Evaluation of Virginia's
Young Juvenile Offender Grant Initiative

First Annual Report

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YJO Evaluation Report – Year One

Executive Summary

In 2002, the Juvenile Services Section of the Virginia Department of Criminal Justice Services began the Young Juvenile Offender (YJO) Grant Initiative, soliciting proposals from localities to develop programs to address offenders under the age of 14. Five sites began operations in 2003, six in 2004. In 2004, Juvenile Services provided a grant award to the DCJS Research Center to conduct an implementation and outcome evaluation of the YJO Grant Initiative. This is the first annual report of the findings of that evaluation. This report is limited to the implementation of the YJO programs at the various sites; results of an outcome evaluation will be included in future reports.

YJO Evaluation Design

The YJO program is intended to address offenders under the age of 14. The specific criteria have adjusted over time, but for most of the grant period, only youth adjudicated for delinquent or status offenses could be placed into the program. The adjudication requirement resulted in a lower number of referrals than expected.

The evaluation consists of surveys and interviews of YJO program staff and probation officers, and data collected as part of the assessment process. All sites are required to use the Virginia Version of the Oregon Juvenile Crime Prevention tool (OJCP-Va.), which identifies risk and protective indicators in five risk domains (School, Peer, Behavior, Family, and Substance Use), as well as indicators of mental health problems.

YJO Evaluation Findings

The individual YJO grant sites each developed a program to address its own local needs, resulting in a variety of program designs. The various programs fall within two broad categories:

1. *Purchase of Services* – Pool of funds used to purchase a range of services specifically for YJOs. Youth is assigned a YJO case manager.

2. *Therapeutic Focus* – Implement one or two model programs to offer exclusively to YJOs. Programs include Multi-Systemic Therapy (MST), and Functional Family Therapy (FFT), and Reconnecting Youth.

Four Distinguishing Elements

The individual YJO programs were to demonstrate Four Distinguishing Elements, which related to the need to integrate services, conduct assessments, provides individualized services, and improve parental participation. All sites did address these elements, but the manner of addressing them varied, usually according the program approach.

Common Strengths

- *Dedicated staff* – YJO staff consistently communicated their concern for youth, and their desire to provide youth with high-quality services.

- *Enhanced and accelerated service delivery* – The programs developed by sites appear to have filled critical gaps in services available to younger offenders.

- *Transportation needs addressed* – Sites found various ways to help youth and family attend program activities.

Common Concerns

- *Low referrals* – Due to the requirement that participants be adjudicated, a lack of awareness by key decision-makers, and assessments that indicated that the target population was higher than it has turned out to be.

- *Communication problems* – Communication difficulties could occur within an individual site, between multiple sites, or between the sites and DCJS. The grant coordinator position within DCJS Juvenile Services has been vacant for over six months, resulting in confusion among the sites on various issues.

- *Staff turnover* - Turnovers in YJO program staff, or in agencies that work closely with the program, can negatively impact implementation and operation.

Risk Assessment

The OJCP-Va. indicates a youth's risk of reoffending within one year.

- One-third of YJOs have a 50% or greater chance of reoffending within one year.

- Seventy-three percent of YJOs have at least one of the Violence indicators applicable to the youth's age group, indicating that the youth is at a particular risk for serious or violent offending.

- Eighty percent of YJOs have at least one Family risk indicator, 79% have a School risk indicator, and 67% have a Peer risk indicator. Only 23% of YJOs had a Substance Use risk indicator.

- Fifty-six percent of YJOs have at least one Mental Health factor.

Youth at Therapeutic Focus sites exhibited, on average, a higher number of risk, protective, and mental health indicators than youth at Purchase of Services sites.

Referral to Services

The OJCP-Va. also collects information on the services to which YJOs are referred.

- Ninety percent of YJOs received some family-focused service referral.

- Eighty-six percent of YJOs received some counseling or therapeutic service referral.

- All youth referred to the model programs FFT, MST, or Reconnecting Youth demonstrated at least one of the risk indicators targeted by that program type.

Recommendations

Four recommendations are made for the future operation of the YJO Grant Initiative.

1. Reduce YJO criteria; consider making YJO criteria consistent with criteria for the Virginia Juvenile Community Crime Control Act. (This recommendation has been addressed.)

2. Increase meetings and encourage relationships between grant participants.

3. Increase communication and coordination between DCJS Juvenile Services and YJO grant sites.

4. Encourage more consistent reporting practices with regard to the YJO evaluation.

Young Juvenile Offender Grant Initiative

First Annual Evaluation Report

Introduction

Researchers and juvenile justice professionals have known for years that some characteristics in a youth's life can increase – or decrease – the youth's likelihood of becoming an offender. One influential factor is the age at which a young person begins offending. "Early-onset offenders," those who begin committing criminal offenses by the age of twelve, "have a two to three times higher risk of becoming serious or chronic offenders" as compared to later onset offenders (Loeber & Farrington, 1998). They also tend to have longer delinquent careers than those with later onset (Loeber & Farrington, 2001). Early intervention into the lives of these early-onset offenders could have a disproportionately large impact on overall juvenile crime (Loeber et. al., 2003).

Through the Juvenile Justice and Delinquency Prevention Advisory Committee (renamed the Advisory Committee on Juvenile Justice), the Juvenile Services Section of the Department of Criminal Justice Services (DCJS) surveyed the data for young offenders entering the juvenile justice system in Virginia. The data analysis was supported by a series of focus groups in the Summer of 2001. In September 2001, Juvenile Services released the report, *Risk and Protective Factors for Delinquency*. The report noted that between 1995 and 2000, Virginia's juvenile and domestic relations district courts reported a 66% increase in status offense complaints and a 48% increase in delinquency complaints among youth under the age of 14 (Hanna, 2001).

"This research," stated the 2002 Juvenile Justice Grant Funds Application Kit, "led to the development of" the Young Juvenile Offender (YJO) Grant Initiative. This initiative offered federal Title II grant funds to localities to develop a comprehensive response to offenders under the age of 14. "A focus on child offenders provides an opportunity to intervene early and reduce overall levels of crime in the community" (2002 Application Kit). (For a more recent analysis of juvenile intake complaint data, and other issues that supported the development of the YJO Grant Initiative, see the section, 'Review of YJO Intake Data on page 60.)

In fiscal year 2004, the Criminal Justice Services Board awarded a grant to the DCJS Research Center to conduct an implementation and outcome evaluation of the YJO Grant Initiative. This is the first annual report of the findings of that evaluation. This report is limited to the implementation of the YJO programs at the various sites; results of an outcome evaluation will be included in future reports.

YJO Grant Initiative Program Description

Individual YJO program sites had considerable flexibility to develop a program that addressed local needs. However, the 2002 Application Kit directed that "Each initiative will be characterized by four distinguishing elements." Those elements are:

1. ***A comprehensive local policy approach that is designed to integrate the system of care and to improve collaboration in meeting program goals.***

   The assets of the service system need to be assessed and configured to produce an integrated system of care for young offenders. The complex juvenile, social services, school and human service needs of these children and their families requires significant effort on the part of the locality to integrate service delivery policy and systems.

2. ***Comprehensive risk and needs assessment of the child and the family with which the child resides. Such assessments must consider the adjustment of the child in school, home and community.***

   Comprehensive needs assessment and objective risk assessments are vital in ensuring proper placement of offenders in various levels of intervention and in monitoring their progress. The multiple risk factors and needs of these children and their families must be addressed in order to reduce the probability of future re-offense. Assessments should identify and address barriers to the child's long-term outcomes.

3. ***Development of a comprehensive response to meeting assessed needs on an individualized basis.***

   The strategy for development and provision of services should wrap both new and existing resources around the child and their families… It is important to integrate the juvenile justice, mental health, social services, child protective services, child welfare, health and education systems in the delivery of services, rather than designating one agency as the service provider… The focus, intensity and duration of the services should be based on assessed risk, with children at highest risk receiving the longest-term intervention and follow-on services.

4. ***Development of interventions for reducing the barriers that inhibit parental participation and creation of incentives for family participation.***

   Both in-home services and parental group services may be planned. Barriers to parental involvement include access to services; work and child care scheduling; and transportation. These families will have a high need for stabilization services and economic assistance most commonly available through social services.

Six program sites were selected in FY 2003 (a seventh was originally selected, but ultimately refused the grant because they were not yet ready to implement the program). Five sites were added in FY 2004, including the site that declined the award in 2003.

Goals

The stated goal of the YJO grant initiative is to "interrupt the cycle of penetration into the juvenile justice system for youth under the age of 14" (2002 Application Kit). It is also "intended to address rehabilitation and accountability within the context of court involvement for delinquency and status offense behaviors, excluding offenses of a sexual nature" (2002 Application Kit).

The Young Juvenile Offender Program Sites

The eleven different YJO program sites each address the same target population, but do so in a variety of ways. The various individual sites may call their programs by different names (e.g. YO – Young Offender, YOGI – Young Offender Grant Initiative). For the sake of consistency the term "YJO program" will be used for each program. Some sites serve a single locality, while others serve multiple localities. For the sake of simplicity, sites are generally referred to according to the name of a single locality, but it should be understood that the site may serve a larger area. The individual sites are discussed in detail in the summary that follows, which lists the individual counties and cities served by each site. Additional detail can be found in Appendix A. However, before looking at the individual sites it is useful to identify the overall target population, and then group the sites into broad categories.

Target population

All sites serve youth under the age of 14 who have been adjudicated for a delinquent or status offense (including deferred disposition). The precise criteria for receiving services have changed over time:

- The first year of the program focused on first-time offenders (youth adjudicated for the first time). This criteria was too strict for many sites, in that too few youth were eligible for participation. The first-adjudication requirement was dropped in the second year.

- In January 2004, instructions were emailed by DCJS Juvenile Services to some sites that youth over 14 could be served under the grant, if they had been adjudicated before their 14th birthday and had remained on probation since that adjudication. This instruction was sent in response to concerns that a youth might turn 14 after adjudication but before the probation officer decided to place the youth into the YJO program. The instruction states that "there are times when the child is on probation and may start exhibiting risk factors" that make him or her appropriate for placement, "some time after the case went to court. As long as they are not responding to a new offense (petition, etc.) that occurred at 14 or older, they could be served."

- Even this loosened criteria resulted in too-few referrals for some sites in the second year. This was revealed during the course of the evaluation, and ten of the eleven sites reported in a survey that they supported loosening the criteria further (the eleventh site abstained, stating that it neither supported nor protested such a change). As a result, on March 22, 2004 an email was sent by Juvenile Services to the eleven sites informing them that the adjudication requirement had been eliminated. Services could be provided once the youth (under 14) had been petitioned for a delinquent or status offense.

Most of the grant activity has taken place using the year-two criteria (no first-adjudication requirement). The sites that began operation during the first grant cycle actually served more youth during their second year (due to time needed to implement the

program), and the first-offender requirement was eliminated before sites beginning in the second round started operations. Therefore, discussion in this report will be in the context of this second-year definition of a YJO: *Youth under 14, adjudicated for a delinquent or status offense (including deferred disposition), with no first-offender requirement*. However, the reader is advised to remember that this definition cannot be strictly applied to all sites.

Approaches to Developing the YJO Program

Because the needs and existing resources of localities can vary considerably, the individual YJO sites had considerable latitude in developing their programs. Each site was to develop a program to meet its own local needs, while ensuring that the program served the grant initiative's target population and addressed the four distinguishing elements described in the application kit. This flexibility resulted in significant variations from one site to the next. However, the individual programs developed to date can be loosely grouped into two broad approaches. Within the two approaches there is considerable variation, but the programmatic focus is fairly consistent.

1. **Purchase of a Range Services** – Six sites developed a system in which they use YJO and other funds to purchase services specifically for youth in the YJO program. In all of these sites the youth is assigned a YJO case manager, who seeks to ensure that the youth's services are well-integrated and suitable to the youth's needs (although the assessment of those needs may have been performed by someone else). Four of these sites have also developed or modified some services specifically for the young juvenile offenders. These six sites include five that started operations in FY 2003 (Charlottesville, Fairfax County, Newport News, Richmond City, and Wise County), and one that started operations in 2004 (Lynchburg). Throughout this report, these sites will be referred to as purchase-of-service sites, or PS sites.

2. **Therapeutic Focus** – Five sites used YJO funds to develop one or two programs to offer exclusively to young juvenile offenders (rather than purchase services from existing providers), and those programs centered around therapeutic services offered to the youth and family.

   Three sites developed a Functional Family Therapy (FFT) program. "FFT works first to develop family members' inner strengths and sense of being able to improve their situations—even if modestly at first. These characteristics provide the family with a platform for change and future functioning that extends beyond the direct support of the therapist and other social systems," (Sexton and Alexander, 2000). (For more about FFT, see the OJJDP Juvenile Justice Bulletin in Appendix B.) One of the FFT sites (Loudoun County) also developed a Reconnecting Youth (RY) program. "Reconnecting Youth uses a partnership model involving peers, school personnel, and parents to deliver interventions that address the three central program goals: decreased drug involvement, increased school performance, and decreased emotional distress," (Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention).

(For more about RY, see the SAMHSA Model Program publication in Appendix C).

One site developed a Multi-Systemic Therapy (MST) program, and one added a YJO-specific therapist to an existing MST program. MST is an intensive, home-based therapeutic approach, based on the philosophy that the "most effective and ethical route to helping children and youth is through helping their families… Services are directed toward the psychological, social, educational, and material needs that face families in which a child is in imminent danger of out-of-home placement." (Henggeler, 1997). (For more about MST, see the OJJDP Juvenile Justice Bulletin in Appendix D)

With the exception of the Loudoun County and Middle Peninsula programs, these sites do not provide formal case management services, though the therapist performs some of these duties. These five sites include one that started operations in 2003 (Middle Peninsula) and four that started operations in 2004 (Loudoun County, Montgomery County, Virginia Beach, and York County). Throughout this report, these sites will be referred to therapeutic-focus sites, or TF sites.

These categories reflect the overall focus of each site, but are not entirely exclusive of each other. Certainly some of the services provided to youth in the PS sites are therapeutic in nature, and some of these sites have also developed one or more services specifically tailored to the YJO program. Also, TF sites have the option of using non-YJO funds to purchase services to supplement their primary program offerings. But generally speaking, the activities of the sites are characterized by these approaches. The one potential exception is Loudoun County, which, as will be described further, manages its program differently from other sites. Nonetheless, the services provided in Loudoun do follow the TF approach.

The 2002 application kit did not require applicants to propose specific programs; however, the 2003 application kit instructed sites to select programs for replication that had previously reported data indicating evidence of risk reduction and behavior change with juvenile offenders. Sites were provided a matrix of model programs from which they could select, but were not limited to those identified programs; other programs could be selected, but must be able to provide convincing evidence of the program's effectiveness. This difference in the application kit is clearly the cause of the change in the program approaches from those sites that began operations in 2003 (having applied in response to the 2002 application kit) to those that began in 2004 (in response to the 2003 kit). However, one of the 2003 sites (Middle Peninsula) used the YJO funds to develop a program (MST) that would later fall within the Juvenile Services program matrix. Additionally, one 2004 site (Lynchburg) was initially awarded the grant in the first year had to delay for one year due to implementation problems. This site was not required to select a model program for replication when it began operations in FY 2004.

Table 1 reflects the program approach for each of the YJO sites.

Table 1: Approaches to Service Delivery

Approach to Service Delivery	YJO Site
Purchase of Services	Charlottesville* Fairfax* Newport News* Richmond* Wise County* Lynchburg**
Therapeutic Focus	Middle Peninsula* Loudoun County** Montgomery County** Virginia Beach** York County**

* Sites beginning operations in FY 2003
** Sites beginning operations in FY 2004

The following section provides a brief description of each site. The sections that follow will identify issues raised during the evaluation, and will compare and contrast the sites on a number of factors. For more information about an individual site, see Appendix A, YJO Program Site Descriptions.

Sites Beginning Operations in FY 2003

These six sites were dominated by the PS approach. Although they are in their second year, they continue to develop their programs.

Charlottesville –*City of Charlottesville and Albemarle County*

Program Description: The Charlottesville YJO program follows the purchase-of-services approach. It is operated by Community Attention, a division of the Charlottesville Department of Social Services. The Charlottesville program combines intensive case management services, service plans developed by an interdisciplinary team, and a pool of funds for purchasing services from a wide range of service providers. Not all services are purchased with YJO funds – in fact, Charlottesville has made such an effort to identify other funding (such as Medicaid) prior to spending YJO funds (as directed by the grant instructions) that they have had difficulty spending all of their grant money.

Fairfax – *City of Fairfax and Fairfax County*

Program Description: The Fairfax YJO program follows the purchase-of-services approach. It is operated by the Fairfax court service unit. The Fairfax program found itself in a position unique among the YJO sites – they had too many referrals. Inundated with young offenders and wishing to provide quality services to all participants, Fairfax revised its criteria for referral. Now, only youth who have been placed in detention or sheltercare can be referred to the program. The Fairfax YJO provides intensive supervision, assessment services, and service coordination to youth in detention or sheltercare. These services are

provided immediately upon referral, eliminating the delay that would otherwise result (if services would even otherwise be available). Fairfax is also unique in that they use the YJO funds to provide intense front-end services to regular probation supervision, rather than a stand-alone program.

Middle Peninsula - *Gloucester, Mathews, Middlesex, King & Queen, King William, Northumberland, Richmond, Essex, Lancaster, and Westmoreland Counties*

Program Description: The Middle Peninsula YJO program follows the therapeutic-focus approach. The program consists of a single therapeutic service, MST, operated by the Youth and Family Services Division of the Middle Peninsula-Northern Neck Community Service Board (CSB), which also conducts the OJCP-Va. assessment. The MST program was created as part of the YJO implementation. The program also provides a case manager.

Newport News – *Cities of Hampton and Newport News*

Program Description: The Newport News YJO program follows the purchase-of-services approach. It is part of the Newport News Department of Juvenile Services. The Newport News program combines intensive case management services, service plans developed by an interdisciplinary assessment team, and a pool of funds for purchasing services from a wide range of service providers. Those services are purchased using YJO funds and funds from the Newport News Department of Juvenile Services (DJS funds are now used more than YJO). The core of the program is twelve weeks of family group therapy, although a wide range of other services are available.

Richmond – *City of Richmond*

Program Description: The Richmond YJO program follows the purchase-of-services approach. It is operated by the Richmond Department of Juvenile Justice Services (RDJJS). The Richmond program is a six-month case management program which incorporates assessment, community referral, competency development, academic supports, behavioral-monitoring and skill building activities for parents that address risk factors for poor family management, discipline and control practices. The most unique characteristic of the Richmond program is its use of the automated Graduated Information Level System (GILS) that RDJJS already managed via a partnership with the Richmond court services unit. The GILS system includes its own assessment process, presenting a list of services recommended for youth based on the severity level of the current offense and the intensity of the youth's needs. GILS is used for all youth who are adjudicated (and live) in Richmond. The Richmond YJO program is recommended for youth requiring a high level of services, and who are not low-level, first time offenders. (For more information about GILS, see Appendix E).

The GILS system has greatly helped Richmond implement its YJO program, allowing them to start serving youth immediately when the grant period began

(other sites took advantage of the six-month development period built in to the YJO grant). Other sites had to develop services, create positions, hire staff, and select an assessment instrument; Richmond already had most of the services, and was able to shift existing RDJJS staff to YJO case management, and used the GILS assessment process to place youth into services. When the Oregon Juvenile Crime Prevention assessment tool was selected by the consensus of all YJO Project Directors, Richmond was required to include in their assessment process (so that they could be included in this evaluation).

Wise County – *City of Norton and Lee, Scott, and Wise Counties*

Program Description: The Wise County YJO program follows the purchase-of-services approach. It is operated by the Lonesome Pine Office on Youth (LPOY). The Wise County program combines intensive case management services, case review by an interdisciplinary assessment team, services provided by the YJO agency, and a pool of funds for purchasing services from a wide range of service providers. Those services may be purchased using YJO or other funds (typically Medicaid or CSA funds). The core of the program is the case management and the mentoring and parent aide services provided by LPOY.

Sites beginning Operations in FY 2004

The YJO grant initiative anticipated a six-month development period, so there is an expectation that services will not begin until the seventh month of the grant. In fact, some sites have taken a bit longer to begin full operation, in which case operations for the 2004 sites will have been in place only a few months at most at the time of this report. Also, these sites (all but one of which follow the therapeutic-focus approach) are generally offering new services to a court system that may be cautious about placing many youth until the program has demonstrated its ability to work with the youth, family, and court. Given that, it is not surprising that sites whose first grant period began in July 2003 have not served many youth as of April 1, 2004. These programs are still growing, although they can still offer insight into program development.

Loudoun County – *Loudoun County*

Program Description: As noted earlier, the Loudoun County YJO program is developed and managed differently from programs at other sites. In general it follows the therapeutic-focus approach. However, it also has some characteristics of the purchase-of-services approach.

Loudoun County takes full advantage of the strengths of the various agencies involved with troubled youth; it is not operated by any single entity. The assessment and referral are conducted by the Department of Social Services (DSS), the FFT program is operated by the Department of Mental Health, and case management is provided by the court service unit. Reconnecting Youth (RY), the second major program offering, is managed by the CSU, and is operated

by the Department of Parks, Recreation, and Community Service and the vendor Family Preservation Services.

The two programs, FFT and RY, represent the core of the YJO program (although youth may be referred to other, non-YJO services as well). Due to constraints within the school curriculum, Loudoun adjusted the traditional RY model by moving it out of the schools and into a community center. FFT and RY were both created as part of the YJO implementation.

Lynchburg – *Cities of Lynchburg and Bedford, and Amherst, Bedford, Campbell, and Nelson Counties*

Program Description: The Lynchburg YJO program follows the Purchase-of-services approach. It is operated by the non-profit organization Peaceful Alternatives Community Mediation Services (PACMS). The Lynchburg program combines intensive case management services, service plans developed by a multi-disciplinary team, and a pool of funds for purchasing services from a wide range of service providers. Those services may be paid for with YJO or other funds (typically Medicaid or Comprehensive Services Act funds). There is no one program that could be seen as a core or primary program, but the assessment, the service plan by the multi-disciplinary team, and the case management are highlights that distinguish YJO services from other juvenile justice placements.

Montgomery County – *Montgomery County*

Program Description: The Montgomery County YJO program follows the therapeutic-focus approach. That therapeutic service is FFT, which operated by the service provider Family Preservation Services, Inc. (FPS). The program was created as part of the YJO implementation.

Virginia Beach- *City of Virginia Beach*

Program Description: The Virginia Beach YJO program follows the therapeutic-focus approach. The program consists of a single therapeutic service, MST, operated by Child and Youth Services, within the Virginia Beach Department of Mental Health, Mental Retardation, and Substance Abuse. An existing MST program was already available within Child and Youth Services. This allowed the YJO program to take advantage of existing resources and relationships established by MST program. The MST program now includes four therapists, one of whom is funded by YJO. The other three therapists do not see YJO cases.

York County – *City of Williamsburg and York, James City, Yorktown, Gloucester, and Matthews Counties*

Program Description: The York County YJO program follows the therapeutic-focus approach. The program consists of a single therapeutic service, FFT, which is operated by York County Juvenile Services. The program was created as part of the YJO implementation.

Evaluation Methodology

The implementation evaluation of the Young Juvenile Offender Grant Initiative included the collection and analysis of both qualitative and quantitative information. The qualitative analysis focuses on survey responses and interviews with program directors and staff at the individual YJO sites. The quantitative analysis focuses on data collected by sites during the assessment process, using the Oregon Juvenile Crime Prevention tool, Virginia Version (OJCP-Va.).

YJO Program Staff Surveys and Interviews

In the summer of 2003, formal interviews were conducted with the program directors at each of the six sites that had begun operations in fiscal year 2003. These interviews were conducted as part of a visit to the individual site, which also included training on the OJCP-Va. data collection forms. These interviews served to gather information needed to develop a broad understanding of the programs in place.

Using information gathered from these interviews, as well as information received during other site visits and phone calls, a survey was developed and sent to each program director in February 2004. Although the survey was sent to program directors, they were asked to involve staff who were directly involved in the day-to-day operations of the program. This survey focused on clarifying the referral and assessment process, acquiring details about the services available to the YJOs, and clarifying the roles of the agencies involved. Program directors were also asked to comment about their interactions with other sites and the Department of Criminal Justice Services, and their opinions about the program to date. A copy of the Program Director Survey is included in Appendix F.

The responses to the Program Director Survey made it clear that there was great variation in how the individual sites developed and operated their YJO programs. A follow-up telephone interview was scheduled with the individuals responsible for the day-to-day operations of the program. The interviews sought to clarify the distinctive characteristics of each site, and to get a better understanding of each site's referral and assessment process. Respondents were provided a copy of the questions in advance. A copy of those questions is included Appendix G.

These interviews and surveys identified questions about the role of probation staff in each sites YJO program. A separate interview tool was developed for probation officers, which sought to clarify their role and seek their assessment of the program. A copy of those questions is included in Appendix H.

In addition to these formal surveys and interviews, sites were also asked to respond informally to occasional questions, by telephone or email.

Analysis of OJCP-Va. Assessment Tool Data

The Oregon Juvenile Crime Prevention assessment tool (OJCP) was selected in the Fall of 2002 by the consensus of the six YJO program directors. Modifications would eventually be made to tailor the tool more specifically to the needs of the YJO program in

Virginia, creating the OJCP- Virginia Version (OJCP-Va.). Copies of the OJCP-Va. forms (which includes an Initial Assessment, Interim Review, Service Tracking Form, Service Initiation Form, and Service Termination Form) are included in the appendices. The program directors considered the OJCP-Va. to be a desirable tool for five reasons:

- It could function as a clinical assessment tool, identifying risk and protective indicators across five separate domains: School, Peer, Behavior, Family, and Substance Use. Results from the assessment could help case workers, screening teams, and courts identify an individual youth's specific needs, which would help them develop a service plan to address those needs. Some sites could then use the OJCP-Va. as a stand-alone assessment tool, while others could use it to supplement a locally-developed assessment process.

- The OJCP-Va. could also function as an evaluation tool, by collecting the same information on all youth across the varied YJO programs. The OJCP-Va. includes three aspects: an Initial Screen, an Interim Review, and Service Tracking forms. The Initial Screen is administered at the beginning of the process, to assess the youth's risks and protective factors and develop a service plan. The Interim Review is conducted every six months and again at the end of services. Both of these forms include items that are subject to change over time, such as "Chronic aggressive, disruptive behavior at school during past month." Items such as these could help indicate whether the programs were having success in changing the youth's situation and behavior. To date, the number of Interim Reviews received is insufficient for analysis, so this review will be limited to the results of the initial assessments.

  The Service Tracking forms gather details about the individual services a youth receives. This information includes the specific type services (mentoring, counseling, etc.), as well as the degree to which the youth completed the service requirements and whether the youth's completion or termination from the program was considered successful. The service form provided by Oregon was revised in the Fall of 2003, creating two separate forms: Service Initiation and Service Termination. In the analysis of service placements presented here, data from the original service form and the Service Initiation form are combined to provide a summary of service placements. To date, an insufficient number of Service Termination forms have been received, so this preliminary analysis will be limited to the original service placement decision.

- The third benefit of the OJCP-Va. is that the risk and protective indicators measured by the form had been identified according to recent research on risk and protective factors impacting juvenile delinquency. Although the form was designed for assessing at-risk juveniles in general, it contained some specific measures that had been identified by research as being particularly applicable to younger offenders.

- Another consideration that interested program directors was that the OJCP came packaged with a fully-developed automated data entry and reporting system. The

data application would allow each site to input its data locally and electronically submit those data to the evaluator on a quarterly basis. The sites could also run a series of pre-developed reports that would allow them to have a better understanding of the youth they had served.

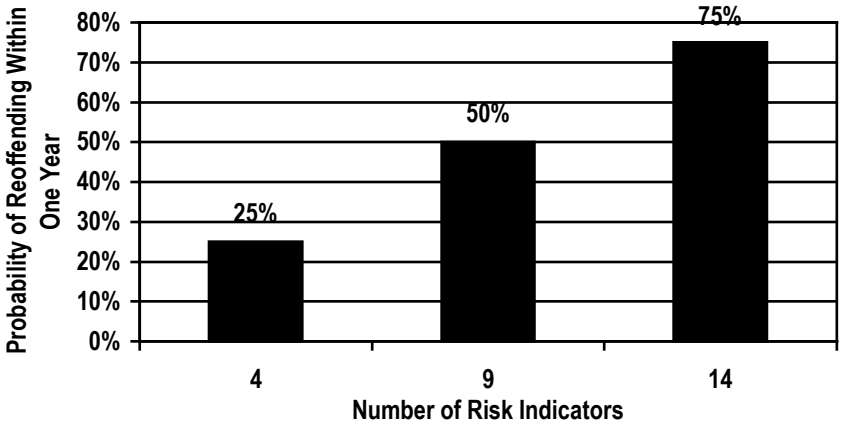
Unfortunately, this application did not function as expected. Various problems in the data entry and reporting systems caused errors that made the system unreliable. Furthermore, any adjustments to the paper assessment or service forms being used at the sites would have to be replicated in the data entry screens, and the complexity of the application made this both difficult and expensive. Eventually, the data application was abandoned in the Fall of 2003. Oregon has also abandoned the application. Sites now send copies of completed forms to the evaluation team, where data entry is conducted on a more streamlined database. A new data application is planned for development during the Summer of 2004.

- The final benefit of the OJCP was that it was a complete tool. Although the evaluation team made some adjustments to the forms for the evaluation, the tools were ready for immediate use for clinical assessment. The changes made by the evaluation team, other than the clarification of individual items, were not related to how the form functioned as a clinical assessment tool. Some of the items added by the evaluation team include the youth's offense information, DJJ tracking identification number, and court history. Because these items were not included on older versions of the forms (and were often submitted incomplete during the implementation of the revised forms), they will not be included in this preliminary analysis. The analysis that follows focuses on the risk and protective indicators identified by the Initial Screen.

For each individual indicator (including risk, protective, and mental health indicators), a youth can receive a score of "Yes," "No," or "More Information Needed." On average, across all of the indicators, 89% of answers were either "Yes" or "No," with 8% of answers being "More Information Needed" and 3% left blank. Some items were less likely than others to have a Yes or No answer. Appendix N provides a table reporting the proportion of responses for each item. For purposes of this report, a response of "More Information Needed" is treated as missing data, and all missing data are dropped from the analysis. Therefore, when the proportion of "Yes" responses is reported, it represents the number of "Yes" responses divided by the total number of "Yes" and "No" responses.

The OJCP has been field-tested in Oregon, which provides a useful point of reference. Figure 1 shows how the probability of a youth reoffending within one year increases along with the number of risk indicators present in the youth's life. According to the Oregon Juvenile Department Directors' Association (OJDDA), youth with four risk indicators have a 25% probability of reoffending within one year, youth with 9 risk indicators have a 50% probability, and youth with 14 or more risk indicators have a 75% probability of reoffending within one year (Seljan, 2002).

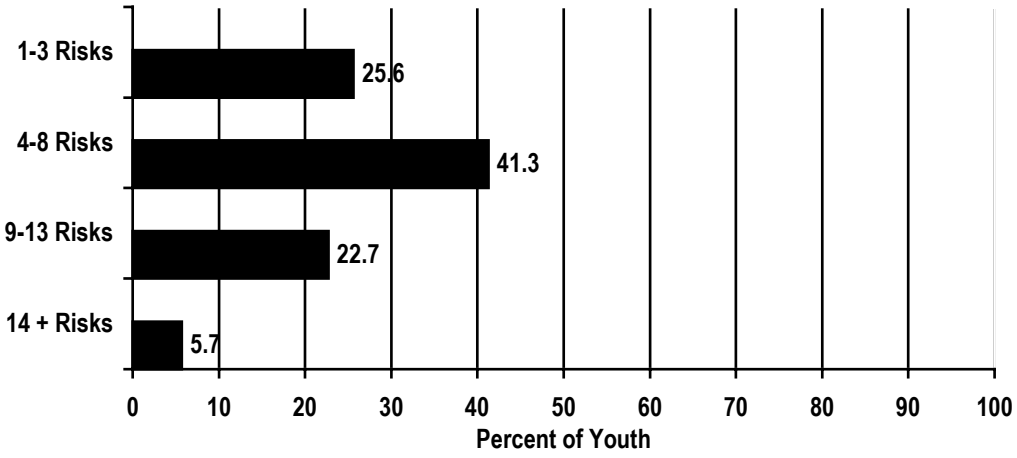
Figure 1: Probability of Reoffending as Risk Indicators Accumulate



It should be stressed that this probability curve refers specifically to the risk of reoffending *within one year*. Probability distributions for reoffending in the long term have not been developed. This is especially important when considering that the youth in the YJO program are younger offenders. According the DJJ *Data Resource Guide FY 2003*, about half of all juvenile intake cases in 2003 were age 16 or older, while 17% were age 13 or younger, the criteria for the YJO program. These younger offenders face a longer period of adolescence in which they will be at risk of further delinquent behavior.

Figure 2 displays the statewide distribution of risk indicators found in Oregon. Two-thirds of juvenile offenders tested in Oregon displayed eight or fewer risk indicators.

Figure 1: Oregon Statewide Distribution of Risk Scores*



*Source: "Training on JCP Assessment Instruments," Oregon Juvenile Department Directors' Association.

Using the distribution of scores and taking into account the probability of reoffending, OJDDA suggested the following risk levels for reoffending within one year of assessment:

- Low = 0-8 risk indicators
- Medium = 9-13 risk indicators
- High = 14 or more risk indicators

Although the YJO sites were *not* directed to use these risk levels, it will still be useful to examine the sites according to how they would have scored. (Some sites did develop their own levels, but these were inconsistently reported on the assessment forms.) Again, these risk levels apply to a youth's one-year risk of reoffending, not to the risk of reoffending in the long term.

The OJCP also included a Service Tracking Form. This form was initially used with this evaluation, and then revised into two new forms- the Service Initiation Form and the Service Termination Form. The revisions were necessary to improve the standardization of the data (the old form could be completed at any point in youth's service, yielding varying completion responses) and to gather more detailed information about the services youth received. For this report, data from the Service Tracking Form and Service Initiation Form have been combined.

Some items on the OJCP-Va. measure behavior or activity that has occurred within the most recent month (e.g., "Chronic aggressive, disruptive behavior at school during past month"). These are paired with similar items that measure more long-term activity (e.g., "Chronic aggressive, disruptive behavior at school starting before age 13"). These "change" indicators include both risk and protective factors. The change indicators are not used in calculating risk scores; they will be used to measure change between the Initial Screen and Interim Review, as part of the outcome evaluation.

As of May 15, 2004, Initial Assessments have been received for 177 young juvenile offenders. Service forms have been received for 135 of those youth. These forms represent the majority of the YJO cases, but not all YJOs assessed. Some youth (or their parents) elected not to participate in the evaluation, and therefore those forms were not submitted. This is particularly a problem for Middle Peninsula (which is missing 22 out of 27 cases) and Fairfax (missing 72 out of 97 cases). Appendix O presents demographic data of youth actually assessed and served at each site in 2003 and 2004, and compares these to data from the OJCP-Va. forms submitted.

To address this reluctance on the part of some youth and families, the evaluation will revise submission process during the Summer of 2004. Sites will remove all identification information from each form, and assign the youth a unique identifier (from a list provided by the evaluators). This will allow the submission of all data for all youth, and completely protect their identities. Evaluation staff will not have access to any identifying information for any youth. This process is currently being tested with the Charlottesville and Middle Peninsula sites. Fifteen of the seventeen assessments

submitted by Charlottesville followed this process, as did all five of the assessments submitted by Middle Peninsula.

In addition to the 177 Initial Screens for young juvenile offenders, fifteen assessments conducted on siblings of YJOs have been received. They are not included in the analysis that follows. The issue of probation cases referred after the age of 14 cannot be adequately examined here, because evaluators did not discover this instruction to sites until months after the data collection forms had been developed and distributed.

Preliminary Findings

of the

Implementation Evaluation

The implementation of the YJO grant initiative is an ongoing process. Six of the sites began operations in FY 2003, five in 2004, and more sites are expected to begin operations in 2005. Because the sites are at varying stages of implementation, any findings of an evaluation of that implementation must be considered preliminary.

These findings are divided into two subsections – findings from the qualitative analysis of the surveys and interviews of YJO staff, and findings of the quantitative analysis of the Oregon Juvenile Crime Prevention Tool – Virginia Version (OJCP-Va.) assessment and service forms received to date. Although these subsections are distinct, there will be some overlap between the two as the quantitative data is used to support points made in the qualitative analysis, and vice versa.

YJO Site Survey and Interview Findings

As has been noted, there is significant variation among the eleven YJO sites. This has complicated the analysis and summary of the sites. A variety of formal and informal surveys and interviews have been conducted over the course of the year. Often an issue would be identified at one site, requiring more phone calls and emails to the other ten to determine if the issue was unique to the first site or widespread.

To the extent possible, the results of the qualitative analysis are grouped below. The first grouping is by individual site, looking first at those beginning operations in FY 2003, then at those beginning in 2004. Following this review, there is an examination of how they exhibited the "Four Distinguishing Elements" dictated by the grant. Finally, there are a variety of additional factors that were found to distinguish the sites.

As described earlier, there are two broad categories of YJO program approaches: purchase-of-services (PS) and therapeutic-focus (TF). The reader will note that these categories will have an impact on a number of factors, including how the sites meet the Four Distinguishing Elements.

Four Distinguishing Elements

The YJO grant announcement dictated, "Each initiative will be characterized by four distinguishing elements."

1. *A comprehensive local policy approach that is designed to integrate the system of care and to improve collaboration in meeting program goals.*
2. *Comprehensive risk and needs assessment of the child and the family with which the child resides. Such assessments must consider the adjustment of the child in school, home and community.*
3. *Development of a comprehensive response to meeting assessed needs on an individualized basis.*
4. *Development of interventions for reducing the barriers that inhibit parental participation and creation of incentives for family participation.*

These elements are present in each of the YJO sites, but in significantly different formats.

Element 1: Comprehensive local policy to integrate system of care and improve collaboration

The local policy should have been reviewed and approved by Juvenile Services prior to the site receiving the grant award. This evaluation, therefore, focuses on the program staff's reports of practices relevant to an integrated system of care and local collaboration.

All sites report a high level of collaboration among participating agencies. Although a few sites have indicated some difficulties with a single agency involved in their YJO program, they also indicated that such problems either had improved or were improving,

and that the specific problem was an exception, rather than the rule. Several sites indicated that interagency collaboration had improved as a result of implementing the YJO program, while others indicated that collaboration between agencies was already very good.

