2010 UPDATE TO THE
2008-2014 DOUGLAS COUNTY
COMPREHENSIVE PLAN FOR CHILDREN AND FAMILIES

Approved by the
Douglas County Commission on Children and Families
on December 8, 2009

COUNTY OVERVIEW

Douglas County is a rural southwestern Oregon county, 5,071 square miles in size, stretching from Diamond Lake in the Cascades to the east, to Reedsport on the Pacific Ocean in the west. It is bounded by Curry, Jackson, and Josephine counties to the south; Klamath County to the east; Lane County to the north and Coos County and the Pacific Ocean to the west. Douglas County's population has increased 11.2% since 1990, and 4.8% since 2000.$_{(2008)}$

Of the county's 105,240$_{(2008)}$ residents, more than half live in unincorporated areas. Roseburg, with a population of 21,235,$_{(2008)}$ is the county seat. Since 2000, the cities that have had the largest population growth are: Winston (+1,277), Roseburg, (+1,218), and Sutherlin (+1,126).$_{(2008)}$ There are two cities where population declined: Reedsport (-73) and Oakland (-9).$_{(2008)}$ Douglas County's 0-17 youth population decreased in raw numbers, from 24,901 in 1990, to 23,801 in 2000, to 22,446 in 2008. As a percentage of total population, youth 0-17 comprise 21.3% of Douglas County's population.$_{(2008)}$ Oregon's racial and ethnic minority populations are generally under-represented in Douglas County.

BIENNIAL UPDATE PROCESS

The process for the 2010 Comprehensive Plan Update was developed by Douglas County Commission on Children and Families staff in consultation with the Douglas County Commission on Children and Families and approved by the Douglas County Commission on Children and Families on August 25, 2009. The approved process set the timetable for completion of tasks and who was responsible for completing the tasks. The approved process also included a web survey, stakeholders' meetings, and a public hearing to promote broad public input. The Commission sent electronic mail messages to a long list of community partners, announced the survey at various community meetings, encouraged participation from clients and rural areas, and sent press releases to local newspapers to encourage participation. To maintain connection with the comprehensive planning process, the Juvenile Crime Prevention Partnership meeting to update Douglas County's High-Risk Juvenile Crime Prevention Plan was held immediately after the stakeholders' meeting to update Douglas County's six-year comprehensive plan. The plan will be monitored and implemented through monthly meetings of the Douglas County Commission on Children and Families; meetings with community partners such as the Douglas County Early Childhood Planning Coalition, Community Resource Network, and Funders Forum; contracts and other interagency agreements with partners; data collection through Community DataLink and OCCF Online Web Applications; and other methods that promote community input.

PARTICIPATION

The process was inclusive of input from residents throughout Douglas County. The Douglas County Commission on Children and Families conducted a web survey. The survey was originally open for three weeks in September and October 2009. The web survey was then reopened for additional two weeks in November 2009 after the stakeholders' meeting. Survey items were both multiple choice and open-response. Of 250 respondents, 198 (79.2%) completed the survey. Characteristics of those 198 respondents are as follows.

- Roles in community:
  - 28.3% - Managers and staff from programs or agencies for children and families
  - 26.3% - Community members or partners
  - 25.8% - School administrators, teachers, or other education professionals
  - 9.6% - Health care professionals or managers
  - 9.1% - Staff in federal, state, or local government agencies
  - 1.0% - Clients or clients' families
- Community area:
  - 62.1% - Roseburg
  - 11.1% - All of Douglas County/Other
  - 9.1% - Oakland/Sutherlin
  - 7.6% - South County
  - 5.1% - Winston
  - 2.0% - East County
  - 1.5% - North County
  - 1.5% - Reedsport/Coast
- Age:
  - 1.0% - 18-25
  - 9.6% - 26-35
  - 17.2% - 36-45
  - 40.4% - 46-55
  - 29.3% - 56-65
  - 2.5% - over 65
- Gender:
  - 74.2% - Female
  - 25.8% - Male
- Race or Ethnicity
  - 91.5% - White
  - 4.2% - Multi-racial
  - 1.6% - Hispanic/Latino
  - 1.6% - Native American
  - 1.1% - Other

The Commission on Children and Families convened a stakeholders' meeting for community partners in Roseburg. Partners were invited to participate through presentations at various community meetings, email, and announcements through press releases. At the stakeholders' meeting, data was presented and partners offered input on the current status of community issues involving children and families in Douglas County. Participants who attended

the stakeholders' meeting included representatives from health and human services, juvenile, self-sufficiency, alcohol and drug prevention and treatment, child welfare, mental health, criminal justice, schools, and after school program providers. Commission staff encouraged program staff to identify youth to participate, but none were able to participate. However, the Commission had held a youth forum in preparing the six-year comprehensive plan and their input is incorporated into the gaps, barriers, and solutions for the six-year comprehensive plan.

COMMUNITY ISSUES

Douglas County's 2008-2014 Comprehensive Plan correlated community issues with twenty-two high level outcomes. During the stakeholders meeting, participants reviewed data and provided insights about what changes have occurred in the various issue areas since the plan was completed in 2007. Updated data trends are posted on the commission's web site at http://www.co.douglas.or.us/dccf/phasellplan1.htm.

Goal 1: Strong, Nurturing Families and Caring Communities

High Level Outcome 1: Reduce Adult Substance Abuse

According to data from the Oregon Department of Human Services (DHS), the percentage of persons with alcohol dependency or abuse and persons with drug dependency or abuse fell in Douglas County from the time period 2002-2004 to the time period 2004-2006. DHS data show that heavy alcohol use, sixty or more drinks within the past thirty days, increased between the time period 2002-2005 and the time period 2004-2007. Discussion with community partners revealed anecdotal evidence that alcohol and drug use is increasing because of growing stressors due to unemployment and other factors induced by the economic climate.

High Level Outcome 2: Reduce Domestic Violence

Battered Persons' Advocacy provided information that its requests for services increased 18-25% from the last quarter of 2008 to the first quarter of 2009. A question from the stakeholders' meeting was, "Are more women seeking shelter because fewer women are employed?" The response from Battered Persons' Advocacy was that "economic factors are related to an increase in service utilization but not necessarily rates of violence. With that said, we do find that when the economy is down, victims have fewer resources, community-based programs are less available, and requests for safety net services such as shelter and food increase. So in a way, unemployment exacerbates the challenges victims face by reducing options, but it does not directly cause the violence rates themselves to increase."

High Level Outcome 3: Reduce Poverty

United States Census Bureau data shows the 2007 poverty rate in Douglas County was 14.9% for all ages and 22.9% for persons under 18 years old. There was a substantial rise in the percentage of students in Douglas County's school districts from the 2006-2007 school year (45.6%) to the 2008-2009 school year (53.4%). About 20% of the individuals in Douglas County receive food stamp assistance and that percentage is increasing every month (per DHS staff). Community partners commented that as need increases and government resources shrink, faith-based and non-profit organizations are unable to fill the gap.

High Level Outcome 4: Reduce Child Maltreatment

DHS reports that the number of child abuse or neglect victims per 1,000 children has fallen from 13.0 in 2006 to 10.8 in 2008. Some community partners feel that this is due to under-reporting and under-investigating child maltreatment. DHS staff reports that the incidence of abuse is steady, but the number of children in foster care has increased. The level of re-abuse in Douglas County is relatively low, but that could be because the rate of returning children to their homes is relatively low in Douglas County.

High Level Outcome 19: Increase Community Engagement

Donations to non-profit organizations are down due to donor fatigue, but volunteer hours have increased. Community partners in the stakeholders' meeting reported that volunteer hours in Douglas County exceed volunteer hours elsewhere in Oregon. Volunteer hours among youth have increased and represent a philosophical change about youth involvement. Programs and organizations, such as Acknowledge Leadership, Step Up, Phoenix School, and Wolf Creek Job Corps, have heightened the awareness of students with volunteering. It was also stated at the stakeholders' meeting that community engagement is critical to bringing in monetary contributions for children and families. The stakeholders' group expressed interest in gathering data that better portrays civic or community engagement in Douglas County. Currently, state-collected data in this issue area is limited to voter behavior, which is not necessarily indicative of engagement with children and families issues.

High Level Outcome 20: Improve Adult and Children's Mental Health

DHS reports that 11% of adults in Douglas County reported having serious psychological distress in the past year for the time period 2004 to 2006. In Douglas County, data from the Oregon Healthy Teen Survey shows that 24.1% of 8th graders and 26.6% of 11th graders exhibited psychological distress in 2006. Stakeholders noted that Roseburg schools did not participate in the most recent Oregon Healthy Teen Survey. This affected results for Douglas County because of the school district's relatively large student population size compared to other school districts in the county.

Douglas County Mental Health reported that while services still do not meet the need, there have been significant gains in community capacity. Decreases in residential treatment, and clients staying in residential treatment for shorter periods of time, have freed up funds for community-based mental health services, and more systems are in place. The Mental Health Division added staff for adults and children and is working with very young/young children and adolescents. Adult groups have increased and adults are seen the same day for screening. Mental health workers see children as they go into foster care system and are seeing a majority of kids early. Therapeutic classrooms are located in South Umpqua, Roseburg, and Sutherlin. Douglas County also has seven school-based mental health therapists. A mental health treatment foster care home is coming soon. Mental health works in partnership with the Juvenile Department, conducting four treatment groups. Finally, a new EAST (Early Assessment and Support Team) program offers early detection of psychosis in young adults.

