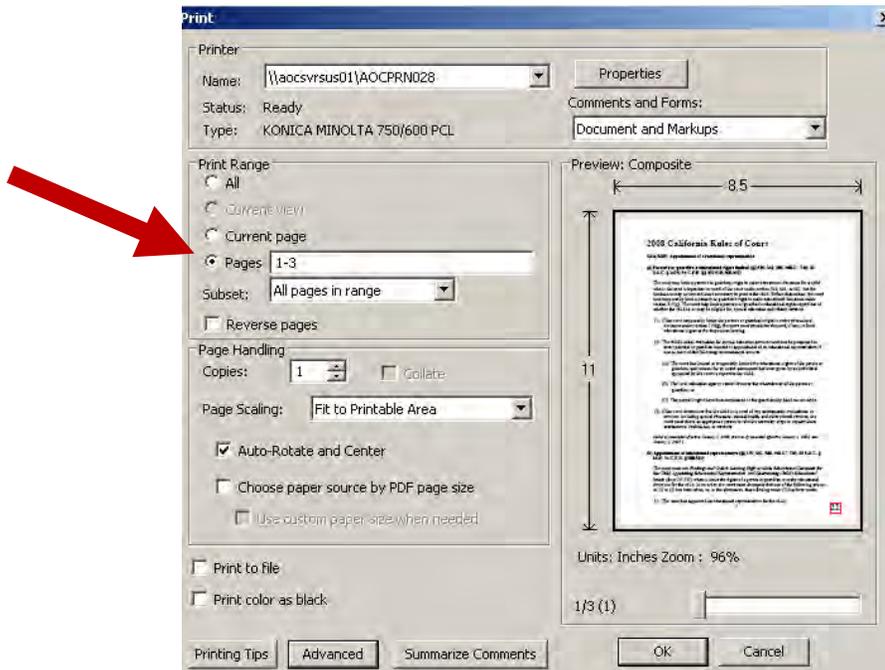


Dear Colleague:

Enclosed are Beyond the Bench 2010 handouts, PowerPoint slides, articles, and other resources made available by faculty.

In keeping with the efforts of going “green”, we encourage you to read from the electronic document rather than print hundreds of pages.

If you choose to print these materials, please make sure to **specify the range of pages**.



Thank you.

Beyond the Bench conference staff

THURSDAY – JUNE 3, 2010

5:30 pm – 6:30

Collaborative Strategies to Improve Health and Mental Health for Youth in the Juvenile Justice System.

target audience:
all

The Healthy Returns Initiative (HRI), created by The California Endowment, was designed to strengthen the capacity of county juvenile justice systems to improve access to health, mental health, and other critical services for youth and to ensure continuity of care as they transition back to the community. This special session will highlight the promising practices from pilot programs administered by probation departments in Los Angeles, Santa Cruz, and Ventura counties. The workshop will specifically focus on how these probation departments successfully collaborated with the courts, mental health, public health, and schools to improve outcomes for youth with complex issues. This session will be valuable for administrators and practitioners across systems.

Light snacks and beverages will be provided.

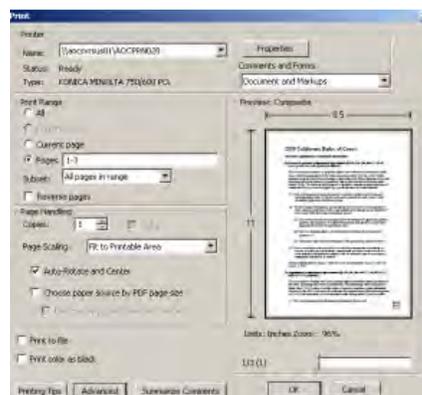
Learning Objectives:

- Learn strategies to address confidentiality issues and share information across systems.
- Learn how county agencies and community partners can work collaboratively to improve service provision and outcomes for youth.
- Learn how to engage families in collaborative efforts, such MDT case planning and accessing benefits and resources.

Faculty:

- **Andrea Gordon**
Probation Director, Los Angeles County Probation Department
- **Laura Garnette**
Director, Adult Probation, Santa Cruz County Probation Department
- **Cosette Reiner**
Supervising Deputy Probation Officer, Ventura County Probation Agency

Before you choose to print these materials, please make sure to **specify the range of pages**.



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Administrative Office of the Courts, Center for Families, Children & the Courts

HEALTHY RETURNS INITIATIVE (HRI) GRANT DATA FOR 62 YOUTH/FAMILY SERVED

OUT OF HOME BED DAYS							
	PRE HRI	DAYS OUT OF HOME DURING HRI	% REDUCTION PRE vs DURING HRI	DAYS OUT OF HOME 6 MONTHS POST HRI	% REDUCTION PRE vs 6 MONTHS POST HRI	TOTAL DAYS OUT OF HOME DURING AND POST HRI	% OF REDUCTION BETWEEN PRE & POST HRI TOTAL (OUT OF HOME DAYS)
JUVENILE HALL	5903	327	94%	1026	83%	1353	77%
SUITABLE PLACEMENT	2483	500	80%	179	93%	679	73%
CAMP	383	0	100%	229	40%	229	40%
TOTAL	8769	827	90%	1434	84%*	2261	76%

OUT OF HOME COSTS						SAVINGS	
	COST FOR OUT OF HOME DAYS PRE HRI	DURING HRI	% REDUCTION PRE vs DURING HRI	6 MONTHS POST HRI	% REDUCTION PRE vs 6 MONTHS POST HRI	TOTAL COSTS DURING HRI/ 6 MONTHS POST HRI	BETWEEN PRE & POST HRI (TOTAL OUT OF HOME DAYS)
JUVENILE HALL	\$ 2,304,236	\$ 127,644	94%	\$ 400,499	83%	\$ 528,143	\$ 1,776,093
SUITABLE PLACEMENT	\$ 487,562	\$ 100,147	80%	\$ 35,346	93%	\$ 135,493	\$ 352,069
CAMP	\$ 94,735	\$ -	100%	\$ 56,643	40%	\$ 56,643	\$ 38,092
TOTAL	\$ 2,886,533	\$ 227,791	90%	\$ 492,488	83%	\$ 720,279	\$ 2,166,254

*Rounding Variance

Healthy Returns Initiative Case Studies

Final Report

August 2009

Desert Vista Consulting, LLC

Jennifer J. Brya, MA, MPP

Karen W. Linkins, Ph.D.

Acknowledgements

Desert Vista Consulting would like to acknowledge the grantees and their partners across the five HRI counties for their participation in site visits and telephone interviews for the HRI Case Studies. We appreciate your time, insights and dedication to the youth served through the Health Returns Initiative. A special thanks to La Piana Associates for providing important contextual information for understanding the accomplishments of the grantees and the Initiative.

Humboldt

Doug Rasines, Chief Probation Officer
Tim Toste, Director of Detention Services
Kim Sousa, Deputy Probation Officer
Tamara Hansen, Deputy Probation Officer
Jeannie Patterson, Mental Health Clinician
Sherrie Fielder, Mental Health Clinician
Mardi Bessellieu, Juvenile Hall Facility Manager
Stacey Campbell, California Forensic Medical Group

Santa Cruz

Scott MacDonald, Chief Probation Officer
Laura Garnette, Adult Probation Director and
Former HRI Manager
Kathy Martinez, Assistant Juvenile Probation
Director and HRI Manager
Fernando Giraldo, Director of Juvenile Probation
Kathleen Hofvendahl-Clark, Health Educator
Crystal Guzman, CAA, La Manzana
Melissa Delgadillo, Program Manager, Child
Welfare Department
Angela Irvine, Evaluator, Ceres Policy Research
Jenny T. Sarmiento, CEO, Pajaro Valley Prevention
David S. True, Program Director, Community
Restoration Project
Otilio "O.T." Quintero, Assistant Director, Santa
Cruz Barrios Unidos
Bill McCabe, Program Manager, Youth Services

Ventura

Karen Staples, Chief Probation Officer
Alan Hammerand, Chief Deputy, Juvenile Facilities
Mark Varela, Chief Deputy Probation Officer
Patricia E. Olivares, Division Manager, Juvenile Facilities
Cosette Reiner, Supervising Deputy Probation Officer,
Juvenile Facilities
Leonard Salinas, Senior Deputy Probation Officer
Annette Mendoza, Behavioral Health Therapist
Mary Stahlhuth, Ventura County Behavioral Health
Megan Steffy, Ventura County Public Health

Los Angeles

Robert S. Taylor, Chief Probation Officer
Andrea Gordon, Probation Director
Yvette R. Porras, Deputy Probation Officer II
Gabriela G. Leyva, Deputy Probation Officer II
Lisa Ramirez, Deputy Probation Officer
Donna L. Groman, Delinquency Court Judge

Santa Clara

Sheila E. Mitchell, Chief Probation Officer
Kathy Duque, Deputy Chief Probation Officer
Delores Nnam, Executive Administrative Services
Manager
Karen Fletcher, Deputy Chief Probation Officer
Moonli Liu, Director of Information Systems,
Probation
Joanne Dobrzynski, Department of Mental Health
Gail Markman, Department of Mental Health
Nick Birchard, Probation Manager
James Hill, Supervising Group Counselor, Juvenile
Hall
Curtis Shearer, Senior Group Counselor, Juvenile Hall
Judi Marshall, Supervising Probation Officer,
Placement Services

La Piana Associates

Shiree Teng
Robert Harrington
Rick Williams

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I. Introduction

The California Endowment invested \$6.5 million over four years (2005-2009) in the Healthy Returns Initiative (HRI), an effort to promote juvenile justice reform and systems change by strengthening the capacity of county juvenile justice systems to improve health and mental health services for adolescents in detention facilities and ensure continuity of care as youth transition back to the community. In this report, **systems change is defined as changes in organizational culture and the policies and procedures *within* individual organizations or *across* organizations that enhance the treatment and access to services of youth in the Juvenile Justice System.** The HRI funded: 1) local projects in five counties (Humboldt, Los Angeles, Santa Clara, Santa Cruz, and Ventura), 2) an Initiative-wide Formative and Summative Evaluation; 3) customized capacity building and technical assistance, and annual convenings for the grantees to exchange learnings; and 4) a policy group tasked to promote sustainability and replication.

The purpose of examining the experiences across the five HRI counties is to provide The California Endowment and other interested stakeholders with a better understanding of systems change within the context of the Healthy Returns Initiative by documenting field based evidence of how systems change can be achieved. ***The success of the HRI centered around a multi-pronged approach to community systems change, which included: strong leadership, vision, and commitment from the Probation Departments, well functioning collaborative relationships with community partners, the availability of external technical assistance and capacity building, and flexible foundation funding and support.***

The following report documents the implementation experiences and program accomplishments of the five local projects through case studies and comparative summative analyses. The five counties demonstrated a paradigm shift within their Probation Departments that enabled stronger partnerships across county departments, with community-based partner organizations, and with families. These systems change accomplishments improved individual level outcomes through better assessments and treatment planning processes, service connections, and coordination to promote the positive transition of youth back to the community. The HRI counties were able to achieve these accomplishments despite numerous fiscal challenges, including the loss of MIOCR funding, the state's economic crisis, and the relatively brief funding period of the Initiative.

II. Initiative Goals

The HRI established a range of short- and longer-term goals to achieve over the four years through initiating reforms in the juvenile justice, public health, mental health, and MediCal systems at the local and state levels. A logic model of the assumptions, activities, and goals for the HRI was developed by the TCE Project Officer, with technical support from La Piana Associates and is presented in **Appendix A**.

The following table summarizes the outcomes achieved by some, if not all, HRI programs through the grant. These outcomes, and the extent to which they were achieved, are documented in the case studies.

Summary of Outcomes Achieved by the HRI Grantees over the Funding Period

Near-Term Outcomes (2006-08)	Long-Term Outcomes (beyond 2008)
Staff in County Departments begin to work together as integrated teams and share information regularly	The health and mental health conditions of youth in detention are better managed by the staff and the youth
Systems barriers and facilitators to effective collaboration begin to be identified and addressed	Practices within each HRI county of probation agencies working in collaboration with behavioral and mental health staffs become routine, i.e., part of the culture and way of doing business.
Access to MediCal coverage upon reentry for youth is accelerated among HRI counties.	HRI-fostered organizational cultural shifts are sustained in each county
The use of validated mental health screening tools is consistent (MAYSI)	
Relationships are strengthened, or built, with community-based partners that ensure effective case plan implementation and transition back to the community.	
Youth, once released, have better access to nonprofit or public health and behavioral health care resources	
Parent and caregiver engagement efforts are strengthened (or at least are on the radar)	

III. Case Study Approach

Information presented was drawn from: 1) a review of documentation and materials provided by the grantees; 2) site visits to all five HRI counties in October 2008; and 3) interviews with or site visits to the HRI counties in July/August 2009. The case study compilation also documents the systems change achievements and challenges across all five counties, specifically addressing the five core program elements: 1) Multidisciplinary team; 2) Benefits advocacy; 3) Staff and provider training; 4) Partnerships and collaboration; and 5) Family focus and involvement.

In addition to the five core elements, the case studies document unique program elements and promising practices by site. This report also presents a comparative analysis of the five counties regarding model features, implementation challenges, and systems changes, and a summary of lessons learned. Geographic location, Probation Department size, existing resources and partnerships are just a

few contextual variables that create significant variation across the five programs. Each program has achieved implementation successes in changing organizational policies and practices for screening, referral, service delivery and building partnerships, but they manifest in different ways. Telling the story of how each program “changed the rules” in their own community provides important field-based evidence of how change can be achieved in other juvenile Probation Departments throughout the state. **Tables 1 and 2** in the Appendix B provide a summary of the program characteristics and core components across the five HRI counties.

Each case study is organized into the following sections:

- a) Multidisciplinary Team
- b) Benefits Advocacy
- c) Cross-Provider Training
- d) Partnerships and Collaboration
- e) Family Involvement
- f) Program Sustainability
- g) Implementation Challenges
- h) Program Accomplishments and Outcomes

The first five sections (sections a through e) describe the program components at the peak of implementation. Section f (Sustainability) documents how the program looks and will operate now that the HRI grant has ended. The final sections (sections g and h) take a retrospective look at each program’s implementation challenges and major accomplishments.

IV. Case Studies: Implementation Experiences across the Five HRI Counties

1. Humboldt: Shifting the Probation Paradigm to Prevention and Rehabilitation

“Flexible funding allowed us to try new things in our department. We were able to shift the paradigm away from bureaucracy to creativity and change. HRI has changed the face of Probation – both in terms of how we see ourselves and how the community sees us. We are now bringing resources to the community rather than needing resources from the community.” Doug Rasines, Chief of Probation, Humboldt County

In Humboldt County, the Healthy Returns Initiative provided another catalyst in a series of efforts over the years to enhance administrative practices and processes within the Probation Department and Juvenile Hall to transform their system from a custodial care to a rehabilitative orientation by investing in provider training and evidence-based practices. HRI was not a “program” or intervention per se, but rather a set of processes (screening, assessment, planning, referral), with resources allocated to training and contracting with outside providers to ensure age appropriate and culturally responsive care for all youth involved in the juvenile justice system. While many California Probation Departments follow a “Trail ‘em, nail ‘em, and jail ‘em”, philosophy when working with youth, Humboldt County Probation has long abandoned that philosophy which prompted them to seek out funding such as HRI to further a more rehabilitative process for juvenile offenders. Through the vision, leadership and commitment of Probation Chief, Doug Rasines, Humboldt County has made great progress in continuing to transform the culture of juvenile probation. HRI implementation experiences such as universal MAYSI-2 screening, MDTs, and provider training in evidence-based practices (EBPs) facilitated even broader changes within the Probation Department as new practices and processes continue to be implemented.

Humboldt Model Features

Average Caseload	No program caseload. All probation youth receive HRI model. Juvenile Hall has 26 beds and books approximately 250 unique cases annually.
Referrals	HRI is a set of new probation practices rather than a pilot program that receives referrals. All youth entering Juvenile Hall experience HRI model.
Target Youth	All juvenile probation youth. Most probation youth are detained for probation violations or drug-related offenses.

a. Multidisciplinary Team

Prior to the HRI process, all minors detained in Juvenile Hall were admitted without an evidenced-based assessment tool and the process was limited to juvenile corrections staff. Through HRI, Humboldt expanded the team to be more multidisciplinary (MDT), as well as changed the intake process to include the MAYSI-2 screening and assessment tool. Introducing the MAYSI-2 as the formal screen allowed for the systematic identification of mental health, alcohol and drug problems, and self-harm behaviors. The

HRI Clinical Services Coordinator deliberately set a low warning threshold to heighten the sensitivity of the MAYSI-2 screen to ensure that the MDT would adopt a prevention focus as well as a response to youth with high needs. The MDT's original composition included a Family Resources Specialist (a probation officer), two mental health counselors (a Clinical Services Coordinator and a Mental Health Branch Clinician based in Juvenile Hall), and a Registered Nurse (employed by the California Forensic Medical Group).

The team met weekly to develop treatment plans, and discuss the status and progress of youth referred to the MDT. The plans included referrals to Humboldt County Department of Health and Human Services, Mental Health Branch, Alcohol and Other Drug Services, dental services, Family Resource Centers located around the county, and, as appropriate, Native American and Tribal Services. Although they represented different disciplines, the team members forged strong collaborative relationships in assessing and meeting the needs of youth. The team also coordinated with and provided support to Field Probation Officers around the treatment plans. These interactions around the plans expanded the Field Probation Officers' understanding of the needs presented by youth.

The Family Resource Specialist (FRS) or HRI probation officer was a probation officer whose primary responsibilities were to expedite access to dental and health care, mental health services, social services, and educational services as recommended in the individualized plan developed by the MDT. The FRS assisted in the administration of the MAYSI-2 with youth admitted to Juvenile Hall, assisted in service plan development, facilitated referrals for health care assessment, provided linkage/brokerage services to identified youth and their families, and had monthly face-to-face contact with all cases, as well as weekly telephone contact with service providers associated with these cases. These services included transportation, linkage to MediCal/Healthy Families eligibility works at the Department of Social Services, and provided on-going follow-up for up to ninety days to youth and their families. For youth already assigned to a Probation Officer, the FRS provided additional support and coordination, as needed.

The Clinical Services Coordinator (CSC) served as the HRI liaison with probation staff, institutional health and mental health care providers, and community-based health and mental health providers. In addition, the CSC provided clinical supervision and administrative oversight for health and mental health care activities across the probation system. The CSC also scored the MAYSI-2, developed case plans, and shared results with the MDT.

As a result of budget cuts, the MDT was reorganized in the fall of 2008. The CSC position was phased out and the FRS (HRI PO) assumed responsibility for administering the MAYSI-2. Juvenile Corrections Officers explain the MAYSI-2 screening process to the youth and direct them to the computer kiosk to take the assessment.

b. Benefits Advocacy

The Humboldt County HRI process found that the majority of youth entering Juvenile Hall are insured through MediCal, CalKids or Healthy Families. For those families or youth needing insurance or other public supports, referrals were made to a benefits resource specialist at the Department of Health and

Human Services in Public Health and Social Services. To help create this linkage, HRI budgeted funds to support a DHHS-based benefit specialist with the capacity to provide bicultural, bilingual benefits advocacy services to families throughout the County.

c. Training

To advance the system reform agenda of the HRI, the Chief requested that La Piana conduct an organizational assessment to identify issues affecting the overall functioning and performance of the Department. The assessment identified several areas of concern, with communication as the major issue across the Department. In response to this finding, a significant investment was made from the HRI grant to ensure that all department staff, both institutional and probation, attended 8 hours of training in basic communication (i.e., listening, body language, reflective listening). The goal of this department-wide training was to improve inter- and intra-departmental communication, as well as transform communication between department staff, youth, and families. HRI funds supported a 3-day training course in Motivational Interviewing attended by all Juvenile and Adult Division Deputy Probation Officers. Subsequent to training the Deputy Probation Officers, all Juvenile Hall staff received training in Motivational Interviewing. Following this, to ensure continued model fidelity, the Department invested in booster training and plans to identify candidates with strong Motivational Interviewing skills to serve as training mentors.

In addition to the investment in improving communication across the Probation Department, HRI resources were used to expand training and staff development opportunities for all Deputy Probation Officers and most Juvenile Corrections Officers. Training topics included: addictions orientation, vicarious trauma, understanding the medical model and addictions, co-occurring disorders, and medication side effects. Where possible, the trainings were held in venues that could accommodate additional attendees, including county and community mental health and social service providers.

The Probation Department is in the process of coordinating with the Department of Mental Health around training in evidence-based practices, including: Aggression Replacement Therapy, and Functional Family Therapy. The Probation Department is also participating in a 15 county coalition to implement the Positive Achievement Change Tool (PACT), which will advance the Department's progress toward achieving its systems change goals.

d. Partnerships and Collaboration

Department of Health and Human Services, Mental Health Branch. The Mental Health Branch (MHB) was the Juvenile Probation Department's primary partner in implementing their HRI process. MHB provided clinical staff, community-based services, and coordinates training opportunities. Prior to budget reductions in the Fall of 2008, the Clinical Services Coordinator position on the HRI MDT screened, assessed, and developed individual case plans for all probation youth and worked closely with the Family Resource Specialist to develop transition plans for youth and families to ensure access to needed services upon release from Juvenile Hall. The Probation Department has a strong, long-standing relationship with county mental health, which has and will be instrumental for advancing the implementation of evidence-based practices (EBPs) for addressing the mental health needs of the youth.

The partnership between probation and mental health fostered a holistic view of service provision for youth, and contributed to the Probation Department's culture change from a less punitive, custodial care orientation to a more rehabilitative, strength-based approach to working with youth.

Tribal Agencies. The Humboldt HRI process relied on partnerships with Native American Tribes to provide culturally appropriate services and pro-social activities for tribal youth in the Juvenile Justice system. The Family Resource Specialist coordinated with social services at tribal agencies such as United Indian Health Services (a seven tribe consortium), and Two Feathers Native American Services, to develop age appropriate and culturally responsive treatment plans and provide non-traditional treatment services (e.g., sweat lodges). Humboldt also had MOUs with Tribes that have their own social and human services staff such as Hoopa, Yurok, and Bear River Tribes.

College of the Redwoods. One of the most significant service challenges in Humboldt County was access to substance abuse treatment for youth. There are no residential treatment or detoxification centers in the county for youth, and substance abuse treatment programs provided by the Mental Health Branch take an "abstinence only" treatment approach. The College of the Redwoods offered various adolescent recovery groups, including gender specific support group options.

e. Family Involvement

Most of the systems change efforts made in the Humboldt HRI addressed internal organizational processes of the Probation Department rather than their approach to community based service provision and family involvement. Most of the work to involve families occurred at the time of booking into Juvenile Hall. The FRS helped families connect to the Department of Social Services to apply for insurance and other benefits. In some instances, the Clinical Service Coordinator and the Family Resource Specialist (PO) conducted home visits to meet with the family. These home visits were the exception, rather than the rule and usually occurred with lower need youth for whom an intensive "shot in the arm" could get them out of the system.

f. Program Sustainability

Like the other HRI counties, the biggest challenge to sustaining components of the HRI concerned the availability of resources. Although Humboldt's HRI approach emphasized building and improving capacity and processes within the Probation Department, rather than using funding to cover staff positions, recent funding cuts affected the sustainability of certain aspects of the HRI model. The Humboldt County Probation Department was once a contracted organizational provider for the provision of specialty mental health services, designed to enable delinquent youth with special mental health needs to remain at home in the community rather than further involved in the juvenile justice system. The HRI Family Resource Specialist identified clients and families that were potentially eligible for specialty mental health case management services and made referrals to the System of Care (SOC) Program. As a SOC case management service provider, the Probation Department received financial reimbursement for services under MediCal. Providing MediCal reimbursed services to probation youth was part of the sustainability strategy for Humboldt County. In 2008, MediCal changed the rules related to which service providers were eligible for reimbursement, and the Probation Department was no

longer considered an eligible case management service provider. This loss in revenue for case management forced the Probation Department to reassess their sustainability strategy.

The Humboldt HRI process lost the Clinical Services Coordinator position due to the federal government changing the MediCal rules in March 2008, which specifically eliminated Probation Departments from billing MediCal for providing specialty mental health services. The HRI process had to reorganize the duties of the CSC, but overall, there was a loss of mental health expertise within the MDT due to the reduction of the CSC time to one day each week until the end of the grant period, at which time that position was eliminated.

The following Table summarizes changes to the core program components from what was covered during the HRI grant period to the post funding period.

Core Program Components	During HRI Grant Period	Post HRI Funding
MAYSI Screen	All youth screened at entry to JH.	JCOs continue to use MAYSI screen for all probation youth.
Multidisciplinary Team Composition	HRI PO, DMH clinician in JH, RN, JH manager, DPO manager	MDT process is continuing, but role of DMH clinician is reduced due to budget cuts. Clinician works part-time, focusing on case planning and addressing crisis situations.
Benefits Advocacy	HRI covers part-time benefits resource specialist located in DPH. Most youth are covered by one of three MediCal programs in the county. During HRI, over 3000 new cases were signed up under the Children's Health Initiative.	This position is no longer funded.
Cross-Provider Training	Department-wide training of all PO staff in basic communication, motivational interviewing, addictions orientation, co-occurring disorders, understanding medication side effects, etc. Many training opportunities presented in the County are open to HHS (MH, PH, AoD, Social Services) and Probation Department employees.	Department remains committed to on-going staff training, as resources are available.
Partnerships and Collaboration	Dept. of Health and Human Services (including DMH, AoD, Social Services, and PH); Native American Tribes, and private/non-profits to provide culturally appropriate treatment and pro-social activities.	Partnerships and collaborations will continue. Department is pursuing new partnerships/collaborations with Riverside County (integrated database software program) and the Northern CA Probation Consortium (15 counties implementing PACT risk assessment tool)
Family Involvement	Families invited to participate in team decision-making meetings. In some cases, Family Resource Specialist (HRI PO) and MH clinician take team approach and conduct home visits to meet with families and assess needs. This process is the exception rather than the rule.	HRI specific PO position eliminated. Case carrying PO works with MH clinician on coordinating community agency referrals, as necessary.

g. Implementation Challenges and Lessons Learned

Despite their progress in shifting the culture of the Probation Department, the following section presents some of the challenges and key lessons learned by the program over the four years of HRI implementation:

Inter-departmental Data Sharing and Case Management. The program would like to develop an integrated case plan that would incorporate information from social services, mental health, public health, and probation. When HRI started, these agencies were separate, but now the Branches of Public Health, Mental Health, Alcohol and Drug, and Social Services are under the umbrella of the Department of Health and Human Services. Initially it seemed that this new organization would eliminate data sharing barriers. However, each entity must follow different California and Federal laws for each of their respective disciplines, which limits data sharing. Even though the MBH director also heads AOD, data cannot be shared across these agencies, without the proper releases of information signed by clients.