The approach to providing an integrated system was largely determined by the overall program approach (purchase-of-services vs. therapeutic-focus).

- Purchase-of-service sites provide intensive case management services and a pool of funds for purchasing services. At these sites, the case manager (or YJO coordinator) serves to integrate all of the services the youth is receiving. Most of these sites also have a multidisciplinary screening team (exact name varies) that advises the case manager, and occasionally makes placement decisions.

- Therapeutic-focus sites each provide an intensive, family-focused therapeutic program. The youth and family are paired with a therapist who learns the particulars of the family's service history, and seeks to ensure that all existing services are not working at cross purposes. For example, the therapist ensures that a youth is not involved in one program that is tolerant of occasional substance use and another program that strictly forbids any use. Probation and program staff have indicated that some youth who are already involved in other therapeutic services are not referred to the program for this reason. During the course of treatment, the therapist can refer the youth to other services (including health, education, and social services, among others). Beyond this role, the therapist also communicates with the youth's probation officer, to keep interested parties informed about the youth's progress and behavior while in the program.

  The 2003 Juvenile Justice Grant Funds Application Kit, in explaining Element 1, notes that, "Individual programs may serve to fill gaps in service, but do not constitute a comprehensive, integrated, collaborative response." The TF sites (with the exception of Loudoun County) all use YJO funds for an individual program, which fills a gap in their existing continuum of services (Loudoun County provides two programs). The sites do have access to other services, using non-YJO funds, but these services may be limited (particularly in Montgomery County and Middle Peninsula). These sites do generally report satisfaction with collaboration among local agencies (at two of the sites beginning operations in 2004, local collaboration was improving, though not entirely satisfactory). However, probation staff at these sites do not view these activities as a "YJO Program." Instead they view it as the "FFT Program" or the "MST Program."

  Although Loudoun County is among the TF sites, it is distinct from the others in that it also offers case management services, as well as multiple service options (FFT and RY). The responsibilities for the various aspects of the program (referral, assessment, program operations) are divided among several participating agencies. Despite some minor communication problems, the various agencies appear to work together well to provide an integrated system of services for the youth and family.

Element 2: Comprehensive risk and needs assessment of the child and family

During interviews, all sites made it clear that they recognized the need for comprehensive assessments, and were appreciative of the grant-funded opportunity to conduct assessments for these youth. Some sites already had an existing assessment process, but most did not. As required by the grant, all sites are using the OJCP-Va., but there is variation in how it is used.

- Some sites use the OJCP-Va. (sometimes in conjunction with other assessment tools) to develop a service plan that addresses each youth's unique needs. This method is typical for PS sites; however, the TF site Loudoun County also uses the assessment for this purpose.

  Some of these sites also use various other assessment tools. Two sites in particular (Charlottesville and Richmond) use the OJCP-Va. to supplement an existing assessment process. The Charlottesville YJO program works in partnership with the Juvenile Court Assessment Center (JCAC). The JCAC has developed its own set of assessment tools, which are used for YJO participants in tandem with the OJCP-Va. This results in some duplication of effort, but also helps provide a thorough assessment that is trusted by the screening team.

  The Richmond YJO program began operation in July 2002, months before the OJCP-Va. was selected by the initial YJO sites. The site used its existing Graduated Information Levels System (GILS) to assess the level of services appropriate for a youth. When Richmond began using the OJCP-Va., it was initially seen as burdensome and duplicative of the GILS assessment. It is now considered a useful tool, but it is still secondary to the GILS assessment. Richmond uses the GILS and OJCP-Va. together to develop service plan for the youth.

- All of the therapeutic-focus sites (including Loudoun County) use the tool to gain an understanding of the youth's needs. The results of the OJCP-Va. (which may be supplemented by other assessment tools) help the therapist tailor the therapy to meet the specific needs of the youth and family. In the rare cases that a youth's assessment reveals that he or she is inappropriate for the service, the youth is referred to a more appropriate service outside of the YJO program (and is no longer be considered part of the YJO program). This does not seem to happen often, which is likely due to the fact that referral agencies (typically the court service units) are actually referring the youth to the specific service, and cognizant of the type of youth appropriate for FFT or MST.

Element 3: Comprehensive response to meeting assessed needs on an individualized basis

The manner in which sites provide a comprehensive response to assessed needs is directly related to the approach to providing an integrated system of care. As with the integrated system, practices broadly follow the two defined YJO approaches.

- The PS sites have access to a range of services, and provide the youth with an active case manager who serves to coordinate the youth's services. Service plans are usually developed in consultation with some form of screening team, and are based on assessments of the youth's needs and strengths. Sites use the OJCP-Va. and other assessment tools to provide the assessment.

  All PS sites have access to comprehensive range of services, though the specific services available varies by site. In addition to services generally available to youth in these localities, some sites have a specific set of services designed for youth in the YJO program. These services include a 12-week family group therapy program (Newport News), in-home services and targeted group therapy (Richmond), mentoring (Richmond and Wise), and parent aides (Wise).

- Therapeutic-focus sites provide one of two family-focused, therapeutic programs, FFT or MST. The OJCP-Va. assessment tool identifies the youth's strengths and needs, as well as those of the family. (These sites also took advantage of other assessment tools as well.) These sites have access to other local services, using non-YJO funds. However, these services may be very limited, and are likely to be designed for the older youth that make up the majority of their placements.

  Risk factors targeted by FFT include family factors and early initiation of problem behavior. Clearly, all youth involved in the YJO program have demonstrated an early initiation of problem behavior (age 13 or younger). Probation staff who refer youth to these sites also indicate that the most serious problems facing offenders under 14 are usually caused by family dysfunction (this is consistent with OJCP-Va. data received to date, indicating that 79% of YJOs have at least one family risk indicator; however, an equal number have at least one school indicator.) According to OJCP-Va. data received to date, all youth referred to FFT have had at least one family risk indicator or behavior risk indicator (in addition to any other risk indicators). The small number of youth who have not had an identified family risk indicator did have at least one family protective indicator that the FFT program could seek to strengthen.

  Risk factors targeted by MST include family factors, peer factors, and early initiation of problem behavior. Again, all YJOs have demonstrated an early initiation of problem behavior. Research has demonstrated (Coie and Miller Johnson, 2001) that peer factors do have an influence on younger children becoming offenders, though less of an influence than family factors. OJCP-Va. data indicate that, across the sites, 67% of YJOs have at least one peer risk indicator. Within the sites using MST, all youth so far referred to the MST program have either a peer, family, or behavior risk indicator (usually all three). Generally some protective indicators in these areas are present as well, which the MST program could seek to strengthen. One of the MST sites, Middle Peninsula, also gets guidance from FAPTs in developing a service plan, to help identify the specific services needed by each individual youth.

One FFT site, Loudoun County, also provides Reconnecting Youth. Risk factors targeted by RY include family factors, peer factors, school factors, and early initiation of problem behavior. According to OJCP-Va. data received to date, all youth placed in RY have had at least one family, peer, school, or behavior risk indicators (in fact, all have had identified risk indicators in more than one of these domains).

Element 4: Reduce barriers inhibiting parental participation and create incentives for family participation

All sites have made a specific effort to involve the families of the young offenders.

- The TF sites offer either FFT or MST, which are intensive, family-focused therapeutic programs. Loudoun County's second program offering, RY, also involves the youth's family.

- Several PS sites have developed YJO-specific programs that focus on the family (Newport News, Richmond, Wise).

- All sites indicate that they have family or parent-focused services available.

- When necessary, sites have taken steps to assist families with problems (such as transportation or childcare needs) that could impact participation.

- The survey and interview responses are supported by the service forms submitted to date:

    - Service forms have been received for 76% of the YJOs whose OJCP-Va. initial assessment forms have been submitted.
    - Of these 135 youth, 88% were placed into some kind of family or parent-focused services, including intensive home-based services, family support or referral assistance, parenting skills, family counseling, or other family activities. However, the fact that the remaining 16 youth were not placed into programs that specifically focused on the family does not necessarily mean that their placement does not meet Element 4's requirement to reduce barriers to parental participation. First, a service may focus on issues other than family, but still have no barriers to parental participation (for example, eleven of these youth were referred to mentoring programs, which do not necessarily discourage parental involvement). Also, several of the youth are still in the early stages of their involvement, and may have further referrals.

Table 2 compares the eleven sites on how they exhibit the Four Distinguishing Elements.

Table 2: Four Distinguishing Elements - As Exhibited by the YJO Sites

YJO Site	Integrated system of care/ Good interagency collaboration	Comprehensive risk and needs assessment: Use of OJCP-Va.	Comprehensive response to assessed needs	Encourage family/ parental participation
Purchase of Services				
Charlottesville	Case manager and pool of funds for a wide range of services	To supplement existing assessment process; To develop service plan	Range of services purchased with YJO funds; case management; service plan based on assessment; ST†	Parental/family services; some services provided in the home
Fairfax	Case manager and pool of funds for a range of services	To develop a service plan	Range of front-end therapeutic services purchased with YJO funds; case management; non-YJO system of graduated sanctions and services; service plan based on assessment	Parental/family services
Lynchburg	Case manager and pool of funds for a wide range of services	To develop a service plan	Range of services purchased with YJO funds; case management; service plan based on assessment; ST†	Parental/family services
Newport News	Case manager and pool of funds for a wide range of services	To develop a service plan	Range of services purchased with YJO funds; case management; service plan based on assessment; ST†	Parental/family services; some services provided in the home
Richmond	Case manager and pool of funds for a wide range of services	To supplement existing assessment process; To develop service plan	Range of services purchased with YJO funds; case management; service plan based on assessment	Parental/family services; some services provided in the home
Wise	Case manager and pool of funds for a wide range of services	To develop a service plan	Range of services purchased with YJO funds; case management; service plan based on assessment; ST†	Parental/family services
Therapeutic Focus				
Loudoun	Responsibilities divided among several agencies. Case manager, and two services (FFT* and RY*)	To develop a service plan; To understand youth's needs and tailor services to meet those needs	Two services (FFT* and RY*) using YJO funds; case management; non-YJO system of graduated sanctions and services; service plan based on assessment; therapy guided by assessment; ST†	FFT focuses on family; RY involves family
Middle Peninsula	Single, intensive service with family-focused therapist (MST*); Satisfied with local collaboration	To understand youth's needs and tailor one service to meet those needs	Single, intensive service with family-focused therapist (MST*) using YJO funds; therapy guided by assessment; ST†	MST focuses on family; services provided in the home and community
Montgomery	Single, intensive service with family-focused therapist (FFT*); Satisfied with local collaboration	To understand youth's needs and tailor one service to meet those needs	Single, intensive service with family-focused therapist (FFT*) using YJO funds; therapy guided by assessment	FFT focuses on family; services provided in the home and community
Virginia Beach	Single, intensive service with family-focused therapist (MST*); Local collaboration improving, impacted by turnovers	To understand youth's needs and tailor one service to meet those needs	One service (MST*) using YJO funds; therapy guided by assessment	MST focuses on family; services provided in the home and community
York	Single, intensive service with family-focused therapist (FFT*); Local collaboration good but would like more referrals	To understand youth's needs and tailor one service to meet those needs	One service (FFT*) using YJO funds; therapy guided by assessment	FFT focuses on family; services provided in the home and community

† ST (Screening Team) assists in developing service plan.

* FFT (Functional Family Therapy) is a single program that provides a family-focused, therapeutic response to youth's needs. See Appendix B for more.
RY (Reconnecting Youth) is a single program that focuses on school behavior and performance, peer groups, substance use, and emotional distress. See Appendix C for more.
MST (Multi-Systemic Therapy) is a single program that provides a comprehensive, therapeutic response to youth's needs. See Appendix D for more.

Distinctive Characteristics of the YJO Programs

Each of the eleven program sites has developed its YJO program to meet local needs, which results in eleven programs that are structurally and programmatically distinct from each other. Below are nine structural and programmatic characteristics that can be found at each site, but which may look very different from one site to the next:

- Primary service
- Referral process
- Assessment
- Sibling assessment
- Program placement
- Screening team
- Case management
- Graduated sanctions
- Aftercare services

Each of these characteristics, and how they are structured at the YJO sites, is discussed below.

Primary Service

Each site has one or two key services that characterizes its overall program. That service could be a particular program (MST, FFT, etc.), or intensive case management (in addition to direct services).

Referral process

All sites receive the majority of their referrals from the CSU or the court, although there is some variation.

In some sites, all youth who are petitioned to the court and meet the criteria for participation are referred to the YJO program for assessment. In others, only youth who the intake or probation officer has determined to be appropriate for the program are referred. And in others, no referral is made until the case has been adjudicated in court.

Although the "final" referral is dependant upon the court (due to the initial requirement that participants be adjudicated), the youth may initially be referred through other means. Frequently an interested party – such as a school, the local Department of Social Services, or the youth's parents – will contact the YJO program coordinator (the exact title varies), to share information on a youth who is being charged, and say that the youth "seems" right for the program. The coordinator will then contact the CSU, or the court, and recommend that the youth be considered for services.

Some sites have noted difficulties obtaining referrals from the CSU or court. Frequently this difficulty seems due to a lack of awareness or understanding about the program. In such cases, sites report that they believe that there are many youth who meet the grant criteria who are never referred to YJO. Sites that are currently in their second year seem to have overcome this problem, usually by marketing their program to interested parties:

CSU, court, schools, DSS, and other community organizations. A separate cause for a low number of referrals is the delay between a youth being petitioned and being adjudicated.

One site, Fairfax, has experienced the opposite problem – an excess of referrals. To control the number of youth referred to the program, and to focus services on those most in need, Fairfax has decided to only accept youth who have been placed in detention or sheltercare.

Finally, sites can receive referrals from probation officers in cases in which the youth was originally adjudicated and placed on probation before age 14, but was not placed in the YJO program (in most of these cases the program was either very new or not yet developed). Per direction from the Juvenile Services Section of DCJS, these youth could be placed in the YJO program even if they had turned 14 since adjudication, provided that no petitions for new offenses had occurred in the interim. Opening the referral process in this way helped sites that were slow to receive referrals from court. This practice was identified after the OJCP-Va. was developed, so no data have been collected indicating how widespread the practice is. However, all sites have noted receiving some referrals in this manner.

Assessment

All youth served by the YJO programs must be assessed using the OJCP-Va. The stage at which this assessment occurs varies across the programs.

- In some sites, the youth is assessed prior to the adjudicatory hearing, following referral by the CSU.

- In other sites, the youth is assessed following adjudication, resulting in a report to the court. The court then uses that report to determine the youth's disposition, which is usually to a service within the YJO program.

- Finally, in some sites, the youth is not assessed until after the court has disposed of the case, and placed the youth in a service within the YJO program.

Seven sites have established objective risk levels, using either the OJCP-Va. or an existing assessment tool.

Sibling Assessment

In FY 2004, sites could apply for additional funding for the purpose of conducting OJCP-Va. assessments for the siblings of YJOs. YJO funds cannot be used to purchase services for siblings. Some sites have accepted these sibling assessment funds, while others have not.

The sibling assessments may indicate that the sibling is also in need of services, but services specifically for siblings cannot be purchased with YJO funds. Frequently the siblings are involved in the youth's services, which typically involve (and frequently focus on) the family. If the agency providing YJO services cannot address the siblings

needs (either as part of YJO-funded family services or through other means), other relevant agencies (such as the school, or Department of Social Services) may be made aware of the situation.

Program Placement

The manner in which the court places a youth into the YJO program varies considerably from site to site. This variation is somewhat explained by the site's overall approach (PS vs. TF), but not entirely. There are three general methods of placement, with some variation within each:

- Court orders youth to YJO program – The court places the youth into an overall YJO program, and orders the youth (and family) to fulfill all the requirements of the program. A case manager and/or screening team then determines what services are needed, and places the youth and family into those services. This allows the case manager to make individual service decisions without having to consult the court.

- Court determines individual service placements – The court has a menu of service options and determines the appropriate services for each youth (and family). The youth is court-ordered into each of the individual services. While this ensures, for the court, the precise services the youth will receive, it can make it more difficult for a YJO program coordinator to move the youth out of a program that is not working.

- Single-service YJO – Four of the five TF sites offer a single service, FFT or MST. At these sites, the court places the youth into FFT or MST, without consideration of a YJO program.

Screening Team

Several of the sites have established a multi-disciplinary screening team (exact title varies). The precise role of that team varies, but generally involves assessing the youth's needs (taking into consideration the OJCP-Va results, as well as other information), advising placement decisions, and guiding programming decisions. In one case (Richmond) the team was established early in the process to help develop the program and advise precedent-setting decisions; the team's role was then phased out over time.

Screening teams involved a variety of interested parties, including (but not limited to) CSUs, Family Assessment and Planning Teams (FAPT), Community Service Boards (CSB), the Department of Social Services, the local Department of Mental Health, schools, and service providers. In some cases, existing teams (such as FAPTs) assist with assessment and placement decisions.

Case Management

Case management is specifically provided by the PS sites and by Loudoun County and Middle Peninsula, but is not part of the other TF programs.

- Some PS sites have a case manager who can make service decisions on his or her own (or in consultation with a supervisor).

- Some PS sites (and Loudoun County) have a single case manager, who can recommend a change of services to the court.

- The Middle Peninsula program provides a case manager who acts in consultation with the FAPT. The case manager also maintains contact with the youth's probation officer, when applicable.

- The other TF sites have no active case management as a part of the YJO program. The youth's probation officer or social worker may (or may not) serve this function, but it is not coordinated with the YJO program. The youth's therapist seeks to provide informal case management services, and maintains close contact with the youth's probation officer when applicable.

Graduated Sanctions

The existence, and degree, of a system of graduated sanctions varies across the sites.

- The PS sites use their funds to provide access to an array of services that can be construed as a system of graduated sanctions and services. The sites can select from a wide range of services, with varying degrees of intensity.

- At the TF sites, a range of services may be available to youth, but not using YJO funds. Theoretically a young juvenile offender could be placed into these services (using non-YJO funds) as well as the YJO services. However, sites applied for YJO grant funds in large part because their younger offenders were not receiving services. Therefore it is questionable whether services for which YJO funds are not available would generally be provided to young juvenile offenders. At two of these sites, the available range of services is quite limited.

  In general, because the TF sites did not directly involve a range of services, the program staff could not be sure that youth had access to a system of graduated sanctions (as always, Loudoun is an exception). However, the therapeutic services provided at these sites are designed to integrate the services a youth and family are receiving, and create a family-based range of sanctions that empowers the parents to deal with their children.

Aftercare Services

The existence, and degree, of aftercare services varies across the sites, with three broad categories.

- Some sites have formal aftercare services built into their program. Typically this involves a step-down in the intensity of services already being provided. Aftercare services were typically offered for three to six months.

- Some sites provide aftercare services to some individual participants, but not to others. Program staff determine whether a given youth has a particular need for aftercare, and make necessary arrangements if so. These aftercare services are not directly part of the YJO program.

- Some sites have a more informal system, linking youth and family to other service providers (such as Boys and Girls Clubs and other community organizations). In such cases, the YJO staff do not remain actively involved in the case, but they may remain in touch informally.

One site, Fairfax, is unique in that they use YJO funds to provide intensive front-end services to youth prior to placing them on regular probation. As a result, there is no aftercare service simply because the youth has not truly finished services (he or she has simply finished the YJO-funded portion of the service plan).

Table 3 compares the six purchase-of-service sites on referral process, assessment, program placement, service availability, primary service, screening team, case management, graduated sanctions, and aftercare services. Table 4 makes the same comparisons for the five therapeutic-focus sites.

Table 3: Distinguishing Characteristics – Purchase of Services Sites*

YJO Site	Primary Service	Referral Process	Assessment	Sibling Assessment	Program Placement	Screening Team	Case Management	Graduated Sanctions	Aftercare Services
Charlottesville	Intensive case management	CSU refers youth	Completed after adjudication; no risk levels	Yes	Court places youth into overall YJO program.	Screening team makes placement decisions	YJO program coordinator provides CM services	Yes	No formal aftercare program, but some aftercare service used in each case
Fairfax	Intensive front-end supervision and service coordination (prior to probation placement)	CSU refers youth placed in pre-dispositional detention or sheltercare. Tightened criteria due to high # of referrals.	Completed while youth is in detention; risk levels established	Yes	Court places youth on probation. YJO provides intensive front-end services.	No	Case manager coordinates services	Not specifically provided by YJO; available through pre-existing services	Not applicable (youth moved to regular probation or placed in residential program)
Lynchburg	Intensive case management	CSU refers all youth meeting age/offense criteria	Completed after petition, informs court's disposition decision; risk levels established	Yes	Court places youth into individual services, advised by assessment team recommendation	Screening team reviews assessment, recommends services.	Court decides whether to have case manager. CM funded by YJO.	Yes	No formal aftercare
Newport News	12-week family group therapy	Court refers youth on recommendation by CSU or DSS.	Completed after disposition; risk levels established	Yes	Court places youth into overall YJO program.	Assessment team meets monthly to review referrals.	Intensive CM	Yes	3 mos. Reduced intensity of same services.
Richmond	In-home services and anger/self-esteem/substance abuse group therapy	All eligible youth referred through automated system (CSU and city Juvenile Justice Service share information system)	Completed after referral; risk levels established	No	Court places youth into overall YJO program.	Team set up initially to establish protocols and set precedents. Phased out over time.	Intensive CM	Yes	30-day follow-up
Wise	Mentor/Tutor, and Parent Aide	School or CSU recommends YJO program to court	Completed after adjudication and disposition; risk levels established	Yes	Court places youth into overall YJO program.	FAPT and Policy Board review cases	Program coordinator/ Case manager coordinates services	Yes	No formal aftercare. Small community allows informal interaction

*Description in table refers to majority of cases served by the site. Some cases may have been handled differently than the table describes.

Table 4: Distinguishing Characteristics – Therapeutic Focus Sites*

YJO Site	Primary Service	Referral Process	Assessment	Sibling Assessment	Program Placement	Screening Team	Case Management	Graduated Sanctions	Aftercare Services
Loudoun	FFT and Reconnecting Youth	Court orders assessment following adjudication	Completed after adjudication, informs court's disposition decision; risk levels established	Yes	Court places youth into individual services, advised by assessment	Screening team meets monthly, makes administrative and clinical decisions	Probation officer provides case management services	Not specifically provided by YJO; available through pre-existing services	CSU provides aftercare as needed, not YJO-funded
Middle Peninsula	MST	CSU refers youth. Referral problems due to adjudication criteria	Completed after adjudication, informs court's disposition decision; risk levels established	Yes	Single service	FAPT reviews assessment report, recommends service to court.	CM advised by FAPT. Therapist also helps coordinate services.	Not specifically provided by YJO; limited range available through pre-existing services	6 mos. Step-down services
Montgomery	FFT	CSU refers youth. Referral problems due to adjudication criteria.	Completed after adjudication and disposition; no risk levels	Yes	Single services	No	Therapist seeks to coordinate services.	Not specifically provided by YJO; limited range available through pre-existing services	Provided as needed, if eligible, using non-YJO resources
Virginia Beach	MST	CSU decides who to refer. Difficulties getting CSU to refer youth	Completed after adjudication and disposition; no risk levels	No	Single service	No	Therapist seeks to coordinate services.	Not specifically provided by YJO; available through pre-existing services	Provided as needed, using non-YJO resources
York	FFT	CSU recommends court place youth in FFT	Completed after adjudication; no risk levels	No	Single Service	No	Therapist seeks to coordinate services. Sit on CSU staffing decisions, to advise CM.	Not specifically provided by YJO; available through pre-existing services	No formal aftercare. Link youth and family to services as needed.

*Description in table refers to majority of cases served by the site. Some cases may have been handled differently than the table describes.

Common Strengths

Although there is significant variation across the sites, in terms of the types of program and the manner in which services are delivered and managed, there were some commonalities as well. These include some common strengths that could improve the chances of success for both the site-specific YJO programs and the statewide YJO initiative.

Dedicated Staff

At all of the sites, the program staff's dedication to providing high-quality services was evident during interviews. Staff working with youth had either a significant amount of experience in providing direct services, or a graduate degree in counseling, social work, or psychology. Many had both the experience and the degree. All therapists at the TF sites have received training and certification from FFT or MST consultants.

Enhanced, Accelerated Service Delivery

Most sites indicated that the most significant benefits of the YJO program have been enhanced services, and earlier interventions in the offending careers of young juvenile offenders.

- Several sites indicated that they previously suffered a lack of either services in general (e.g. Middle Peninsula, Montgomery County) or services appropriate for YJOs (e.g., York County, Fairfax).

- Other sites noted that programs may have been available but that limited funding kept many younger offenders from receiving services (e.g., Wise County, Lynchburg, Loudoun, Charlottesville).

- The therapeutic programs developed or expanded at the TF sites, and the 12-week family therapy group developed in Newport News, reportedly filled a critical gap in services needed by offenders under 14, according to program and probation staff.

- The partnerships and collaboration experienced at the PS sites (such as that between the Richmond Department of Juvenile Justice Services and The JustChildren Program, providing legal advocacy for youth) have reportedly been praised for the benefits already seen in the children's lives.

Transportation Needs Addressed

Several sites noted that many of the youth and families participating in their program had difficulty attending meetings or other activities due to a lack of transportation. Other sites had anticipated this concern and taken steps in advance to prevent it from becoming a problem. In all cases, sites worked to ensure that a youth's services would not be negatively impacted by a lack of transportation.

- **Services in the home –** Most of the sites provide some form of intensive, home-based counseling or therapeutic services. Three sites provide Functional Family

Therapy (though one provides it exclusively in a clinical setting), two others provide Multi-Systemic Therapy, and four other sites provide another form of home-based services. One of the FFT sites originally provided its services in a clinical setting, but in response to transportation problems it has begun conducting therapy sessions in the home or other community. The site that continues to provide services in a clinical setting has also reported transportation concerns.

- **Vouchers** - Newport News provides bus vouchers to families, and Charlottesville often provides cab fare.

- **Provide transportation** - Richmond hired a transportation program aide, whose duties include transporting youth and families in a van to program activities. Wise County's mentors and parent aides provide ad hoc transportation services to assist youth and their families in reaching activities.

Common Concerns

In addition to these strengths, some common concerns were raised by most of the program sites. These concerns could undermine the strength of individual programs, and perhaps impact the overall success of the YJO Grant Initiative.

Low Referrals

Many of the sites have had fewer referrals to their YJO than they had expected. There appears to be three primary causes for the low referrals:

- **Adjudication criteria –** To be eligible to participate in the YJO program, youth must be adjudicated for a delinquent or status offense, including youth for whom disposition has been deferred. This criterion actually prevented some youth from participating in the program. Informal discussions and later survey responses indicated that staff at many of the sites felt that there were youth who were not being served because, although they met the age and offense criteria at intake and may have been petitioned by the court, they were not adjudicated. Rural sites in particular cited a reluctance by the courts to adjudicate these younger offenders. In addition, for those youth who were adjudicated, there was often a significant time lag between petition and adjudication, and again between adjudication and disposition. Although one of the goals of the grant initiative was to intervene immediately to prevent a youth from penetrating further into the system, program staff actually had to wait for the youth to penetrate the adjudication (and often disposition) phases of the juvenile justice process before services could be rendered, which could be weeks or even months.

  Loudoun County illustrates how this could impact a program. Loudoun had lined up fourteen offenders for its first Reconnecting Youth class. Some of the youth had not been adjudicated, but their adjudicatory hearings were scheduled before the class would begin. However, the Commonwealth's Attorney *nolle prossed* six cases, essentially dropping them prior to adjudication. CSU staff indicated that

the youth still had the same need for services, but they were no longer eligible under the YJO grant. That RY class, therefore, only had eight youth.

Because so many sites were outspoken about this concern during informal discussion, the evaluation team informally recommended that the Juvenile Services section consider revising the criteria immediately (rather than await publication of this report). The informal recommendation was to match the YJO criteria to that of the Virginia Juvenile Community Crime Control Act, which requires that services only be provided to youth before the court or at intake for a delinquent or status offense. As noted earlier, the criteria were changed to youth under 14 who had been petitioned for a delinquent or status offense. For details of that recommendation, see Item #1 in the Recommendations section.

- **Inaccurate needs assessment prior to program implementation –** All sites identified a need for services targeting younger offenders prior to applying for the grant funding. Generally, there was a lack of services targeting the specific mental health and dysfunctional family characteristics common to these young offenders. In some cases, offenders under 14 were receiving services tailored to older offenders; in others, they often received no services at all, with program space being reserved for older, more serious offenders.

  Although this perceived lack of services was very real, some sites seem to have used inaccurate means to identify the *number* of youth who needed to be served. Some sites based their local need for the program on the historical number of court intakes of offenders under the age of 14, either as identified by local officials or the state Department of Juvenile Justice. Assessments of this historical data could give planners an inaccurate understanding of the prevalence of offenders meeting the YJO criteria for two reasons.

  First, court intake is not equivalent to adjudication, which the YJO grant initiative set as criteria for YJO participation. Although localities were provided with data on youth under 14 who had been adjudicated in past years, during interviews, most sites referred to their historical intakes as being an important factor in targeting this population. Significantly more youth go through intake than go through the adjudicatory process.

  The second reason that assessments of historical intake data could give planners an inaccurate understanding of the prevalence of offenders meeting the YJO criteria is that incomplete intake data in the mid to late 1990s can give a false impression of an increasing crime trend. Briefly, intake data are derived from the Department of Juvenile Justice Juvenile Tracking System database. This database was developed in the mid to late 1990s, and examination of the data suggests that intake complaints for 1995-1998 may be incomplete. Since 1999, statewide juvenile intakes (regardless of age) have declined. Individual program sites could easily have believed that they were experiencing a dramatic increase in offense behavior by youth under 14. For a more detailed explanation of this problem, see the section title, Review of YJO Intake Data.

- **Lack of awareness by key decision-makers –** Several sites indicated that, because they were a new, untested program, courts and probation staff were at first hesitant to place many youth into the program. Several sites began a concerted effort to market their program to the courts, CSUs, schools, and other interested agencies, to increase awareness of what their local YJO program could offer. Sites that began serving youth in FY 2003 have reported that this effort seems to be paying off.

  The Virginia Beach YJO program, which consists of an MST therapist and supervisor, is a good example of how key decision-makers can impact referrals. Virginia Beach identified its need for a YJO program based on adjudication data, rather than intakes, and the MST providers worked closely with a unit within the CSU to ensure that there was support for putting youth into the MST program. Unfortunately, organization difficulties and turnovers in the CSU led to the elimination of most of the staff that had supported the MST program initially. Without this support, Virginia Beach has struggled to get referrals. However, improved communication between the MST providers and the newer CSU staff seems to be improving the situation.

Communication Problems

Several sites either noted or evidenced communication problems. These problems might be internal to the individual site's program (which may involve one or more agencies), or might involve poor communication between the sites and the Juvenile Service section of the Department of Criminal Justice Services. Some examples of the problems include:

- **Resource allocation** – YJO grant funds all go to a local unit of government. That government entity, in turn, is responsible for distributing funds to agencies and organizations that contribute to the YJO program. In at least one instance, a site's operations were delayed for about three months due to local miscommunication that resulted in the fiscal agency not distributing funds to the organization operating the program. Another site has serious difficulty spending its funds, and has concerns that (because of the grant requirement to avoid supplanting existing resources) it is forced to use up limited state and local resources before spending YJO funds, which could prevent non-YJOs from receiving services. Since only one site reports this problem, it might be able to learn from other sites how to handle the resource issue.

- **Low referrals** – As noted earlier, a lack of communication among the key players in a site can result in youth who meet the YJO criteria not being referred into the program. Sites have addressed this problem by developing brochures and other materials to market their program to the courts, CSUs, schools, and other interested agencies, to increase awareness of what their local YJO program could offer.

- **Confusion regarding administrative concerns** – Occasionally an individual site will have an administrative question for DCJS Juvenile Services. The most obvious person for the site to contact is the Title II grant monitor, but

that part-time position was vacated in December 2003, and had not been filled as of June 15, 2004. Although they had been instructed to contact the interim chief of Juvenile Services with questions during the absence of the Title II coordinator, most sites did not make direct contact with the interim chief; some sites remained unclear as to whom to contact with questions. Several sites noted that the evaluation specialist served as their primary source of communication with DCJS, but that position has no authority to give instructions.

Because the intent of this program is to give as much independence and autonomy to the localities as possible, the role of the grant monitor is to be advisory and provide technical assistance if it is needed. As a result, communication between the sites and Juvenile Services tends to be occasional in nature and initiated by the sites. It seems that the sites' questions sometimes go unasked. Juvenile Services typically handles communication with the sites individually and not with the group as a whole. When questions are asked, they are frequently sent by email, and the response is sent in the same way. In such cases, only the site asking the question might receive the clarified instructions. Several sites indicated that they would appreciate hearing directly from Juvenile Services more frequently.

- **Lessons learned –**Although the YJO sites indicate that they have communicated with each other, it is clear that this happens informally, with one individual site contacting another. The sites as a group do not meet together, and this lack of opportunity to "compare notes" may lead to individual sites wrestling with problems that other sites have already solved. Some examples of issues on which sites could advise each other include:

    - dealing with low referrals,
    - working with multiple agencies, which all have different perspectives and agendas, to address a common concern,
    - working with schools that are reluctant to re-admit participating youth,
    - using the OJCP-Va. to create site-specific risk levels,
    - finding funds to supplement and replace the YJO grant, as it is phased out over five years,
    - implementing home-based therapeutic programs as a juvenile justice intervention,
    - responding to barriers to youth/family participation (such as transportation or child care needs), and
    - the role of the probation officer (see below).

Role of Probation Officer

There is no defined role for the probation officer in the YJO grant guidelines, and as a consequence that role varies among the sites. Lack of clarity about the role can cause some problems. Here are a few examples of how the probation officer (PO) interacts with the program.

- At the TF sites (other than Loudoun County) the PO sees the FFT or MST program as a valuable service that youth on his or her caseload could benefit from. The PO is still the youth's case manager, but appreciates support provided by the therapist. The therapist keeps the PO informed about the youth's progress. One PO referred to an FFT therapist as being "an extension of my office."

- In the Loudoun County program, a probation officer provides case management services to the YJO program. The PO is assigned to this role for the entire program, but may not be the individual youth's probation officer.

- In Fairfax, the program coordinator works in the CSU probation office, and provides intensive supervised probation services to YJOs during the first 60-90 days in which a youth is on probation. The case is then transferred to a regular probation officer, at which time the youth is no longer part of the YJO program.

- The Charlottesville YJO program has experienced some problems related to the role of the probation officer. The problems occur because youth are frequently placed on supervised probation at the same time that they are placed into the YJO program. The YJO program has a case manager, but the probation officer is still required to fulfill all of the regular case management duties that supervised probation entails. Although the probation staff and program coordinator work very well together, the unclear roles have caused frustration. There is significant duplication of effort, as both the PO and the YJO coordinator prepare extensive background reports and service plans. Because the PO must remain informed about any problem behaviors, he or she must be the primary contact for schools, parents, and other agencies working with the youth. When the youth is on *un*supervised probation, the YJO coordinator is the point of contact. The fact that the PO is still performing all of these duties means that the program is not easing the probation staff's burden to the degree that it could, and is therefore less beneficial to the overall local juvenile justice system.

  This problem seems to be due primarily to communication problems within the site, specifically the need for role clarification with regard to probation staff and the YJO program coordinator. The court prefers to put many cases on supervised probation in addition to the YJO program, while program staff and POs think many of those cases could go into the YJO program and remain otherwise unsupervised. Although the program coordinator has sought to solve this communication problem, it is clearly still evident.

Staff Turnovers

- As with any organization, the YJO sites could be significantly impacted by turnovers in key positions. The two sites most dramatically impacted by turnovers were Charlottesville and Virginia Beach. In Charlottesville, the program coordinator position conducts almost all of the operations of the YJO

program. The position turned over while the program was still in the early stages of implementation, and this led to considerable confusion. In Virginia Beach, the turnovers did not occur in the YJO program, but in the probation office that had supported the program's development with promised referrals. When several positions were vacated, the work level was such that little time was available to focus on a new program.

Summary: Findings from Interviews and Surveys

- An individual site's approach to services (purchase-of-services vs. therapeutic-focus) affected a number of factors, including the manner in which the sites evidenced the Four Distinguishing Elements.
    - *Element 1:* PS sites all provide a case manager who integrates the youth's participation in a range of services; a screening team is often available to assist. TF sites provide an intensive, family-focused therapeutic program, and the therapist works with the PO to help manage the youth's case. The TF site Loudoun County contains aspects of both approaches.
    - *Element 2:* PS sites use the assessment to develop a service plan, often in conjunction with a screening team. TF sites use the assessment to guide therapy. Loudoun County uses the tool for both purposes.
    - *Element 3:* PS sites have access to a range of services, allowing different service responses to different needs. TF programs are designed to address the most common risk factors for youth, and therapy is guided by the assessment.
    - *Element 4:* PS sites include parent and family-focused programs in their range of available services. TF sites focus therapeutic services on the parents.
- Several strengths were identified across multiple sites:
    - Dedicated staff – YJO staff consistently communicated their concern for youth, and their desire to provide youth with high-quality services.
    - Enhanced and accelerated service delivery – The programs developed by sites appear to have filled critical gaps in services available to younger offenders.
    - Transportation needs addressed – Sites have found various ways to help clients attend program activities.
- In addition to these strengths, several concerns were also raised:

- Low referrals – Due to the requirement that participants be adjudicated, a lack of awareness by key decision-makers, and assessments that indicated that the target population was higher than it has turned out to be.

- Communication problems – Including communication between agencies in a single site, between individual sites, and between the sites and DCJS Juvenile Services. These communication problems could lead to difficulties receiving funds (Lynchburg) or spending funds (Charlottesville), and prevented sites from sharing lessons learned. They can also cause other programmatic difficulties, such as the duplication of effort by probation officers and YJO coordinators.

- Staff turnovers – Turnovers in YJO program staff, or in agencies that work closely with the program, can negatively impact implementation and operation of the local YJO initiative.

OJCP-Va. Assessment Tool Analysis Findings

Table 5 presents the number of Initial Screens received to date, and the number of those youth for whom service placement forms were also submitted. Of the forms received, sites beginning operations in FY 2003 submitted 147 Initial Screens (83% of the total) and 98 service placement forms (78% of the total). Note: All of the results in this section analyzing the OJCP-Va. data apply only to youth for who assessments have been received. References to "youth" or "youth assessed to date" should be understood to refer to youth whose assessment forms have been submitted by YJO sites and received by the evaluator.