Goal 2: Thriving, Healthy Children (Ages 0-8)

High Level Outcome 5: Increase Early Prenatal Care

According to Oregon Vital Statistics, 83.2% of pregnant mothers in 2007 (82.8% in 2005) received prenatal care in the first trimester and 94.2% of pregnant mothers in 2007 (95.8%

in 2005) received adequate prenatal care. Douglas County Health and Social Services Department reported that "instability of funding" has threatened to close the Douglas County Prenatal Clinic. Such threats caused "a fluctuation in client numbers but now that funding has stabilized, the client numbers have gone back up." The Prenatal Clinic provides services to low income women in Douglas County. "Without the clinic, where do women go for prenatal care?" was asked at the community stakeholders' meeting.

High Level Outcome 6: Increase Immunizations

As reported by DHS, the immunization rate for two-year-olds fell from 72.5% in 2006 to 67.0% in 2008. Staff from Douglas County Health and Social Services explained that the immunization rate has been affected by a number of factors, such as a change in the method of measuring the rate, required immunizations increasing in complexity, and inconsistent reporting into the ALERT system by providers in Douglas County.

High Level Outcome 7: Reduce Alcohol, Tobacco, and Other Drug Use during Pregnancy

The most recent data provided by Oregon Vital Statistics is from 2005 on mothers reporting alcohol use during pregnancy (1.1% in 2005) and mothers reporting illicit drug use during pregnancy (1.5% in 2005). In 2007, Oregon Vital Statistics reported an increase in Douglas County mothers reporting tobacco use during pregnancy: 23.9% in 2005 and 24.0% in 2007. A discussion at the stakeholders' meeting revolved around the honesty of women in self-reporting alcohol, tobacco, and other drug use on birth certificates. Teen Drop-In Center staff reported that they observe a disconnect with teen mothers smoking during pregnancy and understanding the harm that is being done to the unborn child.

High Level Outcome 8: Increase Child Care Availability

As of 2006, Oregon Progress Board reported that there were 16.0 child care slots available per 100 children (ages 0-12). There was discussion at the stakeholders' meeting that due to the recent economic situation, child care providers have been having difficulty filling all of their slots.

High Level Outcome 9: Increase Readiness to Learn

The Kindergarten Readiness Survey conducted by the Oregon Department of Education was changed in 2008 and is not comparable to previous years. According to the 2008 survey, 45.6% of kindergartners are ready to learn in Douglas County. In 2008, the percentage of children enrolled in early childhood education programs in Douglas County is as follows: 27.1% were enrolled in preschool, 18.2% were enrolled in Oregon Head Start, and 4.5% were enrolled in Early Childhood Special Education. Douglas County's percent of 3rd graders who achieve established levels in reading was 81.8% in 2007 and 86.3% in 2008. The percent of 3rd graders who achieve established levels in math was 64.9% in 2007 and 77.1% in 2008. The Oregon Department of Education changed the testing in 2006; consequently, percentages for 2007 and 2008 are not comparable to previous years.

Goal 3: Thriving, Healthy Youth (Ages 9-18+)

High Level Outcomes 10, 11, 12: Reduce Teen Alcohol, Drug, and Tobacco Use

In 2005-2006, the Oregon Healthy Teens Survey data for 8th graders showed that 36.2% reported alcohol use, 28.3% reported drug use, and 15.1% reported tobacco use. ADAPT staff stated that between 120-135 youth per month are in outpatient services and that all residential

beds (12-14 beds) are full. Young women are at-risk for alcohol, tobacco, and other drug use and tend to be poly-drug users. An issue from the stakeholders' meeting is that the youth alcohol, tobacco, and other drug use services are centrally located in Roseburg with limited or no resources for other areas of Douglas County, although a community partner noted that after school programs can deliver prevention services. The stakeholders' group also discussed concerns about the Oregon Healthy Teens survey upon which they rely to track data and target service delivery. The survey is now being done in every two years, alternating with a survey focused solely on substance use. Related issues include concerns about funding to sustain survey administration by the Oregon Research Institute and survey length if the survey is conducted on paper (versus online).

High Level Outcome 13: Reduce Juvenile Arrests

Elimination of the Oregon Progress Board has hindered Douglas County's ability to gather juvenile arrest data. However, the Oregon Youth Authority compiles referral data from county juvenile departments. Referral data reflects only youth referred to the Douglas County Juvenile Department and does not reflect waivers, such as traffic citations sent to municipal and justice courts. Using the referral data from the Oregon Youth Authority and population data from the United States Census Bureau, there were:

Type of Referral	Referrals per 1,000 youth (ages 0-17)
All referrals	79.5 in 2006; 58.7 in 2008
Criminal referrals	41.1 in 2006; 29.6 in 2008
Criminal referrals – Against person	5.3 in 2006; 4.1 in 2008
Criminal referrals – Against property	21.5 in 2006; 15.4 in 2008

The Douglas County Juvenile Department credits the reduction in referrals to targeting chronic juvenile offenders.

High Level Outcome 14: Maintain OYA Bed Use

The average daily Oregon Youth Authority (OYA) discretionary bed allocation for 2008 was 14.7, while the average OYA discretionary bed usage for 2008 was 16.1. Being 1.4 beds over the allocation is within acceptable limits, according Oregon Youth Authority staff. Discretionary bed usage is also affected by decisions made by judges and prosecutors, and the nature of the crimes committed.

High Level Outcome 15: Reduce Juvenile Recidivism Rate

Douglas County's juvenile recidivism rate, while higher than the state average, has been trending downward in recent years. Douglas County Juvenile Department attributes its higher than average recidivism rate to the lack of uniformity around the state. In Douglas County, the recidivism rate was 34.6% in 2005 and 32.0% in 2007. The chronic recidivism rate, defined as three or more re-offenses within a twelve-month period, was 7.5% in 2005 and 6.8% in 2007.

High Level Outcome 16: Reduce Teen Pregnancy

Oregon Vital Statistics data show that the pregnancy rate for teen females (ages 10-17) fell from 9.0% in 2006 to 7.8% in 2008. Douglas County Health and Social Services staff reported that the rate as October 2009 was 8.9%.

High Level Outcome 17: Reduce Youth Suicide

Oregon DHS reported that in Douglas County, the percentage of 8th graders attempting suicide was 8% in 2006 and 7% in 2004. The percent of 11th graders who attempted suicide was 6% in 2006 and 5% in 2004. There is a discrepancy between suicide rates for males and females. ADAPT has been awarded a grant, beginning January 1, 2010, for suicide prevention in several school districts in Douglas County using the ASIST response method.

High Level Outcome 18: Reduce High School Dropouts

The Oregon Department of Education reported that the one-year high school dropout rate for Douglas County students fell from 5.0% in 2006 to 2.3% in 2008. There was a discussion at the stakeholders' meeting about how there is better tracking of students across school districts and consistency in reporting the high school dropout rate. Douglas County's percent of 11th graders who achieved established levels in reading was 65.5% in 2007 and 63.6% in 2008. The percent of 11th graders who achieved established levels in math was 61.4% in 2007 and 64.8% in 2008. The Oregon Department of Education changed the testing in 2006, so the percentages for 2007 and 2008 are not comparable to previous years.

High Level Outcome 49: Positive Youth Development

Douglas County has no reliable method at this time to measure positive youth development.

High Level Outcome 56: Homelessness

Douglas County has no reliable count of runaway and homeless youth at this time. Prior studies estimated the number of runaway and homeless youth at more than 500.

Web Survey Feedback

A 2009 web survey question was, "The following community issues were identified during prior planning processes. How important do you think these community issues are today for children and families living in Douglas County?" The community issues below are ranked according to responses received from survey participants. Respondents named additional community issues, such as focus on a breastfeeding initiative, support services for veterans, health care access, community policing, and moral values.

2009 Ranked Community Issues (Percent of respondents saying the issue is important or very important)	High Level Outcomes
1. Reduce child abuse and neglect (98.8)	4
2. Reduce youth substance abuse (alcohol, tobacco, and other drugs) (96.8)	10, 11, 12
3. Reduce domestic violence (96.4)	2
4. Reduce adult substance abuse (alcohol, tobacco, and other drugs) (92.0)	1
5. Improve mental health services (90.8)	20
6. Reduce poverty (90.0)	3
7. Reduce youth suicide (89.2)	17
8. Reduce juvenile crime (88.8)	13, 14, 15
9. Increase children and youth success in school (88.0)	18
10. Reduce teen pregnancy (87.0)	16
11. Increase positive youth development activities (84.0)	49

12. Increase opportunities for children to enter school “ready to learn” (80.8)	9
13. (tie) Improve child care quality (80.0)	8
13. (tie) Increase services for homeless and runaway youth (80.0)	56
15. Increase community mobilization (78.0)	19
16. Improve services for persons with disabilities (76.4)	20
17. Increase child care availability (75.2)	8
18. Increase access to prenatal care (74.4)	5
19. Increase access to immunizations (70.8)	6

The following conditions impacting children and families in Douglas County are ranked according to the responses to the 2009 web survey:

2009 Ranked Community Conditions (Percent of respondents saying the condition is important or very important)

1. Unemployment resulting from economic downturn (99.6)
2. Longstanding culture of poverty in Douglas County (97.1)
3. Use of methamphetamine by Douglas County residents (95.0)
4. State funding cuts to social services (92.9)
5. (tie) County funding cuts to social services (92.1)
5. (tie) Abuse of alcohol by Douglas County residents (92.1)
7. Abuse of prescription drugs by Douglas County residents (87.8)
8. Foundation or other funding cuts to social services (87.4)
9. Federal funding cuts to social services (87.1)
10. Staff reductions in social services programs (82.4)
11. Loss of interest earnings due to economic downturn (73.6)
12. Federal stimulus funds (ARRA) (64.9)
13. State or funders’ increased expectations of staff credentials related to implementing research-based or evidence-based practices (60.1)
14. Changes in county demographics (race, ethnicity) (34.8)

Respondents to the web survey named additional community conditions, such as low wages, high divorce rates, cocaine and heroin use, teacher-student ratios, lack of parent involvement, acceptance of artificial infant formula, lack of after school activities, low staff morale, paperwork, lack of affordable housing, availability of alcohol, lack of continuity of care in mental health services, confusing and changing data tracking requirements, racism and “classism,” and pressure on nonprofits to pick up county service reductions.

