



**DESCHUTES COUNTY
PUBLIC SAFETY COORDINATING COUNCIL**

MINUTES OF MEETING

JANUARY 6, 2015

Deschutes County Juvenile Community Justice Building, Wickiup Room
63360 Britta Street, Building 1, Bend, OR

1. Call to Order & Introductions

Judge Alta Brady called the meeting to order.

Present were Judge Alta Brady; Tom Anderson, County Administrator; Jeff Hall, Circuit Court Administrator; Ken Hales, Community Corrections; Dave Cook, citizen member; David Givans, Internal Auditor; John Hummel, District Attorney; Sheriff Larry Blanton; Deevy Holcomb, Colleen Shearer, Chuck Puch, Jim LaPorte, Jim Smith and Sonya Littledeer-Evans, Juvenile Community Justice; and Donna McClung, Oregon Youth Authority.

Also in attendance were Shelly Smith, KIDS Center; Steve Reinke, 911; Shane Nelson, Sheriff's Office; citizens Dirk Van Houweling and Andy Jordan; Marilyn Burwell and Janet Whitney of the Peace and Justice Team; Roger Olson, NAMI of Central Oregon; Drew Moore, District Attorney's Office; Jim Porter, Bend Police Chief; Dave Tabet, Redmond Police Chief; Claire Withycombe, The Bulletin; and a few other citizens and staff.

2. November Minutes

Sheriff Blanton moved approval of the minutes; Ken Hales seconded, and they were unanimous approved except for John Hummel, new District Attorney, who abstained because he was not at the last meeting

3. Public Comment.

None was offered.

4. 911 Communications System Update.

Steve Reinke provided an overview of 911 system changes. He said he spent over 90 minutes with the Board of Commissioners discussing the strategic plan. He and others are crafting the future of 911, including goals, capital and operational needs for the long term, as well as a county-wide radio systems program and how they can help ancillary agencies, road departments, schools and others participate in that program, which will be more centralized and efficient.

They are in the process of determining costs, which are at about \$13 million per a consulting firm. They are looking at a partnership with the State, with the overall concept of public safety and agencies working together for a comprehensive plan. He feels they can do better than the \$13 million. He hopes they can go to the public perhaps in May 2016 to request permanent funding, and in a new role of administering a consolidated radio system. Agencies are already paying to maintain what they have.

They are looking at changes in line operations to enhance staffing, especially in technical services. They have had a backlog for a long time. They are analyzing deployment of staff using an activity curve, so they can be effective when there is demand. Some stakeholders have asked for more support. He anticipates the Board of Commissioners will formally adopt this later in the month.

Sheriff Blanton observed that Mr. Reinke is a breath of fresh air and very welcome as he works towards stable funding, as well as community relations. Chief Dave Talbert agreed.

Tom Anderson added that Mr. Reinke is a wealth of experience, and when they get to 2016 they will need all the support they can get for the levy and radio system. It is incumbent on all agencies to be able to articulate this need to the public, as their support and assistance will certainly be needed at that time.

5. AOD Project

Deevy Holcomb and Sonya Littledeer-Evans briefed the group on the project assessment and findings, using a PowerPoint presentation. They said regarding research and implementation of the project, juvenile justice is in a mode of self-improvement. It is all about social science and finding out what works and what doesn't, since about 2011.

In July 2012 Bend Police Department closed its youth diversion program. The program had been around for decades and dealt with first-time offenders who were subsequently directed to services and other help. For instance, they would deal with a minor in possession of alcohol or using marijuana. About that time, however, all agencies were downsizing due to the poor economy.

It was found that about 80-85% of those youth stayed out of the system for at least six months. The JCJ opted to start sending out warning letters, and they looked for opportunities to do better within this group.

There were three findings, which were similar to those of first-time criminally offending kids. They were thought to be low risk, but it turned out that the first-time criminal offenders do reoffend. This was analyzed for a year, and all had higher reoffender rates, up to 50%. A chronic recidivator is one with three or more referrals in a year. These are the most complicated and expensive to address. The highest level of offenders is the alcohol minor in possession.

Sheriff Blanton asked if there was both less than an ounce of marijuana and alcohol MIP at the same time, which did they use. Ms. Holcomb replied they picked just one, the most serious according to statute. The result was that they clearly should not be thinking of the offenders as lightweight.

They used the risk principles of assessment, diversion and intervention, and doing it quickly. It is not effective if they are low risk. The higher the risk, the higher the treatment level should be. Diversion works best for low risk cases.

If it is alcohol or drug related, they can either turn them away or decide if they might have an addiction issue. Not all need an assessment, but it is best to figure this out early. Public health and prevention efforts are desirable, but partners want an integrated system to address health, prevention and other youth advocacy efforts.

They would write a letter with the prevention group. It would be stronger and more specific, and offer resources. For those with elevated risk, they developed a brief screening process to determine specific ways to deal with specific individuals.

Ms. Littledeer-Evans added that referrals are assigned for a brief screening, and they will schedule for intake or assessment if more is indicated, file a petition for formal probation through the courts, if noncompliant or they reoffend. They can impose a fine. Data shows that they will likely be chronic offenders. Ms. Holcomb said they expect to see more updates and changes at CJC.

Sheriff Blanton asked about low level tobacco use. He has been told if a school resource officer cites for tobacco, it is usually a chronic situation. Ms. Littledeer-Evans said they get a letter the first time. The goal is ten days of referral. Early tests show that if an offense involves the courts, it is a performance measure.

Donna McClung asked about whether they have a conversation about safety in the home or the conditions there. Ms. Littledeer-Evans replied that it is a component and they review information in the system regarding how many of these have DHS or child welfare involvement, which means mandatory reporting.

Sheriff Blanton stated that in terms of juvenile recidivism, what happens if they turn 18 or they are considered a non-reoffender. Ms. Holcomb said that it is considered a referral if they are a juvenile, an offense if they are an adult. The Governor is looking at this.

Chief Jim Porter asked about those who are non-residents but are here visiting. Ms. Holcomb responded that they refer them to the agency of origin.

Chief Talbert asked if they send these cases to a non-juvenile justice agency if it involves tobacco or similar issues. Ms. Holcomb stated that they will work with the prevention office to decide whether it is a passive referral, like a letter.

Chief Talbert asked if they can require some kind of class. Sometimes the schools and parents take this seriously. Some youth will dread getting a smoking citation because that might require them to take a class.

Mr. Anderson asked if Colorado and Washington are analyzing what is happening there with legalized marijuana and youth. Ms. Holcomb said this is a big issue, but it is illegal if they are under age 21 anyway. Ms. Littledeer-Evans noted that the effects are more now than when it was legal for just medical marijuana.

Judge Brady said that she appreciates the approach, and noted that they can do more harm than good if they tangle up the low risk juveniles in a program meant for high risk youth.

6. Domestic Violence Child Witness Project.

Shelly Smith of KIDS Center and Drew Moore of the District Attorney's Office spoke about domestic violence cases and the child witness project.

Ms. Smith said that kids who witness domestic violence get referred for an interview the following day. KIDS Center follows up as needed. This is based on a Lane County model started in 1999 that was very successful, and was presented in Bend in 2012 and 2013. It was decided here that it was worthwhile to start a pilot program.

Bend Police Department was the first law enforcement team to start the pilot, as a slow roll-out was needed to gauge the referral numbers. Domestic violence cases are also difficult and potentially dangerous.

Ms. Smith reminded the group that KIDS stands for Kids Intervention and Diagnostic Service Center. They take referrals from law enforcement, medical personnel, DHS and therapists to evaluate and document what has happened, the level of family support, and advocacy. They partner with Deschutes County Behavior Health to provide on-site therapy in Bend, Redmond and La Pine.

Domestic violence and family violence have a 50% co-occurrence of sexual and/or physical abuse, which affects a child's mental and emotional stability. A lot of parents are not aware of the impact. Some think that if the child is asleep or outside, they don't notice. The goal is to intervene early. They hope to rebuild families but are keenly aware of the focus needed on the children. Kids who witness domestic violence are also victims.

Lane County sought to coordinate cases. The key players are law enforcement, the District Attorney, DHS and welfare, the courts and the domestic violence system.

The goal is to recognize the impacts and decrease the number of cases. They need to partner with others to reduce duplication of contacts and reduce the time between the incident and the interview.

Ms. Moore said that Lane County statistics show prosecution is higher when there is a child interview. Adults involved don't think the kids know what is going on. The conviction rate is much higher as well, with 84% changing their plea to guilty. They show the same results over a ten-year period.

Ms. Smith stated that regarding child welfare outcomes, some worried about kids being removed from the non-offending caregiver. About half had another referral within the next one to two years, and 12% had a new offending partner.

The purpose of the program is better outcomes for the D.A., treatment for the victim and the family, and a quick response.

Ms. Moore said that this was launched in November 2013, and all law enforcement teams are trained and supportive. The victims and their families receive a coordinated system of services, including law enforcement, the D.A., DHS and victims assistance representatives all gathered at KIDS Center. If the case is found to be an assault 4, witnessed by a child, the referral is to the DV Child Safety Team, and an interview is scheduled at KIDS Center for the next day. At this time they often learn about other issues as well.

