only delay the onset of sexual intercourse, but also reduce the frequency of intercourse, reduce the number of sexual partners, and can increase condom or contraceptive use (Kirby, 2001).</p>
	<p>A2) Teen parent education and support to delay subsequent pregnancies through home visiting and access to family planning.</p>	<p>A2) Providing home visiting support services for first time teen parents increases the appropriate and effective use of family planning and thus reduces subsequent teen pregnancies (Pratt, et al, 1997).</p> <p>Access to family planning education and contraception reduces the rate of pregnancy. Access to reproductive services through clinics decreases the number of abortions and births; and, counseling about sexuality and contraception at school based clinics can delay the onset and reduce the frequency of sexual activity, and improve the appropriate use of contraception (Pratt, et al, 1997).</p>

HLO#17 DECREASE YOUTH SUICIDE

STRENGTHS AND ASSETS *(THIS SECTION IS CURRENTLY UNDER REVISION, AND WILL BE UPDATED IN THE NEXT SUBMISSION)*

Family/Community

- Lane County prevention coordinator to facilitate and ensure efforts to address prevention efforts
- Assessment and therapy
- Local expertise in children's behavior and mental health
- Parenting resource directory
- Family support and skill building
- Intensive case management
- Programs that enhance child-parent interactions
- Long-term family support services and home visitations for higher risk families

Cultural

- Services to Latino children and parents

Rural

- Mentoring programs
- Assessment and therapy

GAPS* AND BARRIERS *(THIS SECTION IS CURRENTLY UNDER REVISION, AND WILL BE UPDATED IN THE NEXT SUBMISSION)*

Children

- Affordable children's mental health services
- Affordable recreation programs

Family/Community

- Community norm that people should help themselves
- Universal prevention services promoting healthy family functioning
- Selective prevention services that target higher risk families with services that strengthen and support a healthy family climate
- Indicated prevention services that help stabilize family interaction
- Confusing health care system, restriction on available providers and medications
- Inability to afford minimal contributions for OHP participation
- Waiting lists, hours of service

Cultural

- Mental health services in Spanish
- Non-English crisis mental health services
- Culturally sensitivity services
- Fear of law, deportation
- Limited availability of translation services, materials

Gender

- Mental health services for women
- Parenting programs for men

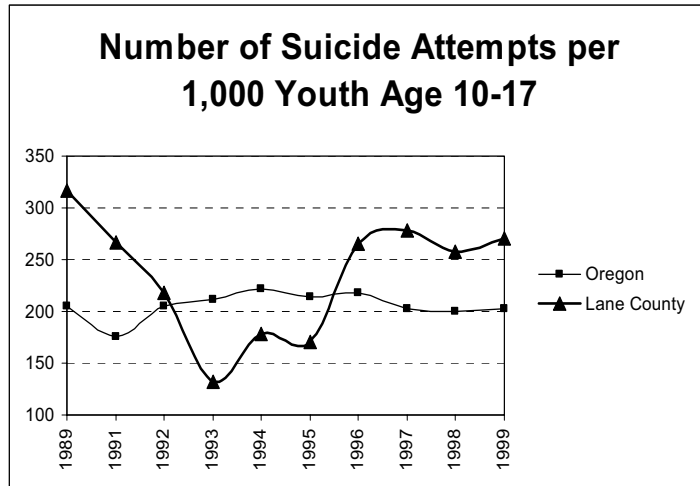
Rural

- Support for family involvement in schools
- Referral, follow up, and crisis mental health services
- School-based mental health prevention
- Rural alcohol and drug treatment
- Crisis services

**Gaps in services exist to varying degrees, either because they need to be developed, or in most cases because they need to be enhanced or expanded.*

HLO#17 DECREASE YOUTH SUICIDE

DATA



ANALYSIS

Number of suicide attempts by minors per 1,000 youth age 12-17.

Source: Oregon Youth Authority (Juvenile Justice Information System)

Attempted suicide is a potentially lethal event, a risk factor for future completed suicide, and a potential indicator of other potential health problems such as substance abuse, depression, and stress reactions. In several surveys of adolescents, as many as 10 percent of the respondents report having attempted suicide at least once.