GAPS

The top service gap from 2007, help people gain living wage job, remained the top service gap in 2009. The following service gaps were identified by survey respondents. Respondents named additional service gaps, such as adult mental health services, 24-hour crisis intervention, breastfeeding information, smoking cessation, loss of funding for community schools, support for children of addicted parents, food insecurity, gas prices, juvenile crime

prevention programs, support for children in foster care, Early Head Start, health insurance for the working poor, and school-based mental health services.

The top 10 service gaps in 2007

1. Help people gain living wage jobs
2. Mental health services for children and youth
3. Family support services for higher risk families
4. Access to alcohol and drug services
5. Access to health insurance
6. Positive youth development activities
7. After school activities
8. Access to health care services
9. Safe, decent, affordable housing
10. (tie) Transportation
10. (tie) Parenting education

The top 10 service gaps in 2009
(Percentage of respondents saying gap is growing or no change in gap)

1. Help people gain living wage jobs (92.6)
2. Access to health care services (89.2)
3. Mental health services for children and youth (88.4)
4. Funds for children and family services (88.3)
5. Family support services for higher risk families (86.7)
6. Safe, decent, affordable housing (85.8)
7. Access to ATOD prevention services (82.7)
8. Program capacity (80.6)
9. After school activities (79.3)
10. Transportation (76.7)

Lack of financial resources remained the top systems gap in 2009. The following systems gaps were identified by survey respondents. Respondents named additional systems gaps, such as service overlaps, donor fatigue, lack of an organized referral system, too few people doing all the work, poor use of available resources, and poor communication.

The top 10 systems gaps in 2007

1. Lack of financial resources
2. Unable to fund best practices programs with current funding
3. Program capacity (waiting lists, etc.)
4. Complexity of implementation (and implementing change)
5. (tie) Need more available services for special needs populations
5. (tie) Limited number of volunteers
7. Community partners unable to participate (lack of local staff time)
8. Lack of non-monetary resources (space, materials, equipment, etc.)

The top 10 systems gaps in 2009
(Percentage of respondents saying gap is growing or no change in gap)

1. Lack of financial resources (94.7)
2. Unable to fund best practices programs with current funding (89.0)
3. Program capacity (waiting lists, etc.) (86.8)
4. (tie) Community partners unable to participate (lack of local staff time) (80.3)
4. (tie) Lack of non-monetary resources (space, materials, equipment, etc.) (80.3)
6. Complexity of implementation (and implementing change) (79.8)
7. Need more available services for special needs populations (78.9)
8. Lack of engagement from businesses, faith, medical and other community organizations (75.4)

9. Lack of engagement from businesses, faith, medical and other community organizations	9. Limited number of volunteers (74.1)
10. (tie) Lack of community capacity (leadership skills, etc.)	10. Lack of community capacity (leadership skills, etc.) (72.4)
10. (tie) Community partners unwilling to participate	

BARRIERS

The top barrier from 2007, restrictions on state or federal funds, remained the top barrier in 2009. The following barriers were identified by survey respondents. Respondents named additional barriers, such as federal regulations, lack of professional service providers in rural communities, cost of transportation, lack of awareness of program availability for people recently affected by the poor economy, stigma attached to social services, bulging caseloads, lack of coordination among social services and schools, lack of universal health care coverage, and reductions in county funds.

The top 10 barriers in 2007	**The top 10 barriers in 2009 (Percentage of respondents saying barrier is growing or no change in barrier)**
1. Restrictions on state or federal funds	1. Restrictions on state or federal funds (85.6)
2. Communication (or lack of communication)	2. Transportation/geography/location of service (81.1)
3. (tie) Need for more coordinated planning	3. Liability or other insurance requirements (75.7)
3. (tie) Need for strategic direction	4. Communication (or lack of communication) (74.8)
5. Liability or other insurance requirements	5. (tie) Need for strategic direction (74.3)
6. Agency decision making processes	5. (tie) Agency decision making processes (74.3)
7. Staff training and/or cross training	7. Need for more coordinated planning (72.5)
8. Confidentiality laws	8. Confidentiality laws (71.6)
9. Criminal background checks requirements	9. Staff training and/or cross training (70.7)
10. Transportation/geography/location of service	10. Criminal background checks requirements (68.5)

FOCUS ISSUES

Douglas County's web survey respondents prioritized focus issues and addressed solutions. Strategic approaches have not changed from the 2008-2014 plan. However, we will wait to submit a revised list of focus issues and associated measurement plans to the state until the April 2010 deadline, pending additional direction based on the work of the Common Outcomes Workgroup.

HIGH RISK JUVENILE CRIME PREVENTION PLAN FOR DOUGLAS COUNTY – 2010 UPDATE

Approved by the
Douglas County Commission on Children and Families
on December 8, 2009

EXECUTIVE SUMMARY

This document updates Douglas County's Juvenile Crime Prevention (JCP) Plan, approved in October 1998, and subsequent plan revisions approved in December 2000 and January 2008. (The 1998, 2000, and 2008 documents are found on Douglas County's web site at http://www.co.douglas.or.us/dccf/partnersplan.htm.) In creating those documents, a planning partnership was established under the direction of the Douglas County Board of Commissioners, which designated the Douglas County Commission on Children and Families as the lead body for juvenile crime prevention planning in Douglas County in 1998. With the implementation of Senate Bill 555 (1999), planning for juvenile crime prevention was integrated into coordinated comprehensive planning. In Douglas County during the six-year planning process for 2008-2014, the Commission on Children and Families deemed it appropriate to connect Douglas County's Juvenile Crime Prevention Plan with the Comprehensive Plan for all services to children and families. Data, gaps, barriers, and strategic approaches related to juvenile crime can be found in the full 2008-2014 Comprehensive Plan and the 2010 Comprehensive Plan Update documents.

PLANNING

The Douglas County Commission on Children and Families led the planning process to update the High Risk Juvenile Crime Prevention Plan for the 2009-11 biennium. The Commission adopted a Juvenile Crime Prevention Partnership Charter, which appointed individuals to the JCP Partnership, outlined decision-making protocols, and stated its purpose as follows: "The JCP Partnership Task Group is charged with updating the 2008 High-Risk Juvenile Crime Prevention Plan, following the 2009 state plan update guidelines. The JCP Partnership Task Group will present its recommendations to the Douglas County Commission on Children and Families for review and approval on December 8, 2009."

Individuals appointed to the JCP Partnership included representatives from over 20 different state, county, municipal, and non-profit organizations. Partners required by ORS 417.855 included two members of the Douglas County Commission on Children and Families, leaders from four Douglas County School Districts (all school districts in the county and the education service district superintendent were invited), the Administrator of Douglas County Health and Human Services, the Executive Director of Adapt representing the local alcohol and drug planning committee, a circuit court judge representing the courts, the mental health division director representing the local mental health planning committee, Oakland's mayor and two police chiefs representing cities or municipalities (all cities in Douglas County were invited to send a representative), and ten members of Douglas County's Public Safety Coordinating Council. Additional partners invited to participate in Douglas County's JCP partnership included representatives from the Douglas County Juvenile Department, Oregon Department of Human Services, Oregon Youth Authority, and Community Corrections, along with elected officials, including the Sheriff, District Attorney, a state representative, and a state senator.

To maintain connection with the comprehensive planning process, the JCP Partnership meeting was held on October 30, 2009, the day after a stakeholders meeting was held to update Douglas County's six-year Comprehensive Plan. Pastor Steve Schenewerk chaired the task force meeting. Gillian Wesenberg, Commission Director, provided background information about the planning process and the history of juvenile crime prevention in Douglas County. Linda Wagner, M.S., and Dr. Jeffrey Sprague presented data on evidence-based models and research findings. Christina McMahan, Juvenile Department Director, provided an overview of Juvenile Department Services.

Dr. Janet Carlson explained how the Douglas County High Risk Juvenile Crime Prevention Plan connects with Douglas County's 2008-2014 Comprehensive Plan for Children and Families and presented preliminary results of a web-based survey conducted for the 2010 Comprehensive Plan Update. The survey items were focused on community issues, gaps, barriers, solutions, and strategies. Of 250 respondents, 198 (79.2%) completed the survey. The survey was open for three weeks in September and October 2009. It was open for an additional two weeks in November, following the Comprehensive Plan stakeholders and JCP Partnership Task Force meetings. The Commission sent electronic mail messages to a long list of community partners, announced the survey at various community meetings, and sent press releases to local newspapers to encourage broad-based participation.

The draft JCP Plan update document was posted on the Commission's web site for public review. Partners and interested citizens were notified about the plan update and appropriate notice was conducted for a public hearing, held on December 8, 2009. The Commission voted to recommend the plan update to the Douglas County Board of Commissioners by motion at a special meeting that followed the public hearing. The JCP Plan update was then presented to the Douglas County Board of Commissioners for review and approval on January 13, 2010. The update to the Douglas County High Risk Juvenile Crime Prevention Plan was submitted to the State Commission by the January 2010 deadline.

PARTICIPATION AND COLLABORATION

On October 30, 2009, the JCP Partnership Task Group chartered by the Commission on Children and Families met at the Douglas County Library to review Douglas County's High Risk Juvenile Crime Prevention Plan and recommend updated planning information to the Commission. Meeting participants included representation from all entities required by Oregon law and many additional partners. As noted above, all school districts and incorporated cities were invited to send representatives to participate. In addition, the participant list included ten members of Douglas County's Local Public Safety Coordinating Council. The Task Group included a parent whose child has been served through the JCP Plan. Commission staff encouraged program staff to identify youth to participate in the task group meeting, but none were able to participate. However, the Commission had held a youth forum in preparing the six-year Comprehensive Plan and their input is incorporated into the gaps, barriers, and solutions for the full six-year Comprehensive Plan. Participants were as follows.

