

BEFORE THE BOARD OF COUNTY COMMISSIONERS  
FOR MULTNOMAH COUNTY, OREGON

Approving the 1997-1998 Diversion Plan     )  
for Multnomah County in Order to Apply to     )  
the Oregon Youth Authority for Funding to     )  
Support the County's Continued Participation)     )  
in the Juvenile Diversion Program             )

RESOLUTION

97-66

WHEREAS the Oregon Youth Authority in accordance with ORS 420.017 and 420.019 invites counties to receive state funds beginning July 1, 1997, to provide services to delinquent youth identified as diverted from the state training school; and

WHEREAS the Oregon Youth Authority is required by ORS 420.017 to develop an annual state-wide plan that includes the services to be provided by all those counties participating; and

WHEREAS said plan shall be received by and submitted for approval to the Board of County Commissioners, the local Children and Families Commissions, and the presiding Juvenile Court Judge; and

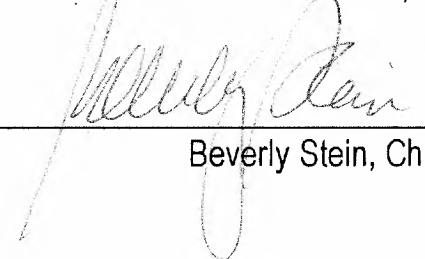
WHEREAS Multnomah County Juvenile And Adult Community Justice has prepared such a plan and submitted it to the above mentioned groups for review and approval; now therefore

IT IS RESOLVED that the Multnomah County Board of Commissioners acknowledges receipt of and approves the 1997-1998 Multnomah County Diversion Plan as submitted by the Department of Juvenile And Adult Community Justice.

DATED this 10<sup>th</sup> day of April, 1997.

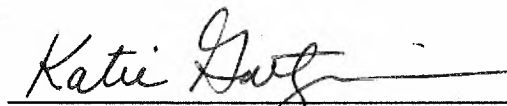


BOARD OF COUNTY COMMISSIONERS  
FOR MULTNOMAH COUNTY, OREGON

  
\_\_\_\_\_  
Beverly Stein, Chair

REVIEWED:

SANDRA N. DUFFY, ACTING COUNTY COUNSEL  
FOR MULTNOMAH COUNTY, OREGON

  
\_\_\_\_\_  
Katie Gaetjens, Assistant County Counsel



**CIRCUIT COURT OF THE STATE OF OREGON**

MULTNOMAH COUNTY COURTHOUSE  
1021 SW FOURTH AVENUE  
PORTLAND, OR 97204-1123  
(503) 248-3008

ELIZABETH WELCH  
JUDGE

DEPARTMENT 18  
COURTROOM 318

March 25, 1997

Rick Hill, Director  
Juvenile Corrections, OYA  
Human Resources Bldg., 2nd Floor SW  
500 Summer Street, NE  
Salem, OR 97310-1017

Dear Mr. Hill:

I support the 1997/98 Diversion Plan for Multnomah County as submitted by the Juvenile Justice Division.

Very truly yours,

Elizabeth Welch  
Chief Family Law Judge

EW:hmb



# MULTNOMAH COUNTY OREGON

DEPARTMENT OF JUVENILE JUSTICE SERVICES  
1401 N.E. 68TH  
PORTLAND, OREGON 97213  
(503) 248-3460  
TDD 248-3561

BOARD OF COUNTY COMMISSIONERS  
BEVERLY STEIN • CHAIR OF THE BOARD  
DAN SALTZMAN • DISTRICT 1 COMMISSIONER  
GARY HANSEN • DISTRICT 2 COMMISSIONER  
TANYA COLLIER • DISTRICT 3 COMMISSIONER  
SHARRON KELLEY • DISTRICT 4 COMMISSIONER

March 14, 1997

Mr. Rick Hill, Director  
Juvenile Corrections, OYA  
Human Resources Building, 2<sup>nd</sup> Floor SW  
500 Summer Street, NE  
Salem, Oregon, 97310-1017

Dear Rick:

Enclosed please find Multnomah County's Diversion Plan for 1997-98. It reflects the Department's continued commitment to coordinate resources and services for youth at risk of commitment to the training school. This plan continues the 7 year' relationship between your agency and the Juvenile And Adult Community Justice.

The plan is complete in it's submission, it contains approval from Multnomah County's Board of County Commissioners, the Commission on Children and Families and the local Community..

I can only hope for the continued success of this model as we move forward into the next year. Please feel free to contact me if you have any questions or need any further information.

Sincerely,

Elyse Clawson, Director  
Juvenile And Adult Community Justice.

*1997-98*  
***DIVERSION PLAN***

*Multnomah County*  
*Department of Juvenile and Adult*  
*Community Justice*

*MULTNOMAH COUNTY  
DEPARTMENT OF JUVENILE AND ADULT  
COMMUNITY JUSTICE  
1997-98 DIVERSION PLAN*

**1. Describe predispositional evaluation services including assessment of education/vocational needs for youth that are at risk of commitment to the State Training Schools.**

- A. COURT SUMMARY: (Attachment A) The court summary is the basic document used in all court hearings that outlines the findings of the investigation done by Juvenile Court Counselors. This document is used to assist the Judicial Officer in determining the disposition of each youth brought before the court.
- B. PROBATION CONTRACTS: (Attachment B) For youth placed on probation by the Juvenile Court, the Counselor develops a probation contract with the youth and family designed to assure community protection, hold the youth accountable and develop skills in the youth so he won't reoffend.
- C. CHRONOLOGS: (Attachment C) These log of contacts and progress on probation contracts give updates on achievement of probation contract goals.
- D. ASSESSMENT, INTERVENTION, TRANSITION PROGRAM (AITP) REPORT: (Attachment D) This is a summary that evaluates a youth in the 30 day closed custody program in the Donald E. Long Home. The program includes a school component, over 100 group and individual sessions, mental health resources, and other services as identified for each youth during the evaluation period.
- E. SEX OFFENDER PROGRAMS: The Sex Offender programs include a probation team including both Oregon Youth Authority and Juvenile Justice probation officers. It also includes a continuum of care in the community of service providers and a Residential Treatment Program, which is a secure custody program that houses youth for up to six months who are in need of close custody treatment and monitoring. This unit houses up to 15 youth who would otherwise likely be committed to the state training schools.
- F. PAROLE REVOCATION UNIT: (Attachment E) This unit is used to house youth who have violated their parole. Many of these youth are awaiting trial to be recommitted to the State Training Schools and would otherwise be awaiting their trial at MacLaren or Hillcrest.
- G. CLASSIFICATION TOOLS: (Attachment F) Over the last 18 months Multnomah County Juvenile Justice has been developing a classification model of measuring risk of youth on probation. Youth will be given a risk designation and will be monitored in the community according to their risk to community protection. This initiative is intended to use our probation resource more efficiently and to maximize supervision for those needing it most. This initiative will be going through initial trial process in the Spring and Summer of 1997.

- H. **ALTERNATIVE PLACEMENT COMMITTEE:** (Attachment G) A Multi-agency committee to screen all recommended placements to OYA or SCF, this committee has been formally sanctioned by SCF, OYA, Juvenile Justice, Mental Health, Residential Providers, and Drug and Alcohol providers as the formal voice of all recommendations to the court regarding placement in a state care or close custody.
- I. **OTHER REPORTS PRESENTED TO THE COURT:** In addition to the above mentioned evaluation services, other information from agencies including SCF, OYA, Drug and Alcohol Counselors, social service agencies and schools are contained in a youth's social file. This file is offered to the court for supportive and collateral information.
2. **Describe the County's plan to complete the standard diagnostic and evaluation information requested in Section 2.2 B for youth to be placed at the State Training School or Camp.**

The Multnomah County Juvenile Court and the Oregon Youth Authority have agreed that the court summary (Attachment A) accompanied by the Admission Summary (Attachment A-1) will serve JCAC requirements for admission to the state training schools. Pertinent police reports, AITP summaries, and psychological evaluations in the social file accompany these documents. This information assists MacLaren and Hillcrest staff in placing the youth in the most appropriate program to meet their needs. The admission summary includes suggestions by the probation counselor as to which program they believe will be best to meet the needs of the youth.

Recently Multnomah County stopped participating in the House Bill 3438 Pilot Project by eliminating the position of Parole Transition Coordinator, due to anticipated budget cuts due to Ballot Measure 47. Currently Multnomah County and the Oregon Youth Authority are in preliminary discussions on rescinding the HB 3438 agreement and replacing it with a co-management agreement regarding probation and parole services in Multnomah County.

**3. Describe how Parole Revocation Hearings are managed.**

Parole Revocation hearings (Attachment H) are heard by the Supervisor of the Adjudication Unit at the Juvenile Justice Division building. In her absence the Manager of Counseling Services serves as the Administrative Hearings Officer.

These hearings are held when a parole officer seeks to bring a parolee before the Administrative Hearings Officer for any parole violation. The hearings are taped and held under the standards of *Morrissey V. Brewer* established in 1972. These hearings are scheduled each Monday, Wednesday and Friday at 11 am.

If it is determined a parole violation has occurred, the Administrative Hearings Officer may decide to impose sanctions ranging from a warning, to a community sanction (community service) to detention at the Donald E. Long Home, to revocation of parole and return to the training school. However, because of the continuous cap problems, Multnomah County is

currently housing most youth that would customarily be revoked to MacLaren at the Donald E. Long Home.

**4. Describe the type of community programs that the county will use to maintain its training school capacity.**

The Department of Juvenile and Adult Community Justice has provided an array of services to serious, violent and habitual offenders since 1990. Services have focused on youth involved in gang activity, sex offender populations and delinquent youth involved in habitual property offenses, as well as youth with continuing drug and alcohol abuse issues.

**Community Resources**

The Department has utilized a network of community-based providers to assist in the delivery of services to youth on parole, as a means to maintain a lower utilization of training school resources. As well these same community-based providers have delivered services to youth on formal probation to the Juvenile Court, thereby operating as intervention programs in order to reduce the number of commitments to the State Training Schools. Services have included drug and alcohol assessment, evaluation and treatment, residential programs for youth transitioning from the training schools, close supervision and intensive case management, employment preparation, mentoring, skill groups and related group counseling activities.

In Fiscal Year 1997-98 the Department will utilize a Flexible Services Program methodology to deliver services to youth who are 1) at risk of commitment to the State Training Schools, 2) transitioning from State Training Schools, and 3) in need of non-traditional service delivery mechanisms that provide individualized, wrap-around service options. The Department will commit funds to enhance services to young women, who have traditionally received disproportionately fewer services than their male counterparts. As well the Department will utilize the Flexible Services Program model to enhance services to youth of color in an effort to reduce the disproportionate numbers of such children in our State Training School system. The Department recognizes that many factors contribute to the over representation of youth of color in secure facilities. Disparities in juvenile case processing, the paucity and poor quality of support services and resources, increased numbers of children living in poverty, continuing disintegration of family structure, teen pregnancy, drug use, truancy and dropouts, gang activity, and increased availability of guns and drugs, are all factors which impact minority communities greater, thereby contributing to this phenomenon.

Goals for the Departments' Flexible Services Model include:

1. Reduce the commitments and revocations of youth who can safely be managed in the community;
2. Increase public safety by providing more appropriate services to youth in the community, and developing services shown to be helpful in reforming youth, thereby reserving close custody beds for those youth most in need of secure residential programming;

3. Decrease self-destructive behavior of youth served;
4. Increase educational participation of youth served, with a focus on high school completion;
5. Enhance community partnerships.

The Department will create a formal Inter-Agency Committee to approve and manage the Flexible Services Model. The committee will include representatives from Oregon Youth Authority, the Department, Mental Health Representatives, and Education System Representative and local providers.

### **Type of Services:**

The Department will purchase a variety of services that are individualized and wrap-around service oriented. These services include:

- A. Living Expenses - (enhanced foster care, residential care for pregnant teens, emergency shelter, et.al.)
- B. Independent Living Services - (employment services, independent living skills training, job skills training, et.al.)
- C. Treatment and Case Management Services - (Therapy, Intensive Supervision/Tracking, Family Respite, Intensive In-Home Therapy, Diagnostic Evaluations and Assessments, Case Management , et.al.)
- D. Education Services - (Alternative School, Tutoring, Vocational School, Community College, Educational Materials and Equipment, et.al.)
- E. Miscellaneous Services - (Urinalysis, Recreational, Transportation, Clothing, et.al.).

### **Internal Resources**

**YOUTH GANG SERVICES:** The Department has successfully operated services for those youth and families impacted by youth gang activity. The Gang Intervention Resources Team (GRIT) located at the King neighborhood Facility, and the Southeast Gang Intervention Resources Team, (SE GRIT) located at the Department's SE District Office, provide intensive case management, probation skill groups, accountability services, ie. Restitution and community service, and recreational services. Specialized skill groups are offered in violence prevention, conflict resolution, family empowerment services, and intensive individual counseling. Service offerings for fiscal year 1997-98 will include a focus on youth involved in street drug dealing and those youth involved in person to person , non felony violent activity.

**ADOLESCENT SEXUAL OFFENDER INTERVENTION SERVICES:** Three integrated entities (Probation/Parole Supervision Team, Secure Residential Treatment Program, and Continuum of Care Committee) comprise the sexual offender intervention services in Multnomah County. These services are designed to assess, supervise, and treat adolescent sexual offender in the least restrictive setting without compromising public safety.

**Probation/Parole Supervision Team:** The Team is comprised of six Juvenile Court Counselors and two Oregon Youth Authority Probation/Parole Officers. These individuals are responsible for the adjudication process, client assessments, client supervision, and the facilitation of client treatment and out-of-home placements. As the primary case managers for the sex offender client population, the Team meets twice each week to staff cases in an effort to provide a uniform approach to client services and supervision while maximizing the effectiveness and efficiency of resources throughout the continuum.



This collaborative approach has contributed significantly to a reduction of commitments to the Youth Correctional Facilities.

Secure Residential Treatment Program: This 15 bed, highly structured assessment/treatment program is designed expressly to reduce the rate of commitments to the Youth Correctional Facilities. It also serves as a transition resource for OYA youth that have made treatment progress at MacLaren/Hillcrest and are considered safe to return to the community.

There are three target populations. The first group is those youth who have recently been adjudicated as a youth sex offender and are either in significant denial and therefore ineligible for community based treatment, or are in need of a more thorough assessment before they can be referred to treatment. The second group is enrolled in community based treatment programs but these youth are in crisis due to serious probation/parole violations or serious conduct that interferes with treatment and/or safe management in the community. The third group is adolescents referred from the Youth Correctional Facilities who have made strong treatment progress and require a carefully integrated transition plan to return to the community.

Since opening this program eight months ago, in July 1996, it is conservatively estimated that over twenty who would have otherwise been committed to the State Training Schools were treated successfully in this facility.

Continuum of Care Committee: The Continuum of Care Committee is made up of Multnomah County providers who deliver specialized sexual offender treatment services. The Committee was created with the objective of coordinating, integrating and developing services for adolescent sexual offenders and their families in order to maximize treatment resource utilization within the least restrictive setting. To date, the committee has identified gaps within the treatment continuum and has begun to develop data collection instruments that will reduce duplication of services when adolescent offenders move between programs within the continuum.

With a coordinated, integrated approach to service delivery, it is anticipated there will be fewer treatment failures in community based programs which will result in a reduction in the rate of commitment to the State Close Custody system.

#### ASSESSMENT, INTERVENTION AND TREATMENT PROGRAM (AITP):

This program is a secure treatment program located at the Multnomah County Juvenile Custody Services Facility.

It is overseen by the Department of Juvenile and Adult Community Services, with rehabilitative and mental health services provided by staff of both Juvenile Justice staff and staff from the Department of Community and Family Services. Psychiatric and psychological services and consultation are provided by DCFS through subcontracts.