Service Capacity Gaps in the Community. As a rural county, spanning a large geographic region, Humboldt is faced with several challenges connecting youth and families to needed services. Service capacity gaps include: residential and outpatient alcohol and drug treatment programs, access to psychiatrist services, job training and placement services, dental services, and recreation centers or afterschool programs that promote pro-social activities.

Relationships with County Offices of Education and Local Schools. Humboldt County, like the other HRI counties, has challenges getting probation youth back into public schools after they are released from Juvenile Hall. “Zero Tolerance” policies serve as barriers for probation youth returning to their district schools once they have entered the juvenile justice system. Partnership building with the local school districts continues to be a significant challenge for Humboldt given the fact that there are over 120 school districts and independent charters in the county. While the Probation Department has a positive relationship with the Humboldt County Office of Education (HCOE), which oversees educational needs of youth in detention and community schools, there are still challenges related to developing relationships with many of the mainstream public schools.

Resistance to change and implementation of EBPs is slow. Juvenile Hall staff resisted change at first, but maintaining a clear and consistent message about the importance of implementing evidence-based practices helped the Probation Department during this transition. Training in Motivational Interviewing was very well received, with even the hard core resisters acknowledging the benefits of applying the key principles to the best of their ability. The Department secured buy-in through monthly roundtables with the Chief, disseminating meetings minutes on a regular basis, and by creating an open door policy with Chief’s office to improve information flow from management to the front line and from the front line up to top. Decisions were not made without information sharing with staff, and providing a rationale for decision-making in regard to implementing EBPs.

h. Program Accomplishments and Outcomes

The following section documents the primary accomplishments and outcomes of the Humboldt HRI program during the four year grant period:

Changing the Probation Department organizational culture through commitment and capacity building. Over the four years of HRI implementation, the Humboldt Probation Department transformed from a punitive culture to more of a rehabilitative orientation. Prior to the HRI, attitudes of cynicism, mistrust, and resistance to change were prevalent among staff. These attitudes impeded the department's ability to move forward in quality improvement efforts, including implementing evidence-based practices.

The Department of Probation engaged the services of La Piana to conduct an organizational assessment and facilitate a strategic planning process. La Piana administered surveys and conducted focus groups with staff to solicit feedback regarding the strengths and weaknesses of the department, including leadership. La Piana then facilitated a series of department wide meetings during which findings from the survey and focus groups were presented and discussed. The process was fair, inclusive and transparent, and, because it was guided by an independent third party, perceived as objective and not driven by the Chief's agenda. Early feedback about poor communication and a lack of transparency in hiring and promotion decisions was difficult to digest, but the Department committed to address the criticism by initiating an 18-month organizational change plan. The Department increased their venues for communication, instituted a transparent performance management system, implemented comprehensive training and maintained a consistent message about the expectation of change. The Department met all of their organizational change goals in 15 months.

Relationship with Mental Health Branch Strengthened, Yielding Improved Access to Services and Outcomes. Over the course of the HRI, the relationship and coordination between the Mental Health Branch and the Probation Department improved significantly. For example, prior to the HRI, it took an average of 30 days for youth referred to mental health to be seen. As a result of HRI, the majority of youth are seen within 72 hours of referral, which significantly improves access to needed mental health services – a key outcome of interest for the HRI.

Implementing Evidence-Based Screening and Assessment Tool. Humboldt County's systems change goals include: identifying gaps in services, improving data sharing, building partnerships and implementing Evidence-Based Practices. Through participation in the Northern California Probation Consortium (NCPC), Humboldt County Probation is making progress on all of the aforementioned systems change goals. The 15 county consortium is implementing the PACT Risk Assessment (Positive Achievement Change Tool), which includes 12 domains to identify factors associated with a youth's risk to recidivate. The software program collects data elements on youth and assesses the criminogenic needs that change over time. The NCPC can access individual level PACT data within county and aggregated data across the 15 counties through www.assessments.com.

Using the PACT tool is useful for Humboldt County because it helps raise awareness of the need to improve service capacity in the county by documenting both the need for substance abuse treatment

services for probation youth and the lack of capacity in the county to meet this need. Counties involved in the collaborative can use empirical data to make the case for their needs and leverage this information to bring in services. Humboldt, Del Norte, and Mendocino counties are using this data to apply for a SAMHSA grant to bring a MATRIX substance abuse treatment provider to the area. Humboldt's PACT collaboration would not be possible without HRI funding. The Department used grant funds to pay for software licensing fees, start-up training and maintenance fees.

Providing services that are culturally competent and have greater involvement of youth and families.

The Probation Department has improved their service provision to be more culturally competent and family focused. The Department had to relinquish power and control by including youth and families in the treatment planning and placement decision-making process, but as a result have broken down barriers and gained the trust of families. There was initial fear on both sides during this transition, but now the family sees that Probation is trying to help them rather than punish them. Through HRI, there has also been a renewed commitment to offering culturally appropriate service options for youth. There is a cultural diversity and awareness group that did not exist prior to HRI. Improve cultural sensitivity and family involvement has been integrated into Probation program operations.

Investment in IT Infrastructure to improve case management and data sharing capacity. Through the HRI grant, Humboldt County hired an independent consultant to conduct a thorough IT assessment and make hardware/software improvements recommendations. The assessment found there were 8-10 free standing databases throughout the Probation Departments with single points of entry and no means to integrate the systems. Riverside County implemented an integrated Juvenile/Adult Case Management System (JAM system) and offered to provide the software and technical assistance to other counties interested in implementation. Humboldt and San Mateo Counties signed on to receive this software program, and at the end of 2008, Humboldt received the JAM system. Humboldt has applied HRI funds to work with a programmer to assist in the implementation process.

The JAM systems will integrate all databases within the Department (juvenile, adult, detention services). The only database that will not be included is the training database, which will remain a separate system. The Riverside County Probation Department will offer ongoing support by maintaining a help desk and providing free TA. At the beginning of HRI implementation, only a third of the Department staff had computers on their desks – now everyone has top of line equipment and the Department is committed to systems integration to improve efficiencies.

2. Los Angeles: Moving from Institutions to the Community

“It is important to pick the right people to implement this work. We realize we need to hire probation officers with a broader mindset. They need to be able to wear law enforcement and social work hats. We are committed to making better hiring decisions.” Robert Taylor, Chief of Probation, Los Angeles County

The LA HRI program adopted a “whatever it takes” motto in working with probation youth and their families and was committed to finding “no-cost and low-cost” services and training opportunities throughout the county to share with community provider partners, Probation Department staff, and parents and families. The LA HRI program also invested in pursuing a true partnership with families, where parents, youth and providers have an equal role in goal setting, treatment planning, service referral and follow through.

Los Angeles Model Features

Average Caseload	60+ youth and families served over course of program
Referrals	Program receives referrals from the Department of Mental Health clinician located in Juvenile Hall. Referrals are based on MAYSI-2 scores and review of mental health records for youth likely to return home in target SPAs. Program also receives referrals from Juvenile Hall staff, delinquency court, public defenders, DPOs, and social workers.
Target Youth	Subset of probation youth from Los Padrinos Juvenile Hall (from selected zip codes in SPA 6, 7, or 8). The program targets youth most likely to return home, rather than going to camps or other out-of-home placements. Population is predominantly gang affiliated Latino males with violent offenses.

a. Multidisciplinary Team

The LA HRI program model incorporated two multidisciplinary approaches to work with probation youth. A MDT care approach is used to assess the treatment needs of probation youth in all three Juvenile Halls in LA County. In addition, youth enrolled in the HRI program from Los Padrinos hall and have transitioned back to the community receive services from an HRI field PO who applies a MDT approach in addressing the care needs of youth and families.

LA County operates under a broader DOJ agreement that requires that DMH clinicians administer and score the MAYSI-2 screening instrument. In addition to administering the MAYSI-2, DMH therapeutic staff conduct youth assessments and review DMH case records, which provides much broader insight into a youth’s mental health status through a triangulation of information. The resulting information is used to develop shared treatment plans that are discussed through the MDT case conferencing process at Juvenile Hall, which includes school personnel, Juvenile Hall staff, health and nursing staff within the hall, and mental health providers.

The LA HRI program was able to leverage existing MDT practices within the Probation Department and a strong partnership with DMH providers when implementing a MDT process for HRI program youth who have transitioned back to the community. The LA HRI program is committed to delivering services that are in-home, strength based, family focused and provided in the community. To accomplish this goal,

they adopted a multidisciplinary team approach to assessment, case planning, referral and follow up. Key partners involved in the HRI MDT process included DMH clinicians, case carrying Deputy Probation Officers (DPOs), Probation Department Director of Mental Health Programs, and the CBO partners that receive service referrals for youth transitioning out to the community from Juvenile Hall. The LA HRI team adopted a flexible, “whatever it takes”, multidisciplinary approach that enables them to work with *any* treatment provider in the community to better serve HRI youth and families. The LA HRI team values true partnership with youth and families, yet continues to hold them accountable in accordance with court mandates and terms of probation.

HRI DPOs serve as conduits of information between the CBO partners (WRAP teams, Children’s System of Care, Full Service Partnership, and Family Preservation, the youth/families and the Field Probation Officer responsible for the probation case. HRI DPOs receive progress updates from the CBO partners and brings this to the weekly MDT meetings that take place at Juvenile Hall.

b. Benefits Advocacy

Benefits advocacy was addressed through referrals to Certified Application Assistance programs working in several non-profit agencies, such as Chrystal Stairs, in LA County that provide this service to families. These agencies use a “promotora” model and conduct comprehensive benefits assessments. Benefits counseling services are paid for when applications are submitted to the state and benefits are awarded. Unlike some of the other HRI grantees, this service is provided through referrals in the community, rather than through a Probation Department /HRI funded position on the HRI team.

c. Cross-Provider Training

The LA HRI team adopted the same philosophy to training as they did with services and resource for youth and families, by locating “no-cost or low-cost” training opportunities for Probation Department to augment and expand knowledge about mental health issues to better serve probation youth. The HRI team was very successful in identifying training opportunities throughout the county and built on a strong relationship with the Department of Mental Health (DMH) to facilitate access to training opportunities that the HRI team has shared with the Probation Department. As the HRI team discovered no-cost or low-cost training opportunities, they also invited community partner organizations to participate. The HRI team has become a resource for the Probation Department and CBO partner organizations to identify and access no cost and low cost training opportunities on a range of topics, including health, mental health, child welfare, parenting skills, caregiver support, suicide prevention, cultural competence, gang awareness, clinical and therapeutic skill building, and evidence-based practice models for various target populations. Identifying these training opportunities has helped reduce costs to the Probation Department during a time of fiscal constraint.

The HRI team has become quite adept at meeting specialized training needs across a very wide spectrum of content areas. Whenever they identify a potential training area that would enhance their job performance, they add it to their training plan, locate viable training options and then extend the invitation to community and agency partners. HRI community partners have adopted a similar model of disseminating training opportunities across county agencies. Kenyon Juvenile Justice Center, one of the

key partners of the LA HRI program, recently brought together consumer advocacy groups in special education to conduct free training for KJJC partners to learn more about the special education process and rights of youth and their guardians in the educational system.

d. Partnerships and Collaboration

The LA HRI program has come a long way in accomplishing their goal of “strengthening relationships and collaborations with community-based partners to link families to comprehensive health, mental health, substance abuse treatment, and supportive services in the community.” The Probation Department and the LA HRI team made a commitment to take greater responsibility for probation youth once they leave the Juvenile Hall. To honor this commitment, the team needed to build relationships with the various community providers across LA County and gain knowledge about the resources available and any capacity gaps that may serve as barriers. *“Partnership development is difficult when service needs are high and resource capacity is low. In this situation, you don’t have ‘partnership’ you have ‘waiting lists’.”* Andrea Gordon

Countywide Resource Directory. During the early phase of program implementation, the HRI team had the daunting task of cataloguing the vast array of services and provider organizations available for youth and families. Out of necessity, the team developed a countywide HRI Resource Directory for their use in making appropriate, no-cost or low-cost service connections in the community. The LA HRI Resource Directory filled a significant need, and is an invaluable tool in helping HRI staff and HRI partner organizations connect clients to appropriate, affordable services. Examples of important and commonly accessed resources provided in the directory include: low cost health insurance coverage options, sliding scale medical and mental health treatment services, and prescription assistance programs.

An important strategy in building trust and partnership with community providers was to provide the HRI Resource Directory to all partners at no-cost. The sharing of this valuable resource has created goodwill across the provider network, opened up the lines of communication between the community partners and HRI team and become a cornerstone of the positive relationship between HRI and the community partners.

The Resource Directory has become a “calling card” of the HRI program and this valuable tool has helped increase awareness of the HRI program across LA County. The LA HRI program has developed a partnership with the Reserve Deputy Probation Officer program to explore the use of the RDPOs to assist the HRI program in expanding the HRI Resource Directory to include resources for the other five planning in the areas in the county. The original HRI Resource Directory included services and providers within SPAs 6,7, and 8 (the target service areas for the HRI program). In the final months of funding from TCE, the HRI program produced Resource Directories for the other 5 SPAs in LA County.

Community-Based Partner Organization. The LA HRI program partners with multiple community partners across the county. Over the course of grant funding, the HRI team collaborated with more than 30 community providers in an effort to link HRI probation youth and their families to low-cost services in their immediate community. However, for “warm handoffs” to community-based providers for ongoing services for youth post-release from detention, the HRI team worked primarily with four provider types:

Wraparound services, Family Preservation, MHSA Full Service Partnership organizations, and the Children's System of Care (SOC). HRI DPOs worked closely with the providers from these organizations to ensure service connections and follow-up contacts were made to ensure that youth do not fall between the cracks and return to Juvenile Hall.

Kenyon Juvenile Justice Center (KJJC). Superior Court Judge, Donna Groman, is one of the strongest supporters or champions of the HRI program model in LA County. Judge Groman believes in the MDT approach to care for probation youth and supports the work the HRI team is doing in the community with families. Judge Groman, in her commitment to capacity building and partnership development to serve high risk youth in South Central Los Angeles, established a "Think Tank" at Kenyon Juvenile Justice Center (KJJC). The goals of the "Think Tank" included: 1) learning about community resources and program innovations taking place in South Central LA for at-risk youth, 2) networking and partnership development and 3) building awareness of community resources and programs/services available to delinquent youth for court personnel (e.g., judges, District Attorneys, Public Defenders).

Shortly after the inception of the "Think Tank", HRI DPO, Gabriela Leyva, spoke to participants about the HRI program and shared success stories. Participation in the monthly KJJC "Think Tank" has elevated awareness of the HRI program, created new opportunities for partnership and expanded the HRI team's knowledge of programs and services available within the community. Awareness of the HRI program has led to partnerships with public defenders and judges, and ultimately, referrals to the program in an effort to keep youth in the community.

Department of Mental Health. DOJ has a contract with DMH to administer and score the MAYSI-2, a screening practice that was in place prior to HRI implementation. DMH clinicians within Los Padrinos hall make HRI program referrals based on youth scores on the MAYSI-2 and geographic residence in one of the three target areas within LA County (SPA 6,7, or 8). DMH clinicians continue to partner strongly with the LA HRI team as they provide referrals to the program and collaborate on training opportunities for clinicians and probation staff.

e. Family Involvement

"The family involvement aspect of HRI serves a prevention focus. When you work with the whole family, the younger kids in the household benefit too. We can intervene earlier with a family and prevent the siblings from going down the path of delinquency. The story is often not about the kid, it's just the latest tale, from a troubled family." Robert Taylor, Chief of Probation, Los Angeles County

A key strength to the LA HRI program is the family focus and involvement throughout the case planning and service delivery process. The program's treatment philosophy is to assess the needs of the entire family system, because if the family is stabilized, the youth on probation will have greater opportunities to gain the support they need for success. HRI Probation Officers go into the home and accommodate their schedules to those of the family. This builds trust and rapport, which enables families to disclose issues that may otherwise not surface when youth are assessed inside Juvenile Hall. The HRI PO initially meets with the family, develops a broad, macro-level case plan to create a warm-handoff and secure

linkage to one of the community service providers (Wraparound services, MHSA Full-Service Partnership, Children's System of Care and Family Preservation). The LA HRI program developed a service checklist to ensure that each family is accessing services for which they qualify such as health insurance, utility assistance, etc.

Prior to HRI implementation, Deputy Probation Officers did not routinely work with families in the home. In contrast, Field Probation Officers did work in the community, but due to caseload size (N=150), they were not able to devote the time necessary to work closely with families and youth and connect them to services. The community-based treatment focus and family orientation for the HRI DPOs represents a shift in service philosophy as a result of HRI implementation. HRI DPOs have much smaller caseloads (N=10-15), and they do not have court reporting responsibilities, therefore they have much more flexibility and time to work with families. However, this change in thinking did not come easily and the HRI team experienced a significant learning curve in developing the expertise necessary to effectively work with youth and families in the community.

f. Program Sustainability

The current budget crises in CA and Los Angeles County are significantly affecting the sustainability of the LA HRI program. The Probation Chief's strategy is to maintain the program, at least on a small scale, and then extend it to other SPAs in LA County when the fiscal climate stabilizes. The Chief also plans to expand the screening efforts beyond Juvenile Hall to the camps to ensure that the Department is doing everything possible to identify the health and mental health needs of youth. To leverage the skills of the HRI staff, the team has been reassigned to the Placement Bureau where they can use their expertise to find suitable community placements for the most challenging Probation youth.

The following Table summarizes changes to the core program components from what was covered during the HRI grant period to the post funding period.

Core Program Components	During HRI Grant Period	Post HRI Funding
MAYSI Screen	All youth screened at entry to all three JHs in LA County	All youth will continue to be screened at the three JHs in LA County
Multidisciplinary Team Composition	HRI PO, Field PO, DMH, and Community Partners work collectively to link youth/families to needed services	HRI PO reassigned to Placement Bureau and will continue to connect challenging Probation Youth to community placements
Benefits Advocacy	Refer families to Certified Application Assistance programs (e.g., Crystal Stairs) that conduct benefit assessments	Refer families to Certified Application Assistance programs (e.g., Crystal Stairs) that conduct benefit assessments
Cross-Provider Training	Training focus is on HRI PO staff. Goal is to access available “free” training opportunities, and then share information re: training opportunities with community partners and Probation Department	Continue to track and access free training opportunities and conduct trainings of DPOs on how to access services documented in the Resource Directory
Partnerships and Collaboration	Dept. of Mental Health, Children’s System of Care, Wrap Around Services, MHSA Full Service Partnership, Family Preservation, case carrying field POs, LA Superior Court Judge Donna Groman and “Think Tank” community provider participants at the Kenyon Juvenile Justice Center, County Office of Education, School Districts, DCFS, and Public Health	Dept. of Mental Health, Children’s System of Care, Wrap Around Services, MHSA Full Service Partnership, Family Preservation, case carrying field POs, LA Superior Court Judge Donna Groman and “Think Tank” community provider participants at the Kenyon Juvenile Justice Center, County Office of Education, School Districts, DCFS, and Public Health
Family Involvement	HRI POs work in the home with the families, assessing needs, developing the case plan, and making referrals to community partners	One HRI PO will continue to carry a small caseload (~10) and will work with youth and families in the community

g. Implementation Challenges

Despite a commitment to service linkage in the community and a multidisciplinary approach, the LA HRI program experienced several challenges, including:

Relationship with local schools, Department of Public Health, and Data Sharing. HRI program staff faced partnership challenges working with local schools when trying to get youth released from detention back into their district schools. This is a common barrier faced by all HRI county grantees. The LA HRI program also acknowledged that relationships with the Department of Public Health (DPH) were not as positive as they would like. While there is an MOA between DPH and DOJ that includes medical record sharing, in the early phase of implementation, the medical providers within the Juvenile Hall maintained paper files, which made data sharing problematic and cumbersome. These records are now shared with the HRI team when appropriate consent is provided. Without electronic medical records, efficient data sharing and care coordination between DPH, DMH and DOJ is a challenge within the Juvenile Hall, where the Probation Department has custodial responsibility for the youth.

County Size. One of the most significant challenges faced by the HRI program in LA is the sheer geographic size of the county. The enormity of LA County has proven to be a challenge in many ways, including defining the scope and eligibility criteria of the program, amassing resources across a very broad service region, addressing fragmentation and service silos across multiple public agencies and expanding the program to youth in other Juvenile Halls located across the county. Currently the HRI program is limited to youth from Los Padrinos Juvenile Hall that reside within selected zip codes in SPA

6, 7 or 8. The program would like to expand to serve greater numbers of youth and families, but the current fiscal environment severely limits access to resources for additional personnel, which limits program growth and expansion to other service areas.

Growing concern about gangs actively recruiting youth with mental illness and developmental disabilities. A recently identified problem is that of gangs targeting the most vulnerable youth in the community for recruitment. Some of these youth have been involved in committing gang-related violent crimes. This is creating a challenge within the Probation Department because the HRI team does not have the expertise working with gangs and the gang specialists have limited knowledge of mental health. The Department needs to invest in cross-program training and expert integration of these disciplines to enhance the skill sets of the POs working with this emerging problem.

Lack of information sharing from TCE about available resources in LA County that may have facilitated progress for the LA HRI program. TCE required an assessment of community based resources as part of the HRI proposal and planning process, which was a challenge for the HRI team given the size of LA county and the LA Health Department (over 28,000 employees). The HRI team spent a great deal of time researching available services and supports needed by youth and families, such as options for benefits advocacy, and health/mental health coverage and services. Through the assessment, the LA HRI program learned, for example, about benefits advocacy organizations that could provide low or no cost health insurance assessment services to HRI families. They later learned these organizations received financial support from TCE. In addition, with encouragement from TCE, the HRI team devoted a significant amount of time to the development of Resource Directories for LA County. There is no doubt that these Resource Directories represent a significant contribution of the HRI team to the community. However, this effort could have been better coordinated and leveraged with a similar project, www.healthcity.org, that The Endowment supports. It was challenging for the LA HRI team to learn about the extensive range of projects funded by TCE in LA County that could have been a resource during HRI implementation. The LA HRI program achievements would have been enhanced by The Endowment proactively sharing information regarding past and existing grants to programs so the HRI team could learn and leverage from TCE's other investments in LA County.

h. Program Accomplishments and Outcomes

The following section documents the primary accomplishments and outcomes of the Los Angeles HRI program during the three year grant period:

Philosophical shift from a corrections model to a rehabilitative approach. Over the past several years, a philosophical shift occurred within the Juvenile Probation Department in LA County that supported the goals and implementation experiences of the LA HRI program. The Probation Department shifted from a corrections model to a less custodial, increasingly rehabilitative model and philosophy. The Department is focusing on rehabilitation because the majority of juvenile probation youth are going back to the community, and according to the Probation Department Chief, "we want to send these kids back to the community in better shape than when they entered Juvenile Hall." The change in philosophy within the LA Probation Department also includes prioritization of service linkages for youth when they are

released from detention. According to the Chief, relapse, failure and recidivism are expected. However, with a strong focus on service connection and linkage to community resources, the “failure” may occur because of a lack of follow through on the part of the youth or family, but it will not be because the youth “fell through the cracks,” lost access to services, or never got connected in the first place. This ideology supports the mission of the HRI program and their “whatever it takes” mantra in working with youth and families.

Increasing Visibility and Awareness. The HRI team has pursued multiple opportunities to highlight the needs of the youth served and the program’s accomplishments within the Department and with various community stakeholders, including: the LA County Commission on Children and Families, Probation Department Placement Services Bureau Management meeting, Assembly Member Lowenthal, the DMH SPA 7 Impact Team, TriCity Mental Health, and the Kenyon Juvenile Justice Center Think Tank. These presentations include discussions of available outcome data to demonstrate the effectiveness of the HRI program. The following provides an example of program outcome data that the HRI team has presented to various audiences:

Los Angeles Healthy Returns Initiative Program Outcomes

Total Number of Youth Served by Los Angeles Healthy Returns Initiative Program: 62

Table 1: Number of Detention Days for HRI Youth by Setting

	Number of Detention Days Pre-HRI	Number of Detention Days During HRI Program (6 months)	% Reduction Pre-HRI v. During-HRI	Number of Detention Days 6 months Post-HRI Program	% Reduction Pre-HRI v. Post-HRI
Juvenile Hall	5903	327	94%	1026	83%
Suitable Placement	2483	500	79%	179	93%
Camp	383	0	100%	229	40%
Total Number of Days	8769	827	90%	1434	84%
Total Number of Youth Accumulating these Days	62	31		25	

Table 2: Cost Analysis of Detention Days for HRI Youth by Setting

	Pre-HRI Costs	During HRI Costs	Costs 6 Months Post HRI	Savings During HRI	Savings 6 Months Post-HRI
Juvenile Hall	\$2,304,236	\$127,644	\$400,499	\$2,176,592	\$1,903,737
Suitable Placement	\$488,953	\$100,147	\$35,346	\$388,806	\$453,607
Camp	\$94,735	\$0	\$56,643	\$94,735	\$38,092
Total	\$2,887,924	\$227,791	\$492,488	\$2,660,133	\$2,395,436

Successful Program Outcomes:

- Of the 62 youth enrolled in HRI, 60% (n=37) graduated.
- Prior to enrolling in HRI, the 62 participants were detained a total of 8769 days (average per youth = 141.4 days) at a cost of \$2,887,924.
- During the 6 months these youth were active in the HRI program, HRI participants accumulated 827 detention days representing a **95% reduction from the pre-enrollment period and a savings of \$2,660,133.**
- During the 6 months these youth were active in the HRI program, **50% (n=31) had no detention days.** The other 31 youth were detained for 827 days (average per youth = 13.3).
- Six months after the HRI program, HRI participants accumulated 1,434 detention days representing an **84% reduction from the pre-enrollment period and a savings of \$2,395,436.**
- During the 6 months after their involvement with the HRI program, **60% (n=37) had no detention days.** The other 25 youth were detained for 1,434 days (average per youth = 23.1).