JCP Partnership Task Group Participants:

- Steve Allan, Ph.D., Executive Director, Options Counseling Services
- Allen Boice, Director, Douglas County Community Corrections[*]
- Jenny Boyle, Program Manager, Oregon Department of Human Services, Self-Sufficiency
- Don Brown, Myrtle Creek Police Chief[*]
- Judge Frances E. Burge, Douglas County Circuit Court
- Steve Darling, Program Manager, Oregon Department of Human Services, Child Welfare
- Stacy Eads, Parent
- Robert Freeman, Principal, Sutherlin School District, West Intermediate School
- State Representative Tim Freeman
- Dave Gianotti, Superintendent, Riddle School District
- John Hanlin, Douglas County Sheriff[*]
- Janet Holland, Division Director, Douglas County Health and Human Services, Mental Health Division
- Bruce Justis, Retired Winston Police Chief and member of the Douglas County Commission on Children and Families
- Bette Keehley, Oakland Mayor
- Peggy Kennerly, Administrator, Douglas County Health and Human Services[*]
- State Senator Jeff Kruse, member of the Oregon Commission on Children & Families
- Commissioner Joe Laurance, Douglas County Board of Commissioners[*]
- Mike Mahler, Sutherlin Police Chief
- Christina McMahan, Director, Douglas County Juvenile Department[*]
- Harry Mullins, Ph.D., Organizational Excellence and Teen Drop-In Center Program Manager
- Larry Parsons, Ph.D., Superintendent, Roseburg Schools
- Bruce Piper, Executive Director, ADAPT[*]
- John Walton, Supervisor, Oregon Youth Authority
- Pastor Steve Schenewerk, member, Douglas County Commission on Children and Families[*]
- Rick Wesenberg, District Attorney[*]
- Duane Yecha, Ph.D., Superintendent, Winston-Dillard School District

Others Present:

- Lois Allen, Chair, Commission on Children and Families
- Janet Carlson, Ph.D., Consultant
- Rhonda Estabrook, Southern Regional Director, Options Counseling Services
- Aric Fromdahl, Assistant Director, Douglas County Juvenile Department
- Joe Garcia, Treatment Court Coordinator, Douglas County Courts[*]
- Eugene Hall, Youth Evaluator, Youth Evaluation Services
- April Hamlin, Juvenile Facility & Development Manager, Douglas County Juvenile Department
- Julie Hanna, Aide to Representative Tim Freeman
- Susan Knight, Executive Director, CASA of Douglas County

- Michael Kurtz, Deputy Administrator, Douglas County Health and Human Services
- Pauline Martel, Director of Prevention and Training, ADAPT
- Heidi Martin, Youth Outpatient Program Director, ADAPT
- Suzy McAmis, member, Douglas County Commission on Children and Families
- Daniel Miley, Management Analyst, Douglas County Commission on Children and Families
- Commissioner Susan Morgan, Douglas County Board of Commissioners
- Evelyn Nores, Executive Director, Douglas CARES
- Rob Salerno, Accountability Services Division Manager, Douglas County Juvenile Department
- Bill Shobe, Program Manager, Douglas County Health and Human Services, Mental Health Division
- Jeffrey Sprague, Ph.D., Professor, University of Oregon and co-director, Institute on Violence and Destructive Behavior
- Kelly Southern, Program Manager, Options Counseling Services
- Ron Yockim, Attorney
- Linda Wagner, Research and Development Manager, Douglas County Juvenile Department and Douglas County Health and Human Services
- Gillian Wesenberg, Director, Douglas County Commission on Children and Families*

* *Denotes Local Public Safety Coordinating Committee membership*

ANALYSIS

Data compiled for the 2008-2014 Comprehensive Plan and the 2010 plan updates include a risk profile compiled by NPC Research for Douglas County, selected high level outcomes, Juvenile Department Report Card data, data presented at the JCP Plan Update meeting by Linda Wagner, M.S., and an outcomes report prepared by Options Counseling for the Commission on Children and Families.

NPC Research Risk Profile. The NPC Research report describes the risk profile for youth involved with the Douglas County's Juvenile Crime Prevention Program between July 2007 and June 2009. Data from the NPC Research report is outlined below:

- Description of JCP Youth
  - 56% Male, 39% Female; 5% did not have gender reported
  - Average age was 10 years old; the age range was from 8 to 12 years old
  - 89% White, 6% Hispanic, and 6% African American
  - The most common "presenting behavior" was family conflict
  - Youth spent an average of five months in the JCP Program

- Risk Profile of JCP Youth
  - On average at initial assessment youth had:
    - 3 of the 6 risk domains
    - 5 of the 24 scored risk indicators
    - 3 of the 6 protective indicators
    - A risk score of 7 (out of 30)
    - 1 of the 5 mental health indicators

- Percentage of youth with at least 1 risk indicator (or missing protective factor):
  - School Domain: 61%
  - Peer Domain: 33%
  - Behavior Domain: 100%
  - Family Domain: 78%
  - Substance Use Domain: 11%
  - Antisocial Domain: 50%

At the JCP Partnership Task Group meeting, several participants expressed concerns that prevention services had not been targeted at the highest risk youth. As noted in Appendix D of the JCP Plan Update Guidelines, 4th, 5th and 6th graders fall into the "early onset" category of children and youth referred to the juvenile justice system. These youth exhibit "clear early predictors and risk factors for future problems which include early school behavior/academic problems, truancy, thefts, lying, early substance use, early patterns of criminal thinking, association with antisocial peers, and early referrals to the juvenile department." The plan guidelines further state that "research shows that many children and youth with multiple early onset risk factors become deeply involved in the juvenile justice system if they don't receive intensive early intervention, including intensive family services." (Plan Guidelines, page 26)

Dr. Jeffrey Sprague and Kelly Southern from Options Counseling explained that for the target population of 4th, 5th, and 6th graders in Douglas County, individual risk factors are often not picked up by the JCP assessment tool. This is because the risk factors for this age group tend to be tied to family dysfunction and associated risk factors, rather than to individual risk factors exhibited in older youth. The JCP Partnership Task Group agreed by motion to work together during the next two years to develop a process to better identify and target services to 4th, 5th and 6th graders at highest risk, without adding workload burdens to school districts.

Selected High Level Outcomes. Douglas County has been tracking three high level outcomes that relate to juvenile crime since 1998:

Outcome #12: Reduce juvenile arrests
Outcome #13: Reduce juvenile recidivism
Outcome #14: Maintain Oregon Youth Authority bed use

Arrests/Referrals. Because the 2009 Oregon Legislative Assembly did not fund the Oregon Progress Board, data for juvenile arrests is no longer available. However, data is available for juvenile department referrals, which exclude certain crimes that are referred to municipal courts or other agencies. The following table illustrates juvenile referrals in Douglas County from 1998 to 2008.

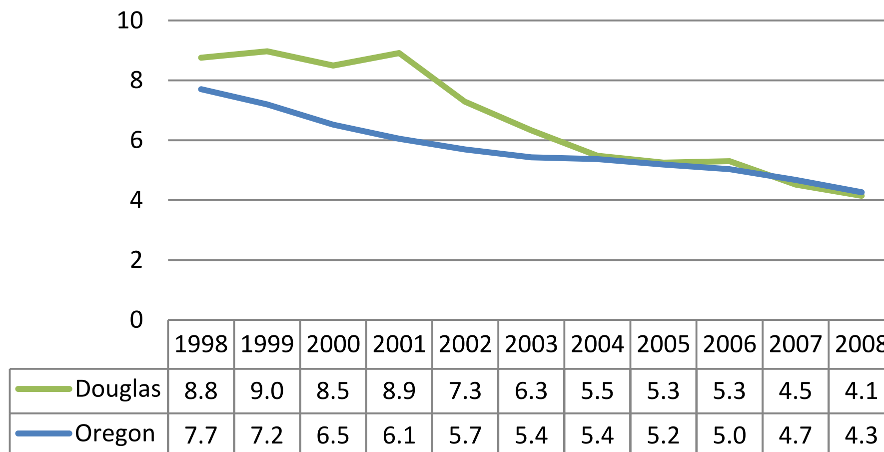
Table 1: Juvenile Referrals in Douglas County

Douglas County	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008
Criminal Offenses											
Person	225	228	204	209	168	144	123	116	116	97	87
Property	899	882	800	610	594	589	559	594	471	461	324
Public Order	148	152	116	111	171	161	147	125	160	116	88
Substance/Alcohol	51	31	68	68	84	52	78	114	93	85	73
Other	114	87	99	63	81	78	58	69	59	52	48
Criminal Offenses	***1,437***	***1,380***	***1,287***	***1,061***	***1,098***	***1,024***	***965***	***1,018***	***899***	***811***	***620***
Non-Criminal Offenses											
Property	-	-	-	-	-	-	-	-	-	-	-
Substance/Alcohol	-	-	-	-	-	-	-	1	1	-	-
Alcohol/MIP	1	97	407	391	455	301	464	306	390	425	276
Curfew	-	-	-	-	-	142	161	96	117	157	68
Less Than Ounce	85	85	65	89	89	102	97	87	86	67	54
Motor Vehicle	2	3	-	-	-	1	1	2	1	1	1
Tobacco	292	210	153	140	119	89	103	130	157	148	172
Other	297	251	164	161	151	-	3	9	9	10	8
Non-Criminal Offenses	***677***	***646***	***789***	***781***	***814***	***635***	***829***	***631***	***761***	***808***	***579***
Dependency Offenses											
Dependency Offenses	***117***	***90***	***89***	***93***	***99***	***83***	***43***	***89***	***78***	***59***	***32***
Total Referrals for Douglas County	**2,231**	**2,116**	**2,165**	**1,935**	**2,011**	**1,742**	**1,837**	**1,738**	**1,738**	**1,678**	**1,231**
Unduplicated Youth	*1,261*	*1,243*	*1,227*	*1,122*	*1,309*	*1,132*	*1,211*	*1,103*	*1,081*	*1,004*	*850*