The goal of AITP is to provide delinquent youth with a comprehensive assessment addressing issues related to mental health needs, behavior accountability, pro-social skills, education, and placement resources necessary to succeed on probation and in the community. AITP comprehensive assessment also focuses on the youth's strengths and needs through ongoing observation of the youth's functioning in the milieu in order to formulate an accurate impression and treatment recommendation to meet those individual

needs. The program addresses county benchmarks regarding by facilitating access to mental health services and improving public safety.

AITP services are provided within a well-coordinated multi-disciplinary team approach, in order to provide the best opportunity for delinquent youth and families in a comprehensive manner. Services provided through AIT include:

- Mental health assessments
- Pro-social skill development
- Cognitive restructuring
- Transition and placement facilitation
- Family meetings
- Education services (Multnomah ESD)
- Behavioral management
- Alcohol and drug screening and referral (Morrison Center)
- Medical services (Corrections Health)
- Psychiatric assessment
- Psychological consultation
- Individual therapy
- Group therapy
- Medication management
- Physician medication management
- Physician therapy

REFERRAL: All referrals to AITP are made by the Juvenile Court Counselor.

LENGTH: All youth are court ordered into AITP for 30 days. Youth may earn early release by earning 2000 points.

AGES: 14-17

GENDER: Male and female.

STAFFING: AITP provides 24-hour supervision.

1. Ten full time staff certified as Qualified Mental Health Associate with a minimum of a Bachelor degree in Human Services and two years of professional experience working with children and adolescents.
2. Four qualified Mental Health and clinical providers with Masters degree in Social Work and/or Human Services field and a minimum of two years of professional experience working with children and adolescents.
3. One psychiatric consultant.
4. Two psychologist consultants.

**DETENTION ALTERNATIVES AND COMMUNITY DETENTION SERVICES**  
(Attachment I) The Department has been involved since 1992 in the reformation of its secure detention facility and program offerings. The organizational changes have been brought about due to a number of factors including detention over-crowding, over-representation of minority youth in detention, detention placement and decision making.

As a result of these changes the Department has the ability to implement the following:

1. Objective decision making regarding pre-adjudicatory detention of juveniles based on assessment of risk to re-offend and failure to appear at a juvenile court hearing;
2. Placement in secure detention, several types of community detention service offerings, or unconditional release based on the individual's level of risk to public safety;
3. Resource components to serve appropriate youth in community detention program activities as part of a continuum of detention options;
4. Resources to increase the level of supervision for youth on probation to prevent placement in secure detention as a sanction for lack of compliance with terms of probation. Resources include increased supervision and a short term structure to assure that youth are stabilized to receive the assessments they need to determine treatment and services; and
5. Ability to monitor and evaluate the objective system to address with certainty and confidence that secure detention is used for the most serious, violent juvenile offenders. Youth who can be safely supervised in the community are provided the services and treatment they need to respond appropriately in the community.

Program components:

The continuum of supervision utilized in the Detention Alternative/Community Detention includes:

1. Risk Assessment Instrument – objective, scale-based instrument that assesses youth's risk to re-offend pending a hearing or failure to appear at a preliminary or adjudicatory hearing. The instrument is based on known and suspected risk factors and focuses on criminal offense, delinquent history, legal status, appearance history, mitigating factors and aggravating factors. Special detention cases by-pass the instrument and are automatically held.
2. Shelter care- alternative to detention for those youth representing low risk to re-offend or low risk to not appear at a preliminary hearing. The Department contracts with a community based provider for this service.
3. Detention Alternative/Community Detention- includes a component for monitoring those youth not held in secure custody. The Department contracts with a community based provider for tracking services. The provider delivers face to face contact on a daily basis with youth and families. The Department also maintains a close supervision component, managed internally, with staff responsible for placing youth in the shelter care and community detention components.

4. Day reporting center- includes a community-centered alternative for post-adjudicated youth whom otherwise would be housed in secure custody. Services include transportation, educational assistance, recreation and community service.
5. Electronic monitoring – Five bracelets are available to detention staff to monitor youth who are at risk of running, but who are not a danger to the community

**5. Describe backup services to be provided as described in Section 2.2,D.**

Multnomah County Juvenile Justice is currently developing a concept of graduated sanctions that will preclude using detention as the only sanction to probation violations. Currently a day reporting model is being tested in NE Portland to study the recidivism and failure to appear at court hearings while a youth is placed under tight community based control, instead of detention. Pre-adjudication programs that are being tested include close supervision and electronic monitoring.

Discussions are underway to determine which youth, under what circumstances are best suited for detention while under probation supervision. Once the classification initiative is implemented, out of home services and detention services will be used primarily on youth at highest risk to community protection, using the risk assessment instrument as the standard to make that determination.

**6. Describe the placement decision process to be used to control placement and length of stay in the training schools. Included shall be a process for how the county shall make recommendations to OYA regarding parole of youth from the training schools.**

Since November 1996 a Gatekeeper Committee comprised of Supervisors and staff from Oregon Youth Authority and Multnomah County Juvenile Justice have been meeting to develop more precisely matched services that aid in managing our close custody cap.

From this committee the concept of 'an Alternative Placement Committee was developed. The APC is a multi-organizational committee comprised of Supervisory staff from OYA, Juvenile Justice, SCF, Mental Health, Residential Care providers, Drug and Alcohol providers. This committee began it's work on a weekly basis in January to attempt to bring consistency and objectivity to the recommendations OYA and Juvenile Justice workers made before the court with regard to placement and commitment to state training schools. Although the committee is in an experimental state, preliminary information indicates it has been successful in bringing more uniformity to decisions made throughout the system.

In addition to the creation of the APC, a CAP COMMITTEE has been meeting weekly to review youth in close custody who may be brought out to a community placement. This committee consists of the Assistant to the Regional Manager of OYA, two Supervisors from OYA and the Counseling Manager of the Juvenile Justice Division. The committee reviews possible placements for youth and hears updates from probation and parole supervisors of their staffs' considerations of who may be placed in the community.

- 7. Write a statement of positive results expected by the County which meet or exceed the expectations listed in section 2.3 above. The statement should include a description of methods which will evaluate the results.**

With the creation of the Oregon Youth Authority an opportunity has emerged to more clearly define roles between that agency and the Juvenile Justice Division through a mutually complimentary process. With the work of the Gatekeepers Committee in developing a multi-agency, objective staffing process for all cases being referred to OYA or SCF, we anticipate use of valuable residential placements and close custody resources will be made more efficient.

Currently the Gatekeepers Committee is reviewing the roles of OYA Probation Officers and Juvenile Justice Counselors on cases where both Temporary Commitments to OYA and probation exist. The committee is currently studying roles so we will maximize the resource available to us and not duplicate efforts. Further the committee is studying the merging of senate bill I philosophy and intent with the maximization of resource available.

Through the objective staffing of cases by the APC, scrutiny of youth being paroled by the CAP COMMITTEE, and maximization of probation resource between OYA and Juvenile Justice in a co-management model, Multnomah County will be able to reach and maintain it's close custody cap goals in the coming year.

PROPOSED BUDGET – COUNTY DIVERSION

BUDGET ATTACHMENT  
Budget Form 1

COUNTY: MULTNOMAH

Begin Date: 7/01/97

APPROVED BY:  (SIGNATURE REQUIRED)

DATE: 4/2/97

End Date: 6/30/98

AGENCY <u>MULTNOMAH COUNTY</u>		PROGRAM SERVICES	SUPPORT SERVICES	TOTAL
REVENUE				
4000	Contributions/Donations			
4700	United Way			
5010	Children's Services Div.	526,660	306,964	833,624
5020	Other Gov't (attach detail)			
6000	Other Income (attach detail)			
TOTAL REVENUE		526,660	306,964	833,624
EXPENDITURES				
7000	Salaries (from Salary Detail page)	194,250	222,484	416,734
7100	Employee Benefits	45,475	50,332	95,807
7200	Payroll Taxes	16,060	18,394	34,454
TOTAL PERSONNEL		255,785	291,210	546,995
8000	PROFESSIONAL FEES			
8002	Psychological/Psychiatric			0
8010	Consultation (attach detail)			0
8013	Audit			0
8014	Other Prof. Fees (attach detail)	67,815		67,815
TOTAL PROFESSIONAL FEES		67,815	0	67,815
8100	SUPPLIES			
8101	Medical			
8103	Recreation/Craft			
8104	Food			
8105	Laundry/Linen etc.			
8107	Duplicating Materials			
8111	Other Supplies (attach detail)			
TOTAL SUPPLIES		0	0	0
8200	TELEPHONE			
8300	POSTAGE AND SHIPPING			

FOR THE PERIOD OF: 07/01/96 – 06/30/97  
MULTNOMAH COUNTY

BUDGET ATTACHMENT  
Budget Form 1  
Page 2

EXPENDITURES continued	PROGRAM SERVICES	SUPPORT SERVICES	TOTAL
8400 OCCUPANCY			
8401 Rent			
8403 Property Insurance			
8405 Utilities			
8409 Care of Buildings/Grounds			
8413 Maintenance Supplies			
8415 Other Occupancy (attach detail)			
<u>TOTAL OCCUPANCY</u>			
8500 RENT/MAINTENANCE OF EQUIP.			
8600 PRINTING/PUBLICATION			
8700 TRAVEL			
8800 CONFERENCES/MEETINGS			
8900 SPECIFIC ASST. TO IND'S			
8908 Clothing Service			
8909 Client Travel			
8911 Financial Assistance			
8913 Foster Care Payments			
8917 School/Education Costs	151,530		151,530
8918 Other Costs (attach detail)	34,301		34,301
<u>TOTAL SPECIFIC ASSISTANCE</u>	<u>185,831</u>	<u>0</u>	<u>185,831</u>
9000 ORGANIZATION DUES			
9400 MISCELLANEOUS	17,229	15,754	32,983
9500 DEPRECIATION			
9900 CAPITAL EXPENDITURES			
9901 CAPITAL EXPENDITURES			
<u>TOTAL EXPENDITURES</u>	<u>526,660</u>	<u>306,964</u>	<u>833,624</u>

**SALARY DETAIL**  
(Support for Item 7000, Form 1)      Budget Form 2

me dvplan98.wk3 02-Apr-97



PROPOSED BUDGET – COUNTY DIVERSION  
 FOR THE PERIOD OF: 07/01/97 – 06/30/98  
 Supplemental Notes To Budget

Multnomah County Department of Juvenile & Adult Community Services

REVENUE

EXPENDITURES

<b>8014</b>	<b>Other Prof. Fees.</b>		<b>67,815</b>
	Drug/Alcohol early screening intervention.	11,602	
	Community-based services.	56,213	
<b>9178</b>	<b>School/Education Costs.</b>		<b>151,530</b>
	Subcontract for alternative education services.	151,530	
		151,530	
<b>8918</b>	<b>Other Costs.</b>		<b>34,301</b>
	Juvenile client service fund for GED registration, clothing to replace gang-identifiable colors or to provide suitable wear for school or employment, and other youth needs.	34,301	
<b>9400</b>	<b>Miscellaneous.</b>		<b>32,983</b>
	Indirect Cost on program expense:		
	Other Prof Fess + School/Educ Costs		
	= \$219,345 x .7%.	1,535	
	Total Personnel + Other costs		
	= \$581,296 x 5.41%.	31,448	
		<u>32,983</u>	

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## Appendix

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Attachment A.....	Court Summary
Attachment A-1 .....	Admission Summary
Attachment B.....	Probation Contract
Attachment C .....	Chronologies
Attachment D .....	AITP Evaluation
Attachment E.....	Parole Program Description
Attachment F.....	Case Classification Instruments
Attachment G .....	Alternative Placement Committee Referral Form
Attachment H .....	Parole Revocation Statistics and Forms
Attachment I.....	Detention Alternative Program Statistics

**MULTNOMAH COUNTY OREGON**  
**Juvenile Justice Division**

In RE: [REDACTED] DOB: ( [REDACTED] NO. [REDACTED]

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**HEARING DATE:** December 26, 1996

**TIME:** 9:00 am

**COURT INFORMATION**

1. **Reason for Hearing:** [REDACTED] is before the Court on a second amended petition #D3829 filed on [REDACTED] charging him with two counts of Attempted Assault in the First Degree, four counts of Unlawful Use of a Weapon, Unlawful Possession of a Firearm, Carrying a Loaded Firearm and Discharging a Firearm in the City. [REDACTED] is represented by Tom Gleason with JRP. The matter is set for a trial.
2. **Plea Negotiation:** N/A.
3. **Referral Information:** According to PPB reports, the incident occurred on 11/25/96. Reports indicate that two cars of suspects were prowling the victim's car. The victim checked his vehicle to find the window broken out so he got in his vehicle and followed one of the suspect cars. While pursuing the suspect car, one of the occupants fired a gun hitting the victim's car. The victim was able to flag down a police officer who then pursued the suspect car and made a stop.
4. **Child's Statement:** [REDACTED] told police that he was the one who fired the gun. He stated that he found the gun in the bathrooms at [REDACTED] about a week earlier and he had been carrying it around since then. He told police that he and his friends were out looking for girls when the victim's car began to follow them. He said that he pulled the gun out and pointed it out the window and fired up into the air "so they wouldn't mess with us."
5. **Victim Information:** [REDACTED] (19) was the driver of the vehicle. His brother, [REDACTED] (31), was a passenger in his vehicle when it was fired upon. Both individuals were sent a victim's letter however neither has yet responded in writing.
6. **Referral History:**

<u>Date</u>	<u>Allegation</u>	<u>Disposition</u>
02/21/90	Runaway	OEYSC - No Response
06/26/91	C & C	Petition Dismissed

**MULTNOMAH COUNTY OREGON**  
**Juvenile Justice Division**

In RE: [REDACTED]

DOB: [REDACTED]

NO. [REDACTED]

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that heart problems ran in the family. As far as [REDACTED] can recall, his dad was not working rather he received social security monies. [REDACTED] says that his dad had a girlfriend but "she was a druggie too." [REDACTED] adds that he really didn't know his dad or the girlfriend.

[REDACTED] mom, runs a daycare out of her home and has done so for years. [REDACTED] married [REDACTED] when [REDACTED] was about six years old. According to [REDACTED] [REDACTED] and [REDACTED] divorced about one year ago although he believes they will soon get back together. [REDACTED] and [REDACTED] have had difficulties getting along in the past but are reportedly doing better. [REDACTED] has two other children with [REDACTED] [REDACTED] and [REDACTED] (6). Both boys live with [REDACTED]. Previous reports in [REDACTED]'s social file indicate that [REDACTED] lost two children when they were just toddlers to a seizure disorder and crib death. This apparently caused [REDACTED] to become very enmeshed and overprotective of [REDACTED].

[REDACTED] did not conduct an interview with this JCC so the attached information is from [REDACTED]'s recollection only. [REDACTED] recalls having CSD involvement in 1991. He says now that he used to think that his mom beat him but he now realizes it was only discipline. A BCC petition filed in 06/91 was dismissed in 10/91. A second C & C petition was filed one month later stating that [REDACTED] had behavioral and conduct problems which required CSD placement. The petition also alleged that [REDACTED] had been hospitalized three times in November as a result of suicide threats. CSD placed [REDACTED] at Rainbow Lodge. According to [REDACTED], he stayed at Rainbow Lodge about seven or eight months before his mom removed him from the program. CSD reports suggest that [REDACTED] interfered with [REDACTED]'s treatment and withdrew him from the program early. [REDACTED] told this JCC in 1993, that she took Jimmy out of placement upon the advise of the family therapist. [REDACTED] got into trouble in 05/93 for burglarizing a home. He and three other juveniles broke into a neighbors home and stole rifles, marijuana, whiskey and other items. [REDACTED] was placed on probation and again placed out of his home. According to [REDACTED], he remained at Riverbend (Youth Adventures) for nearly one year. CSD reports again indicate that "[REDACTED]'s commitment and willingness to support the Riverbend program 100% faltered. The therapist at Riverbend were very concerned about the mixed messages [REDACTED] received from her. At this time, [REDACTED]'s behavior began to slide." [REDACTED] was terminated from that program. CSD asked the Court to terminate their TC on [REDACTED] 11/94 and the Court so agreed. The CSD report stated [REDACTED] has been unsuccessful in two residential treatment programs (Rainbow Lodge and Riverbend). He was kicked out of a foster home after three days, prior to his placement in Riverbend. His family has had extensive family therapy services from a variety of providers for over 5 years. [REDACTED] agrees with the request to no longer have CSD involved, as she reports she has insurance to access any mental health services the family may need." It is this JCC's understanding that [REDACTED] has had no services or treatment since then.

