



# BOOMERANG MANUAL

Created by:



Building a Healthier Community

## **Strategies for a Stronger Sanford**

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Building a healthier community

**The Boomerang Program:**

- The Boomerang program is a five-week court diversion program that specifically addresses juveniles who have been charged for the first time with a substance abuse offense.
- The Pan Atlantic Consultant Office evaluated the Boomerang Program in January of 2003 finding it to be a replicable model program.

**Goals of the Program:**

- To decrease the number of juveniles using substances and committing substance abuse offenses
- To reduce the number of juveniles entering into the juvenile court system for substance abuse-related offenses
- To educate parents and youth with regard to the issues and risks associated with drug and alcohol use
- To strengthen Youth/Parent relationships

**Program content includes:**

- Substance abuse education
- Prevention
- Intervention
- Healthy decision making
- Parental awareness
- Parent/child responsibilities
- Progression and consequences of substance abuse

**Eligibility:**

- First time offenders
- Police referrals
- Parent involvement
- A contract agreement for full participation by youth and parent
- Youth and parents must attend all sessions for completion of program

**The Program helps to build:**

- Positive Parent/Youth relationships
- Positive values: honesty, responsibility; restraint; social skills; good decision making and resistance skills
- Positive identity through personal power
- Sense of purpose
- Positive view of personal future

The Boomerang Program Budget:

The Boomerang Program cost for eight five-week sessions runs between \$16,400.00 to \$19,200.00. The cost breaks down to about \$ 2050.00 to \$ 2400.00 a session. Depending on whether the Police Department covers the cost of the officers participating.

Facilitator	10hr/wk	\$800 / 5 week session
Police Officers	2hr/wk	\$350 / 5 week session
Sub. Abuse Counselor	3hr/wk	\$900 / 5 week session
Space		In-kind
Supplies		\$250 / 5 week session
Food	\$20/wk	\$100 / 5 week session
<b>Total session cost</b>		<b>\$2400/5 week session</b>
<b>Total session cost without officer wages</b>		<b>\$2050/5 week session</b>

**TRAINING SESSIOIN:  
FOUR HOUR TRAINING DAY**

Facilitator	4hrs x \$16 = \$64.00
Police Officers	4hrs x \$35 = \$140.00 x 4 officers = \$560.00
Police Department may offer to pay this portion.	
2 Substance Counselor	4hrs x \$60 = \$240.00 x 2 = \$580.00
Snack	= \$ 30.00

**Total training cost when paying for 4 officers, \$ 64 + \$560 + \$580 + \$30 = \$1234.00**

Five week Boomerang cost \$2400.00

**Total start up cost for first session \$3634.00**

Five week sessions total without officer wages \$2050.00

**Total star up cost if Police Department pays the officers wages \$2724.00**

Anyone interested in volunteering should be trained as well, ready to fill in if necessary.



## **Boomerang Job Description**

### **Juvenile Counselor**

Should be a Substance Abuse Counselor, Medical Staff and Adolescent Counselor with at least 5 years of experience working in the field of juvenile advocacy dealing with drug/alcohol issues;

be able to work with youth and their families;

be understanding of the family issues that evolve from the use of alcohol/drugs;

be able to communicate the importance of the family unit working together;

be able to spot deeper issues that may need to be properly addressed;

help youth and families develop communication and life skills;

make available any and all area resources that might be needed for further support or therapy.

Must go through the 4 -5 hour training session

## **Boomerang Job Description**

### **Coordinator/Community Person**

Coordinator/Community Person must have at least 3years experience working with “at-risk” youth;

understanding and non-judgmental notions toward youth and parents;

be able to provide an appropriate space for sessions; contact all staff and participants; work out start and end dates as well as session time frames;

computer skills (word, excel); collect and record all data from the pre and post surveys and program evaluations;

keep minutes from each session;

make any necessary reports;

prepare room, equipment and supplies for each session; facilitate the order of the session; gather material and clean room after sessions.

Must go through the 4 -5 hour training session.