Source: Oregon Youth Authority

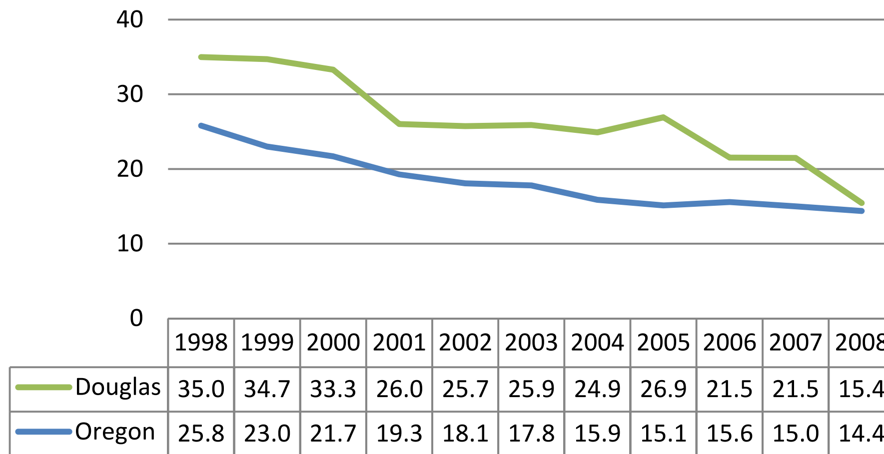
The number of referrals and unduplicated youth referred to the Douglas County Juvenile Department is declining. The decline is seen in almost every category of referrals and is seen in criminal offense referrals for crimes against people and property as shown below.

Figure 1: Juvenile Referrals for Criminal Offenses Against Persons per 1,000 Youth (Ages 0-17)



Source: Oregon Youth Authority; Rates are based on population data from the United States Census Bureau

Figure 2: Juvenile Referrals for Criminal Offenses Against Property per 1,000 Youth (Ages 0-17)



Source: Oregon Youth Authority; Rates are based on population data from the United States Census Bureau

Recidivism. The recidivism rate for juvenile offenders has also declined over the past three years, along with the chronic recidivism rate.

Table 2: Juvenile Recidivism Rates

Year	Juvenile Recidivism	No Subsequent Referrals	Subsequent Referrals	Subsequent Referrals	Subsequent Referrals
	Youth	Youth (%)	Youth (%)	1 to 2	3 or more (chronic)
2005					
Douglas	709	464 (65.4%)	245 (34.6%)	192 (27.1%)	53 (7.5%)
Oregon	17,265	11,822 (68.5%)	5,443 (31.5%)	4,375 (25.3%)	1,068 (6.2%)
2006					
Douglas	635	424 (66.8%)	211 (33.2%)	166 (26.1%)	45 (7.1%)
Oregon	17,597	12,139 (69.0%)	5,458 (31.0%)	4,374 (24.9%)	1,084 (6.2%)
2007					
Douglas	562	382 (68.0%)	180 (32.0%)	142 (25.3%)	38 (6.8%)
Oregon	17,258	12,093 (70.1%)	5,165 (29.9%)	4,238 (24.6%)	927 (5.4%)

Source: Douglas County Juvenile Department

OYA Discretionary Bed Use. The Oregon Youth Authority (OYA) oversees institutional programs to provide public safety, reformation, and accountability to delinquent youth who are too dangerous to the public or to themselves to remain in the community. These programs include secure youth corrections facilities, work/study camps and youth accountability camps. The discretionary bed allocation formula was determined in December 1996. Each county is allocated a minimum of one bed. Additional beds are allocated based on a set aside for Measure 11 offenses and public safety reserve, the county's percentage of juvenile population 0-17 and the county's percentage of total juvenile arrests for serious juvenile crimes (murder, robbery, negligent homicide, aggravated assault, rape, burglary, other sex offenses, kidnapping and arson). Counties are encouraged to stay within their allocation, but not too far below as that

situation could result in needed beds not being available for youth in the county. The following table illustrates Douglas County's usage of beds (daily bed allowance or DBA) at Oregon Youth Authority facilities in 2002-2008.

Table 3: OYA Daily Bed Allowance Averages

2002-2008	**Average DBA Allocation**	**Average DBA Beds Used**	**Average Number Over/Under DBA**
January	15.6	16.0	0.4
February	15.7	15.4	-0.3
March	16.0	15.5	-0.5
April	14.6	13.4	-1.2
May	14.6	11.2	-3.4
June	15.1	13.4	-1.7
July	14.7	14.2	-0.6
August	14.7	13.8	-0.9
September	14.6	14.8	0.2
October	14.6	13.8	-0.8
November	14.3	13.5	-0.8
December	14.3	14.1	-0.2
Average	**14.9**	**14.1**	**-0.8**

Source: Douglas County Juvenile Department

Data Presented at October 30, 2009 Partnership Meeting. At the JCP Partnership Task Group meeting, Linda Wagner, M.S., presented data highlighting the value of targeting resources on youth identified as "chronic offenders." Based on an analysis of 2007 data, 6.8% of juvenile offenders in Douglas County fall into this category. In comparison to 2001 when 9.6% of youth offenders were considered chronic offenders, a reduction of 2.8% means a cost avoidance of more than $2.2 million. In a sample of 250 first and second time offenders, the following percentages of youth had the following risk factors.

- Antisocial behavior: 100%
- Poor family functioning or poor family support: 63%
- Failure in school: 58%
- Substance abuse problems: 40%
- Co-occurring AOD and mental health problems: 18%
- Negative peer association: 72%
- Early Onset – criminal behavior before age 13: 17%

Douglas County Juvenile Department 2008-09 Report Card. The Douglas County Juvenile Department presented its third annual report card to the community on September 21, 2009. Examples of data included in the report card are:

- Of 137 formal accountability agreement cases closed in 2008-09, 98% of the youth did not have charges filed for a new crime while under Juvenile Department supervision.

- 97% of youth in formal accountability agreement cases closed during 2008-09 paid full restitution; 83% of closed youth probation cases paid full restitution.
- Adult volunteers donated 4,277 hours to the Juvenile Department with a value estimated at $69,000.
- The Roseburg Area Youth Services program (RAYS) had an average of 22 youth volunteers per month. 97% of youth who were referred to RAYS were attending school, had graduated or received a GED, and/or were employed at the time of case closing.
- Youth referred to the Touchstone Residential Program showed a 73% reduction in recidivism in a follow up study one year later. This is a statistically significant reduction in recidivism from pre-program criminal referrals.

Options Counseling Outcomes Report. The Douglas County Commission on Children and Families monitors intermediate outcomes assessed by the Juvenile Crime Prevention program, called the Intensive In-Home Family Therapy Program operated by Options Counseling. These outcomes are: (1) Quality of Parent-Child Interactions, (2) Academic Progress, and (3) Youth-Adult Interaction Quality. Data for each of these factors is collected using the JCP Interim Review instrument, an assessment tool developed for use with juvenile populations in Oregon counties.

The Intensive In-Home Family Therapy (IIFT) program has been effective in reducing risk factors and increasing protective factors, which are research-based characteristics associated with youth becoming involved, or continuing their involvement in, the juvenile justice system.

<u>(1) Quality of Parent-Child Interactions</u>: Parent-child interactions or authoritative parenting practices are measured by Oregon JCP Assessment item R5.2, *Poor family supervision and control.* Poor monitoring of children is one of the parental practices particularly associated with early conduct problems (Wasserman, et al., 1996). The IIFT intervention addresses the issues that impact the parents' ability and willingness to supervise the child. By improving parenting skills, improving communication skills, and increasing social supports, parental supervision of youth is increased, thereby impacting the risk of youth being involved in juvenile crime. Item R5.2 measures whether families that were assessed at intake with the risk factor of poor parental supervision and control exhibited good supervision and control when assessed on this item at program termination.

<u>(2) Academic progress</u>: Academic progress is measured by homework completion and through achievement test scores as measured by JCP Assessment item R2.2, *Academic Failure*. A meta-analysis of results from over 100 research studies regarding the relationship between academic performance and delinquency found that poor academic performance is correlated to the prevalence, onset, frequency, and seriousness of delinquency (Maguin and Loeber, 1996). The IIFT intervention works to improve the relationship between parents and school and improve the parents' ability to motivate the child and supervise homework. These gains help the child improve school performance, thereby impacting the risk of the youth becoming involved in juvenile crime. Item R2.2 measures youth who were assessed at intake with the risk factor of failing or having recently failed two or more classes, and then who were not failing two or more classes when assessed on this item at termination.

(3) Youth-adult interaction quality: This factor is measured by JCP Assessment item PF5.1, *Communicates effectively with family members*, which relates to shared verbal and nonverbal communication and healthy relationship boundaries. A high level of parent-child conflict has been shown to be associated with child conduct problems (Wasserman, et al., 1996). The IIFT program focuses on improving the communication and relationship between the youth and his or her parents and family, thereby mitigating this risk factor. Families that were assessed at intake with the risk factor poor communication between youth and family were then assessed on whether they exhibited good communication between youth and one family member at program termination.

Applying these assessment factors to data collected from July 2007 through June 2009 indicates families completing the program demonstrated the following outcomes in these categories:

(1) Quality of parent-child interactions: (R5.2 Poor family supervision and control). Twenty (20) families were assessed at intake with the risk factor "poor parental supervision and control" and subsequently underwent the intervention program. Of these families, 95% exhibited good supervision and control when assessed on this item at termination.