Regarding other family issues, [REDACTED] describes [REDACTED] as a "dry drunk." He says that [REDACTED] used to have a problem but it's been a few years since that was the case. [REDACTED] still has a few beers every now and then but [REDACTED] does not view his use as problematic.

**MULTNOMAH COUNTY OREGON**  
**Juvenile Justice Division**

In RE: [REDACTED]

DOB: [REDACTED]

NO. [REDACTED]

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[REDACTED] says his mom has never had any D/A issues. As reported earlier, [REDACTED] was apparently a drug addict and alcoholic. [REDACTED] has been reportedly in and out of jail. [REDACTED] is not aware of any adult criminal history for his mom or [REDACTED].

**CHILD INFORMATION**

7. **Resides With:** [REDACTED] has been raised primarily by his mom. He never lived with his real dad nor had any involvement with his father. [REDACTED] has been at Harry's Mother, Willow Lane, Rainbow Lodge Residential Treatment and Riverbend Residential Treatment. For the past two years however, he has pretty much lived at his mom's home. [REDACTED] did tell this JCC the morning of [REDACTED]'s prelim., that [REDACTED] would come and go as he pleased and that he had free run of the house. She also stated that [REDACTED] had threatened to kill her and his two little brothers when she doesn't give him money. She said that [REDACTED] has a lot of mental problems and needed to be back on his medication. [REDACTED] was held in detention at that time ([REDACTED]) so he's been in JDH for about one month now.
8. **Health/Mental Health Issues:** [REDACTED] reports that his health is fine. He had inner-ear reconstructive surgery years ago and says he will always have hearing problems. He says that he's been diagnosed as hyperactive and that he needs to be on Ritalin. [REDACTED] stated "Mom says I'm better when I'm on it." [REDACTED] denies any issues with suicide ideation although he admits having problems with it when he was younger. He denies any emotional, physical or sexual abuse. As reported earlier, [REDACTED] has a long treatment history beginning when he was twelve. A psychological evaluation was done on [REDACTED] in 8/93. The diagnosis then was ADHD, Oppositional Defiant Disorder and Developmental Expressive Language Disorder. This JCC has asked the Mental Health worker in detention to meet with [REDACTED] and do an updated assessment. That assessment is in the social file. She recommends a psychiatric evaluation to further assess the need for medication. She also recommends a "structured, stable living environment with a focus on treatment."
9. **School History:** [REDACTED] reports that he last attended [REDACTED] High School in 09/95. He last completed his ninth grade year while at [REDACTED]. He should be a senior this year. [REDACTED] says he quit school in 10/95 because "it's hard for me to handle school." He stated that he doesn't believe he can make it through school. He talks about starting on his GED.

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In RE: [REDACTED]

DOB: ( [REDACTED]

NO. [REDACTED]

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10. **Peer Associations:** [REDACTED] named [REDACTED] (16) and [REDACTED] (16) as his best friend and his girlfriend. He believes that [REDACTED] has been on probation in the past. The computer currently shows [REDACTED] to be on probation at this time for Burglary I. [REDACTED] was in the car with [REDACTED] when these charges occurred. [REDACTED] was the driver of the vehicle. [REDACTED] is also on probation for Burglary I charges and he appears to have a M-11 charge in [REDACTED]. [REDACTED] denies any gang affiliation but says that people call him "Slim" because he is thin.
11. **Activities/Interests:** [REDACTED] likes sports and especially basketball. He says that he's been participating in the Boys Club activities since he was four years old. He's also been reading a lot lately.
12. **Drug/Alcohol Use:** [REDACTED] told this JCC that he first tried alcohol when he was five or six years old and his father gave him a drink. He says he began drinking on his own when he was eleven. He usually drinks beer and he estimates his current use at about twice a week. [REDACTED] says he first smoked marijuana at age 12 or 13. He estimates this current use at about once every two days. His mom told this JCC that he was smoking pot daily. [REDACTED] does admit to experimenting with cocaine once this past summer. He also tried acid and crank each one time during the same time. He says he didn't like any of the harder drugs. [REDACTED] had a full D/A assessment while in detention. His diagnosis is alcohol dependant, cannabis dependent, amphetamine dependent and cocaine abusive. Recommendation is for a residential D/A treatment.
13. **Sexual Development:** [REDACTED] says that [REDACTED] has been his girlfriend on and off for one and a half years. He says that she is a positive and important influence in his life. [REDACTED] appears informed about issues of safe sex.
14. **Employment History:** [REDACTED] worked a summer program when he was a [REDACTED]. Otherwise, he's had no other work experiences. [REDACTED] believes that he can get a job at the Post Office for approximately two months since his friend Frank Winston is employed there. [REDACTED] thinks he might like to become a juvenile counselor when he gets older.
15. **Parent/Guardian Concerns:** Unknown as [REDACTED] did not keep her scheduled appointment with this JCC.
16. **Prior Utilized Resources and Response:** As listed earlier, [REDACTED] began receiving services approximately five years ago. He was hospitalized for suicidal ideations on several occasions when he was younger. His mom dropped him off at Harry's Mother on one occasion many years ago. He's spent about two months in placement at [REDACTED].

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DOB: [REDACTED]

NO. 48124A

[REDACTED]

Willow Lane Shelter. [REDACTED] did about eight months at Rainbow Lodge before [REDACTED] withdrew him from his treatment. [REDACTED] spent nearly a year at Riverbend prior to being terminated from that program. CSD reports indicate that the family has received lots of family counseling services from numerous providers including IFS counseling. [REDACTED] was also on probation from 06/93 - 06/94. His previous JCC wrote in her closing report that this case remained a dependency case and the treatment plan includes mom in therapy. She listed that there were "family cycling problems and mental health issues." She also indicated that [REDACTED] was "very cooperative" and "immature."

[REDACTED]

17. Risk Assessment: N/A.

18. Impressions/Assessment: [REDACTED] has been held in detention since these charges occurred so this JCC conducted the interview with him in JDH. [REDACTED] indicated it was difficult for her to get [REDACTED] at her home daycare however she did manage to schedule an appointment time last week to meet with this JCC. [REDACTED] then showed up one hour early (this JCC was in another appointment) and [REDACTED] left exactly when we were supposed to meet. She has had limited phone contact with this JCC. She has come only once to visit [REDACTED] while he's been detained. [REDACTED] does present still as very immature. He seems to understand the seriousness of his behavior and he has few explanations other than he was "being stupid." He appears honest in discussing his situation and he is quick to plead for a second chance at home. This JCC appreciates that he accepts responsibility for firing the gun although he denies aiming at the victim or prowling the victim's vehicle previous to the shooting.

[REDACTED] seems to change her story regarding her son's behaviors in her home. Previous reports suggest and it appears to still be the case that [REDACTED] and [REDACTED] are extremely enmeshed in their relationship. [REDACTED] at times has excused and enable much of her son's poor behaviors. It is very concerning that [REDACTED] has sat home for most of the past two years without any requirements that he attend school or obtain a job. Rather he seems to have spent the time smoking pot, sleeping and hanging out with his friends. According to [REDACTED], there's been no efforts made to engage themselves in counseling.

This JCC finds the recommendations on this particular case to be more difficult than many others in that [REDACTED] has responded to treatment efforts in the past until his mom has sabotaged the treatment. It is interesting that [REDACTED] has remained out of contact with the law for much of the past two - three years. He presents as emotionally younger than his 17.5 years and he has suffered a great deal of loss throughout his life. On the other hand, [REDACTED] has received many services to which appear to have had little lasting effect. This JCC does not view home as an option at

MULTNOMAH COUNTY OREGON  
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In RE: [REDACTED]

DOB: [REDACTED]

NO. 48124A

all given [REDACTED] lack of supervision and lack of follow through with her son. [REDACTED] behaviors in this particular charge were extremely dangerous to the community. He came incredibly close to receiving Measure 11 charges which would certainly have changed his life forever.

This JCC believes that [REDACTED] needs intensive D/A treatment, assessment and possible treatment for depression, return to medication and stabilization of that medication and finally a plan to look towards emancipation from his family given that he will soon be 18.

19. **Recommendations:** After much thought and discussion with several providers including my Supervisor, it is this JCC's recommendation that this Court commit [REDACTED] to OYA for placement at the State Training School. Given the potential impact of Measure 40, it is also the recommendation of this JCC that [REDACTED] commitment not extend past his 19th birthday. This JCC's hope is that [REDACTED] will have an opportunity at secure treatment at MacLaren campus for the next six months. This will allow mandatory treatment without the possibility of interference by his mom as well as providing for community protection. [REDACTED] will be eighteen on [REDACTED]/97 at which time he will have received many if not most of the services the juvenile department and OYA has to offer youth in this community.

Kathy Brennan  
Casework Supervisor

  
Jessica Hulsman  
Juvenile Court Counselor

FINAL DISPOSITION:

*Trial occurred on 12/26/96.  
Judge Lay committed A to OYA for  
placement @ State Training School.*



**MULTNOMAH COUNTY OREGON**  
**Juvenile Justice Division**

In RE: [REDACTED]

DOB: [REDACTED]/79

NO. 48124A

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CS.FRM  
04/29/93

ADMISSION SUMMARY  
Multnomah County

██████████ JCS No. Court No. PO:

IDENTIFYING DATA:

COMMITTED: 12/26/96	JUDGE: Michael Loy
ADMITTED:	ETHNICITY: Caucasian
COMMITMENT EXPIRES: 12/26/01	HEIGHT: 6'3"
AGE: 17	WEIGHT: 175 lbs.
BIRTHDATE: ██████████	COMPLEXION:
BIRTHPLACE:	EYES: Brown
ADDRESS: ██████████	HAIR: Brown
CITY, STATE: Portland, OR 972██	BUILD: Thin
RELIGION:	SOC.SEC.NO.: 540-98-6885

DELINQUENCY HISTORY:

Commitment Offense: ██████████ was committed to the Oregon Youth Authority for placement at MacLaren on 12/26/96 for the following offenses: 4 counts of Unlawful Use of a Weapon, 1 count of Unlawful Possession of a Firearm, 1 count of Carrying a Loaded Firearm, and 1 count of Discharging a Firearm in the City. The incident occurred on 11/25/96. Reports indicate that two cars of suspects were prowling the victim's car. The victim checked his vehicle to find the window broken out so he got into his vehicle and followed one of the suspect car. While pursuing the suspect car, one of the occupants, ██████████ fired a gun hitting the victim's car. The victim was able to flag down a police officer who then pursued the suspect car and made a stop. ██████████ told police that he was the one who fired the gun. He stated he had found the gun in the bathroom at a park about a week earlier and he had been carrying it around since then. He told police that he and his friends were out looking for girls when the victim's car began to follow them. He said that he pulled the gun out pointed out the window and fired it up into the air so as to scare the victim.

PROGRAM RECOMMENDATIONS:

A full drug and alcohol assessment was completed on ██████████ and is enclosed. The diagnosis is alcohol dependent, cannabis dependent, amphetamine dependent, and cocaine abusive. Recommendation is for residential, alcohol and drug treatment. ██████████ should not leave close custody until he has completed drug and alcohol treatment. Past history indicates that his family will sabotage treatment outside of a secure setting.

A mental health evaluation was also completed on ██████████ and is attached. It recommends further psychiatric evaluation to assess the depressive symptoms, ADHD symptoms, and the need for medication.

██████████ will be turning 18 in June of 1997. The release plans should be focused towards an emancipation program or possibly JobCorps. His family has been enabling of negative behaviors in the past and would not be considered a good resource.

Jessica Hulsman  
Juvenile Court Counselor

Attachments

H164635.J-H  
01/03/97

## PROBATION CONTRACT

10/15/96

SKILL NEEDS	GOAL	SKILL STEPS	SKILL PROGRAMS	TARGET DATE	EVALUATION
Family Counseling	Pending discussion w/ mom				
Save Our Youth	will learn the possible consequences of violence and learn alternatives to fighting	if referred to SOY on 10/15/96 I will be contacted SOY I will attend the groups as scheduled	DJS Skill program	As scheduled SOY	
Drug & Alcohol	will learn to identify whether or not he has a problem w/ D/A and address the issue as appropriate	will participate in a screening as referred will cooperate with any recommended treatment	Pending referral to Morrison Center	Per JCC's direction	
<b>ACCOUNTABILITY</b> 1. 24 hrs ACS. will contact community service office for an appointment or drop in on walk-in hours TWTu1:30-4:30pm to sign a contract by 10/25/96. 2. Letter of apology. submitted rough draft on 10/15/96, as directed. will submit final draft as discussed at our next appt. 10/29/96 3. \$94.00 Unitary Assessment. Pending employment. JCC will discuss this issue w/ I and provide further directions as appropriate.					

"The Staff of the SE District Office of the Multnomah County Juvenile Justice Division believe that youth have the ability to choose the level of their success. Therefore, we commit to empowering youth to make positive life choices."

YOUTH

PARENT

COUNSELOR

	1	1	Went to Yaun to see . Discussed issues and conflicts. Got a staff, Debbie, to join in after 1x1. She admitted that part of it was her fault because she didn't know ■ has such "short fuse", but he also calms down pretty quick. his part of the problem by not asking politely when he needed a time out.
12/03/96	3	-	Irma LM she was told by Yaun yesterday that . ■ ran. Also, he woke up late on Monday and didn't want to go to school.
12/04/96	3	2	Called Yaun. Talked to Corey Ramsey. Discussed concern that JCC wasn't notified about 's run. He said he thought OYA would do that.
12/05/96	1	1	turned self in. Took him to lunch. Discussed issues that he's having. Cited him in f/ prelim tomorrow.
	3	2	Called Corey. Meeting set f/ next Tues. Not willing to take him back until then.
	2	2	Called grandma. She'll take him tonight.
	3	-	LM in OYA general delivery re: prelim.
	3	-	LM f/ Joyce re: JCC not notified of his run, that he turned himself in, cited him f/ prelim, LM in general delivery at her office f/ coverage on Fri f/ prelim, and mtg w/ Yaun next Tues at 2:30pm.
	3	2	Called Intake. Debbie will do RAI if have time. If not, will leave note f/ Phil to do it tomorrow.
	3	-	E-mailed Parker to put ; on f/ prelim
12/06/96	3	-	LM notified CAA of prelim
	3	1	Talked to Phil RAI 12.
	3	-	Vickie LM DDA issued UUMV and CM charges bumped RAI to 15.
	3	-	Vickie LM. UUMV and CM wrong kid. Something wrong w/ summonse. PV hrg set f/ Mon 2:30.
	3	2	Called Vickie. No probable causes on charges due to police reports attached to discovery was on another kid. She will forward social file to court f/ Mon hrg.
	3	2	Paged Friedman. He called back. to pencil in to cover hrg on Mon if no one is available.