The Los Angeles HRI program has effectively reduced the total number of days youth spend in detention, as well as the number of youth being detained in Juvenile Hall, Camps, or Placements.

Resource Directory effort was expanded to cover all Service Planning Areas (SPAs) in LA County.

Building on the success of the Resource Directory the HRI team developed for SPAs 6, 7, and 8, grant resources were reallocated to develop an additional five directories to cover the Service Planning Areas across the County. Moving forward, the team will train other POs on strategies to identify and access services compiled in these Resource Directories.

The HRI Team attended several specialty mental health trainings that built their capacity to work with the most difficult to serve youth.

Over the three years of the HRI grant, the HRI team attended mental health conferences and trainings (e.g., the California Mental Health Advocates for Children and Youth Conference and a training on “Working with Children of Incarcerated Parents”) that typically are not supported within the Department’s existing training budget. The knowledge and expertise gained by the team through these training opportunities allowed them to better address the needs of the most difficult to serve youth and get them out into the community. Additionally, members of the team are now recognized as a resource within the Department for working with youth with complex behavioral and mental health needs.

HRI program increased partnerships and collaborations between Probation and community-based organizations serving youth and families.

Through HRI, the Probation Department developed relationships with new community partners that changed the way Probation is perceived in the community. By increasing their visibility and presence in the community, the HRI team was able to network and build relationships with community- based organizations. The HRI team was able to communicate with their partners about difficult cases which helped create stronger networks and improve access to services. Participation in the monthly Think Tank at Kenyon Juvenile Justice Center changed the way Probation communicated and collaborated with community partners at court. Through this venue, partners learned what each other had to offer, built trust through on-going engagement, which led to enhanced service linkage and coordination for families.

“It’s not about your contracts or agreements. It’s about your relationships across the community. HRI changed the way we work together. We learned that it’s not about Probation and it’s not about Mental Health. It’s about working together to teach families how to better live their lives and connect to services they need.” Andrea Gordon, HRI Program Director.

Through strategic networking and effective service provision, the program earned an influential “program champion” in the community.

Judge Donna Groman, a delinquency court judge at the Kenyon Juvenile Justice Center, convenes a monthly Think Tank of community organizations serving youth and families. Over the past three years, the participant list has grown to over 400 advocacy and service provider organizations. Judge Groman supports the HRI program’s holistic approach to treating youth and families and has been a vocal champion with community provider organizations. Judge Groman’s support translates into additional referrals of youth she thinks will benefit from participation. She values the expedited connection to needed services. Before HRI, youth would be released from Juvenile Hall and have a long waiting period in the community before they would be connected to services. With HRI, these connections are made prior to release so that services are ready once the youth returns home. Another asset for the program is that the HRI team can connect youth to a variety

of services in a short period of time (6 months in program), such as wraparound, FSP, drug treatment, mental health services, job training, MediCal, and financial assistance for the family.

“Once I learned of the program’s capacity and impact, I got the list of eligible zip codes and sent every kid I could to the program. Not all kids in Juvenile Hall have a PO that is proactive in figuring out the best plan to meet their needs.” Judge Donna Groman, Kenyon Juvenile Justice Center.

3. Santa Clara: Establishing a Specialty Mental Health Unit in Juvenile Hall

“We now have a multi-dimensional process for developing recommendations based on feedback from multiple sources, rather than a relatively closed review process focused on criminality and deficits. HRI has helped the field POs make better, more accurate recommendations to the judge during court. ” Sheila Mitchell, Chief of Probation, Santa Clara County

The HRI program in Santa Clara was designed to address significant unmet needs for specialty mental health services for detained youth in Juvenile Hall. Prior to HRI, Santa Clara experienced escalating and costly incidents of self harm, hospitalizations, and psychiatric admissions among high need youth. Santa Clara opened the Transitions Unit, a 24-bed unit within Juvenile Hall, designed to serve youth identified with high mental health needs, but not necessarily in crisis. The specialized mental health services available on the Transitions Unit include modifying daily routines to promote stability among the youth, reduce self injurious behaviors or the need for psychiatric hospitalizations, and enable youth to attend school on a regular basis.

The Transitions Unit involves the collaboration of staff from the Probation Department, Department of Mental Health, and the County Offices of Education to deliver a specific program of care. This program of care includes three daily check-ins with youth to focus on goals, higher staff to youth ratios, and more structure and therapeutic interaction than occurs on the regular units. Youth that get placed on the unit tend to be socially isolated and have poor social skills and, generally, do not fit in very well or get picked on in the general units. The Transitions Unit operates as more of a support group where youth have a greater opportunity to thrive.

In addition to improving the treatment of high need youth in Juvenile Hall, Santa Clara’s HRI program goals aimed to link youth to mental health services post release, train all Juvenile Hall staff to better understand mental health issues, and to implement MDTs to develop care plans with the involvement of youth and families.

Santa Clara Model Features

Average Caseload	Transitions Unit has 24 bed capacity
Referrals	A screening committee, including a mental health clinician, a representative from the County Office of Education, juvenile custody staff, and the Transitions Unit supervisor, meets weekly to review referrals to the unit. The decision to admit youth to the Transitions Unit is based on mental health diagnosis, medication needs, behavior, incident reports, and risk of self harm.
Target Youth	The HRI intervention targets a subset of detained youth in Juvenile Hall. The Transitions Unit is a specialized unit for youth with high mental health needs, commonly detained for molestation/sexual abuse charges, often having one or more of the following mental health disorders: Bipolar Disorder, Major Depressive Disorder, Post –Traumatic Stress Disorder, Schizophrenia, Severe Attention Deficit Hyperactivity Disorder, and Dysthymic Disorder.

a. Multidisciplinary Team

Santa Clara developed a Multidisciplinary Team (MDT) process as a strategy to better manage Juvenile Hall youth with complex mental health needs. Weekly MDT meetings involve the mental health clinical

coordinator, mental health primary therapist, child psychiatrist, custodial care staff, custodial care staff supervisor, medical clinic staff, school staff, probation officers, and parents and youth, as appropriate. Multidisciplinary Team meetings are held for youth hospitalized multiple times within the past six months, requiring one-on-one monitoring or five minute checks, on psychotropic medications, or referred by Juvenile Hall staff.

The MDT creates a basic care plan for youth in custody, as well as a Mental Health Care Plan (MHCP) that includes short- and long-term care plans and goals for youth while in custody and as they transition to the ranch, placements, or back home. The MHCP includes both clinical and custody goals, and documents family history, what the minor wants, psychiatric history, medication history, and school history, probation status, and behavioral problems. When possible and appropriate, the MDT meets, develops the plan, and then brings in the youth for input. By seeing the range of team members at the table and having the opportunity to “be heard,” the minor can be engaged in working the plan and making needed changes. At the completion of each MDT, the MHCPs are updated and distributed to the participants and units within 24 hours. Because it has not been possible to integrate the Probation and Mental Health information systems, mental health staff enter the MHCP into both systems.

b. Benefits Advocacy

Like many counties, Santa Clara does not have a system in place to collect or validate the insurance status of youth upon entry to Juvenile Hall. For pre-adjudicated youth, Santa Clara contracted with a local foundation, the Health Trust for benefits advocacy for the 20% of youth with no medical coverage. Connecting this group to benefits can be challenging because of poor information for contacting the families, as well as low up-take among parents who are reluctant to disclose information when their children are in custody as they could lose Medi-Cal or cash benefits. The situation for post-adjudicated youth changed as result of SB 1469, which mandated Probation and the Social Services to collaborate and connect youth with Medi-Cal or other types of health insurance options. All parents of youth detained by the Court for 30 days or more are now advised about Medi-Cal coverage options through the Probation Department and are referred to social workers from the Social Services Agency for benefits advocacy.

c. Training

“We’ve experienced a culture change within the institution and the staff working at Juvenile Hall due to our training curriculum on mental illness. Staff have a better understanding of how a mental health condition or medication can affect the youth and they have greater sensitivity.”
Sheila Mitchell, Chief of Probation, Santa Clara County

Training efforts in Santa Clara have centered on improving the quality, effectiveness, and cultural responsiveness of the treatment youth receive in detention and to shift the paradigm to be less correctional and more rehabilitative using a collaborative, integrated care approach. Their approach to training is to achieve incremental, but steady improvements in processes to enhance care quality and continuity. Training efforts have targeted different staff within Juvenile Hall and the Probation system.

To improve the ability of Juvenile Hall custodial staff to better understand and respond appropriately to high need youth, the mental health clinician developed a curriculum titled “Mental Health Issues in Custody” that covered: child/adolescent psychosocial development; moral development; psychological disorders; crisis theory, diffusion and intervention; psychotropic medications; suicide prevention; effective communication; basic group dynamics; and behavioral disorders in childhood and adolescence. This curriculum received State certification and more than 90 percent of the Juvenile Hall custodial staff have received this training. Given the success of this training, Santa Clara intends to extend it to all the Probation Officers, as well as custodial staff at the ranches.

Another focus of training efforts was to train mental health staff, custodial staff, and other stakeholders on writing, understanding, and implementing age-appropriate, culturally responsive Multi-Agency Assessment Plans (MAAP) and Mental Health Care Plans (MHCP). A vendor was hired to develop this training, which has been attended by all Juvenile Hall staff, and was extended to the Deputy Probation Officers, particularly those in the Placement Unit.

In addition to these broader training efforts, Santa Clara was one of five counties chosen to receive Aggression Replacement Therapy (ART), which has been attended by mental health staff that work on the Transitions Unit. In addition to spreading the ART model on the Transitions Unit, there is now interest among the corrections staff of Juvenile Hall to receive this training.

d. Partnerships and Collaboration

Transitions Unit. The effectiveness and success of the Transitions Unit relies on the strong collaboration of the Probation Department Juvenile Corrections Officers, Department of Mental Health clinicians, and the County Office of Education teachers that work together on this unit in Juvenile Hall. The steering committee, comprised of a clinician, teacher, juvenile corrections staff and the Transitions Unit supervisor meet weekly to assess new referrals to the Unit. Referrals to this unit are based on mental health diagnosis, behavior, incident reports, medication needs, and self injurious behavior. Many of the units in Juvenile Hall refer youth with behavioral problems to the Transitions Unit. However, behavioral problems alone are not sufficient to qualify a youth for the Unit. The steering committee frequently consults with medical staff to gain additional insights into medication interactions and other potential factors contributing to behavior problems to ensure that each referral is screened carefully and only the most appropriate youth, with the highest mental health acuity are placed on this specialty care unit.

The unique treatment approach for youth on this unit includes a higher staff to youth ratio (1:6) compared to the general units (1:10), greater access to mental health clinicians, special education accommodations, and strategies to better monitor mood and affect throughout the day. In terms of special education accommodations, teachers have a modified response to behavior problems, which includes 20 minute time outs and counseling from a MH clinician so that youth can return to classroom. The usual policy would be to remove the youth from the classroom for the rest of the day. Staff and youth participate in check-ins three times daily to provide their “emotionality score” on a scale of 1 to 10. This helps staff identify and intervene with youth who might be experiencing difficulties and be prone to escalation.

Department of Mental Health. The Santa Clara Probation Department has had a strong partnership with the Department of Mental Health and a history of collaboration through other grant programs, such as MIOCR. The Probation Department received \$1.5 million in MIOCR funding and through collaboration with DMH, was able to leverage MediCal services and convert this to \$3 million. The collaboration on the HRI program was a natural transition with a shared vision to improve the quality of care received by youth in Juvenile Hall. MIOCR grant funding was not extended in the current State budget; therefore the Probation Department has lost a valuable source of funding for youth in the juvenile justice system. Originally, the plan was to expand DMH clinicians to all units at Juvenile Hall. This is still a goal; however, budget limitations limit the feasibility of realizing this goal anytime soon. Although current budget cuts and loss of MIOCR funding has reduced the role of mental health on the Transitions Unit, DMH clinicians remain involved in many important Probation Department processes including: administration and scoring of the MAYSI-2 screening instrument; making services referrals and recommendations for IEPs, substance abuse treatment, local mental health services with community-based provider organization; participation on in-custody MDTs as well as MDT meetings to develop transition plans for out-of-custody or ranch placements; and direct therapy services provided to youth in the hall.

Community Based Partners. Although most of the HRI youth go to out-of-home placements or ranches after they leave Juvenile Hall, approximately 20 percent do return home. In these cases, referrals are made to the Children's System of Care, Wraparound Services or the MHSA Full Service Partnership for ongoing service provision in the community.

e. Family Involvement

Parents are invited and encouraged to participation in the Juvenile Hall MDT process. However, family engagement is difficult, especially considering many of the youth are state dependents and transition to placements and not back into the home.

f. Program Sustainability

Santa Clara's core strategy for sustainability was to secure the continued commitment of their partner, the Department of Mental Health, to continue participating in the MDT and providing staff and services to the Transitions Unit. DMH has committed to using MHSA funding through June 30, 2010 to continue this collaboration. This MHSA funding covers the clinicians and clerical support that were lost when MIOCR funding was eliminated.

Producing a video of the Transitions Unit program is another key factor for sustaining Santa Clara's HRI. Since the fall of 2008, the video has been shown in a variety of forums, including meetings of the: Board of Supervisors, JJCPA, and other county stakeholders and partners, such as the Department of Mental Health. As a result of viewing the video and developing a deeper understanding of the program, two board members have become program champions and have voiced their political support for sustaining the program.

The following Table summarizes changes to the core program components from what was covered during the HRI grant period to the post funding period.

Core Program Components	During HRI Grant Period	Post HRI Funding
MAYSI Screen	All youth screened at entry to JH.	All youth entering JH will continue to be screened
Multidisciplinary Team Composition	Mental Health Clinical Services Coordinator (MHSCS), JCOs on JH Transitions Unit, and nonprofit partners (as appropriate)	MDT process will continue and has expanded to include medical providers, public defenders, and families
Benefits Advocacy	For post-adjudicated youth, target uninsured/MediCal (30% of population); fax list of youth to be released in 30-45 days to the Social Services (SS) agency. SS agency tries to connect uninsured to coverage and re-instate cases with suspended MediCal . For pre-adjudicated youth, refer families to Health Trust for benefits advocacy.	There is no specific benefits advocacy component within JH. Uninsured youth/families are referred to community resources. Contract with Health Trust discontinued; POs follow up on the referral with parents.
Cross-Provider Training	Provide MH Issues in Custody training to all 200 Juvenile Hall counselors (custodial staff). This training curriculum is state certified for continuing education credits. Have plans to extend training to staff at Ranches and Probation Officers.	MH training curriculum is an institutionalized part of the new staff training catalog.
Partnerships and Collaboration	Contract with Department of Mental Health to provide mental health clinical services coordinator to direct services of the HRI grant	With MHSA funding, Department of Mental Health will provide a clinician and clerical support through June 30, 2010
Family Involvement	Parents invited to participate in weekly MDT meetings. Prior to release, there is a special MDT meeting for POs and parents of youth returning home (approximately 20% of Transition Unit youth) to set up services in the community through referral to Children’s System of Care.	Parents will continue to be invited to participate in MDT meetings.

g. Implementation Challenges and Lessons Learned

Despite these accomplishments in Juvenile Hall, the Santa Clara HRI program has experienced several challenges that have affected implementation and sustainability of their program, including:

Fiscal Restraints and Loss of MIOCR Funding. Budget cuts within the Department of Mental Health have led to reductions in staff positions and hours available for mental health services in Juvenile Hall. mental health staff (MFTs, social workers) have been reduced from 17 to 9 staff, including 2 psychiatrists. The Juvenile Hall clinic used to be open 7 days/week, but is now only open 6 days. There is no staff coverage on holidays or nights. As a result of these mental health staffing shortages, clinician presence on the Transitions Unit had decreased from 8 to 3.5 hours a day. In addition, basic mental health services have reduced by 50% at Juvenile Hall. These reductions affect MDT recommendations regarding the frequency and intensity of therapy sessions. With the budget cuts, not all youth through the MDT and MHCP process will get access to a therapist, making it difficult for clinicians to connect with all youth in need.

Service Coordination between Mental Health and AOD Agencies. Santa Clara still has separate Mental Health and AOD agencies with different treatment philosophies and funding streams. During the mental health clinical assessment, if the MAYSI-2 results indicate substance abuse issues, a referral is made to AOD at Juvenile Hall for a full assessment. However, the results of this assessment are not shared with mental health, which limits care coordination. In addition, access to substance abuse treatment services in the community for youth released from Juvenile Hall continues to be a challenge.

Staff turnover requires offering routine trainings about the Transitions Unit and “Mental Health 101.”

Corrections staff have the opportunity annually to change the unit where they work, which poses a challenge for the Transitions Unit in terms of ensuring that staff bidding to work there have a good understanding of the program, how it operates, and the needs of the youth served there. In addition, Corrections has the goal of providing Mental Health 101 training to all line staff. Staff turnover requires that the Department offers routine and booster trainings to fulfill this goal.

h. Program Accomplishments and Outcomes

The following section documents the primary accomplishments and outcomes of the Santa Clara HRI program during the four year grant period:

The Transitions Unit, in combination with the MDT process, yielded significant reductions in negative behaviors and incidents at Juvenile Hall. The Transitions Unit provides evidence of the philosophical shift within the Probation Department and a commitment to take a less “correctional” and more “rehabilitative” focus to working with probation youth. In addition, the Santa Clara HRI program has secured cross-system buy-in of the Multi-Disciplinary Team process for treatment planning and care coordination. Prior to HRI, on any given day, there were 5-8 youth in Juvenile Hall that were on 1:1 staff watches. Since opening the Transitions Unit and implementing the MDT process, there have been significant reductions in self-harm behaviors (80%), hospitalizations (78%), violent incident reports (78%), and the number of minors placed on one-on-one watches on a daily basis.

“The message needs to get out about the benefits to operations and running the Juvenile Hall – how it helps the line staff -- mental health and correctional staff. Working more effectively with youth brings greater stability, fewer incidents of violence and self harm, fewer crises, and reduced staff stress. Safety for both youth and staff increases. Through collaboration there’s a shared responsibility for treatment planning so it doesn’t just fall on one service sector. ” Kathy Duque, Deputy Chief Probation Officer

A major accomplishment of the HRI program has been the cross-system buy-in of the MDT screening and referral process. Before the HRI MDT process was implemented, there were limited opportunities for sharing information among providers in Juvenile Hall. The weekly MDT meetings have created a formalized process for information sharing across the range of providers involved with the youth. Through the MDT process, multiple providers develop a shared understanding of the youths’ needs and plans to address them. In addition, information is shared between providers that otherwise would not occur. For example, the MDT process allows for the routine sharing of medical information (e.g., prescribed medications) between the medical and Juvenile Hall staff.

Prior to release from Juvenile Hall, a special MDT is held with the Probation Officer and parents to set up services in the community. The PO does the follow-up on this plan. For youth that do not return home, notes from the MDT are shared with the new placement, as well as any court orders, psychiatric assessments, IEPs, and notes from the PO. Because 80 percent of the youth go to out-of-home placement (i.e., the ranch), they now do MDTs at the ranch and upon release.

The composition of the MDT has expanded to include medical personnel and probation officers on a routine basis. Until recently, medical personnel from Valley Medical Center only participated on MDTs when the youth had specific health conditions. However, a critical incident occurred that required a debriefing process to discuss the incident and coordination protocols between probation and county medical services. During the debrief, a leader at Valley Medical Center learned about the role of the MDT in care planning for youth and recognized the value of regular MDT participation by medical personnel. As a result, Valley Medical Center is now requiring medical personnel to participate on all MDT meetings moving forward.

Similarly, Probation Officer attendance at the MDT meetings was an initial implementation challenge. Over time, POs have experienced the value of attending the MDT because of the knowledge and insight they receive from the various providers including the clinician, teacher, JCO staff and psychiatrist. Having a broader perspective of the issues faced by the youth and their family enhances the case planning process. Participation on the MDT is not required of the Probation Officers, but if they are unable to attend they must send someone in their place. Over the course of implementation, PO attendance and participation in the MDT meeting has greatly improved.

Improved capacity to implement and share results from the MAYSI-2 screen. The Probation Department has expanded their capacity to administer the MAYSI screen by increasing the number of stations for administration and by offering the assessment in Spanish. In addition, as a result of a strong collaboration with DMH, Probation Officers now have access to the results of the assessment via case plan in the database. DMH administers the MAYSI-2 and providers are now able to share the results with Probation Officers and ranch counselors for case planning purposes.

Enhanced communication, collaboration and planning for transitional services for probation youth leaving Juvenile Hall. Probation and DMH collaborated to develop a universal referral form to assess the service needs for probation youth transitioning back to the community. Probation completes the form and shares the information with DMH to assist with the linkage to community services such as FSP, Wraparound, outpatient therapy and medication management. This new referral process alleviates the guess work for Probation Officers and places the responsibility of connecting youth to mental health resources in the community back in the hands of DMH where the expertise lies. DMH will then communicate with the PO about referrals that were made and any requirements for follow up or service tracking. This formalized referral and coordination process grew from the recognized value of information sharing during the MDTs and the intent of Probation to carry this concept over to all probation youth.

“Without the support of HRI, we would have been focused on something much different. We would have focused on getting more clinicians to deal with the 1:1 crisis staffing issues and the escalating hospitalizations. HRI allowed us to formalize and expand our MDT function – before it was only used during crisis situations. We had the blueprint for the Transitions Unit for years but we could never get it off the ground because of the staffing capacity. HRI allowed us to retain the MH staff, implement the unit and illustrate that this model can work. HRI funds really helped us implement our vision.” Kathy Duque, Deputy Chief Probation Officer

4. Santa Cruz: Transforming the Existing System through Health Education and Strong CBO Partnerships

“HRI opened our eyes to the missing link with physical health. We have broader awareness of the physical health needs of our kids and the impact of holistic care, and we’re never going back to business as usual. We understand the need to invest in prevention and not just ‘deep end’ services. It’s not appropriate to lock up youth with mental health or substance abuse problems just because we don’t have a better place to treat them in the community.” Scott MacDonald, Chief of Probation, Santa Cruz County

The Santa Cruz Juvenile Probation Department operates under the belief system that “kids do not belong locked up in Juvenile Hall,” therefore, a fundamental goal of the HRI is to transition probation youth to non-mandated, out-of-custody health and mental health services provided by partner agencies within the community. The Santa Cruz HRI is a set of process reforms within Juvenile Probation – not a program or model that only reaches a subset of probation youth. The system changes that have occurred within Santa Cruz County therefore impact all youth entering the juvenile probation system. The HRI process links all youth and families to four types of services: mental health, physical health, health education and public benefits. Direct services and referral linkages occur while youth are detained in the Juvenile Hall and when they are released back into the community. Strong partnerships across county systems and with community-based organizations, along with a commitment to communication and data sharing, contribute to the success of the HRI program in Santa Cruz.

Santa Cruz Model Features

Average Caseload	No program caseload. All probation youth receive HRI model. Juvenile Hall has an average of 20-25 youth detained and books 800 youth annually.
Referrals	HRI is a set of new probation practices rather than a pilot program that receives referrals. All youth referred to the juvenile justice system, in and out of custody youth, experience the HRI model.
Target Youth	All juvenile probation youth are served by HRI. Youth span across a number of white and Latino communities over a large geographic area. Most probation youth are detained due to violent offenses.

a. Multidisciplinary Team

As part of the HRI reform, the Santa Cruz Probation Department expanded the existing multidisciplinary team *process* within Juvenile Hall to: 1) implement a comprehensive and culturally appropriate treatment model through screening and assessment, case planning, engaged referral and benefits advocacy; and 2) ensure that all detained and adjudicated youth receiving health and mental health services have a seamless transition to community treatment. This MDT approach is carried out in several ways, including: 1) the co-location of cross-system providers (e.g., Children’s Mental Health clinicians, RNs, a certified Health Educator and Certified Benefits Application Assistant) inside Juvenile Hall, 2) the implementation of 3 interdisciplinary committees that meet at regular intervals to communicate about the service and transition needs of the youth, and 3) the development of a shared HRI database to track physical/mental health needs, community referrals, insurance and benefits needs and follow up services.

While Juvenile Probation worked collaboratively with their on-site Children’s Mental Health (CMH) clinicians prior to HRI implementation, hiring a Certified Health Educator and contracting with a Certified Application Assistant (CAA) through La Manzana Community Resources, were new additions to the MDT during HRI implementation. Both were co-located at Juvenile Hall, which allowed them to access the county probation data systems along with CMH clinicians and nursing staff. They were fully integrated into the MDT process and participated on various interdisciplinary committees. HRI formalized communication across the team, which allowed them to be proactive in surfacing issues and needs rather than simply “reacting to crises.” Meetings that routinely convened MDT members within Juvenile Hall included:

- “Wednesday” weekly meeting. Before HRI, the purpose of this MDT meeting was for probation and mental health staff to brief the psychiatrist on any issues that came up with youth detained in Juvenile Hall. During HRI implementation, this weekly meeting was enhanced to include the CMH clinicians, detention nurses, unit supervisor, placement PO, HRI PO, the Health Educator, the CAA and the psychiatrist. Because Santa Cruz is a small county, there were only 20 youth in Juvenile Hall on a given day. With such a small census, it was possible to discuss the health, mental health, family issues, medication needs/problems or crises of the youth during the “Wednesday” MDT meeting.
- HRI Team Meeting. The HRI Team meeting convened the same group of individuals on a weekly basis to discuss transition planning for any youth being released from Juvenile Hall to the community. During this meeting, youth and family needs were discussed and appropriate community-based service referrals are documented. The goal of this meeting was to ensure continuity of health and mental health care and plan follow up care for youth exiting detention. The CAA also discussed any insurance or benefits linkages that needed to occur to ensure access to needed services.
- Placement Screening Committee. This meeting occurred twice a week to assess youth who might escalate in the Juvenile Justice system. The Health Educator attended this meeting specifically to bring immediate information on any physical or mental health issues and insurance status that were critical in making placement decisions.

b. Benefits Advocacy

As a result of the HRI funding and implementation, the Santa Cruz Probation Department hired a Certified Application Assistant (CAA) through La Manzana Community Resource Center to provide benefits advocacy to all probation youth and families. The CAA systematically reviewed the insurance status of all youth in detention and assisted families with access to needed insurance and benefits through referrals, linkage and direct application assistance. The CAA also developed and regularly maintained a manual of services available throughout Santa Cruz County.