(2) Academic progress: (R2.2 Academic failure). Of the twenty (20) youth who underwent Options interventions that were assessed at intake with the risk factor of failing or having recently failed two or more classes, 90% were not failing two or more classes when assessed on this item at termination.

(3) Youth-adult interaction quality: (PF5.1 Communicates effectively with family members). Of the twenty (20) families who were assessed at intake with the risk factor of poor communication between youth and family, 80% exhibited good communication between youth and one family member when assessed after completion of the interventions.

The following table summarizes outcome data collected for the Douglas County Commission on Children and Families since 2001.

Table 4: Options Counseling Outcomes

	Parent(s) exhibit good supervision and control at program exit	**Youth who were failing two or more classes were not failing at program exit**	**Families with poor youth-adult communication exhibited good communication at program exit**
2001-03	92%	**	**
2003-05	89%	**	**
2005-07	92%	69%	77%
2007-09	95%	90%	80%

*(**Note that from the program inception in 2001 through June 30, 2005, Options Counseling reported outcomes on school discipline referrals and participation in extracurricular activities, in addition to parent supervision and control. Because of difficulties in obtaining data with these two outcomes, the Commission and Options Counseling agreed in 2005 to replace those outcomes with academic failure and youth-adult interaction quality.)*

GAPS and BARRIERS

Gaps and barriers were identified during the planning process for the 2008-2014 Comprehensive Plan. The Commission invited stakeholders to participate in focus groups around each of the high level outcome areas. Thirteen focus groups were convened in May and June 2007. Commission staff also facilitated discussions at the Douglas County Early Childhood Planning Coalition, the Douglas County Homeless Youth Coalition, the Local Public Safety Coordinating Council, Douglas County Coalition Aligned to Prevent Substance Abuse, and the Community Resource Network. In addition, the Commission invited a youth panel to discuss youth issues and concerns at its May 15, 2007 meeting. This meeting was framed as a "youth forum" to gather youth input for the plan. In total, more than 26 hours of focus group discussions in 19 settings occurred during the spring of 2007 to inform the Comprehensive Plan.

In 2009, the Douglas County Juvenile Department and the Douglas County Commission on Children and Families identified the following gaps and barriers in the Juvenile Crime Prevention template. These gaps and barriers were derived from the broad-based outreach conducted for the 2008-2014 Comprehensive Plan. The gaps and barriers are as follows:

- Lack of financial resources
- Unable to fund best practices programs with current funding
- Program capacity
- Complexity of implementation
- Need for services for special needs populations
- Lack of community capacity
- Restrictions on state and local funds
- Communication
- Need for more coordinating planning
- Need for strategic direction
- Staff training and/or cross training
- Confidentiality laws

As noted above, the Commission conducted a web-based survey to solicit input on gaps and barriers—verifying whether those issues identified in 2007 had become more severe, were still a concern, or were no longer concerns in Douglas County. The 198 responses are summarized in Table 5.

Table 5: 2009 Gaps and Barriers

Top 10 service gaps in 2009	Top 10 system gaps in 2009	Top 10 barriers in 2009
1. Help people gain living wage jobs	1. Lack of financial resources	1. Restrictions on state or federal funds
2. Access to health care services	2. Unable to fund best practices programs with current funding	2. Transportation/geography/ location of service
3. Mental health services for children and youth	3. Program capacity (waiting lists, etc.)	3. Liability or other insurance requirements
4. Funds for children and family services	4. Community partners unable to participate (lack of local staff time)	4. Communication (or lack of communication)
5. Family support services for higher risk families	5. Lack of non-monetary resources (space, materials, equipment, etc.)	5. Need for strategic direction
6. Safe, decent, affordable housing	6. Complexity of implementation (and implementing change)	6. Agency decision making processes
7. Access to ATOD prevention services	7. Need more available services for special needs populations	7. Need for more coordinated planning
8. Program capacity	8. Lack of engagement from businesses, faith, medical and other community organizations	8. Confidentiality laws
9. After school activities	9. Limited number of volunteers	9. Staff training and/or cross training
10. Transportation	10. Lack of community capacity (leadership skills, etc.)	10. Criminal background checks requirements

The web survey also asked respondents to consider solutions that were generated for the 2008-2014 Comprehensive Plan. The proposed solutions are as follows:

1. Local partners would develop and implement a local communications plan to increase public awareness about children and families issues. *(Note: For Juvenile Crime Prevention, the Douglas County Juvenile Department published a report card and invited the public to participate in learning more about juvenile services.)*
2. State would allow greater flexibility in using state funding, especially for mental health, substance abuse, and public health services.
3. State agencies would include local partners in agency decision-making processes.
4. State would seek federal waivers to allow programs greater flexibility in using federal funds.
5. The Douglas County Commission on Children and Families would help local partners develop strategic plans to address various community issues. *(Note: This was accomplished in 2007-09 addressing runaway and homeless youth and methamphetamine use.)*
6. Local agencies would implement the Douglas County Transportation Plan.
7. Government or foundations would provide increased funds to conduct staff training and cross-trainings.
8. The state would better coordinate due dates for the various required plans; e.g., mental health plans, public health plans, community corrections plan, local comprehensive plan.

9. State agencies would develop stronger connections with the Association of Oregon Counties and its affiliate groups and would consult with them in agency decision-making processes.
10. State would offer technical assistance to Douglas County programs in how to cover and follow best practice protocols associated with conducting criminal background checks.

JCP COMMUNITY ISSUES

Douglas County's 2008-2014 Comprehensive Plan for Children and Families identified community issues related to juvenile crime prevention. Three community issues are connected to the three high level outcomes described above:

- Reduce juvenile arrests.
- Reduce juvenile recidivism.
- Maintain Oregon Youth Authority discretionary bed use.

Related community issues that are incorporated into the Comprehensive Plan are:

- Reduce youth alcohol, tobacco and other drug use.
- Increase positive youth development activities.
- Reduce the number of runaway and homeless youth.
- Reduce child maltreatment.
- Improve mental health services for adults and youth.

These community issues are directly tied to the data reviewed by the Juvenile Crime Prevention Partnership and other stakeholders updating the six-year Comprehensive Plan. In addition, five focus issues were identified for measurement in the 2008-2014 Plan. The focus issues most related to Juvenile Crime Prevention are:

- Implement a comprehensive substance abuse intervention and treatment approach;
- Expand parent education and support;
- Implement comprehensive youth substance abuse prevention strategies; and
- Expand core juvenile services.

TARGET POPULATION

ORS 417.855 requires each county to develop a High Risk Juvenile Crime Prevention (JCP) Plan targeting youth who:

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

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

The target population for Douglas County's plan continues to be juveniles who have more than one of the required five risk factors and who are at risk of delinquency. These are youth who have come to the attention of school officials, community agencies, law enforcement, or the juvenile justice system as a result of their demonstrated risk behaviors.

Douglas County's target population for the Juvenile Crime Prevention component of the plan is youth in grades 4 through 6 in selected areas of Douglas County, including youth who have come to the attention of school officials, law enforcement officials, and other relevant agencies. Youth in the 4th through 6th grades are typically identified for JCP Risk Screening by schools due to acting-out behaviors in the classroom. Youth are also identified by law enforcement, the Douglas County Juvenile Department, the Oregon Department of Human Services, and other government and nonprofit agencies. The Intensive In-Home Family Therapy (IIFT) program supervisor interviews the family, asks them to complete both a Behavioral and Emotional Rating Scale and an Achenbach Child Behavior Checklist, and contacts families of youth that are identified. The Achenbach identifies risk behaviors and serves as a screening tool.

The assessment process assesses the strengths, needs, current services being accessed, and the family culture. Families of youth that are identified as high risk are offered JCP services through the IIFT program. If the assessment process determines additional service and support is needed, families are given information about accessing the services from additional community agencies, and therapists assist and follow up with families at the appropriate level depending on the needs and abilities of the family. Dr. Jeffrey Sprague and Linda Wagner have been asked by the JCP Partnership Task Group to explore ways to screen more youth and identify high-risk youth for services.

The target populations for the Basic Services and Diversion components of the plan are adjudicated youth, or youth known to the juvenile department, with two or more risk factors. As noted above, Douglas County is committed to focus services on the highest risk youth. The Juvenile Department is placing additional focus on chronic offenders.