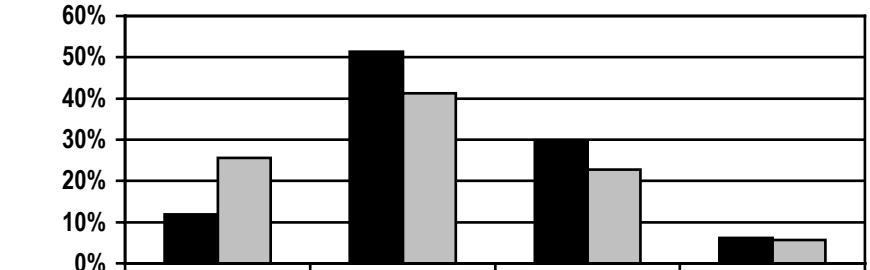
Table 5: Assessment Forms Received to Date

YJO Site	Initial Screens Received	Service Placement Information Received
2003 Sites		
Charlottesville	17	10
Fairfax	25	0
Middle Peninsula	5	5
Newport News	41	32
Richmond	36	35
Wise	23	23
2004 Sites		
Loudoun	6	6
Lynchburg	7	0
Montgomery	6	6
Virginia Beach	2	2
York	9	9
Total	***177***	***128***

The OJDDA reports that youth with four risk indicators on the OJCP have a 25% probability of reoffending within one year. Youth with nine risk indicators have a 50% probability, and youth with 14 risk indicators have a 75% probability of reoffending.

Figure 3 compares the proportion of YJOs who had fewer than four risk indicators, between four and eight risk indicators, between nine and 13 risk indicators, and 14 or more risk indicators, to the Oregon statewide distribution reported by the OJDDA. The Oregon distribution includes juvenile offenders of all ages, and could therefore be expected to show a greater proportion of youth on the higher end of the risk distribution. However, the YJOs assessed to date are less likely than the statewide Oregon distribution to have fewer than four risk indicators (12% vs 25%), and more likely to have between four and eight risk indicators (51% vs 41%) and between nine and 13 risk indicators (30% vs 23%). For both YJOs and the statewide Oregon distribution, 6% of youth had 14 or more risk indicators. This indicates that, in general, the YJOs assessed to date have a greater risk of reoffending than Oregon juvenile offenders in general.

Figure 3: Distribution of Accumulated Risk Indicators, YJO Participants Compared to Oregon Statewide Distribution of Risks



	1-3	4-8	9-13	14+
YJOs	12%	51%	30%	6%
Oregon	26%	41%	23%	6%

Comparing the Purchase of Service and Therapeutic Focus Program Approaches

The OJCP-Va. assesses risk and protective indicators in five broad domains: School, Peer, Behavior, Family, and Substance Abuse. Each of the indicators included in these domains was identified by research. Two additional categories are Mental Health indicators and Other Issues for Case Planning. Other Issues includes two protective indicators that are supported by research, and ten additional items that may be of concern but are not supported by current research. The research-based indicators are used to calculate the youth's level of risk of reoffending, while the mental health and other non-research-based indicators are simply used for informational purposes. The mental health indicators do not constitute a mental health assessment, but serve to alert assessment staff to the potential need for mental health services.

For each indicator, a youth can receive a score of 'Yes,' 'No,' or 'Needs More Information.' In the analysis that follows, 'Yes' answers are compared to 'No.' Indicators with a score of 'Needs More Information,' or indicators left unscored, are dropped from the analysis on an item by item basis. For example, if ten forms were completed and a single indicator received a score of 'Yes' five times, 'No' three times, and 'Needs More Information' two times, the indicator would present an average of 62.5% 'Yes' (five out of eight scored cases).

Table 6 presents the average number of risk indicators, protective indicators, and mental health indicators that were present for YJOs at each of the grant sites, and the average for all TF and PS sites. This table also presents the average number of risk domains in which a youth has at least one risk indicator. Figure 4 compares the two program approaches on the distribution of accumulated risk indicators. The risk and protective indicators counted in Table 6 and Figure 4 do not include the change indicators (which measure behavior or activity in the most recent month), which are not used in calculating risk scores with the OJCP-Va.

Table 6: Risk, Protective, and Mental Health Indicators, and Risk Domains

Average for each YJO site, and by program approach

	Risk Indicators	Protective Indicators	Mental Health Indicators	Risk Domains	Number of Cases
Purchase of Services					
Charlottesville	9.2	3.6	1.6	3.9	**17**
Fairfax	7.0	7.3	2.2	3.6	**25**
Lynchburg	7.7	7.7	1.9	3.7	**7**
Newport News	7.2	5.0	1.4	3.1	**41**
Richmond	7.2	3.0	0.5	3.4	**36**
Wise	5.3	4.8	0.9	2.8	**23**
Purchase of Services Total	*7.2*	*4.8*	*1.3*	*3.3*	***149***
Therapeutic Focus					
Loudoun	9.5	5.3	3.0	4.0	**6**
Middle Peninsula	6.8	7.4	3.8	3.2	**5**
Montgomery	8.3	6.0	2.2	4.5	**6**
Virginia Beach	8.0	2.5	3.0	3.0	**2**
York	9.2	6.8	2.4	3.9	**9**
Therapeutic Focus Total	*8.6*	*6.1*	*2.8*	*3.9*	***28***
Grand Total	***7.4***	***5.0***	***1.5***	***3.4***	***177***

Figure 4: Distribution of Accumulated Risk Indicators, by YJO Program Approach

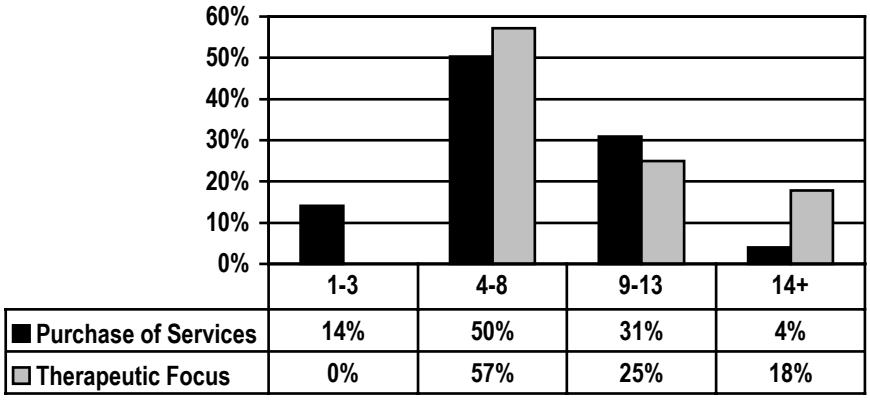


Table 6 shows that youth assessed at TF sites demonstrated a higher number of risk, protective, and mental health indicators, and were likely to have risk indicators occur in more domains than youth assessed at PS sites. This difference is statistically significant (.05 for risk and protective indicators and risk domains, .01 for mental health indicators). Figure 4 shows that YJOs at TF sites were also more likely than YJOs at PS sites to have 14 or more risk indicators, placing them at High risk of reoffending within the next year, according to the OJDDA suggested risk levels. At TF sites, 18% of YJOs had a High risk of reoffending; only 4% of YJOs in PS sites had a High risk. This difference is also statistically significant (.01 level).

Several factors could account for this difference in risk assessment levels at TF and PS sites:

- These differences could be explained by the change in the criteria for youth participating in YJO programs. In 2003, only first-time offenders (youth who had been adjudicated for the first time) were allowed to participate. In 2004, the criteria were broadened to allow all adjudicated youth under 14. Five of the six PS sites began operations in 2003, while four of the five TF sites began operations in 2004. The fact that youth assessments at PS sites were more likely to be first-time offenders could explain the difference in risk scores. However, the differences in the number of risk indicators, mental health indicators, risk domains, and likelihood of having a High risk of reoffending remained statistically significant, even when controlling for the changes in criteria.

- There may be other differences in the youth at PS and TF sites. In fact, youth at TF sites are more likely to be female (50% vs 27%), White (50% vs 30%), and over the age of 12 (91% vs 54%). Certainly these demographic differences could explain a difference in risk scores. However, race and sex appear to have no statistically significant relationship to risk score. Age does have a significant relationship to risk score, but youth at TF sites are still significantly more likely than youth at PS sites to have a High risk of reoffending within a year when controlling for age. So although the difference in age, sex, and race may have some impact, it does not completely explain the difference in risk scores.

- It is possible that young juvenile offenders living in the localities served by the TF sites actually *are* at a higher risk, as compared to YJOs in localities served by PS sites. If so, this might be caused by a variety of socioeconomic factors in those localities.

- In most of the TF sites (four out of five), the assessment is conducted by either a therapist or by someone working at the agency providing the therapy. In many cases, the individual conducting the assessment was also trained to provide FFT or MST services. The experience and training of these individuals may affect their perception of individual risk, protective, and mental health indicators.

- YJOs referred to programs with a therapeutic focus may have been pre-selected according to the probation officer's judgment as to the youth's risk and mental health concerns, as well as amenability to therapy. This is consistent with comments from probation and program staff at TF sites, indicating that the youth placed into these programs were considered to have significant treatment needs as well as families that would be amenable to the intensive therapeutic program. This has been less of a concern at PS sites, perhaps because of the wider range of services available to the YJO program.

- Most of the TF sites (four out of the five) began operations in 2004, and therefore have received only a small number of referrals. In addition, the TF programs

(generally) can provide services to a relatively small number of youth at one time. These two factors may result in only the most needy youth being referred.

- Sites focusing on therapeutic programs may, in general, be more likely to handle less serious cases informally. Therefore, requiring participants to be adjudicated (or, more recently, petitioned) may prevent less serious offenders from receiving services. This is consistent with comments from staff in two of the TF sites.

Any of these factors, or some combination, could explain why the YJOs assessed by TF sites have a higher level of identified needs (and strengths). The precise cause cannot be determined at this stage of the evaluation. Regardless of the explanation, it is clear that there is a difference in the assessment results of youth in the two program approaches. Further analysis must take these differences into account.

Among all of the YJO sites, about two-thirds of YJOs scored a Low risk of reoffending, according to the OJDDA suggested level system. 30% had a Medium risk, and 6% had a High risk. However, at TF sites 18% of YJOs had a high risk of reoffending.

Individual Risk Indicators

Tables 7 and 8 report the prevalence of individual risk indicators, by program approach and by individual site, respectively.

Table 7: Prevalence of risk indicators, by YJO program approach*

Risk Indicators	Percent of YJOs Scoring "Yes" at Initial Screen		
	Therapeutic Focus	Purchase of Services	*Total*
School Issues			
Academic failure	54%	57%	57%
Chronic truancy	30%	33%	33%
School dropout	0%	1%	1%
Suspension(s) or expulsion(s) from school, past 6 months	75%	58%	61%
Suspension(s) or expulsion(s) from school, past month	44%	31%	33%
Peer Issues			
Friends engage in unlawful behavior	59%	54%	55%
Friends suspended or expelled	81%	68%	70%
Behavior Issues			
Aggressive behavior in school before age 13	50%	64%	62%
Aggressive behavior in school, past month	43%	45%	45%
Three or more referrals for a criminal offense	21%	9%	11%
Referred for criminal offense at age 13 or younger	82%	74%	75%
Chronic runaway history	11%	14%	14%
Runaway in past month	4%	9%	8%
Behavior hurts others or put them in danger, ever	54%	38%	40%
Behavior hurts others or put them in danger, past month	38%	20%	23%
Behavior hurts self or put him/her in danger, ever	59%	29%	34%
Behavior hurts self or put him/her in danger, past month	37%	22%	24%
Family Issues			
Poor family supervision	39%	49%	47%
Serious family conflicts	58%	40%	43%
History of reported child abuse/neglect or domestic violence	31%	32%	32%
Child abuse/neglect or domestic violence reported in past month	4%	8%	7%
Criminal family members	32%	38%	37%
Substance abusing family members	25%	42%	38%
Family trauma/disruption, past 12 months	39%	51%	49%
Substance Use Issues			
Substance use beyond experimental	19%	8%	10%
Current substance use causes problems	8%	7%	7%
Substance use began at age 13 or younger	48%	20%	25%
High or drunk at school, ever	7%	3%	4%
High or drunk at school, past month	0%	0%	0%
Total Number of Cases	***28***	***149***	***177***

Table 8: Prevalence of Risk Indicators, Individual YJO Sites*

	Percent of YJOs Scoring "Yes" at Initial Screen										
Risk Indicators	Charlottesville	Fairfax	Loudoun	Lynchburg	Middle Peninsula	Montgomery	Newport News	Richmond	Virginia Beach	Wise	York
School Issues											
Academic failure	60	48	67	33	40	83	57	69	0	52	38
Chronic truancy	53	12	33	17	20	20	32	33	0	52	44
School dropout	0	0	0	0	0	0	0	6	0	0	0
Suspension(s) or expulsion(s) from school, past 6 months	75	40	67	71	60	100	53	79	0	35	89
Suspension(s) or expulsion(s) from school, past month	27	13	33	50	60	40	37	44	0	24	56
Peer Issues											
Friends engage in unlawful behavior	64	60	67	57	20	50	41	80	100	18	78
Friends suspended or expelled	71	76	83	71	60	67	69	86	100	32	100
Behavior Issues											
Aggressive behavior in school before age 13	63	60	67	29	40	33	70	79	50	48	56
Aggressive behavior in school, past month	50	28	50	0	60	17	66	53	50	32	44
Three or more referrals for a criminal offense	12	12	17	33	0	0	8	6	50	0	44
Referred for criminal offense at age 13 or younger	88	88	100	71	40	83	59	91	100	48	89
Chronic runaway history	6	12	0	43	20	0	22	15	50	0	11
Recent runaway	6	0	0	33	20	0	21	6	0	0	0
Behavior hurts others or put them in danger, ever	33	56	50	57	80	33	41	38	50	9	56
Behavior hurts others or put them in danger, past month	7	8	25	33	60	17	37	24	50	0	44
Behavior hurts self or put him/her in danger, ever	23	16	60	29	80	17	54	25	100	9	67
Behavior hurts self or put him/her in danger, past month	8	8	60	29	40	17	37	27	50	9	33
Family Issues											
Poor family supervision	71	36	67	43	0	50	45	58	50	41	33
Serious family conflicts	47	29	33	17	80	83	43	32	50	61	43
Reported child abuse/neglect or domestic violence, ever	53	32	40	33	40	40	33	14	0	44	22
Child abuse/neglect or domestic violence past month	13	0	20	29	0	0	11	0	0	18	0
Criminal family members	81	20	0	43	80	33	39	36	50	20	22
Substance abusing family members	71	36	50	14	0	17	44	37	50	35	22
Family trauma/disruption, past 12 months	88	48	33	43	20	50	46	22	0	74	56
Substance Use Issues											
Substance use beyond experimental	6	4	40	14	0	20	13	11	0	0	22
Current substance use causes problems	6	0	17	14	0	0	13	9	0	4	11
Substance use began at age 13 or younger	29	21	67	57	0	80	19	14	100	13	33
High or drunk at school, ever	0	0	17	0	0	0	8	0	0	4	11
High or drunk at school, past month	0	0	0	0	0	0	0	0	0	0	0

*Based on assessment data submitted by sites, as of May 15, 2004.

Patterns of Risk – All Sites Combined

- Table 7 shows that the following risk indicators were present for over half of all youth assessed as of May 15, 2004 (regardless of program approach):

    - Referred for criminal offense at age 13 or younger (75%)
    - Friends suspended or expelled (70%)
    - Aggressive behavior in school before age 13 (62%)
    - Suspension(s) or expulsion(s) from school, past 6 months (61%)
    - Academic failure (57%)
    - Friends engage in unlawful behavior (55%)

- A high number of youth are expected to have risk indicators in the Behavior domain because youth were selected into the YJO program on the basis of their behavior.

    - 92% of YJOs had at least one Behavior risk indicator.
    - 80% of YJOs had at least one Family risk indicator.
    - 79% of YJOs had at least one School risk indicator.
    - 67% of YJOs had at least one Peer risk indicator.
    - 23% of YJOs had at least one Substance Use risk indicator.

Patterns of Risk – Comparing Program Approaches

- YJOs assessed at TF sites were significantly more likely (at the .05 level) than other sites to have one of the following risk indicators present:

    - Behavior hurts self or put him/her in danger, ever (59% vs. 29%).
    - Substance use began at age 13 or younger (48% vs. 20%).
    - Behavior hurts others or put them in danger, past month (38% vs. 20%).
    - Three or more referrals for a criminal offense (21% vs. 9%).

- YJOs at TF sites were also more like to have the following risks indicators present, although the difference was not statistically significant (between the .05 and .10 levels).

    - Suspension(s) or expulsion(s) from school, past 6 months (75% vs. 58%).
    - Behavior hurts self or put him/her in danger, past month (37% vs. 22%).
    - Substance use beyond experimental (19% vs. 8%).
    - Serious family conflicts (58% vs. 40%).

- YJOs at TF sites were significantly more likely (at the .001 level) to have at least one risk indicator in the Substance Use domain (46% vs 19%).

In summary, all YJOs had a high likelihood of having at least one risk indicator in the Behavior, Family, School, and Peer domains. YJOs assessed at purchase of service sites had a low likelihood of demonstrating any Substance Use risk indicators, but almost half of the YJOs assessed at TF sites indicated some risk of Substance Use. YJOs at TF sites

were also more likely to have engaged in behavior that hurt or threatened the safety of others or themselves, and to have received three or more referrals for a criminal offense.

Individual Protective Indicators

Tables 9 and 10 report the prevalence of individual protective indicators, by program approach and by individual site, respectively.

Table 9: Prevalence of protective indicators, by YJO program approach*

	Percent of YJOs Scoring "Yes" at Initial Screen		
Protective Indicators	**Therapeutic Focus**	**Purchase of Services**	Total
School Issues			
School Attachment	46%	39%	40%
Family help with school	75%	69%	70%
Peer Issues			
Friends disapprove of unlawful behavior	56%	38%	41%
Friends are academic achieve	69%	73%	72%
Behavior Issues			
Extra-curricular activities	37%	36%	36%
Family Issues			
Communicates with family	48%	45%	46%
Close relationship with one family member	79%	76%	77%
Substance Use Issues			
Caretaker drug free, 3 years	59%	76%	73%
Caretaker drug free, past month	64%	82%	79%
Other Issues			
Low crime neighborhood	86%	62%	66%
Non-parental adult youth can talk to	71%	71%	71%
Total Number of Cases	***28***	***149***	***177***

Table 10: Prevalence of protective indicators, Individual YJO Sites*

	Percent Scoring "Yes" at Initial Screen										
Protective Indicator	Charlottesville	Fairfax	Loudoun	Lynchburg	Middle Peninsula	Montgomery	Newport News	Richmond	Virginia Beach	Wise	York
School Issues											
School Attachment	20	56	50	83	20	50	50	21	0	29	67
Family help with school	40	88	33	100	80	100	74	70	50	50	89
Peer Issues											
Friends disapprove of unlawful behavior	20	76	60	43	100	20	43	12	0	22	67
Friends are academic achieve	88	92	67	100	100	50	63	50	0	64	86
Behavior Issues											
Extra-curricular activities	18	56	50	83	40	50	38	13	0	36	25
Family Issues											
Communicates with family	40	60	33	71	60	33	41	33	0	48	75
Close relationship with one family member	73	80	83	100	80	83	82	57	0	78	89
Substance Use Issues											
Caretaker drug free, 3 years	79	70	20	57	80	83	87	87	100	58	44
Caretaker drug free, past month	87	74	67	57	60	83	90	87	100	76	44
Other Issues											
Low crime neighborhood	31	75	100	67	100	67	55	79	100	59	78
Non-parental adult youth can talk to	50	87	50	100	100	67	68	56	0	73	89

Patterns of Protective Indicators, All Sites Combined

- Table 9 shows that the following protective indicators were present for over half of all youth assessed as of May 15, 2004 (regardless of program approach):

    - Caretaker drug free, past month (79%)
    - Close relationship with one family member (78%)
    - Caretaker drug free, 3 years (73%)
    - Friends are academic achievers (72%)
    - Non-parental adult youth can talk to (71%)
    - Family help with school (70%)
    - Low crime neighborhood (66%)

Patterns of Protective Indicators – Comparing Program Approaches

- YJOs assessed at TF sites were less likely than other sites to have a substance-free caretaker:

    - Caretaker substance free, past month (64% vs. 82%) (not significant, between .05 and .10 levels)
    - Caretaker substance free, three years (59% vs. 76%) (not significant, between .05 and .10 levels)

- YJOs at TF sites were more likely to have the following protective indicator present:

    - Low crime neighborhood (86% vs. 62%) (significant, .05 level)
    - Friends disapprove of unlawful behavior (56% vs. 38%) (not significant, between .05 and .10 levels)

In summary, most of the youth assessed have demonstrated some family-related protective indicators, including some indicators that are measured within the Substance Use and School domains. Youth assessed by YJO programs with a therapeutic focus were less likely to be living with substance-free caretakers. However, they were more likely to live in a low-crime area and have friends who disapprove of unlawful behavior.

Individual Mental Health Indicators

Tables 11 and 12 report the prevalence of individual mental health indicators, by program approach and by individual site, respectively.

Table 11: Prevalence of mental health indicators, by YJO program approach*

Mental Health Indicators	Percent of YJOs Scoring "Yes" at Initial Screen		
	Therapeutic Focus	Purchase of Services	Total
Suicidal	29	11	14
Depressed/withdrawn	60	28	33
Sleep/eat problems	50	21	26
Hallucinations/delusions	7	4	5
Social isolation	37	23	26
Cognitive difficulty	14	4	6
Emotional disorder	28	15	17
Persistent oppositional defiant behavior	70	35	41

Table 12: Prevalence of mental health indicators, by YJO site

Mental Health Indicators	Percent Scoring "Yes" at Initial Screen				
	Charlottesville	Fairfax	Loudoun	Lynchburg	Middle Peninsula
Suicidal	19	13	50	14	0
Depressed/withdrawn	40	38	60	43	60
Sleep/eat problems	27	38	50	29	40
Hallucinations/delusions	0	8	17	0	20
Social isolation	19	42	33	57	80
Cognitive difficulty	18	4	17	0	40
Emotional disorder	18	42	25	17	40
Persistent oppositional defiant behavior	46	46	67	33	100

Table 12 (cont'd): Prevalence of mental health indicators, by YJO site

Mental Health Indicators	Percent Scoring "Yes" at Initial Screen					
	Montgomery	Newport News	Richmond	Virginia Beach	Wise	York
Suicidal	17	16	6	50	4	33
Depressed/withdrawn	80	34	12	100	17	44
Sleep/eat problems	33	18	9	0	17	67
Hallucinations/delusions	0	11	0	0	0	0
Social isolation	17	23	6	100	24	22
Cognitive difficulty	0	3	0	0	0	11
Emotional disorder	17	16	0	50	5	25
Persistent oppositional defiant behavior	67	46	20	100	24	50

Patterns of Mental Health Indicators – All Sites Combined

- Table 11 shows that each of the mental health indicators was present for fewer than half of all youth assessed to date. The most common mental health indicator was Persistent oppositional defiant behavior (41%).

- 56% of youth had at least one mental health indicator.

Patterns of Mental Health Indicators – Comparing Program Approaches

- YJOs at TF sites were significantly more likely (at the .01 or .05 levels) than other sites to have one of the following mental health indicators present:

    - Persistent oppositional defiant behavior (70% vs. 35%).
    - Depressed/withdrawn (60% vs. 28%).
    - Sleeping/eating problems (50% vs. 21%).
    - Suicidal thoughts/attempts (29% vs. 11%)
    - Cognitive difficulty (14 vs. 4)

- YJOs at TF sites were significantly more likely (at the .001 level) to present at least one mental health indicator (89% vs. 51%).

In summary, youth assessed at therapeutic-focus sites were clearly more likely to score 'Yes' for at least one mental health indicator. As noted before, this difference could be due to a number of indicators, including different perspectives of the individuals conducting the assessment, and a possible tendency in TF sites to concentrate referrals on youth with mental health issues.

Violence Indicators

Five indicators on the OJCP have been determined by the OJDDA to indicate that a youth is at particular risk of future violent or serious offending. Two items apply to youth ages 6-11, two apply to youth ages 12 and over, and one applies to youth of any age.

For youth ages 6-11, the violence indicators are related to the youth's behavior:

- Referred for a criminal offense at age 13 or younger
- Substance use began at age 13 or younger

For youth age 12 or older, the violence indicators are related to the youth's interpersonal relations:

- Friends engage in unlawful behavior
- Social isolation (a mental health indicator)

Recent research supports these four risk indicators as being the strongest predictors of youth violence (Hawkins et. al., 2000). In addition to these indicators, the OJDDA also identifies a fifth item as indicating a youth is at increased risk of violent or serious

offending: Behavior hurts others or puts them in danger. This item was added because "past behavior is a predictor of future behavior" (OJDDA, 2003).

Table 13 reports the proportion of youth, ages 6-11 and 12 or older, who scored a 'Yes' on each of the violence indicators for their age group.

Table 13: Prevalence of violence indicators, by age and program approach

	Criminal Referral Before Age 14	Substance Use Before Age 14	Behavior Hurts /Threatens Others	Friends Engage in Unlawful Behavior	Social Isolation
Purchase of Services					
Ages 6-11 yrs.	59%	11%	41%	N/A	N/A
Age 12 yrs. or older	N/A	N/A	38%	58%	21%
Therapeutic Focus*					
Age 12 yrs. or older	N/A	N/A	48%	68%	27%

*No youth under 12 years old have been assessed by TF sites.

Patterns of Violence Indicators

- No youth under the age of 12 have been assessed by TF sites.
- The majority of youth from both PS and TF sites had at least one violence indicator for their applicable age group.
    - At PS sites, 64% of youth under 12 had at least one applicable violence indicator, as did 73% of youth age 12 or older.
    - At TF sites, no youth under the age of 12 have been assessed. Among youth age 12 or older, 83% had at least one applicable violence indicator.
- YJOs (age 12 and older) assessed at TF sites appear to be more likely than those at PS sites to have at least one of the three violence indicators applicable to that age group. The difference is not statistically significant (significance is between .05 and .10), but is consistent across each of the three violence indicators for youth in that age group.
- When all sites are combined, 73% of YJOs were identified as having at least one of the violence indicators appropriate to his or her age.

As the OJDDA explains, the majority of youth with a violence risk indicator will not become violent or serious offenders (OJDDA, 2003). However, these items provide a flag for the YJO program sites, to conduct further assessments on these youth.

Services Received by YJOs

Table 14 reports the services received by youth to date (for those youth whose initial assessments and service tracking forms have been received), by program approach. Table 15 reports the same data by individual YJO site. The service categories listed in these tables (and the tables that follow) are derived by combining results from the original and the revised service tracking forms.

Table 14: Services provided to Young Juvenile Offenders*, by YJO program approach

YJO Site (# youth with service info)	FFT/ MST	Other Intensive Home-Based Services	Individual Counseling	Group Counseling	Family Counseling	Academic Support	Mentoring	Social Skills Training	Parenting Skills	Residential Placement	Family Support/ Referral Assistance	Other Family	Other
Purchase Range of Services (100)	0	69	36	64	32	39	53	36	33	2	52	54	74
Therapeutic Focus (28)	23	3	1	0	4	1	2	5	5	1	1	7	10
Total (128)	***23***	***72***	***37***	***64***	***36***	***40***	***55***	***41***	***38***	***3***	***53***	***61***	***84***

* A single youth may be placed in multiple programs. A single program may provide multiple services.

Table 15: Services provided to Young Juvenile Offenders*, by YJO site

YJO Site (# youth with service info)	FFT/ MST	Other Intensive Home-Based Services	Individual Counseling	Group Counseling	Family Counseling	Academic Support	Mentoring	Social Skills Training	Parenting Skills	Residential Placement	Family Support/ Referral Assistance	Other Family	Other
Charlottesville (10)	0	2	2	3	1	2	3	3	1	0	2	5	10
Fairfax (0)	0	0	0	0	0	0	0	0	0	0	0	0	0
Loudoun (6)	3	0	0	0	0	0	2	5	3	0	0	6	6
Lynchburg (0)	0	0	0	0	0	0	0	0	0	0	0	0	0
Middle Peninsula (5)	3	0	1	0	1	0	0	0	0	0	0	0	1
Montgomery (6)	6	0	0	0	3	0	0	0	1	0	1	1	0
Newport News (32)	0	17	26	27	28	21	24	27	27	1	21	27	29
Richmond (35)	0	35	6	34	3	3	3	2	2	0	27	22	35
Virginia Beach (2)	2	0	0	0	0	0	0	0	0	0	0	0	0
Wise (23)	0	15	2	0	0	13	23	4	3	1	2	0	0
York (9)	9	3	0	0	0	1	0	0	1	1	0	0	3

* A single youth may be placed in multiple programs. A single program may provide multiple services.

Service Referrals

- Service data were submitted for 128 youth (100 from PS sites, 28 from TF sites).

- The 128 youth were referred for a total of 607 services (a single provider may provide multiple services), for an average of 4.7 services per YJO.

- The three most common services into which youth have been referred include:

    - FFT, MST, or Other intensive home-based services (Loudoun's three referrals to FFT are included here; however, Loudoun provides FFT services exclusively in a clinical setting) – 95 referrals
    - Group counseling – 64 referrals
    - Mentoring – 55 referrals

- YJO sites made 136 referrals for some form of counseling service:

    - Group counseling – 64 referrals
    - Individual counseling – 37 referrals
    - Family counseling – 36 referrals
    - In addition to these counseling services, there were 23 referrals to FFT or MST, and 72 referrals to other intensive home-based services.
    - 90% of YJOs received some form of counseling service.

- The YJO sites, consistent with Element 4 of the Four Distinguishing Elements (which directs YJO programs to increase parental and family participation), provide a number of family-focused services.

    - 289 family-focused services have been directed to young juvenile offenders (a single youth may receive multiple services). These include:

        - Functional Family Therapy and Multi-Systemic Therapy – 23 referrals
        - Other intensive home-based services – 72 referrals
        - Family support/referral assistance- 53 referrals
        - Parenting skills- 38 referrals
        - Family counseling- 36 referrals
        - Other family services (including recreation and adult education)- 61

    - All sites that have submitted service forms to date have referred youth into family-focused services.

    - 89.8% of youth have been referred into some family-focused service.

        - 27 out of 28 (96.4%) youth from TF sites have been referred into a family-focused service. The single case that was not involved parents who refused to participate in services. MST services require voluntary parental participation, and when parents refuse to participate they are referred to other services.

        - 88 out of 100 youth from PS sites were referred into a family-focused service.

    - The services identified here as "family-focused" are those in which the category of service identified by the YJO site explicitly identifies the parents or family as a target of the service. Some other services – such as mentoring or group counseling – may be tailored to focus on the family. Unless the YJO site indicated that there was a family component to the youth's services, that service was not counted here as "family-focused."

In summary, there are two main categories of services to which YJOs were referred: services with a family or parental focus, and services with a counseling or therapeutic focus. Mentoring, academic support, and social skills training were also common referrals. Many youth received multiple services.

Relationship Between Assessment and Services

Element 3 of the Four Distinguishing Elements directs sites to provide a comprehensive response to the assessed needs of young juvenile offenders. The qualitative analysis examined how the individual sites attempt to meet this requirement. Preliminary analysis of the OJCP-Va. data can demonstrate some relationships between a youth's assessed risks and the services received, but at this stage the data are limited.

An obvious question presents itself with regard to targeting services to identified risks: what risk factors do individual services target? This is difficult to answer for the services provided as part of the YJO initiative. For the PS sites, there are varying arrays of services, with some service types available from multiple service providers. For example, there may be four different organizations providing mentoring services in a single city, and the local YJO program may take advantage of all of them. Each individual service provider may tailor its services somewhat differently, with one provider's mentoring services focusing on peer factors, while another focuses on substance abuse risks.

In some instances, some of the intended risk targets may be more obvious. Clearly the various family-focused services are targeting (perhaps among other things) family risk factors. However, as has been demonstrated, the vast majority of youth have a family risk indicator, and the vast majority have been referred into family-focused services. This is further complicated by the fact that some services will seek to create or build on protective indicators in a domain, even if no risk indicators are present. So a youth who has no family risk indicators could still be determined to be appropriate for a family-focused service, because strengthening the family bond can serve as a protective indicator (particularly for these younger offenders).

The relationships between assessed risks and provided services are also complicated by the fact that some of the PS sites and all of the TF sites have one or two services that are provided to all YJOs, regardless of risk. These services are intended to build on or create protective indicators in the youth, and they occur in tandem with other services that may specifically target a risk.

The service initiation form attempts to address these problems by requiring the site to indicate what specific risk indicators are being addressed by a given service provider. To date, too few service initiation forms have been completed to take advantage of this measure. Additionally, there have been some obvious errors on this measure in some of the submitted forms, and these must be identified and fixed (for example, a youth is referred to FFT but the form does not indicate that the service will address family risk factors).

Given the relatively small number of cases for which service information has been submitted, it is difficult to draw conclusions about the relationship between assessed risks and service placements. The paucity of data from therapeutic-focus sites is particularly problematic.

A few points can be made about PS sites. However, it should be understood that this analysis is also based on a relatively small number of cases. Service data have only been reported for 67% of the cases from purchase of service sites for which initial assessment data have been submitted (100 out of 149), and two of the PS sites (Fairfax and Lynchburg) have provided no service placement information to date.

With these caveats, at the other purchase-of-service sites:

- Youth with at least one school risk indicator were less likely to receive individual counseling, family counseling, or mentoring services than youth with no school risk indicators.

- Youth with at least one peer risk indicator were more likely to receive group counseling, and services that do not fall neatly into any of the selected categories ("Other" services).

- Youth with at least one behavior risk indicator were less likely to receive mentoring services, but were more likely to receive group counseling and family-focused services, as well as "Other" services.

- There was no statistically significant distinction in service placements for youth who had at least one risk indicator in the family or substance use risk domains, or for youth with a at least one mental health indicator.

Although there are too few cases from TF sites to find correlations between risk factors and service referrals, some points can be made:

- Risk factors targeted by FFT include family factors and early initiation of problem behavior. To date, all youth referred to FFT have had at least one family risk indicator or behavior risk indicator (in addition to any other risk indicators). For those few cases in which a family risk indicator was not present, there was a family protective indicator, which FFT could seek to strengthen.

- Risk factors targeted by MST include family factors, peer factors, and early initiation of problem behavior. To date, all youth referred to MST have at least one peer, family, or behavior risk indicator (usually one of all three). Generally some protective indicators in these areas are present as well, which the MST program could seek to strengthen.

- Risk factors targeted by RY include family factors, peer factors, school factors, and early initiation of problem behavior. To date, all youth placed in RY have had at least one family, peer, school, or behavior risk indicators (in fact, all have had identified risk indicators in more than one of these domains).

In summary, it is almost impossible to determine whether services provided to YJOs are specifically directed at assessed risk indicators at this stage of the evaluation. As more data are collected, the relationships should become clearer. Additionally, as service providers are identified over time, the evaluation can seek to clarify the risk factors addressed by the services, to improve future analysis.

Summary: Findings from OJCP-Va. Data

A few points stand out from the review of the data collected thus far.

- The assessment results for YJOs in an individual program was directly related to that program's approach to services (purchase-of-services vs. therapeutic-focus).
    - Youth assessed at TF sites exhibited, on average, a higher number of risk, protective, and mental health indicators. They were also more likely to have a High level of risk of reoffending, using the OJDDA suggested risk levels.
    - Almost half of the youth assessed at TF sites had at least one substance use risk indicator, compared to about 19% of YJOs at PS sites.
    - 89% of YJOs assessed at TF sites had at least one mental health indicator, compared to 51% at PS sites.
    - These differences could be explained by a number of factors, including the fact that referral agencies may focus high-risk youth into these programs, excluding youth who do not seem to need the intensive therapeutic services.
- 80% of YJOs had at least one family risk indicator, and 88% of youth received at least one family-focused service referral.
- 73% of YJOs had at least one of the violence indicators applicable to the youth's age group, indicating that the youth was at a particular risk for serious or violent offending.
- Family-focused services and counseling/therapeutic services represented a significant number of referrals.
- At PS sites, some risk domains seem to be related to certain service referrals. However, there are too few cases to draw any conclusions about whether specific risk scores are related to specific service referrals.
- At TF sites, all youth referred to FFT, RY, or MST have had at least one risk indicator targeted by the program.

Conclusions: Comparing the Findings from the Surveys, Interviews, and Data Collection

Clearly there are fundamental differences between the therapeutic-focus and purchase-of-service sites. The results of the interviews, surveys, and assessment data all indicate significant differences in the practices, procedures, and even the youth served, at these sites.

Perhaps differences in practices have led to differences in youth assessment results. This could be due to philosophical or training differences among staff conducting assessments. Staff at TF sites could be more likely to identify risk, protective, and mental health indicators. However, a more likely possibility is suggested by the interview results. Staff at most of the TF sites indicated that they felt they were not getting the opportunity to assess all of the youth who met the criteria for the YJO program. Some probation staff acknowledged that they would consider a youth's strengths and needs before placing a youth (although they did not indicate that they screened a large number of youth out of the program). This, in conjunction with the data, suggests that the TF sites may be receiving youth who are at a higher risk of reoffending than the broader YJO population in those sites.

It is also possible that differences in youth at these sites have led to differences in program design. The sites all conducted needs assessments prior to implementing their programs. If sites had determined that there was a particular need for therapeutic services (as several sites indicated they did), they would be more likely to create therapeutic programs. So it is possible that youth at these sites do in fact have a greater number of risk factors and mental health factors, as compared to youth elsewhere.

Regardless of program approach, the assessments have indicated that 36% of YJOs have a 50% or greater chance of reoffending within one year (a Medium or High risk of reoffending, according to the OJDDA suggested risk levels). The distribution of accumulated risk indicators among YJOs shows the YJOs as being at higher risk of reoffending within a year than the general population of Oregon juvenile offenders.

Two-thirds of YJOs ages six to eleven have at least one violence indicator applicable to that age group. Three-quarters of YJOs age twelve or older have at least one violence indicator applicable to that age group. 80% of youth have a family risk indicator, 79% have a school risk indicator, and 67% have a peer risk indicator. 56% of youth have at least one mental health factor.

The data indicate that youth are in fact receiving a range of services, from programs following different approaches. Interview and survey responses indicate that the program staff and probation officers believe that the individual YJO sites are providing an enhanced level of services at an earlier point in the offenders' lives than otherwise would have occurred. The interviews also indicated that program staff and probation officers believe that the therapeutic programs at the TF sites address a gap in services for younger offenders, and that the PS sites are using the YJO funds to purchase services that would often otherwise be unavailable to younger offenders.

