

Who are the youth with deep-end involvement in the juvenile justice system? And what is Multnomah County doing with them?

This information is based on the self-report of 314 youth who received mental health or addiction treatment through The Department of Community Justice (DCJ).<sup>1</sup> These high- and medium-risk probation youth had either failed out of community-based treatment or had been unable to follow through with a referral. The juvenile justice system provides one “last stop” opportunity—generally secure residential or intensive, home-based intervention—to reduce the number of youth confined in detention or committed to Youth Correctional Facilities (YCF). Untreated mental health and addiction problems are significantly correlated with increased criminal activity.

The youth are ethnically diverse: 55% are Caucasian; 30% African-American; 8% Latino; 4% of Asian descent; and 2% Native American. African-American youth are over-represented, relative to their numbers in Multnomah County’s population. Twenty-four percent are females.

#### **SUBSTANCE ABUSE AND DEPENDENCE**

- Of 314 youth, 88% endorse significant problems with substance use (80% for females; 91% for males; with higher self-reported problems from Caucasian youth). 100% of DCJ youth report using alcohol or drugs.
- Over a third endorse acute symptoms of substance dependence.<sup>2</sup>

#### **CO-OCCURRING MENTAL HEALTH DISORDERS**

- The average DCJ youth reports significant struggles with depression, anxiety, and suicidal thoughts (49%). The problems worsen for females (64% for females versus 44% for males).
- DCJ youth are likely to report problems controlling external behaviors (e.g. impulsivity, fighting) [87%]. Interestingly, in spite of the popular wisdom, no differences exist between males and females with these problems (in fact, females exhibit slightly more external behaviors).
- Of 314 respondents, 67% report prior sexual, emotional, and physical victimization, and 36% endorse symptoms of traumatic stress.

#### **SEXUAL RISK**

- Of 314 youth,<sup>3</sup> 62% report that they engage in sexually risky behaviors.

#### **WHAT DO THEY THINK OF THEIR CHALLENGES?**

- In spite of more serious alcohol and drug abuse and more extreme emotional problems, the average DCJ youth (95%) is unlikely to recognize any problems or their relationship to substance use (16% reported minimal problems and 79% reported no problems).

#### **WHAT KINDS OF ENVIRONMENTS DO THEY FIND THEMSELVES IN?**

- *There is considerable environmental risk.* Ninety-nine (99%) percent of DCJ youth report that they live, work, or go to school with other people who are either using alcohol/drugs, involved in illegal activities, or who frequently fight and argue.

---

<sup>1</sup> Unless otherwise noted, the problems discussed here are similar for all gender, racial, and ethnic groups.

<sup>2</sup> Data indicate the average youth will have considerable difficulty stopping without significant assistance and/or a controlled environment.

<sup>3</sup> This number does not include youthful sex offenders.

- *Serious school problems.* Although nationally it is known that approximately 30% of the youthful probation/parole population is not involved in school—a number consistent with Multnomah County’s general statistics on probation youth—school attendance is dramatically worse for DCJ youth in this treatment cohort. Over 50% of these youth had not been in school for over a month, with another 16% reporting they haven’t been to school in 1 – 4 weeks (so over 60% are not in school—twice as many as the general Multnomah County probation population).

### **TREATMENT MAKES A DIFFERENCE**

DCJ has a group of highly skilled and dedicated mental health consultants and contractors who work with youth in treatment—both in-home and locked residential. Several times a week these staff are going into dangerous neighborhoods to meet youth and families in their natural environment and to try to make an impact. DCJ staff are specially trained in evidence-based modalities to address addiction, trauma, and other mental health challenges.

*DCJ data indicate that treatment enhances public safety.* Of 275 youth served through DCJ’s intensive in-home and locked residential programs in the last two years, 60% did not recidivate one year after program involvement.<sup>4</sup>

*Treatment is also cost-effective.* Given the trajectory of their criminal activity, effective treatment produces a substantial savings by curtailing the future crimes of these high-risk offenders. The Washington State Institute for Public Policy has demonstrated that evidence-based juvenile programs are cost-effective, when one takes into account the cost of crimes avoided and the cost of youth continuing to be involved in the criminal justice system.<sup>5</sup> DCJ spends between \$9,000 – \$37,000 per youth for a 4 – 6 month episode of intensive treatment. Youth committed to OYA’s correctional facilities can spend up to 1.5 years there, at a cost of over \$100,000.

### **RECOMMENDATIONS**

We’re on the right track....and we could do more. DCJ runs two intensive outpatient programs and two locked residential programs for youth who haven’t fared well in community-based resources. The waiting lists for A & D residential are long (up to fifteen high-risk males at times), and our outpatient programs are full or have wait lists.

The characteristics of DCJ youth indicate several service needs:

- *It’s not just about addiction treatment anymore.* Community-based providers must be trained to address co-occurring disorders, trauma and victimization, as well as delinquency.
- These youth need more intensive help than once-a-week, office-based appointments. The greatest need is for expanded *assertive continuing care* for youth discharging from secure residential treatment, so that youth have the appropriate support to manage the transition back to the community.
- These youth need *educational advocacy* to improve school attendance.
- Coordinated cross-system initiatives like Wraparound Oregon—that bring together professionals from juvenile justice, child welfare, schools, treatment providers to form a unitary plan of care—are vital for their success.
- Professionals of all disciplines must educate and inform at-risk youth about *safe sexual practices* and make protection available to them.

---

<sup>4</sup> Of 175 high- and medium-risk youth served in FY ’07 by Assessment and Treatment for Youth and Families (intensive outpatient), 70% did not recidivate one year after program involvement. Of 50 high-risk youth served by Multi-Systemic Therapy (intensive outpatient), 50% did not recidivate one year after program involvement. Of 50 high-risk youth served by RAD (residential A & D), 60% did not recidivate one year after program involvement.

<sup>5</sup> Aos, S., M. Miller, & E. Drake. (2006). *Evidence-based Public Policy Options to Reduce Future Prison Construction, Criminal Justice Costs, and Crime Rates.* Olympia: Washington State Institute for Public Policy, Document No. 06-10-1201.