

Breakthrough Day Treatment

Program Evaluation Summary

January 2000 – December 2006



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*Prepared
by*

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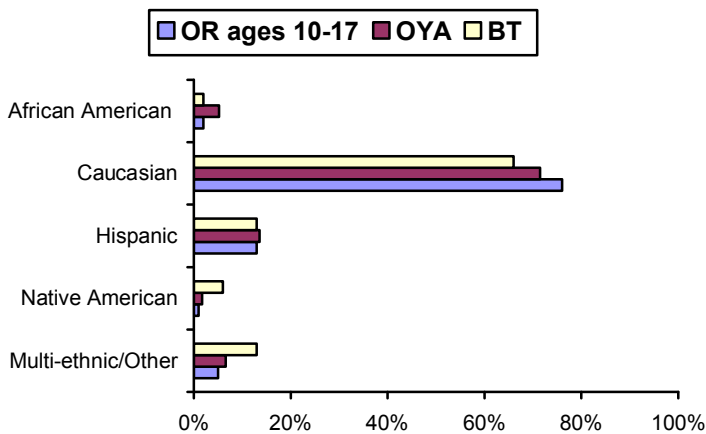
Breakthrough Day Treatment provides intensive alcohol and drug day treatment for adjudicated youth from Oregon. Clients are in need of Level III AOD treatment and must be able to live with a proctor family in the evenings and weekends. While in the program, clients attend school at the center. A variety of groups are offered, including AOD, Behavioral Rehabilitation, and life skills training. Families and caregivers are encouraged to attend family counseling sessions as well as multi-family group sessions. Psychiatric services and medication management are offered if needed. The treatment model is grounded in Motivational Interviewing, and incorporates the Pathways AOD model with a Positive Peer Culture. Continuing Care services following Day Treatment, are also provided for three months following transition from Day Treatment.

Client Descriptive Information¹

Demographics

- 72% male, 28% female
- Average age is 16.49, ranging from 13-18 years old

Race Ethnicity



Breakthrough clients have complex and troubled histories in multiple areas of their lives, including drug abuse, delinquent behavior, school trouble, mental health issues and often unstable family histories.

¹ This summary is based on data from 331 clients discharged between 1/1/2000 and 12/31/2006.

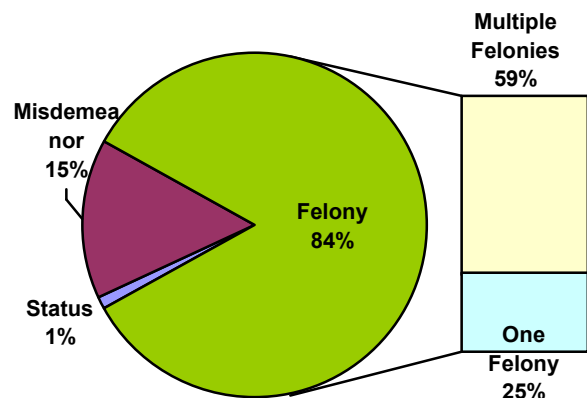
Drug Use History

- 100% have a history of using drugs or alcohol and all clients have at least one substance abuse/dependence diagnosis
- 84% report using at least one substance daily
- Marijuana is the most frequently used drug, with 73% reporting daily use
- 81% have used stimulants, with 48% reporting daily use
- Average age of first alcohol use 11.24 years
- Average age of first drug use 11.27 years

Delinquency History

- 100% are involved with the juvenile justice system; 82% are on probation, 14% are on parole, and 4% have a suspended commitment
- 47% have friends who are gang members; 16% self-identified as a gang member
- 78% have a history of running away from home or a placement; with an average of 5.5 runs
- Clients have been arrested an average of 14.2 times; 89% have been arrested more than five times
- 84% have been arrested for at least one felony; 59% have multiple felonies on record

Most Serious Allegation



School Problems

- 97% have a history of serious school problems, including poor grades, suspensions, and/or dropping out
- 68% have been expelled from school at least once

Family History

- 81% have lived in a family with chronic marital/partner discord; 47% have lived with domestic violence
- 74% have at least one parent with a current or past serious substance abuse problem; for 33% of clients, both parents have or have had serious substance abuse problems
- 66% have at least one parent with a criminal history; 25% have had both parents arrested or incarcerated
- 75% have inadequate parental supervision at intake, as rated by their counselor