The CAA’s role was flexible and involved working with families in the community or in the home, with the goal of maximizing participation in services and reducing stigma around benefits assistance. The CAA worked with the families during the youths’ time in detention and after release. The range of services and benefits the CAA connected families to included: Medi-Cal insurance, SSI and other income

benefits, food stamps, child care, housing, food banks, domestic violence shelters, immigration/documentation assistance and job application assistance. When providing application assistance for insurance (Medi-Cal, Healthy Kids, Healthy Families) and SSI benefits, the CAA reviewed the application with the family line by line to minimize errors and maximize the likelihood of timely approval, which took, on average, 3 weeks for Medi-Cal coverage.

The addition of a CAA to the HRI model in Santa Cruz was an important strategy for addressing the benefits advocacy needs for the youth and families and inspired other HRI counties to add a similar position to their own HRI teams to improve benefits advocacy efforts.

c. Cross-Provider Training

The training focus in Santa Cruz was on health promotion and gang intervention training programs for youth detained in Juvenile Hall. One of the goals of the Santa Cruz HRI program was to provide training to at least 50 youth held in or recently transitioned from Juvenile Hall in health related issues. While the original HRI grant application created a new position for a Health Services Agency (HSA) nurse located at Juvenile Hall, the position was ultimately filled by a Certified Health Educator. The Health Educator, in collaboration with community-based organizations, County of Santa Cruz Health Educators, County of Santa Cruz Probation Officers, and Juvenile Hall nursing staff developed numerous workshops and presentations available to youth in Juvenile Hall during the course of HRI implementation. Between October 2006 and September 2009, training workshops, presentations and focus groups have been offered to youth in Juvenile Hall in the following areas:

- STD/HIV/AIDS Education
- Nutrition
- First Aid: Medical Crisis Intervention and Universal Precautions
- Goal Setting
- Personal Hygiene
- Parenting Classes
- Countering “Pro-Tobacco” Influences
- Disability Awareness
- Dental Care and Oral Hygiene
- “Street Smart”: a CDC Approved, Evidence-Based curriculum (7 sessions) Topics covered: safer sex practices, drug/alcohol use and the effects of SA on behavior, improving coping skills, sexual values, positive “self-talk”, artist statement project, art show and graduation ceremony
- Gang Intervention: Cultural and Healthy Alternatives (GICHA) (9-week Series) *(a copy of this curriculum is available in the Grantee Supplemental Resource Compendium)*
- Domestic Violence *(a copy of this curriculum is available in the Grantee Supplemental Resource Compendium)*

The “Gang Intervention: Cultural and Health Alternatives” workshop series was developed in collaboration between Health Educator, Kathleen Hofvendahl-Clark, Juvenile Probation Officer, Gina

Castaneda and Barrios Unidos youth counselor, Ben Alamillo. This collaboration was the first of its kind for the Probation Department and the curriculum was extremely well-received by participating youth, the Director of Juvenile Hall, Probation Administration and the County Office of Education. The program was piloted at Juvenile Hall in February 2008 and was subsequently presented at Watsonville Community School. Workshop sessions are highly interactive, respect is emphasized at all times and attendance is completely voluntary.

The Gang Intervention curriculum covers the following issues and topics:

1. Overview of Latinos and Gangs in CA
2. Exploring our Cultural Roots
3. Anger Management, Refusal Skills, and Choosing Health Alternatives
4. Influence of Families and Influence of Gangs
5. Consequences of Poor Choices with a guest speaker from the District Attorney's Office
6. Drugs, Alcohol and Tattoos with a guest speaker in recovery
7. Victim Awareness
8. Job Counseling: How to Reach our Goals with career counselor as guest speaker
9. Celebration – Review of all sessions, student evaluations and youth certificates

d. Partnerships and Collaboration

Santa Cruz began the HRI with a comprehensive system of care in place, and the county continues to prioritize collaboration with community-based partners as a mechanism for linking youth and families to services once they leave Juvenile Hall. Santa Cruz Juvenile Probation has on-site clinicians from Children's Mental Health who assess youth for immediate needs and provide in-custody services. Most probation youth have out-of-custody counseling as a term of probation and these services are by CMH and community-based partners. Mental health system reforms within Juvenile Probation as a result of HRI include: implementation of the MAYSI-2 screening tool for all youth detained more than 4 hours, Juvenile Hall clinicians use of the centralized HRI database to enter MAYSI-2 and other assessment information, and the development of the Youth Re-Entry Team (YRT) and the YRT Needs Assessment Survey for youth and guardians.

Youth Re-Entry Team. According to the HRI project team, the Youth Re-Entry Team (YRT) is one of the most important collaborations developed under the Healthy Returns Initiative. The YRT includes representatives from the County Probation Department, Ceres Policy Research (a local evaluation and public policy research organization), and four community-based partner organizations, Barrios Unidos, Youth Services, Community Restoration Project and Pajaro Valley Prevention and Student Assistance (PVPSA). The YRT was formed to build relationships across the four primary CBOs providing services to probation youth, assess the needs of youth and families as they prepare to leave detention, and provide needed services in the community. The first project for the YRT was to develop a system for youth and families to *self-refer* into services that are not court mandated. To that end, they developed the YRT Needs Assessment Survey for youth and guardians to complete when youth are being released. As service needs are identified through the survey, referrals are faxed over to the four CBO partners and

families are contacted within days. The YRT representatives continue to meet to update the survey, identify any service gaps in the community and address any potential barriers that may impede youth and families from accessing services.

CBO representatives from the YRT acknowledge the Probation Department for taking the lead in bringing together this collaborative and they praise the department's commitment to non-traditional care models. Each YRT partner organization received \$900 at the beginning of HRI to establish agency commitment. The partners cite the value of enhanced knowledge across agency, the benefits of ongoing collaboration with Juvenile Probation and the development of a pathway to referrals/resources for hard to reach populations as incentives that help solidify their ongoing commitment. In September 2008 the YRT Survey was provided as part of the out-of-custody intake process because these youth were often in crisis and not connected to a community-based service organization. The YRT is pleased with the ways in which they have enhanced access to services for vulnerable populations.

Ceres Policy Research. Ceres Policy Research is a local evaluation and policy research firm that assisted the Santa Cruz HRI program in evaluating how HRI enhanced sustainable links between youth and community health services and the extent to which these linkages were equally effective for all youth subgroups (i.e. across gender, race/ethnicity, sexual orientation). Ceres received the YRT surveys of youth/guardians and tracked identified needs, referrals to CBO partners, and service utilization.

Children's Mental Health Department. Juvenile Probation had a strong partnership with CMH prior to HRI implementation. However, through the technical assistance contract available through the HRI, La Piana Associates facilitated focus groups with CMH partners to examine existing relationships with Juvenile Probation, assess areas of improvement and build capacity for the future. La Piana Associates convened three retreats between Juvenile Probation and Children's Mental Health. Senior leadership, managers and front line staff from both Juvenile Probation and CMH participated in a series of three team-building retreats.

e. Family Involvement

The HRI program in Santa Cruz involved families of probation youth in myriad ways, including: benefits advocacy, parental participation at Probation Placement Screening Committee meetings, YRT Needs Assessment for Guardians, and referrals and direct service provision from the HRI Health Educator.

Benefits Advocacy. The HRI supported Certified Application Assistant (CAA) helped connect families and youth to health insurance, cash aid, child care, housing, employment opportunities, food stamps etc. The CAA worked with families in the community rather than at the Juvenile Hall to minimize stigma associated with applying for social services.

Family Representation at Probation Placement Screening Committee meetings. The Probation Placement Screening Committee determines the appropriate level of service for probation youth, including requests for a higher level of probation or an out-of-home placement. Probation Officers consider relevant information such as youth physical, social and emotional health, education needs, substance abuse (youth/family), family financial security, youth/family involvement in other social

service agencies and overall family stability. Prior to HRI implementation, this committee was comprised of representatives from Juvenile Probation, Children’s Mental Health, Drug and Alcohol specialists and community agencies. Through team-building workshops between CMH and Juvenile Probation, it became clear that parents/guardians and youth also needed to participate in this important meeting. Parent and youth consideration and perspectives are now part of this decision-making process.

Youth Re-entry Team Needs Survey for Guardians. Before a youth is released from Juvenile Hall, guardians are asked to complete a survey to identify any services they may need in the community. Survey results are shared with the Probation Department as well as the community organizations that provide services. Services needs may include: access to primary care, counseling, health insurance, parenting classes, substance abuse treatment, domestic violence shelter, etc. The YRT Survey is voluntary; therefore families access the services they view as priority rather than what is mandated by the court system.

Health Educator Support Services. Providing health promotion training classes and workshops for youth in custody represents only one aspect of the HRI Health Educator’s job description. The Health Educator was also expected to allocate time for assisting youth and families in the community by making dental/primary care appointments, transporting youth and family members to appointments, providing parents with resource lists of Medi-Cal providers in their area, coordinating the needs of the family with the field Probation Officers, and encouraging parents to follow up on service referrals.

f. Program Sustainability

The Santa Cruz HRI is a set of process reforms within Juvenile Probation, most of which will be sustained after the grant. Two positions covered by the grant – the Health Educator and the Certified Application Assistant – will not be covered after the grant ends. The Santa Cruz program strongly values the role of the Health Educator in working with Juvenile Hall youth. Therefore the Department has applied for a range of grants in hopes of sustaining the Health Educator position. The Department has two mentoring grants currently under review that would incorporate the Health Educator, the Gang Education Curriculum and associated partners to further support the HRI mission. The Probation Department and their Children’s Mental Health partners are relying on their collaboration to pool resources across the community during the difficult economic situation.

The following Table summarizes changes to the core program components from what was covered during the HRI grant period to the post funding period.

Core Program Components	During HRI Grant Period	Post HRI Funding
MAYSI Screen	All youth booked and detained more than 4 hours screened	All youth booked and detained more than 4 hours will continue to be screened
Multidisciplinary Team Composition	Child psychiatrist, MH clinicians, JH nurses, health educator, JH administration	The health educator position will be eliminated September 2009
Benefits Advocacy	HRI funds provided a Certified Application Assistant (CAA) from La Manzanita Community Resources. CAA systematically reviews insurance status for all youth in detention. CAA assists with insurance applications to enroll/renew MediCal, Health Families, and Health Kids. CAA also assists with applications for Food Stamps, cash aid, housing, child care, SSI, and employment.	Juvenile Hall staff will identify benefits advocacy needs for youth booked in the hall. Youth and families in need will be referred to La Manzanita
Cross-Provider Training	Training focus is on health education programs for detained youth and at-risk youth on probation in the community	Health educator is training Juvenile Hall staff and nurses to provide some of the workshops and trainings developed under HRI
Partnerships and Collaboration	Youth Re-Entry team partners receive service referrals based on needs assessment of youth/families prior to release from probation; Partners include: Youth Services, Barrios Unidos, Community Restoration Project, & Pajaro Valley Prevention and Student Assistance	Youth Re-Entry team process will continue, but some of the referrals will be affected by the capacity of partnering organizations to participate and provide services
Family Involvement	Families are invited to participate in placement screening meetings and take service assessment survey to identify needs, and they work with CAA to access benefits	Families will continue to be invited to participate in placement screening meetings

g. Implementation Challenges and Lessons Learned

Santa Cruz experienced several implementation challenges they needed to address to move their program forward.

MAYSI-2 Administration. Implementation of the MAYSI-2 screening instrument was a new practice for Santa Cruz and the administration process required some adjustments over time. Santa Cruz chose to use an electronic kiosk in the Juvenile Hall booking area that allows youth to self-administer the instrument. There were several operational complications with the kiosk that required repair and, in some cases, entered MAYSI-2 data was lost during times of malfunction. Because probation youth cycle in and out of the Juvenile Hall, many youth refused to take the screening instrument after multiple administrations. Santa Cruz also tried to figure out the best way to extract and disseminate MAYSI-2 results to the team. The solution was for mental health clinicians to enter selected measures from the MAYSI-2 into the HRI database so that results could be discussed in weekly HRI meetings.

Relationships with County Offices of Education and Local Schools. Santa Cruz experienced the challenge of getting probation youth back into public schools after they are released from Juvenile Hall.

Partnership building with the local school districts was a challenge and a goal for the Probation Department. While the Probation Department has a positive relationship with the COE, which oversees educational needs of youth in detention and community schools, there are still challenges related to role clarification and implementation of IEPs.

Service Capacity Gaps in the Community. Despite having well resourced partnerships and being a System of Care County, service capacity gaps still exist, including: job training and placement programs for probation youth, job development and application assistance, tattoo removal, pro-social activities and recreation sites, access to dental and vision services, residential treatment centers for substance abuse, medical detoxification, affordable housing, transportation and inpatient psychiatric services.

MIOCR Funding Losses. Funding is a challenge for all of the counties and the elimination of MIOCR funding in 2008 added to the fiscal burden for Juvenile Probation Departments. Despite these significant financial constraints, Santa Cruz County was still able to provide comprehensive mental health services to probation youth as a result of the strong partnerships with community-based organizations that developed through HRI implementation.

Health Education, Advocacy and Community Outreach hard to address with one position. The Health Educator on the HRI team used her wealth of experience and knowledge to develop and deliver health workshops and curricula for the youth inside Juvenile Hall. She also participated in all of the cross-system meetings and served as a strong advocate for the health needs of the youth. Due to the demands associated with the health education, advocacy and cross-provider relationship building tasks, not as much time was available to community outreach and home-based follow up care. In some cases, there was a lack of follow up on basic health care needs of youth after they left the hall. A next step for the program is to adopt a stronger community-based health care coordination and follow up component to ensure that service connections are made. Incorporating a “Promotora” model to enhance community outreach, especially with monolingual Spanish-speaking families, would be beneficial. Transportation assistance is also needed to improve service linkage. Balancing the client needs inside Juvenile Hall and out in the community is a challenge for one staff position on the team.

h. Program Accomplishments and Outcomes

The following section documents the primary accomplishments and outcomes of the Santa Cruz HRI program during the four year grant period:

Improved communication and coordination through information sharing via a shared database. One of the systems change accomplishments of the Santa Cruz HRI program was the development and use of the HRI shared database. Prior to HRI implementation, there was no single system in place where all partners could access information about youth participating in cross-system services. The database allows information sharing between Juvenile Hall medical providers, mental health clinicians, probation staff/administration, custody staff, the health educator and the Certified Application Assistant to facilitate collaboration and service coordination. This comprehensive data system tracks physical health needs of youth (in-custody and out-of-custody), mental health needs and MAYSI composite data for youth (in-custody and out-of-custody), case plans and treatment goals, service referrals, insurance and

benefit status and follow-up services needed and utilized by youth and families. The outcome of this systems change was improved continuity of care for youth receiving multiple services across provider systems, greater collaboration and communication across providers and a more holistic care approach to meeting the youth's physical and mental health needs. The HRI Probation Officer performs monthly audits of the database to address any compliance, privacy or technical issues that may arise.

Health Education, Training and Collaborative Curricula Development. The Gang Education curriculum, a collaboration among the Health Educator, Barrios Unidos and the Probation Department, was a significant accomplishment of the HRI. As part of this educational series, one of the Assistant District Attorneys in the County came to speak to the youth in the hall about the cycle of victimization and the impact of gang violence on families and communities. Since the development of this curriculum, there have been no gang-related altercations at Juvenile Hall. This curriculum is available in Spanish and has been shared with alternative schools and non-profit organizations outside of Juvenile Hall. The addition of a Health Educator to the HRI team introduced a variety of health improvement workshops to the Juvenile Hall youth. All curricula developed fall under the Department of Education's "health" category, therefore youth receive schools credits for participation.

The flexibility of the HRI funding promoted the development of creative programming on behalf of youth. For example, the Health Educator adapted the CDC "Street Smart" training for youth to create art projects on "safety and street experiences." The HRI grant paid for the art supplies. Along with creating an art piece, the youth developed artist statements to express the sentiments behind their work and then probation staff, judges, and attorneys were invited to Juvenile Hall for an art show. This was a powerful event for everyone involved, and the youth benefited from the positive acknowledgement and attention for their work.

Rejuvenated relationship and commitment between Juvenile Probation and Children's Mental Health created important systems changes. As a result of participation in team building retreats, facilitated by La Piana, and involving senior leadership, managers and front line staff from both Juvenile Probation and CMH, several important systems changes have occurred, including: 1) open dialogue about silos and a commitment to improve communication; 2) parent and youth representation at the Juvenile Probation Placement Screening Committee; 3) development of a county resource guide to document community agencies and services available to youth; 4) formalization of a monthly System of Care meeting where managers from Probation, CMH and County Offices of Education discuss issues with youth on probation and 5) increases in Prop 63 funding for community providers serving probation youth.

Working in Collaboration to Address the needs of Dual Status Youth. Since January 2009, the Juvenile Probation Department has closely examined the challenge of adequately serving the needs of "dual status" youth, i.e., youth in the Child Welfare system for abuse and neglect issues and in the Juvenile Justice system for delinquency and criminal activity. Service access and appropriate and efficient care models for this population are a significant challenge because of fragmentation and a lack of coordination between the Child Welfare and Probation Departments, as well as between the Delinquency and Dependency court systems. Under AB 129, eight pilot counties in California have

developed and received approval for their Dual-Status Protocols. This is a systems change goal for Santa Cruz.

La Piana Associates facilitated a stakeholder convening of representatives from both agencies and court systems in January 2009 to identify the issues associated with dual-status youth in Santa Cruz and examine potential alternatives to improve the quality of care. Both the Child Welfare and the Probation Department were equally invested and motivated for change. Each agency designated personnel at a high enough level with decision-making authority and knowledge of operational procedures to work on a solution. The two representatives met weekly, in 3-4 hour time blocks from January through May to implement the necessary changes. Activities during this timeline include:

- Jan/Feb 2009: Data collection and analysis to identify the number of youth that may qualify as “duals”
- March 2009: Site visit to other counties implementing AB 129 pilot; gather protocol template
- March-April 2009: Develop MOU between Child Welfare/Probation and outline protocol
- May-June: Share draft protocol and flow chart of the new process with both court systems, attorneys, agency personnel
- July 2009: Establish an Oversight Group for process monitoring and feedback
- August 2009: Finalize MOU and Protocol
- September 2009: Cross train agency providers (Probation 101 for Child Welfare; Child Welfare 101 for Probation) La Piana Associates to assist in cross-training effort.
- Participate in Administrative Office of the Court conference calls for AB 129 Pilot sites to discuss implementation and evaluation challenges.

While both agencies shared similar values of family preservation and placing children in the least restrictive setting as possible, the previous operational protocol focused on which agency had jurisdiction over the youth and who was responsible for writing the report – the process was organizationally focused rather than family focused. The new protocol enhances communication and coordination between the two agencies to focus on the needs of the family while maintaining a firm commitment to not “widen the net” and escalate dual-status youth into the juvenile justice system. (See Grantee Supplemental Resource Compendium for Draft MOU and Dual-Status Operations Protocol)

“Securing buy-in from the attorneys and agency providers requires judge advocacy. This change process needed to come from the bench.” – (Kathy Martinez, HRI Program Director and Probation Representative for Dual-Status protocol development)

Disproportionate Minority Contact Assessment and Improvement Project. While the Santa Cruz DMC assessment and improvement efforts are not a direct outcome of HRI implementation, Probation personnel and timing of implementation overlap in both projects. Both projects represent the Department’s ongoing commitment to systems change and juvenile justice reform. Also, given the strategic priorities of TCE to improve the services and outcomes of boys and men of color, the accomplishments in Santa Cruz related to the DMC issue are worth documenting as lessons for the field.

In the Phase 1 of the DMC project, Santa Cruz developed the infrastructure to review and collect data on DMC across the Probation system. DMC was introduced to the staff through a training that gave an overview of state and national statistics of DMC and presented the history of inequities of youth of color. For additional trainings in Phase 2, Santa Cruz did not employ a “top-down” approach, but instead utilized the line staff to develop a “peer-to-peer” training for Probation and Juvenile Hall staff. Results from initial surveys in Year 1 illustrated that staff at all levels indicated minimal power to change the DMC issues within the Department. A workgroup was formed to examine indicators across the system to identify areas for improvement that might improve the efficacy of staff to affect change. Indicators by *racial/ethnic group* examined to assess disparities include the following:

- Number of new offenses
- Number of Probation Violations
- Success rates
- Outcomes at court for the same offenses
- Decision to Detain/Release discrepancies between Juvenile Hall and Judges at court
- Warrants for Failure to Appear

The Department examined their databases and case files for relevant information. Youth of color had more warrants issued for “failure to appear.” The court initiated bilingual reminder calls to youth/families and began assessing transportation needs for families in South Watsonville. As a result of this action, there are fewer “failure to appear” warrants for youth of color.

Probation violations are based on youth behavior and not a new offense, and they are at the discretion of the Probation Officer. The Department now examines VOPs by county region, Probation Officer and Unit to determine if there are disparities that need to be addressed. A recent survey, developed by several Probation Officers, was fielded that presented a series of case scenarios and asked POs to document their probation violation responses to each. There were inconsistencies in how the POs addressed the various vignettes, and variation in violation responses based on youth behavior. The Department wants to reduce variation and improve consistency in the response to youth behaviors by developing a standardized response grid that POs can use to inform their decision-making. The Department is applying a similar methodology to Placement recommendations and will track discrepancies between Probation and court recommendations.

With 80% of Juvenile Hall being youth of color, Disproportionate Minority Confinement continues to be a sensitive issue in Santa Cruz. However, the Probation Department in Santa Cruz can now have an open discussion about race which they view as a success. Engaging external stakeholders such as law enforcement, CBOs and families continues to be a challenge. In the next two years, the goal is to develop a “DMC 101” training curriculum that can be used across the state. Only five counties in CA are actively working on the DMC issue to reduce disparities in their Juvenile Justice systems. There are currently no opportunities for these counties to convene and share implementation experiences and lessons learned. James Bell, from the Burns Institute, consults to the Santa Cruz Probation Department and has shared some of the key learnings from other counties he is familiar with in CA implementing this

grant. There is an opportunity to support cross-county learnings in this arena, which could ultimately facilitate important systems change goals that impact youth and families in TCE's 14 places

5. Ventura: Bringing Public Health into Probation

“We have changed the rules by bringing all of the silos to the table. We no longer label these kids as probation youth, mental health youth or education youth. They are our youth – the community’s youth. HRI changed how we do business. We can’t do it alone. Success of HRI is due to collaboration. HRI is expensive because intensive services are expensive, but it’s nowhere near the cost of locking a kid up. Keeping kids locked up in Juvenile Hall doesn’t do anything therapeutic for a child or a family.” Karen Staples, Chief of Probation, Ventura County

Early in the conceptualization of the Ventura HRI (VCHRI) program, the Probation Department prioritized a need to include county Public Health as a key partner in the implementation of their multidisciplinary team model. The strong collaboration established with county Public Health and the addition of a Public Health Nurse to the HRI team, represent one of the most significant systems changes for this Probation Department. Having a public health orientation within Juvenile Probation has created a holistic approach to service delivery for youth that addresses both physical and psychosocial needs. Another strength of the VCHRI program is the commitment to building partnerships and enhancing collaboration with the county School Districts. The VCHRI program identified school reentry after release from Juvenile Hall as a significant barrier with the adolescents in the program, therefore the program made improving relations with the county Department of Education a systems change priority.

Ventura Model Features

Average Caseload	25 Youth
Referrals	Probation Admission staff administer the MAYSI-2 to all youth entering Juvenile Hall and youth with an “alert” score are assessed by a psychologist assigned to the Juvenile Facilities. Behavioral Health services are provided while the youth are detained. Ventura County HRI (VCHRI) staff receive referrals to the program primarily from Behavioral Health staff assigned to the facilities, but also receive referrals from Probation Agency Field and Institutional Officers and the courts. VCHRI team screens and evaluates all referrals for program services on a weekly basis.
Target Youth	The program targets a subsample of Probation youth, primarily Latino males, with dual-diagnoses (mental health/substance abuse/physical health condition), chronic medical condition and on medication. Many referrals are “failures” from drug court or other probation programs for high risk youth with mental health/SA needs

a. Multidisciplinary Team

The multidisciplinary team (MDT) of the Ventura County HRI program consisted of a Probation Agency Senior Deputy Probation Officer, a Public Health Department nurse, and a Behavioral Health Department therapist. Caseloads were shared across the team with each team member working collaboratively with all youth involved in the program. Each team member also was bilingual, which was a significant asset in building trust and relationships with monolingual Latino families. The Ventura model used a “stepped care” approach to managing youth on the caseload: youth in the program for 60-90 days; youth involved for six months; and a smaller portion of youth involved longer term, until they are stable in the community. Weekly, home visitation to the HRI youth/families was a cornerstone of the Ventura HRI model. The VCHRI team provided direct services to youth and their families primarily in the community and in the home, rather than expecting families to receive services in an office. While each

team member brought a certain level of expertise to a case, their teamwork allowed them to approach youth and families in multiple ways, which enhanced rapport building. In their experience, the youth “clicked” with at least one member of the team.