	3	-	LM f/ JCC Cohen-Pope re: covering hrg.
	2	2	Called home. Barbara went X-mas shopping. Talked to Anthony. Let Barbara JCC will not be at hrg.
12/10/96	3	-	Joyce LM.
	3	2	Ret'd Joyce call. She asked if JCC could transport to Yaun. Told her can't due to other commitments.
	1	1	Intake at Yaun. Joyce and got into an argument. Intake terminated. Took him back to Court. Gave him citation f/ prelim tomorrow.
	2		
	3		
12/11/96	3	2	Vickie called. no show. Grandmother showed. English wants WRT immediately.
	3	2	Got file from Vickie. Took WRT over to Audrey.
	3	2	Called victim and notified of case on-call. He said he will fax info. Restitution sent.
12/19/96	3	-	Bethany LM case was O/C this a.m. What's the case status.
	3	2	Called Docket Desk. Talked to Nadine. Need to talk to Audrey after she comes back from prelim.
	3	2	Called Docket Desk. Audrey on break.
	3	2	Bethany called. Told FTA WRT. Case should have been off call. JCC is trying to get a hold of Audrey. If not, her firm would have to request court to take it off call.
	3	2	Called Audrey. She said probably she forgot to take it off call when she did the WRT. Will take it off tomorrow's call.
	3	2	Called Bethany. Informed her of JCC's conversation w/ Audrey.
	3	2	Audrey called back. LM. JCC called her back. case will con't on call due to separate petition. CAA needs to report to court tomorrow re: case status.
	3	-	LM f/ Bethany re: Audrey's new info.
	3	2	Called DDA. Talked to Dorothy. Confusion re: charges and police reports. She'll look into their file and sort it out. Will let DDa reporting to call re: WRT status.
01/28/97	1	-	LM saying he would be turning himself in. He'll come by today to talk to JCC.

1 1 . and Anthony came in. was staying w/ his grandfather in Vancouver f/ the past 2 months. Came home to grandmother's and she said she wasn't going to keep him. He decided to turn himself in because he wasn't going to live on the streets. Discussed what could happen at prelim if he is turn himself in, and the process of PV hrg and commitment as a possibility. He reiterated that he understands all that.

3 2 Called Admissions and forewarned that [REDACTED] will be turning himself in.

2 2 Called Barbara. She'll be at prelim tomorrow. Said she was aware that [REDACTED] was at his grandfather's. She talked to his grandfather's and he said he "doesn't give a shit about it." He wouldn't turn in. The only reason [REDACTED] turned himself in was because he somehow "pissed" his grandfather's off and he told him he would not have back to live w/ him. And [REDACTED] wasn't going to live on the streets 'cause he has no where to go.

3 - Joyce L LM said she talked to Mike and learned that [REDACTED] turned himself in. Talked to Rick at J Bar J and Rick said [REDACTED] blew out of 2 programs and that he should be committed to state training school. She requested that JCC screen him before the placement committee.

3 2 Called Admissions. Said they don't have [REDACTED]

2 2 Called Barbara at home. She said Anthony walked in w/ [REDACTED] and made sure he got in.

3 2 Called Admissions. They then print the new print out. Apologized to JCC that they made a mistake that they do have him.

2 2 Called Barbara and apologized f/ the confusion. Told her Joyce LM re: her recommendation and plans to screen [REDACTED] f/ commitment. No updates on UUMV charge. [REDACTED] will probably have a separate hrg date f/ that charge.

02/05/97 3 1 Alternate Placement Committee screening.

1 1 Commitment hrg. Supervised visit w/ brother after hearing. 1x1 w/ [REDACTED] after visitation w/ brother.

[REDACTED]  
\*\*\*\*\*

[REDACTED]

[REDACTED]

[REDACTED]

775-4081

around this home

Stuart Jackson, PPS  
Directions Services  
280-5840 X292

Children's Program, Mindy  
452-8002  
452-1026 (Toni, Asst)

Genesis  
288-8948  
288-5818 #4 VM

Neighborhood Beh Hlth Clinic  
203-5132

Bev Wright, Serendipity  
761-7139  
323-2424 voicemail

YAUN  
284-5968  
903-5610 Corey's VM

Steve Phillips  
499-9668 pager

Charlie Slotter  
731-3153 X303

Department of Juvenile Justice Services  
Assessment Intervention Transition Program



Community and Family Services Department  
Office of Child & Adolescent Mental Health Services

**MULTNOMAH COUNTY**

**AITP**  
**Initial and Comprehensive Evaluation**

New ☒ Reopen ☐  
DATE: 10-23-96

NAME: [REDACTED] DOB: / CASE #:  
AGE: 16 SEX: F ETHNICITY: European American  
ADDRESS: Unknown MEDICAID:  
PROGRAM ENTRY DATE: 10-02-96 TRANSITION DATE: 11-01-96  
PARENT/LEGAL GUARDIAN: [REDACTED] PHONE: 256-0628 (Mo)  
ADDRESS: Portland (Mo)  
CHILD RESIDES WITH: a friend PHONE: Unknown  
QUALIFIED MENTAL HEALTH PROVIDERS: Judith DeCourcy, LCSW; Jan Bishop, MA, ABS  
SOSCF WORKER: James Patterson, OYA PHONE:  
JUVENILE COURT COUNSELOR: Sylvia Foresee PHONE: 248-5061 ext 32  
SCHOOL: [REDACTED] (last attended)

NOTE: Juvenile Court Counselor has extensive information in court file for review.

[REDACTED]



## INITIAL MENTAL HEALTH EVALUATION

**REASON FOR REFERRAL:** I [redacted] has a criminal history dating to 3/95: curfew, theft (2), runaway (7), traffic. She was referred to AITP for behavior stabilization and assessment for placement.

**PRESENTING PROBLEMS:** [redacted] identified anger and being more assertive as issues to work on.

**REFERRAL INFORMATION:** (Who made the referral and when? What is the child's and parent's understanding about the referral? Use of direct quotes is helpful. What is the referral question/reason?)

Program referred for assessment for placement. "Does this young woman have a treatable mental illness?"

**OTHER RELEVANT AGENCIES/SERVICE PROVIDERS WITH WHOM THE CLIENT/FAMILY IS CURRENTLY INVOLVED:**

- ☒ SOSCF ☒ JJD ☐ SCHOOL ☐ MEDICAL PROVIDER ☐ OTHER MENTAL HEALTH PROVIDER  
☐ OTHER (Please list agency):

**SOURCE OF INFORMATION:** Record, [redacted], mother

**PRESENTING PROBLEM:** (Hx of presenting problem, including onset, precipitating factors, duration, intensity and frequency, past Tx and medication effects and a description of current clinical symptoms.)

Mother reports that problems started when I [redacted] was 10 or 11 and they moved from [redacted] to Portland. That is also around the time mother began living with [redacted] her current husband. Mother says [redacted] just wanted to "grow up too fast." She first ran when she was 13 and has been "out of control" since.

### CLIENT MENTAL HEALTH HX:

Mental Health Tx: Yes ☐ No ☒

- |  |  |
|--|--|
| <input type="checkbox"/> Outpatient Tx | <input type="checkbox"/> Residential Tx          |
| <input type="checkbox"/> Inpatient Tx  | <input type="checkbox"/> Partial Hospitalization |
| <input type="checkbox"/> Day Tx        | <input type="checkbox"/> Other:                  |

For how long?

When?

Where?

Why?

Medications? Yes ☐ No ☐ Type and Dosage?

Client Response to Tx:

**COMMENTS:**

Client's Name: [redacted]

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Confidential Information  
Not for Release

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**CLIENT SUBSTANCE ABUSE HX: (Includes alcohol, tobacco, street and prescription drugs.)**

Substance Abuse Tx: Yes ☒ No ☐ If Yes, Drug of Choice: crank, LSD, marijuana, alcohol

☒ Outpatient Tx

☐ Residential Tx

☐ Inpatient Tx

☐ Partial Hospitalization

☐ Day Tx

☐ Other:

For how long?

When?

Where?

Why?

Medications? Yes ☐ No ☒ If yes, Type and Dosage?

Client Response to Tx:

COMMENTS: Resists outside help.

---

**EXTENDED FAMILY MENTAL HEALTH HX:**

Mental Health Tx: Yes ☒ No ☐ Family Member: Mother

☒ Outpatient Tx

☐ Residential Tx

☐ Inpatient Tx

☐ Partial Hospitalization

☐ Day Tx

☐ Other:

For how long? 2 years

When?

Where? Private church agency

Why? Difficulty with child

Medications? Yes ☐ No ☒ If yes, Type and Dosage?

Client Response to Tx:

COMMENTS: Mother wanted "to get the right answers" when [REDACTED] "told her shocking things."

---

**EXTENDED FAMILY SUBSTANCE ABUSE HX: (Includes alcohol, tobacco, street and prescription drugs.)**

Substance Abuse Tx Yes ☒ No ☐ If Yes, Drug of Choice: Alcohol

Family Member:

☒ Outpatient Tx

☐ Residential Tx

☐ Inpatient Tx

☐ Partial Hospitalization

☐ Day Tx

☐ Other:

For how long?

When?

Where?

Why?

Medications? Yes ☐ No ☒ Type and Dosage?

Client Response to Tx:

COMMENTS: Biological father reportedly a heavy drinker who has been sober for last three years (with the help of church).

Client's Name: [REDACTED]

Page 4 3

Confidential Information

CLIENT HX: (Please comment further on any boxes checked in the following sections.)

DEVELOPMENTAL/NUTRITIONAL HX: D = Deferred NP = Not Present S = Slight M = Marked

	D	NP	S	M		D	NP	S	M
1. Prenatal/Neonatal Abnormalities	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	11. Excessive Dieting/Fasting	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Developmental Abnormalities	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	12. Excessive Exercise	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Did not meet developmental milestones (walking, talking, etc.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13. Fine Motor Problems	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Failure to Thrive	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14. Gross Motor Problems	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Low Birth Weight	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15. Speech/Language	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Malnutrition	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16. Excessive Fears	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Nutritional Deficiencies	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	17. Indiscriminate Sociability	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Inadequate Diet	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18. Lack of Stable Attachment to Primary Caretakers	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Exposure to Lead	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19. Multiple Caregivers	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Eating Nonfoods	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20. Other	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS: (By # cited if present)

- 1. Three weeks premature, jaundiced
- 11. Off and on because of her concern about being fat
- 12. Concerned about being fat

FAMILY HX: (parents, marriage, work, military service, social/extended family support systems, sibling relationships, financial hx, divorces, multiple moves and custody)

Mother was married at 14 and had two daughters and a son by age 19. Thirteen years later she had Nick with new husband who was a very violent, abusive man. She left him when she was pregnant with . Mother lived with since was about 10 and married him about a year ago. Nick has been in trouble and is currently at MacLaren. has lived with mother and and with f Her sibling contacts are minimal except for older sister in (

FAMILY/CLIENT STRENGTHS: Mother and father have made efforts to improve their functioning (counseling, sobering up) and are very interested in welfare.

Client's Name: [REDACTED]  
Page 5/4

MEDICAL/PHYSICAL HX: D = Deferred NP = Not Present S = Slight M = Marked

	D	NP	S	M		D	NP	S	M
21. Allergies . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	32. Sleeping Problems . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
22. Asthma . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	33. Enuresis . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Headaches/Stomachaches . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	34. Encopresis . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Head Injury/Trauma . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	35. Overactive . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Seizures . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	36. Lack of Energy . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Accidents . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	37. Vision Problems . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Major Injuries . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	38. Hearing Problems . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Chronic Illness . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	39. Recurrent Infections (Such as Ear, Throat, and Lung Infections) . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Surgeries . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	40. Other . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Hospitalizations . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
31. Pregnancies . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					

COMMENTS: (Include primary medical provider, date of last physical exam, current medications and whether immunizations are current) (By # cited if present)

22. Generalized somatic complaints  
32. Says she does not sleep well

EDUCATIONAL/VOCATIONAL HX: D = Deferred NP = Not Present S = Slight M = Marked

	D	NP	S	M		D	NP	S	M
41. Slow Learner . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	47. Skipping/Poor Attendance . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
42. Low Grades . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	48. Suspensions/Expulsions . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43. Falling Grades . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	49. Placed in Alternative School . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44. Underachievement . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	50. Underemployed . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45. Overachievement . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	51. Terminated from job . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46. Not Cooperative with Teachers (Headstart, Elementary, and Secondary) . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	52. Other . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS: (Include Hx of special education and early intervention) (By # cited if present)

- 42.-44. Due to irregular attendance  
47. Began in freshman year

**SOCIAL/COMMUNITY HX:** D = Deferred NP = Not Present S = Slight M = Marked

	D	NP	S	M		D	NP	S	M
53. Unable to Keep Friends .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	56. Acts Young for Age .....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
54. Likes to Be alone .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	57. Hurts Animals .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
55. Fights/Argues with Peers .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	58. Other .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**COMMENTS:** (By # cited if present)

56. Sucks thumb, whines

**LEGAL HX:** D = Deferred NP = Not Present S = Slight M = Marked

	D	NP	S	M		D	NP	S	M
59. Lying .....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	65. Gang Interest/Involved .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
60. Running Away .....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	66. Assaultive .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
61. Stealing .....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	67. Arrests .....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
62. Firesetting .....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	68. Sexual Acting Out/Offending .....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
63. Not Respectful of Property .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	69. On Probation/Parole .....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
64. Vandalism .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	70. Other .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**COMMENTS:** (By # cited if present)

59. When needs to

60. Multiple instances-from home and placements

61. Some

62. One incident involving other girls playing with matches in middle school yard

67. Theft, curfew violations

68. Prostitution

69. Current

**CULTURAL/RELIGIOUS AFFILIATION HX:** (Please note ethnicity, family values, language spoken by family, what religion is practiced, ethnic social supports and whether social pressures due to ethnicity play a part in client's presenting problems.)

European American English-speaking family. Cultural/ethnic factors appear to play no part in presenting problems.

Client's Name:

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ENVIRONMENTAL/TRAUMA HX: D = Deferred NP = Not Present S = Slight M = Marked

	D	NP	S	M		D	NP	S	M
71. Homelessness	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	76. Neglect	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
72. Domestic Violence	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	77. Mental Injury	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
73. Witnessed Violence in Community	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	78. Sexual Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
74. Financial	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	79. Physical Abuse	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
75. Natural Disaster/Accidents	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	80. Other	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS: (By # cited if present)

71. On street when she runs away

73. During street life

78. Reportedly when she was 4 by sitter's friend, involving threats to kill brother if she told; she finally told school counselor when in fourth grade.

MENTAL STATUS CHECKLIST: D = Deferred NP = Not Present S = Slight M = Marked

OBSERVED BEHAVIOR:

Appearance:

	D	NP	S	M
81. Physically unkempt, unclean	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
82. Clothing, disheveled, dirty	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
83. Clothing atypical, unusual, bizarre	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
84. Unusual physical characteristics	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Posture:

85. Slumped	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
86. Rigid, tense	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
87. Atypical, inappropriate	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Facial Expression Suggests:

88. Anxiety, fear, apprehension	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
89. Depression, sadness	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
90. Anger, hostility	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
91. Flat affect	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
92. Bizarreness, inappropriateness	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

General Body:

	D	NP	S	M
93. Accelerated, increased speed, overactive	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
94. Decreased, slowed	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
95. Atypical, peculiar, inappropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
96. Restlessness, fidgety	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
97. Nervous movements, twitching	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Speech:

98. Increased, loud	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
99. Decreased, slowed	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
100. atypical quality, slurring, stammer	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I/P Relationship:

101. Domineering	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
102. Submissive, overly compliant	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
103. Withdrawn	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
104. Provocative	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
105. Suspicious	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
106. Uncooperative	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Client's Name:

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**THINKING BEHAVIOR:****Judgment:**

107. Impaired ability to manage daily living activities . . . . . ☐ D ☒ NP ☐ S ☐ M
108. Impaired ability to make reasonable life decisions . . . . . ☐ ☒ ☐ ☐ ☐

**Memory:**

109. Impaired immediate recall . . . . . ☐ ☒ ☐ ☐
110. Impaired remote memory . . . . . ☐ ☒ ☐ ☐

**Thought Content:**

111. Obsessions/compulsions . . . . . ☐ ☒ ☐ ☐
112. Paranoia/suspiciousness . . . . . ☐ ☒ ☐ ☐
113. Phobias . . . . . ☐ ☒ ☐ ☐
114. Suicidal talk, acts, gestures . . . . . ☐ ☒ ☐ ☐
115. Homicidal talk, gestures . . . . . ☐ ☒ ☐ ☐
116. Delusions/bizarre ideas . . . . . ☐ ☒ ☐ ☐
117. Frequently confused . . . . . ☐ ☒ ☐ ☐

**Intellectual Functioning:**

- |  | D                        | NP                                  | S                        | M                        |
|--|--------------------------|-------------------------------------|--------------------------|--------------------------|
| 118. Impaired level of consciousness . . . . .         | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 119. Impaired attention span / concentration . . . . . | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 120. Impaired abstract thinking . . . . .              | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 121. Impaired calculation ability . . . . .            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 122. Impaired intelligence . . . . .                   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Orientation:**

123. Disoriented to person . . . . . ☐ ☒ ☐ ☐
124. Disoriented to place . . . . . ☐ ☒ ☐ ☐
125. Disoriented to time . . . . . ☐ ☒ ☐ ☐
126. Out of touch with reality . . . . . ☐ ☒ ☐ ☐

**Perception:**

127. Delusions . . . . . ☐ ☒ ☐ ☐
128. Auditory/visual hallucination . . . . . ☐ ☒ ☐ ☐
129. Other type of hallucinations . . . . . ☐ ☒ ☐ ☐

**Insight:**

130. Difficulty in acknowledging the presence of psychological problems . . . . . ☐ ☒ ☐ ☐
131. Mostly blames others or circumstances for problems . . . . . ☐ ☒ ☐ ☐

**FEELING (AFFECT AND MOOD):**

132. Inappropriate to thought content . . . . . ☐ D ☒ NP ☐ S ☐ M
133. Increased lability of affect . . . . . ☐ ☒ ☐ ☐
134. Low self-esteem, poor self-concept . . . . . ☐ ☐ ☒ ☐

**Prominent Mood is:**

- |   | D                        | NP                                  | S                                   | M                                   |
|---|--------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| 135. Blunted, absent, unvarying . . . . .       | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 136. Euphoria, elation . . . . .                | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 137. Anger, hostility . . . . .                 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 138. Fear, anxiety, apprehension . . . . .      | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 139. Depression, sadness, cries a lot . . . . . | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 140. Irritable . . . . .                        | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 141. Feels hopeless, lacks optimism . . . . .   | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |

**MENTAL STATUS EXAM:** (briefly summarize and comment on any positive findings by # cited.)

s a young woman who is oriented and has no major thought disorder. She displays irritability (140) and reverts to babyish behavior when uncomfortable (89, 95, 102). Although somewhat overweight she has an unrealistically low sense of herself(134) expressing a need for major bodily changes. She talks about her future, but seems doubtful anything positive will occur (141).