STRATEGIC APPROACHES AND STRATEGIES

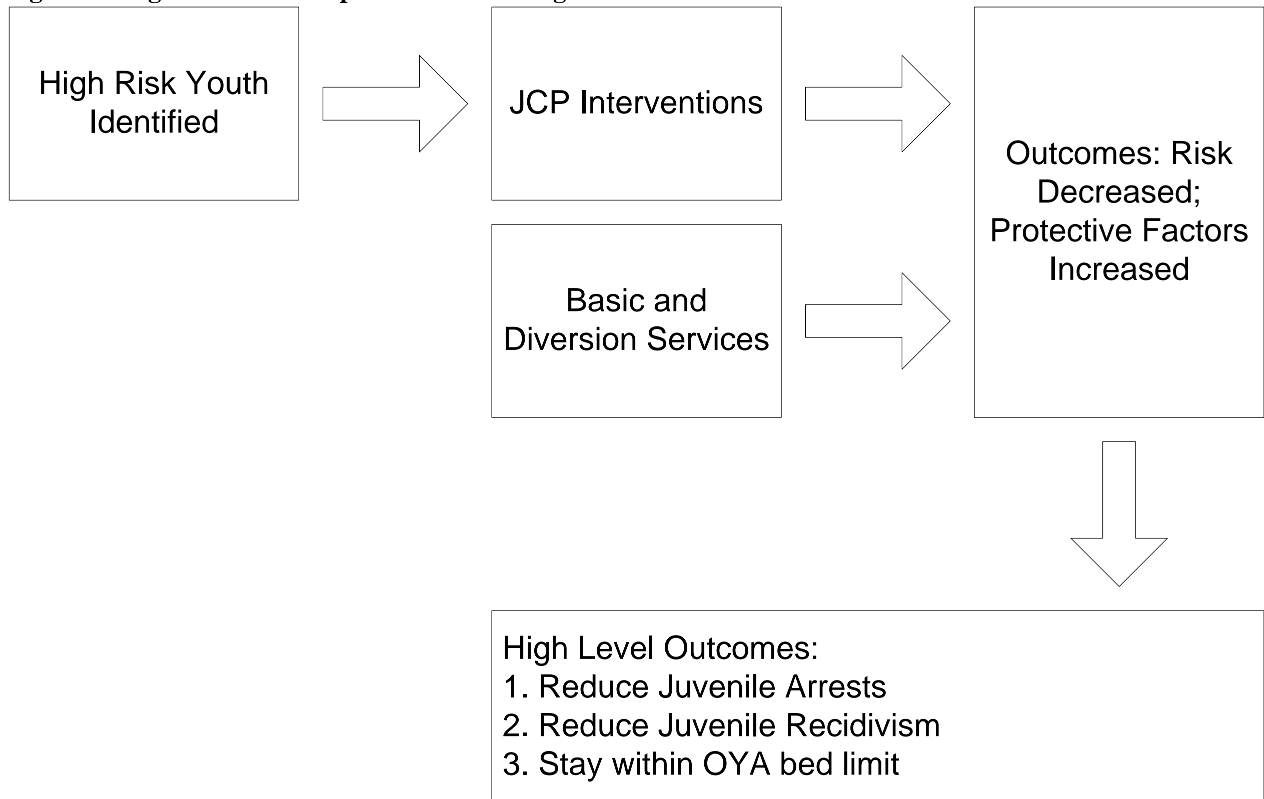
Background. Juvenile crime prevention planning began in Douglas County when the Commission on Children and Families organized a juvenile justice summit in April 1998 at the Douglas County Fairgrounds. At the first summit, 260 community members discussed the vision for Douglas County's juvenile justice system. The summit led to the county commissioners and the budget committee approving $2.2 million to construct Douglas County's juvenile detention and shelter complex. The 1998 summit was followed by a juvenile prevention and intervention summit, organized by the Commission in February 1999 with 290 community members attending. After Senate Bill 555 was enacted in 1999, Douglas County's planning partnership determined they wanted to focus prevention funds on a program that was evidence based. The community was fortunate that nationally recognized researchers Dr. Jeffrey Sprague and Dr. Hill Walker from the Institute on Violence and Destructive Behavior were willing to participate with Douglas County's team and share their expertise.

Based on an analysis of target population, risk factors, and model programs, Douglas County's Juvenile Crime Prevention Partnership recommended a plan approved in 2001 that

resulted in creating a MultiSystemic Therapy program. Dr. Sprague and Dr. Walker assisted with the program design and evaluated the program in 2002.

The following logic model (Figure 3) presented by Dr. Jeffrey Sprague, illustrates how the High Risk Juvenile Crime Prevention Plan is to be implemented.

Figure 3: Logic Model for Implementation of High Risk Juvenile Crime Prevention Plan



Connections to the Comprehensive Plan. Douglas County's 2008-2014 Comprehensive Plan lists the following strategic approaches to reduce juvenile crime:

Focus Issue #13. Reduce juvenile crime.

Strategic Approaches. The following are strategic approaches to reduce juvenile crime in Douglas County.

13.1 *Expand core juvenile services.*
(Includes shelter, detention, counseling, supervision, wraparound services, mental health services, alcohol and drug services, evidence-based programs, and practices, youth court/diversion programs.)

13.1.1 Fund a full-time mental health professional position to primarily work with youth in the detention facility; youth are otherwise ineligible to receive services through private insurance or the Oregon Health Plan.

13.1.2 Fund a full-time substance abuse counselor position to primarily work with youth in the detention facility; youth are otherwise ineligible to receive services through private insurance or the Oregon Health Plan.

13.1.3 Coordinate with community partners to conduct and share multi-agency training in evidence-based programs and practices.

13.1.4 Expand the youth court concept of the Roseburg Area Youth Services (RAYS) program to include all communities in Douglas County. The Juvenile Department will work with Douglas County community partners and citizens to implement youth court and/or other community-based diversion programs throughout Douglas County.

13.2 *Expand juvenile crime prevention services.*
(Includes MultiSystemic therapy.)

Additional strategies that relate to youth are listed in the 2008-2014 Comprehensive Plan. The process for determining specific service and support needs for youth and families and for connecting youth with community agencies for additional services is described on pages 19 and 20 of this document.

The combination of targeting high-risk youth in the 4th through 6th grades and juvenile offenders with multiple risk factors to reoffend will reduce risk factors and increase protective factors for youth in the target populations that are served. The reduction of risk factors and the increase of protective factors within the target populations will continue the trend of declining juvenile referrals and juvenile recidivism rates and assist in Douglas County staying within Oregon Youth Authority's Discretionary Bed Allocation.

MEASUREMENT

The JCP Partnership Task Group reviewed the outcomes adopted in 2007 for the 2008-2014 Juvenile Crime Prevention component of the Comprehensive Plan and made no changes to the current outcomes. The following outcomes were adopted for the 2010 update to Douglas County's High Risk Juvenile Crime Prevention Plan.

Table 6: High Risk Juvenile Crime Prevention Plan Outcomes

Outcomes	Indicators	Data Source	Target Group
✓Maintain Oregon Youth Authority discretionary bed allocation	Referrals to the Oregon Youth Authority	Juvenile Department records	Youth Offenders
✓Reduce juvenile recidivism	✓Referrals to the Juvenile Department for subsequent offenses ✓Referrals to the Juvenile Department after participation in IIFT. Data includes: - age at time of first arrest - severity of the crime - repeat offenses	Juvenile Department records	Youth Offenders High Risk Youth

Outcomes	Indicators	Data Source	Target Group
✓Quality of parent-child interactions	✓Percent of youth who demonstrate positive family supervision and control (e.g., do *not* demonstrate poor supervision and control)	JCP Interim Review, (Item R5.2) – Target: 75%	High Risk Youth
✓Academic progress	✓Percent of youth who experience academic success (e.g., do *not* experience academic failure)	JCP Interim Review (Item R2.2) – Target: 60%	High Risk Youth
✓Youth-adult interaction quality	✓Percent of youth who demonstrate effective communication with family members	JCP Interim Review (Item PF5.1) – Target: 75%	High Risk Youth

CONTINUUM OF SERVICES

At the JCP Partnership Task Group meeting, the Juvenile Department presented a continuum of services beginning with prevention services for all children, and continuing with graduated sanctions for early and immediate intervention, community confinement and supervision, youth correctional facilities, and aftercare/reentry. The continuum of services includes:

Prevention – All Children
Quality child care
Welcome Baby home visits
Community learning centers
Parenting classes

Prevention/Intervention – At-Risk Children
Relief nurseries
Healthy Start home visits
Early intervention
CaCoon, Babies First
Court-Appointed Special Advocates (CASA)
Head Start
Shelter placements (child welfare)

Intervention – Youth At-Risk for Delinquency
Intensive In-Home Family Therapy (IIFT)
Behavior Intervention Specialists
Therapeutic Learning Classrooms
Positive Behavior Supports
School-Based Mental Health Services
Shelter Mental Health Crisis Placements

Graduated Sanctions, Incentives, Resources
Roseburg Area Youth Services Diversion and Youth Court (RAYS)
Formal Accountability Specialist
Alcohol and Drug Diversion Program
Community-Based Competency Programs (Aggression replacement training, Options to Anger, Parenting Wisely, Girls Circle, Boys Counsel)

Juvenile Restoration Work Crew (Victim Restitution Program)
ODOT Work Crew
Alternative Education and Employment
Shelter
Outpatient Mental Health/Alcohol and Drug Treatment
Residential Alcohol and Drug Treatment
Formal Accountability Agreements
Juvenile Prosecution
Detention
Intensive Community-Based Mental Health Treatment
Community Assessments: Sex Offenders, Mental Health, Alcohol and Drug, Firesetter
Outpatient Treatment – Sex Offender
Juvenile Department Supervision
Intensive Intervention Program
Foster Care
Residential Treatment – Touchstone
Detention 30-day extended program (Today = Tomorrow)
Mental Health assessment and treatment services for youth in detention
Substance Abuse assessment and treatment services for youth in detention
Mental Health Treatment Foster Care
Deer Creek Residential Drug and Alcohol
Youth Correctional Facilities
Parole Services (OYA Youth)
Aftercare
Transitional Living Programs and Services

Evidence-Based Prevention. Also at the JCP Partnership Task Group Meeting, Dr. Jeffrey Sprague presented information about evidence-based prevention programs that have shown positive benefits in experimental evaluations. Dr. Sprague's prevention/intervention continuum included prenatal care, home visiting, early childhood interventions, parenting skills training, social and behavioral skills training, classroom-based curriculum to prevent substance abuse and aggressive behavior, prevention of depression and schizophrenia, and family-based interventions. Dr. Sprague also recommended focusing the right support to the right people; e.g., universal supports to the majority of youth and families, more intensive supports for at-risk youth and families (approximately 15% of the population), and the highest intensity interventions for the highest-risk youth and families (approximately 10% of the population). The following table summarizes the costs and benefits of evidence-based adolescent interventions.