Advantages of Case Sharing across Team. Working as a team also reduced youth attempts at manipulation across providers and minimizes miscommunication across system, therefore preventing important issues from slipping through the cracks. Prior to the HRI MDT experience, it was easy for youth and families to blame the probation or mental health systems when problems or miscommunications occurred. With the systems working as a coordinated unit through the team, there was greater accountability for everyone involved – families and provider systems.

While the team typically worked together on each case, there were scenarios when it was advantageous for one team member to take the lead to leverage his/her professional expertise. For example, because of the “power of the badge,” there were instances when the Probation Officer took the lead because the badge could command respect and open doors in times of crisis when timely access to resources is paramount. Having a probation officer as part of the MDT was also a strength when going into homes in neighborhoods that may be unsafe or prone to violence. However, during sensitive situations, such as health issues, depression, grief, relationship issues, and conflicts, youth and their families were more likely to respond better to the Public Health Nurse or therapist. The team relied on a gentler approach in these situations and the Public Health Nurse or the therapist take the primary role in working with the youth.

Role of Public Health Nurse. According to the team, having the expertise of a Public Health Nurse has been a valuable asset beyond their expectations. Ventura has found the youth to be extremely open in their communication with the nurse and willing to ask questions about health promotion behaviors such as healthy eating and exercise, safe sex practices, and pre-natal and parenting skills for teenage mothers. Some youth perceive medical providers as less threatening and judgmental than Probation Officers or clinicians, and having this medical link has aided in the development of trust and participation in the program.

The Public Health Nurse provided gender and age-specific comprehensive health assessments of HRI youth and their family members. Treatment plans and health education services were based on evidence-based screening and diagnostic assessment tools such as:

- CAFAS (Child and Adolescent Functional Assessment Scale) which targets youth age 5-18
- NCAST Programs (assessment of child/parent interaction; personal environment)
- Difficult Life Circumstances Scale (Family identifies priorities of need and intervention)
- Community Life Skills (assesses community services such as public transportation, writing a check, use of resources)
- Network Survey Scale (used with teens to help them identify their support system)

With the addition of the Public Health Nurse on the team, teen mothers (and fathers) in the HRI program could access to parenting assessments and health education tools such as the 0-to-3 Bonding and Feeding Assessment and the Ages and Stages Questionnaire, which helps teen parents recognize

and assess babies' developmental milestones. The Public Health Nurse also provided education to youth about the physiological impact of substance use on the body, such as the effects of methamphetamine use on dental and oral health and the development of skin lesions and "meth mouth" after chronic use. In addition, the Public Health Department has strong collaborations with community health clinics and CBOs such as the Teen Clinic and Planned Parenthood. Having this direct linkage on the MDT connected the Probation Department to many partners in the community that did not exist prior to HRI implementation.

Strength of the Field-based MDT Approach. Resourcefulness and commitment to follow through were two of the key strengths of the VCHRI team. The team conducted significant amounts of outreach in the community, including visits to behavioral health clinics, churches, housing agencies, employment agencies and schools, to learn about the resources available and map them by geographic region in the county. The team strategy for service referrals was to "take the person to the source." The team believed strongly in modeling appropriate behaviors and providing a hands-on approach to service linkage, therefore they often drove or rode the bus with clients to show them how to get to a new place, and they sat with them at initial health and social services appointments. They believed this approach, especially with adolescents already feeling disenfranchised from various systems, was more effective than simply giving a phone number to the family, a practice referred to as "link and leave."

The Ventura MDT found that no single provider could adequately cover all of the complex issues faced by the youth and their families, and they relied on their collective strengths to build trust and connect clients to the services they need. The key to their success was the MDT approach to care, small caseloads, and providing intensive services. A partner from Public Health stated: *"Managing the health needs for a population that has often gone without adequate care for so long, requires collaboration, education, appointment coordination, transportation and consistent follow up."*

b. Benefits Advocacy

As a result of learning about successful implementation strategies from other HRI grantees at annual conferences, VCHRI added a Certified Application Specialist to the team. Modeled after the position created in the Santa Cruz HRI program, the Certified Application Specialist (CAS) aims to connect youth and families to Medi-Cal coverage, health care services and other needed public resources upon release from the Juvenile Facilities. All youth in the Juvenile Facility in Ventura are referred for Medi-Cal coverage prior to their release from detention. The CAS provides the Human Services Administration (HSA) with the number of youth leaving the facility to identify cases that need assistance and HSA is responsible for contacting the youths' parents or guardians. The CAS is notified of youth that do not qualify or meet eligibility criteria for Medi-Cal services so that other coverage arrangements can be initiated. Currently, the CAS and the Probation Agency do not have access to the HSA data system to provide more specific details of each case. Without this data access, it is difficult to identify alternative benefits options for youth that may need assistance securing health services upon release and it compromises the CAS's ability to ensure that identified youth receive MediCal coverage in a timely manner. The CAS does work with parents and guardians in this process, but lack of follow through from the family can negatively impact the continuation of services and medications upon release. VCHRI

currently advocates for greater HSA data access to improve the current benefits linkage and follow up process. While the benefits coordination process originated with the CAS hired for the VCHRI team, this advocacy program has expanded to all youth leaving the facility regardless of HRI participation.

c. Cross-Provider Training

In Ventura, the focus of cross-provider training was on Juvenile Facilities admissions officers and the administration of the MAYSI-2 assessment tool for youth booked into the facility. The County Behavioral Department provided ongoing MAYSI-2 training to their therapists and psychologists that work in the Juvenile Facility.

d. Partnership and Collaboration

A fundamental program goal of the Ventura HRI program was to connect youth and families to natural and community-based supports that empower the family to be healthy and independent. To accomplish this goal, the VCHRI program relied on a network of county and community partners.

Public Health Department. In the conceptualization of the HRI model, Ventura County Probation Agency Division Manager and HRI Director, Mark Varela, initiated a partnership with the Public Health Department to better meet the physical health needs seen within the juvenile probation population. Prior to HRI implementation there was no relationship or collaborative history between Probation and the Public Health Department. The Public Health Department focused primarily on maternal and child health issues, and health education and prevention, but there were no programs focused on detention youth. Through the establishment of the HRI multidisciplinary model, the Public Health Department soon became aware of the vast needs of incarcerated youth and their families. Health issues seen in this population include: lack of well-child health checks, missing health records, history of trauma (physical and sexual abuse), lack of dental care, fear of medical procedures such as blood draws, gynecological exams, and a pronounced need for sex and STD education, birth control, vaccinations and education related to healthy eating, exercise and drug and alcohol use. The Probation Agency learned that nurses, who are trusted and respected within the community, were in an ideal position to reach out to this population and provide much needed health education and services. The Public Health Nurse is referred to as the “calling card of the VCHRI team”, and the public health addition has been the difference in making the connection between health, mental health and behavior.

Funding was a barrier to cross-agency collaboration in the past, and categorical funding issues are still a barrier to implementing a multidisciplinary wraparound model. The Ventura County Probation Agency (VCPA) has between 2000-2200 youth on probation, with less than 100 in the Juvenile Facility, which leaves the vast majority in the community. With only one Public Health Nurse on a team that could go into the home to work with youth and families, the impact was limited. The VCHRI team believed they needed to provide direct services in the home to show families how to access care. However, the funding response has been to link families to health care services through intensive case management, which often lacks the necessary follow-up with youth and families. Despite funding limitations, both the VCPA and the Public Health Department recognize the value in bringing more nurses to the field, and both agencies want to sustain the collaboration and see it grow throughout the county.

Ventura County Behavioral Health. The VCPA has had a longstanding and very strong partnership with the Behavioral Health Department, and through the implementation of the HRI, the two agencies wanted to improve aftercare coordination, reach more youth during the transition from detention to the community and work beyond the silos. Prior to HRI, therapists would see youth in the Juvenile Facility and then provide a referral list for services upon release. Because therapist services were more facility based than field based, they were unable to do much post-release follow up with youth and families. This often created a “black hole” of referrals that were never pursued by youth and families. Therapists had limited knowledge of what was going on outside the walls of the Juvenile Facility, therefore environmental and familial contextual factors were not incorporated into treatment plans or service referrals in the community. The HRI program has broken the rules of traditional mental health service delivery to probation youth. HRI therapists provided therapy “in the field”, which could be in the home, in the waiting room at the doctor, in the car, or while filling out a job application. According to the VCHRI team, providing non-traditional therapy not only built an alliance with the youth through sharing daily living experiences and addressing their needs in the community, but also made the clinician a better therapist.

Human Service Administration. The VCHRI program developed a successful collaboration with the Human Services Administration to secure Medi-Cal coverage for HRI youth. This partnership has now extended beyond the HRI program to all VCPA youth in detention. Both agencies continue to work together to address the issue of data sharing to improve access to needed information for successful benefits assistance. VCPA is working to gain “read only” access to the HSA CalWIN data system, which would be a significant systems change accomplishment for the program.

Courts and Judges. The successes of the VCHRI program elevated the program’s visibility within the Ventura County Juvenile Court system. The Juvenile Court is very supportive of the HRI model and views the program as a valuable option for delinquent youth in the county. This support will be an important aspect of rejuvenating the HRI program in the future when the economic situation recovers. When judges have positive experiences with a program or intervention, they can raise awareness of the program accomplishments with policymakers or apply political pressure to sustain the programs they believe are making a difference.

e. Family Involvement

The VCHRI approach was to support the entire family and see the family as a key resource for the youth. Their operating motto was: “Go the extra mile and do whatever it takes to provide concrete, tangible support and help the whole family.” To accomplish this, the team aligned with the family and offered vital resources such as connections to the local food bank, medical insurance, child care, drug counseling, smoking cessation programs, and emergency shelters if necessary. The team continually assessed family receptivity and pushes family members to be accountable.

Family Focused Care Planning. An important step in working with probation youth and families is having a thorough assessment and case plan development process. According to the Ventura team, prior to HRI implementation, case plans were not client-centered – they were “probation-centered” and

prescriptive. Case plan goals were based on probation expectations and mandates, and there was little follow through and assistance for youth and families once they transitioned back to the community. This disconnect between what was expected from the adolescent and what was realistic and feasible given the complexity of needs and environmental factors, created a revolving door back to juvenile detention when youth would inevitable fail and violate the terms of their probation. The VCHRI team used the COMPAS risk assessment and case plan, which is a web-based software program that assesses risk factors and needs for both youths and their families. Individualized case plans were developed with family involvement and realistic goal setting. Aftercare services were coordinated and the VCHRI team met with families *weekly* to review progress on goals and provide linkage to community providers as needed. Involving youth and family goals in the case plan increased buy-in and accountability and fostered greater client motivation. The HRI model, which incorporates comprehensive assessment of the youth's physical health, mental health, substance abuse and family needs, linkage to services in the community and ongoing follow up, set the tone for model programs throughout the Juvenile Facility in Ventura.

f. Program Sustainability

The current economic crisis has affected the VCHRI program significantly, especially the core of their program, the Multidisciplinary Team. Due to budget cuts in early 2009, the Department of Public Health and the Behavioral Health Department had to reassign the public health nurse and HRI clinician to other duties. As a result, the functions of the team are currently being covered by the HRI PO and the Certified Application Specialist, as well as another PO newly assigned to share the caseload of high need youth transitioning to community placements. The HRI PO continues to work with an intensive caseload in the field, but transitions them more quickly to the Field Probation Officers than when the HRI program was fully operational. To carry forward the learnings of the MDT, the HRI PO and the mental health clinician compiled a resource list of community contacts that can be used by other POs working with Division of Juvenile Justice high risk youth. Additionally, mental health continues to have a presence in Juvenile Hall and provides services and case consultations. Their office is co-located near the HRI PO, which facilitates communication and coordination to needed services, but mental health no longer provides field-based services .

The following Table summarizes changes to the core program components from what was covered during the HRI grant period to the post funding period.

Core Program Components	During HRI Grant Period	Post HRI Funding
MAYSI Screen	All youth screened by probation admissions at entry to JF	All youth, at entry to JF, will continue to be screened by probation admissions
Multidisciplinary Team Composition	HRI PO, MH clinician, and PH nurse share the HRI caseload. Provide home and community-based services.	HRI PO will continue to work with a small caseload of youth and their families. The PH nurse and MH clinician no longer participate on the MDT or provide direct services in the community.
Benefits Advocacy	Certified Application Specialist on the team works with Human Services Administration (Medi-Cal) to connect youth/families to insurance	Certified Application Specialist will continue to work with youth/families
Cross-Provider Training	Training focus is on Probation Admissions staff to administer the MAYSI-2. No other formal cross-provider training curricula developed	No additional training is planned
Partnerships and Collaboration	Public Health Dept, Mental Health Dept, Human Services Administration (Medi-Cal), goal to establish a collaboration with Offices of Education through Probation/Education Summit 3/09	Probation is replicating the HRI philosophy around partnership and collaboration with Public Health, and Mental Health through programs like the Recovery Classroom
Family Involvement	Families set goals in treatment plan, receive direct services from the team during home visits as needs are identified	HRI PO continues to involve families in goal setting for youth

g. Implementation Challenges and Lessons Learned

The Ventura County Probation Agency has stated, “We don’t design programs anymore without bringing in multiple partners.” They have also learned the importance of “transition planning” and they understand it should happen as early as possible once the youth are detained. However, the VCHRI program faced several challenges during the course of implementation.

Educational Continuity for Probation Youth. A significant challenge faced by the VCHRI program is getting probation youth back into their community school districts upon release from the Juvenile Facility. Returning to the local district school is preferable to alternative school options that remove the youth from the mainstream educational system. However, VCPA has encountered numerous barriers to placing probation youth back into local schools and the policy criteria and rules for youth return to school are unclear and subject to frequent changes.

Cross-System Data Access and Sharing Capacity. One of the goals of the VCHRI was to improve their data collection and storage capacity to enable team members across agencies to share case plans, monitor youth progress, track outcomes and share relevant information to improve the continuity of care. Developing a shared database between the Probation, Mental Health, and Public Health Departments, even for the purpose of sharing MDT collected data for HRI youth, has been a challenge. A data consultant has conducted a needs assessment to identify system issues and barriers and a system improvement plan is under development. Implementation has been slower than anticipated. Currently, the MDT maintains separate case notes and data elements in three different county departmental systems and they share information with each other a regular basis during weekly case conferences. As

mentioned previously, VCHRI is also working on improvements to their data sharing protocols with the Human Services Administration to access Medi-Cal eligibility and service utilization data for youth in custody.

High Needs and Complexity of Youth in Custody. The VCHRI program overestimated the number of youth they planned to enroll in the program because they underestimated the volume of critical issues in the home requiring more time and services from the program for stabilization. Original caseload targets were 40 active clients at any given time and approximately 60-70 youth served a year. Actual caseload size is 24 active clients, and families remain in the program an average of 125 days, rather than the 60-90 day projection. Cases are being held for longer periods of time due to high needs and this has slowed the assignment of new cases. Prior to HRI, youth assessments were made from the Juvenile Facility, but once the HRI team entered the home during aftercare when the youth was released, the real issues affecting the youth and family surfaced, making it much harder for the team to “link and leave.” The VCHRI team has provided more direct services to family members than anticipated; therefore any one HRI youth “case” may have multiple family members receiving linkages to services and assistance from the team. Service gaps in the community also add to the difficulty connecting clients to services and transitioning them out of the HRI program. Housing, transportation, residential treatment placements for chemical dependency and psychiatric hospital availability have been barriers to stabilizing families in the community, which keeps them engaged by the HRI program longer than expected.

h. Program Accomplishments and Outcomes

The following section documents the primary accomplishments and outcomes of the Ventura HRI program during the four year grant period:

Strengthened relationship between Juvenile Justices and the Department of Education. One of the most promising systems change efforts underway in Ventura County is the growing commitment of Juvenile Justice and the Department of Education to address the range of systemic issues that affect the educational career of students in the Juvenile Justice system. While this was a significant barrier identified through the HRI program, prioritizing a strong collaboration with the Ventura County Department of Education and School Districts is an important opportunity for systems change that would affect all youth in the probation system. To address this issue, VCHRI initiated a series of “Summits” to strengthen partnerships across the probation, education, mental health and juvenile court systems and develop effective strategies for meeting the health, psychosocial and educational needs of probation youth in Ventura.

The first Summit, held in March 2009, was attended by stakeholders from VCPA, the Juvenile Court, the County Offices of Education and the local school districts. The Mayor of Ventura delivered the opening remarks for the day, followed by a key note presentation by James Bell, and a data presentation developed jointly between the Departments of Education and Probation (see Grantee Supplemental Resource Compendium for a copy of the presentation). La Piana and Associates organized and facilitated the day long meeting, and will work with the planning committee to organize and facilitate a

Summit scheduled for October 2009. The planning committee for the second Summit expanded to include representatives from schools in Oxnard and Ventura that serve high numbers of Probation youth.

Prior to systematically analyzing data, the assumption of the Probation Department was that youth transitioning back to the community were prevented from re-entering mainstream schools and instead were channeled to alternative education programs or schools. However, the data presented showed that the majority of probation youth do get the opportunity to go back to their regular schools. The problem is a high failure rate (averaging less than 60 days). This quantitative evidence of the problem provided a platform for the Summit participants to identify the chain of problems that contribute to the high failure rate of probation youth, recognizing that the heart of the issues is a lack of consistent communication between schools and probation. Discussions among participants also identified the need establish schools as a hub in the community for one-stop shopping for health, behavioral health, and the range of other human service issues affecting youth and families.

The focus of the second summit will be to establish strategies for more routine communication and information sharing to enable quick action by educators and probation officers to keep youth attending school. In addition, discussions are underway to explore the possibility of developing a Ventura Pilot that could be supported with MHSA PEI funding to target youth at-risk of juvenile justice system involvement. Probation is currently studying two model school programs that address the health, mental health, delinquency, chemical dependency, and domestic violence issues that increase the risk of youth becoming involved in the Juvenile Justice system. Information on these programs will be presented for discussion at the Summit. The Probation Department anticipates continuing to hold Summits on a bi-annual basis moving forward.

While the actual structure of HRI cannot be sustained or replicated in the current environment, Probation is spreading the HRI philosophy of “bringing together multiple partners” to other initiatives and programs. In July 2008, the County was awarded a grant from the Substance Abuse and Mental Health Services Agency to implement a program called the Recovery Classroom, which integrates key elements of the HRI program, including a PH nurse, PO, and MH clinician into a school classroom. To date, the results are very promising with high school attendance and engagement among the students and plans are in the works to open a second Recovery Classroom in the City of Ventura.

Two videos were produced to raise the visibility of the HRI program and its accomplishments, and to train professionals working with high-need youth in a non-traditional approach to service delivery. To document the approach and accomplishments of the HRI MDT, the program produced two videos, which now serve as a legacy and reminder of what worked. With the videos, the VCHRI was able to better communicate the program’s goals, intervention approach, learnings, and accomplishments. They also used the videos as a vehicle for training both Juvenile Justice staff, but also staff in the Department of Mental Health on alternative, non-traditional approaches for serving high-need youth and families.

Field POs recognize the value of coordinating with county and community resources. The cohesive and collaborative relationship of the HRI team served as a positive example for collaboration across other

county departments. Field Probation Officers in Ventura can carry a caseload of 100-120 youth, compared to the HRI team, who works with an average of 20-30 youth and families at a given time. Caseload size has been a factor in the amount of time probation officers have to provide adequate follow up and assistance for youth in the community. The HRI team had more time to engage with youth and families and link them to appropriate services. The community has resources available, but often what is lacking is coordination and cooperation across providers to facilitate access to these services. The HRI team developed successful pathways to community resources and this knowledge has been shared with Field Officers who otherwise would have no time to establish connections for referrals. The HRI team paved a road to service connection that can be easily used by other officers in the Probation Agency.

V. Capacity Building and Technical Assistance for HRI Grantees

The California Endowment contracted with La Piana Associates to support the five grantees with capacity building and technical assistance activities. For many grantees, La Piana was instrumental in facilitating systems change accomplishments by conducting organizational assessments, facilitating partnership development and collaboration, and providing technical assistance regarding evidence-based practices and innovation. The following section highlights the role of La Piana Associates in advancing the systems change goals of the HRI.

La Piana advanced the goals of the Healthy Returns Initiative in four primary areas:

1. Assisting TCE with the development of the Logic Model for HRI that guided the grantee systems change activities
2. Planning and facilitating the HRI annual convenings
3. Facilitating and mediating stakeholder meetings between the grantees, TCE and the Initiative evaluation team to develop consensus and compromise on research and data collection objectives for HRI
4. Providing individualized capacity building consulting to each of the five HRI sites

Logic Model. La Piana collaborated with TCE Program Officer to develop the Logic Model for the HRI. La Piana listened to the vision Gwen Foster had for the Initiative and then documented her vision and goal for the project to share her thinking with an external audience and guide the work of the Initiative. La Piana was able to demystify the Logic Model process and capture the systems change goals of HRI in a way that resonated with TCE. The HRI Logic Model was then disseminated to each of the five HRI counties, who then used this to guide their own site specific work. (See Appendix A)

Annual Convening Planning and Facilitation. La Piana coordinated the planning for the HRI Annual Convenings, by organizing the planning committee, developing the content for the convenings, securing keynote speakers, and working with grantees to develop presentations based on program accomplishments and lessons learned.

Facilitating meetings between TCE, HRI sites and Evaluation Team. La Piana served as mediator/translator/facilitator between the five HRI sites and the evaluation team, and between the TCE Project Officer and the evaluation team. During times of disagreement related to research and data collection expectations for the Initiative, La Piana served as an independent, external entity to facilitate discussions between all parties involved. Research goals did not always align with operational processes within the Probation Departments, so a compromise needed to be reached. Some grantees did not feel the Uniform Data Set for the evaluation accurately reflected the focus of their program. To demonstrate program impact, the evaluation team advocated for a control group, which TCE did not support due to feasibility concerns. In the end, neither side got exactly what they wanted, but a compromise was reached that was acceptable by both sides. Grantees acknowledge the role of La Piana in mediating this communication process in allowing their questions and concerns to be heard.

Capacity Building within the HRI sites. La Piana was in a unique position to build capacity in the HRI counties to achieve their systems change goals for several reasons. They provide independent, external expertise that is non-directive and asset-based. La Piana bases their capacity building efforts on the priorities established by the grantees and leverages the existing strengths of the grantees. Another strength of La Piana is their history of building strategic alliances in the private sector, which gave the HRI Probation Departments insight into how to build relationships and work more effectively with other county agencies and community partners. The technical assistance approach of La Piana was both intra-departmental (within Probation) and interdepartmental (between Probation/other Administrative agencies/CBOs).

The following section highlights the range of capacity building activities La Piana engaged in with the five HRI sites.

Humboldt

Chief Rasines wanted to focus on addressing internal issues within the Probation Department to change the mindset inside the Department so that they would be in a better position to establish solid partnerships with organizations out in the community. La Piana surveyed the Probation and Juvenile Hall staff, conducted interviews and facilitated retreats to develop a strategic plan that would improve Probation operations and create greater transparency for organizational practices.

In Year 1 of HRI, La Piana surveyed over 120 Juvenile Probation and facilities employees, conducted six focus groups post survey, and facilitated three all Department meetings. There was resentment within the Department due to a lack of transparency and competitiveness with hiring practices and performance management policies. As a result, Humboldt County developed an aggressive work plan for systems change that included: strengthening and formalizing internal communications, revamping the performance management process to increase efficiency and productivity, improving hiring practices to make them open and competitive, and introducing widespread training in communications, performance management and evidence-based practices such as Motivational Interviewing and Anger Replacement Therapy.

La Piana also worked with the New Horizons treatment program in Humboldt County, which relies on a strong partnership between Probation and the Department of Mental Health. La Piana facilitated discussions between the two departments to improve how they communicated about the youth served and how to shift operations away from a punishment orientation to a reward dynamic based on a point system where youth could earn privileges. This process was slow, as many staff initially talked about “taking away” points when the process was initiated. Eventually, both departments came to shift toward a rehabilitative treatment orientation rather than punishment when they were able to experience a greater impact on behavior with the new approach.

Los Angeles

While the other HRI counties were able to identify capacity building activities either within the Probation Department, or between the Department and other partner agencies at the beginning of HRI

implementation, the LA HRI team required a modified technical assistance approach from La Piana. LA was on a different implementation schedule than the other 4 sites and they did not participate in the early planning period. Therefore, the initial role of La Piana was to: 1) integrate the LA program into the Initiative with the other 4 sites, and 2) redefine the HRI model and project scope for LA based on the size of the county and resource capacity.

Redefining the LA HRI model involved several components: 1) developing a process map to document how youth enter and flow through the Probation system; 2) identifying the most at-risk and appropriate geographic region to target within the county for HRI program eligibility; 3) clarifying the existing contractual obligations related to MAYSI administration; and 4) identifying CBO providers in the community for partnership development.

By taking the LA HRI team through the process mapping exercise, La Piana was able to highlight weaknesses in the process and identify who needed to be involved within the Probation Department to help with the referral and eligibility determination process. The process was daunting for the team because of the high number of youth entering the Juvenile Halls throughout LA County. TCE approved the revised project scope to target one of the four Juvenile Halls in the County (Los Padrinos), which serves three at-risk Service Planning Areas (6,7 and 8) in Los Angeles County. This allowed the LA HRI team to focus on changing their approach to working with community partners, youth and families, rather than the number of youth served across the entire LA County Probation Department. LA County was already using the MAYSI-2 prior to HRI implementation, and the Department of Mental Health was contracted to administer and process the results. No changes to this process were feasible, so this was clarified within their scope of work. Once the model was modified and approved by TCE, La Piana devoted most of the TA to assisting the HRI team with building community partnerships and working outside the walls of Juvenile Hall.