Client's Name:

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**SUICIDALITY:**

☒ None ☐ Plan

☐ Ideation ☐ Intent w/o Means

☐ Intent with Means - Explain:

Prior Attempts: Yes ☐ No ☒ If Yes, Circumstances:

**HOMICIDALITY:**

☒ None ☐ Plan

☐ Ideation ☐ Intent w/o Means

☐ Intent with Means - Explain:

Prior Episodes: Yes ☐ No ☒ If Yes, Circumstances:

**RISK FACTORS AND ASSESSMENT OF DANGER:** (Include any circumstance that endanger family members.)

is at risk to herself if she does not have help working on her self image problems or if she returns to the street and drug environment.

**CLINICAL FORMULATION:** (Include summary and analysis of client constitutional, family, personality and environmental factors and the clinical criterion that support/result in the differential DX and the above DX. Explain how the client's current level of functioning supports the DX. Include a summary of the client strengths, needs, skills, talents, aptitude, interests, and TX targets.)

is a young woman who has had a disruptive early life including family alcohol abuse, frequent moves, parent separation and reported sexual abuse. She reports somatic and sleep difficulties. She has been involved in criminal activities (theft, prostitution). Her parents and her older brother appear to have improved their functioning and are very interested in well being. is intelligent and talented (singing).

**DSM DIAGNOSIS:**

**AXIS I:** 300.4 Dysthymic disorder

309.4 Adjustment disorder with mixed disturbance of emotions and conduct, chronic

**AXIS II:** V71.09 No diagnosis

**AXIS III:** None

**AXIS IV:** Street living, arrest, incarceration, sexual abuse

**AXIS V:** (CGAS/GAF Score) 47

Client's Name: [REDACTED]

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**STATEMENT OF MEDICAL NECESSITY FOR MENTAL HEALTH SERVICES:**

- ☒ Yes ☐ No Services are adequate and necessary for the evaluation or treatment of a DSM principal mental disorder.
- ☒ Yes ☐ No Services are in keeping with the community standard for clinical care and are cost-effective.
- ☐ Yes ☒ No Services are realistically expected to improve condition or alleviate an impairment.
- ☒ Client does need mental health services and was referred to the following agencies for collateral services:
- |                                |   |  |
|--------------------------------|---|--|
| <input type="checkbox"/> SOSCF | <input type="checkbox"/> School           | <input type="checkbox"/> MR/DD                             |
| <input type="checkbox"/> JJD   | <input type="checkbox"/> Housing          | <input type="checkbox"/> Domestic Violence                 |
| <input type="checkbox"/> AFS   | <input type="checkbox"/> Employment       | <input type="checkbox"/> Family Center                     |
| <input type="checkbox"/> A&D   | <input type="checkbox"/> Medical Provider | <input checked="" type="checkbox"/> Other: <u>Rosemont</u> |
- ☐ Client needs further evaluation to determine TX needs.

- 
- ☐ Client does not need mental health services at this time.
- ☐ Client does not need mental health services at this time but was referred to the following agency for collateral services:
- |                                |   |  |
|--------------------------------|---|--|
| <input type="checkbox"/> SOSCF | <input type="checkbox"/> School           | <input type="checkbox"/> MR/DD             |
| <input type="checkbox"/> JJD   | <input type="checkbox"/> Housing          | <input type="checkbox"/> Domestic Violence |
| <input type="checkbox"/> AFS   | <input type="checkbox"/> Employment       | <input type="checkbox"/> Family Center     |
| <input type="checkbox"/> A&D   | <input type="checkbox"/> Medical Provider | <input type="checkbox"/> Other:            |

---

**DETERMINATION AND JUSTIFICATION OF THE CLIENT'S PRIORITY FOR MENTAL HEALTH SERVICES:**  
(Services will be provided in the following order:)

**1. CRISIS SERVICES:**

- ☐ Yes ☒ No Client has an emergency psychiatric condition.
- ☐ Yes ☒ No Client has an urgent psychiatric condition.

**2. MENTAL HEALTH TREATMENT:**

- ☐ Yes ☒ No Client is at immediate risk of psychiatric hospitalization or out-of-home placement.
- ☒ Yes ☐ No Client is at high risk of developing disorders of severe or persistent nature.
- ☐ Yes ☒ No Client has a severe mental or emotional disorder.
- ☐ Yes ☒ No Client is experiencing mental or emotional impairments which significantly affect the client's ability to function in everyday life, but not requiring hospitalization or removal from home in the near future.

Client's Name:

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RECOMMENDATIONS FOR FURTHER EVALUATION:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Psychiatric Evaluation             | <input checked="" type="checkbox"/> Alcohol & Drug Evaluation | <input type="checkbox"/> Cognitive Testing |
| <input type="checkbox"/> Psychological Testing              | <input type="checkbox"/> Medical Evaluation                   | <input type="checkbox"/> Academic Testing  |
| <input type="checkbox"/> Neurological Evaluation            | <input type="checkbox"/> Neuro/psychological Evaluation       |  |
| <input type="checkbox"/> Other Evaluation (Please specify): |   |  |

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For QMHP SIGNATURE:

Judith DeCouray LCSW

DATE:

10-23-96

Client's Name: [REDACTED]

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Not for Release

## SUMMARY AND RECOMMENDATION

Overall, 's participation in AITP during the last 30 days suggest that the following dominant themes should be considered in future case management for . I identified victim playing and anger management as the two main issues she needed to focus while in AITP. It is significant to note that during her first week and a half in AITP, she resorted to sucking her thumb when things didn't go her way and anger storming quite frequently. Towards her second half stay in AITP, appeared to become more assertive. The thumb sucking behavior ceased and she started controlling her anger in a more appropriate manner. Her behavior gradually improved and stabilized as she began the process of taking responsibility for her behaviors and actions. She spent a great deal of time working with Dr. Bolstad, rehatching some of the past abuses of being sexually molested and raped a couple of times and how those negative things had affected her. It is important that still work on those issues once she transitions out of AITP. appears to be a young lady that has the ability to be very realistic in her goal-setting. She does tend to be passive aggressive and can become very co-dependant in relationships with men. She has been victimized on many occasions during the time she was living on the street.

It is AITP's recommendation that Rosemont will provide the structure, accountability, security, and positive reinforcement that is in need of at this time. AITP would further recommend that family be involved in her treatment program and that they too be involved in individual and family counseling with

## AITP BEHAVIORAL MILIEU REPORT

**Jesness Inventory Test Interpretation:** Dr. Orin Bolstad, a consulting clinical psychologist in AITP interpreted the Inventory Profile Test, please see the attached.

While in AITP, [redacted] took the Mood Questionnaire which is a self disclosed depression instrument that gives an indication as to how a youth felt during the past week. [redacted] scored 38 on the Mood, indicating that she was depressed upon entering AITP. [redacted] disclosed the following thoughts and feelings about herself as they were taken from the Mood: I had trouble keeping my mind on what I was doing most all of the time. I felt fearful most all of the time. My sleep was restless most all of the time. I felt lonely most all of the time. I had crying spells most all of the time. I felt sad most all of the time.

### **Responsiveness to Interventions and Behavioral Stabilization:**

	NONE	LESS THAN ACCEPTABLE	ACCEPTABLE	OUTSTANDING
1. Cognitive Ability to Change			X	
2. Emotional Ability to Change			X	
3. Motivational Ability to Change			X	
4. Accepted Personal Issues			X	
5. Worked on Personal Issues			X	
6. Responded to Group TX			X	
7. Responded to Individual TX			X	
8. Attitude Towards AITP			X	
9. Attitude Towards Court/Prob.			X	
10. Attitude Towards Family			X	
11. Level of Family Support			X	
12. Level of Community Support			X	
13. Realistic Goal Setting			X	
14. After-care Plan			X	

Client's Name: [redacted]

## BEHAVIOR REPORT

Client Name: I

DOB: /

Entry Date: 10/02/96

Exit Date:

1. Treatment Issues Identified: Victim playing and anger management.
2. Milieu Behavior: stayed to herself when she first entered AITP and spent a great deal of time sucking her thumb when she was angry or confronted by others. She often anger stormed to the point of throwing a temper tantrum when she could not get her way. It is significant to note that throughout her stay in AITP the incidents of thumb sucking and temper tantrums were greatly reduced as her awareness of what she was doing and how could do things differently began to replace those negative behaviors.
3. Strengths: Intelligent, talented, interacted well with other peers. It is clear she has the cognitive ability to be successful while on probation and in life. also has exhibited the talent of singing.
4. Needs: Needs lots of support and encouragement, positive father figure, structure, and a residential treatment facility.
5. Responsiveness To Intervention: Very good with one-on-one counseling, getting better with giving and accepting feedback from her peers in groups.
6. Recommendations/Comments: AITP is recommending residential treatment placement for post-AITP. AITP is 100% in favor of transferring to Rosemont post-AITP. AITP is further recommending that be involved in anger management, drug abuse, and learn how to be more assertive. It is also important for her to work towards her goals of getting her GED.
7. ☒ Worked toward goals ☐ Stayed the same ☐ Moved away from goals

AITP Treatment Team

Date 11/20/96

Client's Name: [REDACTED]

Respectfully Submitted,

AITP Assessment Specialist: Jan M. Bishop MAABS  
Jan M. Bishop, MAABS

AITP Assessment Specialist: Judith DeCourcy Adde

H163740.J-B  
November 20, 1996

AITP Psychological Assessment  
Department of Juvenile Justice Services  
Multnomah County  
Portland, Oregon

NAME: [REDACTED]

AGE:

16

DOB:

DATE OF ASSESSMENT: 10/15/96 & 10/18/96

DATE OF DICTATION: 10/21/96

IDENTIFYING DATA:

s a 16-year-old Caucasian female, standing approximately 5'5' tall, and who appears somewhat overweight. On her left wrist is a scar that appears to be from a fingernail scratch. She indicated that she put that on her wrist last May while she was in the DePaul Center when she was angry at the staff. Also on her left forearm is a rather long scar, about half the circumference of her left forearm. She indicated that this occurred last June as a result of a knife. She claims that she was staying with a friend and that someone said something to make her mad and she ended up cutting herself with a knife by accident. I questioned this story and she remained circumspect in terms of details. However, it was my suspicion that this injury may more likely be some self-mutilation. High on her right shoulder is a tattoo of a cross with a circle around it. This young lady's OYA worker is James Patterson and her Juvenile Court Counselor is Sylvia Foresee. This young lady was referred to AIT following her history of chronic runaway and some suicidal ideation. It appears she's been living on the street for sometime and had blown out-of-placements in the community. Her history of crime is chiefly characterized by a long series of runaways and curfew violations. She does have a Theft III involving shoplifting. In addition, she was involved in setting a fire with a friend of hers by the name of [REDACTED]. The fire involved setting fire to some trees and shrubs on the campus of [REDACTED] School resulting in \$1600 worth of damage. Interestingly on her crime list, I don't see that particular charge on her list of allegations, so I'm not sure what the ultimate disposition was with regard to that particular arrest. Suffice it to say, this girl has been in a modest degree of trouble, but has chiefly been characterized as having a long history of running away and living on the streets.

BACKGROUND INFORMATION:

There's a rather good social history in her juvenile court file completed by Steven M. Smith on 10/17/95. Steven Smith is a Juvenile Court Counselor in Washington County. This report is a pretty excellent summary of her history. There also exists a shelter evaluation report completed on 08/28/96 by Aaron Lynch, a Juvenile Court Counselor working in Washington County Shelter Evaluation. In addition, there is a psychological evaluation that was conducted by Tualatin Valley Mental Health Center dated 10/06/95, and conducted by Nancy Zemirah and Dr. Jenne Henderson. All of these records are nicely written and offer

an excellent summary as regards to her historical background information. For the sake of brevity I'm not going to repeat that history in this report, rather I'll simply refer the reader to those reports.

There are a few items that I would like to add that I think are pertinent.

It is my understanding that her street name was [REDACTED], and that while she was hanging around downtown, she was frequently in the company of names that we are quite familiar with who have a history of collecting young people and getting them involved in all kinds of crimes. Included among the people that she had association with were [REDACTED] and [REDACTED].

[REDACTED] a, and many others. While on the streets she was familiar with [REDACTED] and [REDACTED]. According to [REDACTED] she never became essentially involved in the crimes of these individuals. She claims that she was never involved directly in prostitution, credit card fraud, or rolling trolls. However, she did not deny that she was involved in some of the rather extensive shoplifting that these youngsters participated in downtown. Nor did she deny that she might have some involvement in some of the credit card scams. She claimed that she stayed away from some of the violent things that she saw going on downtown, but that she was well aware of them. Clearly she was pretty well known downtown and pretty thick in the company of a very difficult scene. She denied that she was ever actively engaged as a prostitute, although when challenged about this, she did acknowledge that she certainly had sex with a great number of men downtown, some of them she barely knew. She defended herself by saying that she simply likes sex. However, upon further inquiry it became evident that she was able to obtain drugs through sex, although she declined to want to describe this as prostitution per se. She indicated that she simply had sex with some fellows who gave her drugs. She said she never really went out and hooked for someone as a pimp. However, even this description is suspect. She told the story of having met someone on the Max who she kind of gave the eye and they got off the Max together, went to a show and proceeded to get into bed. She indicated that this person asked her to be his prostitute that very same evening. She reports that she declined. We do not yet have a clear story about this entire scenario, but it is my suspicion that she was probably more engaged in prostitution than she's willing to admit and perhaps she has redefined it in her mind.

As the reader will note, this young lady's father, essentially, was not a part of her childhood. Her mother had several boyfriends and apparently when her mother was nine she remarried. Apparently, her brother left the family to live with the biological father and proceeded to get very involved in all kinds of delinquent activity including drug use and violence. Eventually, he was convicted of robbery and was committed to the training school at MacLaren.