## **Boomerang Job Description**

### **Police Officer**

Police Officers with two years of experience in Law Enforcement or Juvenile Education;

must have a desire to help youth and their parents dealing with alcohol/drug issues;

must be able to relate to juvenile and parents without pre-judgmental notions;

must have access to juvenile reports and knowledge of juvenile activities in order to refer them to the Boomerang program;

must have the ability to handle intense situations that might arise from a Boomerang session;

must be able to write necessary police reports or any other compliance/noncompliance reports needed and recommend follow up to Juvenile Community Corrections Officer and or Court.

Must go through the 4 -5 hour training.

## **Police Department Informal Adjustment Process For youth eligibility**

A patrol officer charges an offending juvenile with a substance abuse offense; the youth is given a summons to court.

A report of the incident is completed and turned in to the Juvenile Officer.

The Juvenile Officer checks the youth's name within the police department's system for any previous criminal conduct and/or substance abuse treatment history.

The Juvenile Officer makes a decision based upon the type of offense committed and history of the juvenile as to whether a referral to the Boomerang Program, as an alternative to court, should be made.

If the Youth fits the criteria for the Boomerang Program, the Juvenile Officer sends out a letter inviting the parent and youth to meet with him. At the meeting, the program is explained and the Participation Agreement is signed.

If the youth does not fit the criteria or does not wish to go through the Boomerang Program after meeting with the Juvenile Officer, his or her report is forwarded on to court through the normal department process.

## PARTICIPATION AGREEMENT

### ***BOOMERANG PROGRAM***

**NAME:** \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_

PARENT'S NAMES: \_\_\_\_\_

DATE OF OFFENSE: \_\_\_\_\_

OFFENSE: \_\_\_\_\_

I have been charged with a juvenile offense by the Sanford Police Department. I agree to attend five, consecutive, training sessions through Strategies for a Stronger Sanford's Boomerang Program. I agree to follow these rules:

1. I will attend with one or both of my parents.
2. I will participate in all the activities during the program.
3. I will arrive on time to each session.
4. I will not use any alcohol and/or illegal drugs while participating in the program.

I am aware that upon successful completion of the Boomerang Program my offense will not be forwarded to the juvenile court and will be handled within the police department only. Failure to complete the program will cause my case to be reopened and official court charges will be filed with the juvenile court.

Juvenile  
Signature: \_\_\_\_\_ Date \_\_\_\_\_

Parent  
Signature: \_\_\_\_\_ Date \_\_\_\_\_

Office: \_\_\_\_\_ Date \_\_\_\_\_

## Youth Pre-Participation Survey

	0-20 %	21-40%	41-60%	61-80%	81-100%
What percent of youth do you think use alcohol on a daily basis?					
What percent of youth do you think use alcohol in a monthly basis?					
What percent of youth do you think use marijuana on a daily basis?					
What percent of youth do you think use marijuana on a monthly basis?					
What percent of youth do you think use other drugs on a daily basis?					
What percent of youth do you think use other drugs on a monthly basis?					
What percent of youth do you feel use someone else's prescription drug on a daily basis?					
What percent of youth do you feel use someone else's prescription drug on a monthly basis?					
What percent of the time do you communicate well with your parent?					
What percent of the time do you understand your parent's reactions toward you?					

What substances are you concerned about friends using? \_\_\_\_\_

Is there something you would like to change about your relationship with your parent? \_\_\_\_\_

Thank you

## Parent Pre-participation Survey

	0-20 %	21-40%	41-60%	61-80%	81-100%
What percent of youth do you think use alcohol on a daily basis?					
What percent of youth do you think use alcohol on a monthly basis?					
What percent of youth do you think use marijuana on a daily basis?					
What percent of youth do you think use marijuana on a monthly basis?					
What percent of youth do you think use other drugs on a daily basis?					
What percent of youth do you think use other drugs on a monthly basis?					
What percent of youth do you feel use someone else's prescription drug on a daily basis?					
What percent of youth do you feel use someone else's prescription drug on a monthly basis?					
What percent of the time do you feel you communicate well with your child?					
What percent of the time do you understand your child's behavior?					