HLO#17 DECREASE YOUTH SUICIDE

PRIORITIES	STRATEGIES ¹	RATIONALE
<p>A) Increase community awareness of suicide risk factors.</p>	<p>A1) Educate youth and young adults about suicide prevention.</p>	<p>A1) Attempted suicide is a potentially lethal event, a risk factor for future completed suicide, and a potential indicator of other potential health problems such as substance abuse, depression, and stress reactions. In several surveys of adolescents, as many as 10 percent of the respondents report having attempted suicide at least once.</p> <p>University of Washington, School of Nursing. Washington State Youth Suicide Prevention Program. Report of Activities 1997-1999. 1999. Seattle, Washington.</p>
	<p>A2) Implement a suicide prevention public education campaign.</p>	<p>A2) Taken from the Oregon Plan for Youth Suicide Prevention.</p>
<p>B) Increase early identification of youth at risk and response to suicidal behavior.</p>	<p>B1) Provide education for professionals in health care, education, and human services.</p>	<p>B1) King K., Price J, Telljohann S, Wahl J. High school health teachers' perceived self-efficacy in identifying students at risk for suicide. J. Sch. Health. 1999 May; 69 (5): 202-7</p>
	<p>B2) Develop a community wide screening and referral tool.</p>	<p>B2) Shaffer D., Craft L. Methods of Adolescent Suicide Prevention. J Clin. Psychiatry. 1999; 60(suppl2):70-74</p>
	<p>B3) Provide gatekeeper training to create a network of people trained to recognize and responds to youth in crisis.</p>	<p>B3) University of Washington, School of Nursing. Washington State Youth Suicide Prevention Program. Report of Activities 1997-1999. 1999. Seattle, Washington.</p>
<p>C) Increase community resources for adequate interventions in suicidal youth.</p>	<p>C1) Develop a community-based intervention program that focuses on skill development, for depressed youth.</p>	<p>C1) Washington State Department of Health. Washington State Injury Prevention Program. Youth Suicide Prevention Plan for Washington State. 1995. Olympia, Washington.</p>
	<p>C2) Enhance crisis services for adolescents through a secure adolescent mental health crisis facility.</p>	<p>C2) University of Washington, School of Nursing. Washington State Youth Suicide Prevention Program. Report of Activities 1997-1999. 1999. Seattle, Washington.</p>

¹ Strategies are based on the Lane County Mental Health Plan

HLO#18 REDUCE HIGH SCHOOL DROPOUT RATE

STRENGTHS AND ASSETS (*THIS SECTION IS CURRENTLY UNDER REVISION, AND WILL BE UPDATED IN THE NEXT SUBMISSION*)

- Student assistance success intervention and other student assistance programs
- Programs to address truancy/school failure issues, i.e., multi-agency, multi-risk factor, and non-offender truancy programs including attendance officers
- Assistance/services to youth in schools, especially middle schools
- Non-offender after schools programs, including scholarships and increased rural capacity
- Turnaround school
- Links between schools and community coalition
- Court schools
- School-to-work programs
- Workforce partnerships
- Alternative high schools – options for completing high school in a non-traditional manner in Eugene, Bethel, and Springfield
- Violence prevention in schools
- Migrant education
- Educational liaison for children with disabilities
- Regional programs for students with hearing, visual, or orthopedic disabilities
- School districts' special education programs
- Innovative program development
- 21st Century – rural and urban
- Teen parent programs

GAPS AND BARRIERS (*THIS SECTION IS CURRENTLY UNDER REVISION, AND WILL BE UPDATED IN THE NEXT SUBMISSION*)

Youth

- Programs to address truancy/school failure issues, i.e., multi-agency, multi-risk factor, and non-offender truancy programs including attendance officers
- Assistance/services to youth in schools, especially middle schools
- Non-offender after school programs, including scholarships and increased rural capacity

Rural

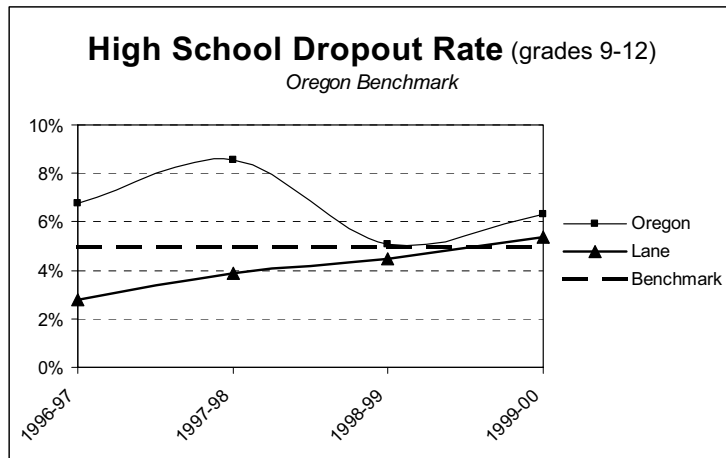
- Coordination for campus safety, violence prevention
- School-based screening and assessment
- School partnership with law enforcement
- Crime Prevention through Environmental Design (CPTED)
- Non-offender after school programs, including scholarships and increased rural capacity