[REDACTED] readily admits to a rather extensive use of alcohol and drugs. Most recently she has admitted to a full range of drugs including trying heroin. Apparently, she was in the DePaul Center for a while for alcohol and drug treatment. At this point, she claims that she's been on sobriety for a fairly extended period of time. My reading of the record

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shows that she has made similar claims in the past.

I would like to point out, at this point, that when [redacted] first came into AIT her behavior was quite regressed, especially during the first week. She was frequently seen sucking her thumb and would even do so in groups, until she was told to refrain from this behavior. Other staff saw her from time to time engaging in baby talk, very immature attention-seeking, and nurturance-seeking. I noticed in the chart that she had, at one point, acknowledged that she was sexually abused when she was four years old. When I first attempted to talk to her about this it was very evident that was not a topic she wanted to go into. She also acknowledged, what was evident in the record, that she had been raped at the age of 14, but again showed a very strong disinclination about talking about either one of these events. In my first interview I pointed out to her that I found it remarkable that many of her behaviors were consistent with that of a 3- or 4-year-old child, especially when she was under stress. She seemed quite startled by this observation and I indicated to her that I was quite certain that it probably had something to do with having been sexually abused at the age of four. I noticed that she immediately became flooded with tears. Yet, during this first session she was pretty unwilling to talk. We made an appointment for a subsequent session and I indicated to her that I wanted to see if she was willing to take care of the 4-year-old child within her, since apparently no one else had ever done so before. She indicated that she would be willing to give it a try. I set up the second interview with Jan Bishop, her counselor in AIT, as well as one of the staff, Monica. We set up an interview in which we put her in a role-play situation. She was asked to have a conversation with the 4-year-old child who had never been taken care of. Before we got into the role-playing she acknowledged this is something she had never really been able to talk with anyone about in any great depth. She indicated that she had mentioned it to [redacted] her counselor in Washington County, but she had never gone into any detail about it. She also acknowledged that she had a lot of resentment towards her mother for having forgotten about this incident and for having never really dealt with it. She acknowledged that she had never really been listened to about this event and still somewhat objected to the whole idea of going into it at this point. She indicated that she didn't see any point in talking about it, but with some mild persuasion we were able to convince her that this was the topic that she needed to address and we invited her into the role-play. The role-play became a very emotional event for this young lady and she got in touch with issues that I think she had never really brought to the surface before, at least not the current extent, especially accompanied by a great deal of emotion. Since I see no evidence of this in the record, I am going to describe the two incidents that she told about in the role-play. In this role-play she talked with herself at 4-years-old and gave her 4-year-old self the opportunity to be listened to by her 16-year old self. During part of this role-play, [redacted] played the 16-year-old child and allowed [redacted] to be the 4-year-old.

The 4-year-old [redacted] old the story in which her mother's boyfriend's son, by the name of [redacted], was babysitting her. She had just been swimming and [redacted] brought her into her bedroom to help her change her clothes. In the process of her changing, [redacted] apparently

pounced on her and begin fondling her. She struggled to get away and apparently a fairly physical confrontation resulted with her being thrown onto the bed and being pinned down onto the bed. She continued to struggle to get away, but she recalls that he was able to pin her arms down in a way that she could not move. At that point, she recalls looking over at her dolls on the shelf and pleading with the dolls to take care of her. He penetrated her with his fingers, but there was no intercourse. At the conclusion of this incident he told her that he would kill her if she were to say anything. I seem to recall that she indicated that he might kill other people as well, including her brother. Apparently, she believed him and was extremely frightened of this boy who was quite large compared to her. Not long afterwards she recalls that she tried to tell her mother about what occurred. She does recall telling her that [REDACTED] touched her in the vaginal area. However, she recalls that her mother didn't seem to be taking her terribly seriously and that she never really told the full story. Looking back on it she is not sure as to how assertive she was in telling the story and acknowledged that she may have only been dropping hints to her mother. Kathy indicates that she brought the issue up with her mother again many years later, wanting her mother to talk with her about it. She was startled to learn that her mother had forgotten about the incident and couldn't recall that she had ever been told about it. She felt very resentful towards her mother at that point. It is my understanding that her mother broke up with the boyfriend, who had the son [REDACTED] soon after the incident. Apparently, there was never a report made to anyone for sexual abuse. In the role-play it became evident that [REDACTED] had never really told this story in any great depths and that she was very emotional about getting the story out. She responded well to the comfort that was offered her by Monica and acknowledged that it was good to be listened to. She said that what she always wanted was for someone to listen to her and believe her.

One of the more startling things that came up in the course of this role-play was that it became very evident that the 16-year-old child that she is now did not much like the 4-year-old child. [REDACTED] seemed to be very confused about the issue of blame, feeling that the 4-year-old child was to blame for this incident. There was some regressive qualities to her behavior in the course of the role-play and it became evident that she is capable of very egocentric kinds of thinking as regards causality. It's quite possible that all the while she has continued to blame herself for that incident.

Further complicating this blame issue was her rape when she was the age of 14. Apparently, she had been tweeking on drugs, including crank, on a particular evening in which she decided she wanted to go for a walk on the river front. She recalls being warned by a male that she should not go walking alone down on the river front. Nonetheless, she went down there and as she approached the area where they dock for the cruise ship someone pulled her down a set of steps and proceeded to rape her. The most significant part of her memory, in regards to the rape, is the way in which this man pinned her. She recalls that when she was pinned in that manner she had recollections about being pinned when she was four years old. Further complicating this particular incident was that she was penetrated by this person's penis and it was a full intercourse rape. She also feared for her life during the course of this rape. She added that she

wonders if this same guy that warned her about going down to the waterfront was the same person that raped her. She claims that she was never able to get a really good look at his face because of the way he pinned her. The blame issue here is very complicated because she feels like she made some bad choices. Number one, she was on a lot of drugs and number two, she was walking alone down at the waterfront. She claims that she has never really told anyone the details of this incident until today. It is clear that this young lady has very little trust in sharing details of a personal nature with anyone. I think there's probably quite a bit of resentment towards her father for not being available to her in her childhood and more than a little resentment towards her mother for not being available as fully as she would have liked. She reports that historically whenever she's gotten angry at her mother, or anyone else, she has typically become belligerent and quickly ran away. She says that she is very good at stuffing issues. Apparently, there was a lot of alcohol and drugs in her family and extended family and this also became a way of defending herself against difficult feelings.

#### SUMMARY OF TEST RESULTS:

This young lady took the Jesness on 10/16/96. She has a remarkably high score on the Asocial Index ( $T=82$ ). This score is so high it would seem extremely probable that she was more engaged in delinquent activity than she has admitted in this interview. Her Denial score is quite low and her Autism score is quite high. Her Denial score is ( $T=40$ ) and her Autism score is ( $T=70$ ). This combination of scores suggest that she has some difficulty with her ego functioning and judgement. She is very likely to distort reality, especially in the service of meeting her own needs. In addition, she has a pretty high score on Alienation ( $T=70$ ) indicating that she is quite alienated from adult authority figures and very prone to externalizing blame. She acknowledges a considerable amount of anger in her Manifest Aggression score ( $T=65$ ). She showed some elevation on Withdrawal Impression ( $T=58$ ), but not as high as I would have predicted. Her other remarkable score is a very high score in Social Maladjustment ( $T=81$ ). Clearly this is a young lady who does not feel comfortable or skillful socially. I'm really surprised to see that her Immaturity score was not particularly high ( $T=53$ ). Her I-level classification is that of Neurotic Acting Out ( $T=67$ ). It should be noted, however, that she has pretty high scores on Active Aggression and Passive Aggression (61 and 62 respectively). Clearly this is a young lady that is sitting on a lot of anger which she tends to act out instead of talking through. Her Mood Questionnaire revealed a very high score of 38, which is a significant rate over and above the cut off of 24, indicating clinically significant depression. Her Sentence Completion Test is fairly revealing and has a host of responses that I think reveal a young lady who is very much seeking help and acknowledging a great deal of pain. There is one item I found particularly interesting, item 42. The front part of the item reads: "I should like to be like," to which she responds, "a princess or my mommy." This response strikes me as significantly regressed and is a fair indicator of her tendency to want to regress. Another item, item 36 begins with, "If I could..." and she writes, "be a child again."

DIAGNOSTIC IMPRESSIONS:

In my opinion, this young lady is seriously depressed. Clearly she meets the criteria for Dysthymic Disorder and I suspect if she were to open up a little more about herself, I think we'd see someone who is ~~of~~ Major Depressive Disorder. It is my impression that she has a fairly high IQ. I would guess it is in the neighborhood of 120, perhaps more. She apparently had some considerable success at school at one time. Her writing is very good and her logical abilities are excellent. She is quite capable of abstract reasoning and would appear to be intellectually superior.

Along with her depression is a history of alcohol and drug dependence. Her drugs of choice have been marijuana and acid, although she has had some pretty serious involvements with crank as well. In the group that she hung out with in downtown Portland it's pretty common that kids try all kinds of drugs. I am not surprised that she has tried some heroin. Diagnostically I think this young lady probably also meets the criteria for Conduct Disturbance, so clearly she is a dual if not a Tri-Level Diagnostic individual.

My last central diagnostic impression is that this is a young lady who has a great deal of unresolved feelings that pertain to her having been sexually abused at four and again raped at 14. Certainly there has been a lot of other factors that have gone on in her life that have made her vulnerable. However, I think that this 4-year-old incident is a critical event for her in that there are so many issues that attach to it, including a sense that she did not receive much in the way of nurturance from her mother, and that she was abandoned by her brother and by her father. The rape at 14 represents a recapitulation and is significant that again she didn't receive much in the way of support or nurturance. I suspect that the lack of support and nurturance is very significant. Reading through the chart it appears that her mother has maintained a position of caring for this young lady and wanting to be available to her and hopefully that can be tapped. However, I would surmise on the basis of her rather lengthy runaways, and some of the attention seeking behavior that she's been involved in, there was never enough reassurance for this young lady. Finally, as a diagnostic impression I will share with the reader that this young lady has apparently had some considerable success in the past with musical interest. She tells me she plays the piano and became quite accomplished playing the saxophone. Apparently, she was first chair in the \_\_\_\_\_ and played at the \_\_\_\_\_ on a couple of occasions. She also, apparently, is good on the guitar. A number of staff have heard her singing on the unit and apparently she has entertained several people with her singing and is apparently quite good.

RECOMMENDATIONS FOR INTERVENTION:

I really think this young lady is a great candidate for Rosemont. She needs to be someplace long enough to where she can really deal with these issues. I don't see her as primarily alcohol and drug dependent, although I would not deny the importance of her

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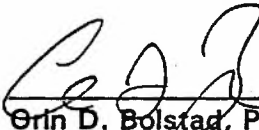


alcohol and drug dependency. I see her primarily as an emotionally disturbed child with a lot of depression that's been covered over by acting-out behavior. Having brought her into a treatment mode through the role-play that we did, it became quite evident that she is capable of making a great deal of good use of treatment. She is bright, insightful, and I think that she is still struggling with ambivalent motivation, but with the right kind of support I think that she is a terrific candidate for treatment. Knowing a fair amount about the Rosemont Program it just strikes me that that's the ideal program for her.

I think this young lady would do especially well with a female counselor. However, she really, in some respects, resonates much more toward men. This could be a problem in her life and clearly she has enormous trust issues that will need to be dealt with in the early stages of treatment. She is also a young lady who I think needs to be given lots of opportunity to excel in school and with music. I think treatment would be tremendously aided by supporting her talents and her abilities. I think if we could bring her self-esteem up several notches she'd be much more comfortable in her motivation to get involved in serious treatment issues. Clearly, she was able to get involved in serious treatment issues here in AIT, but we don't have the capacity to sustain those kinds of interests with the kind of depth that would be possible in a place like Rosemont.

I just hope we can find a way to get her into Rosemont sooner rather than later. I've been frustrated recently by having young ladies who are great candidates to get into Rosemont and having to deal with significant delays because of no openings. This is not the kind of young lady I would like to see released onto the streets until an opening emerges. I don't think she could make it on the streets right now.

Time: 210 minutes

  
Erin D. Bolstad, Ph.D.  
Clinical Psychologist

**MULTNOMAH JUVENILE AND ADULT COMMUNITY JUSTICE  
CUSTODY SERVICES DIVISION  
PAROLE PROGRAM UNIT**

**Program Description:**

The Parole Program unit is 16 bed secure structured program located at the Multnomah County Juvenile Custody Services Facility.

It is overseen by the Department of Juvenile and Adult Community Services, with rehabilitative services provided by the Department staff. Psychological and cultural services and consultation are provided by the Department subcontract.

The goal of the Parole Program unit is to provide parolees the structure and skills needed to address issues related to accountability, education, and support for placement resources necessary to succeed on parole and in the community. The program focuses on the youth's thinking and behavior using the model of cognitive change in order to hold them accountable, yet promote personal responsibility and motivation to deter from criminal behavior. As a result of this kind of intervention, youths will be able to remain in the community .

The Parole program unit serves both male and female youths, ages from 13 to 18, on 7 days a week with 24 hours supervision. There are 7 groupwork staff, 1 groupworker lead, and 1 supervisor. The daily schedule generally consists of, but not limited to :

- school
- skill groups
- structured activities
- process groups
- homeworks
- individual session
- behavior intervention
- A&D groups and individual sessions
- case management and liaison with Parole Officers
- discharge report

See attached program schedules and documentation reports.

During Calendar Year 1996, the program served 198 youths.

## **PAROLE UNIT WEEKDAY SCHEDULE A.M. SHIFT**

<b>7:15 AM</b>	<b>WAKE UP</b> K-Crew and Laundry distribute cleaning supplies to first room on each floor.
<b>7:30-7:45</b>	<b>MEAL PREPARATION</b> K-Crew and Laundry prepare breakfast, and hand out gym clothes. Youth sweep and disinfect rooms.
<b>7:45-8:00</b>	<b>BREAKFAST</b> Youth sign up for unit jobs prior to going down after breakfast. Youth take hygiene packs to room after breakfast.
<b>8:00-8:30</b>	<b>PERSONAL TIME / UNIT JOBS</b> Youth may have hygiene packs in room at this time. Unit jobs are completed at this time as organized by staff.
<b>8:30-10:30</b>	<b>SCHOOL</b>
<b>10:30-10:45</b>	<b>BREAK</b> Youth may make business phone calls with the supervision of staff.
<b>10:45-11:35</b>	<b>SCHOOL</b>
<b>11:40-12:15</b>	<b>GYM</b> Youth need to be dressed down in gym clothes.
<b>12:15-12:25</b>	<b>PERSONAL TIME</b> Youth change from gym clothes to detention clothes.
<b>12:25-12:40</b>	<b>LUNCH</b>
<b>12:40-1:15</b>	<b>PERSONAL TIME</b> Youth may have hygiene packs in rooms at this time.
<b>1:15-2:30</b>	<b>SCHOOL</b>
<b>2:30-3:00</b>	<b>SHIFT CHANGE</b> Youth have school at the tables.
<b>3:00 PM</b>	<b>YOUTH DOWN</b> Swing shift planning time.

## **PAROLE UNIT WEEKDAY SCHEDULE P.M. SHIFT**

- 3:00-3:30 PM YOUTH DOWN**  
P.M. Shift Check- in and plan time.
- 3:30-4:00 CLIENT TIME**  
Youth line up on railing when called down.  
Sign up for phones at this time.
- 4:00-5:00 GROUP**
- 4:45-5:00 DINNER PREPERATION**
- 5:00-5:15 DINNER**
- 5:15-5:30 PERSONAL TIME**  
Hygiene packs may be used at this time.  
Youth change into gym clothes.
- 5:30-6:00 CLIENT TIME**
- 6:00-6:35 GYM**
- 6:35-7:15 SHOWERS**  
Youth go down to rooms upon return from gym.  
Staff facilitate showers.
- 7:15-8:00 HOMEWORK**  
Youth may work on school work or assignments from group.
- 8:00 SNACKS**  
K-Crew hands out snacks.
- 8:00-9:00 CLIENT TIME**
- 10:00 PM K-CREW / LAUNDRY DOWN**  
Crew jobs should be completed.