The LA HRI team wanted to change the way they worked with youth by spending more time in the community and addressing the needs of the entire family. They needed to develop strong partnerships with community based providers to be effective, and prior to HRI, Probation focused most of its work inside Juvenile Hall with the expectation that youth and families would come to them. The HRI Program Director made excellent hiring decisions and developed an HRI team that was eager to work in the community and committed to developing strong partnerships.

La Piana has been in an organizational coaching role for the LA HRI team, facilitating relationship building communication strategies with both the community providers and the other HRI county sites. LA Piana facilitated a series of community stakeholder meetings (one at each end of the county) that included HRI families, judges, public defenders and CBO organizations, to solicit feedback from the partners involved in HRI implementation and brainstorm ideas for improving access to training for providers and services for families. Initial meetings were difficult with some community providers putting up resistance to partnerships with statements like, "Don't send us kids without funding to pay for services." As relationships developed and the HRI team shared their Resource Directory and free training opportunities with their partners, agencies were accepting referrals without a financial

incentive. The HRI team was able to develop these relationships over time which allowed community agencies to view Probation as a partner, and “probation youth” as “community youth.”

Santa Clara

Santa Clara County already had capacity building resources available to them prior to HRI implementation, so they did not utilize the services of La Piana to the same degree as other HRI counties. In the first year of implementation, La Piana did host a retreat with the entire HRI team, including Probation, Juvenile Hall staff and mental health providers, to introduce the Mental Health 101 training curriculum aimed at increasing awareness around mental illness. La Piana also provided technical assistance to Santa Clara in the development of their HRI program video which illustrated the impact of HRI on youth served by the program.

Santa Cruz

In Santa Cruz County, the Juvenile Probation and Mental Health Departments have disparate views on addressing delinquency. Probation believes that no kids should be locked up in Juvenile Hall, and MH believes that kids should be locked up when they violate the terms of probation so that they understand the consequences of their choices and behavior. Many providers also believe that incarceration can serve as a catalyst for change if kids view this as “hitting rock bottom.” The Probation Department feels that youth should only be locked up in the most severe cases, when the youth presents a danger to self or others.

La Piana facilitated several retreats between Probation and Mental Health to identify some of their key differences and learn how to improve communication and find a common ground. The focus on improved communication targeted upper and mid-level management and front line provider staff. While the departments decided to “agree to disagree” on their philosophical views to delinquency, the HRI MDT has helped build a bridge to understanding the nuances of addressing delinquency and developing a treatment plan on a case by case basis.

La Piana has also been instrumental in assisting Santa Cruz with their goal to improve service coordination for dual-status youth. Probation approached the judges in the county to examine the Child Welfare/Juvenile Justice systems to determine how these systems operate when youth crossover both. La Piana researched AB129 (get title/reference) and compiled a matrix of counties, judges and relevant stakeholders involved in implementation pilots, so that the Santa Cruz HRI program could leverage the experiences of other counties addressing issues of dual-status youth.

Ventura

The Ventura HRI program utilized La Piana to help plan and facilitate their annual retreats with key partners such as Probation Field Officers, the Departments of Mental Health and Public Health, and community providers. The first retreat allowed partners across organizations to get to know one another and develop an understanding of why they entered the particular field they were in what their vision was for the “ideal” service delivery model for youth and families. During this initial retreat, the

HRI team positioned itself as a resource to the community and to mental health providers by asking them specifically, “How can we help you do your job better?” At the second annual retreat, La Piana helped codify the HRI model, and define practices and philosophy of care. In general, the retreats served to increase awareness of strengths that exist across agency/department, and created regular opportunities for stakeholders to reflect back on the accomplishments of their partnerships and renew their commitment to future goals.

At the first two annual retreats, participants identified the issue of working with the 21 district schools as an area in need of improvement. The Probation Department poured out their frustrations related to barriers affecting probation youth returning to their district schools. As a result, La Piana worked closely with the Ventura HRI team to plan an Education Summit between key stakeholders from the County District Schools, Superintendent of the Office of Education, Juvenile Probation, Court Judges and Mental Health.

The first Summit was held in March 2009 and 9 of the 21 District schools were in attendance. While this was an initial disappointment to the HRI team, La Piana reframed the outcome in a positive light and reinforced that the change process is slow. La Piana facilitated the Summit with the strategy to build relationships between Assistant Principals and Probation Officers, to develop a pathway for greater communication and coordination. In Ventura County, sustainable systems change was not going to happen through mandates from the Probation Chief and School Superintendent. La Piana encouraged and facilitated a strategy to begin a conversation between providers actively working with youth, to identify where youth slip through the cracks between these two systems. Participants were able to have open dialogue about the need for greater coordination and follow up with probation youth, better data sharing, and more visible presence of Probation in the schools.

The 2nd Summit strategy aims to get the schools to participate, and increase their level of engagement and role in the partnership. The ultimate goal will be to discuss and strategize with the schools regarding approaches and best practice models for better engaging and dealing with high need youth in need of case management and wrap around services. As part of the summit, La Piana will facilitate a group exercise called, “Jargon Buster” to see illustrate that both sides have the same goal to help kids, even though the language is different. A representative from one of the district schools is going to speak on the RTI model and discuss how other partners (Probation) can compliment this model. The goal is not to change how each organization works, but rather to compliment the strengths of each system.

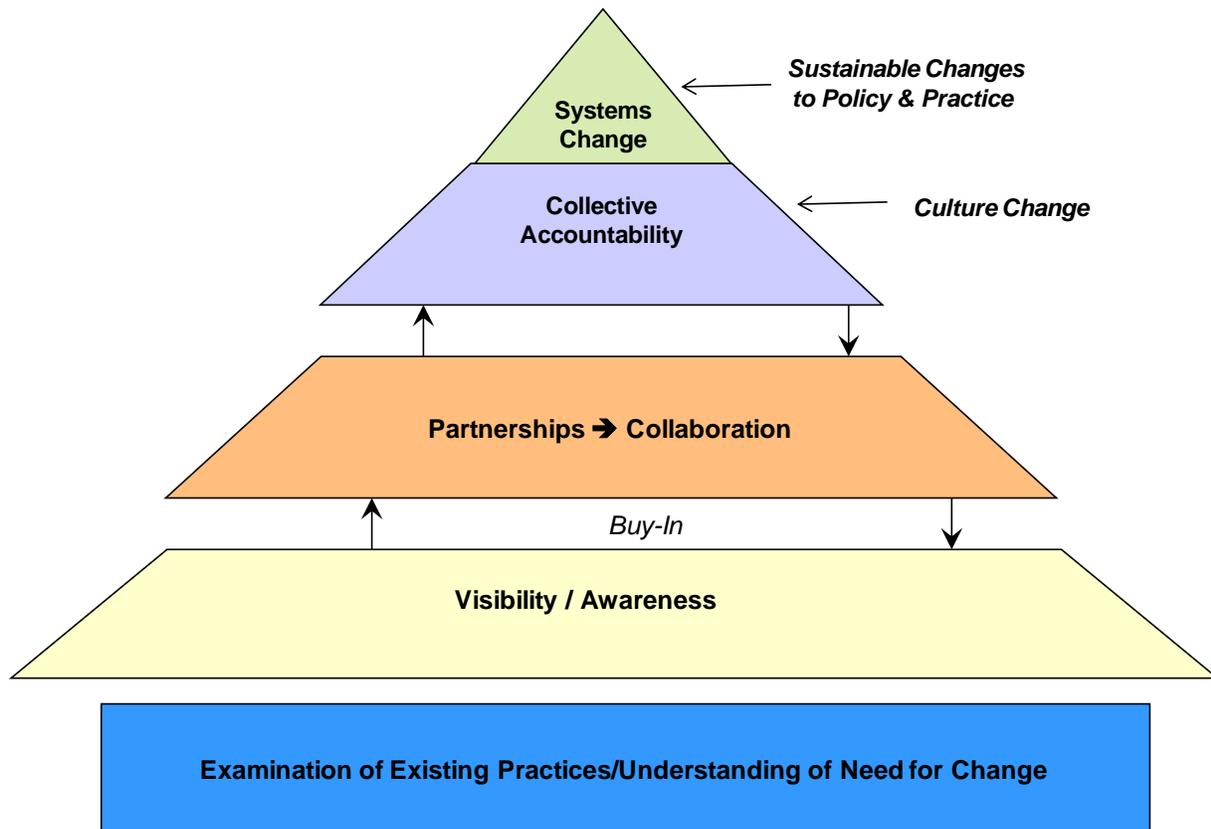
VI. Progress Towards Systems Change

The goal of the Healthy Returns Initiative was to: 1) strengthen the capacity of the juvenile justice system to identify and address the mental health and health needs of youth in detention; and 2) upon release, work with community partners to ensure a successful transition to needed services. There was an expectation that the HRI programs would address the needs of youth served, but also the fragmentation and service delivery silos that exist within the county systems of care for youth and their families. Through partnerships and collaborations formed among the range of agencies that touch upon the lives of probation youth and their families, programs successfully identified and addressed barriers to coordinating care, improved access to needed services, and enhanced the quality of care delivered for this at-risk population.

The HRI programs efforts to achieve systems change followed a developmental progression, with certain steps (pre-conditions) that facilitated success. The figure below presents a multi-level framework¹ for conceptualizing and documenting the developmental progression toward systems change. This progression is not linear and the components – visibility and awareness, partnership and collaboration, and collective accountability -- are not necessarily discrete phases of implementation. Rather, the progression is dynamic and ever-evolving within the program and among the various participating stakeholders and systems. This framework for change can be applied to different levels, including Probation Departments and across partnering organizations. Within Probation Departments, it includes changes to organizational culture and operational policies. Developing new partnerships and enhancing existing partnerships to operate more effectively. Progress toward systems change also depends on the context, experience, and capacity of the programs to advance toward systems change goals.

¹ Linkins, K. and Brya, J. (2007), "Measuring Policy and Systems Change: A Framework and Strategies for Developing Indicators

Systems Change Process



Over the course of the Initiative, most counties went through a process of examining internal operational policies within the Probation Department and Juvenile Hall, to identify what needed to be changed over the course of implementation. Once the Department defined their systems change goals, they focused on internal program marketing efforts, expanding awareness, and obtaining buy-in from Probation and Juvenile Hall staff, judges, attorneys and court personnel, and administrative agency partners such as the Departments of Mental Health and Public Health. After establishing a strong internal and cross-agency partnership, HRI programs aimed to strengthen their collaboration with other community based organizations serving youth and families. In some counties where there was a long history of cross-agency collaboration (Santa Cruz, Ventura, Humboldt), the HRI program was able to expand the systems change focus to other probation populations that could benefit from the “HRI” approach. In addition, the Ventura program expanded their partnership with the school districts to address barriers faced by probation youth when returning to their home schools, and the Santa Cruz program enhanced their collaboration with the Child Welfare system to improve the coordination for dual-status youth. In Humboldt, Cross agency leadership communicates and collaborates routinely via monthly meetings of the Health and Human Services Cabinet at the County level.

A central goal of the Initiative was to stimulate the development of a comprehensive, coordinated system of care to address the health and mental health needs of probation youth in the five funded communities. The following table presents indicators of progress towards systems change and a comparative summary across the sites. These systems change achievements resulted directly from HRI funding and implementation experiences, and are not attributable to other efforts and programs in the Probation Departments as a whole.

Progress Towards Systems Change by Program

	Humboldt	Los Angeles	Santa Clara	Santa Cruz	Ventura
Examination of Existing Practices/Understanding of Need for Change					
Brought in 3 rd party to examine internal organizational operations and policies in Probation	X	X			
Brought in 3 rd party to examine cross-department/organizational relationships between Probation and other county agencies (e.g., Mental Health, Public Health, Education, Child Welfare)	X	X		X	X
Probation staff attended training to enhance capacity and expertise to understand, identify, and address needs of high risk youth	X	X			
Analyzed youth outcome data to identify and assess programmatic and service needs and gaps to address			X	X	X
Increasing Visibility/Awareness					
Implemented screening and assessment tools (e.g., MAYSI) to routinely identify mental health needs of youth entering Juvenile Hall	X	X	X	X	X
Elevated awareness of mental health needs of youth throughout Probation Department/Juvenile Hall	X	X	X	X	X
Elevated awareness of health needs of youth throughout Probation Department/Juvenile Hall		X		X	X
Produced a video to document HRI program and shared it with external audiences for program promotion and training purposes			X		X
Presented program outcome data within Probation and to external stakeholder audiences	X	X	X	X	
Developed training curricula to raise awareness of youth mental health needs or to educate youth on a range of health and mental health prevention and promotion topics			X	X	
Creating Partnerships → Collaborations					
Mental Health: Service delivery, transition planning, and referral process was strengthened	X	X	X	X	X
Community-Based Providers (e.g., health, mental health, and human services): New partners		X		X	X

identified, formalized referral process, probation coordinates with these partners in the community					
Developed a comprehensive Resource Directory to solidify collaborative relationship with community-based providers		X			
Public Health: New partnership and staffing elevated and demonstrated the value of integrating health into Probation Department or programs				X	X
Education: Strategic outreach and formalized convenings to Department of Education to address probation youth re-entry to mainstream district schools					X
Delinquency Court/Judge: Program champion in court system that leads to increased program referrals and recognition of specialized capacity within Probation to meet the needs of high risk youth		X			X
Child Welfare: Developed partnership between Probation and Child Welfare to examine the needs of dual status youth and create cross-department service protocols				X	
Systems Change: Collective Accountability and Culture Change					
Shift from punitive to rehabilitative philosophy in Probation Department	X	X	X	X	X
Probation Departments work in collaboration with mental health department staff as part of the culture and way of doing business	X	X	X	X	X
Collaborations between Probation and other agencies/organizations in developing new programs (e.g., writing grant proposals, MHSA funding) extend beyond "HRI" population	X	X		X	X
Probation and Education share collective responsibility for tracking attendance and ensuring that Probation youth remain in school					X
Probation Department involves family members and youth in service planning and decision-making when possible	X	X	X	X	X
Systems Change: Sustainable Changes to Policy and Practice					
Institutionalized screening and assessment tools (e.g., MAYSI) to routinely identify mental health needs of youth entering Juvenile Hall	X	X	X	X	X
Multidisciplinary team comprised of Probation, Mental Health, Medical/Health Services, Psychiatry, Education, and family members, collaborates on case plan development, placement decisions and service referrals	X	X	X	X	
Developed infrastructure to share information between Probation Department and other County Departments to enhance service coordination for youth and families as specified in treatment plans	X	X	X	X	X
Forum created that enables Probation to articulate with Delinquency Court Judge and Community Providers		X			
Child Welfare: Probation and Child Welfare changed MOU and inter-agency protocols to improve service coordination for dual status youth				X	

Implemented Evidence-Based Screening Tools and Treatment Interventions throughout the Probation Department (as a result of HRI funding)	X					
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VII. Initiative Implementation Challenges and Lessons Learned Across the Five HRI Sites

Over the course of implementing the HRI, grantees identified a number of on-going challenges and lessons learned that can inform Probation Departments, communities and potential funders interested in developing or investing in a model similar to HRI. The collective experiences of the HRI grantees — both successes and challenges — generated significant lessons in the areas of partnership development, staffing, family engagement, service delivery, data sharing and program outcomes, and sustainability and systems change. The challenges and lessons learned are summarized in the following table.

A Summary of Challenges and Lessons Learned from the Healthy Returns Initiative

Partnership Development
<p>Challenges:</p> <ul style="list-style-type: none"> • Budget cuts at the State level trickle down to local CBO partners and affect collaboration and service capacity in the community. • Probation Departments in many counties have difficulty partnering in MHSA planning in a way that yields funding/resources targeted to probation youth. • Not enough funding is available or allocated to supporting interagency collaboration. <p>Lessons Learned:</p> <ul style="list-style-type: none"> • Challenges can yield opportunities. External budget pressures can lead to collaboration, blended funding, and the development of creative solutions to serve a shared population. • Offer partner organizations funding to secure services or information and resources to help them improve the efficiency of their work. Sharing resources, inviting partner organizations to free training opportunities promotes good will and builds trust. • Anticipate challenges and need for collaboration, then build relationships before you develop MOUs, agreements and protocols. • Seek frequent opportunities to disseminate program information and accomplishments to county decision-makers and cross-agency partners (Mental Health, Public Health, Social Services, Probation and Education). This enhances buy-in and helps maintain engagement. • Partnerships across departments/agencies need to develop at both the front-line level and the highest level of management. Front line staff need to coordinate on the day-to-day implementation, but upper management is less vulnerable to layoffs during economic downturn and can establish a structure to rebuild partnerships when resources are renewed. • An independent, external third party can often facilitate partnership development between the Probation Department and other agencies. The Probation Department can then be a participant in the relationship building process rather than the driver, which is often met with resistance. • “Program champions” within the Probation Department, in the court system and in the community are instrumental in building partnerships, creating buy-in, generating program referrals and securing service connections.
Staffing
<p>Challenges:</p> <ul style="list-style-type: none"> • Staff turnover is an implementation challenge in terms of training Probation Department and Juvenile Corrections staff on a new philosophy of care. • Department of Mental Health often have unions, which prevents the Probation Department from hand

selecting the most appropriate staff to work with HRI program model. Some MH providers are more agreeable to working collaboratively with Probation than others.

- Developing strong leadership and a workforce capable of using a strength-based, collaborative treatment approach requires a significant amount of time, training and reinforcement, and resources.

Lessons Learned:

- To implement a new program like HRI, it is essential to recruit staff who are flexible, willing to work “differently” and with providers in different disciplines, in the community, and with families. Staff also need to be receptive to attending trainings to learn new paradigms, skills, and interventions.

Family Engagement

Challenges:

- Establishing and maintaining family engagement is time consuming and difficult. Programs need to invest a significant amount of time to get families to follow through on service referrals.
- Acquiring consent for medical care when parents are uninvolved or uninterested is problematic. The HRI team can serve as an important liaison to improving continuity of care.
- Transportation is a barrier that needs to be addressed. Court mandates are often required to get youth/families to services.
- Probation Departments need technical assistance on how best to work with families in the community. Often the Probation Department needs to find a balance between relinquishing control to build trust with families, and holding them accountable.
- Families can be overwhelmed by provider presence in the home – there needs to be sensitivity to families’ lack of trust with outside agencies coming into the home, and efforts made to minimize encroachment when providing services.

Lessons Learned:

- Home based service provision improves family engagement. Arranging services convenient to family schedules (i.e., nights and weekends) also helps with the engagement process
- HRI reaches the entire family. When you help the family, it ultimately helps the youth. Working with siblings of probation youth also serves a prevention function.
- Case planning and placement decisions are improved when the perspective and needs of the youth and family are included. When the family is part of the “team”, there is greater attachment and adherence to the goals created.

Service Delivery

Challenges:

- Adolescents often engage in risky and unhealthy behaviors that exacerbate the need for follow up care in the community. Youth in the juvenile justice system are in dire need of health care services at all levels – prevention, chronic disease management and acute/crisis care.
- Access to outpatient alcohol and drug treatment and inpatient detoxification services continue to be limited for youth.
- “Zero-Tolerance” laws serve as a barrier to getting Probation youth back into mainstream district schools. The options for youth are often limited to continuation schools or independent study programs which lack other educational enhancements and pro-social activities such as sports, music and arts.
- There is a need for standardized tools to assess family functioning. This is a limitation in the current mental health assessment process that needs greater attention.

Lessons Learned:

- Youth with higher mental health and behavioral issues and low criminogenic factors do not belong in Juvenile Hall and camps where they are exposed to violent offenders. They need to be in the community where they can access more appropriate treatment services.
- To move toward a more rehabilitative approach, the role of Probation needs to focus on anchoring families to services in the community that they can access for their entire lives. The goal is to limit the youth and families reliance and connection to Probation services, so they can engage in community based services (education, mental health, health and social services.) Home-based care rather than hall-based care.
- Probation youth have often had limited access to health services and therefore have had inadequate care and

are in high need of service intervention. It is important to incorporate physical health needs into the treatment plan along with mental health. Integrate a health service provider into Probation programs.

- Adopting a prevention approach, investing in early intervention and providing holistic services for youth and families can save resources downstream.
- All communities need a comprehensive directory of services available for families. It doesn't matter which agency compiles this information (Probation, Mental Health, Child Welfare, Social Services or Education), it's a valuable resource that can be shared across all of the systems to benefit their work with youth and families.
- HRI is not about the terms of Probation or access to services on its own – it's about teaching families how to live their lives better and how to navigate and link to services. It's about connecting the disconnections.

Data Sharing and Program Outcomes

Challenges:

- Programs need resources and technical assistance on how to market their programs and increase visibility. They also need TA on how to document program outcomes to illustrate the effectiveness and value of their intervention. Better program outcome data would help the Departments avoid budget cuts.
- Integrating existing data systems within Probation to analyze individual outcomes is a challenge requiring more time and financial resources than anticipated.

Lessons Learned:

- Formal data sharing agreements and informed consent are not always the most critical information needs for Probation. Probation officers often need information about behaviors and major issues faced by the youth, so that they can work effectively with the family. Access to clinical or diagnostic information is not always needed and therefore should not be a barrier to working collaboratively with mental health partners. Behavioral information is often much more useful than protected diagnostic or clinical information.
- The return on investment for the HRI program extends beyond cost-benefits to Probation Department. Important outcomes to include in assessing the value of HRI include: greater stability and safety of youth, fewer incidents of crises and self-harm, lower staff stress, improved safety for staff, enhanced knowledge and skills of Probation Officers and Juvenile Corrections staff which leads to greater efficacy in their work.

Sustainability and Systems Change

Challenges:

- Systems changes take time. It is challenging to develop and stabilize a program, strengthen and solidify partnerships, raise awareness among stakeholders and demonstrate program accomplishments and systems change in a four-year period.
- SB 81 (Realignment Policy) creates apprehension with Probation Departments that history will repeat itself and funding will not be transferred from the state to the counties. Probation Departments need to advocate and enforce the state-county agreement under Realignment. Meeting the needs of "realigned youth" in the county will require collaboration and blended funding strategies.
- JJCPA funding is highly variable from year to year, making it very difficult to plan for and implement programs within Probation Departments.

Lessons Learned:

- Pursue opportunities for blending funding and resources across county systems as a strategy for reducing reliance on time-limited grant funding.
- Prepare in advance for the end of funding. Figure out what data you need to illustrate program accomplishments and share this information with stakeholders that can help support the program once grant period ends.
- Partnering with CBOs is a cost-effective strategy because it allows Probation Departments to leverage existing resources in the community.
- HRI funding helped strengthen the partnership between Probation and Behavioral Health. Now the departments can discuss options to maintain or grow a program when the funds are lost.
- Invest in Probation Department "peer mentoring" model to replicate the HRI philosophy. Have each HRI Department mentor 3 other counties on how to build capacity within the department and throughout the county and that would lead to 15 counties adopting the HRI approach and learning from the lessons of vanguard counties.

- Once a Probation Department commits to an examination of their internal operational processes to improve their capacity to meet the needs of youth, there is often a ripple effect that leads to improvements and systems changes in other areas. For many grantees, the HRI program started with better assessment and service linkage for youth with mental health needs, but this often expanded to include improved relationships with Child Welfare, Public Health and Education and an examination of how to improve service coordination for all probation youth.
- Programs can make greater progress towards achieving systems change goals when funders invest in capacity building support concurrent with funding programs.

VIII. Conclusion

Building capacity for prevention and earlier intervention. Each of the five HRI county Probation Departments experienced a paradigm shift away from punishment, bureaucracy and custodial care, to prevention, rehabilitation, and change. The flexibility of the HRI funding allowed Juvenile Probation Departments to think creatively about developing programs for youth, training existing staff, recruiting new staff and developing partnerships with other county agencies and community-based organizations. Juvenile Probation Departments were in a position to bring resources to the community, rather than needing assistance from community agencies and organizations, which ultimately changes the public face of probation. Through the HRI, the Probation Departments were able to identify the needs of youth and families earlier through screening and assessment, and better prepare for service intervention in the community through their collaborative partnerships. Strengthening families and connecting them to services in their community helps prevent the cycle of delinquency and long-term involvement with the Juvenile Justice system.

Using a strength-based approach for planning and engaging families to keep youth safe, in school, and living in the community. As a result of HRI implementation, Probation Departments are incorporating lessons learned and applying a collaborative care approach to other populations, programs and projects throughout the Department. They are also examining current staff training opportunities and expanding access to evidence-based practice training when possible. Consensus exists across the five counties on the overarching goal to keep kids at home in the community, safe and in schools, off drugs and out of trouble. HRI enabled Probation Departments to be reflexive about their internal processes, assess how they worked with youth and families, and how they established and developed partnerships with other public agencies and providers in the community. The Departments have adopted a strength-based rather than deficit-based approach to treatment planning, with far greater involvement of the youth and their family, which leads to greater engagement and better program outcomes.