What substances are you concerned about youth using? \_\_\_\_\_

Is there something you would like to change about your relationship with your child? \_\_\_\_\_

Thank you

# Parent Questionnaire

Please answer all questions to the best of your knowledge.

**Before this incident, how often did your child...**

	Never	Daily	Weekly	Monthly	Every 3 months	Every 6 months
Attend parties						
Use drugs						
Use alcohol						
Think of using drugs						
Think of drinking						
Drive while drinking						
Drive while using substances						
Ride with a friend who was drinking						
Ride with a friend who was using substances						

How did you know if their friends were drinking or using substances? \_\_\_\_\_

\_\_\_\_\_

What are your family's rules on drinking? \_\_\_\_\_

\_\_\_\_\_

What are your family's rules on substance use? \_\_\_\_\_

\_\_\_\_\_

What are your family's rules on driving while using any substance (including alcohol)? \_

\_\_\_\_\_

**Please fill out both sides of questionnaire**

**Parent Questionnaire (continued)**

**Before this incident, did you...**

	Never	Sometimes	Often	Most times	Always
Know where your child was when out?					
Know who they were with?					
Know what they were doing when out?					
Know their friend's parents?					
Trust your child?					
Get along with your child?					
Believe what your child told you?					

**At the time of the incident...**

What was your reaction? \_\_\_\_\_

\_\_\_\_\_

How did your child react to getting caught? \_\_\_\_\_

\_\_\_\_\_

How did their friends react to this incident? \_\_\_\_\_

\_\_\_\_\_

Thank you

## Youth Questionnaire

**Please answer all questions to the best of your knowledge;**

**Before this incident, how often did you...**

	Never	Daily	Weekly	Monthly	Every 3 months	Every 6 months
Attend parties						
Use drugs						
Use alcohol						
Think of using drugs						
Think of drinking						
Drive after drinking						
Drive after using substances						
Ride with a friend who had been drinking						
Ride with a friend who had been using substances						

How did you know if your friends were drinking or using substances? \_\_\_\_\_

\_\_\_\_\_

What are your family's rules on drinking? \_\_\_\_\_

\_\_\_\_\_

What are your family's rules on substance use? \_\_\_\_\_

\_\_\_\_\_

What are your family's rules on driving while using any substance (including alcohol)?

\_\_\_\_\_

**Please fill out both sides of questionnaire**

Youth Questionnaire (continued)

**Before this incident, did your parent(s)...**

	Never	Sometimes	Often	Most times	Always
Know where you were when you went out?					
Know who you were with?					
Know what you were doing when you were out?					
Know your friend's parents?					
Understand you?					
Get along with you?					
Believe you?					

**At the time of the incident...**

What was your reaction to being caught? \_\_\_\_\_

\_\_\_\_\_

How did your parent's react? \_\_\_\_\_

\_\_\_\_\_

How did your friends react? \_\_\_\_\_

\_\_\_\_\_

Thank you

## Parent Post-participant Survey

	0-20 %	21-40%	41-60%	61-80%	81-100%
What percent of youth do you now think use alcohol on a daily basis?					
What percent of youth do you now think use alcohol on a monthly basis?					
What percent of youth do you now think use marijuana on a daily basis?					
What percent of youth do you now think use marijuana on a monthly basis?					
What percent of youth do you now think use other drugs on a daily basis?					
What percent of youth do you now think use other drugs on a monthly basis?					
What percent of youth do you now feel use someone else's prescription drug on a daily basis?					
What percent of youth do you now feel use someone else's prescription drug on a monthly basis?					
<b>Question</b>	<b>Family or Home</b>	<b>Friends</b>	<b>Stores or Bars</b>	<b>Parties</b>	<b>Don't Know</b>
If your child drinks alcohol, where does he usually get it from?					
If your child used someone else's prescription drug to get high, where did he get it from?					