All youth placed into FFT, MST, and RY have demonstrated one or more of the risk indicators targeted by the service. Beyond this, it is too early to determine if the services are particularly suited to the needs, or if they are having any effect. These questions will be addressed in later reports.

Review of YJO Intake Data

Prior Analysis Indicating Increasing Trend

The September, 2001 DCJS Report *Risk and Protective Factors for Delinquency* noted that between 1995 and 2000, Virginia's juvenile and domestic relations district courts reported a 114% increase in intake cases involving only status offense complaints, and a 55% increase in intake cases involving delinquency complaints, among youth under the age of 14 (Hanna 2001). These trends raised concerns that child delinquency was on the rise in Virginia.

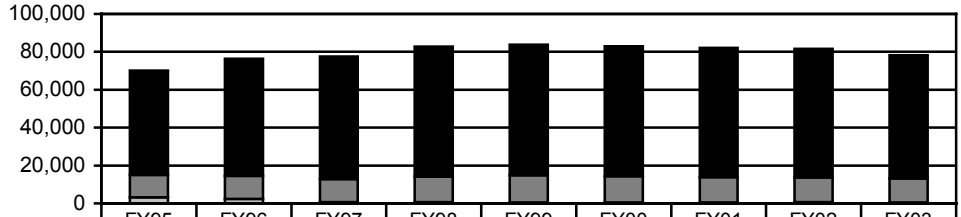
However, there are indications that the data cited in that report may have provided a misleading impression of increases in juvenile offending. Other data sources indicate a different trend. Arrests for juveniles under 15 decreased 6% between 1995 and 1998, while arrests for juveniles 15-17 increased 6% during the same period (Hanna 2001). Since 2001, the Department of Juvenile Justice's (DJJ) annual *Data Resource Guide* (DRG) has consistently noted that juvenile offense complaints are decreasing. The 2001, 2002, and 2003 editions of the *DRG* demonstrate a decreasing trend in felony and Class 1 misdemeanor complaints, beginning with FY 1998 data and continuing through 2003.

In the years FY1995-1998, the Department of Juvenile Justice was implementing a major overhaul of its intake data collection system. During this process, some districts were entering data into an older system while others transitioned to the newer system. Although it cannot be said with certainty, it may be that during this period of transition, some data were not entered into any system. As a result, the analysis conducted in 2001 would have been based on incomplete source data. To understand why these data may have been incomplete, it is necessary to reexamine intake complaint data for the period of FY1995-2003.

Figure 5 presents juvenile intake complaints, by age, for fiscal years 1995-2003. These data were provided by DJJ in March 2004. In the years since providing the data used for the original analysis, DJJ has made significant efforts to clean its data. The agency has also clarified its offense categories and its definition of intake complaint (as distinct from an intake case, which can involve multiple complaints). As a result, the data in Figure 5 do not directly match the data provided for the original analysis, but should be a more accurate record of intake complaints.

Figure 5: Juvenile Intake Complaints FY1995-2003

Including Felonies, Misdemeanors, Status Offenses, and Technical Violations*



	FY95	FY96	FY97	FY98	FY99	FY00	FY01	FY02	FY03
Total	70,099	76,361	77,587	82,753	83,826	82,974	82,154	81,663	78,285
Age 14 or Older	55,148	61,865	64,743	68,647	68,975	68,564	68,354	68,014	65,086
Under 14	11,727	12,137	12,112	13,458	14,275	13,843	13,241	13,049	12,608
DOB Error/Missing	3,224	2,359	732	648	576	567	559	600	591

*Data provided by Virginia Department of Juvenile Justice. Does not include data from District 19 (Fairfax).

As Figure 5 demonstrates, total juvenile intake complaints increased dramatically (18%) between 1995 and 1998, and then flattened out between 1998 and 2002, remaining within about 1% of the 1998 value. In 2003 complaints decreased 4%. However, a more detailed look at the intake complaint data suggests that data prior to 1998 are incomplete:

- For several individual court districts (not shown in graph), juvenile offense complaints more than doubled in between 1995 and 1998, and then flattened out. For example, District 23A (Roanoke City) had 705 complaints in FY96 then jumped up to 1,986 in FY97 – an increase of 182% - and stayed within a range of about 1,800 - 2,200 through FY03. District 25 increased from 1,004 in FY96 to 2,660 in FY97 – an increase of 165% – and never dropped below 2,200 again. These significant leaps within individual districts suggests that the data reporting in earlier years was incomplete.

- It appears that data for the complaints for District 13, the city of Richmond, are not complete until FY 1999 (complaints for Richmond increased 85% in 1999, then began to slowly decline).

- A separate problem, seeming to bolster the theory that the problem is caused by a change in data systems, is shown in the data for District 14, Henrico County. Complaints for this district jumped from 5,254 complaints in FY95 to 11,504 in FY96, and then dropped back down to 4,578 in FY97. It appears that complaints for this district may have been double-counted.

The available evidence strongly suggests that the cause of the sharp increase in juvenile complaints between 1995 and 1998 is due to the implementation of the Juvenile Tracking System. The Department of Juvenile Justice has confirmed this finding. The complaint patterns that are demonstrated between 1995 and 1998 are clearly very different from later years, and are in sharp contrast to the decrease in complaints in 2003. It therefore seems reasonable to reexamine juvenile offense complaints, using 1999 as a baseline. This still allows a five-year trendline, from 1999 to 2003.

Analysis of 1999-2003 Intake Complaint Data

As seen in Figure 5, intake complaints by youth under 14, and by youth age 14 and older, decreased between 1999 and 2003.

- Juvenile offense complaints by youth under 14 decreased every year between 1999 and 2003. The overall decrease between 1999 and 2003 was 12%.

- Juvenile offense complaints by youth age 14 and older were fairly flat between 1999 and 2002, then dropped 4% in 2003. The overall decrease between 1999 and 2003 was 6%.

- When examined by offense type (not shown) this pattern continues. Although offense patterns for older and younger offenders were similar, the decrease in felonies and Class 1 misdemeanors was much more dramatic for offenders under 14 (17% vs. 6%, for felonies, and 14% vs. 5% for Class 1 misdemeanors). However, this population is significantly smaller than older offenders, and therefore smaller changes will have proportionately greater impact.

- Offenders under the age of 14 consistently represented 16-17% of total juvenile complaints.

The Need for a Focus on Young Juvenile Offenders

The Young Juvenile Offender Grant Initiative was developed, in part, as a response to a perceived increase in juvenile offense complaints by youth under 14 in Virginia. However, that perception appears to have been based on incomplete data. More recent data demonstrate a decrease in such offending. DCJS Juvenile Services and the Advisory Committee on Juvenile Justice should consider these revised findings as they consider the range of juvenile justice issues that Virginia confronts. However, other research considered at the time of the implementation, and preliminary findings of the implementation evaluation, suggest that there are some potential benefits of the grant initiative.

- The 2002 Juvenile Justice Grant Funds Application Kit noted that intervening in the delinquent careers of YJOs could have a disproportionately large impact on reducing future offending. The monetary value of saving a high-risk youth has been estimated at $1.7-$2.3 million, taking into consideration the cost of incarceration and lost productivity in addition to the direct costs of individual crimes (Cohen, 1998). Research has demonstrated that youth who begin their offending career at younger ages are at a significantly higher risk of becoming serious, chronic offenders, as compared to those who begin offending later. (Loeber & Farrington, 2001; Krohn et. al., 2001). Therefore, interventions that can interrupt these younger offenders' criminal careers can have a disproportionately positive impact on public safety. If the YJO interventions succeed in preventing some youth from penetrating further into the juvenile justice system (which will be examined in the outcome evaluation), they will be highly cost-effective in comparison to allowing youth to continue in their delinquent careers.

- Between 1999 and 2003, the average age of juveniles admitted to the DJJ juvenile correctional centers remained slightly over 16 years (Waite & Neff, 2004). However, during that period, the proportion of admitted youth whose first adjudication had occurred before the age of 13 has grown steadily. Although the number of admitted youth whose first adjudication had occurred at age 13 or older dropped 41% between 1999 and 2003 (from 1,179 in 1999 to 701 in 2003), the number whose first adjudication had occurred at age 12 or younger increased 4% (from 269 to 280) (Waite & Neff, 2004). In 1999, 18.6% of admitted youth had first been adjudicated before the age of 13; by 2003, that population had increased to 28.5% of juvenile correctional center admissions (Waite & Neff, 2004). This *suggests* that although the number of younger offenders charged with complaints at intake have decreased in recent years, the likelihood of those younger offenders who are actually adjudicated to eventually be placed in a juvenile correctional center (when they are older) has increased, relative to youth whose first adjudication occurred when they were older. More analysis would be necessary to verify this increase. In 2003, the average cost to hold one youth in a juvenile correctional center for one year was $71,618 (2003 *DRG*).

- The Application Kit also highlighted the concern that juvenile offenders have limited access to mental health services. In 2003, 90% of females and 60% of males committed to the Department of Juvenile Justice had designated mental health treatment need (Waite

& Neff, 2004). The YJO program is identifying youth with possible mental health needs, and providing services at an earlier stage than might otherwise occur. 83% of YJOs have been referred to some counseling or treatment services.

- Although juvenile offense complaints for offenders under 14 have decreased since 1998, they still accounted for 16% of all juvenile offense complaints in 2003 (13,325 in total, when Fairfax data are included).

- Interviews with YJO sites indicate that prior to the grant initiative, it was difficult to place younger offenders in available programs. Because the younger offenders were considered "less serious" due to their age, older offenders were disproportionately served by programs in these localities. This may or may not be true statewide, but it seems to have been a concern for those localities actually receiving funds.

- In surveys and interviews, YJO program staff at all sites have repeatedly stated they are seeing positive results in the youth participating in YJO-funded programs. This will be tested in the outcome evaluation.

Recommendations

This report represents the first of several annual evaluation reports on the Young Juvenile Offender Grant Initiative. All sites have been in operation for less than two years, and five sites have begun operations only in the most recent several months. Therefore this report has focused on the implementation of the initiative in these sites, and the Recommendations that follow are intended to address issues related to program implementation. The primary issues identified in the evaluation are the low number of referrals at many sites and various concerns related to communication problems.

Recommendation 1: Reduce YJO criteria; consider making YJO criteria consistent with criteria for the Virginia Juvenile Community Crime Control Act.

A common problem cited by YJO program staff is a lower-than-expected number of referrals. As noted earlier, this could be due in part to needs assessments that were based on intakes rather than adjudications, while YJO program participation required adjudication. Sites indicated that the delay between petition and adjudication could be several months, during which time the youth and family could not receive services. Also, some sites indicated that the local court preferred not to adjudicate younger offenders except as a last resort. The sites felt that these concerns were impacting referrals to their program.

Rather than wait for the annual evaluation report, the evaluation staff recommended in January 2004 that DCJS Juvenile Services consider reducing the criteria to youth under 14 at intake or before the court on a delinquent or status offense. Other than the age limit, this would make the criteria for YJO participation the same as the criteria for Virginia Juvenile Community Crime Control Act (VJCCCA) funds (*Code of Virginia* § 16.1-309.2). Because local juvenile justice practitioners were already familiar with VJCCCA requirements, this change could eliminate confusion about when funds could be used.

However, the interim Juvenile Services chief felt such a change would move the criteria too far from the grant's original intent to serve young offenders who had already penetrated the juvenile justice system. Federal funds (Title V) are available for primary prevention programs, and are also managed by Juvenile Services. Instead, Juvenile Services would consider reducing the criteria to youth under the age of 14 who have been petitioned for a delinquent or status offense. This would address the concern regarding the delay between petition and adjudication, without opening the program to youth in cases for which the intake officer did not deem sufficient to file a petition. According to the DJJ *2003 Data Resource Guide*, 80% of intake complaints in 2003 resulted in a petition being filed.

At the interim chief's request, in early February a single-question survey was emailed to all YJO program directors, asking if they supported changing the YJO criteria from adjudication to petition. Ten of the eleven directors supported the change, with one indicating "No opinion."

On March 22, 2004, the interim chief informed the sites that the criteria were reduced from adjudication to petition, to take effect immediately. Sites have indicated that they believe this will lead to increased referrals. This action has effectively addressed Recommendation 1.

Recommendation 2: Increase meetings and encourage relationships between grant participants.

Although there are significant variations in how the individual sites implemented their YJO programs, they also had many practices – and concerns – in common. Although the YJO sites indicate that they have communicated with each other, it is clear that this happens informally, with one individual site contacting another. The sites as a group do not meet together.

Because sites did not meet together as a group to "compare notes," individual sites wrestled with problems that other sites may have already solved. As noted in the survey and interview findings, some of these concerns could include dealing with low referrals, collaborating with agencies that have different agendas, working with schools that are reluctant to re-admit participating youth, implementing therapeutic programs such as FFT and MST, and making the best use of YJO and other funding sources.

To improve information sharing and lessons learned among the YJO sites, DCJS Juvenile Services should consider organizing more frequent meetings between participants. During interviews, program staff indicated that past meetings (which primarily occurred in FY 2003) were helpful, and that further meetings would be appreciated. Quarterly meetings between staff from all YJO sites and Juvenile Services would provide an opportunity for sites to raise concerns, provide guidance to new sites, and identify best practices. To reduce travel costs, some of these meetings could be scheduled to occur during conferences that are already well attended by the sites (such as Juvenile Services' annual Juvenile Justice & Delinquency Prevention Conference), or could take advantage of existing videoconferencing technology.

Additionally, as new sites are awarded grants through the YJO initiative, Juvenile Services should consider connecting them with existing sites that follow a similar program approach (purchase of services vs. therapeutic focus). The relationship between the sites can be determined by the sites themselves, but the new sites should be encouraged to take advantage of the other site's experience, and seek advice on operational matters.

Recommendation 3: Increase communication and coordination between DCJS Juvenile Services and YJO grant sites.

The part-time Title II grant coordinator position in Juvenile Services became vacant in mid-December 2003 and was still vacant in mid-June 2004. Although the interim Chief of Juvenile Services instructed the YJO program directors that she would handle grant

coordination duties while the position remained vacant, sites appear to be unclear as to whom to contact when they have administrative questions or concerns.

For example, when one site had difficulty accessing its YJO funds (which resulted in a three-month delay in beginning operations), the program director brought the concern to the evaluator rather than Juvenile Services. Although the evaluator made it clear that he had no authority in this situation and recommended she contact Juvenile Services, that contact was never made. Similarly, several sites have asked for the evaluator's advice on program implementation and YJO participant criteria. These sites have indicated that the evaluator is their primary contact with DCJS.

This points to an area in which the evaluation may have complicated the relationship between Juvenile Services and the individual sites. Because the evaluator contacts the sites frequently to request information, answer evaluation questions, and provide training on the OJCP-Va., the sites may feel more comfortable bringing their concerns to the evaluator rather than the interim chief of Juvenile Services. Additionally, the evaluator contacted sites regularly, and learned of concerns as a result of interviews and surveys. In some cases, the sites might not have revealed the concern on their own, without being prompted by questioning. This complication was likely intensified by the temporary absence of the Title II coordinator, to whom sites would normally direct questions about program administration. Although the Juvenile Services Section interim chief sent a letter to the sites inviting them to direct questions to her while the Title II coordinator position was vacant, some sites did not do so, but instead directed these types of questions to the evaluator. It is not clear why some sites did this, given that other sites did contact the interim chief when they had questions. It is possible that staff at some YJO sites may have had difficulty remembering the personnel changes that had occurred at DCJS. It is also possible that at some sites the program director may have received the letter from the interim chief, but may not have communicated the information to the individuals conducting the daily site operations. Some sites that were aware of the change may have chosen to hold their questions until the Title II coordinator position was filled, assuming this would be done quickly (however, it actually required more than six months to fill). Finally, some sites may have directed questions to the evaluator simply because the evaluator was routinely contacting them as part of the evaluation survey of YJO sites. Regardless of why these types of questions were directed to the evaluator, this issue should be resolved once the Title II coordinator position is filled.

In contrast to the directed contacts required by an evaluation, communication that does occur between Juvenile Services and the YJO sites is primarily occasional in nature. Sites have indicated during interviews that they would appreciate more contact with Juvenile Services.

Filling the Title II grant coordinator position should significantly improve this communication and coordination problem. Beyond this measure, Juvenile Services should consider scheduling periodic contacts with each individual site with the express purpose of identifying questions and concerns. Such contacts should include the individual responsible for the program's operations, in addition to the official program director (at some sites this will be the same individual). Responses to concerns raised by

individual sites – to the extent that those concerns could be shared by others – should be shared with all YJO sites.

In addition to these individual contacts, the grant coordinator should consider organizing and participating in the quarterly meetings among the sites (see Recommendation 2). These meetings would be an opportunity to ensure that all sites have the same understanding about grant requirements and participation criteria.

There are a few issues that particularly need clarification for the sites. Not all sites have raised these questions, but in some cases a site's lack of clarity about the issue has significantly impacted operations:

- What are the criteria for placing a youth into the YJO program?
- Under what circumstances must non-YJO funds be used before YJO funds?
- Who is responsible for disbursing YJO funds within a site, and what requirements must be met before funds can be disbursed?
- For those sites receiving funds to assess siblings, what are the age limits for sibling assessments? Must all siblings in the house, within those age limits, be assessed?

Recommendation 4: Encourage more consistent reporting practices with regard to the YJO evaluation.

As a group, the YJO sites have voiced support for the evaluation of the YJO grant initiative. Most sites have demonstrated a sincere effort to submit completed data collection forms on a monthly basis, as requested. However, program staff confront immediate and pressing concerns about program operations and the needs of youth and their families on a daily basis. These concerns can overshadow administrative requirements to photocopy and mail data collection forms, or respond to an email survey. These tasks are understandably set aside, with the expectation that they will be completed at a better time.

However, that time may not ever occur, or staff may forget about the evaluation tasks in the meantime. The quarterly reports already required by the grant monitoring process offer an opportunity to assist sites in keeping track of evaluation submissions. The quarterly reports could include a section in which sites indicate the number of youth assessed, placed in services, and terminated from services during the reporting period. Additionally, the reports could indicate the number of OJCP-Va. forms (including the Initial Screen, Interim Review, Service Initiation Form, and Service Termination Form) submitted to the evaluation during the same period. This would give the sites an opportunity to review information sent to the evaluation, and identify any cases in which forms have not been sent.

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Lonesome Pine Office on Youth
Loudoun County Department of Social Services
Middle Peninsula-Northern Neck Community Service Board
Newport News Department of Juvenile Services
Peaceful Alternatives Community Mediation Services
Richmond Department of Juvenile Justice Services
Virginia Beach Department of Mental Health, Mental Retardation, and Substance Abuse.
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Olymphia Rainey
Theresa Sirles
Maurice Tanaka
Trina Willard
Katherine Williams
Don Willis

Appendices

A. YJO Program Site Descriptions

B. Functional Family Therapy (*Juvenile Justice Bulletin*)

C. Reconnecting Youth (SAMHSA Fact Sheet)

D. Treating serious anti-social behavior in youth: The MST approach (*Juvenile Justice Bulletin*)

E. 13th District CSU and Richmond DJJS Graduated Intervention Level System

F. Program Director Survey

G. Phone Interview Questions

H. Probation Officer Interview Tool

I. OJCP-Va. Initial Screen

J. OJCP-Va. Interim Review

K. OJCP-Va. Service Initiation Form

L. OJCP-Va. Service Termination Form

M. OJCP-Va. Service Tracking Form

N. Distribution of Responses to OJCP-Va. Initial Screen

O. Youth Assessed and Served at YJO Sites

P. List of Acronyms Used in this Report

Appendix A

YJO Program Site Descriptions

The various individual sites may call their programs by different names (e.g. YO – Young Offender, YOGI – Young Offender Grant Initiative). For the sake of consistency the term "YJO program" will be used for each program in the discussion below.

Sites Beginning Operations in FY 2003

These six sites were dominated by the PS approach. Although they are in their second year, they continue to develop their programs. Intake data cited in these descriptions was provided by the Virginia Department of Juvenile Justice.

Charlottesville –*City of Charlottesville and Albemarle County*

Program Description: The Charlottesville YJO program follows the purchase-of-services approach. It is operated by Community Attention, a division of the Charlottesville Department of Social Services. The Charlottesville program combines assessment and intensive case management services, service plans developed by an interdisciplinary team, and a pool of funds for purchasing services from a wide range of service providers. Not all services are purchased with YJO funds – in fact, Charlottesville has made such an effort to identify other funding (such as Medicaid) prior to spending YJO funds (as directed by the grant instructions) that they have had difficulty spending all of their grant money.

Implementation Difficulties: The most significant implementation difficulties the Charlottesville program has experienced are turnover in its program coordinator position, confusion regarding the roles of the probation officer and YJO coordinator, difficulties getting referrals (due to the adjudication requirement, and a lack of awareness among the court and court staff), and confusion about when they can use YJO funds for a program (as opposed to draining limited state funds).

The program coordinator position has been filled, and the coordinator is working with the CSU probation staff to establish their respective roles. The role confusion problem stems from the fact that the court frequently places a youth on supervised probation at the same time the youth is in the YJO program. This results in both the probation officer and the YJO coordinator filling the role of case manager, and they tend to duplicate each other's work. For example, although the YJO coordinator was conducting a full assessment, the probation officer was also preparing a social history. Also, although the youth was in the YJO program, if the youth is on official supervision the probation officer is the point of contact for schools and families if there are any problems (such as violating the terms of the probation). Although the probation staff reported a good working relationship with the YJO coordinator, they are still working to establish their individual roles.

A related problem is the low number of referrals the program received during the first half of the fiscal year. This has been due to a number of issues, but seems to be primarily the result of the loss of the first program coordinator, and a lack of understanding of the

program by the courts and probation staff. Because they are not familiar with the program, some judges and probation staff seem to be hesitant to place youth into the program. The YJO coordinator has worked to improve their awareness of the program, and referrals have been increasing.

The confusion about when YJO funds can be used was reported by both YJO and probation staff. Essentially, there is a concern that because placements for YJO youth are using limited state funds rather than grant money, the program is left with significant funds at the end of the year while non-YJO youth may go without services because the state funds have been depleted.

The difficulty spending YJO funds and the confusion between the duties of the probation officers versus those of the YJO coordinator have not been mentioned by other sites. While it is possible that these problems do exist at other sites and went unmentioned during surveys or interviews, it seems more likely that the programs at other sites have been designed or implemented in such a way as to avoid the problems. This is an example of the type of problem that may find resolution through meetings between YJO program sites, and more communication with DCJS Juvenile Services (see Recommendations 2 and 3 in the Recommendations Section).

The Charlottesville program also had some trouble getting youth and their parents to attend activities due to transportation problems. This was addressed by bringing services into the youth's home, and by providing cab fare when necessary.

Referral, Assessment, and Placement Process: When an offender under the age of fourteen is petitioned for a delinquent or status offense, the intake officer contacts the YJO program coordinator. The program coordinator attends the youth's first hearing in court, and approaches the family to offer services. Some families choose to participate immediately, while others do not. At adjudication, the program coordinator works with the defense counsel and the prosecutor to ensure that both sides are familiar with YJO services. The court, on its own or at the request of counsel, places youth into the overall YJO program, instructing the youth and family to complete whatever requirements the program sets for them. Final disposition takes place following assessment.

Once the youth has been placed into the program (or earlier, for families who agree to participate earlier) the coordinator conducts the assessment, using the OJCP-Va., the Child and Adolescent Functional Assessment Scale (CAFAS), and a local assessment tool from the Juvenile Assessment Center. This local tool was in use before Charlottesville began its YJO program, and the OJCP-Va. is somewhat duplicative. However, the program coordinator reports that the OJCP-Va. does add to the overall assessment process.

The results of the assessment tools serve as the basis for an assessment report, which is delivered to a multidisciplinary Young Offender Screening Team. The screening team includes representatives from a range of agencies with an interest in young offenders, including the probation officer, the foster care supervisor, the community services board, Charlottesville and Albemarle County schools, the Department of Social Services, and

the Department of Health. At the screening team meeting, all interested parties – including the youth's family and any existing service providers – are invited, and everyone gets a copy of the assessment report. The screening team works to develop a service plan for the youth, giving the parents a significant role in determining services. The final plan is presented to the court at the dispositional hearing.

Services: Youth in the YJO program have access to the range of services available to any juvenile offender in Charlottesville or Albemarle. There is no particular service that is considered the core or main program. Services used to date include psychiatric hospitalization, psychiatric evaluations of youth and parents, educational assessments, foster care, outreach workers, substance abuse evaluation, in-home counseling, anger management, life skills, supervised probation, parental support services, and a fitness/nutritional clinic. More services are available, but have not been used to date for YJO youth.

The duration of a youth's participation in the YJO program varies, but generally runs about a year or less. The youth's case is actively managed by the program coordinator. The Juvenile Court Assessment Center also contributes about ten hours/week from one of its case managers. There is no formal aftercare program, but the program coordinator reported that every youth receives some form of aftercare, depending on his or her needs.

2003 Intake Complaints: In fiscal year 2003, the localities served by the Charlottesville YJO program had a total of 271 delinquent or status intake complaints for youth under the age of 14 (including felony, misdemeanor, status offense, and technical violation complaints). Youth under 14 represented 19% of such complaints in FY2003.

Fairfax – *City of Fairfax and Fairfax County*

Program Description: The Fairfax YJO program follows the purchase-of-services approach. It is operated by the Fairfax court service unit. The Fairfax program found itself in a position unique among the YJO sites – they had too many referrals. Inundated with young offenders and wishing to provide quality services to all participants, Fairfax revised its criteria for referral. Now, only youth who have been placed in detention or sheltercare can be referred to the program. The Fairfax YJO provides intensive supervision, assessment services, and service coordination to youth in detention or sheltercare. These services are provided immediately upon referral, eliminating the delay that would otherwise result (if services would even otherwise be available). Fairfax is also unique in that they use the YJO funds to provide intense front-end services to regular probation supervision, rather than a stand-alone program.

Implementation Difficulties: The most significant implementation difficulties the Fairfax program has experienced have been the overwhelming number of referrals, and insufficient funds for treatment and residential placement. Both problems are a result of underestimating the size and the needs of the under 14 offender population. Restricting referrals to youth in detention and sheltercare has led to a more manageable number of referrals. The Fairfax County CSU has contributed additional treatment funds.

Referral, Assessment, and Placement Process: Because Fairfax already has access to a wide range of community interventions for low-level, first-time offenders, they determined that the best use of the YJO funds was to focus intensive services on offenders with more serious needs, those in detention and sheltercare (the details that follow refer to detention, but similar procedures follow for youth placed in sheltercare). Intake staff who cover the detention hearings contact the YJO program coordinator when a youth is detained. She then visits the youth in detention, to establish a relationship and begin the assessment process. If the judge places the youth on probation, the case is initially turned over to the YJO program coordinator. (In cases in which the judge delays disposition, the program coordinator conducts the Investigation and Report for the court to use in its decision-making.)

Services: The YJO program coordinator spends the next one-two months completing the social history on the youth, developing a comprehensive service plan, and coordinating services purchased with YJO or other funds. Under the YJO grant, Fairfax contracts with the Multicultural Center (MCC) for group therapy, family therapy, home based services, psychiatric evaluation, medication review and follow-up appointments with a psychiatrist. YJO youth are also eligible for any other service in Fairfax's system of graduated sanctions and services, using regular (non-YJO) funds.

Once the social history is complete and services are underway, the program coordinator passes the case on to the regular probation officer. The probation officer receives the social history, assessment report, and comprehensive service plan. If the services provided by MCC have not been completed (they typically last 90 days) the youth will continue to receive those services after the case has been transferred to the regular probation officer.

The average time a youth spends in the Fairfax YJO program is 86 days, but this is likely to be reduced now that the program has tightened the criteria for placement. The duration of the program is dependent on the time it takes to complete a social history and a service plan. The program can involve 20-30 youth at a time.

2003 Intake Complaints: In fiscal year 2003, the localities served by the Fairfax YJO program had a total of 717 delinquent or status intake complaints for youth under the age of 14 (including felony, misdemeanor, status offense, and technical violation complaints). Youth under 14 represented 11% of such complaints in FY2003.

Middle Peninsula - *Gloucester, Mathews, Middlesex, King & Queen, King William, Northumberland, Richmond, Essex, Lancaster, and Westmoreland Counties*

Program Description: The Middle Peninsula YJO program follows the therapeutic-focus approach. The program consists of a single therapeutic service, MST, operated by the Youth and Family Services Division of the Middle Peninsula-Northern Neck Community Service Board (CSB), which also conducts the OJCP-Va. assessment. The MST program was created as part of the YJO implementation.

Implementation Difficulties: The most significant implementation difficulties the Middle Peninsula program has experienced have been the low number of referrals (due to

the adjudication requirement), and the amount of travel required to service this expansive, rural area encompassing ten counties (MST services are provided in the home). A separate issue is the cost of maintaining MST certification. The Middle Peninsula CSB has found this cost to be so burdensome that it does not plan to maintain certification in the future, although it does intend to provide the same level of services.

Referral, Assessment, and Placement Process: When a youth meeting the age and offense criteria is adjudicated, the court services unit refers him or her to the YJO program for an assessment. The YJO case manager conducts an assessment using the OJCP-Va. and the CAFAS. The case manager reports the results of the assessment, and a recommendation for services, to the local Family Assessment and Planning Team (FAPT). The FAPT reviews the report and determines what services are needed, and how those services will be funded (YJO, Medicaid, or Comprehensive Services Act). The recommended services are almost always either MST or outpatient counseling, due to the paucity of services in this rural area. The FAPT's recommendation goes to the court, for final disposition. The CSB begins providing "pre-therapy" services once the FAPT makes the decision to put the youth into the MST program, without waiting for the court's final decision. This allows the youth to receive limited services immediately.

Services: During the course of therapy, the youth receives services from an MST therapist and the YJO case manager. For YJO cases, the CSU effectively turns the case management duties over to the YJO program (though the YJO case manager remains in contact with the youth's probation officer). The case manager coordinates all services the youth is receiving, to ensure that no programs are working at cross purposes. Meanwhile, the MST therapist meets with the family and youth three times a week, in a variety of settings (youth's home, school, and other community settings).

The Middle Peninsula YJO program provides a six-month step-down period, once services are complete. The youth transitions from receiving weekly home visits to semimonthly phone calls. Therapeutic services are provided during this period, if necessary.

If the OJCP-Va. assessment reveals that MST is not appropriate for the youth, he may be referred to the outpatient counseling services that the CSB also provides. Outpatient services are not YJO-funded, and youth referred to any service other than MST would effectively no longer be considered a part of the YJO program. However, the assessment that the youth received that led to the placement would not have occurred without the grant funding (assessment services would normally cost $400-$500). Geographic reality in this expansive rural area necessitates that the youth be served by the outpatient counseling center in his or her home county, rather than the center maintained at the YJO program site in Gloucester County. Although the YJO staff have no further official contact with the youth and do not consider the youth to be in the YJO program, the youth has obviously received services that would otherwise not have been provided.

MST seeks to teach parents to develop their own family-based system of sanctions, and MST can effectively address all of the risk areas measured on the OJCP-Va. assessment tool. However, unlike more urbanized areas, the Middle Peninsula does not offer a full

range of graduated sanctions, YJO-funded or otherwise. YJO program staff note that there is a profound lack of services available to local youth, and they have used the YJO grant to fill what they see as one of many holes in the service continuum.

MST services in the Middle Peninsula YJO program last about four to six months, followed by a six-month step-down. The single MST therapist in the program manages a caseload of four to six youth at any one time.

2003 Intake Complaints: In fiscal year 2003, the localities served by the Middle Peninsula YJO program had a total of 172 delinquent or status intake complaints for youth under the age of 14 (including felony, misdemeanor, status offense, and technical violation complaints). Youth under 14 represented 14% of such complaints in FY2003.

Newport News – *Cities of Hampton and Newport News*

Program Description: The Newport News YJO program follows the purchase-of-services approach. It is part of the Newport News Department of Juvenile Services. The Newport News program combines intensive case management services, service plans developed by an interdisciplinary assessment team, and a pool of funds for purchasing services from a wide range of service providers. Those services are purchased using YJO funds and funds from the Newport News Department of Juvenile Services (DJS funds are now used more than YJO). The core of the program is twelve weeks of family group therapy, although a wide range of other services are available.

Implementation Difficulties: The most significant implementation difficulties the Newport News program has experienced have been transportation, child care, and scheduling issues for participating families. They now provide bus vouchers (using YJO funds) to families to help them attend meetings. The twelve-week family group therapy to children (eliminating need for child care) and meals are provided at the meetings (addressing the primary scheduling complaint).

Referral, Assessment, and Placement Process: When a youth meeting the appropriate age and offense criteria is adjudicated, the judge determines whether or not to place the youth into the YJO program, taking into consideration recommendations by the CSU and the Department of Social Services (DSS). The court places the youth into the overall YJO program, with specific services to be determined by the assessment team. Once the youth has been placed into the program, the YJO case manager or program director contacts the family, explains to them the services available through the program, and conduct the OJCP-Va. assessment.

A multi-disciplinary assessment team meets monthly to review referrals and develop service plans. The team includes representatives from a number of agencies, including DSS, the school board, the CSU, service providers, and YJO program staff. The assessment team reviews the OJCP-Va. results and determines what services are needed. (The OJCP-Va. is usually completed prior to the assessment team meeting to develop a service plan; occasionally, when the meeting occurs very soon after the court places the youth in the program, the assessment team makes its decision without the OJCP-Va. results, and then revisits the decision once the assessment is complete. Also, if the

assessment is completed significantly before the team meeting, the youth may be placed in services immediately. In such cases, the team reviews the placement decision at the next meeting.)

Services: The Newport News YJO program has access to a range graduated sanctions and services, from numerous service providers. All services are available on a contractual basis (the program does not operate any services itself). The primary YJO service is the twelve-week family group therapy, designed to foster communication and positive interaction between the parents and the child. Other services include individual and family counseling, in-home therapy, mentoring, intensive evening supervision, day/evening supervision, enrichment activities, and a tutorial program. Youth receive intensive services for about six months.

The program includes three months of aftercare, in which the youth receives the same services with less intensity. The youth is assessed prior to being placed on aftercare, and again prior to release. If the assessment identifies that the youth is not ready for release, services continue.

2003 Intake Complaints: In fiscal year 2003, the localities served by the Newport News YJO program had a total of 933 delinquent or status intake complaints for youth under the age of 14 (including felony, misdemeanor, status offense, and technical violation complaints). Youth under 14 represented 18% of such complaints in FY2003.

Richmond – *City of Richmond*

Program Description: The Richmond YJO program follows the purchase-of-services approach. It is operated by the Richmond Department of Juvenile Justice Services (RDJJS). The Richmond program is a six-month case management program which incorporates assessment, community referral, competency development, academic supports, behavioral-monitoring and skill building activities for parents that address risk factors for poor family management, discipline and control practices. The most unique characteristic of the Richmond program is its use of the automated Graduated Information Level System (GILS) that RDJJS already managed via a partnership with the Richmond court services unit. The GILS system includes its own assessment process, presenting list of services recommended for youth based on the severity level of the current offense and the intensity of the youth's needs. GILS is used for all youth who are adjudicated (and live) in Richmond. The Richmond YJO program is recommended for youth requiring a high level of services, and who are not low-level, first time offenders. (For more information about GILS, see Appendix ##).

The GILS system has greatly helped Richmond implement its YJO program, allowing them to start serving youth immediately when the grant period began (other sites took advantage of the six-month development period built in to the YJO grant). Other sites had to develop services, create positions, hire staff, and select an assessment instrument; Richmond already had most of the services, and was able to shift existing RDJJS staff to YJO case management, and used the GILS assessment process to place youth into services. When the OJCP-Va. was selected by the consensus of all YJO Project

Directors, Richmond was required to include in their assessment process (so that they could be included in this evaluation).

Implementation Difficulties: Richmond staff found the OJCP-Va. to be burdensome and duplicative of the GILS assessment. Richmond's first 28 YJO cases were not assessed using the OJCP-Va. prior to receiving services (although they did receive a GILS assessment). The OJCP-Va. Initial Screen was eventually completed for these youth, but many months after the fact.

Other significant implementation difficulties Richmond experienced include a low number of referrals (due to the adjudication requirement, and initial targeting of a single housing community), transportation for participating youth and families, and the reluctance of the Richmond schools to fully participate. Richmond dropped its original plan to target an individual housing community, and that has helped with referrals. A program aide, whose responsibilities include transporting youth to program activities, has addressed the transportation problem. Finally, the YJO program worked with JustChildren (a legal advocacy group) to help get participating youth back into school, and in many cases helped to get education and learning disability assessments. The relationship between the YJO program and the schools is now much stronger, and the YJO manager reports that the schools appreciate the improved behavior of YJO participants.

Referral, Assessment, and Placement Process: The Richmond court, when disposing a case, places a youth into the GILS level (from 1-4) determined by offense. The probation officer then determines the service level (low, medium, or high) the youth requires, within the GILS severity level. The YJO program is a high-level service, available to youth in GILS levels 2-4. The probation officer determines whether or not to refer the youth to the YJO program.

Once the youth has been referred, the YJO case manager screens the case to determine its appropriateness for the program, including an examination of the GILS assessment. If the case is appropriate for the YJO program, the OJCP-Va. is completed by an RDJJS intern (the assessment is reviewed by the case manager). The case manager then develops a service plan, taking into account the service plan prepared by the youth's probation officer.

Services: The Richmond YJO program has access to a range graduated sanctions and services, available through the RDJJS. The primary YJO services are group sessions (anger management, self-esteem, substance abuse prevention/education), and intensive in-home services. Other services provided as part of YJO include intensive home-based services, recreational and cultural activities, academic support, group sessions (anger management, self-esteem, substance abuse prevention/education), parenting education groups, mentoring (males only), and clinical supervision. Youth receive intensive services for six months.

The YJO program includes a 30-day follow up, beginning when regular services end. Follow-up services are provided by the RDJJS follow-up coordinator, and include a letter

to the family, a card with resource information, phone contacts, and a face-to-face visit to administer a program evaluation. If necessary, the family and youth are referred to additional services.

2003 Intake Complaints: In fiscal year 2003, the city of Richmond had 574 delinquent or status intake complaints for youth under the age of 14 (including felony, misdemeanor, status offense, and technical violation complaints). Youth under 14 represented 20% of such complaints in FY2003.

Wise County – *City of Norton and Lee, Scott, and Wise Counties*

Program Description: The Wise County YJO program follows the purchase-of-services approach. It is operated by the Lonesome Pine Office on Youth (LPOY). The Wise County program combines intensive case management services, case review by an interdisciplinary assessment team, services provided by the YJO agency, and a pool of funds for purchasing services from a wide range of service providers. Those services may be purchased using YJO or other funds (typically Medicaid or CSA funds). The core of the program is the case management and the mentoring and parent aide services provided by LPOY.