Outcomes achieved under HRI: The HRI accomplished a range of individual and systems level outcomes, including:

Individual Level Outcomes:

- Earlier and systematic identification of the health and mental health needs of youth
- Better management of health and mental health conditions of youth in detention and in the community
- Improved linkage and follow-up to services in the community upon release from Juvenile Hall
- Successful engagement and involvement of families in planning and treatment
- Reductions in incident reports and self harm behaviors inside Juvenile Hall
- Greater stability and safety for Juvenile Hall youth and staff
- Fewer days in custody

Systems Level Outcomes

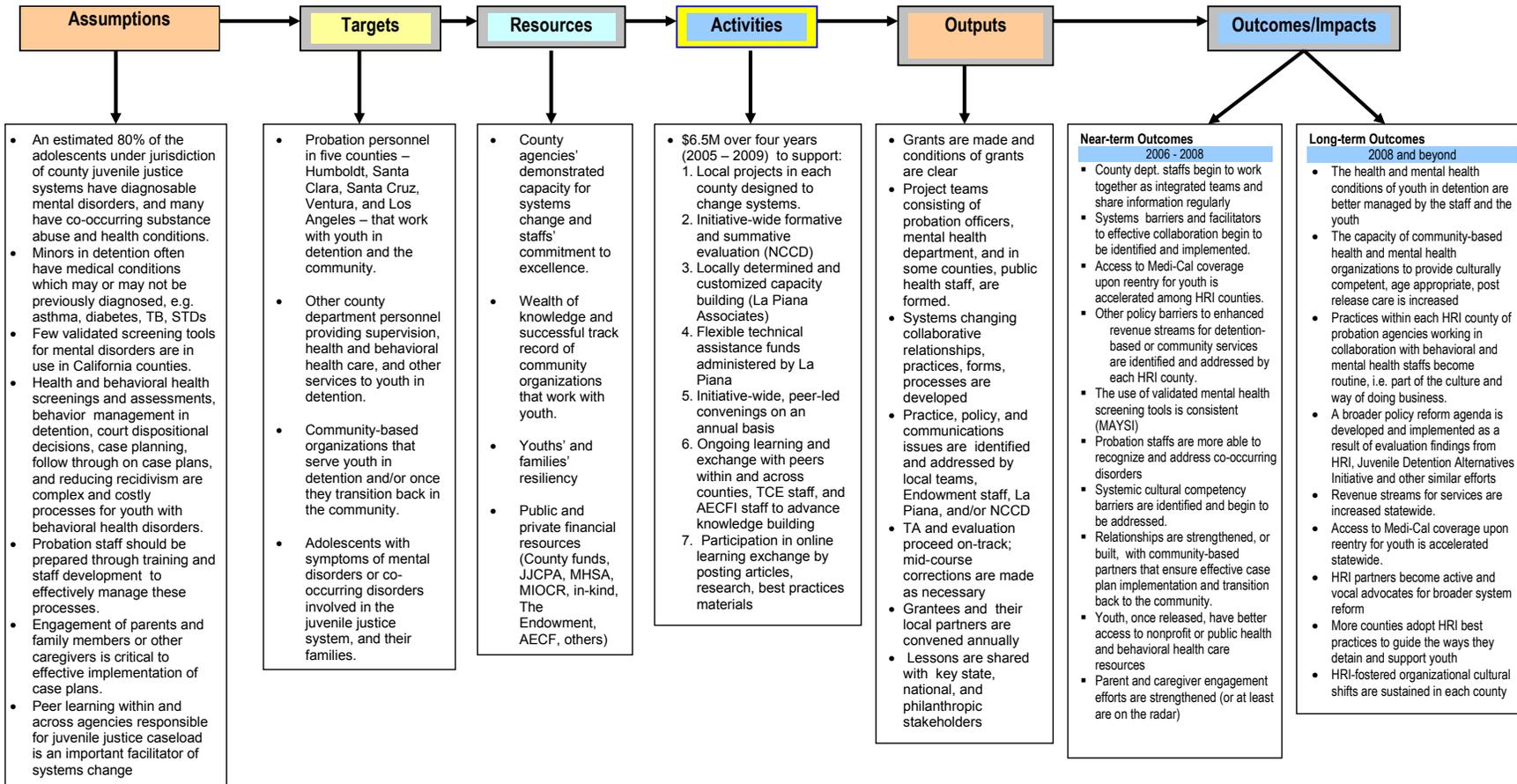
- Cultural shift across Probation Departments to prevention and rehabilitation
- Better coordination and communication across county departments (e.g., public health, mental health, education) for information sharing and treatment planning
- Stronger relationships between Probation and community-based partners that ensure effective case plan implementation and transition back to the community
- Cost savings to Probation Departments from reduced days in custody

The California Endowment has a tremendous opportunity to leverage their \$6.4 million investment in the five counties involved in the Healthy Returns Initiative and share the promising practices and lessons learned with other communities and stakeholders committed to improving the health and mental health of at-risk youth and their families. The case studies also present an opportunity for TCE to spread the challenges and lessons learned from this initiative to the 14 places targeted in the new strategic plan that endeavor to improve their health, mental health, education, and human services delivery systems to better address the needs of vulnerable youth and families. By funding and investing in the Probation Departments that epitomize the organizational culture shift from “punishment to rehabilitation,” TCE now has a group of leaders and field experts that can mentor other communities and departments interested in advancing their partnerships and overall service delivery system.

Appendix A: HRI Logic Model

Developed by La Piana Associates September 2006

Logic Model for Healthy Returns Initiative (HRI)



Appendix B: HRI Model Description Tables

Healthy Returns Summary Tables

Table 1: Intervention and Participant Characteristics by County

Table 2: Comparison of 5 Core Program Components by County

Table 1: Healthy Returns Initiative: Intervention and Participant Characteristics by County Program

	Humboldt	Los Angeles	Santa Clara	Santa Cruz	Ventura
MAYSI-2 Screening Practices	<ul style="list-style-type: none"> • New practice under HRI • All youth screened at entry to JF • JCOs administer the screening process; youth complete tool using touch screen kiosk • JCO shares results with HRI and MH staff for TX planning 	<ul style="list-style-type: none"> • Used before HRI • All youth screened at entry to all three JHs in LA County • Administered by DMH staff located in JH • MAYSI-2 scores and MH case records reviewed by DMH staff for TX planning 	<ul style="list-style-type: none"> • Used before HRI; • All youth screened at entry to JF • Administered by county MH staff located in JH • Results are evaluated by Behavioral Health Services inside JF for TX planning 	<ul style="list-style-type: none"> • New practice under HRI; • All youth booked and detained more than 4 hours screened • Youth complete screen using kiosk and headphones for privacy • MH retrieves data from kiosk, enters results into MH section of HRI database that is shared across providers (e.g., probation, health, MH, and health educator) 	<ul style="list-style-type: none"> • Used before HRI • All youth screened at entry to JF; • Probation admissions administer screen; • “Alert” scores are evaluated by Behavioral Health Services inside JF for TX planning
HRI Target Population	All juvenile probation youth	Subset of probation youth from 1 JH in LAC; only youth from selected zip codes in SPA 6, 7, or 8 are eligible for referral to HRI	HRI intervention targets youth in the JH Transitions Unit (unit for youth with high mental health needs, detained for molestation/sexual	All juvenile probation youth	Subset of probation youth (e.g., dual dx, chronic medical conditions, high risk youth not successful in other probation programs)

	Humboldt	Los Angeles	Santa Clara	Santa Cruz	Ventura
			abuse charges)		
Model/Intervention Focus	Youth transitioned back to community	Youth transitioned back to community	Youth in custody at the JH	Youth in custody at JH and youth transitioned back to community	Youth transitioned back to community
Referral source/process	HRI is a set of new probation practices rather than a pilot program that receives referrals. ALL youth entering Juvenile Hall experience HRI model	Using DMH discharge plan form, identify high risk, MH youth screened as likely to return home in target zip codes; also, receive referrals from Juvenile Hall staff, field POs, and court referrals as Judge and public defenders see HRI as option to keep youth in community	Screening committee (1 MH, 1 COE, JC staff, unit supervisor) meets weekly to review referrals to the unit. Base decision on MH DX, medication needs, behavior, incident reports, risk of self harm.	HRI is a set of new probation practices rather than a pilot program that receives referrals. ALL youth entering Juvenile Hall experience HRI model	JF Behavioral Health staff, probation officers; courts
Caseload Size	No program caseload; Juvenile Hall has 26 beds; JH has 246 individual youth bookings/year	11 active cases; 60 youth & families served to date	Transition Unit capacity = 24 beds	No program caseload; Juvenile Hall has 20-25 on average; JH has 700 youth bookings/year	24 active
Treatment Timeframe	All probation youth are reviewed at 30, 60, and 90 days to assess service access and track health, MH,	6 months	Avg. time in custody 2-3 months	No model timeframe, Health Educator works youth/families and Field PO as long as the youth is on	Original target 60-90 days, current average in program 125 days

	Humboldt	Los Angeles	Santa Clara	Santa Cruz	Ventura
	AoD, and educational needs			probation	
Service Provision	Field POs refer youth and families to MH branch or Tribal Partner, as appropriate. POs also make referrals to Family Resource Centers, located throughout the county, for service coordination.	HRI PO links youth to community providers: Children’s System of Care, Wrap Around Services, MHSA Full Service Partnership, Family Preservation	MDT team (MH, JCOs on Transitions Unit). When TU youth are released to the community, the MHCSC refers youth to FSP or wrap-around services.	Youth and family complete a needs assessment survey prior to release from JH. Results are shared with the Youth Re-Entry Team (HRI PO, health educator, and 4 CBO partners -- Barrios Unidos, Youth Services, Community Restoration Project, Pajro Valley Prevention and Student Assistance). Community partners contact youth/families to deliver services.	MDT Team (Public Health nurse, MH clinician, and HRI Probation Officer provide direct services to youth and families, provide service referrals, and assist clients in accessing services in the community
Role of Public Health	DPH collaborates with program to provide part-time benefits assistance (paid for by HRI funding)	DOJ has MOU with DPH for medical record sharing; however, currently these records are paper, not electronic. County wants to implement EMR that	Medical clinic staff can participate in MDT meetings to discuss medication. No enhanced HRI partnership beyond existing service provision within the	HRI program has a Certified Health Educator who offers presentations and classes for youth in detention that focus on improving health and mental health.	DPH is a primary partner, PH nurse is part of MDT

	Humboldt	Los Angeles	Santa Clara	Santa Cruz	Ventura
		integrates DPH and DMH records, but there is no current plan to include Probation in this integration and record sharing. Moreover, DPH, DMH, and Probation have separate electronic systems. HRI record sharing is manual in accordance with consent from youth/caregiver	Juvenile Hall.	The Health Educator participates on and brings a health perspective to committees within the Probation Department.	
Role of Education	Probation has a strong relationship with COE. However, relationships with School Districts are strained.	COE is located within JH and works collaboratively with probation and mental health on development and administration of IEPs. There is also an MOA with COE for individual behavioral management plans (IBMPs) implemented county-wide at three Juvenile Halls.	Teachers can participate in MDT meetings. Teachers on Transition Unit have modified response to behavior problems, which includes 20 minute time outs and counseling from MH clinician so that youth can return to classroom. Usual policy would be to remove the youth from the classroom for the rest of the	COE works with local school districts to determine responsible party to implement/monitor IEP. More collaboration is needed with school partners	Challenges exist, barriers identified. Systems change goal to create collaboration through upcoming Probation/Education Summit

	Humboldt	Los Angeles	Santa Clara	Santa Cruz	Ventura
			day. No enhanced HRI partnership beyond existing service provision within the Juvenile Hall.		

Table 2: Healthy Returns Initiative: Five Core Program Components

	Humboldt	Los Angeles	Santa Clara	Santa Cruz	Ventura
Multidisciplinary Team Composition	HRI PO, DMH clinician in JH, RN, JH manager, DPO manager	HRI PO, Field PO,DMH, and Community Partners work collectively to link youth/families to needed services	Mental Health Clinical Services Coordinator (MHCSC), JCOs on JH Transitions Unit, and nonprofit partners (as appropriate)	Child psychiatrist, MH clinicians, JH nurses, health educator, JH administration	HRI PO, MH clinician, and PH nurse share the HRI caseload
Benefits Advocacy	HRI covers part-time benefits resource specialist located in DPH. Most youth are covered by one of three MediCal programs in the county.	Refer families to Certified Application Assistance programs (e.g., Crystal Stairs) that conduct benefit assessments	For post-adjudicated youth, target uninsured/MediCal (30% of population); fax list of youth to be released in 30-45 days to the Social Services (SS) agency. SS agency tries to connect uninsured to coverage and re-instate cases with suspended MediCal . For pre-adjudicated youth, refer families to Health Trust for benefits advocacy.	HRI funds provided a Certified Application Assistant (CAA) from La Manzana Community Resources. CAA systematically reviews insurance status for all youth in detention. CAA assists with insurance applications to enroll/renew MediCal, Health Families, and Health Kids. CAA also assists with applications for Food Stamps, cash aid, housing, child care, SSI, and employment.	Certified Application Specialist on the team works with Human Services Administration (Medi-Cal) to connect youth/families to insurance
Cross-Provider	Department-wide	Training focus is on	Provide MH Issues in	Training focus is on	Training focus is on

	Humboldt	Los Angeles	Santa Clara	Santa Cruz	Ventura
Training	training of all PO staff in basic communication, motivational interviewing, addictions orientation, co-occurring disorders, understanding medication side effects, etc. Many training opportunities presented in the County are open to HHS (MH, PH, AoD, Social Services) and Probation Department employees.	HRI PO staff. Goal is to access “free” training opportunities available and then share information re: training opportunities with community partners and Probation Department.	Custody training to all 200 Juvenile Hall counselors (custodial staff). This training curriculum is state certified for continuing education credits. Have plans to extend training to staff at Ranches and Probation Officers.	Health education programs for detained youth and at-risk youth on probation in the community.	Probation Admissions staff to administer the MAYSI-2. No other formal cross-provider training curricula developed
Partnerships and Collaboration	Dept. of Health and Human Services (including DMH, AoD, Social Services, and PH); Native American Tribes, and private/non-profits to provide culturally appropriate treatment and pro-social activities.	Dept. of Mental Health, Children’s System of Care, Wrap Around Services, MHSA full service partnership, Family Preservation, case carrying field POs, LA Superior Court Judge Donna Groman and “Think Tank” community provider participants at the	Contract with Department of Mental Health to provide mental health clinical services coordinator to direct services of the HRI grant.	Youth Re-Entry team partners receive service referrals based on needs assessment of youth/families prior to release from probation; Partners include: Youth Services, Barrios Unidos, Community Restoration Project, & Pajaro Valley	Public Health Dept, Mental Health Dept, Human Services Administration (Medi-Cal), goal to establish a collaboration with Offices of Education through Probation/Education Summit 3/09

	Humboldt	Los Angeles	Santa Clara	Santa Cruz	Ventura
		Kenyan Juvenile Justice Center, County Office of Education		Prevention and Student Assistance	
Family Involvement	Families are invited to participate in team decision-making meetings. In some cases, Family Resource Specialist (HRI PO) and MH clinician take team approach and conduct home visits to meet with families and assess needs. This process is the exception rather than the rule.	HRI POs work in the home with the families, assessing needs, developing the case plan, and link to community partners.	Parents invited to participate in weekly MDT meetings. Prior to release, there is a special MDT meeting for POs and parents of youth returning home (approximately 20% of Transition Unit youth) to set up services in the community through referral to Children's System of Care.	Families are invited to participate in placement screening meetings and take service assessment survey to identify needs , and they work with CAA to access benefits.	Families set goals in treatment plan, receive direct services from the team during home visits as needs are identified.

Healthy Returns Initiative Case Studies

Grantee Supplemental Resource Compendium

August 2009

Desert Vista Consulting

Jennifer J. Brya, MA, MPP

Karen W. Linkins, Ph.D.

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Santa Cruz

Supplemental Documents

Draft MOU between Probation and Child Welfare

Draft Protocol for Dual-Status Youth

Gang Prevention Awareness Curriculum Outline

Gang Prevention Awareness Curriculum 9-Week Synopsis

Domestic Violence Awareness Workshop Synopsis

SANTA CRUZ COUNTY

Memorandum Of Understanding **for Dual Jurisdiction**

Overview

The Welfare and Institutions Code Section 241.1 WIC and AB 129 requires that the county Probation Department and Family and Children's Services develop a written protocol to ensure appropriate local coordination in the assessment of a youth to determine jurisdictional status. Family and Children's Services (FCS) and the Probation Department shall jointly assess and produce a written joint recommendation regarding whether Wardship, Dependency or Dual Status will serve the best interest of the child, and the safety of the community.

FCS and Probation has developed a joint protocol process that includes coordination of services. The joint protocol process will be of value for the youth, their family and the community, while enhancing communication between two systems. FCS and Probation will consider the least restrictive environment that is family centered and strength-based.

This Memorandum of Understanding (MOU) is an agreement between Santa Cruz County Family and Children's Services and Probation Department that complies with the requirements of Section 241.1 WIC and AB 129. This MOU maintains the values and philosophy of each agency while improving the coordination of services for the overall benefit of youth and families.

241.1 / Dual Jurisdiction Identification

Policy:

- The 241.1 Protocol will be the process for the identification of Dual Jurisdiction.
- FCS and Probation will have a system in place to determine if a youth has a involvement with the dependency or delinquency system
- FCS and Probation will seek the least restrictive level of care to meet the needs of the youth, family, and community safety.
- FCS and Probation will work together to address the youth and family needs in a comprehensive, holistic, and collaborative approach.

Dual Jurisdiction Determination

Policy:

- Through the 241.1 WIC process, a recommendation will be made to the Court. The options may include:
 - Dual Status with a single Lead Agency
 - 300 Dependents and Non-Wards
 - Single Jurisdiction (300 Dependent **OR** 602 Ward)

- Not Applicable (no jurisdiction recommended)
- The 241.1 determination hearing will be assigned to one Jurist to consolidate subsequent Court proceedings. This will ensure a complete understanding of the family history, knowledge of previous standing orders, and the ability for the Court to deliver a consistent message to families.

OR

- In the event of Dual Jurisdiction or 300 Dependent/602 Non Ward Probation Coordination recommendations, the case will be assigned to one Jurist with every effort to consolidate subsequent Court proceedings.
- FCS and Probation will have a process for oversight and dispute resolution.

Case Planning and On-Going Coordination

Policy:

- Innovative, family centered and collaborative case planning will produce positive results to ensure better outcomes related to delinquency and dependency involvement.
- Careful assessment will be conducted to ensure that the services address the entire family system
- FCS, Probation, and Children’s Mental Health, when involved, will present a unified case plan and reports that reflect consistent goals, objectives, and recommendations.
- Dual Status Cases will always have a lead agency identified.
- Collaboration, communication, and interaction between workers are necessary for ongoing assessment of case needs and service delivery.
- FCS and probation will collaborate in the development of a report for every status review hearing and will communicate with the Court as to the level of collaboration for each youth and family.
- This process will remain family-centered and strength-based.

Operational Oversight

Policy:

A quarterly meeting of the 241.1 protocol oversight committee will convene to review the status and adherence to protocols. This review will include:

- Status of collaboration and communication
- Evaluation of 241.1 process
- Review updated data
- Recommendations regarding adjustments to protocol (if any)

Agency wide training, conducted by the managers from Probation, Family and Children Services and the Court, shall occur at least annually. Attendees should include Court Staff, Juvenile Probation, FCS Staff, Children’s Mental Health, and involved Attorneys.

As may be required by 241.2 WIC and or the Judicial Council of California, FCS and Probation shall collect, compile, and report data to evaluate this protocol.

This protocol may be terminated immediately by the Court or by either Department upon thirty (30) days written notice of termination, subject to objection and noticed hearing by the Court.

Wherefore, this document has been executed and becomes effective on this ____ day of _____, 2009.

The Honorable, Denine J. Guy
Judge of the Superior Court
Dependency Court

Commissioner Erwin Joseph
Judge of the Superior Court
Delinquency Court

Judy Yokel, Division Director
Family and Children’s Services
Human Services Department

Scott MacDonald, Chief Probation Officer
Probation Department

Dane Cervine, Chief
Children’s Mental Health Services
Health Services Agency

300/600 Joint Protocol and Dual Jurisdiction

Policy and Procedure

(WIC 241.1 / AB129)

Overview

The Welfare and Institutions Code Section 241.1 WIC requires that the county Probation Department and Family and Children's Services develop a written protocol to ensure appropriate local coordination in the assessment of a youth to determine jurisdictional status. Family and Children's Services (FCS) and the Probation Department shall cooperatively assess and produce a written joint recommendation regarding whether Wardship, Dependency or Dual Status will serve in the best interest of the child, and the safety of the community.

FCS and Probation has developed a joint protocol process that includes coordination of services while maintaining the values and philosophy of each agency. The joint protocol process will benefit the youth, their family and the community, while enhancing communication between two systems. FCS and Probation will consider the least restrictive environment that is family centered and strength-based.

Identifying Dual System Involvement

Family and Children's Services and Probation will contact the other agency to determine the level of involvement within the dependency and delinquency systems.

- The FCS social worker will contact the probation officer of the day (x3800) when a child welfare case is being opened on a youth 12 years and older.
- The Probation Department will, as part of the intake (in and out of custody) or upon completing an executive summary or disposition report will contact FCS screening unit (x2273) for information regarding FCS involvement.

Initiating 241.1 WIC Report Jurisdiction Process

The judicial officers in their respective court may order a 241.1 WIC report at their discretion with knowledge of dual system involvement.

When the youth or family is involved with the other agency, the social worker or probation officer will consult with their supervisor and notification will be given to a manager for appropriateness and approval to pursue the 241.1 WIC report process for coordination of services, change of jurisdiction, or dual jurisdiction. Circumstances affecting the decision include:

- Age of the youth
- Is the youth currently a 300 WIC dependent (are the parents receiving family maintenance or family reunification services?)
- Does the youth have current or prior involvement within the juvenile justice system?
- Is the allegation a "low grade" offense? (Probation shall provide FCS with information regarding this consideration)

- Is parent(s)/guardian(s) refusing to take the youth into their home and all attempts to engage the family have been exhausted?
- Is parent(s)/guardian(s) able and willing to exercise appropriate maintenance and control to prevent the youth from further criminal activity or behaviors that put the youth at risk?
- Is parent(s)/guardian(s) abusing substances and is it impacting their ability to safely parent?
- Do parent(s)/guardian(s) have diagnosed mental health issues and is it impacting their ability to safely parent?
- What services would be the most effective?
- What services have been tried?
- Does the youth have mental health or drug and alcohol issues that impact their ability to follow through with services?

The social worker or probation officer must take their request to their respective Court for an official 241.1 WIC report Court order. The youth’s attorney must explain confidentiality and request a waiver of confidentiality in order for the matter to be heard in the Dual Status Court. If the request is coming from the delinquency Court, the 241.1 WIC report will be ordered after adjudication/admission.

Once the report is ordered by the Court, receipt of report and determination of jurisdiction will be heard in accordance to the guidelines below:

- Within five (5) to ten (10) judicial days; if the youth is in custody release on a detention alternative must be considered
- If the youth is in Custody, Disposition will be heard in Department 16, Juvenile Hall Courtroom on the identified Dual Status court date (Wednesday or Friday at 1:30)
- If the youth is out of Custody, Disposition will be heard in Department 6 on the identified Dual Status court date (Wednesday or Friday at 1:30)

Notification

By the end of the next business day from when the Court initiates the 241.1 WIC Report process, the respective agency shall contact FCS Screeners (x2273) or Investigations Unit Probation Supervisor (X3800) to make a referral for a 241.1 Joint Protocol Report. The information needed for the referral must include the following:

FCS to Probation
 Youth Name, DOB
 Parent/Guardian Name
 Current contact information
 Next Court date
 Social worker contact information

Probation to FCS
 Youth Name, DOB
 Parent/Guardian Name
 Current contact information
 Next Court date
 Youth’s custody status/whereabouts
 Reason for arrest/referral
 Previous arrests and adjudications
 Current child abuse or neglect concerns
 Probation contact information

The department that makes the 241.1 request will notify the youth and their parents/guardians.

Each department will notify their respective attorneys by e-mail.

FCS to Notify

County Counsel Office

Youth's 300 WIC attorney, if one has been appointed

Probation Officer/File

CASA volunteer, if applicable

Parent(s)/Guardian(s)

Parent(s)/Guardian(s) counsel

Probation to Notify

District Attorney's Office

Youth's 602 WIC attorney

FCS Social Worker

Parent(s)/Guardian(s)

Completion of 241.1 WIC Report by FCS

The FCS social worker will prepare the 241.1 WIC report and shall be present in Court under the following circumstances:

- the youth is currently a dependent, or
- the youth has been a dependent within the last six months, or
- the family has been provided voluntary services within the last six months, or
- FCS has an open investigation

The FCS social worker and the probation officer shall coordinate in developing one 241.1 WIC Report, and a recommendation for submission to the Court, including a plan for on-going coordinated services. Supervisor and manager approval is required for all recommendations. If the managers do not agree, the managers will consult with the Chief Probation Officer and FCS Division Director for a final determination.

Completion of 241.1 WIC Report by Probation

The probation officer will prepare the 241.1 WIC report and shall be present in Court under the following circumstances:

- the youth is a 602 ward, or
- the youth is a non-ward on active probation status (i.e. diversion, 654.2 WIC informal, 6 months without wardship), or
- the youth has not previous been a 300 WIC dependent within the last 6 months or has not been provided with voluntary services within the last 6 months, or FCS does not have an open investigation

The FCS social worker and the probation officer shall coordinate in developing a 241.1 WIC Report and a recommendation regarding jurisdiction. If dual status or 300 dependent/non wardship is recommended, a unified case plan will also be completed and attached to 241.1 report. Supervisor and manager approval

is required for all recommendations. If the managers do not agree, the managers will consult with the Chief Probation Officer and FCS Division Director for a final determination.

Coordination for Completion of 241.1 WIC Report

The FCS social worker or probation officer shall provide each other with a statement regarding corresponding agency involvement and completion of the appropriate section(s) for inclusion in the 241.1 WIC Report in the form of an e-mail or memo. The e-mail or memo shall contain the following information:

FCS to Probation

- Statement of the child abuse or neglect allegation
- Assessment of youth and family
- Allegation disposition
- Recommendation regarding 300 WIC filing
- Rationale for recommendation

Probation to FCS

- Summary of Present Difficulty / Offense(s)
- Juvenile Record Information
- Performance / History on Probation
- Probation recommended terms / conditions
- Rationale for recommendation

241.1 WIC Report Template

A 241.1 WIC Report template should be used to provide consistency. For FCS staff, the template is available in the Word Templates and must be copied and pasted into CMS. Consult your supervisor for assistance in how to do this. For Probation staff, this template is available in the shared drive, juvenile word templates folder. Consult with your supervisor for further assistance if needed.

Circumstances when different format may be used:

There may be circumstances when a report other than the 241.1 WIC report template may be submitted to the Dual Status Court. For example, if the case is in the Dependency Investigations Unit, it may be more appropriate to submit the Jurisdictional/ Dispositional (J/D) Report. Or in the event that the youth is pending criminal charges for which an escalation to Wardship is being recommended, an original disposition report may be the appropriate template.