**\*EXCEPTIONS:**

- Wednesdays - Drug and Alcohol Group with Morrison Center 2:30 - 4:00 p.m.**  
**Fridays - Client time 4-5pm. Movie 7-9pm and showers 9 pm.**



## PAROLE UNIT WEEKEND SCHEDULE

8:00AM	WAKE-UP
8:00-8:30	CLEAN ROOMS K-Crew and Laundry prepare breakfast.
8:30-8:45	BREAKFAST
8:45-9:00	PERSONAL TIME Youth may have hygiene packs at this time.
9:00-11:00	GROUP
11:00-11:40	CLIENT TIME Staff and Dr.Dupain process group.
11:40-12:15	GYM
12:15-12:30	PERSONAL TIME Youth change out of gym clothes.
12:30-12:45	LUNCH
12:45-1:00	PERSONAL TIME Youth may use hygiene packs at this time.
1:00-2:30	CLIENT TIME
2:30-3:00	SHIFT CHANGE
3:00-3:30	PM SHIFT PLANNING
3:30-5:00	CLIENT TIME Youth sign up for phones when called down.
4:30-5:00	QUIET TIME - OPTIONAL
4:45-5:00	DINNER PREPARATION
5:00-5:15	DINNER
5:15-5:30	PERSONAL TIME Youth may have hygiene packs at this time.
5:30-6:00	CLIENT TIME
6:00-6:35	GYM
6:35-7:15	SHOWERS Staff facilitate showers. Youth perform all hygiene in their rooms. Youth turn in hygiene packs and dirty laundry (towels and gym clothes)
7:15-8:00	HOMEWORK Youth may work on school work or assignments from group. This is a quiet time.
8:00-9:00	CLIENT TIME
9:00	UNIT DOWN All down except K-Crew and L-Crew. Staff Choose a youth with high points to clean showers.
10:00 PM	K-CREW / L-CREW DOWN Jobs need to be completed by this time. Shower person also goes down at this time.
<b>*SUNDAY : SAME AS ABOVE WITH THESE EXCEPTIONS</b>	
9:00-11:00 AM	UNIT DEEP CLEAN
7:00-8:00 PM	GROUP

**SUMMER / NO-SCHOOL  
AM SCHEDULE**

<b>8:00 AM</b>	<b>WAKE-UP</b>
<b>8:00 - 8:30</b>	<b>CLEAN ROOMS</b> K-Crew and Laundry prepare breakfast.
<b>8:30 - 8:45</b>	<b>BREAKFAST</b>
<b>8:45 - 9:00</b>	<b>PERSONAL TIME</b> Youth may use hygiene packs at this time.
<b>9:00 - 9:30</b>	<b>UNIT JOB</b>
<b>9:30- 10:30</b>	<b>STRUCTURED ACTIVITY / GROUP</b> Staff organize a skills group or similar activity.
<b>10:30-11:40</b>	<b>BUSINESS PHONE / ASSIGNED ACITIVITY</b>
<b>11:40-12:15</b>	<b>GYM</b>
<b>12:15-12:50</b>	<b>OUTDOOR RECREATION*</b>
<b>12:15-12:30</b>	<b>HYGIENE / MEAL PREPARATION</b> Youth may have hygiene packs in room. Youth need to change out of gym clothes.
<b>12:30-12:45</b>	<b>LUNCH</b>
<b>12:45 -1:30</b>	<b>HYGIENE / MEAL CLEAN-UP</b>
<b>1:30 - 2:30</b>	<b>SKILLS GROUP</b>
<b>2:30 - 3:00</b>	<b>SHIFT CHANGE - YOUTH DOWN</b>

## CASE MANAGEMENT UNIT B-1

In an effort to better serve our clients Unit B-1 has adopted a case management system. Each case manager will be assigned two to three clients, and will be responsible to perform the following tasks for each of their clients.

1. Intake form: Will be completed by the case manager upon initial contact with client. Provides client case history.

2. Case managers will arrange for Individual contact with each client for a minimum of one hour per week per client. The purpose of these meetings are to include the following.

- A. Prevention and intervention in regards to negative behaviors.
- B. Processing with clients concerning personal as well as unit issues.
- C. Goal setting. Establishing both long and short term goals.
- D. Coordination of special visiting or special phone privileges.
- E. Documentation and record keeping concerning the client's progress in the program.
- F. Follow-up planning.
- G. Communicate with parole officers or the hearings officer as needed.

3. Discharge summary to include:

- A. Programs. A list of programs attended by the client while in B-1.
- B. Client Behavior. An evaluation of the client's behavior while in B-1. (rated on a ordinal scale)
- C. Client Issues. An identification of the client's life/family issues.
- D. Client's short term/long term goals. An identification of the client's long and short term goals. Progress made toward attaining these goals while in B-1 will also be measured using an ordinal scale.
- E. Recommendations. An assessment made by the case manager suggesting various community resources from which the client might benefit upon release from B-1.
- F. Discharge Plan. A notation of the client's disposition (arranged placement) upon release from B-1.
- G. Referrals. A list of referrals made by the case manager for their clients during their stay in B-1. (i.e. mental health, education, drug and alcohol)

## Parole Unit CLIENT INTAKE FORM

Name: \_\_\_\_\_ TJIS No. \_\_\_\_\_  
 DOB : \_\_\_\_\_ Gender: 1. Male 2. Female Parole Officer: \_\_\_\_\_  
 Address \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Entry Date: \_\_\_\_\_

1. Ethnicity (circle one):  
1. African American      2. Asian American      3. European American  
4. Hispanic American      5. Native American      6. Other \_\_\_\_\_
2. School Status: 1. full time    2. part time    3. irregular attendance    4. dropout    5. suspended  
(circle one)    6. Expelled    7. graduated/GED completion    8. other    9. unknown
3. School Type: 1. public school    2. alternative school    3. Vocational    4. Special Ed.    5. GED Program    (circle one)  
(circle one)    6. college    7. residential/treatment program    8. Other    9. unknown
4. Employment Status: 1. full time    2. part time    3. training program    4. odd jobs/temp.  
(circle one)    5. unemployed    6. other    7. NA    8. unknown
5. Living Situation: 1. parent/guardian    2. relative    3. friend    4. independent    5. OYA/SOSCF  
(circle one)    6. runaway    7. incarceration    8. other    9. unknown
6. Alcohol/Drug (circle one): 1. no use    2. significant use    3. occasional use    4. other    5. unknown
7. Peer Relationship (circle one): 1. positive    2. negative    3. loner    4. Other \_\_\_\_\_    5. Unknown
8. Gang member: 1. YES    2. NO
9. Number of previous parole violation: \_\_\_\_\_
10. Number of time in detention for parole violation: \_\_\_\_\_

<u>Date</u>	<u># of Days</u>
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10. prior out-of-home placement: \_\_\_\_\_
11. prior treatment: \_\_\_\_\_

ONLY fill out this section at termination.

Release Date: \_\_\_\_\_

**Placement:**

Treatment:



## DISCHARGE REPORT

Client's Name: \_\_\_\_\_

Entry Date: \_\_\_\_\_

1/29/97

DOB: \_\_\_\_\_

Discharge Date: \_\_\_\_\_

(Copies of report to client, counselor, PO/OYA, parents or other providers.)

I. **BEHAVIOR MANAGEMENT:** Circle the letter that best describes the client's overall behavior.

☒ A.

Generally compliant. Client may have some time-outs, but responded to intervention.

B. Evidence of a moderate level of non-compliance. Client generally didn't meet expectations without frequent reminders, interventions or sanctions. Client may have need for more time-outs to stay on task.

C. Significant non-compliance in all contexts. Client was generally argumentative and failed to meet expectations. He/she required consistent sanctions and/or room locks.

D. Aggressive and intimidating toward peers and staff. Client required individualized interventions and sanctions.

II. **PROGRAM PARTICIPATION:** Check all that applies.

- ☒ School - Had a incident in school with teach 1/26/97
- ☒ Alcohol and Drug groups
- ☒ Process group
- ☒ Cognitive Restructuring group
- ☒ Domestic Violence
- ☐ Anger Management *needs this/issue.*
- ☐ Job Search and Interview
- ☒ Communication
- ☒ Other Groups

III. **ISSUES IDENTIFIED:** State the issues that you and client have identified and worked on during his/her stay. Use additional space if there were more than three issues.

A. Anger issues in group were identified.

B. Gang issues - admitted heavy gang involvement.

C. \_\_\_\_\_

D. \_\_\_\_\_

Client's Progress:

- ☐ Not motivated to work on issues.  
☒ Refused to work on issues.  
☐ Moved toward goals.

IV. **GOALS:** List the goals that client has set for him/herself.

A. Short-term goals: (Use additional space if needed)

- 1) School
- 2) Employment (fast food)
- 3) Do well in your group home so you may go home (mother)

B. Long-term goals: (Use additional space if needed)

- 1) Have own apartment
- 2) Stay consistently employed.
- 3) Family



V. **DISCHARGE PLAN:** Write the actual discharge plan as stated by Counselor, PO/OYA, or client and parents.

- A. Actual placement: Home / [REDACTED] Successful Choices
- B. School: McLoy Academy
- C. Treatment: Groups with Robert Richardson
- D. Other: \_\_\_\_\_

Case Manager: [REDACTED] Date: 2-28-87



4165661.t-v  
February 20, 1997

Overall H [REDACTED] did fairly well in B-1. He has the ability to sway others into doing positive or negative things due to some of the leadership skills he has. H [REDACTED] has the ability to do well if stays on a positive track. I have major concerns about H [REDACTED] negative influences and influencing of others.



# **Risk Assessment & Structured Sanctions Implementation Plan**

**Case Classification Work Group  
Multnomah County Juvenile Justice**





**Multnomah County Department of Juvenile Justice Services**  
**Case Classification Draft Risk Instrument** (Adopted Dec. 16, 1996)

**Youth Name** \_\_\_\_\_ **DOB** \_\_\_\_\_  
*(last, first)*

**Case #** \_\_\_\_\_ **Referral #** \_\_\_\_\_

**Mother's Name** \_\_\_\_\_ **Father's Name** \_\_\_\_\_

**Adjudicator Completing Assessment** \_\_\_\_\_ **Assessment Date** \_\_\_\_\_

**Gender:**    *Male* ☐                      *Female* ☐                      **Zip Code** \_\_\_\_\_

**Ethnicity:**    *Caucasian* ☐                      *African American* ☐                      *Hispanic* ☐ \_\_\_\_\_ *(Specify)*  
                   *Native American* ☐                      *Asian American* ☐ \_\_\_\_\_ *(Specify)*  
                   *Russian/Romanian* ☐                      *Other* ☐ \_\_\_\_\_ *(Specify)*

1.    **Age at 1st Delinquency Referral** \_\_\_\_\_

15+                      \_\_\_\_\_ 1  
 12-14                      \_\_\_\_\_ 2  
 11 or less                      \_\_\_\_\_ 2

2.    **# of Prior Delinquency Referrals** \_\_\_\_\_

None                      \_\_\_\_\_ 1  
 1-3                      \_\_\_\_\_ 2  
 4+                      \_\_\_\_\_ 3

3.    **Severity Score**

*Most Serious Current Offense* \_\_\_\_\_

*Most Serious Prior Offense* \_\_\_\_\_

*Use Severity Scale to Determine Score*

Low                      \_\_\_\_\_ 1  
 Medium                      \_\_\_\_\_ 2  
 High                      \_\_\_\_\_ 2  
 Very High                      \_\_\_\_\_ 5

**Total Score** \_\_\_\_\_

**Risk Level** \_\_\_\_\_

Risk Levels	
Low Risk	3 - 4
Medium Risk	5 - 6
High Risk	7 +



## Draft

### Supervision Standards for *Minimum Monthly Case Contact*

		Supervision Level	Counselor	** DJJS or Community Providers	Monthly Total
RISK	HIGH	Maximum	4	16	20
	MED	Medium	2	8	10
	LOW	Low	1	4	5

**Direct Client Contact** = Any purposeful face to face contact with the probationer related to the conditions of probation and carried out by Department or community providers.

**Collateral Contact** = Any non-direct contact or communication, related to conditions of probation. (i.e. phone contact or correspondence with client or other agencies)

**\* Providers include:**

Counselor Assistants, DJJS Skill Groups, SOY, Community Service, Community Detention, Day Reporting, Detention, Oregon State Police Program, PayBack, PAX, Counteract, AITP, Residential Sex Offender Unit, Summer Camps, Probation Orientation Program, Probation Review Board, Mainstream, DePaul, contracted alternative schools, mentors and other community based programs



**DRAFT - PROBATION SANCTION OPTIONS FOR VIOLATION BEHAVIOR**

[illegible]



## Case Classification Implementation Plan

Phase	Date	Activities
	Nov	Final Edits Risk Instrument Policy Group Adopts Instrument - November 18 Train Adjudication Staff
1a Existing Cases	Dec	<p>Apply Risk Tool Electronically to All Active Probation Cases as of October 1 <i>Thach will generate risk levels by Counselor and unit.</i></p> <p><i>Units review caseload distributions by risk level, hold specific discussions about next phases, study implications of implementing contact standards and structured sanctions based on caseload distributions, and give feedback.</i></p> <p><i>Counselors also flag cases for whom they disagree with the risk score and ask if score should be different due to new activity or progress since October 1 or if case should be considered an override and why.</i></p> <p><i>Gang Unit distribution of cases against risk levels requires immediate study and analysis to complete Override discussion.</i></p> <p><i>System also needs to have potential to sort by other demographics such as gender and ethnicity for study purposes. System needs to have way to "close" cases from data base.</i></p>
1b Risk Instrument New Cases	Jan 15	<p>Adjudication starts sending new case to Field with Risk Score <i>(Adjudication Applies Risk Instrument after Adjudication)</i> <i>2 copies of Instrument, 1 to Field Counselor, 1 to Thach</i> <i>Copy kept in Social File.</i></p> <p>Field sees new cases within 30 days; adjusts risk level if necessary based on new information that would objectively change the score. Counselors flag cases for which override might be appropriate and keep track of rationale.</p> <p>(Reclassification every _____ months)</p> <p><i>Automated system needs to generate list of kids who are due for reclassification -by counselor, by unit</i></p>
1c Risk Tool Existing Cases	Jan 15	<p>Updated Download to Capture New Cases between Oct. 1 and Dec. 1</p> <p>Classify 56 missing Cases manually if necessary</p>
Automation	Jan	Case Classification Work Group and Staff Work with Program to Automate Risk Tool and Plan Automation of Other Components
Development	Dec-Mar	Final Development of Sanction Options, Supervision Standards, and Reclassification Instrument
III Reclassification	March	Implement Reclassification Instrument <i>(Development &amp; Training Needed)</i>
IV Sanctions & Contact Standards	March	<p>Implement Structured Sanctions</p> <p><i>(Use Sanctions and Contact Standards for decision making based on risk level)</i></p>
VI Needs Instrmnt	April	Implement Needs Instrument
V Case Plan	May June	<p>Begin to Link Case Plan to Needs Instrument</p> <p>Automated Case Plan?</p>
FUTURE		Back Risk and Needs Instrument Up to earlier in Adjudication Process to help structure and guide diversion and adjudication decision making

## OYA PLACEMENT/REFERRAL FORM

Date \_\_\_\_\_ Court Counselor \_\_\_\_\_

Date of Staffing \_\_\_\_\_ Date of Placement \_\_\_\_\_

Youth's Name \_\_\_\_\_ DOB \_\_\_\_\_

SSN \_\_\_\_\_ Juvenile Case Number \_\_\_\_\_

Address \_\_\_\_\_ Phone: \_\_\_\_\_

Youth Currently? \_\_\_\_\_

Parent Name \_\_\_\_\_

Address \_\_\_\_\_ Phone: \_\_\_\_\_

Spouse Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Siblings/others \_\_\_\_\_