Judge Brady asked what happens if the non-offending client refuses to bring the child in. Ms. Moore said that they are given information on the program, and reports are written and sent to dedicated personnel for coordination. It is voluntary, but there will still be follow-up to offer services.

Law enforcement can explain the protective order process, and agencies might work on this as a team. The idea is to try to break down the barriers. Usually 2 PM is the meeting time, but they can try to reschedule if necessary.

Ms. Smith noted that in Lane County the center is in the D.A.'s office. KIDS Center here is detached and in a neighborhood setting. Interviews for this program as conducted by DHS and KIDS Center's forensic interviewers ensure that DHS interviewers are trained and well-supported. The parent can meet with Saving Grace and the Victims Assistance team. The team can also help with crime victims' compensation paperwork and talk about what happens next. There needs to be an action plan in place.

They review each case at MDT Case Review meetings, and try to make sure services are being engaged, and obstacles removed.

Ms. Moore added that outcomes to date show 26 referrals a year, the child being an average of 8 years old, and the victim an average age of 31. They have to deal with some parent refusals. They continue to ask why; and occasionally it has to do with something as simple as transportation issues.

Ms. Smith said that a private/public partnership allows for more fundraising choices. They hope to be able to medically evaluate kids under age 4, conducting a well-child checkup in lieu of an interview, since kids under age 4 are too young to interview.

Ms. Moore stated that it is difficult if law enforcement has to go to the meeting the next day due to their shift work. They are hoping to get a dedicated domestic violence officer.

Ms. Smith added that they anticipate seeing more cases, with increased filings and conviction rates, as they work cooperatively with agencies. Early intervention means better outcomes for all.

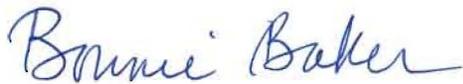
Mr. Reinke asked if they use 911 recordings. Ms. Moore stated that they order it each time. Mr. Reinke said that they may be able to allow them the ability to listen to incoming calls quickly to help them determine if the call information will be helpful.

7. Other Business.

The next PSCC meeting will be at the usual location, the Deschutes Services Building, on Tuesday, February 3.

Being no other business discussed, Judge Brady adjourned the meeting at 4:55 p.m.

Respectfully submitted,



Bonnie Baker
Recording Secretary

Attachments

- Agenda
- Sign-in sheets
- Handout: JCJ First-time MIP and LT 1 Oz. Violation Offenders Assessment and Report
- Handout: Deschutes County Domestic Violence Child Safety Project
- KIDS Center Domestic Violence Child Safety Program brochure

**DESCHUTES COUNTY
PUBLIC SAFETY COORDINATING COUNCIL**



JANUARY 6, 2014 – 3:30 PM

Deschutes County Juvenile Community Justice Building, Wickiup Room
63360 Britta Street, Building 1, Bend, OR

AGENDA

- I Call to Order & Introductions**
Judge Alta Brady

- II November Minutes** **Attachment 1**
Judge Brady
Action: Approve November minutes

- III Public Comment**
Judge Brady

- IV 911 Communications System**
Steve Reinke
Brief the Council on system changes

- V AOD Project** **Attachment 2**
Deevy Holcomb and Sonya Littledeer-Evans
Brief the Council on project assessment and findings

- VI Domestic Violence Child Witness Project** **Attachment 3**
Shelly Smith and Drew Moore
Update the Council on project

- VIII Other Business**
Judge Brady

PLEASE SIGN IN

PSCC Meeting	Tuesday, January 6, 2015
(Please Print)	
<u>Name</u>	<u>Representing</u>
Drew Moore	DA's office
Jim Smith	Juvenile Department
SHANE NELSON	DESCAUTES COUNTY SHERIFFS OFC.
DURIC VAN HOONKUNG	Citizen
Deery Holcomb	Juvenile
John Hymmel	Desch. D.A.
STEVE KENKE	9-1-1
Larry Bianton	sheriff
DAVE COOK	Citizen
Dave Tarbet	Redmond P.D.
Shully Smith	KIDS center
Tom Anderson	DC-Admin
Donna McClung	OYA

PLEASE SIGN IN

PSCC Meeting

Tuesday, January 6, 2015

(Please Print)

Name

Representing

ANDY JORDAN

Sonya Littledeer-Evans

Colleen Shearer

Clairie Withycombe

Roger Olson

Sharon Ross

David Givans

Chuck Fuch

Jim LaPorte

Jede Hall

ACTA Brady

Steph Adams

CITIZEN

Juvenile Dept.

Juvenile Dept.

the Bulletin

NAMLA Central Oregon

Deschutes County

JUV

Juvenile

Circuit Court

Circuit Court

Community Justice

**Deschutes County Juvenile Community Justice
First Time MIP and Lt 1 oz. Violation Offenders
Assessment and Report
November 28, 2014**

**By Deevy Holcomb, Management Analyst (Project Manager)
Conducted in FY 13-14 with support from the Oregon Department of Education's Youth
Development Division's Juvenile Accountability Block Grant (JABG) program**

Deschutes County 1st time Alcohol and Marijuana Violation Offenders
2013/14 Assessment and Recommendations

1. Background

Since 2010, Deschutes County Juvenile Community Justice has annually received between 350 and 400 referrals alleging Minor in Possession of Alcohol (MIP) or Unlawful Possession of Less than 1 ounce of Marijuana (Lt 1 oz.). For youth whose referral of this type is their first ever contact with law enforcement, the county has historically offered a diversion opportunity through either city police or county-run diversion programs. However, in July 2012, the Bend Police Department ceased operation of its diversion program, in effect sending approximately 200 MIP, Lt 1 oz. cases back to the juvenile department to manage. At the same time, the juvenile department underwent workforce reduction and ceased to operate its diversion program for rural areas.

The juvenile department sought a data-driven approach to managing these referrals with limited resources. Its analysis showed that while MIP and Lt 1 oz. comprise 25% of all referrals coming through the front door, they are not “criminal” offenses and between 75% and 80% of youth with first time MIP and Lt 1 oz. referrals remained new offense free when tracked for six months.¹

Further, while always a risky behavior, adolescent use of alcohol and other drugs is not necessarily a criminogenically risky behavior. That is, the choice to accept alcohol at a party of his peers does not always indicate that a young man will act out in criminal ways in the future. The department, along with most of the state of Oregon’s juvenile departments, had in the prior year embraced and began integrating the “risk, needs, responsivity” principle. This principle is based on individual and meta analysis over the last twenty years showing that the justice system has far better rates of behavior change and recidivism reduction when assessing and managing an offender based on his/her risk to re-offend, and attending to the specific criminogenic needs of that offender in a way that matches his/her learning style. Further, the principle indicates that working with elevated risk offenders is more effective and in fact, that too much involvement with low-risk offenders is not just ineffective, it can actually increase recidivism.

In 2012, the department took these facts and opted, in the context of declining staff capacity, to limit its involvement in first time MIP and Lt 1 oz. cases to a warning letter.² This decision neglected the first of the “risk, needs, responsivity” principle, however in that it offered no way to assess the criminogenic risk of youth with first time MIP and Lt 1 oz. referrals. When it looked further into the known 20-25% who do reoffend, it discovered that this group of young people has as much or even more chronic recidivism than some initially criminal offenders. In the interest of public safety and positive youth development, the department sought to accurately assess, as early as possible, but without undue interference in the lives of low risk, self-correcting youth, those who first show up as first-time MIP and Lt 1 oz. offenders in hopes of identifying and effectively intervening with those whose MIP / Lt 1 oz. behavior is indicative of criminogenic risk to reoffend.

¹ Juvenile Justice Information System Report 249d Recidivism - Youth By Offense Category 5/1/10-5/1/11.

² With the exception of youth receiving this referral type from the Redmond Police Department, which as of time of research for this report continued to operate its Diversion program but notified the department in November 2014 that it was ceasing operation.

2. Scope

The department sought and received support from the Juvenile Accountability Block Grant program to embark on this endeavor through an assessment of evidence-based practices and community needs related to juvenile/correctional approaches with youth involved with alcohol and other drugs. The department dedicated partial time from an experienced Community Justice Officer (CJO) under the project management of its Management Analyst to:

1. Research evidence-based systems, tools and partnerships to appropriately assess criminogenic risk and intervene when indicated with youth who have had law enforcement contact for low level alcohol and other drug violations/offenses.
2. Consult community members and stakeholders regarding their expectations and knowledge of alcohol and other drug violations/offenses by young people.
3. Recommend new department policy for assessing and intervening with the identified population.
4. Implement new policy and where applicable, train identified staff and community partners on the identified risk assessment tool and process.

3. Findings

3.1 Evidence-based Practices

Three broad evidence-based practices were revealed in the literature and research review:

1. Substance use and crime are highly linked.
2. The nature of the problem requires an integrated approach.
3. Apply known science to appropriately screen, assess and intervene in known risk factors related to criminality and substance disorders.