Implementation Difficulties: The most significant implementation difficulties the Wise County program has experienced have been transportation and communication difficulties for participating families; many families have neither a car nor a telephone. The program now seeks to provide some services in the family's home, and also to arrange for mentors and parent aides to drive families to program activities. If the family is eligible for Medicaid, the YJO program coordinator helps them to receive inexpensive telephone service.

Referral, Assessment, and Placement Process: Youth are placed in the program by the courts, but the YJO coordinator usually first learns about the cases earlier. Generally the agency that has already been working with the youth (usually the school, Department of Social Services, or the court service unit) contacts the YJO coordinator when that youth is charged with a new offense. If YJO coordinator believes the case is appropriate, the referral agency recommends to the court that the youth be placed in the YJO program. The court, which has few other options for these younger offenders, usually takes advantage of the program. The court then places the youth into the overall YJO program, the precise services to be determined after assessment. The YJO coordinator then contacts the family, and any service providers that are currently involved with the family, to complete the OJCP-Va.

Services: Most youth are assigned a mentor, and most families are assigned a parent aide. The youth's risk level (measured by the OJCP-Va.) determines the amount of time the mentor and parent aide spend with the youth and family each week. Other services are also available, including academic support, family counseling and family preservation services, medical services, violence prevention workshops, smoking prevention workshops, and a range of other services available to the localities served by Wise County YJO program.

No formal aftercare is offered through the YJO program, but the program coordinator reported that the nature and size of this community is such that the various interested parties (such as schools, case managers, and service providers) encounter each other frequently. Informal discussions of past cases can identify youth who may be getting in trouble. In such cases, reportedly, one of the relevant agencies will follow up and check in on the family.

2003 Intake Complaints: In fiscal year 2003, the localities served by the Wise County YJO program had a total of 208 delinquent or status intake complaints for youth under the age of 14 (including felony, misdemeanor, status offense, and technical violation complaints). Youth under 14 represented 17% of such complaints in FY2003.

Sites beginning Operations in 2004

The YJO grant initiative includes a six-month development period, so there is an expectation that services will not begin until the seventh month of the grant. In fact, some sites have taken a bit longer to begin full operation, in which case operations for the 2004 sites will have been in place only a few months at most at the time of this report. Also, these sites (all but one of which follow the therapeutic approach) are generally offering new services to a court system that may be cautious about placing many youth until the program has demonstrated its ability to work with the youth, family, and court. Given that, it is not surprising that sites whose first grant period began in July 2003 have not served many youth as of April 1, 2004. These programs are still growing, although they can still offer insight into program development. Intake data cited in these descriptions was provided by the Virginia Department of Juvenile Justice.

Loudoun County – *Loudoun County*

Program Description: As noted earlier, the Loudoun County YJO program is developed and managed differently from programs at other sites. In general it follows the therapeutic-focus approach. However, it also has some characteristics of the purchase-of-services approach.

Loudoun County takes full advantage of the strengths of the various agencies involved with troubled youth; it is not operated by any single entity. The assessment and referral are conducted by the Department of Social Services (DSS), the FFT program is operated by the Department of Mental Health, and case management is provided by the court service unit. Reconnecting Youth (RY), the second major program offering, is managed by the CSU, and is operated by the Department of Parks, Recreation, and Community Service and the vendor Family Preservation Services.

The two programs, FFT and RY, represent the core of the YJO program (although youth may be referred to other, non-YJO services as well). Due to constraints within the school curriculum, Loudoun adjusted the traditional RY model by moving it out of the schools and into a community center. FFT and RY were both created as part of the YJO implementation.

Implementation Difficulties: Dividing responsibilities among a variety of agencies has allowed each agency to focus on its area of strength in delivering services, but can make communication throughout the YJO program difficult. The most significant

implementation difficulties the Loudoun County program has experienced have been the delay to receive FFT training, and a low number of referrals (due to the adjudication requirement, and lack of awareness in the community). The Mental Health therapists providing FFT received their training in December 2003, at the end of the six-month development period provided by the grant. The CSU has developed a brochure about the program, and probation staff indicate that referrals are no longer a problem.

Finally, although it was not directly noted by program staff during the interview, communications among the various players in the participating agencies can be problematic. This is true despite the fact that all parties report that they work very well together. For example, in a survey to determine the support for a change in the criteria for a youth's participation in YJO (reducing the criteria from adjudication to petition), Loudoun County was the only site to voice no opinion on the change, saying they would not be impacted by the proposed change. During a later interview, with a different staff member, the staff member said that the change (which had been approved at the time of the interview) would probably increase their referrals significantly. The staff member acknowledged that there were some communication problems, but that they were working on this. Loudoun has a multidisciplinary planning team in place that meets to develop protocols and set precedents to aid in later decision-making, and this team will likely work to address communication issues. Again, all the parties interviewed in Loudoun indicate a high level of interagency collaboration, so the communication problems that exist can likely be solved.

(Note: At one point Loudoun County cited a delay in training on the OJCP-Va. assessment tool as delaying their implementation; however, this training occurred the same week as the FFT training, and a month before RY began operation, so it is unlikely to have impacted operations.)

Referral, Assessment, and Placement Process: After adjudication, the court can decide to order a YJO assessment for the youth. The CSU may refer the youth to the program earlier, but the assessment does not occur until after adjudication. If the assessment is ordered, the delinquency specialist at the DSS conducts an assessment, using the OJCP-Va., as well as the Problem Oriented Screening Instrument for Teenagers (POSIT), and the Child Behavior Checklist. The court receives a report summarizing the assessment, as well as a recommendation for placement. Typically, the court's disposition follows the recommendation.

Services: The two services provided specifically by the YJO grant are Reconnecting Youth and FFT. RY is operated by the Department of Parks, Recreation, and Community Service and by Family Preservation Services, a private vendor. FFT is provided by the Department of Mental Health, and services are provided in clinical space in mental health centers (rather than in the home). RY is offered free of charge to participating youth, but families are charged a fee (on a sliding scale) for FFT services. (This appears to be the only instance among the eleven sites in which participants are charged a fee for YJO services; it does not appear to have impacted participation). YJO grant funds pay for the operation of RY, but they only pay for the therapists' training for FFT. The youth also have access to a range of graduated sanctions offered by Loudoun County, but

participation in these would not be funded by YJO. Although the YJO program does not explicitly fund aftercare services, they are provided by the CSU as needed.

Intake Complaints: In fiscal year 2003, Loudoun County had 114 delinquent or status intake complaints for youth under the age of 14 (including felony, misdemeanor, status offense, and technical violation complaints). Youth under 14 represented 7% of such complaints in FY2003.

Lynchburg – *Cities of Lynchburg and Bedford, and Amherst, Bedford, Campbell, and Nelson Counties*

Program Description: The Lynchburg YJO program follows the Purchase-of-services approach. It is operated by the non-profit organization Peaceful Alternatives Community Mediation Services (PACMS). The Lynchburg program combines intensive case management services, service plans developed by a multi-disciplinary team, and a pool of funds for purchasing services from a wide range of service providers. Those services may be paid for with YJO or other funds (typically Medicaid or CSA). There is no one program that could be seen as a core or primary program, but the assessment, the service plan by the multi-disciplinary team, and the case management are highlights that distinguish YJO services from other juvenile justice placements.

Implementation Difficulties: As noted, the Lynchburg program is operated by PACMS, a non-profit organization. However, YJO funds must be distributed to a local government agency. Communication problems between PACMS and the local agency distributing funds resulted in a delay for PACMS in receiving funds needed to hire assessment staff. The problem was resolved, but the program's implementation was delayed for several months. It appears that program development and communication problems have improved, though it is too soon to be certain. Other implementation difficulties were identifying the various court needs across multiple, developing multi-screening teams in rural areas where staff resources are somewhat limited, and concerns about the confidentiality of assessment results. Lynchburg began serving youth in March 2004, and most implementation issues noted by other sites (primarily low referrals and transportation for participants) did not arise until after operations began. The program director projected that reducing the YJO criteria from adjudication to petition would help them serve youth earlier.

Referral, Assessment, and Placement Process: Youth are first referred to the YJO program when a petition is filed. Via an automated system, all youth meeting the YJO age and offense criteria are identified. These cases are referred first to the Juvenile Services agency Single Point of Entry (SPE, formerly Crossroads House), which then refers the case to PACMS. Following the youth's adjudication, PACMS conducts the assessment. If the youth is already receiving multiple services, PACMS will probably refer the case directly to court. In such a case, the youth will not be part of the YJO program (because services are already being provided). In other instances, PACMS refers the case to the multidisciplinary screening team if the assessment indicates that multiple services might be needed. The screening team determines the services the youth needs, and reports to the court. The court makes the final decision on the youth's services, and decides whether a case manager is needed.

Services: If a case manager is needed, it will be provided by either SPE or PACMS. The Lynchburg YJO program has access to the spectrum of services available to youth and families in Lynchburg and Amherst County, including (but not limited to) educational services, group homes, health care, mental health services, mentoring, anger management, community service, restitution, and parent education. The Lynchburg program does not include formal aftercare.

2003 Intake Complaints: In fiscal year 2003, the localities served by the Lynchburg YJO program had a total of 457 delinquent or status intake complaints for youth under the age of 14 (including felony, misdemeanor, status offense, and technical violation complaints). Youth under 14 represented 15% of such complaints in FY2003.

Montgomery County – *Montgomery County*

Program Description: The Montgomery County YJO program follows the therapeutic-focus approach. That therapeutic service is FFT, which operated by the service provider Family Preservation Services, Inc. (FPS). The program was created as part of the YJO implementation.

Implementation Difficulties: The most significant implementation difficulty the Montgomery County program has experienced has been the low number of referrals, due to the age, adjudication, and geographic criteria (this FPS office serves eight other counties, but only Montgomery County is involved in the YJO program). When the probation office was first made aware of the planned grant initiative, it was concerned that there would not be enough cases. However, data presented to the planning group by DCJS suggested that there would be enough young offenders to fill the program. This has not been the case in the early stages of the program. Changing the criteria from adjudication to petition has already appeared to increase referrals. Implementation was also impacted by the delay in receiving FFT training.

Referral, Assessment, and Placement Process: When a youth is petitioned, the CSU contacts FPS. If FPS determines that the case is appropriate for the YJO program, the CSU makes that recommendation to the court. In addition to the age, offense, and adjudication criteria that apply to all YJO cases, Montgomery County referrals must have one of the following to be eligible: Attention Deficit Disorder, Conduct Disorder, Oppositional Defiant Disorder, Disruptive Behavior Disorder, early delinquency, violent behavior, substance abuse at age eleven or younger, lack of social ties and involvement with antisocial peers, or a history of abuse or neglect. After adjudication, the court places the youth directly into the FFT program, at which time the OJCP-Va. is completed.

Services: Montgomery County provides FFT services directly in the participants' homes, to eliminate any transportation difficulties. The youth and family receive FFT therapy for about 12 to 30 sessions, usually having one session each week. There are no formal aftercare services, but the youth may be eligible for further services with FPS after completing FFT.

The Montgomery County YJO program does not have access to a true range of graduated sanctions. A limited range of additional sanctions and services are available to youth, unconnected to YJO.

2003 Intake Complaints: In fiscal year 2003, Montgomery County had 96 delinquent or status intake complaints for youth under the age of 14 (including felony, misdemeanor, status offense, and technical violation complaints). Youth under 14 represented 15% of such complaints in FY2003.

Virginia Beach- *City of Virginia Beach*

Program Description: The Virginia Beach YJO program follows the therapeutic-focus approach. The program consists of a single therapeutic service, MST, operated by Child and Youth Services, within the Virginia Beach Department of Mental Health, Mental Retardation, and Substance Abuse. An existing MST program was already available within Child and Youth Services. This allowed the YJO program to take advantage of existing resources and relationships established by MST program. The MST program now includes four therapists, one of whom is funded by YJO. The other three therapists do not see YJO cases.

Implementation Difficulties: The most significant implementation difficulty that Virginia Beach has experienced has been turnover and organizational difficulties in the court service unit's CHINS unit, which reduced the number of referrals to the YJO MST program. The probation supervisor that had supported the program before the grant had been received was forced to leave due to illness, and the city-funded CHINS unit had been informed that it would be disbanded. Although the CHINS unit was eventually told that it would maintain operations, it had by then lost some of the staff who had initially supported the MST program. As a result, the MST program has had to work to market itself to the CSU. Probation officers, already faced with heavy caseloads, may be reluctant to refer youth to the MST program because it will demand more of an officer's time than other services. Virginia Beach reports that this problem is lessening over time, and that reducing the criteria for involvement from adjudication to petition will also help. Finally, Virginia Beach also indicated that delays in receiving training on the OJCP-Va. tool, which resulted from communication problems when the DCJS grant monitor position became vacant, delayed operations. Virginia Beach staff were trained on the OJCP-Va. in January 2004.

Referral, Assessment, and Placement Process: The CSU may refer offenders once a petition is filed for an offender meeting the age and offense criteria for YJO. More typically, the court will refer the youth to the MST program following adjudication. If the youth happens to meet the age and offense criteria, the youth is assigned the YJO-funded MST therapist. The Virginia Beach MST program does not accept sex offenders, substance addicted youth (though non-addicted users are accepted), or youth already receiving other therapeutic services. The therapist completes the OJCP-Va. prior to providing MST services. The MST services are provided in the family's home or other community setting, eliminating transportation or child care issues for the family. Although formal case management services are not provided as part of the YJO program, the MST therapists see the youth and family three times a week, and provide informal

case management services. Some youth, referred by the Case Management unit of Child and Youth Services, receive formal case management by the referring unit, but this is not directly connected to YJO.

Services: Although the YJO program includes only a single service, Virginia Beach youth do have access to a range of graduated sanctions and services through other pre-existing services. Within the YJO program, MST seeks to teach parents to develop their own family-based system of sanctions, and MST can effectively address all of the risk areas measured on the OJCP-Va. assessment tool.

The Virginia Beach YJO program does not include formal aftercare services. However, youth can be referred to Child and Youth Services' outpatient program, where they will see a therapist who is familiar with MST. These aftercare services are provided as needed, and are not funded by YJO.

2003 Intake Complaints: In fiscal year 2003, Virginia Beach had 582 delinquent or status intake complaints for youth under the age of 14 (including felony, misdemeanor, status offense, and technical violation complaints). Youth under 14 represented 12% of such complaints in FY2003.

York County – *Cities of Williamsburg and Poquoson, and York, James City, Gloucester, and Matthews Counties*

Program Description: The York County YJO program follows the therapeutic-focus approach. The program consists of a single therapeutic service, FFT, which is operated by York County Juvenile Services. The program was created as part of the YJO implementation.

Implementation Difficulties: The most significant implementation difficulties experienced by York County were the delay to receive FFT training, transportation problems for participants, and a low number of referrals. The therapists providing FFT received their training in December 2003, at the end of the six-month development period provided by the grant. Transportation problems have been addressed by changing the venue of services from a clinical setting to the youth's home, school, church , or other community center. Also, the James City County Department of Social Services has provided drivers to help families get to meetings at the York County Juvenile Services office. Finally, the change in YJO criteria from adjudication to petition is expected to increase referrals.

Referral, Assessment, and Placement Process: When a youth meeting the offense and age criteria for YJO is petitioned by the court, the probation officer determines whether to recommend the youth for FFT, and presents that recommendation during staffing. The probation officer's recommendation is then presented to the court. After adjudication, the court disposes the case by placing the youth directly into FFT. The therapist completes the OJCP-Va. prior to providing FFT services. Youth with a low to moderate treatment need will typically receive 8 to 12 sessions, while youth with more intense needs may have as many as 30 sessions. Typically, sessions are held on a weekly basis, with the youth and family present. Most sessions occur in the York County Juvenile Services

offices (located in Williamsburg, Yorktown, and Gloucester). At times, alternate arrangements are made, with sessions occurring in the youth's home or community, to ease the transportation burden on families.

Services: "FFT works first to develop family members' inner strengths and sense of being able to improve their situations—even if modestly at first. These characteristics provide the family with a platform for change and future functioning that extends beyond the direct support of the therapist and other social systems," (Sexton and Alexander, 2000). (For more about FFT, see the OJJDP Juvenile Justice Bulletin in Appendix ##.) Probation staff who have placed youth in the York County YJO program do not think of it as an overall Young Juvenile Offender program; rather, they identify directly with the FFT services being provided, and they report being very pleased with those services. One probation officer said that, in addition to providing family-based therapy, the therapists are "like an extension of my office" by making face-to-face contact with the youth and family every week, and keeping the probation officer informed with reports and phone calls.

Although FFT is the only service within the YJO program, these youth can be referred to other services as well. Some of the youth placed in the York County FFT program so far have also been placed in outreach detention, community supervision, electronic monitoring, community service, and secure detention. These placements have been tangential to YJO, not occurring as a result of the OJCP-Va. assessment, nor as part of a broader YJO service plan. However, the youth clearly have access to a range of graduated sanctions and services, and the FFT therapists are involved with the coordination of the youth's. York County has no formal aftercare services as part of the YJO program. However, in adherence to the FFT model, FFT therapists will link youth and families to appropriate services based on their needs. One of the probation officers who places youth in the program notes that, as a result of the therapy they receive, most of these youth do not require aftercare services. However, when there is a need, services are provided.

2003 Intake Complaints: In fiscal year 2003, the localities served by the York County YJO program had a total of 248 delinquent or status intakes of youth under the age of 14 (including felony, misdemeanor, status offense, and technical violation intakes). Youth under 14 represented 12% of such intakes in FY2003.

Appendix B

Functional Family Therapy

U.S. Department of Justice
Office of Justice Programs
Office of Juvenile Justice and Delinquency Prevention

OJJDP
December 2000
JUVENILE JUSTICE BULLETIN

Functional Family Therapy

Thomas L. Sexton and James F. Alexander

The Office of Juvenile Justice and Delinquency Prevention (OJJDP) is dedicated to preventing and reversing trends of increased delinquency and violence among adolescents. These trends have alarmed the public during the past decade and challenged the juvenile justice system. It is widely accepted that increases in delinquency and violence over the past decade are rooted in a number of interrelated social problems—child abuse and neglect, alcohol and drug abuse, youth conflict and aggression, and early sexual involvement—that may originate within the family structure. The focus of OJJDP's Family Strengthening Series is to provide assistance to ongoing efforts across the country to strengthen the family unit by discussing the effectiveness of family intervention programs and providing resources to families and communities.

Problems arising from juvenile crime are a serious concern for many local communities. Expressions of adolescent behavior problems range from minor offenses (e.g., curfew violations and trespassing) to serious crimes (e.g., drug abuse, theft, and violence) and result in staggering personal, economic, and social costs. Until recently, most communities were left on their own to determine how to address juvenile crime, and many communities turned to exclusively punitive approaches such as incarceration. Mounting evidence, however, indicates that such approaches are ineffective and costly. By removing adolescents from their families and communities, punitive programs inadvertently make adolescents' problems more difficult to solve in the long run. Regardless of how adolescents' problems manifest themselves, they are complex behavioral problems embedded in adolescents' psychosocial systems (primarily family and community). Thus, family-based interventions that adopt a multisystemic perspective are well suited to treating the broad range of problems found in juveniles who engage in delinquent and criminal behavior.

Functional Family Therapy (FFT) is a family-based prevention and intervention program that has been applied successfully in a variety of contexts to treat a range of these high-risk youth and their families. As such, FFT is a good example of the current generation of family-based treatments for adolescent behavior problems (Mendel, 2000; Sexton and Alexander, 1999). It combines and integrates the following elements into a clear and comprehensive clinical model: established clinical theory, empirically supported principles, and extensive clinical experience. The FFT model allows for successful intervention in complex and multidimensional problems through clinical practice that is flexibly structured and culturally sensitive—and also accountable to youth, their families, and the community.

From the Administrator

While a number of States and communities are turning to punitive approaches to addressing juvenile crime, research indicates that such approaches, despite their high cost, are largely ineffective. Juvenile offenders removed from their families and communities eventually return, and unless their underlying behavioral problems have been treated effectively, these problems are likely to contribute to further delinquency.

Functional Family Therapy (FFT) draws on a multisystemic perspective in its family-based prevention and intervention efforts. The program applies a comprehensive model, proven theory, empirically tested principles, and a wealth of experience to the treatment of at-risk and delinquent youth.

This Bulletin chronicles FFT's evolution over more than three decades; sets forth the program's core principles, goals, and techniques; and reviews its research foundations. Community implementation of FFT is described, and an example of effective replication is provided.

Thirty years of clinical research indicate that FFT can prevent the onset of delinquency and reduce recidivism at a financial and human cost well below that exacted by the punitive approaches noted earlier. I believe this Bulletin will help you to consider the program's merits for your community.

John J. Wilson
Acting Administrator

Although commonly used as an intervention program, FFT is also an effective prevention program for at-risk adolescents and their families. Whether implemented as an intervention or a prevention program, FFT may include diversion, probation, alternatives to incarceration, and/or reentry programs for youth returning to the community following release from a high-security, severely restrictive institutional setting.

Based on the results of extensive independent reviews, FFT has been designated variously as a "blueprint program" (Alexander et al., 2000), an "exemplary model" program (Alexander, Robbins, and Sexton, 1999), and a "family based empirically supported treatment" (Alexander, Sexton, and Robbins, 2000). These designations reflect FFT's 30 years of clinical and research experience and its use at a wide range of intervention sites in the United States and other countries.

FFT targets youth between the ages of 11 and 18 from a variety of ethnic and cultural groups. It also provides treatment to the younger siblings of referred adolescents. FFT is a short-term intervention—including, on average, 8 to 12 sessions for mild cases and up to 30 hours of direct service (e.g., clinical sessions, telephone calls, and meetings involving community resources) for more difficult cases. In most cases, sessions are spread over a 3-month period. Regardless of the target population, FFT emphasizes the importance of respecting all family members on their own terms (i.e., as they experience the intervention process).

Data from numerous studies of FFT outcomes suggest that when applied as intended, FFT reduces recidivism and/or the onset of offending between 25 and 60 percent more effectively than other programs (Alexander et al., 2000). Other studies indicate that FFT reduces treatment costs to levels well below those of traditional services and other interventions (Alexander et al., 2000). As FFT has evolved, it has adopted a set of guiding principles, goals, and techniques that can be used even when resources are limited—for example, in managed care and similar contexts that restrict open-ended and non-outcome-based resource funding.

The Evolution of Functional Family Therapy

More than 30 years ago, it became apparent to FFT progenitors that although the rate and severity of juvenile delinquency, violence, and drug abuse were growing at a frightening pace, intervention programs remained seriously underdeveloped (Alexander and Parsons, 1973). In 1969, researchers at the University of Utah's Psychology Department Family Clinic developed FFT to serve diverse populations of underserved and at-risk adolescents and their families. These populations lacked resources, were difficult to treat, and often were perceived by helping professionals as not motivated to change. Although these underserved populations were diverse in terms of family organization, relational dynamics, presenting problems, and cultures, they often shared a common factor: They had entered the school counseling, mental health, or juvenile justice systems angry, hopeless, and/or resistant to treatment.

The developers of FFT recognized that successful treatment of these populations required service providers who were sensitive to the needs of these diverse families and competent to work with them, and who understood why the families had traditionally resisted treatment. Over the past 30 years, FFT providers have learned that they must do more than simply stop bad behaviors; they must motivate families to change by uncovering family members' unique strengths, helping families build on these strengths in ways that enhance self-respect, and offering families specific ways to improve.

Since its development, FFT has been a dynamic clinical system. It has retained its core principles while adding clinical features that improve successful outcomes in the diverse communities in which it has been implemented. More than two decades ago, FFT began focusing on therapist characteristics and in-session processes from an integrated perspective that combines research and practice. This perspective, in turn, has contributed to the training of therapists for subsequent interventions by identifying specific step-by-step interventions and their impact on youth and other family members.

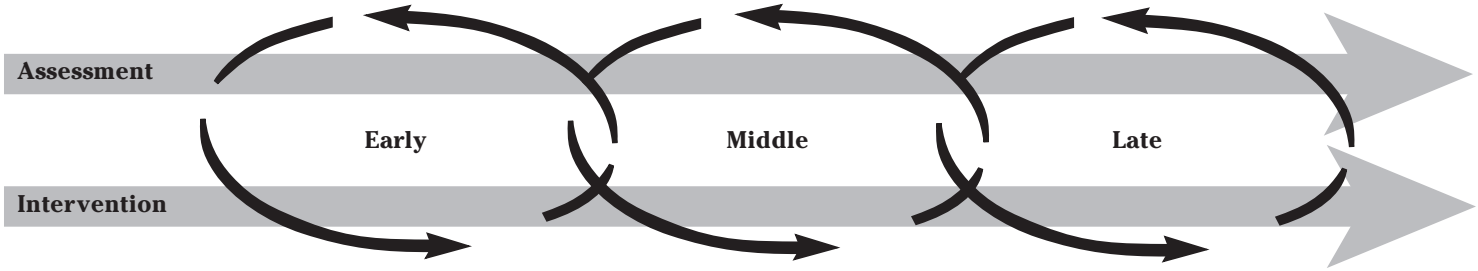
In the late 1990's, FFT further articulated its clinical change model by refining the phases of intervention (Sexton and Alexander, 1999; see table), developing a systematic approach to training and program implementation, and adding a comprehensive system of client, process, and outcome assessment. The system is implemented through a computer-based client tracking and monitoring system known as the Functional Family Therapy–Clinical Services System (FFT–CSS). This most recent iteration of FFT helps clinicians identify and implement goals for therapeutic change in a way that promotes accountability through process and outcome evaluation. As a result, FFT has matured into a clinical intervention model that includes systematic training, supervision, process, and outcome assessment components—all directed at improving the delivery of FFT in local communities.

Core Principles, Goals, and Techniques

Functional Family Therapy is so named to identify the primary focus of intervention (the family) and reflect an understanding that positive and negative behaviors both influence and are influenced by multiple relational systems (i.e., are functional). FFT is a multisystemic prevention program, meaning that it focuses on the multiple domains and systems within which adolescents and their families live. FFT is also multisystemic and multilevel as an intervention in that it focuses on the treatment system, family and individual functioning, and the therapist as major components. Within this context, FFT works first to develop family members' inner strengths and sense of being able to improve their situations—even if modestly at first. These characteristics provide the family with a platform for change and future functioning that extends beyond the direct support of the therapist and other social systems. In the long run, the FFT philosophy leads to greater self-sufficiency, fewer total treatment needs, and considerably lower costs.

At the level of clinical practice, FFT includes a systematic and multiphase intervention map—Phase Task Analysis—that forms the basis for responsive clinical decisions. This map gives FFT a flexible structure by identifying treatment strategies with a high probability of success and facilitating therapists' clinical options. FFT's flexibility extends to all family members and thereby results in effective moment-by-moment decisions in

Functional Family Therapy Clinical Model: Intervention Phases Across Time



	Engagement and Motivation	Behavior Change	Generalization
Phase goals	Develop alliances. Reduce negativity, resistance. Improve communication. Minimize hopelessness. Reduce dropout potential. Develop family focus. Increase motivation for change.	Develop and implement individualized change plans. Change presenting delinquency behavior. Build relational skills (e.g., communication and parenting).	Maintain/generalize change. Prevent relapses. Provide community resources necessary to support change.
Risk and protective factors addressed	Negativity and blaming (risk). Hopelessness (risk). Lack of motivation (risk). Credibility (protective). Alliance (protective). Treatment availability (protective).	Poor parenting skills (risk). Negativity and blaming (risk). Poor communication (risk). Positive parenting skills (protective). Supportive communication (protective). Interpersonal needs (depends on context). Parental pathology (depends on context). Developmental level (depends on context).	Poor relationships with school/community (risk). Low level of social support (risk). Positive relationships with school/community (protective).
Assessment focus	Behavior (e.g., presenting problem and risk and protective factors). Relational problems sequence (e.g., needs/functions). Context (risk and protective factors).	Quality of relational skills (communication, parenting). Compliance with behavior change plan. Relational problem sequence.	Identification of community resources needed. Maintenance of change.
Therapist/ Interventionist skills	Interpersonal skills (validation, positive interpretation, reattribution, reframing, and sequencing). High availability to provide services.	Structure (session focusing). Change plan implementation. Modeling/focusing/directing/training.	Family case manager. Resource help. Relapse prevention interventions.

Source: Sexton and Alexander, 1999.

the intervention setting. Thus, FFT practice is both systematic and individualized.

The following sections describe the intervention phases and the model of FFT clinical assessment. As the clinical map presented in the table on page 3 reflects, FFT is a multiphase, goal-directed, and systematic program.

Intervention Phases

FFT's three specific intervention phases—engagement and motivation, behavior change, and generalization—are interdependent and sequentially linked. Each has distinct goals and assessment objectives, each addresses different risk and protective factors, and each calls for particular skills from the interventionist or therapist providing treatment. The interventions in each phase are organized coherently, which allows clinicians to maintain focus in contexts that often involve considerable family and individual disruption. The three intervention phases are described in the sections that follow.

Phase 1: Engagement and Motivation. This phase places primary emphasis on maximizing factors that enhance intervention credibility (i.e., the perception that positive change might occur) and minimizing factors likely to decrease that perception (e.g., poor program image, difficult location, insensitive referrals, personal and/or cultural insensitivity, and inadequate resources). In particular, therapists apply reattribution (e.g., reframing, developing positive themes) and related techniques to address maladaptive perceptions, beliefs, and emotions. Use of such techniques establishes a family-focused perception of the presenting problem that serves to increase families' hope and expectation of change, decrease resistance, improve alliance and trust between family and therapist, reduce oppressive negativity within families and between families and the community, and help build respect for individual differences and values.

Phase 2: Behavior Change. During this phase, FFT clinicians develop and implement intermediate and, ultimately, long-term behavior change plans that are culturally appropriate, context sensitive, and tailored to the unique characteristics of each family member. The assessment focus in this phase includes cognitive (e.g., attributional processes and coping strategies), interactive (e.g., reciprocity of positive rather than negative behaviors, competent parenting, and understanding of behavior sequences involved in delinquency), and emotional components (e.g., blaming and negativity). Clinicians provide concrete behavioral intervention to guide and model specific behavior changes (e.g., parenting, communication, and conflict management). Particular emphasis is placed on using individualized and developmentally appropriate techniques that fit the family relational system.

Phase 3: Generalization. This FFT phase is guided by the need to apply (i.e., generalize) positive family change to other problem areas and/or situations. FFT clinicians help families maintain change and prevent relapses. To ensure long-term support of changes, FFT links families with available community resources. The primary goal of the generalization phase is to improve a family's ability to affect the multiple systems in which it is embedded (e.g., school, juvenile justice system, community), thereby allowing the family to mobilize community support systems and modify deteriorated family-system relationships. If necessary, FFT clinicians intervene directly with the systems in which a family is embedded until the family develops the ability to do so itself.

Assessment

Assessment is an ongoing, multifaceted process that is part of each phase of the FFT clinical model. In FFT, assessment focuses on understanding the ways in which behavioral problems function within family relationship systems. The focus of assessment depends on the phase of treatment (see table, page 3).

In general, assessment in FFT is based on the following principles:

- FFT assessment should focus on the ways that family relational systems are related to the presenting behavior problems—in both adaptive and maladaptive ways.
- FFT should identify risk and protective factors through clinical and formal assessment. In doing so, FFT helps identify family, individual, and contextual issues that might become the targets of treatment.
- Assessment should be multilevel, multidimensional, and multimethod. Individual factors include the adolescent's cognitive and developmental level and any psychological conditions that he or she may have (e.g., depression/anxiety, thought disorders). Assessment should also consider the adolescent's family because the family is the psychosocial context in which the adolescent lives. Family factors considered in an FFT assessment include what goes on during daily family life (e.g., parenting, teaching, supporting, providing, and relating). Behavioral and contextual factors include external and social factors that influence the adolescent (e.g., the presence or absence of risk and protective factors and the availability of community resources).
- Assessment of family functioning—rather than completion of a diagnostic assessment—is the most helpful way to identify appropriate treatment options and approaches. The goal of assessment is to plan the most appropriate treatment.
- Clinical, outcome, and adherence assessment are critical to successful implementation of the FFT model.

FFT has identified formal and clinical tools for model, adherence, and outcome assessment. These tools are incorporated into the Functional Family Assessment Protocol—a systematic approach to understanding families—and the Clinical Services System (CSS)—an implementation tool that allows therapists to track the activities (i.e., session process goals, comprehensive client assessments, and clinical outcomes) essential to successful implementation.

CSS seeks to improve therapists' competence and skill by keeping them focused on the goals, skills, and interventions needed for each phase of FFT. CSS's computer-based format gives therapists easy access to a variety of process and assessment information which, in turn, allows them to make good clinical decisions and provides them with the complete outcome information needed to evaluate case success.

Research Foundations

Throughout its development, FFT has required step-by-step descriptions of the clinical change process and rigorous evaluation of outcomes. FFT also has insisted on integrating science (as it applies to evaluation and research), clinical and cultural sensitivity, sound clinical judgment and experience, and comprehensive theoretical principles. From 1973 to the present, published data have reflected the positive outcomes of FFT. Data show, for instance, that when compared with

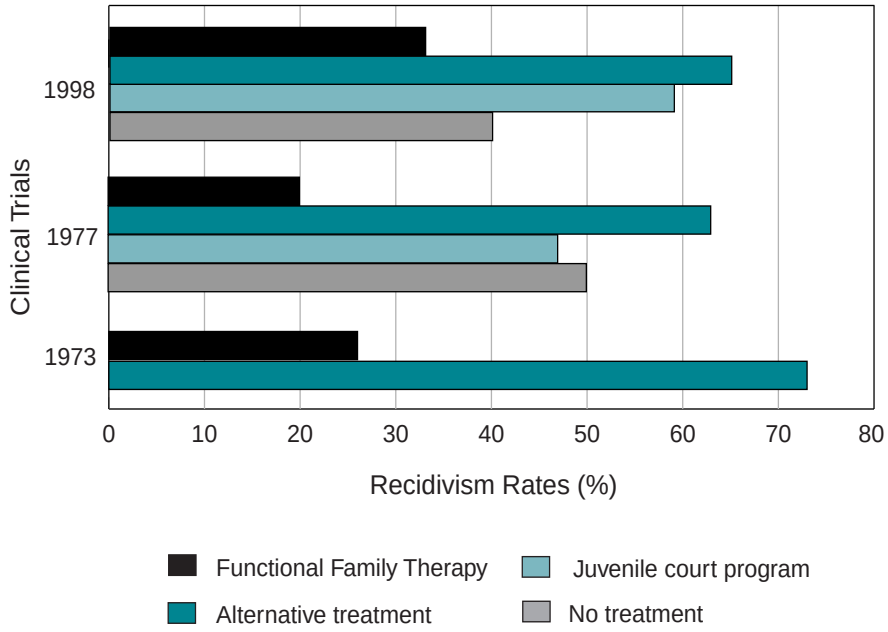
standard juvenile probation services, residential treatment, and alternative therapeutic approaches, FFT is highly successful. Both randomized trials and nonrandomized comparison group studies (Alexander et al., 2000) show that FFT significantly reduces recidivism for a wide range of juvenile offense patterns. In addition, studies have found that FFT dramatically reduces the cost of treatment. A recent Washington State study, for example, shows savings of up to $14,000 per family (Aos, Barnoski, and Lieb, 1998). FFT also significantly reduces potential new offending for siblings of treated adolescents (Klein, Alexander, and Parsons, 1977). Figures 1 (randomized clinical trials) and 2 (comparison studies) summarize the outcome findings of FFT studies conducted during the past 30 years. These studies show that when compared with no treatment, other family therapy interventions, and traditional juvenile court services (e.g., probation), FFT can reduce adolescent rearrests by 20–60 percent.

Community Implementation of Functional Family Therapy

Successful FFT programs, whether home based, clinic based, or school based, include programs grounded in diversion, probation, alternatives to incarceration, and reentry from high-security, severely restrictive institutional settings.

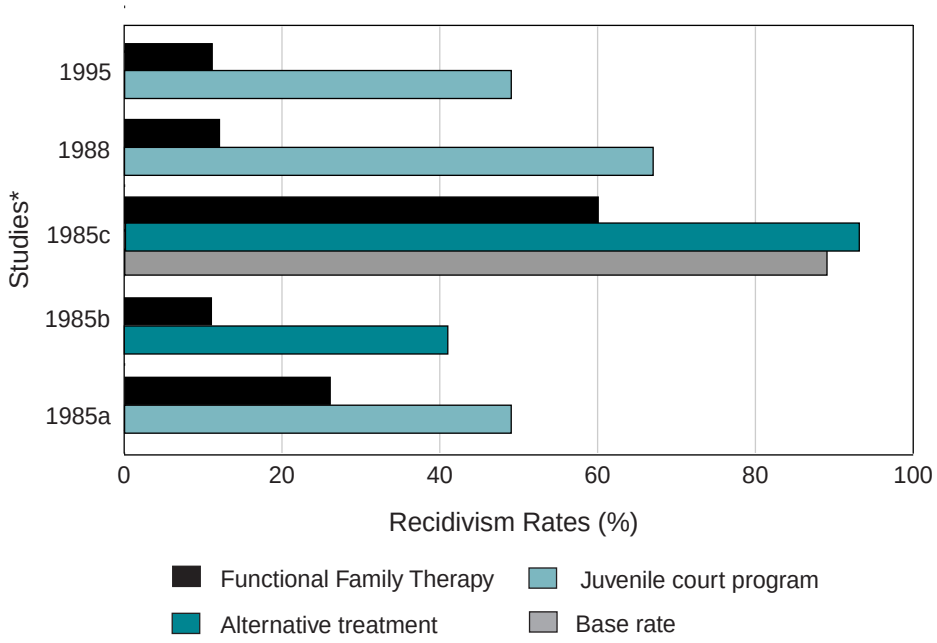
FFT currently has 50 active certified service sites in 15 States. These sites serve thousands of adolescents and their families each year. The ability to replicate FFT with fidelity has been achieved through a specific training model and a sophisticated client assessment, tracking, and monitoring system (FFT–CCS) that provides for clinical assessment, outcome accountability, and supervision. In addition, the FFT Practice Research Network (FFT–PRN) allows clinical sites to develop and disseminate information on the FFT model. Clinicians who have successfully implemented FFT include trained professionals with master's degrees and, on occasion, staff with bachelor's degrees from fields such as public health nursing, social work, marriage and family therapy, clinical psychology, licensed mental health counseling, probation services, criminology, psychiatry, and recreation therapy.