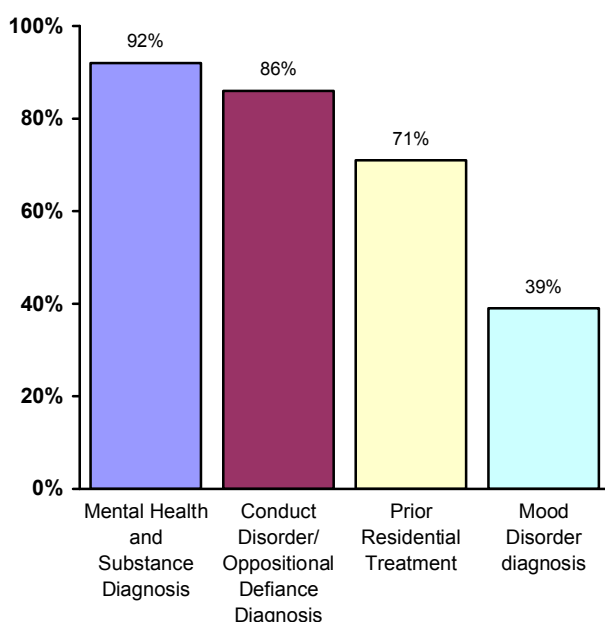
Abuse History

- 55% have experienced some type of reportable abuse (neglect, physical and/or sexual abuse); 30% have experienced multiple types of abuse
- 28% have been sexually abused; 56% of girls have been sexually abused
- 35% have been physically abused
- 30% have been neglected

Clinical Scores

- On the Jesness Inventory-Revised , 73% scored with at least one scale in the clinical range; 47% scored in the clinical range on the Social Maladjustment scale. 57% scored in the clinical range on the Asocial Index.
- The results of the BERS, an assessment of the youth’s behavioral and emotional strengths completed by Proctor Parents, indicates that clients come into the program with scores on all scales at the lower end of “average” strengths compared to other youth their age.

Mental Health Diagnoses and Other Related Issues



- 30% have been diagnosed with ADD/ADHD
- 16% have been diagnosed with Post-Traumatic Stress Disorder
- 57% have been prescribed psychotropic medication prior to treatment at Breakthrough
- 42% are prescribed psychotropic medications while in treatment.

Program Outcomes

Day Treatment Completion

- 55% positively transitioned from Day Treatment
- 22% ran away from treatment
- 19% were discharged for non-compliance
- 4% were discharged for other reasons
- Average length of day treatment for those with positive transitions was 6.1 months

Continuing Care Completion

- 80% of Day Treatment completers graduated from Breakthrough’s community-based Continuing Care
- Average length of Continuing Care was 2.6 months

Most parents of Breakthrough clients participate in their child’s treatment and their parenting skills improve.

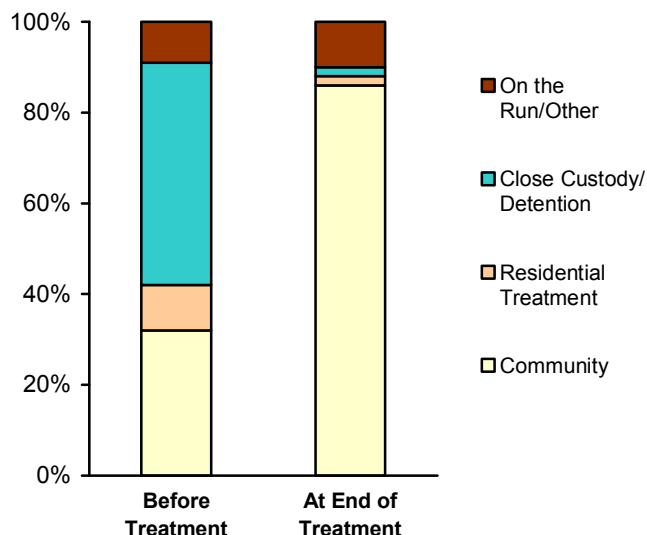
Family Participation in Treatment

- 75% of clients who completed the program had parents who attended at least three family sessions, averaging 13.0 sessions
- 79% of graduates demonstrated improvement in effective Family Functioning, as rated by their counselor
- 74% of mothers and 72% of fathers attending family sessions demonstrated improved Parenting Skills over the course of treatment, as rated by their counselor

Functional outcome for Breakthrough clients are positive. Most clients are living in the community and have graduated, earned their GED or are attending school when they leave treatment, regardless of their transition type from Day Treatment.