INSURANCE NAME \_\_\_\_\_

Numbers, group and id \_\_\_\_\_

SCF Number \_\_\_\_\_

\*\*\*\*\*

COURT DATE AND TIME \_\_\_\_\_

Probation/Pending Law Violations \_\_\_\_\_

Adjudicated? \_\_\_\_\_ Probation? \_\_\_\_\_ Dependency? \_\_\_\_\_

Reason for Referral \_\_\_\_\_

School last attended \_\_\_\_\_ Grade \_\_\_\_\_

Attendance \_\_\_\_\_ Performance \_\_\_\_\_

Special Ed. \_\_\_\_\_ IEP \_\_\_\_\_ SED \_\_\_\_\_

Mental Health Provider \_\_\_\_\_

Services \_\_\_\_\_

MH Evaluation/date \_\_\_\_\_ By \_\_\_\_\_

Diagnosis: I \_\_\_\_\_

II \_\_\_\_\_

III \_\_\_\_\_

IV \_\_\_\_\_

V \_\_\_\_\_ Medications \_\_\_\_\_

History of Psych. Treatment \_\_\_\_\_

Previous out of home care \_\_\_\_\_

Substance abuse history \_\_\_\_\_

Risk Behaviors (sex abuse, fire setting) \_\_\_\_\_

Goal of Placement \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## MEMORANDUM

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TO: William G. Morris, Counseling Services Manager

FROM: Kathy Brennan, Adjudication Supervisor

DATE: March 3, 1997

SUBJECT: Preliminary Parole Revocation Hearing Statistics

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During the period 01-01-96 through 12-31-96, 275 Preliminary Parole Revocation Hearings were conducted for Multnomah County youth committed to the Oregon Youth Authority (OYA) for placement in a youth correctional facility. Capacity issues at the training schools resulted in Multnomah County's Juvenile Justice Division (JJD) allocating a 16 bed secure custody unit referred to as the Parole Violators (PV) Unit, to detain OYA youth who would otherwise be returned to MacLaren or Hillcrest for parole violations. The following information details JJD's utilization of those beds:

Total # of Preliminary Parole Revocation Hearings: 275

- 260 youth received a single Revocation Hearing
- 15 youth received multiple or Review Hearings

Total # of Youth Returned to Close Custody: 50

- 3 of these youth were initially detained in the PV Unit, but later returned to the correctional facility due to PV Unit cap-outs

Total # of Youth Detained in the PV Unit In Lieu of Revocation: 189

\*NOTE - all 189 youth would have been returned to Close Custody had the PV Unit not been available

Total # of Youth Returned to Parole from the PV Unit: 9

\*NOTE - all 9 youth were initially held in the PV Unit in lieu of a return to Close Custody. They were capped out of the PV Unit and returned to parole due to overcrowding in both OYA's and JJD's facilities. All 9 youth returned to Court with new felony charges.



MULTNOMAH COUNTY  
Department of Juvenile Justice Services

HEARINGS OFFICER'S REPORT ON PRELIMINARY HEARING

1. Name of Parolee \_\_\_\_\_
2. Date of Parole 8-9-96
3. Parole Officer R. Snyder
4. Date of recommended parole revocation/review 2-27-97
5. Name of person recommending revocation Snyder
6. Date and place of Preliminary Hearing 2-27-97
7. Parties present at Preliminary Hearing Snyder JJD R. Washington
8. Alleged parole violations:

#1 & #5: Sold crack in downtown P'tld.

The student ☒ (is not) requesting a Formal Revocation Hearing.  
Student's statement when a Formal Hearing has been requested:

9. Summary of information supporting alleged parole violations available at the hearing:  
(Attach all documents) PPB report - 2-27-97 Hearing Report  
PO Report (1-10-97)

10. Hearings Officer's Determination: The Hearings Officer finds that there (is) ~~(is not)~~ probable cause to believe that the parolee violated their parole for the reason that:

[redacted] sold cocaine or imitation cocaine to an undercover officer on 2-27-97

11. Hearings Officer's Recommendation: the Hearings Officer recommends that:

Released from JJD on 2-14-97 after a 45 day hold. Had been in group at Mycap and was doing fairly well. [redacted] could not explain this behavior. His inability to remain in placement, comply with parole agreement, refrain from gang behavior

Date of Report: 2-27-97

and conform to the law makes him inappropriate for retention in the community. Recommend

Distribution: Social File; MacLaren/Hillcrest; Parole Officer; Transition Coordinator; Student



MULTNOMAH COUNTY  
Department of Juvenile Justice Services

HEARINGS OFFICER'S REPORT ON PRELIMINARY HEARING

1. Name of Parolee \_\_\_\_\_
2. Date of Parole 8-9-96
3. Parole Officer R. Snyder
4. Date of recommended parole revocation/review \_\_\_\_\_
5. Name of person recommending revocation \_\_\_\_\_
6. Date and place of Preliminary Hearing 1-10-97 JJD
7. Parties present at Preliminary Hearing Johnson Snyder
8. Alleged parole violations:

#5 + #7: UA from MYCAP last 3 weeks.  
#11  
Has a pregnant 13 yr. old girlfriend. Youth at high risk for MII - Rape II

#6: Not attending school

The student (is) (is not) requesting a Formal Revocation Hearing.  
Student's statement when a Formal Hearing has been requested:

9. Summary of information supporting alleged parole violations available at the hearing:  
(Attach all documents)

10. Hearings Officer's Determination: The Hearings Officer finds that there (is) (~~is not~~) probable cause to believe that the parolee violated their parole for the reason that:

Admits allegations

11. Hearings Officer's Recommendation: the Hearings Officer recommends that: Hold in B1 until 2-15-97. Release to Parole OR MYCAP. Must comply w/ B1 staff & program.

Date of Report: 1-10-97

K. Brennan  
Hearings Officer

Distribution: Social File; MacLaren/Hillcrest; Parole Officer; Transition Coordinator; Student



## DETENTION ALTERNATIVE PROGRAMS

I.

COMMUNITY DETENTION January 1997	Male	Female	Total
Total Clients Served (undupl)	55	23	78
New Referrals to Program	23	12	35
Average Daily Population			30
Successful Completion			27
-Hearings			25
-Charges Dismissed			2
Unsuccessful Completion			20
-FTA Adjudication Hearing			1
-FTA Compliance Hearing (22 ordered)			6
-Held In Detention at Compl Hearing			8
-Court Ordered Off Program			2
Supervision Level Breakdown			
Minimum (ALS = 12)	30	12	42
Medium (ALS = 15)	14	6	20
Maximum (ALS = 15)	12	7	19
House Arrest (ALS = 11)	7	1	8
Electronic Monitoring (ALS = 11)	3	0	3
TOTALS	66	26	92

Caucasian	African American	Asian	Hispanic	Native American	Other
31 40%	29 37%	1 1%	1 1%	5 6%	11 14%
11 31%	12 34%	1 3%	1 3%	3 9%	7 20%
15 36%	16 38%	1 2%	1 2%	2 5%	7 17%
8 40%	7 35%	0 0%	0 0%	2 10%	3 15%
10 53%	5 26%	0 0%	0 0%	1 5%	3 16%
3 38%	4 50%	0 0%	0 0%	0 0%	1 13%
2 67%	1 33%	0 0%	0 0%	0 0%	0 0%
38 41%	33 36%	1 1%	1 1%	6 5%	14 15%

## MONTHLY STATISTICS SUMMARY

Community Detention FTA, CRH and New Charges

Monthly	Total Clients	New Referrals	FTA Hearings	CRH Hearings
Sept 10	69	69	n/a	n/a
October	62	19	3	3
November	86	21	0	2
December	48	14	0	0
January	61	36	3	9
February	65	36	1	6
March	78	44	2	8
April	77	39	6	11
May	67	41	0	5
June	62	22	1	2
July	70	36	1	6
August	70	38	2	5
September	86	49	3	7
October	79	40	4	8
November	70	42	2	7 (13)
December	71	34	1	5 (8)
January	78	35	1	6(22)
Total	1199	615	30	90

II.

DAY REPORTING CENTER	Male	Female	Total Served
June	14	6	20
July	11	1	12
August	11	0	11
September	12	3	15
October	8	2	10
November	15	2	17
December	4	0	4
January	7	2	9

Caucasian	African American	Asian	Hispanic	Native American	Other
6 30%	10 50%	3 15%	1 5%	0 0%	0 0%
3 25%	5 42%	2 17%	0 0%	0 0%	2 17%
4 36%	6 55%	0 0%	1 9%	0 0%	0 0%
3 20%	10 67%	1 7%	1 7%	0 0%	0 0%
1 10%	8 80%	0 0%	0 0%	0 0%	1 10%
6 35%	10 59%	1 6%	0 0%	0 0%	0 0%
1 25%	3 75%	0 0%	1 25%	0 0%	0 0%
3 33%	4 44%	1 11%	0 0%	0 0%	1 11%

ALS	Total Comp	Re- Offense	Sent To Detention	Re- Refer
8.5	19	0	0	---
8.1	9	0	1	---
12.6	4	0	1	---
7.9	8	1	0	3
8.1	7	1	0	2
6.3	11	1	0	0
9.0	3	1	1	1
5.0	7	0	0	1

\*Note: For the month of December, the DRC was on an abbreviated schedule. Services were suspended during this month and no new referrals were admitted during this time. Only youth currently in the program served during this time. The DRC resumed operations on January 6, 1997.

III.

\*\*\* information not available

COMMUNITY SHELTER CARE PROGRAM	Male	Female	Total Served
April	13	2	15
May	11	4	15
June	9	2	11
July	10	4	14
August	9	6	15
September	12	3	15
October	5	8	13
November	5	6	11
December	7	3	10
January	10	9	19

Caucasian	African American	Asian	Hispanic	Native American	Other	ALS
***	***	***	***	***	***	****
9 60%	4 27%	0 0%	2 13%	0 0%	0 0%	1.60
9 82%	2 18%	0 0%	0 0%	0 0%	0 0%	1.64
7 50%	6 43%	1 7%	0 0%	0 0%	0 0%	1.43
10 67%	5 33%	0 0%	0 0%	0 0%	0 0%	1.80
13 87%	2 13%	0 0%	0 0%	0 0%	0 0%	1.26
10 77%	1 8%	1 8%	1 8%	0 0%	0 0%	1.46
10 91%	0 0%	1 9%	1 9%	0 0%	0 0%	1.18
7 70%	3 30%	0 0%	2 20%	0 0%	0 0%	3.30
13 68%	6 32%	0 0%	0 0%	0 0%	0 0%	2.32

# Community Detention

## Key Results Information

### January 1996 - January 1997

Month	Total Served	Completions	%	Hearings Attended	%	FTA Hearing	%	FTA Compliance	%	Reoffense	%
Jan-96	61	33	54%	16	48%	9	27%	3	9%	1	3%
Feb-96	65	30	46%	16	53%	1	3%	6	20%	1	3%
Mar-96	78	40	51%	20	50%	2	5%	8	20%	3	8%
Apr-96	77	51	66%	24	47%	6	12%	11	22%	4	8%
May-96	67	27	40%	16	59%	0	0%	5	19%	3	11%
Jun-96	62	28	45%	17	61%	1	4%	2	7%	4	14%
Jul-96	70	38	54%	20	53%	1	3%	6	16%	1	3%
Aug-96	70	33	47%	21	64%	2	6%	5	15%	1	3%
Sep-96	86	46	53%	23	50%	3	7%	7	15%	2	4%
Oct-96	79	52	66%	28	54%	4	8%	8	15%	6	12%
Nov-96	70	37	53%	24	65%	2	5%	7	19%	3	8%
Dec-96	70	26	37%	20	77%	1	4%	5	19%	0	0%
Jan-97	80	47	59%	29	62%	1	2%	6	13%	3	6%

Average	72	38	52%	21	57%	3	7%	6	16%	2	6%
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Totals	935	488		274		33		79		32	
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Community Detention Youth of Color Utilization  
January 1996 - January 1997

Sheet2

	New Referrals	African American	Asian	Hispanic	Native American	Other	Total
Jan-96	36	9	0	2	1	1	13
Feb-96	36	8	4	4	0	1	17
Mar-96	44	12	1	3	0	5	21
Apr-96	39	11	2	1	1	4	19
May-96	41	13	7	3	1	9	33
Jun-96	22	6	2	1	0	5	14
Jul-96	36	15	0	3	0	2	20
Aug-96	38	10	3	3	0	3	19
Sep-96	49	10	9	5	1	2	27
Oct-96	40	10	2	3	2	1	18
Nov-96	42	13	3	4	3	3	26
Dec-96	34	14	0	0	2	2	18
Jan-97	35	12	1	1	3	7	24
Totals	492	143	34	33	14	45	269

Community Detention Youth of Color Utilization  
January 1996 - January 1997

	New Referrals	African American	Asian	Hispanic	Native American	Other	Total
Jan-96	36	9	0	2	1	1	13
Feb-96	36	8	4	4	0	1	17
Mar-96	44	12	1	3	0	5	21
Apr-96	39	11	2	1	1	4	19
May-96	41	13	7	3	1	9	33
Jun-96	22	6	2	1	0	5	14
Jul-96	36	15	0	3	0	2	20
Aug-96	38	10	3	3	0	3	19
Sep-96	49	10	9	5	1	2	27
Oct-96	40	10	2	3	2	1	18
Nov-96	42	13	3	4	3	3	26
Dec-96	34	14	0	0	2	2	18
Jan-97	35	12	1	1	3	7	24

Totals 492 143 34 33 14 45 269

II.

DRC	Male	Female	Total Served
June	14	6	20
July	11	1	12
August	11	0	11
September	12	3	15
October	8	2	10
November	15	2	17
December	4	0	4
January	7	2	9

Caucasian	African American	Asian	Hispanic	Native American	Other
6 30%	10 50%	3 15%	1 5%	0 0%	0 0%
3 25%	5 42%	2 17%	0 0%	0 0%	2 17%
4 36%	6 55%	0 0%	1 9%	0 0%	0 0%
3 20%	10 67%	1 7%	1 7%	0 0%	0 0%
1 10%	8 80%	0 0%	0 0%	0 0%	1 10%
6 35%	10 59%	1 6%	0 0%	0 0%	0 0%
1 25%	3 75%	0 0%	1 25%	0 0%	0 0%
3 33%	4 44%	1 11%	0 0%	0 0%	1 11%

ALS	Total Comp	Re-Offense	Sent To Detention	Re-Refer
8.5	19	0	0	---
8.1	9	0	1	---
12.6	4	0	1	---
7.9	8	1	0	3
8.1	7	1	0	2
6.3	11	1	0	0
9.0	3	1	1	1
5.0	7	0	0	1

\*Note: For the month of December, the DRC was on an abbreviated schedule. Services were suspended during this month and no new referrals were admitted during this time. Only youth currently in the program were served during this time. The DRC resumed operations on January 6, 1997.

III.

\*\*\* information not available

Shelter Care	Male	Female	Total Served
April	13	2	15
May	11	4	15
June	9	2	11
July	10	4	14
August	9	6	15
September	12	3	15
October	5	8	13
November	5	6	11
December	7	3	10
January	10	9	19

Caucasian	African American	Asian	Hispanic	Native American	Other	ALS
***	***	***	***	***	***	****
9 60%	4 27%	0 0%	2 13%	0 0%	0 0%	1.60
9 82%	2 18%	0 0%	0 0%	0 0%	0 0%	1.64
7 50%	6 43%	1 7%	0 0%	0 0%	0 0%	1.43
10 67%	5 33%	0 0%	0 0%	0 0%	0 0%	1.80
13 87%	2 13%	0 0%	0 0%	0 0%	0 0%	1.26
10 77%	1 8%	1 8%	1 8%	0 0%	0 0%	1.46
10 91%	0 0%	1 9%	1 9%	0 0%	0 0%	1.18
7 70%	3 30%	0 0%	2 20%	0 0%	0 0%	3.30
13 68%	6 32%	0 0%	0 0%	0 0%	0 0%	2.32