3.1.1. Substance use and crime highly linked

While most juvenile offenders do not have substance use disorders, when they do, their criminality is more complicated and entrenched than their non-substance disorder counterparts. This is born out in local data. From cases closed between 2006 through November 2014, for example, significant differences can be seen between youth identified as requiring substance use evaluations and those not. New charges were filed in court in 25% of cases involving youth identified with substance use problems, compared to 14% for youth not so; only 59% of cases were closed successfully, compared to 75% of youth without identified substance use problems not so³. In the first time MIP and Lt 1 oz. population we also saw an apparent relationship between substance use and criminality. While six-month recidivism had remained in the 18-20% range over a period of years, 12 month recidivism jumped to approximately 29%, much closer to the rates of criminal offenders and the county's overall recidivism number. More importantly, local youth with first-time MIP and Lt 1 oz. who do reoffend, reoffend criminally (66% of offenses are criminal in nature, not MIP/Lt 1 oz. or other violations). These criminal re-offenders have an equal proportion of chronic offenders (3 or more referrals within a year) as first time criminal offenders: 24% compared to 25% respectively for first time Theft and Assault offenders. When we look specifically at MIP offenders, 32% of those

³ Juvenile Community Justice Case Close Access Database, FAA and Probation cases closed January 2006-November 18, 2014.

who reoffend criminally at all, have 3 or more referrals within the year compared to 28% and 23% respectively of first-time Assault and Theft offenders.⁴

The data is compelling and obligatory. To assume that all first time MIP or Lt 1 oz. offender are low-risk simply because the offense type is considered a violation, not a crime, is to ignore the very real risk of continued and elevated offending of a small but acute population. By the same token, to assume that a youth with an alcohol or other drug dependence should always and only be referred out to a treatment provider, without assessing for criminogenic risk, defers the justifiable and necessary intervention needed to prevent further offending and victimization. Fortunately, there is an abundance of research and evidence-based practices to guide a smarter way forward. After an examination of the literature, this report finds two broad evidence-based practices that we recommend adopting in Deschutes County to identify, assess, intervene and work with other partners to address early alcohol and other drug use indicative of future criminality.

3.1.2. Use an integrated approach

The literature discusses two broad understandings of “integrated approach”. First is the need for agencies to participate in general/universal prevention efforts that exist in the community, and second is to actively understand the dynamic of adolescent substance dependence and support / work with other providers while providing intervention and supervision to individual offenders.

While the juvenile department has a specified scope of work, mandated by statute and sanctioned by county policy, it does not operate in isolation of other youth-related statutes, or local youth serving agencies and policies. This is particularly true in the area of adolescent substance use, where there is a direct relationship when a youth comes into contact with law enforcement for this behavior, and indirect, in terms of supporting policies and initiatives that have a broader prevention scope.

Community factors such as neighborhood disorganization, availability of drugs and laws and norms favorable to drugs can exacerbate or form a foundation for youth substance abuse⁵. An evidence-based practice coming into focus in Deschutes County that addresses the issue of social norms favorable to alcohol and other drug use is the Positive Community Norms⁶ (PCN) approach to improving community health. PCN utilizes social norms theory, social cognitive theory and reconceptualized theory of deterrence to focus adolescent prevention efforts on understanding, sharing and reinforcing shared social and community norms. This method dovetails with the importance of peers as either risk or protective factors amongst adolescents. Youth are far more likely to involve themselves in behaviors they perceive are the norm amongst their friends, families and communities. There are a number of areas in which the juvenile department can join the PCN activities being led by the Prevention office of the Behavioral Health department. See part 4, Recommendations below for specifics.

⁴ Juvenile Justice Information System Report 249b Tracking Period Recidivism for first time offenders with referrals between July 1, 2011-June 30, 2013. Chronic recidivism data on first time offenders with referrals between July 1, 2012 and June 30, 2013.

⁵ “Reviewing Theories of Adolescent Substance Use: Organizing Pieces in the Puzzle.” Petraitis, Flay and Miller. 1995.

⁶ Positive Community Norms, The Montana Institute, LLC Copyright 2009, 2010, 2011, 2012.

While outside the scope of this report, the evidence is clear that the best outcomes for youth involved in the juvenile justice system come when the justice system supervision and interventions dove-tail with any indicated and needed treatment providers in the case. The “Principles of Effective Criminal Justice Response to the Challenges and Needs of Drug-Involved Individuals”⁷ outlines a number of areas where integration at the case management level is crucial, including matching interventions to the specific needs and risks of the identified offender, integrate the realities of the recovery/relapse process, impose realistic conditions of supervision and partner across stakeholder groups to build a continuity of care for the offender.

3.1.3 Screening and Assessment

The third and perhaps most instructive set of evidence-based practices that emerged from the literature review is the importance of science-driven screening and assessment of both the criminogenic and substance disorder risks of young offenders. “Principles of Effective Criminal Justice Response” sums it as follows: “Do the right thing with the right people using the right interventions at the right time.”⁸

⁷ Principles of an Effective Criminal Justice Response to the Challenges and Needs of Drug-Involved Individuals, National Judicial College, Justice Management Institute, Pretrial Justice Institute and American Parole and Probation Association 2012, funded through the Bureau of Justice Assistance.

⁸ Ibid. page 6

Screening

At the time of this writing, the juvenile justice field is awash with evidence that the key to effective and beneficial public safety programs is to make informed decisions using the concept of criminogenic risk, needs and responsivity. This evidence applies to offenders with substance use disorders.

The federal Substance Abuse and Mental Health Services Administration (SAMHSA) elucidates that risk factors for individuals with co-occurring disorders of substance disorders and criminality are similar to general criminogenic risk factors, clustered in eight key areas:⁹:

- Demonstrated delinquency
- Low self control/aggression
- Attitudes, values and beliefs supportive of crime
- Delinquent peers
- Lack of family monitoring and domestic conflict
- Low school achievement
- Lack of pro-social leisure time
- Demonstrated substance use

Research consulted for this report reports a subset of these general, known criminogenic risk factors which may be particularly important. They are¹⁰:

- Young age onset of substance use or delinquency
- Male gender
- Previous unsuccessful attempts at treatment or rehabilitation
- Co-existing diagnosis of antisocial personality disorder
- Preponderance of antisocial peers or affiliations
- Prior felony convictions.

SAMHSA also recommends trauma-informed assessment and care as trauma correlates with substance abuse and criminality, particularly sexual abuse for females. If found, trauma is a primary issue of responsivity for justice system practitioners to address with clients.

Finally, not all youth referred to the juvenile department for an alcohol and other drug violation require the same level of intervention; in fact, the juvenile system can increase the risk of recidivism for young people with low criminogenic risk and no substance disorder who are given overly intensive supervision and interaction with other juvenile offenders. To avoid this unintended consequence, our research finds that best practices include using a screening tool/s that looks for both criminogenic and substance specific risks, and prescribes an appropriate guideline of intervention and supervision, starting with whether a full alcohol and other drug assessment is warranted.. A screening tool should be limited in focus, able to be administered by a non-clinical

⁹ Substance Abuse and Mental Health Services Administration. "Co-Occurring Disorders". <http://www.samhsa.gov/co-occurring/topics/criminal-justice/screening.aspx>

¹⁰ Ibid, page 25.

staff person, and provide an avenue towards more comprehensive assessment, or diversion from further intervention, based on the principle of minimizing contact of low risk offenders with the juvenile justice system.

Assessment

Research shows that once screened and found to be of elevated risk for substance disorders, a comprehensive alcohol and other drug assessment or evaluation should be completed. Once completed, the youth should be referred to the appropriate level of treatment, and the juvenile justice supervision plan developed in accordance with the youth's needs and treatment plan.

3.2 Community/Stakeholder Findings

Time was spent during this assessment process to also assess community stakeholder perceptions, concerns and needs related to adolescent substance use (attached to this report).¹⁰ Thirty professional members of the law enforcement, school, prevention and treatment provision community were solicited and responded to an online survey in 2013. The purpose of the survey was twofold. First was to ensure our understanding of our key stakeholder's perceptions and concerns on this topic, so as to communicate clearly and responsively with them as our practices in this area were being assessed and changed. Second was to test the extent to which stakeholder's perceptions compare to what is known about criminality and adolescent substance use.

Generally speaking, we are confident that there is a high level of agreement between stakeholders and our department regarding the causes, best solutions and scope of the problem. Specifically:

- Stakeholders understand and believe that substance disorders is a serious problem for only a proportion of youth in the community, while also holding the belief that substance use is always problematic.
 - 70% believe marijuana is a serious problem for SOME local youth.
 - 60% believe alcohol is a serious problem for SOME local youth.
- Stakeholder's beliefs of "most influential" risk factors related to criminality and substance disorders correlate well with known risk factors. Below are the top four "most influential" risk factors chosen by the survey panel:
 1. Peers
 2. Attitudes values and beliefs
 3. Level of addiction
 4. Family
- Stakeholders expressed strong support for addressing community / peer / family norms in preventing and intervening with adolescent substance disorders:
 - Respondents listed "perception that it is the norm among peers" as the primary reason adolescents use marijuana.
 - Respondents listed "perception it is norm among peers" and "perception it is norm among family/community" in the top three reasons adolescents use alcohol.
 - Respondents listed "more parental involvement" as a primary deterrent to both alcohol and marijuana use.
- Stakeholders expressed high expectations for the juvenile department

¹⁰ Deschutes County Juvenile Community Justice "Causes and Problems Related to Adolescent Alcohol and Marijuana Use" Survey Monkey, 2013.