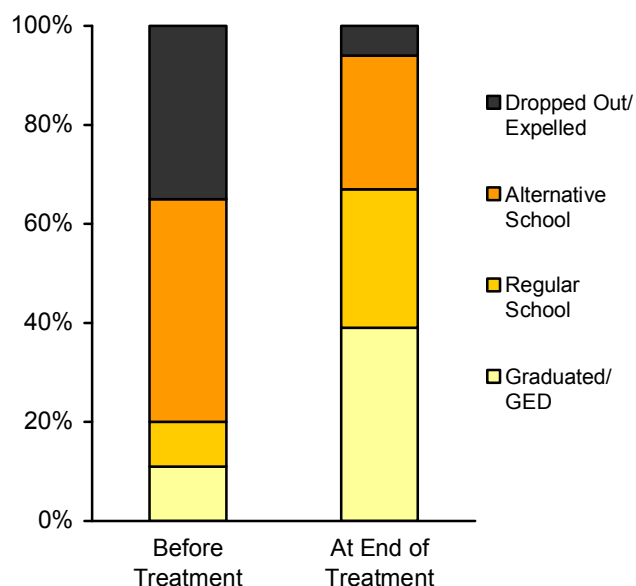
Living Placement Pre & Post Treatment

- 86% were living in the community at discharge, compared to 34% at admission



School Placement Pre & Post Treatment

- 94% clients were going to or had finished school at discharge, compared to 65% at admission.

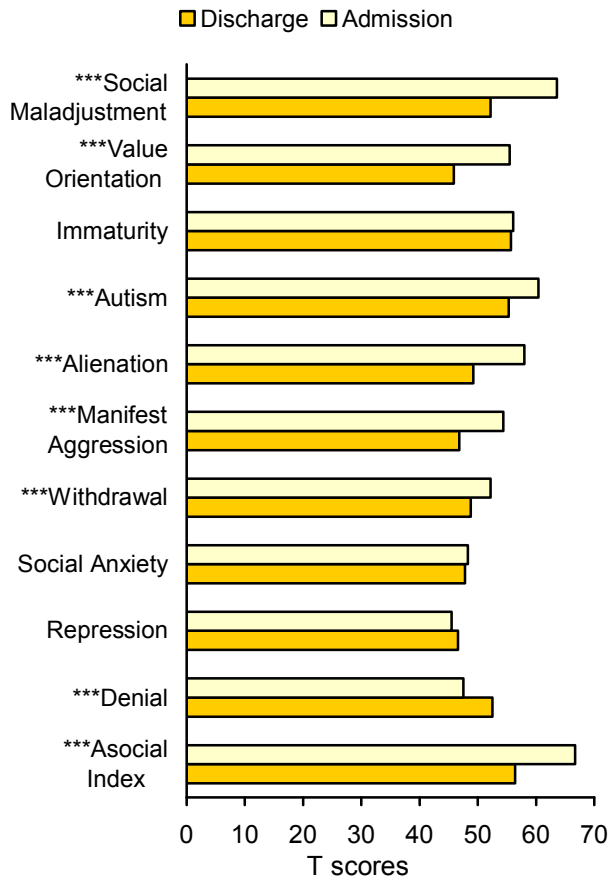


In addition to functional improvements, clients also demonstrate significant clinical improvements.

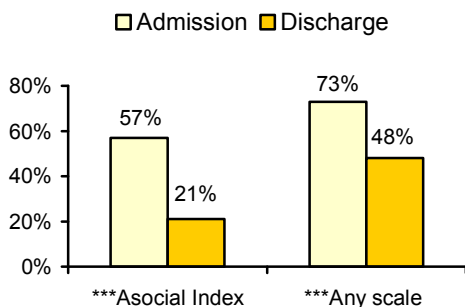
Clinical Outcomes

Jesness Inventory-Revised

The Jesness Inventory-Revised is a self-report personality inventory used to measure delinquent attitudes. Graduates demonstrated significant improvements² on seven of ten subscales and on the Asocial Index.