Cultural

- Barriers to participation in school activities, such as not receiving information, not having time because of work, prohibitive fees, not feel comfortable in school

HLO#18 REDUCE HIGH SCHOOL DROPOUT RATE

DATA



ANALYSIS

Percentage of public school students (grades 9-12) who drop out of school in a single year without completing high school.

Source: Oregon Progress Board (Oregon Department of Education)

- A high school diploma, or its equivalent, represents achievement of the essential reading, writing, and math skills needed to function in modern society. A high school diploma or an equivalent credential is a basic prerequisite for higher education and many entry-level jobs.
- The definition of high school dropout changed in 1997, therefore data from prior years are not comparable.

HLO#18 REDUCE HIGH SCHOOL DROPOUT RATE

Community Survey

- The Lane County Commission on Children and Families contracted with the Oregon Survey Research Laboratory (OSRL) to conduct a representative survey of households on issues facing children and families. OSRL conducted a random-sample telephone survey of 403 households in June 2000.

Selected Survey Results

- Twenty-three percent of the respondents in the *Community Survey* identified a need for *help for child learning disorder, learning delay, and school enrichment*, and 15% found services. Of those that used services, 45% felt that their needs were met 'completely', and 55% 'partly.' The biggest barrier identified was 'non-existent in community' (36%). It appears that some respondents in the *Community Survey* accessed services in another community, such as Eugene-Springfield.
- Thirty-four percent of respondents in the *Community Survey* indicated a need for alternative school or educational program, and 20% found those community services. Of those that used services, 57% felt the services met their need 'completely', 39% 'partly', and 2% 'not at all.' The biggest barriers to service indicated were 'too costly' (35%), and 'service non-existent in community' (22%).
- Fifty-nine percent of respondents in the *Community Survey* indicated that they have used community *recreation, culture, and art programs*. Of those that used the program services, 68% felt the programs met their need 'completely', 29% 'partly', and 3% 'not at all.' The biggest barriers indicated by respondents were 'lack of interest or need' (46%), and 'not enough time' (25%).

HLO#18 REDUCE HIGH SCHOOL DROPOUT RATE

PRIORITIES	STRATEGIES	RATIONALE
<p>A) Provide alternative education opportunities to allow students to complete high school.</p>	<p>A1) Increase availability of alternative education, including mentoring and tutoring components in the rural areas of Lane County.</p>	<p>A1) Alternative schools are designed to provide special attention to the student’s individual social needs and the academic requirements for a high school diploma. A key component in this strategy is the incorporation of mentoring/tutoring—developing a one-to-one caring, supportive relationship between a mentor and a mentee that is based on trust. The National Dropout Prevention Center, located at Clemson University, has included alternative education and mentoring/tutoring on their list of 15 strategies that have positive effects on the dropout rate.</p> <p>Citations: National Dropout Prevention Center, <i>Effective Strategies</i>, www.dropoutprevention.org/2levelpages/effective_strategies/ Woods, E. Gregory, “Reducing Dropout Rates,” funded by Office of Educational Research and Improvement (OERI), U.S. Department of Education under contract number RP91002001. March 1995. www.nwrel.org/scpd/sirs/9/c017.html</p>
	<p>A2) Stabilize existing alternative education programs, including mentoring and tutoring components.</p>	<p>A2) Many schools and communities in Lane County are currently supporting alternative education, mentoring, and tutoring. However, the current climate for school funding places the ongoing viability of these programs at risk. This strategy is to highlight the importance of not losing further ground regarding dropout prevention. Research citations listed above.</p>
	<p>A3) Enhance credit recovery options for youth returning to school.</p>	<p>A3) The Individual Early Leaver Report for 2000-01 lists as “too far behind in credits to catch up” as the second most common factor influencing the decision to drop out for Lane County students.</p>
<p>B) Promote emerging best practices for dropout prevention.</p>	<p>B1) Gather and disseminate information on dropout prevention best practices with an emphasis on gender and culturally specific strategies.</p>	<p>B1) This strategy represents the schools’ interest in continuing to refine and improve their strategies, and in particular to take advantage of emerging information related to gender and culturally specific strategies.</p>