- Respondents were given the names of law enforcement, treatment providers, prevention department and the juvenile department and asked which type of activity each agency should be responsible for. Between 50% and 70% of respondents felt that the juvenile department had responsibilities for assessment, treatment, education and accountability services. Other departments were perceived to have more singular responsibilities (i.e. law enforcement was perceived to be responsible only for “accountability”).

3.3 Recommendations

Based on the findings described above, the following recommendations were made in June 2014. Progress and updates as of November 2014 are included:

A. Screening and Assessment

Recommendation 1: Screen all MIP/Lt 1 oz. referrals for demonstrated risk factors
[Based on referral narrative and JJIS/other justice information system history]

Recommendation 2: For those youth meeting elevated risk criteria upon initial screening, require face to face/intake contact and actuarial JCP risk screen

Recommendation 3: Develop decision and supervision matrix for youth assessed at Low, Medium and High on actuarial JCP, to include:

- Low risk protocol/verbiage/assistance
- Low risk override protocol (based on individual high risk factors)
- Medium and High risk protocol, to include further AOD short screen (see #4) / FFT referral / supervision techniques

Recommendation 4: For medium and high risk youth, select or develop department substance disorder specific risk assessment to guide whether AOD assessment should be completed as part of supervision.

[SSI-SA under consideration]

[Sub-set of JCP Indicators under consideration]

[Hybrid/Dept specific / Other under consideration]

Recommendation 5: FFT screening for all Medium or High JCP AND elevated substance disorder screening score

Progress as of November 2014:

1. **Recommendation 1 – Completed.** Developed and tested a Brief Screen (Attachment 1) that utilizes risk indicators from the validated Oregon Juvenile Crime Prevention Risk Assessment on 50 youth.
2. **Recommendation 2 and 3 – Completed.** Developed and tested a protocol based on strategic deterrence (Attachment 2). Based on testing (Attachment 3), we determined our initial scoring criteria had created a “false-positive” dynamic wherein too many youth were identified as needing full risk assessment (80% of such youth turned out to be low risk and were closed with a warning letter) and so the Brief Screen was revised in a way to reduce the number of youth/families requiring intake (Attachment 4). The Brief Screen as attached has been incorporated into regular business practice and is being incorporated into risk assessment policy and procedure. In early 2015, we will begin looking at early 6-month recidivism trends and continue annually to monitor and adjust if necessary. The Brief Screen is being looked at for use

with other offense types and other disposition categories as part of larger risk-based protocols currently being revised and developed in the department, and may accordingly be revised.

3. **Recommendation 4- Completed.** Researched and located two substance use (brief) screening protocols to help determine, at the time of case routing decision, whether comprehensive assessment should be a warranted condition of supervision. Of the two final choices (TCU Institute of Behavioral Research's "Adolescent Risk Form Questionnaire" and the federal Substance Abuse and Mental Health Services Administration (SAMHSA)'s "Simple Screening Instrument for Substance Abuse (SSI-SA)), we opted for the SSI-SA. It can be done as a self-assessment or interview, is quick, in the public domain and can be used and reproduced without charge or permission or limit (Attachment 5). It's been widely used since 1994 and has shown efficacy in identifying substance-dependency as well as reliability. We have not used the tool much because 94% of test cases have turned out low risk and our protocol only calls for the SSI-SA when youth has elevated criminogenic risk.
4. **Recommendation 5 - In progress.** Other risk-based protocols are currently being revised and developed for all offense types, to include MIP/Lt 1 oz.

B. Integrated Approach

Recommendation 1: Revise Warning Letter for youth whose paper screening did not result in an intake, in alignment with Positive Community Norms/Prevention Team

Recommendation 2: Create low risk result intake protocol / resource referral / verbiage that aligns with Positive Community Norms / Prevention Team initiative/evidence.

Recommendation 3: Consider regular briefing / clinical review with BH Supervisor for any Medium or High Risk AOD youth receiving AOD services in community (similar to Wrap/DCBH)

Recommendation 4: Support new and emerging federal and state guidelines on Positive School Climate / School to Prison Pipeline awareness and reduction

Progress as of November 14

1. **Recommendation 1 – Completed.** Provided draft letter and incorporated comments July 2014.
2. **Recommendation 2 – In progress.** Will provide this report to Prevention Team in December 2014
3. **Recommendation 3 – In progress.** Other risk-based protocols are currently being revised and developed for all offense types, to include MIP/Lt 1 oz.
4. **Recommendation 4 – In progress.** Staff workgroup focused on Restorative Justice improvements with schools throughout 2014. This topic will be a priority for 2015 as the MIP/Lt 1 oz. protocol work moves from testing to implementation and other risk-based protocols are revised and developed for all offense types, to include MIP/Lt 1 oz.

**Deschutes County Juvenile Community Justice
Brief JCP Screen (v.4) Test Period**

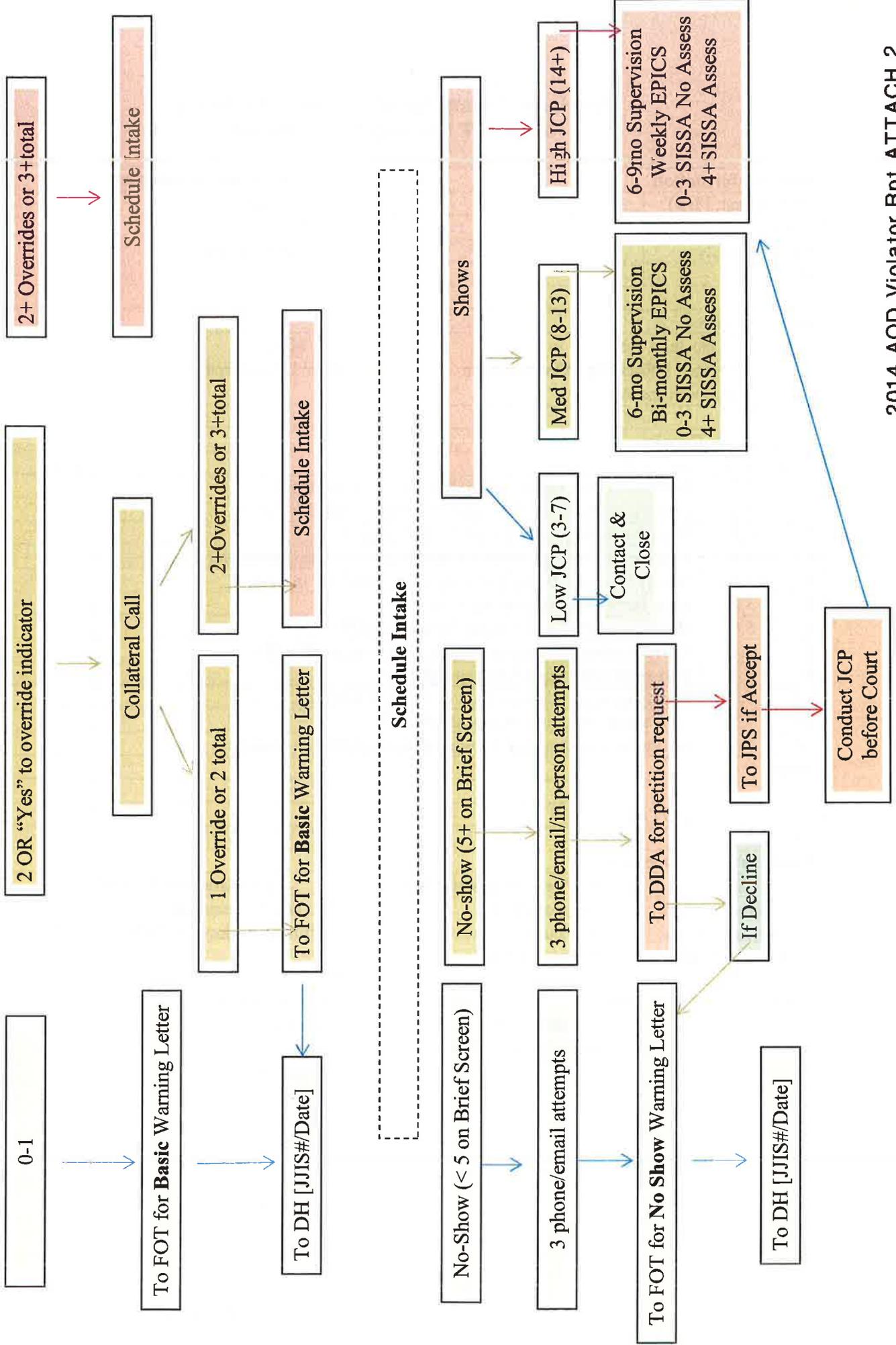
Youth Information		Screener Information
Name (Last, First)		Name:
Gender		
Race/Ethnicity		Date Screened:
JJIS #		

Referral Type	
<input type="checkbox"/> 1 st Less than 1 oz. <input type="checkbox"/> 1 st Minor Possession / Consumption <input type="checkbox"/> Chronic Runaway	<input type="checkbox"/> 1 st C-Misd <input type="checkbox"/> Other 1 st Criminal:

Brief Screen Results			
Item	JCP	Indicator	Score
1	3.2	Friends engage unlawful/serious acting out behavior	
2	4.6	Chronic runaway (3+ episodes 1-3 days; 1 episode 1wk+)	
3	4.7	Recent runaway (past month 1+day / night)	
4	4.9	Past month, youth's behavior hurt or put OTHERS in danger	
5	4.10	At any time, youth's behavior hurt or put SELF in danger	
6	5,2	Poor family supervision and control	
7	5.4	History reported child abuse / neglect or DV	
8	6.2	Current substance use causing problems in youth's life	
9	6.3	Substance use began 13 or younger	
10	6.4	At any time, youth been high or drunk at school	
11	7.1	Anti-social attitudes, values and beliefs	
12	N/A	Delinquency other than substance use began 13 or younger	
Other:			
TOTAL SCORE			

Brief Screening Decision		
0-1	2 or "yes" to any shaded	2+ shaded or 3+ total
<input type="checkbox"/> Warning Letter <input type="checkbox"/> Adjustment up to Collateral Date:	<input type="checkbox"/> Collateral Call <input type="checkbox"/> Adjustment down to Warning Letter Date: <input type="checkbox"/> Warning Letter <input type="checkbox"/> Intake/Assessment	<input type="checkbox"/> Intake / Assessment <input type="checkbox"/> Adjustment down to Collateral Call Date: <input type="checkbox"/> Warning Letter <input type="checkbox"/> Informal Sanction <input type="checkbox"/> FAA <input type="checkbox"/> No Show Date: Date: Date: <input type="checkbox"/> Close non-comply (2-4) <input type="checkbox"/> Request Petition (5+)

JCP Brief Screen Test Workflow 6/9/14



Deschutes County Juvenile Community Justice AOD Brief Screen Pilot Results as of November 18, 2014

Number of Youth	Initial Screen Result		
	Warning Letter	Collateral Call	Schedule Intake
50	14	14	20
Percent	28%	28%	40%
Collateral Call Result			
Warning Letter			
13	2	1	0
81%	13%	7%	0%
Intake Result (if applicable)			
Warning Letter			
18	2	0	2
82%	9%	0%	9%
Petition File Result			
Declined			
0	1	0	1
0%	50%	0%	50%
No-Show/Warning Letter			
0	0	0	0
0%	0%	0%	0%
No-Show/Request Petition			
0	0	0	0
0%	0%	0%	0%

Big Picture

92% of all cases received warning letter*

4% received FAA

4% adjudicated/petition filed

* 2 missed FAA's due to criteria confusion [JCP override indicators]

**Deschutes County Juvenile Community Justice
Brief Screen (v.5) for 1st MIP/LT 1 oz. November 21, 2014**

Youth Information		Screener Information	
Name (Last, First)		Name:	
Gender			
Race/Ethnicity		Date Screened:	
JJIS #			

Referral Type	
<input type="checkbox"/> 1 st Less than 1 oz.	
<input type="checkbox"/> 1 st Minor Possession / Consumption	

Brief Screen Results			
Item	JCP	Indicator	Score
1	3.2	Friends engage unlawful/serious acting out behavior	
2	4.6	Chronic runaway (3+ episodes 1-3 days; 1 episode 1wk+)	
3	4.7	Recent runaway (past month 1+day / night)	
4	4.9	Past month, youth's behavior hurt or put OTHERS in danger	
5	4.10	At any time, youth's behavior hurt or put SELF in danger	
6	5.2	Poor family supervision and control	
7	5.4	History reported child abuse / neglect or DV	
8	6.2	Current substance use causing problems in youth's life	
9	6.3	Substance use began 13 or younger	
10	6.4	At any time, youth been high or drunk at school	
11	7.1	Anti-social attitudes, values and beliefs	
12	N/A	Delinquency other than substance use began 13 or younger	
Other:			
TOTAL SCORE			

Brief Screening Decision		
1-2	3 or "yes" to any shaded	4+total or 2+ shaded
<input type="checkbox"/> Warning Letter <input type="checkbox"/> Adjustment up to Collateral Date:	<input type="checkbox"/> Collateral Call <input type="checkbox"/> Adjustment down to Warning Letter Date: <input type="checkbox"/> Warning Letter <input type="checkbox"/> Intake/Assessment	<input type="checkbox"/> Intake / Assessment <input type="checkbox"/> Adjustment down to Collateral Call Date: <input type="checkbox"/> Warning Letter <input type="checkbox"/> FAA <input type="checkbox"/> No Show Date: Date: Date: <input type="checkbox"/> Close non-comply (2-4) <input type="checkbox"/> Request Petition (5+)

Shaded indicators are low risk override or violence indicators per JCP

SSI-SA* for Deschutes County Juvenile Community Justice

Directions: The questions that follow are about your use of alcohol and other drugs. Your answers will be kept private. Circle the response that best fits for you.

In the LAST 6 MONTHS:

- | | | |
|---|---|---|
| 1. Have you used alcohol or other drugs (such as wine, beer, hard liquor, pot, coke, heroin or other uppers, downers, hallucinogens or inhalants?) | Y | N |
| 2. Have you felt that you use too much alcohol or other drugs? | Y | N |
| 3. Have you tried to cut down or quit drinking or using alcohol or other drugs? | Y | N |
| 4. Have you gone to anyone for help because of your drinking or drug use (such as Alcoholics Anonymous, Narcotics Anonymous, counselors or a treatment program)? | Y | N |
| 5. Have you had any health problems? For example, have you:
___ Had blackouts or other periods of memory loss?
___ Injured your head after drinking or using drugs?
___ Had convulsions, delirium tremens ("DTs")?
___ Had hepatitis or other liver problems?
___ Felt sick, shaky or depressed when you stopped?
___ Felt "coke bugs" or a crawling feeling under the skin after you stopped using drugs?
___ Been injured after drinking or using drugs?
___ Used needles to shoot drugs? | | |
| 6. Has drinking or other drug use caused problems between you and your family or friends? | Y | N |
| 7. Has your drinking or other drug use caused problems at school or at work? | Y | N |
| 8. Have you been arrested or had other legal problems (driving while intoxicated, theft or drug possession)? | Y | N |
| 9. Have you lost your temper or gotten into arguments or fights while drinking or using drugs? | Y | N |
| 10. Are you drinking or using drugs more and more to get the effect you want? | Y | N |
| 11. Do you spend a lot of time thinking about or trying to get alcohol or drugs? | Y | N |
| 12. When drinking or using drugs, are you more likely to do something you wouldn't normally do, such as break rules, break the law, sell things that are important to you, or have unprotected sex with someone? | Y | N |
| 13. Do you feel bad or guilty about your drinking or drug use? | Y | N |

HAVE YOU EVER IN YOUR LIFE:

- | | | |
|--|---|---|
| 14. Had a drinking or other drug problem? | Y | N |
| 15. Any of your family members had a drinking or other drug problem? | Y | N |
| 16. Feel that you have a drinking or other drug problem now? | Y | N |

Thanks for filling out this questionnaire.

Scoring for the SSI-SA (Simple Screening Instrument for Substance Abuse)

Date: _____ **Youth Name/ID No:** _____

Scorer/CJO: _____

Items 1 and 15 are not scored. The following items are scored as 1 (Y) or 0 (N):

___ 2	___ 7	___ 12
___ 3	___ 8	___ 13
___ 4	___ 9	___ 14
___ 5 (if any items listed)	___ 10	___ 16
___ 6	___ 11	

Total score: ___ Score range: 0-14

Score Degree of Risk for Substance Abuse*

0-1 None to low

2-3 Minimal

4+ Moderate to high: possible need for further assessment

***A score of less than 4 does not necessarily indicate the absence of substance abuse. Use this score in conjunction with JCP substance abuse domain results and any other documentation or evidence to make a decision whether to refer for further assessment.**

Decision:

___ **No assessment required at this time**

___ **Refer for assessment and follow through with recommendations**

___ **Other:**

**The SSI-SA was developed by the Consensus Panel of TIP 11, *Simple Screening Instruments for Outreach for Alcohol and Other Drug Abuse and Infections Diseases* (Center for Substance Abuse Treatment 1994c). As a government-supported document, the SSI-SA is in the public domain, can be used without charge or permission and can be reproduced without limit, including these instructions, and can be found at: www.ncbi.nlm.nih.gov/books/NBK64187/*

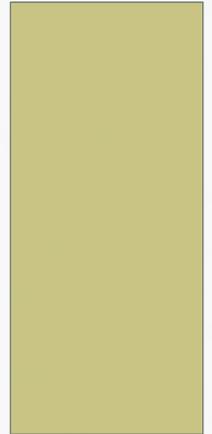
DESCHUTES COUNTY DOMESTIC VIOLENCE CHILD SAFETY PROJECT

SHELLY SMITH

Director
KIDS Center

DREW MOORE

DDA - Deschutes District
Attorney's Office



INTRODUCTION

- Mary Anderson, Chief Deputy District Attorney with the Deschutes County District Attorney's Office, attended the ODAA Conference (2012).
- Ms. Anderson presented the Deschutes County Child Abuse Multidisciplinary Team with Lane County's successful project and encouraged team to review and potentially implement locally.
- KIDS Center and the Deschutes County District Attorney's Office hosted a MDT regional training locally in February, 2013. Sarah Sabri, Assistant District Attorney on the Lane County DV Team, and Tina Morgan, Director of Kids' FIRST, presented their successful DV Child Witness Program.