Table 7: Cost/Benefit of Evidence Bases Adolescent Interventions

Summary of Benefits and Costs of Adolescent Programs	Benefits per youth	Costs per youth	Benefits less cost	Benefits per $ of cost
Strengthening Families Program	$ 6,656	$ 851	$ 5,805	$ 7.82
Adolescent Transitions Program	$ 2,420	$ 482	$ 1,938	$ 5.02

Summary of Benefits and Costs of Adolescent Programs	Benefits per youth	Costs per youth	Benefits less cost	Benefits per $ of cost
Multidimensional Treatment Foster Care	$26,748	$2,459	$24,290	$10.88
MultiSystemic Therapy	$14,996	$5,681	$ 9,316	$ 2.64
Functional Family Therapy	$28,356	$2,140	$26,216	$13.25

Source: Aos, 2004

Juvenile Crime Prevention Funds. The JCP Prevention funds support the Intensive In-Home Family Therapy (IIFT) program provided by Options Counseling. IIFT is based on the MultiSystemic Therapy (MST) program. MST is a research-based intervention designed to eliminate or reduce the frequency of youth referral behavior, to empower parents with the skills and resources needed to independently address inevitable difficulties that arise in raising children and adolescents, and to empower youth to cope with family, peer, school, and neighborhood problems. The contract for MST was awarded to Options Counseling through a request for proposals process conducted in 2001.

In 2007, Options Counseling recommended that its connection with the national MST organization be discontinued, due to high training costs and reduced state funding. The program was renamed Intensive In-Home Family Therapy (IIFT). The program design is essentially the same as MultiSystemic Therapy; however, training is provided locally by the parent organization in Eugene.

The focus of JCP is on youth in grades 4 through 6 in Roseburg, Winston, and Sutherlin, with the IIFT referrals primarily from schools. Community partners such as law enforcement and Oregon Department of Human Services refer youth as well. The program includes cognitive behavioral therapy for the family and child focusing on goals identified by the family, including improving relationships and increasing parent supervision and positive behavior support. The IIFT therapist meets with families in their home and community, and provides on-call support during crises. The IIFT therapist also helps the family build social supports and increase connections with schools, supporting the school in designing interventions to foster positive youth behavior. Families usually complete the entire six-month intervention, with sessions occurring, on average, two times per week.

For example, a family who participated in the IIFT program was referred by their school district. At the time of program enrollment, the 11-year-old youth was expelled from school and in daily verbal conflict with both parents. She was enrolled in tutoring through the school system, but was not participating, partly due to being unsupervised and hanging out in the community rather than appearing for sessions. The youth's aggressive behavior was impacting the parents' marriage, and the mother quit her job in order to be home to protect a younger sibling from the youth's aggressive behavior.

When the youth was referred to IIFT, a family plan was developed that included family therapy to assess and decrease the youth's aggressive and defiant behavior and improve

relationships. In addition, supportive therapy was provided to assist the parents in increasing their supervision of their child. IIFT helped the family advocate with the school system so that the youth was enrolled in school-based services that better met her academic needs.

This family participated in IIFT services for five months. During that time, the school agreed to refer the child to psychiatric day treatment, which met her educational needs and provided ongoing family therapy. The youth's aggressive behaviors decreased, and the parents were able to assume a more supportive and less adversarial relationship with the youth, including providing adequate supervision. The mother was able to return to work, decreasing the financial strain on the family. At last contact, this family continued to maintain the gains they made during treatment.

Basic Services Funds. The JCP Basic Services funds support the Roseburg Area Youth Services Diversion and Youth Court Program (R.A.Y.S. Program) provided by the Roseburg Police Department and the Douglas County Juvenile Department, the Juvenile Restoration Work Crew provided by the Douglas County Juvenile Department, and substance abuse assessment and treatment services for youth in detention provided by ADAPT. The JCP Basic funds will also pay for the cost of materials and supplies for staff training.

- The RAYS program serves first time offenders referred on misdemeanor offenses and violations. It is anticipated that this program will serve approximately 350-400 youth during the 2009-2011 biennium.
- The Juvenile Restoration Work Crew targets youth between the ages of 12 and 15 as a means to promote accountability and provide an avenue for youthful offenders to make their restitution payments. It is anticipated that this program will serve approximately 400 youth during the 2009-2011 biennium.
- Substance abuse assessment and treatment services will be provided to youth in the detention facility who do not have access to the Oregon Health Plan or private insurance due to their detention. It is anticipated that the program will serve approximately 350-400 youth during the 2009-2011 biennium.

Diversion Funds. The JCP Diversion funds support the Adolescent Sex Offender Program and mental health assessment and treatment services provided by the Douglas County Mental Health Division. The JCP Diversion funds will also pay for 1,427 relief staff hours to provide youth supervision and transportation services, urinalysis and Etg (for the detection of alcohol) lab tests, and instant field stick tests.

- The Adolescent Sex Offender Program provides psychosexual assessments and a prevention group designed to address sexually offensive behavior and promote the development of appropriate boundaries. The program also provides individual sex offender treatment and sex offender group based on a Cognitive-Behavioral Model for youth who have been assessed as being appropriate for community based treatment. It is anticipated that the program will serve approximately 18 to 24 youth during the 2009-2011 biennium.

- Mental health assessment and treatment services will be provided to youth in the detention facility who do not have access to the Oregon Health Plan or private insurance due to their detention. It is anticipated that the program will serve approximately 450-500 youth during the 2009-2011 biennium.

Chronic Offender Grant. The Douglas County Juvenile Department has been awarded a two-year, $1.8 million grant from the U.S. Department of Justice through its "Recovery Act: Assistance to Rural Law Enforcement to Combat Crime and Drugs" to implement an Intensive Intervention Program. The goal of the Intensive Intervention Program is to reduce chronic recidivism by identifying youth who are most likely to reoffend and utilizing effective intervention strategies with those youth. The Intensive Intervention Program will be a collaboration between Douglas County Juvenile Department, ADAPT, and Douglas County Health and Human Services.

The services, listed above, are part of a comprehensive strategy to reduce juvenile arrests, reduce juvenile recidivism, and maintain OYA bed use. JCP prevention funds are targeted at high-risk youth to prevent the youth from entering the juvenile justice system, while JCP Basic Services and Diversion funds are targeted at juvenile offenders with multiple risk factors to prevent them from reoffending and reentering the juvenile justice system.

BUDGET INFORMATION

Prevention Funds. The approved budget for Juvenile Crime Prevention Services is:

Program: Intensive In-Home Family Therapy (1.0 FTE)*
Provider: Options Counseling Services
Description: The focus of Intensive In-Home Family Therapy (IIFT) is on youth in grades 4, 5, and 6 in Roseburg, Winston, and Sutherlin, with the IIFT referrals primarily from schools. The program includes cognitive behavioral therapy for the family and child focusing on goals identified by the family, including improving relationships and increasing parent supervision and positive behavior support.

Total JCP Prevention Appropriation	**$141,386**
Options Counseling:	
Carry Forward (Youth Investment)	12,619
Juvenile Crime Prevention	127,247
Family Preservation and Support	34,388
Total 2009-11	**$174,254**
Juvenile Crime Prevention funds:	
Options Counseling	127,247
Administration costs (10%)	14,139
Total JCP Prevention Allocation	**$141,386**

Basic and Diversion Funds. The budget presented by the Douglas County Juvenile Department for Basic Services and Diversion is:

Program: Roseburg Area Youth Services (RAYS) Diversion and Youth Court Program (1.0 FTE)
Providers: Roseburg Police Department and Douglas County Juvenile Department
Description: The RAYS program serves first time offenders referred on misdemeanor offenses and violations. It anticipated that this program will serve approximately 350-400 youth during the 2009-2011 biennium.

JCP Basic Allocation **$110,428**

Program: Juvenile Restoration Work Crew (0.50 FTE)
Providers: Douglas County Juvenile Department
Description: The Juvenile Restoration Work Crew targets youth between the ages of 12 and 15 as a means to promote accountability and provide an avenue for youthful offenders to make their restitution payments. It is anticipated that this program will serve approximately 400 youth during the 2009-2011 biennium.

JCP Basic Allocation **$58,157**

Program: Substance abuse assessment and treatment services for youth in detention (0.50 FTE Substance Abuse Counselor)
Providers: ADAPT
Description: Substance abuse assessment and treatment services will be provided to youth in the detention facility who do not have access to the Oregon Health Plan or private insurance due to their detention. It is anticipated that the program will serve approximately 350-400 youth during the 2009-2011 biennium.

JCP Basic Allocation **$60,000**

Program: Staff training
Providers: Douglas County Juvenile Department
Description: Staff training.

JCP Basic Allocation **$4,698**

Total JCP Basic Allocation **$233,283**

Program: Mental Health assessment and treatment services for youth in detention (0.67 FTE Mental Health Therapist)
Providers: Douglas County Mental Health Division
Description: Mental health assessment and treatment services are provided to youth in the detention facility who do not have access to the Oregon Health Plan or private insurance due to their detention. It is anticipated that the program will serve approximately 450- 500 youth during the 2009-2011 biennium.

JCP Diversion Allocation **$113,339**

Program: Adolescent Sex Offender Program (0.33 FTE Mental Health Therapist)
Providers: Douglas County Mental Health Division
Description: Psychosexual assessments; a prevention group designed to address sexually offensive behavior and promote the development of appropriate boundaries; individual sex offender treatment and sex offender group based on a Cognitive-Behavioral Model for youth who have been assessed as being appropriate for community based treatment. It is anticipated that the program will serve approximately 18 to 24 youth during the 2009-2011 biennium.

JCP Diversion Allocation **$56,661**

Program: Detention relief staff
Providers: Douglas County Juvenile Department
Description: Detention relief staff to provide youth supervision and transport services ($15.40 per hour x 1,427 hours)

JCP Diversion Allocation **$21,974**

Program: Lab tests
Providers: Douglas County Juvenile Department
Description: Urinalysis and Etg (for detection of alcohol) lab tests and instant field test stick tests.

JCP Diversion Allocation **$6,000**

Total JCP Diversion Allocation **$197,974**