Figure 1: Outcome Findings for Recidivism in Randomized Clinical Trials, 1973–1998



Source: Alexander and Parsons, 1973; Klein, Alexander, and Parsons, 1977; Hansson, 1998.

Figure 2: Outcome Findings for Recidivism in Comparison Studies, 1985–1995



* The three 1985 comparison studies (1985a, b, and c) appear in Barton et al., 1985.

Source: Barton et al., 1985; Gordon et al., 1988; Gordon, Graves, and Arbuthnot, 1995.

Communities have implemented FFT with success because its training program is multisystemic, meaning that it focuses on the therapist, community, and clinical delivery system. At any given site (e.g., agency, intervention team, contracting intervention program), FFT's four major goals are to:

- Replicate the program as it has been used in previous sites (to increase the probability that the site will have the same success), yet tailor the program to the unique needs of the community.
- Develop a self-sufficient site (i.e., one that will be able to provide FFT over time in a way that remains true to the therapy's core principles).
- Develop competent therapists and supportive clinical and administrative structures.
- Initiate and use the FFT clinical system to promote adherence to the FFT model.

Implementation of FFT focuses, in particular, on developing therapist competence rather than simply teaching skills. A competent therapist is able to:

- Implement a treatment model's core elements.
- Treat each family member with clinical and cultural sensitivity.
- Enhance the treatment's effectiveness by making treatment decisions based on core principles of the model.

The Family Project: A Recent FFT Replication

The Family Project is a unique partnership between a university (the University of Nevada, Las Vegas) and a community service provider (the Clark County Department of Family and Youth Services (DFYS)). The Family Project is currently the largest FFT research and practice site in the Nation. Through this partnership, located in one of the Nation's fastest growing and most multiculturally and ethnically diverse urban areas, FFT services are provided to at-risk youth and their families referred by juvenile probation. As the data below reflect, the effectiveness of this true community project results from its use of marriage and family therapists in an established community clinic.

During a 2-year period, clinic-based therapists successfully contacted 231 families referred to the Family Project by probation officers. Because the Family Project was the only counseling service used by the juvenile court during that period, this group represented the entire population of adolescents referred for counseling services. Of the group, 80 percent completed FFT treatment services, a high rate of completion compared with the rate for standard juvenile justice-based interventions. Thus, even though its services were delivered in a university training center to which clients had to travel for each session, the Family Project successfully engaged and retained a high percentage of a diverse population of at-risk adolescents, all of whom were on probation. This success was a function of both the FFT clinical model and the clinic's extensive outreach procedures.[1]

Figure 3 shows 1-year recidivism rates for those who completed the Family Project's program and those who were part of a treatment-as-usual comparison group (a group that received probation services as usual). The figure also provides the districtwide 3-year recidivism rate and the 3-year recidivism rate for those who received other available court services. Of those who completed the program, only 19.8 percent committed an offense during the year following completion, compared with 36 percent of the treatment-as-usual comparison group. These data suggest that FFT reduced recidivism by roughly 50 percent, a figure consistent with previous FFT randomized clinical trials and replication studies.

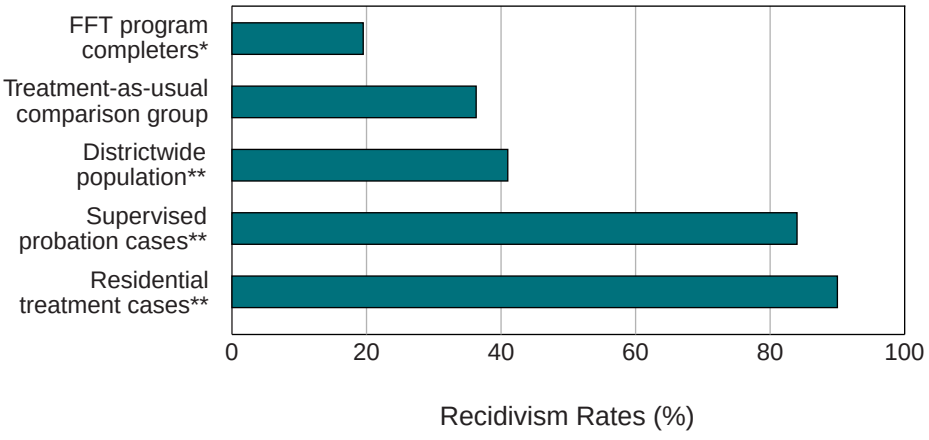
Another measure of outcome is a program's cost effectiveness. Figure 4 shows the costs of various services within the Clark County DFYS system during the 2-year study period. On average, FFT treatment costs during this time were between $700 and $1,000 per family. By contrast, the average cost of detention was at least $6,000 per adolescent and the average cost of the county residential program was at least $13,500 per adolescent. Considering that the county's residential program has a 3-year recidivism rate of more than 90 percent (i.e., 90 percent of those who complete the program commit a subsequent offense within 3 years), FFT is highly cost effective—resulting in a much lower rate of recidivism (19.8 percent for 1 year) at a much lower cost.

Conclusion

FFT is one of the current generation of family-based treatments for adolescent behavior problems. As both a prevention and an intervention program, FFT has been implemented in various treatment contexts and with culturally diverse client populations. The success of FFT is due to

[1] Initial sessions were accompanied by many phone contacts to enhance treatment participation.

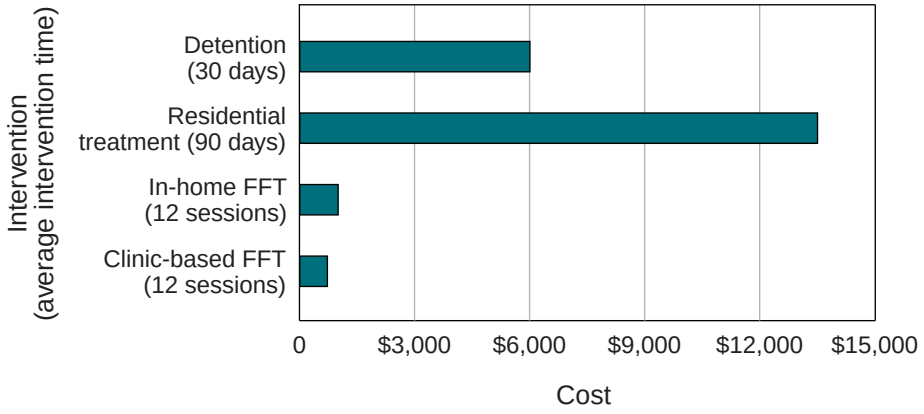
Figure 3: Recidivism Rates—Functional Family Therapy Versus Other Available Court Services



* 1-year recidivism totals.
**3-year recidivism totals.

Source: Sexton, in press.

Figure 4: Cost Effectiveness—Functional Family Therapy Versus Other Available Court Services



Source: Sexton, in press.

its integration of a clear, comprehensive, and multisystemic clinical model with ongoing research on clinical process and outcomes. FFT also includes a systematic training and community implementation program. The results of more than 30 years of clinical research suggest that by following these principles, FFT can reduce recidivism and/or prevent the onset of delinquency. These results can be accomplished with treatment costs well below those of traditional services and other interventions.

Unique to FFT is its systematic yet individualized family-focused approach to juvenile crime, violence, drug abuse, and other related problems. The phases of FFT provide therapists with specific goals for each family interaction. Although systematic, each phase is guided by core principles that help the therapist adjust and adapt the goals of the phase to the unique characteristics of the family. In this way, FFT ensures treatment fidelity while remaining respectful of individual families and cultures and unique community needs.

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Office of Juvenile Justice and Delinquency Prevention

Washington, DC 20531

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Acknowledgments

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The Office of Juvenile Justice and Delinquency Prevention is a component of the Office of Justice Programs, which also includes the Bureau of Justice Assistance, the Bureau of Justice Statistics, the National Institute of Justice, and the Office for Victims of Crime.

Appendix C

Reconnecting Youth

Reconnecting Youth

Reconnecting Youth (RY) is a school-based prevention program for youth in grades 9 through 12 (14 to 18 years old) at risk for school dropout. These youth also may exhibit multiple behavior problems, such as substance abuse, aggression, depression, or suicide risk behaviors. Reconnecting Youth uses a partnership model involving peers, school personnel, and parents to deliver interventions that address the three central program goals:

- Decreased drug involvement
- Increased school performance
- Decreased emotional distress

Students work toward these goals by participating in a semester-long high school class that involves skills training in the context of a positive peer culture. RY students learn, practice, and apply self-esteem enhancement strategies, decisionmaking skills, personal control strategies, and interpersonal communication techniques.

TARGET POPULATION

RY is highly effective with high school youth at risk for school dropout—defined as having fewer than the average number of credits earned for their grade level, high absenteeism, a significant drop in grades, or a history of dropping out of school. The program was developed and tested in the greater Seattle area and has been successfully implemented according to design in California, Colorado, Maine, Texas,

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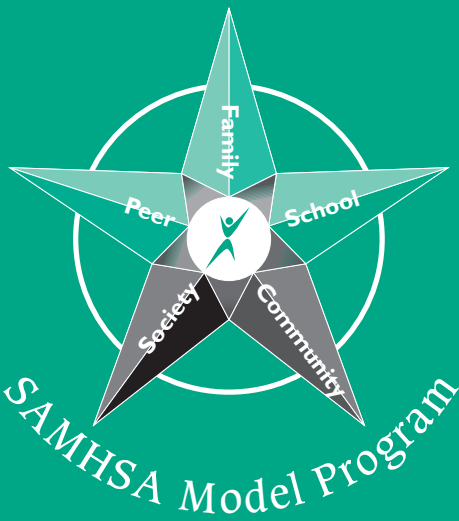


Effective Substance Abuse and Mental Health Programs for Every Community

Proven Results*

- 18% improvement in grades in all classes
- 7.5% increase in credits earned per semester
- 54% decrease in hard drug use
- 48% decrease in anger and aggression problems
- 32% decline in perceived stress
- 23% increase in self-efficacy

**Compared to students not participating in Reconnecting Youth.*

INTERVENTION

Universal

Selective

Indicated

OUTCOMES

Relative to controls, high-risk youth participating in RY evidenced:

Increased School Performance

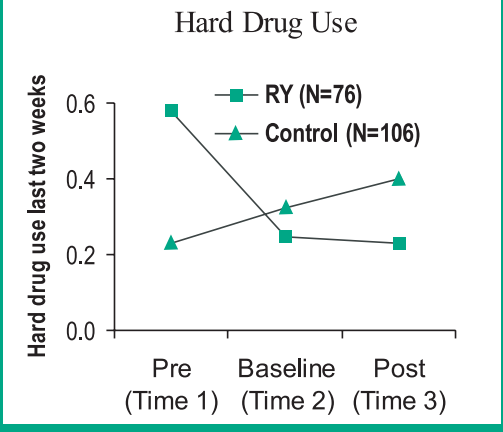
- Increased grades (GPA) in all classes
- Curbed increasing trend in daily class absences
- Increased credits earned per semester
- Decreased high school dropout

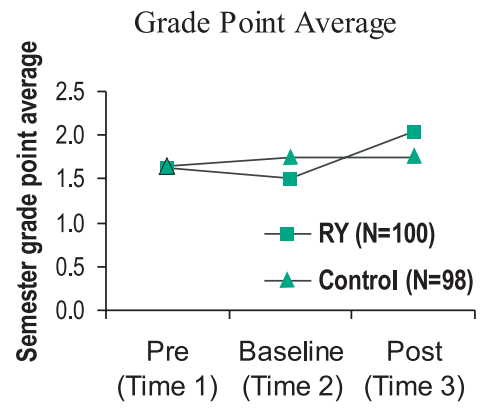
Decreased Drug Involvement

- Curbed progression of alcohol and other drug use
- Decreased drug-use control problems
- Decreased hard drug use
- Decreased adverse drug-use consequences

Decreased Emotional Distress

- Decreased suicidal behaviors (threats, thoughts, and attempts)
- Decreased anxiety and perceived stress
- Decreased depression and hopelessness
- Decreased anger control problems and aggression





and Washington. Students from a variety of racial and ethnic backgrounds, living in suburban and urban settings, have benefited from the program.

BENEFITS

- Improved grades and school attendance
- Reduced drug involvement
- Decreased emotional distress
- Increased self-esteem, personal control, prosocial peer bonding, and social support

HOW IT WORKS

Four key RY components are integrated into the school environment. They include:

- **RY Class**, a core element, is offered for 50 minutes daily during regular school hours for 1 semester (80 sessions) in a class with a student-teacher ratio of 10 or 12 to 1. After a 10-day orientation to the program, approximately 1 month is spent on each of these topics:
  - Self-esteem
  - Decisionmaking
  - Personal control
  - Interpersonal communication
- **School bonding activities** consisting of social, recreational, school, and weekend activities that are designed to reconnect students to school and health-promoting activities as alternatives to drug involvement, loneliness, and depression.
- **Parental involvement**, required for student participation, is essential for at-home support of the skills students learn in RY class. School contact is maintained through notes and calls from teachers who also enlist parental support for activities and provide progress reports.
- **School Crisis Response** planning provides teachers and school personnel with guidelines for recognizing warning signs of suicidal behaviors and suicide prevention approaches.

IMPLEMENTATION ESSENTIALS

From planning through implementation of the RY curriculum, partnerships with school officials are vital. Typical partners include the RY teacher, RY coordinator, parents, designated district representative, the principal, vice principal, student support services, staff, and administrative support staff—especially attendance and registrar. Regular meetings to ensure readiness, commitment, and financial resources will help set a strong foundation for successful replication.

Personnel

- One full-time RY coordinator per every five to six classes is needed to provide teacher support, encouragement, and consultation. The role typically includes bimonthly meetings as well as weekly classroom observation. The RY coordinator is hired and paid by the RY teacher funding source (e.g., school, independent agency). Ideally, the RY coordinator is a skilled RY teacher with supervisory and training expertise.
- RY teachers are selected, not assigned, using preestablished criteria to ensure the program has teachers who are committed to working with high-risk youth and show special aptitude based on student, other teacher, and administrative recommendations.

RY offers recommended selection criteria to identify potential participants. From this group, students should be invited rather than assigned to RY, and their parents must sign an agreement for them to participate. Students' expressed willingness to work toward program goals is essential.

Reconnecting Youth operates best in an environment with active supports. School administrators should secure links with community groups for involvement such as funding, "adoption" of a school to provide mentoring or in-kind donations, or help with providing drug-free activities.

Room, Equipment, and Supplies

A classroom large enough to accommodate the RY teacher and 10 to 12 students is necessary. Teachers will need a copy of the *Reconnecting Youth: A Peer Group Approach to Building Life Skills* curriculum and will need to prepare student notebooks from handouts contained therein. The curriculum can be obtained from the publisher. Please note that the curriculum cost is not included in training costs. Recreational and school-bonding activities, including transportation, will also need to be budgeted.

Training and Technical Assistance

To ensure best-results implementation fidelity, all RY teachers and coordinators should receive implementation training. Onsite implementation training for potential RY teachers and coordinators is available from RY personnel. Initial implementation training lasts 5 days. Followup implementation consultation of 1 day every 6 months during the first year of implementation plus phone consultation is recommended. At least one yearly followup consultation, to manage implementation challenges and to assess implementation fidelity in subsequent years, is also recommended.

Target Areas

Protective Factors To Increase

Individual

- Communicate using self-esteem-enhancing talk
- Personal control, stress, and mood management skills
- Decisionmaking and the ability to apply it to drug use, school, and mood management
- Interpersonal communication and negotiation skills

Family

- Practicing interpersonal communication skills at home
- Enlisting parent support for program goals

School

- Setting norms for and monitoring attendance, achievement, mood, and drug-use control
- School network support
- Facilitating prosocial activities

Peer

- Daily reinforcement of the positive peer group culture norms
- Replacing deviant peer/group belonging with prosocial group belonging

Risk Factors To Decrease

Individual

- Impulsiveness
- Poor decisionmaking and coping skills
- Uncontrolled emotions
- Learned helplessness
- Low self-worth; deviant self-image
- Poor social/interpersonal skills

Family

- Family distress and serious conflicts
- Poor family-school connections
- Unclear/unfair rules

School

- Negative view of school experience
- Norms of skipping school
- Substance use at school
- Poor teacher-student relationships
- Low access to help
- Nonparticipation in school activities

Peer

- Deviant friends in peer group network
- Peers who skip school and use drugs
- Peers lacking personal goals related to school achievement and attendance
- Susceptibility to negative peer influences

PROGRAM BACKGROUND

The development and framework for RY were largely informed by early descriptive work of Dr. Leona Eggert and her colleagues. Early work identified the vulnerabilities among youth at risk for high school dropout, "skippers," and the co-occurring problem behaviors of school deviance, drug involvement, and depression/suicidal behaviors. Reconnecting Youth was specifically designed to meet the participants' needs for inclusion and excitement while teaching them how to be "winners," stay in control, make wise decisions, and evaluate potential consequences of their choices. The program has been funded for testing by the National Institute on Drug Abuse (NIDA) and the National Institute of Mental Health (NIMH), National Institutes of Health, U.S. Department of Health and Human Services, and the U.S. Department of Education in suburban and urban areas of the Pacific Northwest. A two-semester version of the program, with a parent component, is currently being evaluated with funding from NIDA. RY has been adopted by Texas and Maine as an integral part of statewide prevention programming.

EVALUATION DESIGN

A quasi-experimental design with repeated measures was used to test the efficacy of the RY indicated preventive intervention. Trend analyses served to compare the pattern of change for experimental and control groups across pre- and posttests (5 months) and followup tests (5 to 7 months).

PROGRAM DEVELOPER

Leona Eggert, Ph.D., RN, FAAN

Over the past 15 years, Dr. Leona Eggert has led a team of prevention scientists in the Reconnecting Youth Prevention Research Program. They have designed and tested numerous programs to help high-risk youth increase their school performance, drug-use control, and mood management. Reconnecting Youth: A Peer Group Approach to Building Life Skills (RY) is an indicated school-based prevention program targeting potential high school dropouts. The program has received extensive funding from both NIDA and NIMH for testing the RY prevention model. Developers and authors Dr. Eggert and Ms. Liela Nicholas consult nationally and internationally on the implementation and evaluation of the program.

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National Educational Service
304 West Kirkwood Avenue, Suite 2
Bloomington, IN 47404-5132
Phone: (800) 733-6786
Fax: (812) 336-7790
Web site: www.nesonline.com/

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RECOGNITION

Model Program—Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services

Programs That Work—National Institute on Drug Abuse, National Institutes of Health, U.S. Department of Health and Human Services

Grade "A" & "A+"—Drug Strategies, Inc.

Appendix D

Multi-Systemic Therapy

U.S. Department of Justice
Office of Justice Programs
Office of Juvenile Justice and Delinquency Prevention

OJJDP
Shay Bilchik, Administrator
May 1997
JUVENILE JUSTICE BULLETIN

Treating Serious Anti-Social Behavior in Youth: The MST Approach

Scott W. Henggeler, Ph.D.

The Multisystemic Therapy (MST) approach to the treatment of serious antisocial behavior in adolescents represents a significant departure from more traditional strategies. MST is a home-based services approach that was developed in response to the lack of scientifically proven, cost-effective treatment.

The majority of funding currently available for children's mental health needs in the United States is spent on expensive out-of-home placements such as residential treatment facilities, psychiatric inpatient treatment, or incarceration. However, no scientific evidence has shown that these treatments are effective in ameliorating or reducing the serious behavioral difficulties demonstrated by juvenile offenders. Other less restrictive treatments that do not involve out-of-home placements, such as outpatient or clinic-based services, also have failed to demonstrate desired levels of effectiveness. Furthermore, research on adolescent substance abuse has failed to substantiate the effectiveness of any treatment in curtailing that problem. Thus, MST was developed as a means to provide scientifically validated, cost-effective, community-based treatment as a viable alternative to expensive, ineffective treatments that have traditionally been provided to youth with serious behavior disorders.

This Bulletin highlights evaluations of several programs that have implemented the MST approach. In particular, success demonstrated by the Simpsonville, South Carolina, program has led to major funding by the National Institute of Mental Health (NIMH)—targeting violent and/or chronic juvenile offenders and youth with serious emotional disturbance—and the National Institute on Drug Abuse—targeting substance-abusing delinquents. The Bulletin also includes an overview of federally funded controlled evaluations of MST projects that are currently under way.

The MST Treatment Approach

Program Overview

The goal of the MST approach is to provide an integrative, cost-effective family-based treatment that results in positive outcomes for adolescents who demonstrate serious antisocial behavior. MST focuses first on improving psychosocial functioning for youth and their families so that the need for out-of-home child placements is reduced or eliminated. To accomplish this task, MST

From the Administrator

Traditional mental health approaches for serious, violent, and chronic juvenile offenders have all too often failed to yield the successful results we desire. Adolescent drug and substance abuse has also proven to be remarkably resistant to treatment.

The multisystemic therapy (MST) approach was designed to provide communities with affordable and effective remedies for these difficult problems. Best of all, MST offers new hope to young people with serious behavioral disorders.

If we are going to help troubled youth, we must strengthen the support systems that surround them so that they may continue to benefit long after immediate intervention has ended. With its focus on family preservation through home-based services, MST shows real promise of achieving such lasting results.

This Bulletin features evaluations of programs that have implemented the MST approach. Of particular interest is the Simpsonville, South Carolina, program, which services serious, violent, and chronic juvenile offenders at imminent risk of out-of-home placement. The Simpsonville program has significantly reduced recidivism rates at substantial savings in terms of both human and financial considerations.

I am pleased to share this excellent program design with the juvenile justice field.

Shay Bilchik
Administrator

addresses the known causes of delinquency on an individualized, yet comprehensive, basis. MST interventions, therefore, focus on the individual youth and his or her family, peer context, school/vocational performance, and neighborhood/community supports. For example:

- Family interventions often seek to promote the parent's capacity to monitor and discipline the adolescent—MST counselors must determine the barriers to effective parental discipline and intervene accordingly. Commonly observed barriers include parental drug abuse, psychiatric conditions, and low social support.
- The central thrust of MST peer interventions is to remove offenders from deviant peer groups and facilitate their development of friendships with prosocial peers, with the parent viewed as the key to accomplishing such goals.
- School and vocational interventions seek to enhance the youth's capacity for future employment and financial success.

Across all interventions, MST attempts to change the real-world functioning of youth by changing their natural settings—home, school, and neighborhood—in ways that promote prosocial behavior while decreasing antisocial behavior.

Program Results

MST defines success in terms of reduced recidivism rates among participating youth, improved family and peer relations, decreased behavioral problems, and decreased rates of out-of-home placements. Research has demonstrated that MST is more effective than usual community treatment for inner-city juvenile offenders, specifically in improving intrafamilial relations and decreasing youth behavioral difficulties.

In addition, recent research indicates that when compared with youth who received "usual services"—court-ordered stipulations such as curfew, school attendance, and participation in various agency programs that were typically monitored by probation officers—youth who received MST had fewer arrests, reported fewer criminal offenses, and spent an average of 10 fewer weeks in detention during a 59-week followup.

Results from other followup studies indicate that the effects of MST treatment are long lasting, with reduced recidivism rates for sexual and criminal offenders who received MST versus individual outpatient counseling. Ongoing research is also evaluating the effectiveness of MST in community settings and with other difficult populations—adolescent substance abusers and youth with serious psychiatric emergencies such as suicidal, homicidal, or psychotic presentations.

MST's program strengths include its cost-effectiveness, proven success in treating difficult clinical populations, and relative ease of implementation across geographic locations and community agencies.

The Family Preservation Model of Service Delivery

Philosophy

MST's family preservation model of service delivery is based on the philosophy that the most effective and ethical route to helping children and youth is through helping their families. MST views families as valuable resources, even when they are characterized by serious and multiple needs. Services are directed toward the psychological, social, educational, and material needs that face families in which a child is in imminent danger of out-of-home placement.

Service Delivery Approach

While the particular treatment modalities used in family preservation programs vary, certain critical service delivery characteristics, described below, are shared by all of them. Summarized in table 1, these characteristics distinguish treatment programs delivered in a family preservation model from traditional mental health and juvenile justice services.

- **Length of Service.** Service duration ranges from 3 to 5 months in MST, with the average duration of treatment being approximately 60 hours of contact over 4 months, with the final 2 to 3 weeks involving less intensive contact to monitor the maintenance of therapeutic gains.

Table 1: Differences Between Traditional Mental Health Services and Family Preservation Using Multisystemic Therapy

Service Element	Traditional Services	Family Preservation
Treatment Sites	In the clinic (outpatient) In the hospital, RTC* (inpatient)	In the field (home, school, neighborhood, community)
Treatment Modality	Individual psychotherapy Group therapy Medication	Total care
Provider	Individual clinician (outpatient) Multidisciplinary teams (inpatient)	Generalist team
Clinical Staff: Patients	1:60–100 (outpatient) Varies in inpatient settings	1:4–6
Staff Availability	Working office hours (outpatient) Highly variable (inpatient)	Team available 24 hrs/7days/week
Frequency of Contact	Weekly or biweekly (outpatient) Highly variable (inpatient)	Daily in most cases
Family Contact	Occasional	Daily in most cases
Treatment Outcome	Responsibility of patient and family	Responsibility of staff
Case Management	Broker of services	Services provider
Expectations of Outcome	Gradual change	Immediate, maximum effort by staff and family to attain goals

*RTC = Residential Treatment Centers

- **Staffing Pattern.** A typical staffing pattern for the provision of intensive home-based MST is a treatment team consisting of one doctoral-level supervisor and three to four master-level therapists, with each therapist carrying a caseload of four to six families. Each youth referred to the program is assigned a therapist who designs individualized interventions in accordance with MST treatment principles that address specific needs of the youth and family. Each treatment team provides services for about 50 families per year.
- **Hours of Service.** Staff are available 24 hours per day, 7 days per week, and can usually meet at the families' convenience, resulting in many evening and weekend appointments. In consideration of treatment efforts to empower families to solve their own problems and the attenuation of counselor burnout, however, use of services at unusual times (e.g., 10 p.m. to 8 a.m.) is discouraged except in cases of emergency.
- **Location of Services.** MST is typically delivered in home and community settings to increase cooperation and enhance generalization. Sessions are usually held in the family's home at a convenient time, although meetings in community locations, such as a school, recreation center, or project office, are often needed. Moreover, the specific family members who attend will vary with the nature of the particular problem that is being addressed (e.g., youth are usually not included in sessions that address lax parental discipline, so as not to undermine parental authority).

Training

Training in the MST model of family preservation is provided in the following ways:

1. Five days of introductory training are provided for all staff who will engage in treatment and/or clinical supervision of MST cases to familiarize participants with the scope, correlates, and causes of the serious behavior problems addressed with MST; describe the theoretical and empirical underpinnings of MST; describe family, peer, school, and individual intervention strategies used in MST; train participants to conceptualize cases and interventions in terms of MST principles; and provide participants with practice in delivering multisystemic interventions.

2. Quarterly booster sessions are designed to provide training in special topics, such as marital therapy, treatment of parental depression, or early childhood intervention, and to address issues that may arise for individuals and agencies using the approach. Booster sessions are also designed to allow discussion of particularly difficult cases.
3. Weekly telephone consultations via 1-hour conference calls allow the treatment team and supervisor to consult with an MST expert regarding case conceptualization, goals, intervention strategies, and progress. Such ongoing consultation is critical for maintaining therapist adherence to the MST treatment protocol.

In South Carolina, the Family Services Research Center (FSRC) is under contract with the South Carolina Department of Health and Human Services to provide training and consultation services to public and private providers of Medicaid-reimbursed home-based treatment services. FSRC is responsible for conducting certification reviews of these providers to ensure compliance with Medicaid standards.

Training in MST using home-based services is also provided to sites outside South Carolina. Several training sites involve randomized trials and pilot projects in State and county agencies (e.g., departments of juvenile justice, mental health, and social services). Training and quality assurance are provided to out-of-State entities by MST Services, Inc., of Charleston, South Carolina.

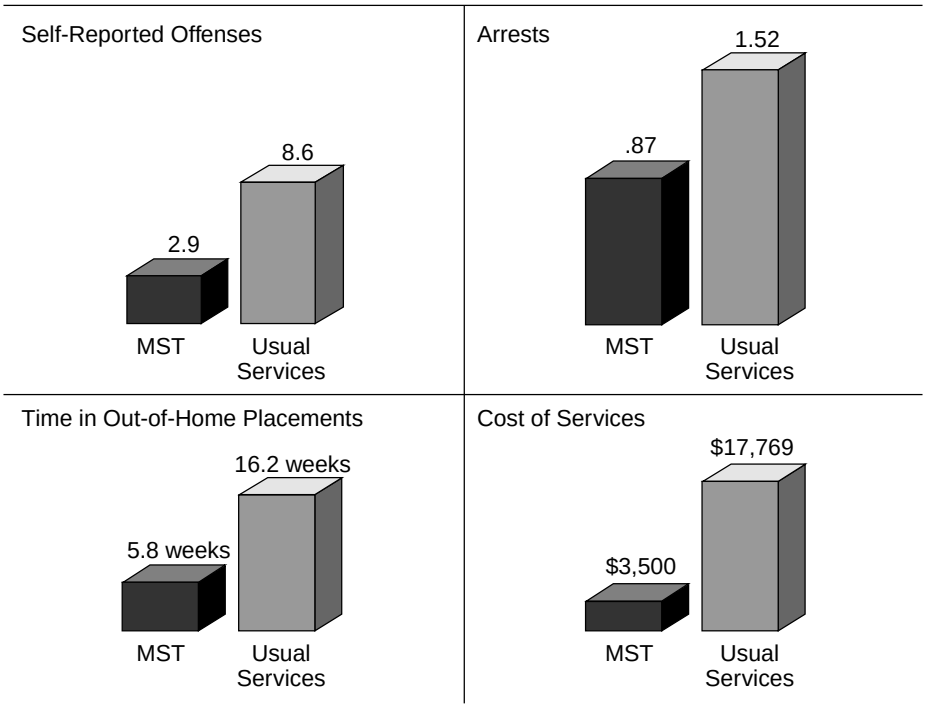
The Simpsonville, South Carolina, Project

Funded by NIMH, Henggeler et al. conducted an evaluation of the Simpsonville, South Carolina, MST program, which used the family preservation model of service delivery. Participants were 84 violent and chronic offenders at imminent risk of out-of-home placement and their families, who had multiple needs. Each offender had at least one felony arrest (54 percent had been arrested for violent crimes). The mean number of arrests was 3.5, and the average number of weeks of prior placement in correctional facilities was 9.5. The average age of the juveniles was 15.2 years, 77 percent were male, and the average social class score was 25 (i.e., semiskilled workers). Twenty-six percent of the offenders lived with neither biological parent. Fifty-six percent were African American, and the remainder were Caucasian.

In a rigorous, controlled evaluation, youth were randomly assigned to receive either MST using family preservation (n = 43) or usual services from the Department of Youth Services (n = 41). These usual services included incarceration and/or referral for mental health, educational, or vocational services. The MST therapists were three master-level counselors with an average of 2 years of experience and caseloads of four families each. The average duration of treatment was 13 weeks. Assessment batteries, composed of standardized measurement instruments, were administered pre- and posttreatment.

Findings indicate that MST, using family preservation, was more effective than usual services at reducing long-term rates of criminal behavior and also considerably less expensive. At the 59-week postreferral followup, youth receiving MST had significantly fewer rearrests (averages = .87 versus 1.52) and weeks incarcerated (averages = 5.8 versus 16.2) than did youth receiving usual services. Results at a 59-week followup are shown in figure 1, with numbers representing the average for each treatment condition. Moreover, standardized evaluations showed that families receiving MST services, compared with offenders receiving

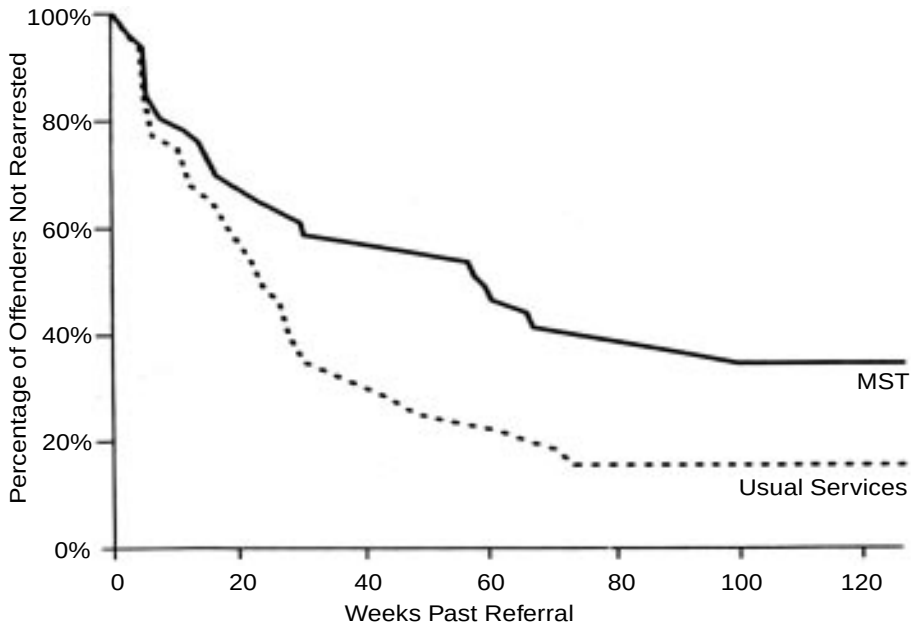
Figure 1: 59-Week Followup



usual services, reported increased family warmth and cohesion and decreased youth aggression with peers. In addition, youth receiving MST reported less criminal activity than their counterparts receiving usual services.

Figure 2 shows that positive results for MST were maintained to a 2.4-year followup. MST essentially doubled the percentage of youth not rearrested at the long-term followup.

Figure 2: Simpsonville, South Carolina, Project: Survival Analysis



The relative efficacy of MST was neither moderated by demographic characteristics—race, age, social class, gender, arrest, and incarceration history—nor mediated by psychosocial variables—family relations, peer relations, social competence, behavior problems, and parental symptomatology. Thus, MST was equally effective with youth and families of divergent backgrounds.

The findings of this evaluation support the short- and long-term efficacy of MST with serious juvenile offenders and their families. In addition, despite its intensity, MST was a relatively inexpensive intervention. With a client-to-therapist ratio of 4 to 1 and a course of treatment lasting 3 months, the cost per client for treatment in the MST group was about $3,500, which compares favorably with the average cost of institutional placement in South Carolina of $17,769 per offender.

Results of the Simpsonville project, combined with other evaluations discussed below, strongly support MST's effectiveness with types of behavior problems that traditionally are regarded as highly resistant to change. MST has proven effective with chronic juvenile offenders and adolescent sexual offenders in studies conducted in Missouri, and abusive and neglectful families and inner-city delinquents in studies conducted in Memphis.

In each of the following additional controlled outcome studies conducted by Henggeler et al., the samples included both genders and high percentages of economically disadvantaged and minority families.

Evaluations of Other MST Programs

Columbia, Missouri

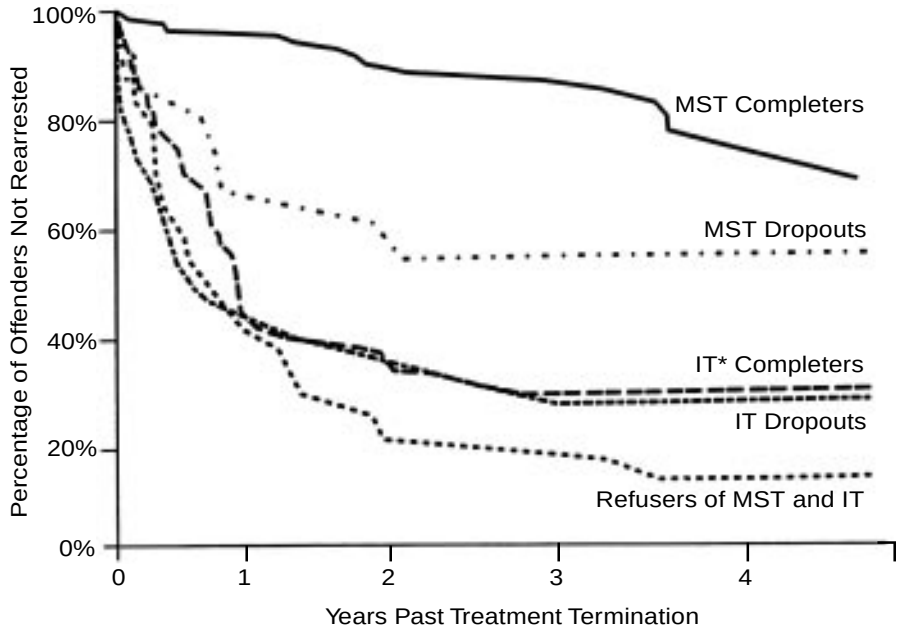
MST With Adolescent Sexual Offenders, 1990. The first controlled outcome evaluation conducted with adolescent sexual offenders to appear in the literature compared MST with individual outpatient counseling. Recidivism data approximately 3 years after treatment showed that significantly fewer participants had been rearrested for sexual crimes (12.5 percent versus 75 percent) and that the frequency of sexual rearrests was significantly lower in the MST condition (average = .12) than in the individual counseling condition (average = 1.62). Moreover, the frequency of rearrest for

nonsexual crimes was greater for adolescents who received individual counseling (average = 2.25) than for the adolescents who received MST (average = .62). Findings from this study should be considered tentative because the sample size was only 16 sexual offenders. A more extensive replication study is currently being prepared in South Carolina.

MST With Chronic Juvenile Offenders, 1995. This study examined the long-term effects of MST versus individual therapy (IT) on the prevention of criminal behavior and violent offending among 176 juvenile offenders at high risk for committing additional serious crimes. Results from multiagent, multimethod assessment batteries conducted pretreatment and posttreatment showed that MST was more effective than IT in improving key family correlates of antisocial behavior and in ameliorating adjustment problems in individual family members.

Moreover, a 4-year followup of rearrest data showed that MST was more effective than IT in preventing future criminal behavior, including violent offending. For example, 4-year recidivism was 22 percent for youth who received MST compared with 72 percent for youth who received IT and 87 percent for youth who refused to participate in either treatment (figure 3).

Figure 3: Columbia, Missouri, Delinquency Project: Survival Analysis



*Individual Therapy

Memphis, Tennessee

MST With Inner-City Juvenile Offenders, 1986. This study evaluated the efficacy of MST compared with usual community treatment for inner-city juvenile offenders and their families. At posttest, the adolescents who received MST evidenced significant decreases in conduct problems, anxious-withdrawn behaviors, immaturity, and association with delinquent peers, based on maternal reports.