EFFECTS OF EXPOSURE TO VIOLENCE

- Exposure to family violence
 - → Suffer symptoms of PTSD (bed-wetting or nightmares); are at greater risk of having allergies, asthma, gastrointestinal problems, headaches and flu
- Pre-natal physical domestic violence
 - → Increased risk of exhibiting aggressive, anxious, depressed or hyperactive behavior
- Females exposed to parents' DV as adolescents
 - → significantly more likely to become victims of dating violence than daughters of nonviolent parents
- Children who experience childhood trauma, including witnessing incidents of domestic violence
 - → Greater risk of having serious adult health problems (tobacco use, substance abuse, obesity, cancer, heart disease, depression and unintended pregnancy)
- Physical abuse during childhood
 - → Increases risk of future victimization among women and the risk of future perpetration of abuse by men more than two-fold

HOW ARE KIDS IMPACTED?

- DV is the #1 indicator of child abuse in a home & is the leading precursor to child death related to abuse.
- In families where there is domestic violence, children witness about two thirds of the abusive incidents. Approximately half of the children in these families have themselves been badly hit or beaten. Overall, children from homes where domestic violence occurs are 15 times more likely to be physically or sexually abused or seriously neglected.
- Witnessing domestic violence is harmful to children. In some cases they may be physically injured, in other cases they are not but their sense of safety and security is damaged by witnessing the violence.
- Younger children: may become anxious; complain of tummy aches or start to wet their beds. They may find it difficult to sleep, have temper tantrums and start to behave as if they are much younger than they are.

HOW ARE KIDS IMPACTED? (CONT.)

- Older children:
 - Boys:
 - Outwardly distressed; aggressive and disobedient; may start to use violence to try and solve problems; may start to use alcohol or drugs.
 - Girls:
 - Keep their distress inside; withdraw and become anxious or depressed; self loathing and complain of vague physical symptoms; more likely to have an eating disorder, or to harm themselves.
- Children with these problems often start to perform poorly in school. They may also get symptoms of Post Traumatic Stress Disorder – having nightmares and flashbacks and being easily startled.
- Kids who witness domestic violence = VICTIMS

DV WITNESS PROJECT

- In response to these considerations, the Lane County MDT broadened Kids' FIRST services in 1999
- Originally developed as a 60-day pilot project, the DV Witness Project is now in its 13th year
- **Purpose:**
To better coordinate criminal and civil intervention for domestic violence cases which involve child witnesses.

KEY PLAYERS IN DV INVESTIGATIONS

- Law Enforcement
- District Attorney
- Child Welfare/ DHS
- DV Services (Systems- & Community-Based)
- Corrections
- Parole & Probation
- Therapists, Interpreters, Judges, Immigration, etc.

GOALS AND OBJECTIVES

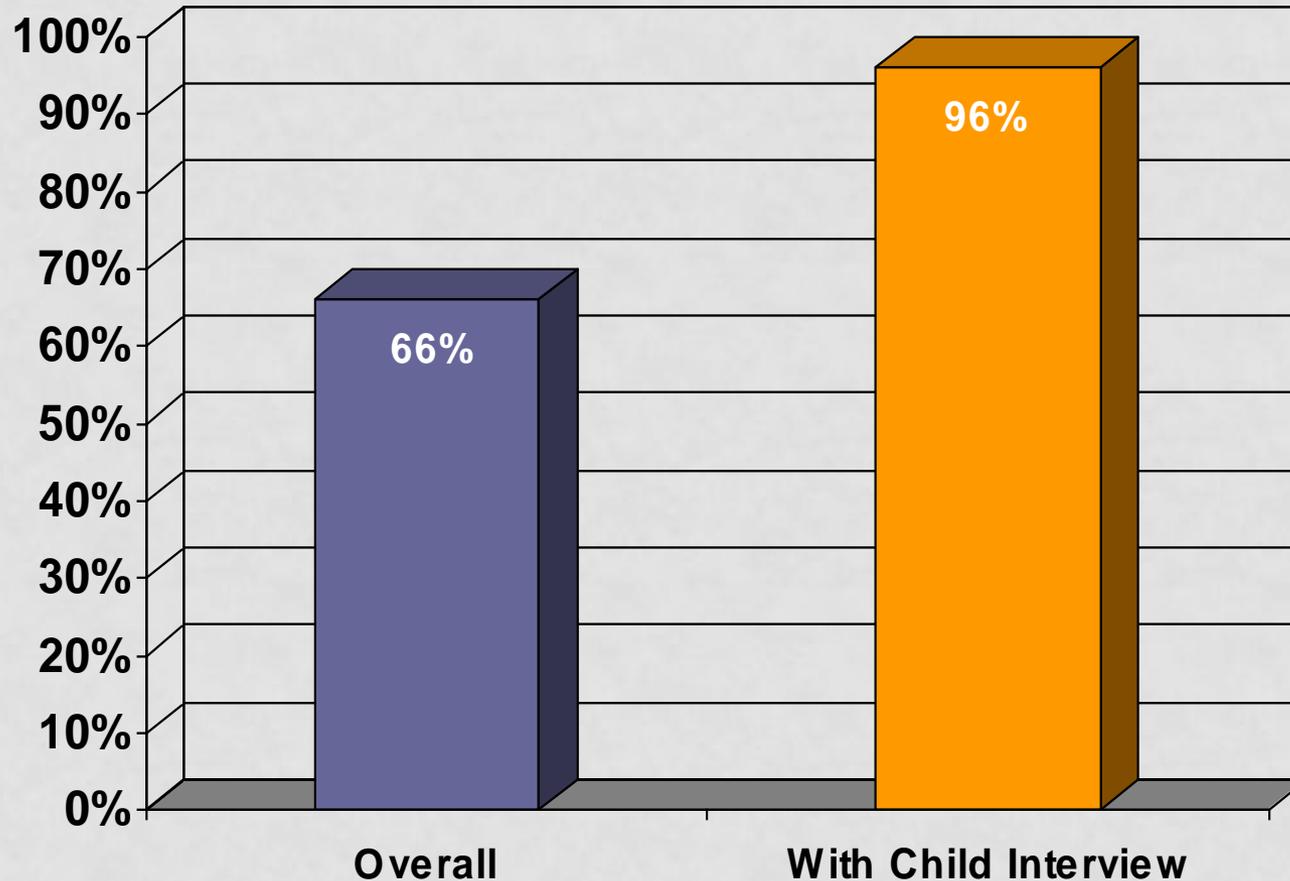
- **Recognize the impact of witnessing violence on children**
- Decrease the number of cases opened by CPS by increasing the safety & stability of adult victims
- Reduce duplication of contacts with families
- Reduce the time between an incident and the following interview and intervention
- Increase the rate of successful prosecution (higher conviction rates, fewer trials, more pleas)
- Improve cost-effectiveness for all involved
- Ensure that children receive necessary support and resources to heal from the trauma they have experienced.