What substances are you concerned about young people using? \_\_\_\_\_  
 \_\_\_\_\_

**Please complete both sides of survey**

Parent post-survey (continued)

**Having completed the Boomerang Program, please indicate if you have you noticed a change in any of the following:**

	It is much worse	It is a little bit worse	No change	It is a little bit better	It is much better
Your child's understanding of the concerns of alcohol and drug use in youth					
Your understanding of the concerns of alcohol and drug use in youth					
Your child's understanding of the concerns of substance abuse					
Your understanding of the concerns of substance abuse					
Your communication with your child					
You and your child's understanding of each other					
Your understanding of the risks involved with using					
Your understanding of the Laws concerning substance use					

Please explain in detail any of the changes that you have experienced.

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Thank you

## Youth Post-participation Survey

	0-20 %	21-40%	41-60%	61-80%	81-100%
What percent of youth do you now think use alcohol on a daily basis?					
What percent of youth do you now think use alcohol on a monthly basis?					
What percent of youth do you now think use marijuana on a daily basis?					
What percent of youth do you now think use marijuana on a monthly basis?					
What percent of youth do you now think use other drugs on a daily basis?					
What percent of youth do you now think use other drugs on a monthly basis?					
What percent of youth do you now feel use someone else's prescription drug on a daily basis?					
What percent of youth do you now feel use someone else's prescription drug on a monthly basis?					

What substances are you concerned about friends using? \_\_\_\_\_

\_\_\_\_\_

**Please complete both sides of the survey**

### Youth Post-participation Survey (continued)

**Having completed the Boomerang Program, please indicate if you have noticed a change in any of the following:**

	It is much worse	It is a little bit worse	No change	It is a little bit better	It is much better
Your understanding of the concerns of alcohol and drug use in youth					
Your parent'(s) understanding of the concerns of alcohol and drug use in youth					
Your understanding of the concerns of substance abuse					
Your parent'(s) understanding of the concerns of substance abuse					
Your communication with your parent(s)					
You and your parent's understanding of each other					
Your understanding of the Law concerning substance abuse					

Have you used in the past 30 days? \_\_\_\_\_

Do you understand the risk's of using? \_\_\_\_\_

What age were you when you first tried alcohol/drugs? \_\_\_\_\_

Do you better understand why you should not use alcohol/drugs? \_\_\_\_\_

Please explain in detail any of the changes that you have experienced?

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Thank you

# Boomerang Program Evaluation

Date of last class \_\_\_\_\_

**Circle: Parent / Youth**

**Please rate the program for the following criteria (1 being lowest, 5 is highest)**

	1	2	3	4	5
Friendliness					
Usefulness					
Content					
Activities					
Convenience of time					
Convenience of location					
Facilitator knowledge					
Facilitator friendliness					
Facilitator enthusiasm					
Alternative to Court					

Please add any comments you have on the program \_\_\_\_\_

\_\_\_\_\_

What was the most valuable part of the program for you? \_\_\_\_\_

\_\_\_\_\_

How would you improve this program? \_\_\_\_\_

\_\_\_\_\_

**Please indicate if the program has helped you understand any of the following**

(1= more confused – 5= much better understanding)

	1	2	3	4	5
Youth substance abuse issues					
Influence of substance abuse and youth					
Seriousness of youth alcohol use					
Understanding of prevention as a community-wide issue					
How you can safeguard teens from substance use (including alcohol)					
Your attitude towards teenage alcohol use?					

How has your attitude changed towards alcohol and substance abuse? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please complete both sides of the survey**

Evaluation (continued)

**Has the program changed your:**

**Circle: Parent / Youth**

(1 =no change – 5= large change)

	1	2	3	4	5
Relationship with your child					
Relationship with your parent					
Understanding of the Police department's efforts to reduce substance use in youth					
Your commitment to keeping your child substance free					
Your commitment to keeping your self substance free					
Your child's use of alcohol					
Your use of alcohol					
Your child's use of other substances					
Your use of other substances					

How has the program changed things? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Would you recommend this program to other parents as a court alternative? \_\_\_\_\_

Why? \_\_\_\_\_

Please contact us if you have any questions  
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