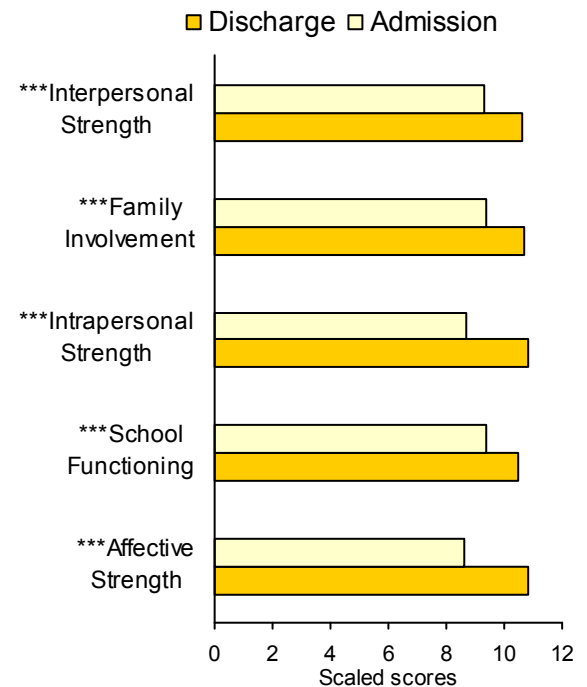
There was also a statistically significant decrease in the percentage of clients who scored in the clinically severe range on the Asocial Index and on any of the ten subscales of the Jesness



² Statistical significance: *(p<.05), **(p<.01), ***(p<.001)

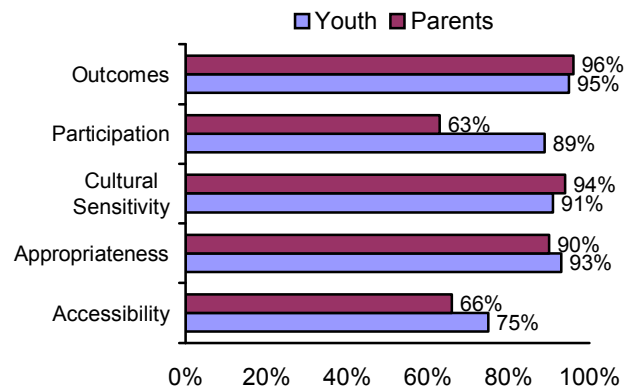
Behavioral and Emotional Rating Scale (BERS-2)

For graduates of Day Treatment, there were significant improvements on all five subscales of the BERS, an assessment of a youth's emotional and behavioral strengths Proctor Parent complete the assessment one month after the youth moves into their home and again when the youth leaves.



Satisfaction with Services³

- 91% of clients reported being satisfied with the services received
- 93% of parents reported being satisfied with the services their child received

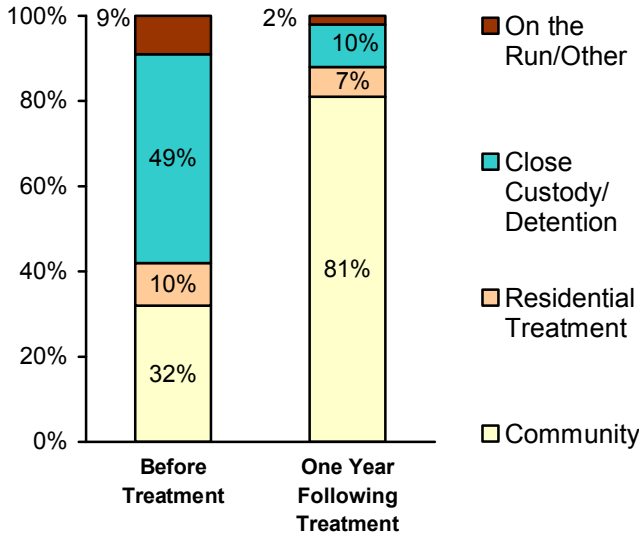


³ Please see Appendix ?? for complete Satisfaction Survey results

Outcomes After One Year

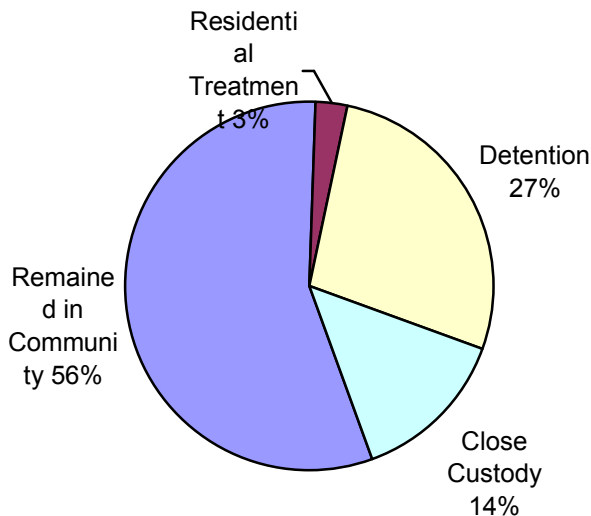
Living Situation

- One year after graduation, most clients were living in the community, either independently, with parents or family, or in foster care.