Observational measures showed that mother-adolescent and marital relations in these families were significantly warmer, mother-adolescent interactions were less aggressive, mothers' interactions were more supportive, and adolescents were significantly more involved in family interactions. In contrast, families who received usual community treatment evidenced no positive changes and showed deterioration in observed affective family relations.

MST Versus Behavioral Parent Training in the Treatment of Child Abuse and Neglect, 1987. This study randomly assigned abusive families and neglectful families either to MST or behavioral parent training. At posttest, parents who received either treatment showed reduction in emotional distress, overall stress, and severity of identified problems. Analyses of sequential observational measures, however, showed that MST was more effective than parent training at restructuring parent-child relations in those behavior patterns that differentiate maltreating families from nonproblem families.

Following MST, maltreating parents controlled their children's behavior more effectively, maltreated children exhibited less passive noncompliance, and neglecting parents became more responsive to their children's behavior.

Simpsonville, South Carolina, and Columbia, Missouri

The Effects of MST on Substance Use and Abuse in Juvenile Offenders, 1991. Data from two independent evaluations of the efficacy of MST in treating serious juvenile offenders focused specifically on reductions in substance use and abuse. Arrest data in the Missouri project collected for an average of 4 years of posttreatment showed that youth who participated in MST had a significantly lower rate of substance-related arrests than youth who participated in individual counseling (4 percent versus 16 percent). Similarly, in the Simpsonville project, youth in the MST condition reported significantly less soft-drug (alcohol and marijuana) use at posttreatment than did youth who received usual services.

Federally Funded Projects Under Way

Charleston, South Carolina

MST With Substance Abusing/Dependent Delinquents, 1992–1997. This project, funded by the National Institute on Drug Abuse, is evaluating the effectiveness of MST with substance abusing/dependent delinquents and their families in comparison with usual community services. In its fifth year of funding, the project has randomly assigned 118 substance abusing/dependent youth to treatment conditions, and preliminary findings are quite positive. Fully 98 percent of families assigned to the MST condition have completed a full course of treatment, whereas only

22 percent of families assigned to usual services received any substance abuse or mental health services during their first 5 months in the program.

Data analyses show that, in comparison with delinquents and families receiving usual services, youth in the MST condition evidenced decreased substance use at posttreatment and had 26 percent fewer rearrests and a 40-percent reduction in days incarcerated at an approximately 1-year followup.

Moreover, cost analyses have shown that the costs of MST were nearly offset by savings incurred as a result of reductions in days of out-of-home placement during the year following referral.

MST Using Family Preservation as an Alternative to the Hospitalization of Youth Presenting Psychiatric Emergencies, 1994–1999. This NIMH-funded study evaluates MST as a family-based alternative to the costly and clinically unproven practice of hospitalizing youth presenting psychiatric emergencies such as psychosis and threats of suicide and homicide. Community-based emergency psychiatric services are being blended with MST to safely prevent hospitalization and reduce the symptoms and environmental factors precipitating the crisis. Analyses will focus on the clinical- and cost-effectiveness of this blending.

Blending MST With the Community Reinforcement Approach in Treating Substance Abusing Parents of Young Children, 1996–1998. In collaboration with State substance abuse and mental health authorities and funded by the Center for Mental Health Services, the Family Services Research Center is conducting a quasi-experimental evaluation of an innovative treatment and service delivery model targeting substance-abusing parent figures of young children. The treatment service is based on ecological models of behavior and blends crucial components of MST, the community reinforcement approach, and innovations that have occurred at the local level in treating adult substance abusers.

The Charleston Collaborative Project: A Family-Based Approach to the Safe and Efficacious Reunification of Abused and Neglected Children With Their Families, 1996–1997. Several local and State agencies are collaborating to develop effective family-based services for children who have been taken into custody because of abuse or neglect. Funded by the South Carolina Department of Health and Human Services, the Family Services Research Center is conducting a randomized evaluation of the clinical- and cost-effectiveness of these services.

Orangeburg and Spartanburg, South Carolina

MST Using Family Preservation With Serious Juvenile Offenders Living in Rural Areas, 1991–1997. Funded by NIMH, this study examined the effects of MST on treating violent and chronic juvenile offenders and their families in the absence of ongoing treatment fidelity checks. Across two public sector mental health sites, 155 youth and their families were randomly assigned to MST versus usual juvenile justice services. Although MST improved adolescent symptomatology at posttreatment and decreased incarceration by 47 percent at a 1.7-year followup, findings for decreased criminal activity were not as favorable as observed on other recent trials of MST.

However, analyses of parent, adolescent, and therapist reports of MST treatment adherence indicated that outcomes were substantially better in cases where treatment adherence ratings were high. These results, which are expected to be published later this year, highlight the importance of maintaining treatment fidelity when disseminating complex family-based services to community settings.

Sumter, South Carolina

Meeting the Mental Health and Sub stance Abuse Needs of Pregnant Adolescents and Adolescent Parents, 1996–2000. In collaboration with Sumter School District 17 and funded by the Head Start Bureau of the U.S. Department of Health and Human Services Administration on Children, Youth and Families, FSRC is conducting a qualitative and quantitative evaluation of a program of integrated substance abuse, mental health, primary care, and educational/vocational services for pregnant adolescents and adolescent parents.

Conclusion

MST has demonstrated decreased criminal activity and incarceration in studies with violent and chronic juvenile offenders, and results are promising in studies of other populations that present complex clinical problems. The success of MST is based on several factors, including its emphasis on addressing the known causes of delinquency; the provision of treatment services where the problems are—in home, school, and community settings; and a strong focus on issues of treatment adherence and program fidelity.

Recognizing the viability of the MST approach, OJJDP will be funding the University of South Carolina Consortium on Children, Families, and the Law to produce materials that will guide the establishment of supervisory and organizational structures necessary to develop, maintain, and evaluate effective MST programs. The consortium will create startup, supervisory, and organizational manuals and measurement methods that promote MST treatment fidelity, and will establish MST programs in several new sites. This project will help to provide a means for effective, large-scale dissemination and evaluation of the MST model.

For further information about program development, dissemination, and training, contact:

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This Bulletin was written by Scott W. Henggeler, Ph.D., Professor of Psychiatry and Behavioral Sciences and Director of the Family Services Research Center at the Medical University of South Carolina. Dr. Henggeler developed the theoretical rationale and intervention procedures for multisystemic therapy.

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Appendix E

13th District CSU and Richmond DJJS

Graduated Intervention Level System

In collaborative partnership, the Richmond Department of Juvenile Justice Services and the 13th District Court Services Unit has created a Graduated Interventions Level System (GILS) allowing the agencies to sequence clients through services in response to public safety risks and treatment needs. GILS goals are the improved assessment of status offender and delinquent youths' service needs, provision of effective services in the most appropriate setting to meet those needs, and greater agency accountability resulting in decreased delinquency and greater youth success. GILS is designed to provide an assessment driven system of services which addresses the complex service needs of an underserved community and provide the mechanism to overcome the physical barriers associated with dually administered systems. The system is heavily reliant on seamless electronic communication between the court and local service providers.

With a system as large as Richmond with relatively limited resources, it was necessary to develop a process by which each youth is given individual attention and focused accountability for their behavior. Under the GILS system, services are tailored to meet the juvenile's individualized needs. Standardized assessments conducted at the referral stage influences the recommendation for placement in a specific level. Every case is assigned a case manager who is responsible for developing specific service plans, making referrals, insuring services are provided, monitoring the youths' progress and amending the plan based on the juvenile's behavior. Within each level there is access to an array of services with varying degrees of restrictiveness and intensity. Successful participation in services is rewarded by an appropriate lessening of intensity while non-compliance results in an increase. Additional services or changes in the specific service plans can be provided without additional court hearings, thus lessening the docket demands and allowing more court time for each case. Each of the services offered within the level system adheres to the principles of balanced and restorative justice. The juveniles served by GILS range from young people exhibiting status-offending behavior, but have not been formally diverted from the juvenile justice system to serious, chronic youthful offenders.

The partners in this effort are the local court services unit, which is administered by the state Department of Juvenile Justice, RDJJS, a local municipal agency, J&DR Court Judges, the Public Defenders Office, Commonwealth Attorneys Office and a variety of non-profit and faith based agencies who work as contractual service providers.

In Virginia, a current barrier to effective service delivery for delinquent youth has been the relationship between state and local government agencies. This relationship has

historically limited the sharing of data between levels of government and across agencies. Most juvenile court staff and local agencies operate separate networks, maintain separate case files, and operate in separate locations. This fragmentation has hindered effective service delivery and has lead to increased administrative costs at the state and local level. The barriers to sharing client information have also led to duplication of service efforts and gaps in programming.

By partnering with the state Department of Juvenile Justice through technology we have broken new ground in our centrally supervised, locally administered service system. GILS has a heavily reliance on technology to strengthen and expand inter-organizational relationships. The GILS system allows for the automated exchange of information between the state run juvenile court and the local juvenile justice service agency and contractual providers. With state cooperation, we have been able to import information in flat file format from Oracle for baseline data that provided the foundation for a shared GILS interface. The ease of exporting and importing data in SQL Server provides a means to integrate data collection methods, build upon existing relationships, preserve and incorporate existing baseline data insuring reciprocity of effort and allowing all stakeholders to have co-ownership in the process. The multidisciplinary approach to coordinated care at the program level is replicated at the technological level so that all user needs continually assessed and incorporated into the design.

In the past a significant barrier to interagency data sharing has been that no one system addressed both the universal and unique data needs of multidisciplinary providers. Users have varying levels of statutory entitlement to specific data and individual reporting requirements. Independent, stand-alone systems that are incapable of communicating with each other have been developed throughout the state as a stopgap measures. GILS potentially offers a long-term solution by creating secure, table level access to specific information at specific points in the treatment process. Access to the system is closely monitored with security of records as the highest priority. Firewall security restricts non-internal access to the City's Intranet. Users are able to query specific data sets that can be imported or viewed via customized front-end objects, allowing them to sort, format, import, and report data according to their specifications. Authorization to view specific data sets is limited by need and statutory parameters. SQL Server roles have been established with six specific levels of access. Each level is granted a specified set of permissions to specific tables and stored procedures. This approach allows for controlled, secure access that can be carefully monitored and easily administrated.

Currently the CSU and RDJJS are able to electronically share basic family and youth information, referral requests and service notes and progress reports. This information allows us to track a client's service path and movement towards attainment of treatment goals. We also plan to incorporate the automated transfer of client assessment and service planning in the next six months.

The GILS database was specifically designed to compliment and support its programmatic goals. The City of Richmond's automated GILS recently received the 2004 second place digital government achievement award in the Center for Digital Government's national competition, government to government category.

Appendix F

Program Director Survey

YJO Program Director Survey

Section I – Program Description and Activity

Questions	Answers
1. Please describe, briefly, how the Young Juvenile Offender Grant Initiative is being implemented at your site, including: • How do youth enter the program? • What is the assessment process? • How is the assessment used? • How are youth placed into services? • Is there an aftercare component? • If significant changes have occurred since the program began, please explain them.	
2. When did operations begin (i.e., when did you begin serving youth)? When did you begin assessing youth using the Oregon Assessment Tool?	Date operations began: _____ Date assessments began: _____
3. What are the specific criteria you use to determine a youth's eligibility for YJO assessment and services?	
4. Have the criteria changed since the program was first implemented? If so, what were the changes and why were they made?	Yes ____ No____ If Yes, what changes and why:
5. How are eligible youth referred for YJO assessment and services? Are all youth in your area who meet your YJO eligibility criteria referred for an assessment and/or services? If not, who makes the original referral for a youth to be assessed?	

Section I – Program Description and Activity (continued)

Questions	Answers
6. Has the referral process changed in any way since the program was first implemented? If so, what were the changes and why were they made?	Yes ____ No____ If Yes, what changes and why:
7. Does the YJO assessment result in a recommendation for specific services? If so, how often does the court follow recommendations?	Yes ____ No____ Always____ Most of the time_____ Some of the time____ Seldom____ Never_____
8. What agency conducts the YJO assessments (using the Oregon Assessment Tool)?	
9. How many young juvenile offenders has your program assessed (using the Oregon Assessment Tool) since the program began? How many have received services?	Number assessed: ___ Number received services: ___
10. What types of services are provided to youth involved in your YJO program? How many youth have been placed into each service type?	
11. Does the agency conducting the YJO assessments also provide all or a majority of the YJO services?	Yes ____ No____
12. Please indicate how many youth have received the Oregon Assessment Tool (the Initial Screen, Interim Review, and Service Tracking Forms), and how many have indicated their consent to participate in the evaluation, since your program began.	Total Youth Signed Consent Form Initial Screen _____ _____ Interim Review _____ _____ Service Tracking _____ _____ This information is accurate as of this date: _____

Section II – Program Barriers, Director's Opinions

Responses to items in Section II will be viewed by evaluation staff only, and will not be attributed to you, your program, or your program site.

Questions	Answers
13. What barriers or difficulties have you experienced in implementing your YJO program? (be specific)	
14. Have you communicated with other YJO sites to discuss problems and solutions in implementing your YJO program? If not, why not? If so, what were the results?	Yes ____ No____ Please explain
15. Can you identify any problems in cooperation and communication you have had with local or state agencies (*including DCJS*) in implementing your YJO program? If so, please explain.	Yes ____ No____ If Yes, please explain:
16. Has the statewide evaluation of the Young Juvenile Offender Grant Initiative negatively (or positively) impacted the implementation of your YJO program? Please explain.	Yes ____ No____ If Yes, please explain:

Section II – Program Barriers, Director's Opinions (continued)

Responses to items in Section II will be viewed by evaluation staff only, and will not be attributed to you, your program, or your program site

Questions	Answers
17. What changes, if any, would you make to the statewide Young Juvenile Offender Grant Initiative? (be specific)	
18. What have been the most significant benefits you have seen as a result of your YJO program? Please consider both the benefits to the youth and family, and to the overall system. Have there been any detriments as a result of your YJO program?	
19. Do you have any additional comments for either the evaluation, or for DCJS Juvenile Services?	

Appendix G

Phone Interview Questions

YJO Phone Interview –
Follow-up to YJO Director Survey

Interview Questions

1. What localities are served by your YJO program?

2. Was your site ready to serve youth immediately, once the grant period began, or did you need to develop and implement a new system or new services before you could begin serving youth?

3. How did you determine your site's need to implement a program targeting offenders under the age of 14?

4. What steps were taken to implement the YJO initiative?
    a. How was the Oregon Assessment Tool selected?
    b. How did your site determine who would be in charge?
    c. Was an interdisciplinary team established to make placement decisions?

5. What types of barriers or problems did you encounter during the initial stages of implementation?
    a. How did these factors impact the program?
    b. How have you responded to those barriers?

6. I know you answered questions about the referral process on the survey, and you probably feel that it has been well covered. But every site is doing things a little differently and it's important that I clarify those differences. Please walk me through the process in which a youth is referred to the YJO program, from offense to program participation.
    a. Are the youth in your program on probation while they are participating? Are they released from probation upon successful completion of the program?
    b. Is every single youth meeting your identified criteria referred for assessment using the OJCP tool, or does someone (such as an intake officer or judge) make a decision that a given youth who meets the criteria is appropriate for the program, while another youth meeting the criteria isn't? If the latter, how is such a decision made?
    c. Are any follow-up or aftercare services are available after the youth has completed the program services (including program linkages and referrals)?
        i. Do youth remain on probation services?
        ii. Is there any active case management/supervision, regardless of whether it is explicitly called YJO?

7. What is the relationship between your YJO program and the court? For example, does the court order a youth into the broad category of "the YJO program,"

requiring the youth and family to complete whatever requirements the program sets? Does the court ask for (or receive without specifically asking) a report explaining the results of the assessment and recommendations for services/sanctions? Does the court place the youth into a specific service, which simply happens to be your locality's YJO program?

8. Has your site created an integrated system of service delivery?
    a. For example, is there a single individual or team that knows all of the services that a youth is receiving, and how those services are working together?
        i. If so, what is the relationship between that person/team and the youth's services? Can that person/team change the youth's services?
    b. If you have an integrated system, was it created as part of the YJO initiative, or was it already in existence?

9. In your survey response, you listed the following services available to youth in your program: [varies]
    a. Are these all YJO-funded services?
    b. Are other services also available?
    c. Do you have one or two specific services that are considered the "YJO Program?"
    d. Do these services represent a system of graduated sanctions and services?
    e. Do any of these services focus on parental/family participation?
    f. Do these services cover all the systematic areas of juvenile justice, mental health, social services, child protective services, child welfare, health, and education?

10. Do you use risk and protective factors to make placement decisions?

11. What instruments do you use in conducting assessments of youth in your program?
    a. Did you have an objective assessment process prior to participating in the YJO Initiative?
    b. How do you use each assessment tool?
    c. Is this information entered into an electronic information system? (even something as simple as a spreadsheet)

12. With regard to the Oregon Assessment Tool, what sources do you typically use to gather information necessary to complete the form?
    a. What is your procedure for obtaining participants' consent to participate in the YJO evaluation?

13. What agencies are involved in your YJO program?
    a. What is the extent of their involvement? (That is, did they just sign a letter of support, do they provide referrals, are they involved in the day-to-day operations, etc.)

b. What kinds of information-sharing occurs between participating agencies? Has there been any difficulty obtaining desired/necessary information?
c. Are there any shared resources among the participating agencies? (staff, matching funds, in-kind support, etc.)

14. Have you been satisfied with interagency collaboration in your YJO program?
    a. Has interagency collaboration improved since implementing the YJO program?
    b. Have you taken steps to improve collaboration (or to maintain it, if was already at a high level)?

15. Have you encountered difficulties/barriers to client participation, such as transportation or child care?
    a. What are these barriers?
    b. Have you been able to address these barriers?

16. What are your program's operational costs?
    a. In addition to the YJO grant funds, what other funding sources are used to fund your program?
    b. At this time, is funding planned for the continuation of the program after the grant expires?

17. Who are the individuals (by position, not name) involved in the implementation and operation of the YJO program?
    a. What is the level of training/education/expertise of those individuals?
    b. What is the level of training/education/expertise of the individuals completing the Oregon Assessment Tool?
    c. What training has the staff received with regard to implementing the YJO program?
    d. How much staff turnover have you had since the program began?

18. What is your program's capacity?

19. How long do youth tend to stay in your program?

20. Have you determined risk levels for your program?

Appendix H

Probation Officer Interview Tool

Probation Officer Interview Tool

1. Please walk me through the process in which a youth is referred to the YJO program, from offense to program participation.

    a. How do you identify a youth for referral to the YJO program?

    b. Are the youth in your program on probation while they are participating?

    c. Do you provide any case management or supervision services to youth in the YJO program?

    d. Are any follow-up or aftercare services are available after the youth has completed the program services (including program linkages and referrals)?

    e. Do youth remain on probation services?

2. Do CSU staff (and the court) tend to think of this as the "YJO program", or do you think of it in terms of the individual services provided?

3. Has your site created an integrated system of service delivery?

    a. If you have an integrated system, was it created as part of the YJO initiative, or was it already in existence?

4. What other programs are available for these youth?

    a. Has it been difficult getting offenders under 14 into these programs (both before and after YJO program started)?

    b. Do these services represent a system of graduated sanctions and services?

5. Have you been satisfied with interagency collaboration in your YJO program?

    a. Has interagency collaboration improved since implementing the YJO program?

6. Have you encountered difficulties/barriers in implementing the YJO program?

Appendix I

OJCP-Va. Initial Screen

OREGON JCP SCREEN/ASSESSMENT TOOL - VIRGINIA VERSION
INITIAL SCREEN

PART I: YOUTH BACKGROUND INFORMATION

Note: All items in Part I are REQUIRED information. If information is missing, write UNKNOWN in the space available.

Youth ID (SS#)		JTS#			Youth's Last Name	Youth's First Name	Middle Initial
Male	Female	Mo	Day	Year			
Gender		Date of Birth			County of Jurisdiction	FIPS Code	Zip Code

Assessment Date: ___/___/____ Assessor's Name: _____ Date of Referral for Services: ___/___/____

Has Informed Consent form been signed? ❑ Yes ❑ No

Youth being assessed is:
❑ Young Juvenile Offender (Youth under the age of 14)
❑ Sibling of a Young Juvenile Offender
❑ Non-Young Juvenile Offender

Offense Information

Intake Offenses VCC	Counts	*Adjudicated Offenses(Guilty)* VCC	Counts
_____-_____-____	____	_____-_____-____	____
_____-_____-____	____	_____-_____-____	____
_____-_____-____	____	_____-_____-____	____
_____-_____-____	____	_____-_____-____	____
_____-_____-____	____	_____-_____-____	____

Total number of guilty adjudications in any court: *Felony___ Misdemeanor___ Other___*

PRIMARY PRESENTING BEHAVIOR *(select one)*

❑ Poor academic performance
❑ School behavior issues
❑ School suspension
❑ Truancy/attendance
❑ Other school issue
❑ Negative peer influences
❑ Victim of peer harassment/abuse
❑ Other peer issue
❑ Aggressive behavior
❑ Disruptive behavior
❑ Fighting
❑ Fire setting
❑ Possession of a weapon
❑ Pre-gang or gang involvement
❑ Running away
❑ Sexual harassment/acting out
❑ Theft or stealing
❑ Vandalism
❑ Other behavior issue
❑ Family conflict
❑ Homeless
❑ Out-of-home placement
❑ Pregnant
❑ Victim of abuse
❑ Substance use
❑ Mental health issue
❑ Social isolation
❑ Suicide attempt
❑ Other issue

Comments:

1.0 LANGUAGE AND CULTURE

Before conducting the assessment, complete this section to help determine if the youth or family needs an interpreter. If either is not proficient in English, please stop the assessment and continue when an interpreter or individual proficient in the youth's or family's language is available.

1.1 Is English the youth's primary language?

❑ Yes ❑ No

1.2 Which of the following best describes the youth's understanding of English?

❑ Poor ❑ Fair ❑ Very Good

1.3 If youth's primary language is not English, what is it? ***(select only one)***

❑ Chinese (Mandarin)
❑ Hmong
❑ Russian
❑ Spanish
❑ Vietnamese
❑ Other non-English (Specify): _____

1.4 What is the youth's primary race, ethnicity or cultural heritage? ***(select only one)***

❑ Black or African-American
❑ White or Caucasian
❑ Asian
❑ Chinese
❑ Indian
❑ Japanese
❑ Korean
❑ Vietnamese
❑ Native American/Alaskan Native
❑ Native Hawaiian/Pacific Islander
❑ Hispanic/Latino
❑ Mexican
❑ Other (*Specify*: _____)
❑ Race/Ethnicity Not Reported
❑ Multi-racial

Comments:

PART II: INDICATORS

2.0 SCHOOL ISSUES

		Yes / More Info Needed / No	Score
PF2.1	**Significant school attachment/commitment** *(has significant attachments, beliefs, commitment and/or involvement with his/her school; motivated to do well in school)*	❑ ❑ ❑	
R2.2	**Academic failure** *(recently failed or currently failing two or more classes; not meeting minimal academic standards; not performing at grade level appropriate to youth's age)*	O ❑ ❑	
R2.3	**Chronic truancy** *(skips school at least once a week, or has more than four unexcused absences in past month)*	O ❑ ❑	
R2.4	**School dropout** *(has stopped attending school or is not enrolled. Do not count if graduated, completed/working on GED, or attending alternative education/trade program)*	O ❑ ❑	
R2.5	**Suspension(s) or expulsion(s) from school during past 6 months**	O ❑ ❑	
C2.6	**Suspension(s) or expulsion(s) from school during past month** *(answer is "NO" if R2.5 is "NO")*	❑ ❑ ❑	
PF2.7	**Family actively involved in helping youth succeed in school** *(helps with homework, provides transportation to school, talks with teachers, etc.)*	❑ ❑ ❑	

COMMENTS

**Some of these items may not be applicable if youth has graduated from high school or has completed, or is currently working on, a GED. If youth is being assessed during the summer, code the last regular semester and use the last month of school for the "past month" questions*

3.0 PEER RELATIONSHIPS

Note: Protective factors (PF3.1 and PF3.4) require that the youth have *more than one friend* meeting the criteria.
Risk factors (R3.2 and R3.3) require that the youth have *one or more friends* meeting the criteria.

		Yes / More Info Needed / No	Score
PF3.1	**Friends disapprove of unlawful behavior** *(associates on a regular basis with friends [more than one] who disapprove of unlawful acts such as stealing, physically hurting others, vandalism, etc.)*	❑ ❑ ❑	
R3.2	**Friends engage in unlawful or serious acting-out behavior ▲** *(associates with at least one friend who commits criminal offenses or engages in serious acting-out behavior such as status offenses, getting into fights, or being significantly disruptive in school)*	O ❑ ❑	
R3.3	**Youth has friends who have been suspended, expelled, or dropped out of school** *(associates with at least one friend who has been suspended, expelled, or dropped out of school)*	O ❑ ❑	
PF3.4	**Youth has friends who are academic achievers** *(has friendships/meaningful acquaintances with more than one other youth achieving academic excellence)*	❑ ❑ ❑	
COMMENTS:			

4.0 BEHAVIOR ISSUES

		Yes / More Info Needed / No	Score
R4.1	**Chronic aggressive, disruptive behavior at school starting <u>before age 13</u>** *(stealing, fighting, bullying, threatening, shunning, starting rumors/malicious gossiping)*	O ❑ ❑	
C4.2	**Chronic aggressive, disruptive behavior at school during past month** *(stealing, fighting, bullying, threatening, shunning, starting rumors/malicious gossiping)*	❑ ❑ ❑	
R4.3	**Three or more referrals for criminal offenses** *(misdemeanor or felony charges, such as burglary, theft, assault, vandalism. Exclude curfew, truancy, running away, incorrigibility, technical probation violations, violations of local ordinances and infractions)*	O ❑ ❑	
R4.4	**Referred for a criminal offense at age <u>13 or younger</u>** *(misdemeanor or felony charges excluding curfew, truancy, running away, incorrigibility, technical probation violations, violations of local ordinances and infractions)* ◄	O ❑ ❑	
PF4.5	**Involved in constructive extra-curricular activities** (*sports, clubs, student or religious groups, practice of music, theater, or other arts*)	❑ ❑ ❑	
R4.6	**Chronic runaway history** *(has recent or past chronic runaway history involving an extended period [1 week or more] or repeated [3 or more] short episodes [1 to 3 days])*	O ❑ ❑	
C4.7	**Recent runaway** *(in past month, youth has run away)*	❑ ❑ ❑	
R4.8	**Behavior hurts others or puts them in danger *(check if has been true at any time in the past)*** *(limit to physical harm or threats; e.g., carried weapon, physically attacked someone with the idea of seriously hurting him/her, sexually assaulted someone, drove under the influence of drugs/alcohol)* ◄▲	O ❑ ❑	
C4.9	**In the past month, youth's behavior has hurt others or put them in danger** *(Answer should be "NO" if response to 4.8 is "NO")*	❑ ❑ ❑	
R4.10	**Behavior hurts youth or puts her/him in danger** *(check if has been true at any time in the past) (limit to physical harm or threat of harm; e.g., attempted suicide, riding in a vehicle with a teenage driver who had been drinking or using drugs, taking other excessive risks)*	O ❑ ❑	
C4.11	**In the past month, youth's behavior has hurt or put her/him in danger** *(Answer should be "NO" if response to R4.10 is "NO")*	❑ ❑ ❑	
COMMENTS:			

5.0 FAMILY FUNCTIONING

		Yes / More Info Needed / No	Score
PF5.1	**Communicates effectively with family members** *(shared communication is both verbal and nonverbal and includes establishing and maintaining healthy relationship boundaries)*	❑ ❑ ❑	
R5.2	**Poor family supervision and control** *(family does not know where the youth goes, what he or she does or with whom, and has little or no influence in such matters)*	*O* ❑ ❑	
R5.3	**Serious family conflicts** *(people in youth's family often yell at and insult each other, in ways that make the youth uncomfortable or unhappy)*	*O* ❑ ❑	
R5.4	**History of reported child abuse/neglect or domestic violence**	*O* ❑ ❑	
C5.5	**Child abuse/neglect or domestic violence reported during past month**	❑ ❑ ❑	
R5.6	**Criminal family members** *(family member or someone in youth's household has history of criminal behavior that is having an impact on youth's current behavior)*	*O* ❑ ❑	
R5.7	**Substance-abusing family member** *(family member or someone in youth's household has a history of substance abuse and drug-related behavior that is having an impact on youth's current behavior)*	*O* ❑ ❑	
R5.8	**Family trauma/disruption during past 12 months** *(youth's family has experienced separation/divorce, moving more than once, inadequate finances to meet basic needs [job loss, disability, chronic unemployment, homelessness], prolonged or life-threatening illness, death, abandonment)*	*O* ❑ ❑	
C5.9	**This question on Interim Review only**		
PF5.10	**Has close, positive, supportive relationships with at least one family member** *(at least one family member has a supportive relationship with the youth, encourages the youth, and provides recognition for achievements)*	❑ ❑ ❑	
COMMENTS:			

6.0 SUBSTANCE USE

		Yes / More Info Needed / No	Score
R6.1	**Substance use beyond experimental use** *(uses multiple drugs [or combinations of drugs], uses alcohol/drugs regularly)*	*O* ❑ ❑	
R6.2	**Current substance use is causing problems in youth's life** *(youth is having problems with school, the law, family, friends or community related to alcohol/drug use)*	*O* ❑ ❑	
R6.3	**Substance use began at age 13 or younger** *(began use of alcohol or other drugs, or regular use of tobacco, at age 13 or younger)* ◄	*O* ❑ ❑	
R6.4	**Youth has been high or drunk at school any time in the past**	*O* ❑ ❑	
C6.5	**Youth has been high or drunk at school in the past month**	❑ ❑ ❑	
PF6.6	**Caretakers free of substance-abusing behavior during past three years** *(youth is currently living with parents/guardians who have not abused alcohol or other drugs in the past 3 years)*	❑ ❑ ❑	
PC6.7	**Caretakers free of substance-abusing behavior during past month**	❑ ❑ ❑	
COMMENTS:			

7.0 OTHER ISSUES FOR CASE PLANNING

		Yes / More Info Needed / No	Score
PF7.1	**Lives in low crime and/or stable, supportive neighborhood** *(youth perceives neighborhood as friendly, stable, supportive, law-abiding, and/or neighborhood has low crime rate)*	❑ ❑ ❑	
PF7.2	**There is an adult in youth's life (other than a parent/guardian) that he/she can talk to** *(youth reports having good conversations or connections with an adult, other than a parent, within the last month)*	❑ ❑ ❑	
7.3	**Anti-social thinking, attitudes, values, or beliefs** *(attitudes or values which are accepting of delinquent behavior, drug use, or violence)*	❑ ❑ ❑	
7.4	**Harms or injures animals** *(Current or past behavior)*	❑ ❑ ❑	
7.5	**Diagnosed learning disability** *(at any time in youth's history; Specify type in Comments section below)*	❑ ❑ ❑	
7.6	**A pattern of impulsivity combined with aggressive behavior toward others at home, school, and/or in the community** *(e.g., a youth who has a pattern of reacting to perceived slights or threats from other youth by starting a fight).*	❑ ❑ ❑	
7.7	**Has history of setting fires** *(at any time in youth's history)*	❑ ❑ ❑	
7.8	**Preoccupation with or use of weapons** *(include if referred for offense involving use of weapon, or if youth or parent/guardian reports preoccupation with or use of weapons)*	❑ ❑ ❑	
7.9	**Chronic, aggressive, disruptive behavior in home and/or community starting <u>before age 13</u>** *(stealing, fighting, bullying, threatening, shunning, starting rumors/malicious gossiping)*	❑ ❑ ❑	
7.10	**History of delinquent behavior or status offense, NOT including current incident, not previously brought to the attention of the juvenile justice system**	❑ ❑ ❑	
7.11	**History of out-of-home placements *(including detention center, correctional center, boot camp, group home, residential treatment center, foster care, hospital, therapeutic foster care, or other)*** *(specify type of placement in Comments section below)*	❑ ❑ ❑	
7.12	**Parent/caregiver is able to establish rules, enforce limits, and follow through with consequences**	❑ ❑ ❑	
COMMENTS:			

8.0 MENTAL HEALTH INDICATORS *(Youth with multiple mental health indicators are at increased risk of offending. Consider additional mental health assessment and/or services and supervision for these youth.)*

		Yes / More Info Needed / No	Score
8.1	**Suicidal thoughts or attempts** ***(currently or any time in the past)***	❑ ❑ ❑	
8.2	**Depressed or withdrawn** ***(currently or any time in the past)***	❑ ❑ ❑	
8.3	**Difficulty sleeping or eating problems** ***(currently or any time in the past)***	❑ ❑ ❑	
8.4	**Hallucinating, delusional, or out of touch with reality - while not on drugs or alcohol (*currently or any time in the past)***	❑ ❑ ❑	
8.5	**Social isolation – youth is on the fringe of his/her peer group with few or no close friends ▲**	❑ ❑ ❑	
8.6	**Concrete evidence of cognitive difficulty, including mental retardation and/or brain injury**	❑ ❑ ❑	
8.7	**Diagnosed serious emotional disorder** *(List all disorders in the Comments section below)*	❑ ❑ ❑	
8.8	**Persistent pattern of oppositional defiant behavior and chronic noncompliance with parent(s) and/or other adult authority figures at home, school, and/or in the community**	❑ ❑ ❑	

COMMENTS:

PART III: SOURCES OF INFORMATION AND ADDITIONAL ASSESSMENTS INDICATED

9.0 SOURCES USED FOR GATHERING INFORMATION ON THIS ASSESSMENT

(Check all that apply)

- ❑ Youth
- ❑ Parent/guardian/foster parent
- ❑ Sibling
- ❑ Other family member (*Specify:* _____)
- ❑ Police report
- ❑ Juvenile record
- ❑ Juvenile department staff
- ❑ School record
- ❑ School staff
- ❑ Social service agency record
- ❑ Social service agency staff
- ❑ Mental health/substance abuse/mental retardation records (public or private)
- ❑ Mental health/substance abuse/mental retardation staff (public or private)
- ❑ Other (*Specify:* _____)

10.0 OTHER SCREENS/ASSESSMENTS CONDUCTED

(Check all that apply)

	Month and year conducted (example: 06/93)
❑ Alcohol/other drug	__ __ / __ __
❑ Culturally-specific	__ __ / __ __
❑ Developmental (MRDD)	__ __ / __ __
❑ Educational	__ __ / __ __
❑ Family	__ __ / __ __
❑ Firesetter	__ __ / __ __
❑ Gender-specific	__ __ / __ __
❑ Language proficiency test	__ __ / __ __
❑ Mental health	__ __ / __ __
❑ Strength-based	__ __ / __ __
❑ Suicide screen	__ __ / __ __
❑ Violence	__ __ / __ __
❑ Vocational	__ __ / __ __
❑ Individualized Education Plan (IEP)	__ __ / __ __
❑ Diagnosed learning disabled	__ __ / __ __
❑ Sex offender	__ __ / __ __
❑ Other (*Specify*: _____)	__ __ / __ __

11.0 ADDITIONAL SCREENINGS AND ASSESSMENTS INDICATED

(Check all that apply)

- ❑ Alcohol/Other Drug
- ❑ Culturally-specific
- ❑ Developmental (MRDD)
- ❑ Educational
- ❑ Family
- ❑ Firesetter
- ❑ Gender-specific
- ❑ Language Proficiency Test
- ❑ Mental Health
- ❑ Violence
- ❑ Vocational
- ❑ Individualized Education Plan (IEP)
- ❑ Sex Offender
- ❑ Other (*Specify*: _____)

PART IV: SCORING AND CLASSIFICATION

12.0 TOTALS *(After entry into the database, these totals will be calculated automatically)*

12.1 Total Risk Domains _____
Count number of risk domains with one or more R's checked "YES" (maximum of 5)

12.2 Total Risk Indicators _____
Count R's (circles) checked "YES" in ***unshaded boxes only)*** (maximum of 22)

12.3 Total Protective Factors _____
Count PF's (squares) checked "YES" in ***unshaded boxes only*** (maximum of 10)

12.4 Total Mental Health Indicators _____
Count number of items checked in Section 8 (maximum of 8)

12.5 Is there at least one violence indicator? ❑ Yes ❑ No

*(Check if R4.8 is yes; **or** if age 6 to 11 and R4.4, or R6.3 is yes; **or** if age 12 to 14 and R3.2 or 8.5 is yes)*

▲ = indicators related to risk for serious/violent behavior for youth ages 12 and over. (R3.2, R4.8, and 8.5)

◄ = indicators related to risk for serious/violent behavior for youth ages 6 to 11 (R4.4, R4.8, and R6.3)

13.0 CLASSIFICATION

13.1 Locally determined risk category

- ❑ Low
- ❑ Medium
- ❑ High

13.2 Is a change being made to the risk category?

- ❑ Yes
- ❑ No

13.3 If change is made to risk category, what is revised risk level?

- ❑ Low
- ❑ Medium
- ❑ High

13.4 Reason for change to risk category

- ❑ Sex offender
- ❑ Domestic violence present in home
- ❑ Fire setting
- ❑ Violent offender
- ❑ Protective factors
- ❑ Other (*Specify*: _____)

13.5 Is youth appropriate for this program? ❑ Yes ❑ No

13.6 If youth is NOT appropriate for this program, please indicate why.

❑ Disability such that the youth is not appropriate for juvenile justice services and has been referred out
❑ Other reason (*Specify*: _____
_____
_____
_____)

14.0 REFERRAL INFORMATION

Referred to: _____

Reason for referral: _____

Appointment date: _____

Referred to: _____

Reason for referral: _____

Appointment date: _____

Referred to: _____

Reason for referral: _____

Appointment date: _____

Referred to: _____

Reason for referral: _____

Appointment date: _____

Appendix J

OCJP-Va. Interim Review

OREGON JCP SCREEN/ASSESSMENT TOOL – VIRGINIA VERSION
INTERIM REVIEW

PART I: YOUTH BACKGROUND AND PROGRAM INFORMATION

Youth ID (SS#)	JTS#	Youth's Last Name	Youth's First Name	Middle Initial
Mo / Day / Year Date of Interim Review	Assessor's Name	Zip Code		

PRIMARY PRESENTING BEHAVIOR *(select one)*

- ❑ Poor academic performance
- ❑ School behavior issues
- ❑ School suspension
- ❑ Truancy/attendance
- ❑ Other school issue
- ❑ Negative peer influences
- ❑ Victim of peer harassment/abuse
- ❑ Other peer issue
- ❑ Aggressive behavior
- ❑ Disruptive behavior
- ❑ Fighting
- ❑ Fire setting
- ❑ Possession of a weapon
- ❑ Pre-gang or gang involvement
- ❑ Running away
- ❑ Sexual harassment/acting out
- ❑ Theft or stealing
- ❑ Vandalism
- ❑ Other behavior issue
- ❑ Family conflict
- ❑ Homeless
- ❑ Out-of-home placement
- ❑ Pregnant
- ❑ Victim of abuse
- ❑ Substance use
- ❑ Mental health issue
- ❑ Social isolation
- ❑ Suicide attempt
- ❑ Other issue

Offense Information

If the youth has been referred to intake for new charges, or if the youth has been adjudicated guilty of any offenses, since the last assessment, include them here.