LANE COUNTY
PROSECUTION OUTCOMES
STATISTICAL OVERVIEW: 2002



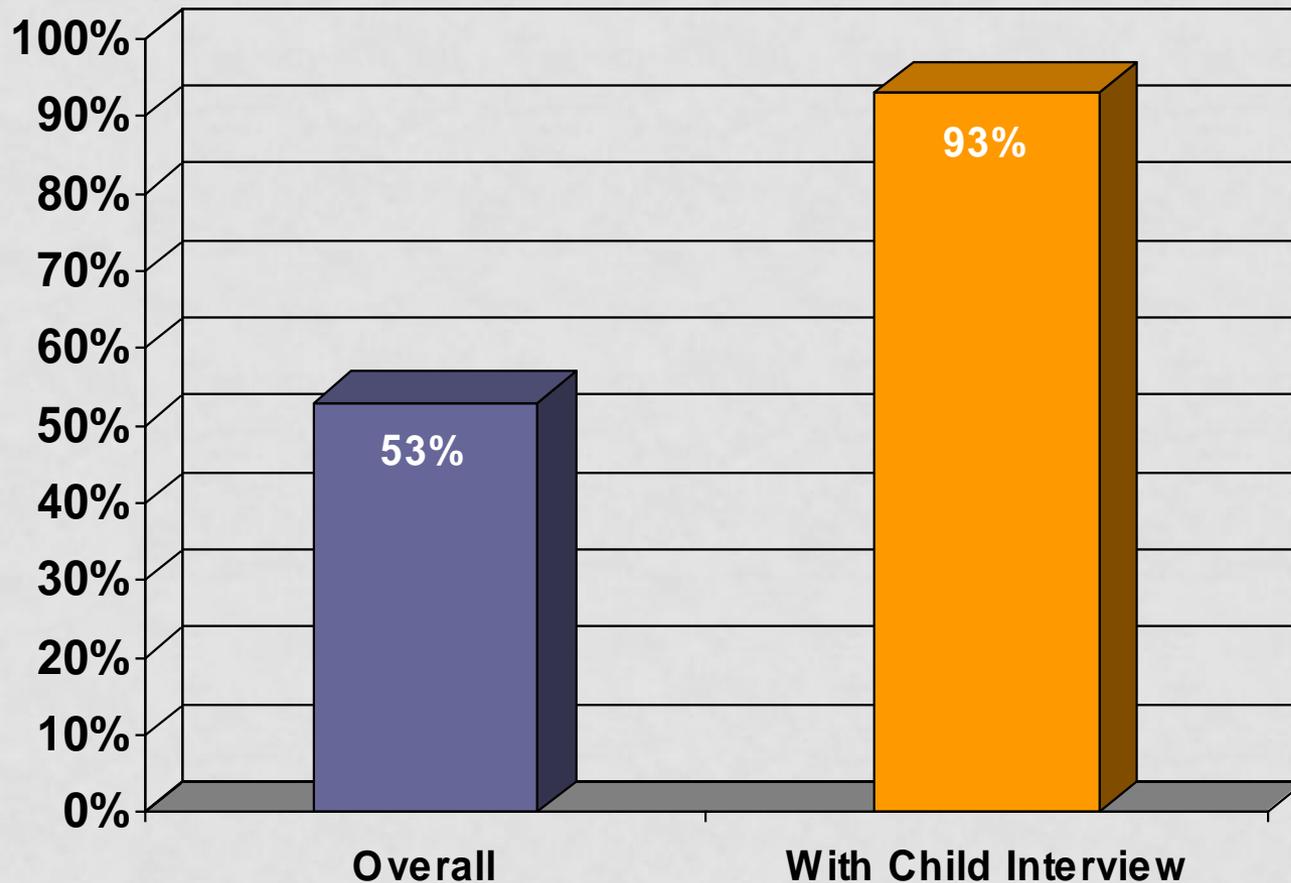
Prosecution Outcomes 2002

Comparison: Rate of Cases Filed



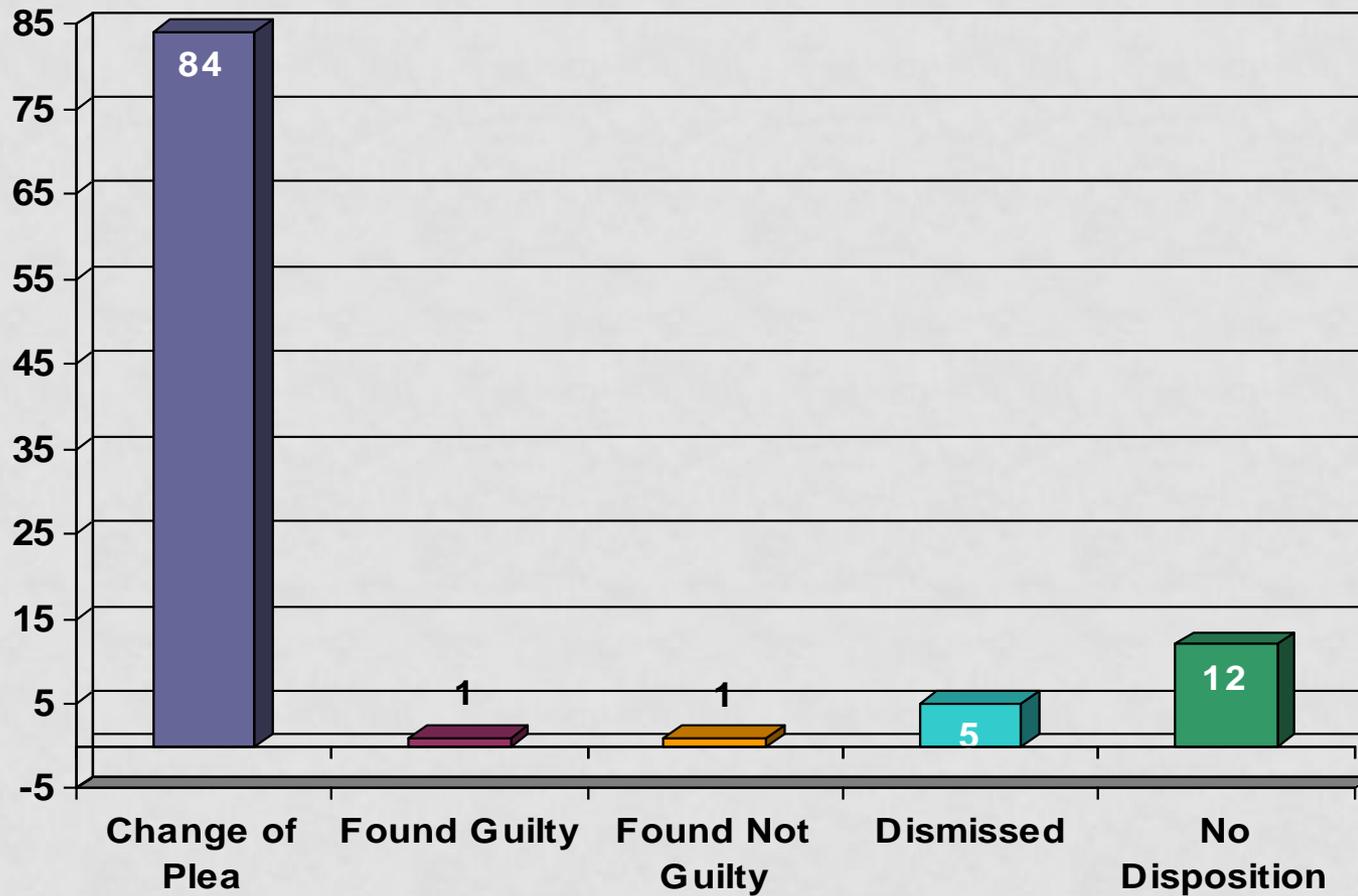
Prosecution Outcomes 2002

Comparison: Rate of Convictions

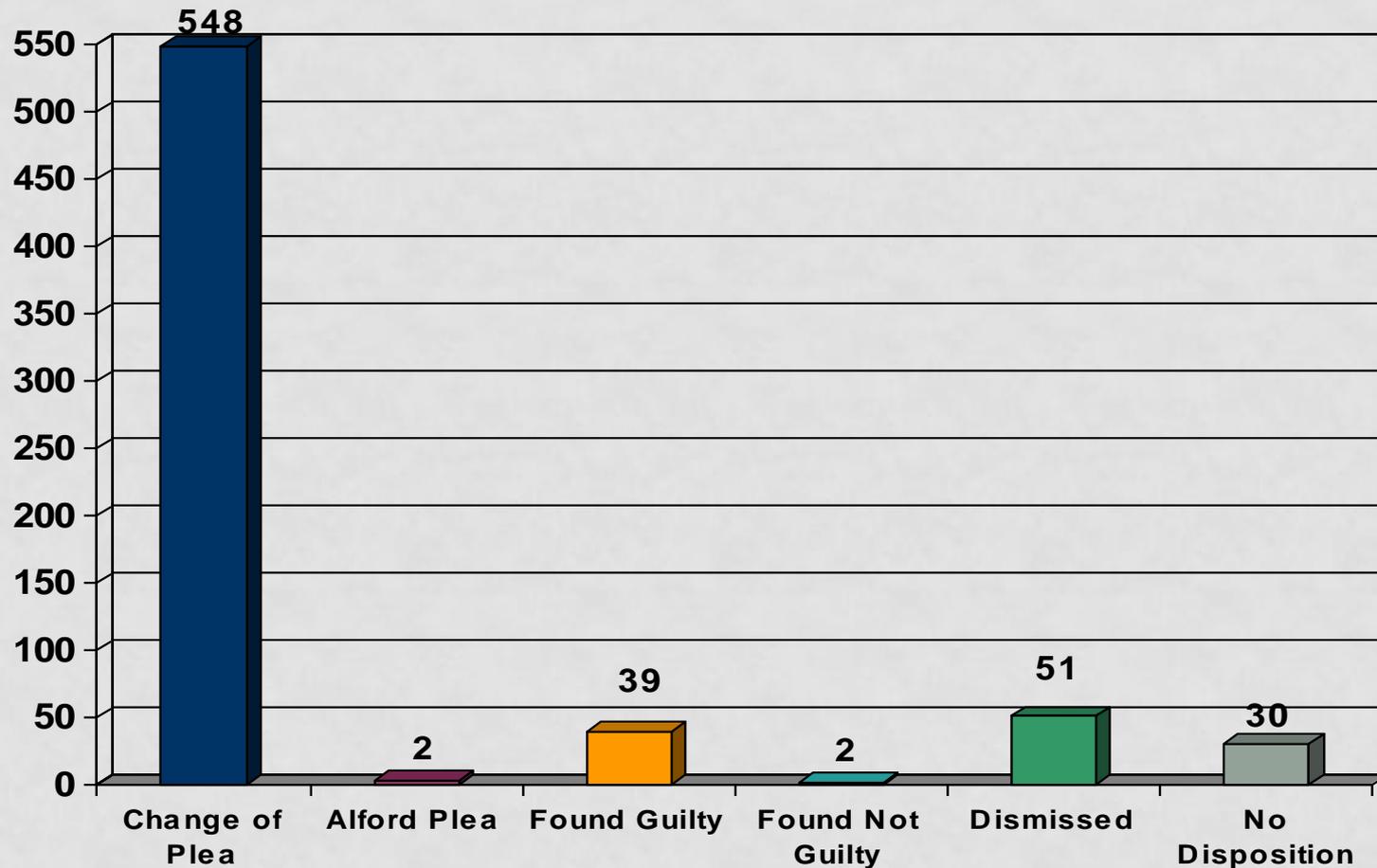


Prosecution Outcomes 2002

Kids' FIRST Center Case Dispositions



Disposition Summary of Cases Interviewed at Kids' FIRST (2002-2011)

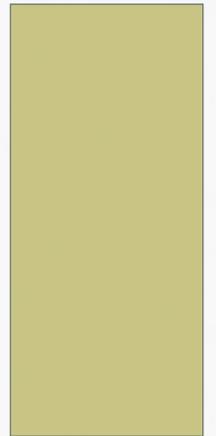


2002-2011 SUMMARY

Cases involving a child interview were...