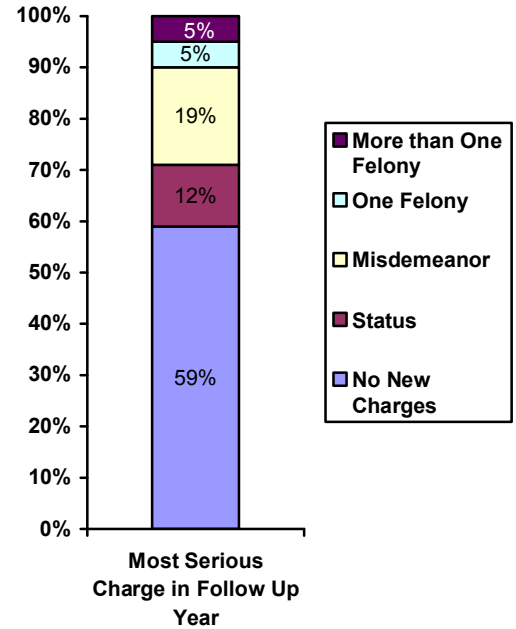
Most restrictive Placement

- During the year following treatment, the majority of clients remained in the community for the entire year. Just over one-fourth went to detention and 14% went to close custody at some point during the follow-up year.



Most Serious Allegation in Follow Up Year⁴

- The majority of youth had no new allegations against them in the year following treatment at Breakthrough. Ten per cent had at least felony charge, and 19% were charged with a misdemeanor. Status offenses were the most serious allegation for 12%. The average number of status offenses during the follow-up year was 0.41; the average number of misdemeanor offenses was 0.50 and the average number of felony offenses was 0.23.



⁴ Recidivism data are available from the Oregon Juvenile Justice Information System until the youth's 18th birthday. Because many clients turn 18 during the year following their completion of treatment, only partial delinquency is available for them. Clients who were 18 when they left or completed treatment, and those who turned 18 within three months, are not included in this follow-up report. Those who turned 18 between 3-9 months after treatment are referred to as "Partial Follow-Up". Those who turned 18 nine months or later after completion are considered "Full Follow-Up".

Conclusions

Breakthrough Day Treatment serves the population it was designed to serve.

- *All clients have serious drug and/or alcohol problems, and have been diagnosed with abuse or dependency to at least one substance.*
- *Additionally, clients have complex and troubled histories in multiple areas of their lives, including delinquent behavior, school trouble, mental health issues and often unstable family histories.*

Most parents of Breakthrough clients participate in their child's treatment and their parenting skills improve.

- *About 75% of graduates had at least one parent involved in their treatment, attending an average of 13 family sessions. Of note is the fact only one-third of clients are from a nearby county (Clackamas or Washington) and no clients in this sample were from Multnomah county.*

In addition to functional improvements, clients also demonstrate significant clinical improvements

- *Graduates demonstrate statistically significant improvement on all scales of the BERS, a strength assessment, and the Jesness Inventory, a measure of delinquent attitudes.*

Functional outcome for Breakthrough clients are positive.

- *Most clients are living in the community and have graduated, earned their GED or are attending school when they leave treatment, regardless of their transition type from Day Treatment*

Recommendations

The program should continue to ensure discharge planning is addressed from the time the youth enters the Day Treatment

Breakthrough does a good job engaging parents and families in treatment. They should continue making this a priority and examining ways to work more effectively with distant families

Developing a clear definition of behavioral expectations for Continuing Care could help clients who successfully transition from Day Treatment.

The program may want to consider finding a valid instrument to measure the effectiveness of the skills training component of Breakthrough Day Treatment .

Integrating the I-Level scores, generated from the Jesness Inventory-Revised, into the youth's treatment plan would benefit the program. The additional information about a youth's maturity level and potential responsivity to treatment would allow counselors to more effectively individualize some components of the program.

Girls who come into Breakthrough often have more severe histories, including more trauma and abuse, than their male counterparts. Although most girls in the program have successful outcomes, it would be valuable to have a counselor on staff who is specially trained in working with the unique issues that affect traumatized girls.