Intake Offenses VCC	Counts	*Adjudicated Offenses (Guilty)* VCC	Counts
_____-_____-____	____	_____-_____-____	____
_____-_____-____	____	_____-_____-____	____
_____-_____-____	____	_____-_____-____	____
_____-_____-____	____	_____-_____-____	____
_____-_____-____	____	_____-_____-____	____

PROGRAM SERVICES *(enter up to four service types the youth has received since the last screen/assessment was completed)*

1. _____
2. _____
3. _____
4. _____

1.0 YJO PROGRAM INFORMATION

1.1 Program Start Date _____

1.2 Program Termination or Closed Date _____

1.3 Program Status at Time of Interim Review *(select one)*

- ❑ Still active at time of review
- ❑ Inactive at time of review
- ❑ Terminated at time of review
- ❑ Unable to contact youth or family
- ❑ Youth or parent refused/declined participation
- ❑ No show – youth or family did not show up for service
- ❑ Appropriate services not available
- ❑ Other (*Specify:* _____)

1.4 If youth is inactive or terminated at time of Interim Review, did he/she complete the program requirements? *(select one)*

- ❑ Yes, generally completed program requirements
- ❑ No, did not complete program requirements
- ❑ Don't know

1.5 What risk areas were targeted by the service plan during the review period? *(check all that apply)*

- ❑ School Issues
- ❑ Peer Relationships
- ❑ Anti-social Behavior
- ❑ Family Functioning
- ❑ Substance Use
- ❑ All of the Above
- ❑ Not Specified
- ❑ Unknown
- ❑ Other (*Specify:* _____)

1.6 What services were provided during the review period to reduce youth's identified risk factors? *(Check all that apply)*

- ❑ Direct interventions *(i.e., services to increase school success, decrease acting out or delinquent behaviors, reduce substance use, improve family functioning, and/or increase positive peer associations)*
- ❑ Case management or case coordination services *(include multi-agency service teams)*
- ❑ Support services *(include basic needs, childcare, health, housing, recreation, transportation, etc.)*
- ❑ Other (*Specify:* _____

PART II: INDICATORS

2.0 SCHOOL ISSUES

		Yes / More Info Needed / No	Score
PF2.1	**Significant school attachment/commitment** *(has significant attachments, beliefs, commitment and/or involvement with his/her school; motivated to do well in school)*	❑ ❑ ❑	
R2.2	**Academic failure** *(recently failed or currently failing two or more classes; not meeting minimal academic standards; not performing at grade level appropriate to youth's age).*	*o* ❑ ❑	
R2.3	**Chronic truancy** *(skips school at least once a week, or has more than four unexcused absences in past month)*	*o* ❑ ❑	
R2.4	**School dropout** *(has stopped attending school or is not enrolled. Do not count if graduated, completed/working on GED, or attending alternative education/trade program)*	*o* ❑ ❑	
R2.5	**This question on Initial Screen only**		
C2.6	**Suspension(s) or expulsion(s) from school during past month**	*o* ❑ ❑	
PF2.7	**Family actively involved in helping youth succeed in school** *(helps with homework, provides transportation to school, talks with teachers, etc.)*	❑ ❑ ❑	
COMMENTS			

Some of these items may not be applicable if youth has graduated from high school or has completed, or is currently working on, a GED.* ***If youth is being assessed during the summer, code the last regular semester and use the last month of school for the "past month" questions.*

3.0 PEER RELATIONSHIPS

Note: Protective factors (PF3.1 and PF3.4) require that the youth have *more than one friend* meeting the criteria.
Risk factors (R3.2 and R3.3) require that the youth have *one or more friends* meeting the criteria.

		Yes / More Info Needed / No	Score
PF3.1	**Friends disapprove of unlawful behavior** *(associates on a regular basis with friends [more than one] who disapprove of unlawful acts such as stealing, physically hurting others, vandalism, etc.)*	❑ ❑ ❑	
R3.2	**Friends engage in unlawful or serious acting-out behavior** *(associates with at least one friend who commits criminal offenses or engages in serious acting-out behavior such as status offenses, getting into fights, or being significantly disruptive in school)*	**O** ❑ ❑	
R3.3	**Youth has friends who have been suspended, expelled, or dropped out of school** *(associates with at least one friend who has been suspended, expelled, or dropped out of school)*	**O** ❑ ❑	
PF3.4	**Youth has friends who are academic achievers** *(has friendships and/or meaningful acquaintances with more than one other youth achieving academic excellence)*	❑ ❑ ❑	
COMMENTS:			

4.0 BEHAVIOR ISSUES

		Yes / No / More Info Needed	Score
R4.1	**This question on Initial Screen only**		
C4.2	**Chronic aggressive, disruptive behavior at school during past month** *(stealing, fighting, bullying, threatening, shunning, starting rumors/malicious gossiping)*	*O* ❑ ❑	
R4.3	**This question on Initial Screen only**		
R4.4	**This question on Initial Screen only**		
PF4.5	**Involved in constructive extra-curricular activities** (*sports, clubs, student or religious groups, practice of music, theater, or other arts*)	❑ ❑ ❑	
R4.6	**This question on Initial Screen only**		
C4.7	**Recent runaway** *(in past month, youth has run away)*	*O* ❑ ❑	
R4.8	**This question on Initial Screen only**		
C4.9	**In the past month, youth's behavior has hurt others or put them in danger** *(limit to physical harm or threats; e.g., carried weapon, physically attacked someone with the idea of seriously hurting him/her, sexually assaulted someone, drove under the influence of drugs/alcohol)*	*O* ❑ ❑	
R4.10	**This question on Initial Screen only**		
C4.11	**In the past month, youth's behavior has hurt or put him/her in danger** *(limit to physical harm or threat of harm; e.g., attempted suicide, riding in a vehicle with a teenage driver who had been drinking or using drugs, taking other excessive risks)*	*O* ❑ ❑	
COMMENTS:			

5.0 FAMILY FUNCTIONING

		Yes / More Info Needed / No	Score
PF5.1	**Communicates effectively with family members** *(shared communication is both verbal and nonverbal and includes establishing and maintaining healthy relationship boundaries)*	❑ ❑ ❑	
R5.2	**Poor family supervision and control** *(family does not know where the youth goes, what he or she does or with whom, and has little or no influence in such matters)*	*O* ❑ ❑	
R5.3	**Serious family conflicts** *(people in youth's family often yell at and insult each other, in ways that make the youth uncomfortable or unhappy)*	*O* ❑ ❑	
R5.4	**This question on Initial Screen only**		
C5.5	**Child abuse/neglect or domestic violence reported during past month**	*O* ❑ ❑	
R5.6	**Criminal family members** *(family member or someone in youth's household has history of criminal behavior that is having an impact on youth's current behavior)*	*O* ❑ ❑	
R5.7	**Substance-abusing family member** *(one or more family members have a history of substance abuse and drug-related behavior that is having an impact on youth's current behavior)*	*O* ❑ ❑	
R5.8	**This question on Initial Screen only**		
C5.9	**Family trauma/disruption since previous review**	*O* ❑ ❑	
PF5.10	**Youth has close, positive, supportive relationship with at least one family member** *(at least one family member has a supportive relationship with the youth, encourages the youth, and provides recognition for achievements)*	❑ ❑ ❑	
COMMENTS:			

6.0 SUBSTANCE USE

		Yes / More Info Needed / No	Score
R6.1	**Substance use beyond experimental use** *(uses multiple drugs [or combinations of drugs], uses alcohol/drugs regularly)*	o ❑ ❑	
R6.2	**Current substance use is causing problems in youth's life** *(youth is having problems with school, the law, family, friends or community related to alcohol/drug use)*	o ❑ ❑	
R6.3	**This question on Initial Screen only**		
R6.4	**This question on Initial Screen only**		
C6.5	**Youth has been high or drunk at school in the past month**	o ❑ ❑	
PF6.6	**This question on Initial Screen only**		
PC6.7	**Caretakers free of substance-abusing behavior during past month** *(youth is currently living with parents/guardians who have not abused alcohol or other drugs in the past month)*	❑ ❑ ❑	
COMMENTS:			

7.0 OTHER ISSUES FOR CASE PLANNING

		Yes / More Info Needed / No	Score
PF7.1	**Lives in low crime and/or stable, supportive neighborhood** *(youth perceives neighborhood as friendly, stable, supportive, law-abiding, and/or neighborhood has low crime rate)*	❑ ❑ ❑	
PF7.2	**There is an adult in youth's life (other than a parent) that he/she can talk to** *(youth reports having good conversations or connections with an adult, other than a parent, within the last month)*	❑ ❑ ❑	
7.3	**Youth has anti-social thinking, attitudes, values, or beliefs** *(attitudes or values which are accepting of delinquent behavior, drug use, or violence)*	❑ ❑ ❑	
7.4	**Youth harms or injures animals** *(current or past behavior)*	❑ ❑ ❑	
7.5	**Diagnosed learning disability** *(specify type in Comments section below)*	❑ ❑ ❑	
7.6	**A pattern of impulsivity combined with aggressive behavior toward others at home, school, and/or community** *(e.g., a youth who has a pattern of reacting to perceived slights or threats from other youth by starting a fight).*	❑ ❑ ❑	
7.7	**Youth has history of setting fires**	❑ ❑ ❑	
7.8	**Preoccupation with or use of weapons** *(include if referred for offense involving use of weapon)*	❑ ❑ ❑	
7.9	**Chronic, aggressive, disruptive behavior in home and/or community starting before age 13** *(stealing, fighting, bullying, threatening, shunning, starting rumors/malicious gossiping)*	❑ ❑ ❑	
7.10	**History of delinquent behavior or status offense, NOT including current incident, not previously brought to the attention of the juvenile justice system.**	❑ ❑ ❑	
7.11	**History of out-of-home placements *(including detention center, correctional center, boot camp, group home, residential treatment center, foster care, hospital, therapeutic foster care, or other)*** *(specify type of placement in Comments section below)*	❑ ❑ ❑	
7.12	**Parent/caregiver is able to establish rules, enforce limits, and follow through with consequences**	❑ ❑ ❑	
COMMENTS:			

8.0 MENTAL HEALTH INDICATORS

Youth with multiple mental health indicators are at increased risk of offending. Consider additional mental health assessment and/or services and supervision for these youth.

		Yes / More Info Needed / No	Score
8.1	**Suicidal thoughts or attempts**	❑ ❑ ❑	
8.2	**Depressed or withdrawn**	❑ ❑ ❑	
8.3	**Difficulty sleeping or eating problems**	❑ ❑ ❑	
8.4	**Hallucinating, delusional, or out of touch with reality - while not on drugs or alcohol**	❑ ❑ ❑	
8.5	**Social isolation – youth is on the fringe of his/her peer group with few or no close friends**	❑ ❑ ❑	
8.6	**Concrete evidence of cognitive difficulty, to include mental retardation and/or brain injury**	❑ ❑ ❑	
8.7	**Diagnosed serious emotional disorder** *(List all disorders in the Comments section below)*	❑ ❑ ❑	
8.8	**Persistent pattern of oppositional defiant behavior and chronic noncompliance with parent(s) and/or other adult authority figures at home, school, and/or in the community**	❑ ❑ ❑	
COMMENTS:			

PART III: SOURCES OF INFORMATION AND ADDITIONAL ASSESSMENTS INDICATED

9.0 SOURCES USED FOR GATHERING INFORMATION ON THIS ASSESSMENT

(Check all that apply)

- ❑ Youth
- ❑ Parent/guardian/foster parent
- ❑ Sibling
- ❑ Other family member (*Specify:* _____)
- ❑ Police report
- ❑ Juvenile record
- ❑ Juvenile department staff
- ❑ School record
- ❑ School staff
- ❑ Social service agency record
- ❑ Social service agency staff
- ❑ Mental health/substance abuse/mental retardation records (public or private)
- ❑ Mental health/substance abuse/mental retardation staff (public or private)
- ❑ Other (*Specify:* _____)

10.0 OTHER SCREENS/ASSESSMENTS CONDUCTED SINCE LAST REVIEW

(Check all that apply)

	Month and year conducted (example: 06/93)
❑ Alcohol/Other Drug	__ __ / __ __
❑ Culturally-specific	__ __ / __ __
❑ Developmental (MRDD)	__ __ / __ __
❑ Educational	__ __ / __ __
❑ Family	__ __ / __ __
❑ Firesetter	__ __ / __ __
❑ Gender-specific	__ __ / __ __
❑ Language Proficiency Test	__ __ / __ __
❑ Mental Health	__ __ / __ __
❑ Strength-based	__ __ / __ __
❑ Suicide Screen	__ __ / __ __
❑ Violence	__ __ / __ __
❑ Vocational	__ __ / __ __
❑ Individualized Education Plan (IEP)	__ __ / __ __
❑ Diagnosed Learning Disabled	__ __ / __ __
❑ Sex Offender	__ __ / __ __
❑ Other (*Specify*: _____)	__ __ / __ __

11.0 ADDITIONAL SCREENINGS AND ASSESSMENTS INDICATED *(based on this review)* *(Check all that apply)*

- ❑ Alcohol/Other Drug
- ❑ Culturally-specific
- ❑ Developmental (MRDD)
- ❑ Educational
- ❑ Family
- ❑ Firesetter
- ❑ Gender-specific
- ❑ Language Proficiency Test
- ❑ Mental Health
- ❑ Violence
- ❑ Vocational
- ❑ Individualized Education Plan (IEP)
- ❑ Sex Offender
- ❑ Other (*Specify*: _____)

PART IV: SCORING

12.0 TOTALS *(After entry into the database, these totals will be calculated automatically)*

12.1 Total Risk Domains _____
Count number of risk domains with one or more R's or C's (circles) checked "YES" (maximum of 5)

12.2 Total Risk Indicators _____
Count R's and C's (circles) checked "YES" in ***unshaded boxes only*** (maximum of 19)

12.3 Total Protective Factors _____
Count PF's and PC's (squares) checked "YES" in ***unshaded boxes only*** (maximum of 10)

12.4 Total Mental Health Indicators _____
Count number of items checked in Section 8 (maximum of 8)

Appendix K

OJCP-Va. Service Initiation Form

OREGON JCP SCREEN/ASSESSMENT TOOL -VIRGINIA VERSION
SERVICE INITIATION FORM

*Please complete one Service Initiation Form for **each service provider** the youth is referred to:*

Youth Name: _____ **JTS #:** _____

YJO Referral Agency: _____ **Date This Form Completed:** _____

Name of Service Provider: _____

Referral Date: _____ **Service Initiation Date:** _____ **Expected Duration:** _____

Risk domains specifically targeted by *this service provider* *(check all that apply)***:**

- ❑ School Issues
- ❑ Peer Relationships
- ❑ Anti-social Behavior
- ❑ Family Functioning
- ❑ Substance Use
- ❑ Not Specified
- ❑ Unknown
- ❑ Other (Specify: _____)

Services to Be Provided Directly to the *Youth*
*(by **this** service provider)*

Service Type
(select all that apply)

- ❑ Academic Support/Tutoring
- ❑ Alternative Education Services
- ❑ Anger Management
- ❑ Case Management
- ❑ Community Service
- ❑ Extended Day
- ❑ Group Counseling
- ❑ Group Home
- ❑ Individual Counseling
- ❑ Intensive Home-based Services
  - ❑ Family Functional Therapy
  - ❑ Multi-systemic Therapy
  - ❑ Other: _____
- ❑ Law-Related Education
- ❑ Legal Services
- ❑ Life Skills Training
- ❑ Mentoring
- ❑ Recreation
- ❑ Referral to Other Provider *(specify services)*: _____
  _____
- ❑ Restitution
- ❑ Social Skills Training
- ❑ Substance Abuse
- ❑ Wilderness Program/Ropes Course
- ❑ Other (specify): _____

Type of Contact
(*check item that describes **majority** of client contact*)

❑ Structured/Scheduled ❑ Ad Hoc

Frequency of Contact
(*check item that describes **majority** of client contact*)

❑ Daily ❑ Weekly ❑ Monthly ❑ Other:_____

Services to Be Provided Directly to the *Family*
*(by **this** service provider)*

Service Type
(select all that apply)

- ❑ Adult Educational Services/Literacy Services
- ❑ Employment Referral
- ❑ Family Support/Referral Assistance
- ❑ Group Family Counseling
- ❑ Intensive Home-based Services
  - ❑ Family Functional Therapy
  - ❑ Multi-systemic Therapy
  - ❑ Other: _____
- ❑ Legal Services
- ❑ Parenting Skills
- ❑ Recreation
- ❑ Referral to Other Provider *(specify services)*: _____
  _____
- ❑ Single Family Counseling
- ❑ Substance Abuse
- ❑ Other (specify): _____

Type of Contact
(*check item that describes **majority** of client contact*)

❑ Structured/Scheduled ❑ Ad Hoc

Frequency of Contact
(*check item that describes **majority** of client contact*)

❑ Daily ❑ Weekly ❑ Monthly ❑ Other:_____

Appendix L

OJCP-Va. Service Termination Form

OREGON JCP SCREEN/ASSESSMENT TOOL -VIRGINIA VERSION
SERVICE TERMINATION FORM

*Please complete one Service Termination Form for **each service provider** the youth is referred to:*

Youth Name: _____ **JTS #:** _____
YJO Referral Agency: _____ **Date This Form Completed:** _____
Name of Service Provider: _____
Referral Date: _____ **Service Initiation Date:** _____ **Service Termination Date:** _____

Risk domains specifically targeted by *this service provider* *(check all that apply)***:**

- ❑ School Issues
- ❑ Peer Relationships
- ❑ Anti-social Behavior
- ❑ Family Functioning
- ❑ Substance Use
- ❑ Not Specified
- ❑ Unknown
- ❑ Other (Specify: _____)

Services Provided Directly to the *Youth*
*(by **this** service provider)*

Service Type
(select all that apply)

- ❑ Academic Support/Tutoring
- ❑ Alternative Education Services
- ❑ Anger Management
- ❑ Case Management
- ❑ Community Service
- ❑ Extended Day
- ❑ Group Counseling
- ❑ Group Home
- ❑ Individual Counseling
- ❑ Intensive Home-based Services
  - ❑ Family Functional Therapy
  - ❑ Multi-systemic Therapy
  - ❑ Other: _____
- ❑ Law-Related Education
- ❑ Legal Services
- ❑ Life Skills Training
- ❑ Mentoring
- ❑ Recreation
- ❑ Referral to Other Provider *(specify services)*: _____ _____
- ❑ Restitution
- ❑ Social Skills Training
- ❑ Substance Abuse
- ❑ Wilderness Program/Ropes Course
- ❑ Other (specify): _____

Number of sessions completed/attended by youth: ____

Prior to termination, youth completed *(check one)***:**
(❑ None ❑ Few ❑ Some ❑ Most ❑ All) **of the service requirements.**

Was the youth's completion/termination considered successful?

❑ Yes ❑ No ❑ Don't know

Services Provided Directly to the *Family*
*(by **this** service provider)*

Service Type
(select all that apply)

- ❑ Adult Educational Services/Literacy Services
- ❑ Employment Referral
- ❑ Family Support/Referral Assistance
- ❑ Group Family Counseling
- ❑ Intensive Home-based Services
  - ❑ Family Functional Therapy
  - ❑ Multi-systemic Therapy
  - ❑ Other: _____
- ❑ Legal Services
- ❑ Parenting Skills
- ❑ Recreation
- ❑ Referral to Other Provider *(specify services)*: _____ _____
- ❑ Single Family Counseling
- ❑ Substance Abuse
- ❑ Other (specify): _____

Number of sessions completed/attended by family: ___

Prior to termination, family completed *(check one)***:**
(❑ None ❑ Few ❑ Some ❑ Most ❑ All) **of the service requirements.**

Was the family's completion/termination considered successful?

❑ Yes ❑ No ❑ Don't know

Appendix M

OJCP-Va. Service Tracking Form (discontinued)

OREGON JCP SCREEN/ASSESSMENT TOOL -VIRGINIA VERSION
SERVICE TRACKING FORM

*Please complete one Service Tracking Form for **each type of service** youth is referred to:*

YOUTH AND PROVIDER INFORMATION

Youth Name: _____ **JTS #:** _____

Date This Form Completed: _____

Name of Program/Agency Providing This Service: _____

Location of Service: # Conducted by referral agency
Conducted by different agency

Risk areas targeted by this service *(check all that apply)***:**
School Issues
Peer Relationships
Anti-social Behavior
Family Functioning
Substance Use
Not Specified
Unknown
Other (Specify: _____)

Referral Date: _____
Service Enrollment Date: _____
Date Placed on Inactive Status (if applicable): _____
Service Termination Date (if applicable: _____

SERVICE INFORMATION

Type of Service Provided *(Select one)*

Individual Counseling
Group Counseling
Family Counseling
Intensive Home-based Services
Academic Support/Tutoring
Mentoring
Social Skills Training
Parenting Skills
Multi-systemic Therapy
Functional Family Therapy
Family Support/Referral Assistance
Other (specify): _____

Total Duration of Service
(Select appropriate unit of measure)

Number of days _____
Number of hours _____
Number of sessions _____

Session Type *(Check all that apply)*

Individual sessions
Group sessions
Parent sessions
Family sessions
Individual contact
Phone contact
Other (*Specify*: _____)

If youth has been placed on inactive status or if service has been terminated, did youth complete enough of the service requirements to be determined successful? # Yes # No

Appendix N

Distribution of Responses to OJCP-Va. Initial Screen

	Distribution of Responses			
Indicator	**Yes**	**No**	**More Info Needed**	**No Response**
School Issues				
School Attachment	37%	56%	5%	2%
Academic Failure	54%	41%	5%	1%
Chronic Truancy	31%	64%	3%	2%
School dropout	1%	98%	1%	0%
Suspensions last 6 mo.	56%	36%	5%	3%
Suspensions past mo.	28%	55%	2%	15%
Family help with school	60%	25%	11%	3%
Peer Issues				
Friends disapprove of behavior	32%	46%	20%	2%
Friends engage in poor behavior	47%	40%	13%	0%
Friends suspended	61%	26%	12%	1%
Friends academic achieve	53%	20%	26%	1%
Behavior Issues				
Behavior issues before 13	59%	36%	3%	2%
Behavior issues past mo.	41%	50%	6%	3%
3+ Referrals	10%	85%	3%	2%
Referral before 13	75%	25%	0%	1%
Extra curricular activities	33%	58%	8%	1%
Chronic Runaway	14%	85%	2%	0%
Recent Runaway	7%	88%	2%	3%
Behavior hurts others	38%	56%	5%	1%
Behavior hurts others past mo.	21%	72%	7%	0%
Behavior hurts youth	32%	62%	6%	1%
Behavior hurts youth past mo.	23%	71%	6%	1%
Family Issues				
Communicates with family	43%	51%	5%	1%
Poor family supervision	45%	51%	3%	1%
Family conflicts	38%	51%	11%	1%
History of abuse/neglect	29%	62%	9%	0%
Abuse/neglect past mo.	7%	86%	7%	1%
Criminal family	29%	50%	20%	1%
Substance family	31%	50%	19%	1%
Family trauma past yr.	46%	47%	6%	1%
Close family relationship	69%	21%	10%	0%
Substance Use Issues				
Regular substance use	9%	84%	7%	1%
Current problems w/ substance	7%	86%	7%	1%
Substance use before 13	23%	71%	6%	1%
High/drunk at school	3%	89%	7%	1%
High/drunk school past mo.	0%	93%	7%	1%
Caretaker drug free 3 yr.	59%	22%	18%	1%
Caretaker drug free past mo.	62%	17%	20%	1%
Other Issues				
Low crime neighborhood	59%	30%	8%	3%
Adult in life	59%	24%	16%	1%
Mental Health Issues				
Suicidal	14%	83%	2%	1%
Depressed/withdrawn	30%	62%	7%	1%
Sleep/eat problems	23%	68%	7%	2%
Hallucinations/delusions	5%	89%	4%	2%
Social isolation	24%	69%	6%	1%
Cognitive difficulty	5%	88%	5%	2%
Emotional disorder	15%	75%	7%	2%
Oppositional defiant	38%	54%	6%	2%

Appendix O

YJOs Assessed and Served at YJO Sites, FY 2003 & July-April FY 2004

Comparing total YJOs to YJOs for whom OJCP-Va. forms have been received

The tables that follow provide sex, race, and age distributions for youth assessed at each site, as well as those who received services. Each site was asked to provide these demographic data for youth assessed and served in FY 2003 (for sites beginning operations in 2003) and during the first ten months of FY 2004 (July 2003-April 2004). These data can be found in the tables labeled "All YJOs." In the corresponding tables, labeled "OJCP Forms Received," are the demographic data for those youth whose assessment and service placement forms have been received by the evaluation. In some cases, some demographic or assessment date information is missing from a youth's form.

Sites Beginning Operations in FY 2003

YJOs Assessed and Served at Charlottesville YJO Site

All YJOs, FY 2003-2004

	FY 2003		FY 2004 (July-April)	
Sex	Assessed	Received Services	Assessed	Received Services
Male	6	6	7	5
Female	1	1	5	4
Race				
Black	5	5	4	3
White	0	0	6	5
Hispanic	0	0	1	1
Other	2	2	1	0
Age at Assessment				
9 or younger	0	0	0	0
10	0	0	1	0
11	1	1	1	0
12	3	3	5	4
13	3	3	5	5
14	0	0	0	0
15 or older	0	0	0	0
Total	*7*	*7*	*12*	*9*

OJCP Forms Received*, FY 2003-2004

	FY 2003		FY 2004 (July-April)	
Sex	Assessed	Received Services	Assessed	Received Services
Male	4	2	5	3
Female	1	0	5	3
Missing	0	0	1	0
Race				
Black	3	0	5	0
White	0	0	4	0
Hispanic	0	0	1	0
Other	2	0	1	0
Missing	0	0	0	0
Age at Assessment				
9 or younger	0	0	0	0
10	0	0	0	0
11	0	0	2	0
12	3	1	3	1
13	2	1	3	3
14	0	0	2	2
15 or older	0	0	0	0
Missing	0	0	0	0
Total	*5*	*2*	*11*	*6*

*One youth assessed by Charlottesville is missing assessment date information, and is not included in this table.

YJOs Assessed and Served* at Fairfax YJO Site

All YJOs, FY 2003-2004

	FY 2003		FY 2004 (July-April)	
Sex	Assessed	Received Services	Assessed	Received Services
Male	36	30	38	21
Female	14	12	9	8
Race				
Black	17	15	18	7
White	15	15	20	17
Hispanic	12	9	7	3
Other	6	3	2	2
Age at Assessment				
9 or younger	1	1	0	0
10	4	4	1	1
11	2	2	1	1
12	12	10	12	10
13	31	25	33	17
14	0	0	0	0
15 or older	0	0	0	0
Total	*50*	*42*	*47*	*29*

OJCP Forms Received, FY 2003-2004

	FY 2003		FY 2004 (July-April)	
Sex	Assessed	Received Services	Assessed	Received Services
Male	3	0	19	0
Female	0	0	3	0
Race				
Black	1	0	7	0
White	2	0	8	0
Hispanic	0	0	5	0
Other	2	0	2	0
Age at Assessment				
9 or younger	0	0	0	0
10	1	0	1	0
11	0	0	0	0
12	0	0	4	0
13	2	0	14	0
14	0	0	3	0
15 or older	0	0	0	0
Total	*3*	*0*	*22*	*0*

*All Fairfax YJOs receive case management services. Data here reflect youth referred to treatment services.

YJOs Assessed and Served at Middle Peninsula YJO Site

All YJOs, FY 2003-2004

	FY 2003		FY 2004 (July-April)	
Sex	Assessed	Received Services	Assessed	Received Services
Male	7	7	9	4
Female	3	2	8	4
Race				
Black	6	5	9	4
White	4	4	8	4
Hispanic	0	0	0	0
Other	0	0	0	0
Age at Assessment				
9 or younger	0	0	2	0
10	1	1	0	0
11	0	0	1	1
12	5	4	7	1
13	4	4	7	6
14	0	0	0	0
15 or older	0	0	0	0
Total	*10*	*9*	*17*	*8*

OJCP Forms Received*, FY 2003-2004

	FY 2003		FY 2004 (July-April)	
Sex	Assessed	Received Services	Assessed	Received Services
Male				
Female				
Race				
Black				
White				
Hispanic				
Other				
Age at Assessment				
9 or younger				
10				
11				
12				
13				
14				
15 or older				
Total				

*The five forms received from Middle Peninsula are missing assessment date information, and are not included here.

YJOs Assessed and Served at Newport News YJO Site

All YJOs, FY 2003-2004

	FY 2003		FY 2004 (July-April)	
Sex	Assessed	Received Services	Assessed	Received Services
Male	23	23	13	13
Female	6	6	4	4
Race				
Black	24	24	15	15
White	6	6	1	1
Hispanic	0	0	1	1
Other	**0**	0	0	0
Age at Assessment				
9 or younger	1	1	0	0
10	0	0	1	1
11	1	1	2	2
12	19	19	4	4
13	9	9	9	9
14	0	0	0	0
15 or older	0	0	0	0
Total	*29*	*29*	*17*	*17*

OJCP Forms Received*, FY 2003-2004

	FY 2003		FY 2004 (July-April)	
Sex	Assessed	Received Services	Assessed	Received Services
Male	17	12	9	7
Female	7	6	3	2
Missing	3	3	0	0
Race				
Black	22	16	10	7
White	4	4	1	1
Hispanic	1	1	1	1
Other	0	0	0	0
Missing	0	0	0	0
Age at Assessment				
9 or younger	1	1	0	0
10	0	0	1	1
11	3	3	1	1
12	11	9	3	2
13	10	6	4	3
14	2	2	1	1
15 or older	0	0	0	0
Missing	0	0	2	1
Total	*27*	*21*	*12*	*9*

*One youth assessed by Newport News is missing assessment date information, and is not included in this table.

YJOs Assessed and Served at Richmond YJO Site

All YJOs, FY 2003-2004

	FY 2003		FY 2004 (July-April)	
Sex	Assessed	Received Services	Assessed	Received Services
Male	23	20	12	9
Female	6	6	2	2
Race				
Black	28	25	14	11
White	1	0	1	0
Hispanic	0	0	0	0
Other	0	0	0	0
Age at Assessment				
9 or younger	1	1	0	0
10	2	2	0	0
11	4	4	2	2
12	18	16	4	4
13	4	3	6	5
14	0	0	1	0
15 or older	0	0	1	0
Total	*29*	*26*	*14*	*11*

OJCP Forms Received, FY 2003-2004

	FY 2003		FY 2004 (July-April)	
Sex	Assessed	Received Services	Assessed	Received Services
Male	20	20	9	8
Female	6	6	2	2
Race				
Black	25	25	11	10
White	1	1	0	0
Hispanic	0	0	0	0
Other	0	0	0	0
Age at Assessment				
9 or younger	1	1	0	0
10	2	2	0	0
11	4	4	2	1
12	16	16	4	4
13	3	3	5	5
14	0	0	0	0
15 or older	0	0	0	0
Total	*26*	*26*	*11*	*10*

YJOs Assessed and Served at Wise YJO Site

All YJOs, FY 2003-2004

	FY 2003		FY 2004 (July-April)	
Sex	**Assessed**	**Received Services**	**Assessed**	**Received Services**
Male	7	6	8	8
Female	3	3	5	5
Race				
Black	0	0	0	0
White	10	9	13	13
Hispanic	0	0	0	0
Other	0	0	0	0
Age at Assessment				
9 or younger	1	1	2	2
10	1	1	2	2
11	2	2	3	3
12	1	1	4	4
13	4	4	2	2
14	0	0	0	0
15 or older	1	0	0	0
Total	*10*	*9*	*13*	*13*

OJCP Forms Received*, FY 2003-2004

	FY 2003		FY 2004 (July-April)	
Sex	**Assessed**	**Received Services**	**Assessed**	**Received Services**
Male	7	7	6	6
Female	7	7	2	2
Race				
Black	0	0	0	0
White	14	14	8	8
Hispanic	0	0	0	0
Other	0	0	0	0
Age at Assessment				
9 or younger	4	4	0	0
10	2	2	1	1
11	1	1	1	1
12	2	2	3	3
13	2	2	2	2
14	1	1	0	0
15 or older	0	0	0	0
Missing	2	2	1	1
Total	*14*	*14*	*8*	*8*

*OJCP-Va. forms submitted by Wise provide assessment dates that are inconsistent with aggregate data provided in previous table. One youth assessed by Wise is missing assessment date information, and is not included here.

Sites Beginning Operations in FY 2004

YJOs Assessed and Served at Loudoun YJO Site

All YJOs, FY 2004

	FY 2004	
Sex	**Assessed**	**Received Services**
Male	5	5
Female	3	3
Race		
Black	3	3
White	2	2
Hispanic	3	3
Other	0	0
Age at Assessment		
9 or younger	0	0
10	0	0
11	0	0
12	1	1
13	7	7
14	0	0
15 or older	0	0
Total	*8*	*8*

OJCP Forms Received*, FY 2004

	FY 2004	
Sex	**Assessed**	**Received Services**
Male	4	4
Female	2	2
Race		
Black	2	2
White	1	1
Hispanic	3	3
Other	0	0
Age at Assessment		
9 or younger	0	0
10	0	0
11	0	0
12	0	0
13	5	5
14	1	1
15 or older	0	0
Total	*6*	*6*

YJOs Assessed and Served at Lynchburg YJO Site

All YJOs, FY 2004

	FY 2004	
Sex	**Assessed**	**Received Services**
Male	5	0
Female	3	0
Race		
Black	5	0
White	3	0
Hispanic	0	0
Other	0	0
Age at Assessment		
9 or younger	0	0
10	0	0
11	0	0
12	4	0
13	4	0
14	0	0
15 or older	0	0
Total	*8*	*0*

OJCP Forms Received*, FY 2004

	FY 2004	
Sex	**Assessed**	**Received Services**
Male	3	0
Female	4	0
Race		
Black	5	0
White	2	0
Hispanic	0	0
Other	0	0
Age at Assessment		
9 or younger	0	0
10	0	0
11	0	0
12	3	0
13	2	0
14	1	0
15 or older	0	0
Total	*7*	*0*

YJOs Assessed and Served at Montgomery YJO Site

All YJOs, FY 2004

	FY 2004	
Sex	**Assessed**	**Received Services**
Male	8	6
Female	8	7
Race		
Black	0	0
White	16	13
Hispanic	0	0
Other	0	0
Age at Assessment		
9 or younger	0	0
10	0	0
11	1	0
12	1	1
13	5	3
14	10	8
15 or older	0	0
Total	*16*	*13*

OJCP Forms Received*, FY 2004

	FY 2004	
Sex	**Assessed**	**Received Services**
Male	4	4
Female	2	2
Race		
Black	0	0
White	6	6
Hispanic	0	0
Other	0	0
Age at Assessment		
9 or younger	0	0
10	0	0
11	0	0
12	1	1
13	3	3
14	2	2
15 or older	0	0
Total	*6*	*6*

YJOs Assessed and Served at Virginia Beach YJO Site

All YJOs, FY 2004

	FY 2004	
Sex	**Assessed**	**Received Services**
Male	3	3
Female	3	3
Race		
Black	2	2
White	4	4
Hispanic	0	0
Other	0	0
Age at Assessment		
9 or younger	0	0
10	1	1
11	0	0
12	1	1
13	2	2
14	2	2
15 or older	0	0
Total	*6*	*6*

OJCP Forms Received*, FY 2004

	FY 2004	
Sex	**Assessed**	**Received Services**
Male	1	1
Female	1	1
Race		
Black	1	1
White	1	1
Hispanic	0	0
Other	0	0
Age at Assessment		
9 or younger	0	0
10	0	0
11	0	0
12	0	0
13	0	0
14	2	2
15 or older	0	0
Total	*2*	*2*

YJOs Assessed and Served at York YJO Site

All YJOs, FY 2004

	FY 2004	
Sex	**Assessed**	**Received Services**
Male	3	3
Female	6	6
Race		
Black	3	3
White	6	6
Hispanic	0	0
Other	0	0
Age at Assessment		
9 or younger	0	0
10	0	0
11	0	0
12	1	1
13	5	5
14	3	3
15 or older	0	0
Total	*9*	*9*

OJCP Forms Received*, FY 2004

	FY 2004	
Sex	**Assessed**	**Received Services**
Male	3	3
Female	6	6
Race		
Black	3	3
White	6	6
Hispanic	0	0
Other	0	0
Age at Assessment		
9 or younger	0	0
10	0	0
11	0	0
12	1	1
13	5	5
14	3	3
15 or older	0	0
Total	*9*	*9*

Appendix P

List of Acronyms Used in this Report

CHINS – Child in Need of Services
CHINSup – Child in Need of Supervision
CSB – Community Service Board
CSU – Court Service Unit
DCJS – Department of Criminal Justice Services
DJJ – Department of Juvenile Justice
DJS – Department of Juvenile Services
DRG – Data Resource Guide
DSS – Department of Social Services
FAPT - Family Assessment and Planning Teams
FFT – Functional Family Therapy
FPS – Family Preservation Services, Inc.
FY – Fiscal Year
GILS – Graduated Intervention Level System
JCAC - Juvenile Court Assessment Center
LPOY – Lonesome Pine Office on Youth
MST – Multi-Systemic Therapy
OJCP – Oregon Juvenile Crime Prevention tool
OJCP-Va. – Oregon Juvenile Crime Prevent tool, Virginia Version
OJDDA – Oregon Juvenile Department Directors' Association
OJJDP – Office on Juvenile Justice and Delinquency Prevention
PACMS – Peaceful Alternatives Community Mediation Services
PO – Probation Officer
PS – Purchase of Services
RDJJS – Richmond Department of Juvenile Justice Services
RY – Reconnecting Youth
SAMHSA - Substance Abuse and Mental Health Services Administration
ST – Screening Team
TF – Therapeutic Focus
VJCCCA – Virginia Juvenile Community Crime Control Act
YJO – Young Juvenile Offender
YO – Young Offender
YOGI – Young Offender Grant Initiative