- More likely to be filed by a District Attorney
- More likely to result in a conviction
- More likely to result in a plea bargain
(preventing child witnesses & adult victims from having to testify)
- Less likely to result in a dismissal
- Equally likely to result in conviction for a charge constituting domestic violence

CHILD WELFARE
OUTCOMES: 2002-2003



CHILD WELFARE OUTCOMES

- In 2005, an independent research firm was commissioned to examine Child Welfare outcomes related to the project.
- Of the 103 families served in 2002-2003, 52 had subsequent referrals to DHS within 1-2 years following the incident
- Only 12 families (12% of the total) had subsequent referrals related to new intimate partner violence incidents

CHILD WELFARE OUTCOMES (CONT.)

- Calculated from founded reports, the recurrence rate within 6 months was about 2% - lower than the statewide average of 7% (2001 Oregon Child and Family Services Review)
- The overall recurrence rate within two years for families seen at Kids' FIRST was 6% (statewide data for this range unavailable)



DESCHUTES COUNTY PILOT

Purpose: To help increase safety for children and non-offending parents while also reducing the impact of the legal system on Domestic Violence victims and their families. By providing a coordinated and comprehensive response, the following goals hope to be realized:

1. To prevent further domestic abuse within the home.
2. To decrease the number of cases opened by DHS-CWP by providing advocacy and resources to battered parents.
3. To make prosecution more successful-To hold batterers accountable for their harmful behavior and get court ordered treatment.
4. To reduce the amount of time between an incident and the following interventions.
5. To collect all of the information needed at one time, in a child-friendly setting. This reduces the need for multiple interviews of children and allows the parent to meet most of the people and agencies that will be involved in their case.

DESCHUTES COUNTY PILOT

- Pilot launched in **November, 2013**
- TEAM MEMBERS:
 - KIDS Center DV Coordinator and Forensic Interviewer
 - LEA Representative
 - DHS/Child Welfare Caseworker
 - Deputy District Attorney
 - Victim's Assistance Program Advocate
 - Saving Grace Advocate

REFERRAL PROCESS

Referrals accepted from:

- Law Enforcement Agencies (LEA)
- Department of Human Services – Child Welfare (DHS)

Referral process:

- LEA/DHS report is faxed to KIDS Center
- Interview is scheduled 2 p.m. the next business day
- Children 4 years and older interviewed; medical exam later if needed

CRITERIA FOR REFERRAL

- DV/Assault 4 Felony arrest of an adult in home where children are present. Referral made at the time of the arrest by LEA to non-offending caregiver.
- Child/children are 4 years or older (minimum age requirement for interviewing children).
- Families residing in Deschutes County (Redmond PD will be trained in early January).

INTERVIEW PROCESS

- KIDS Center DV Coordinator receives report/interview request.
- Coordinator contacts DV team & provides names of the involved to check for previous reports.
- On their arrival, the family is greeted by an advocate; needs assessment/safety planning begins.
- DV team meets with the adult victim to collect information and explain the interview process.

INTERVIEW PROCESS (CONT.)

- A recorded interview of each child witness is conducted at KIDS Center by a DHS Child Welfare caseworker specially trained in child forensic interviewing.
- LEA Investigator observes the interview from the center control/viewing room.
- During the child interviews, a Saving Grace advocate meets with the adult victim to provide support, referrals, CVC information, safety planning, shelter assessment, etc.

INTERVIEW PROCESS (CONT.)

- Following the interview, DV team meets again with the adult victim & explains the next steps for the criminal case as well as the child welfare assessment.
- DHS/Child Welfare, with team input, determines whether the children are safe with the victim parent.
 - If the caseworker believes the children are not safe, a protective action or plan of some kind must be in place before the family leaves KIDS Center.

REVIEWS

- Every case is reviewed by the Deschutes County MDT.
- Monthly peer review for DHS caseworkers with KIDS Center's Forensic Interviewers to review & improve interviewing skills.
- Quarterly meetings to review project.

OUTCOMES TO DATE

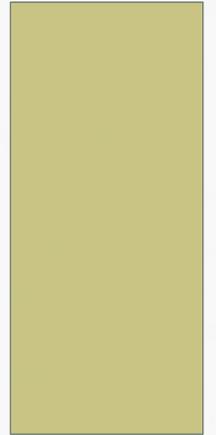
November, 2013 - December, 2014

- 26 referrals to DV Child Safety Project
- 15 interviews completed:
 - 47% within 24 hrs. of report
 - 93% made disclosures
- Average age of witness: 8 years
- Average age of victim: 31 years

WHY NOT MORE INTERVIEWS?

- Age of the child (under the age of 4 yrs.)
- Refusal by parents
- LEA has not yet been trained on the program
 - Slow roll-out of pilot/program

WHERE DO WE GO FROM
HERE?



NEXT STEPS...

- Continue training all law enforcement agencies and Child Welfare workers in regard to protocols and best practice.
- Possible medical exams for children under 4 years.
- DHS referrals increasing with success of program.

SUCSESSES ANTICIPATED

- Increased number of child witnesses identified and supported with resources.
- Demonstrable improvement in filing and conviction rates for DV cases.
- Parents are better supported and informed about Child Welfare expectations & available resources, leading to better outcomes.
- Team members work cooperatively, providing comprehensive services that result in improved investigations and safety for victims and their children.
- Children & families are served in a family-oriented, supportive, effective manner.
- Agencies & individuals involved are constantly improving their relationships with one another.

QUESTIONS?

CONTACT INFORMATION

Shelly Smith

ssmith@kidscenter.org

KIDS Center

Phone: (541) 383-5958

www.kidscenter.org

Drew Moore

drew.moore@dcda.us

Deschutes County
District Attorney's Office

Phone: (541) 388-6520

www.deschutesda.org

What is the Domestic Violence Child Safety Program?

The purpose of the program is to help increase safety for children and non-offending parents while also reducing the impact of the legal system on Domestic Violence victims and their families.

What are the goals of the program?

1. To prevent further domestic abuse to you and your child/children.
2. To decrease the number of cases opened by DHS-CWP by providing advocacy and resources to battered parents.
3. To make prosecution more successful. To hold batterers accountable for their harmful behavior and get court ordered treatment.
4. To reduce the amount of time between an incident and the following interventions.
5. To collect all of the information needed at one time, in a child-friendly setting. This reduces the need for multiple interviews of children and allows the parent to meet most of the people and agencies that will be involved in their case.

This program was designed with the goal of helping victims and their children by making resources and information available in one place. We strive to assist victims by giving them easier, quicker and simpler access to information and resources.

The goal of everyone involved is to provide the best possible experience for you and your child.



Where? KIDS Center

When? 2:00pm

Date: _____

Domestic Violence Child Safety Program



KIDS Center

1375 NW Kingston Avenue, Bend, OR
541-383-5958

www.kidscenter.org

Why am I here?

In most cases, you were asked to bring your child to KIDS Center by law enforcement or child protective services. Your child will talk to an expert who has been trained in interviewing children. Referrals to KIDS Center are made any time there is reason to believe a child has witnessed an incident of domestic violence.

What if I don't believe my child has witnessed domestic violence?

Many parents have a hard time believing their children have witnessed domestic violence at home. The fact is, most children who live in homes where violence occurs are aware of the abuse even if their parents believe they are sleeping or playing outdoors.

When a child hears domestic violence, or becomes aware of it in other ways, it can be just as damaging.

Even if your child does not disclose witnessing a particular incident of domestic violence, he or she may have witnessed previous incidents, or may be able to share other helpful information.

Who will be involved in my case?

Each case is different. Depending on your case, some or all of these agencies may be involved:

Law Enforcement

Bend Police, Deschutes County SO,
Redmond Police

Victims' Assistance Advocate

Victims' Assistance Program, system based

Saving Grace Advocate

Community based confidential program/
shelter resources

Deputy District Attorney

Prosecutor

Child Protective Services (DHS-CWP)

These state services often are involved when there is domestic violence in a home with children because domestic violence puts children at significant risk of harm. Law enforcement is required to cross report and that will occur whether or not your children are interviewed at KIDS Center.

Your caseworker will talk to you about things to do in order to keep your family safe. These expectations will be different for every family.

Effects of Domestic Violence on Children

Witnessing domestic violence is harmful to children. In some cases they are injured and in other cases they are not, but their sense of safety and security is damaged by witnessing the violence.

Children from homes where domestic violence occurs are 15 times more likely to be physically or sexually abused or seriously neglected.

People who hurt their partners are much more likely to also hurt their children as well as family pets.

Children from homes where domestic violence occurs are more likely to suffer from:

- Depression
- Problems in school
- Frequent illness
- Behavioral problems

These children often engage in:

- Violence against peers
- Suicide attempts
- Alcohol and drug abuse
- Running away
- Prostitution
- Crimes including sexual assault