In any case, social workers or probation officers must consult with their supervisor and manager to determine if it is appropriate to submit a report utilizing a different template. If so, the following sections from the 241.1 WIC report template must be included:

- Prior record of delinquent behavior
- Statement by any counsel representing the youth
- Statement by court appointed special advocate (CASA)
- Jurisdiction recommendation
- Coordination of future services

Assessment Report Requirements

The 241.1 WIC report must contain a FCS and probation jurisdictional recommendation. The best interest of the youth and family, the least restrictive environment and the protection of the community shall be taken into consideration. The report shall be strength-based and will include how recommended services will benefit the youth and family. The Assessment section should include a detailed rationale that supports the recommendation. The 241.1 WIC report must also include:

- Age of the youth
 - Ability to benefit from rehabilitative services; if youth is close to turning 18 years of age
- ICWA applicability and status
- Any medical needs of the youth (physical & mental health)
- Description /summary nature of the referral
- History of any physical, sexual, or emotional abuse of the youth
- Prior record of the youth's parents for abuse of this or any other youth
- Prior record of the youth for out-of-control or delinquent behavior
 - Summary of Probation Services
- Parent's cooperation with the youth's school
- Youth's functioning at school
- Statement from school personnel
- Nature of the youth's home environment
 - Any relevant cultural and language needs
- If the youth is in out of home placement, include statement of the youth's caregiver
- History of involvement of any agencies or professionals with the youth and his/her family
- Any services or community agencies that are available to assist the youth and his/her family
- Availability of adequate resources within and outside of County
- Statement by any counsel currently representing the youth
- Statement by any CASA currently appointed for the youth

The report must be filed with the Court clerk's office within 48 hours of the scheduled court date.

Distribution of 241.1 WIC Report

The 241.1 WIC Report shall be distributed to the following departments in accordance with court timelines:

- Dependency Court (Lead Court will receive original copy)
- Delinquency Court (Lead Court will receive original copy)
- District Attorney's Office
- County Counsel Office
- Youth's 602 WIC attorney
- Youth's 300 WIC attorney, if one has been appointed
- FCS Social Worker/File

- Probation Officer/File
- CASA volunteer, if applicable
- Parent(s)/Guardian(s)
- Parent(s)/Guardian(s) counsel

Any confidential documents (psychological evaluation, medical privacy issues) must be sealed in a separate envelope attached only to the Dependency Court report.

On-Going Coordination

Collaboration, communication and interaction between partners are necessary for the on-going assessment of needs and service delivery to youth and their families. It will be the standard that FCS and Probation will:

- Develop a case plan,
 - Identify which services from FCS or Probation will best meet the needs of youth and family and,
- Coordinate on-going services
 - Subsequent Court reports / Court communication

When 300 Dependents have non-wardship involvement with Probation, FCS will be the Lead Agency. When Dual Status is the preferred jurisdiction, a recommendation of Lead Agency will be made.

Lead Agency Determination

The Social Worker and Probation Officer, in consultation with their supervisors and managers, will use the 241.1 report as their guide in determining the Lead Agency. If a determination cannot be made, the case will be staffed at the probation departments Placement Screening Committee meeting. The social worker, probation officer and their respective supervisors and managers are required to attend this meeting.

The Lead Agency Worker is responsible for:

- Organizing Monthly Team Meetings
 - The first meeting will occur within 2 weeks of the 241.1 WIC Court order
 - Team Meetings will occur at least monthly with all partners present
- Ensuring communication and collaboration between partners
- Coordination of the development of any subsequent Court reports. These reports will include:
 - Summary of services provided,
 - Extent of collaboration with partners and
 - Families progress towards case plan goals
- Timely notification of appropriate partners for subsequent Court appearances

If the youth re-offends or has a probation violation, the Probation Officer shall assume the Lead Agency responsibilities, if not already, for the duration of the delinquency proceedings prior to disposition. If the youth is identified as a Dual Status youth, Disposition shall be transferred to the Dual Status Court on the designated date.

Operational Issues

A quarterly meeting of the 241.1 protocol oversight committee will convene to review the status and adherence to protocols. This review will include:

- Status of collaboration and communication
- Evaluation of the 241.1 process
- Review updated data
- Recommendations regarding adjustments to protocol (if any)

Agency wide training, conducted by the managers from Probation, FCS and the Court, shall occur at least annually. Attendees should include Juvenile Probation, FCS Staff, Children's Mental Health, and involved Attorneys.

As may be required by 241.2 WIC and or the Judicial Council of California, FCS and Probation shall collect, compile, and report data to evaluate this protocol.

Outline

A Gang Intervention:

Cultural and Healthy Alternatives

I. Session One

- A. Overview of Workshops
- B. Getting to Know One Another
- C. Overview of Latinos in California

Expected Outcomes: Increased knowledge of the history of gangs in California

II. Session Two

- A. Exploring our Cultural Roots

Expected Outcomes: Increased awareness and understanding of cultural history

III. Session Three

- A. Anger Management
- B. Refusal Skills and
- C. Choosing Healthy Alternatives

Expected Outcomes: Demonstrated knowledge of techniques for managing anger; Increased knowledge of how to choose alternatives to unsafe behavior

IV. Session Four

- A. Influence of Families
- B. Influence of Gangs

Expected Outcomes: Increased understanding of the similarities and differences between families and gangs

V. Session Five

- A. Victims/Victimization
- B. Guest Speaker: ADA Celia Rowland

Expected Outcomes: Increased awareness and understanding of the impact of violence upon victims, as well as consequences of behavior

VI. Session Six

- A. Drugs, Alcohol and Tattoos
- B. Guest Speaker: Paul Dazhan

Expected Outcomes: Increased knowledge of the ramifications of using drugs and alcohol, and of getting tattoos. Increased awareness of where to receive help for drug and alcohol use and how to get tattoos removed.

VII. Session Seven

- A. Victim Awareness
- B. Staying Out of Trouble

Expected Outcomes: Increased knowledge of the impact of crime on victims; increased understanding of how to stay safe and out of trouble.

VIII. Session Eight

A. Career Counseling: How to reach our goals

B. Guest Speaker: Renee DeMar

Expected Outcomes: Increased knowledge concerning how to identify our dreams; increased understanding of job opportunities available in the community and how to succeed in getting a job.

IX. Session Nine

A. Burrito Fiesta

B. Review of GICHA

C. Student Evaluations of workshops

D. Youth Awards and Cake

A Gang Intervention: Cultural and Healthy Alternatives

Synopsis of Nine Week Workshops

HISTORY:

Although the County of Santa Cruz's Juvenile Hall is a model site for juvenile detention in the United States and has seen a 50% decrease in the number of youth detained in Juvenile Hall over the past ten years, juvenile gang entrenchment is still a very real concern in our county. In October 2007 I met with probation officer Gina Castaneda to discuss the possibility of providing information to the youth in Juvenile Hall on how to practice safer street behavior in their neighborhoods. I called Gina after attending a presentation she gave on gang culture. Gina is the "resident expert" and speaks knowingly, eloquently, and passionately about the many facets of gangs in the Latino community. My concern was this: Did I, as a middle-class Anglo, have the credibility to speak with these youth about their lives in the barrio? Gina responded by asking me: "How do you feel about the youth?" I replied, "I really love these kids." Gina said, "Well, that's all the credibility you need." At that moment Gina and I agreed that we needed to create a gang intervention together.

I took our emergent proposal to Laura Garnette, Juvenile Probation Division Director. Laura worked assiduously to help make this plan a reality and successfully arranged collaboration for Gina and me with the County of Santa Cruz Office of Education (COE) as well as with local non profit, Barrios Unidos (BU). Sandy Mast, Senior Director of the Alternative Education Program for COE enthusiastically agreed to fund Gina as a contractor and arranged for us to pilot our intervention at Watsonville Community School after we completed a pilot at Juvenile Hall. Laura also met with Otilio Quintero, Assistant Director of BU, and arranged for one of their youth counselors, Ben Alamillo, to work with Gina and me on the intervention.

Gina, Ben, and I bring an abundance of enthusiasm and complementary talents to our program, A Gang Intervention: Cultural and Healthy Alternatives. As a team, we inspire one another; our give and take and the comfortable flow of the workshops attest to the mutual respect and affection we share. For over twelve years Gina has worked with Santa Cruz County youth and her dedication is apparent. Most important, she commands respect from these adolescents and they hold her in the highest regard. Gina carries a wealth of information; she has the ability to devise teaching activities faster than I can write her ideas down. Her presentations are always spell-binding and during the workshops the youth frequently ask for a "Gina Story." Ben has worked with teenagers at risk since he was a teenager himself and his compassion and understanding is a tremendous asset. The youth connect with Ben and know he "gets" them. Ben's ability to share crucial information with the youth in ways they can relate to is invaluable; he provides a strong role model for the boys. Ben is playful and spontaneous and can "lighten up" a situation whenever it is likely to become too "heavy." As a health educator for the Probation Department, I've presented

over 50 workshops for the youth in Juvenile Hall since October 2006. The workshops have ranged from parenting skills to nutrition to STD prevention. I also work one-on-one with the teens and I understand what dynamics and styles instruct most effectively. The youth know me and trust me, as they do Gina and Ben, and that is a huge asset. I am also the team “scribe” and am fastidious about organizing our presentations and documenting our work.

Before Ben came on board, Gina and I met with Sandy and Laura and realized that we had limited time to develop the curriculum. Gina’s vision was of an octopus with “gang” as the head, and eight arms representing areas of significance. Sandy asked us to add a component; consequently, our octopus has nine arms! Together Gina and I outlined our curriculum as follows:

1. Overview of Latinos and Gangs in California
2. Exploring our Cultural Roots
3. Anger Management, Refusal Skills, and Choosing Healthy Alternatives
4. Influence of Families and Influence of Gangs
5. Consequences of Poor Choices with a guest speaker from the DA’s office
6. Drugs, Alcohol and Tattoos with a guest speaker in recovery
7. Victim Awareness
8. Job Counseling: How to Reach Our Goals with a career counselor as guest speaker
9. Celebration: Burrito Fiesta, review of all sessions, student evaluations of workshops, youth Certificates of Achievement, and cake

Gina and I began working on the curriculum in early December and Ben joined us the first week of January. On February 8, 2008 we presented our first session of A Gang Intervention: Cultural and Healthy Alternatives.

POPULATION:

We piloted our intervention with the A Unit boys primarily because they are older, between 16 and 18, and more sophisticated than the B Unit youth; almost all have some gang affiliation, whether they are “jumped in” or not. We averaged eight youth per session, which proved to be an ideal number. Our intervention population was 76% Latino; we also worked with Anglo and African-American youth. From the beginning Gina, Ben, and I realized that the boys were hungry for the information we offered. They expressed this by telling us after our first session how much they appreciated the workshop because it was “real;” the authenticity of the intervention was relevant to the world they knew outside of Juvenile Hall.

OUR PHILOSOPHY:

The guiding principle of our program can be summarized by three words: respect, respect, respect. Every workshop began in the same manner: Gina, Ben, and I greeted each boy by shaking his hand, looking him in the eyes, and acknowledging his presence. As a team, the three of us modeled the tremendous respect we have for each other; the youth, in turn, consistently treated everyone in the group with esteem. I can not overstate the importance of this principle.

Another extremely important guideline for the three of us was to keep the workshops real and pertinent at all times. Youth have the ability to detect insincerity instantly. In our experience, dishonesty and duplicity, perceived or real, will immediately shut down communication with minors. The more willing an adult is to share honestly and openly with the youth, the quicker trust is established.

WORKSHOP FORMAT:

We committed to consistency during the sessions and always began and ended in the same manner. Although only three of the youth attended all of the workshops, opening and closing each intervention in the same way offered all of us continuity. The constant components of each workshop were:

Goals: Keep Your Friends, Stay Out of Trouble, Stay Safe. These objectives were clear, contained no hidden agendas, and made sense to the youth. We honored the need for the youth to keep their friends and never suggested that they should stop associating with their “home boys.” However, we consistently stressed how important it was to us that they keep themselves safe and stay out of trouble.

Ground Rules: The youth developed the ground rules during the first workshop. The rules were:

Respect, hands to self, think before we speak, don't speak while others are speaking, keep profanity (cussing) to a minimum, treat others the way you want to be treated, speak for yourself, don't worry about others, don't volunteer others, don't judge others, what others say is theirs, what you say is yours, use common sense, no cross talk/side talk, participation is required.

The Feeling Thermometer: This tool was designed to gauge our emotional state during the workshops. The original Feeling Thermometer was replaced with a simple arrow and numbers, 0-25-50-75-100, after a youth stated that the original looked like a needle to him and made him want to use. The boys appreciated the Feeling Thermometer and frequently asked for a check in with it when the group discussion or topic became particularly charged.

Conocimiento: Every workshop had a Conocimiento, or Getting to Know One Another. Either Gina, Ben or I would lead the Conocimiento and begin by answering the day's question ourselves, then asking the group to share in turn. The Conocimiento questions were:

1. What did you want to be when you grew up and why? 2. Pick an animal that best describes you or that you like a lot and tell us why. 3. If you had one wish (not three more wishes or money) what would it be? 4. Name an ice cream flavor that describes you and tell us why. 5. What car best describes you and why? 6. If you could travel anywhere in the world where would it be? 7. What is one positive thing that you like to do for fun? 8. What would be your perfect job and/or career? 9. Name one thing you learned or enjoyed the most during these workshops.

The Closing Circle: At the end of each session we asked the group to stand in a circle and share something that we learned today, something we appreciated about ourselves or someone in the group, or something we appreciated about the group as a whole. Without exception, the Closing Circle was touching and a wonderful conclusion to the day's workshop.

We understand that adolescents respond best to highly interactive presentations. Some of our youth have ADHD and didactic lectures are clearly not the format to use. We encouraged full participation and presented many opportunities for the boys to give their input and insights. The youth were consistently respectful and thoughtful and had much to offer and teach all of us in the group.

CHALLENGES:

- There were surprisingly few challenges or barriers during the nine week intervention, and most were relatively easy to overcome. Early on in the workshops trust was an issue with the youth, not only trusting us, the presenters, but trusting each other. The group was comprised of both Norteños and Sureños for most days, and while this never presented a problem, we were all aware of this actuality. During the fourth workshop, when we began to talk explicitly about gangs and the role gangs play in the lives of the youth, there was initial unwillingness from the boys to participate. Gina successfully broke down this barrier by relating a personal story that explained to the group why she understands how a gang may provide positive support, much like a family. This was a turning point and the boys all opened up willingly. At a later session one of the youth asked Gina to “tell your story” to a newcomer.
- When we invited an Assistant District Attorney to speak to the group during Session Five, there was apprehension from both the boys and the guest speaker at first. However, the session turned out to be truly transformative for everyone involved. The Assistant District Attorney was willing to share her personal story with the youth, successfully dissipating the tension, as well as building trust among the boys. This workshop was especially moving because several of the youth appeared to really understand, perhaps for the first time, the consequences of their behavior. While Gina, Ben, and I were concerned how receiving penalty information would affect one boy in particular, he handled the situation very well and we worked with the group as a whole to release pent-up emotions in a positive manner.

- For Session Seven, we invited one of our probation officers who works with Victim Awareness to speak with the youth about the emotional, physical, mental, and financial traumas victims often face. The speaker's presentation was engaging and generated thoughtful discussion among the boys. However, as part of the presentation a 45 minute video was shown on the effects on victims of a drunk-driving incident. By digressing from the topic of gangs, the workshop lost cohesiveness and became disjointed. Gina, Ben, and I decided that although the video was excellent, for future Victim Awareness sessions we will stay within the realm of the effect of gang behavior on victims.
- The only other barrier to A Gang Intervention: Cultural and Healthy Alternatives turned out to present much less of a challenge than we had anticipated. Because of the transient nature of the population at Juvenile Hall, we knew that new participants would be coming into and leaving the workshops weekly. We were concerned that it would be difficult to bring these youth up to speed, as well as ensure that they would feel comfortable and welcomed during the sessions. Largely due to the leadership of the youth who were involved in the workshops from the beginning, the newcomers consistently adapted well and grasped the group dynamics quickly. The final session proved a bit more challenging for one first-timer in particular as we reviewed all of the material and wrapped up eight very full weeks in a relatively short time period. Because every workshop was consistent in format, and because we went over the ground rules, goals, and Feeling Thermometer thoroughly, and took the time each week for Conocimiento, everyone appeared to feel very comfortable, whether it was their first time, or whether they had attended several sessions.

CHANGES WE WOULD MAKE:

There are very few changes we would make to A Gang Intervention: Cultural and Healthy Alternatives. As mentioned above, we will adapt the session on victim awareness in order that the entire session pertains to the effect of gang behavior on victims. At the end of the final session we asked the youth to fill out an evaluation. The following are the responses to the question: *How can we make A Gang Intervention: Cultural and Healthy Alternatives better next time?*

- I don't know exactly how to make it better. I think that it was really good. Keep up the good work!
- A little more role playing and have Mike Chavez [a counselor with County of Santa Cruz' Children's Mental Health] come and speak.
- Making more role plays.
- You can't – it's already good. But more demonstrations
- Less time or more breaks. Ask kids what they would like to learn about.
- Make more time and more of your experiences in life.
- More role plays and interesting stories. I like it when everyone is interacting. Bring in Mike Chavez

Per the boys' request, we will definitely incorporate more role plays into the workshops and invite Mike Chavez to be a guest speaker.

The following are the youths' responses to the question: What did you like least?

- That the program lied to me about doing a lot of role plays and we only got to do one. I really think that you guys should do more role plays – it gets the kids thinking more. Please can the workshops put in more role plays?
- There wasn't anything I didn't like – this program made me think of my choices.
- Sometime I feel uncomfortable talking about different stuff when the staff is around.
- Don't know.
- I feel uncomfortable when we discuss things and staff are in the room
- The time – how it lasts so long.
- That it was only once a week.
- Sometimes I feel uncomfortable when staff is in the room.

Given that the workshops are presented in a locked environment, it is necessary to have staff in the room at all times. One youth requested less time, and one youth requested more time; we will continue to ask the youth to let us know when they need a break.

SUCCESSSES:

A Gang Intervention: Cultural and Healthy Alternatives was successful beyond our imagining. Because the intervention was a pilot program, there was no formal evaluation piece. However, we have the following feedback from those directly involved:

From the Youth:

Here is the perspective of the youth when asked in the evaluation: What did you like best?

- I really enjoyed these classes because I learned about the system and consequences of the future.
- I liked the role plays and guest speakers that came.
- Being out of my room. Learned about things I didn't know about. Learned a new perspective (new way to see things).
- The posters on the board and the demonstrations
- I thought the gang history part was best.
- The GREAT people involved, positive activities, safety, friends. Responsibility. Our future and asking questions, making better choices.
- I like role plays and group speakers. I also like it when everyone is respectful in the group.

To further attest to the popularity of the workshops, Gina related this story: As she was driving one of the boys on her caseload home after he was released from Juvenile Hall, he became visibly upset during the drive and said, “Dang, Gina! I’m going to miss Friday’s workshop!”

When the youth were asked in the final evaluation: *Please give examples of how you would make different choices as a result of attending A Gang Intervention: Cultural and Healthy Alternatives workshops*, they responded:

- I would pay more attention in school.
- If I got out, I would attend counseling classes and try my best to “Grow Up.”
- Think Twice.
- Different thinking; different choices. How society sees other people, especially gangs, gang activity, gangsters.

- I learned alternatives, or make better choices.
- By not getting in the fight and staying away from drama.
- It might make me think my actions through more than I used to.

Feedback from Juvenile Hall staff was resoundingly positive:

From Johnny Perez, Senior Group Supervisor, comments directed to the youth during the final closing circle:

“This intervention is the best workshop I’ve seen in the nine years I’ve been at Juvenile Hall. These workshops are what I call ‘gold nuggets’ because they are so valuable. Take these nuggets out and keep shining them and using the information you’ve been given.”

From two Group Supervisors to the youth during the final session:

“This intervention has been a sounding board for you.” “We’ve noticed that you are asking us deeper, more self-reflective questions now. Instead of, ‘When will I get my candy?’ you are asking us questions that have to do with how to make changes in your lives.”

Garry Herzog, Assistant Division Director of Juvenile Hall made a point of letting me know that there had not been one gang-related fight during the nine weeks we presented A Gang Intervention: Cultural and Healthy Alternatives. According to Garry, this was the longest gap between altercations in the two years that records of gang fights in Juvenile Hall have been kept.

During our final Conocimiento, we asked the question: *What did you like most about these workshops?* One youth said that what he really appreciated was that during the

workshops “it didn’t matter where you came from; all that stuff was left at the door before you walked in the room. Everyone was respectful of everyone else.” Over and over again, we saw youth with different affiliations participating together, listening to one another, and being considerate. There was never any discernable tension between the Norteños and the Sureños in the sessions. In fact, during an altercation that started over a volley ball (this was not a pre-planned gang-related fight and did NOT occur on a workshop day), two of the boys who had participated in all the workshops immediately took seats as instructed, and did not get involved in the conflict. This was a real accomplishment as both of these boys have a history of gang-related violence.

Finally, the fact that all of the youth not only participated willingly, but told us again and again how much they looked forward to Fridays and how sad they were that A Gang Intervention: Cultural and Healthy Alternatives was ending was the highest praise we could hope for. Three of the youth in particular demonstrated outstandingly positive leadership. These boys set the tone of respect, by example, and in one case offered direct instruction by letting a boy who began looking at a magazine during a workshop know that “we don’t do that here.”

Where We Go From Here:

On Thursday, April 10th we began piloting our program at Watsonville Community School, a COE alternative high school. This group of eight at-risk teens is evenly divided between girls and boys, and we have a few adolescents who are under 16 years of age. It will be interesting to document the similarities and the differences between these sessions and the sessions we just completed in Juvenile Hall.

Gina, Ben, and I, as well as many staff members at Juvenile Probation, feel very strongly that A Gang Intervention: Cultural and Healthy Alternatives should be presented at least three times a year in Juvenile Hall. We base our opinions on the tremendously positive changes we witnessed in so many of the youth who participated in the workshops. The following are highlights from the sessions that demonstrate this:

- From Session Three’s account (Anger Management, Refusal Skills, and Choosing Healthy Alternatives):
The responses during our closing circle were very moving. One boy addressed the youth who had shared his anger story and thanked him for his courage in sharing with the group. Another boy who is new to Juvenile Hall thanked a friend in the group for “having my back and telling me what’s up.” The friend replied, “I just don’t want you to come back here.” Every youth thanked the presenters and the group and stated that they appreciated the respect, the honesty, the seriousness shared. One boy said, “It made me feel better.”
- From Session Four’s account (Influence of Families and Influence of Gangs):

One boy said that the session “made him think.” Another said that the workshop was “reality;” several of the youth said that they really appreciated the support and respect they felt in the group.

- From Session Five’s account (Consequences of Poor Choices with a guest speaker from the DA’s office):

Everyone agreed that today’s workshop was extremely emotional, especially because one of the youth in the group is facing a very serious charge. This boy stated, “I would have done things differently if I had known this stuff.” Other comments about the session were that it was “real,” “intense,” “really, really important,” “really helpful.” All of the boys stated emphatically that it was a positive experience and that they wished that they had learned these things sooner.

- From Session Seven’s account (Victim Awareness):
Although the session included both Norteños and Sureños, there was no gang tension in the room. In fact, when we did an activity that involved the youth all stepping into a closed circle, there was no hesitation on the part of the boys to mingle. We believe this is tremendous progress.

- From Session Eight’s account (Job Counseling: How to Reach Our Goals with a career counselor as guest speaker):

A tremendously powerful statement of the trust each boy has in the group as a whole was expressed by the youths’ willingness to be blind-folded in order to participate in the obstacle course exercise.

- From Session Nine’s account (Final Workshop and Celebration):
During our Conocimiento, we asked the question, “What did you like most about these workshops?” The boys responded by saying, “This is reality,” “I learned a lot,” “I am comfortable here,” “The respect in this room.” Also from the final session: One youth who is in detention on very serious charges talked about his infant son whom he will probably not be able to help raise and stated that he “would go back in time and change everything” if he could. Another youth talked about his father over-dosing on drugs and dying; he became quite emotional and cried openly. As we acknowledged him and thanked him for sharing, one of the boys in the group said to him, “You know, it takes a real man to cry.” During our last Closing Circle, each and every boy thanked us over and over again for the program and expressed sadness that the workshops had to end.

Gina, Ben, and I were continually amazed and delighted to witness the positive changes in the youths’ behavior during the nine weeks of our program. The boys were respectful, of us, and of each other, thoughtful, and willing to participate in the group. Most important, as the weeks progressed, the youth showed great maturity,

thoughtfulness, and compassion. Hopefully, they will take these traits with them when they leave detention. I believe I speak for Gina and Ben when I say that A Gang Intervention: Cultural and Healthy Alternatives was truly a highlight of our careers.

Respectfully submitted: Kathleen Hofvendahl-Clark, MPH

Domestic Violence Workshops

July 13 and July 14, 2009

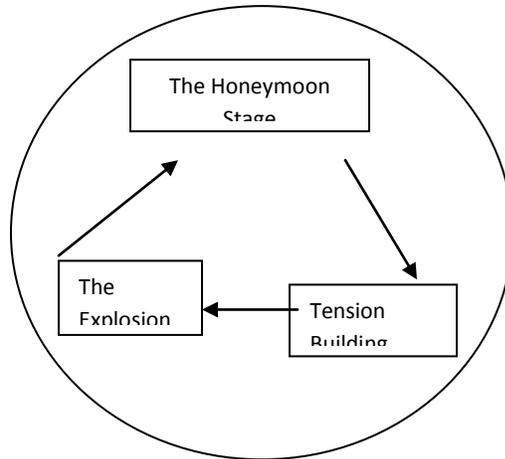
Mariana España, and Ana Rosales, both youth counselors with Women's Crisis Support-Defensa de Mujeres, part-time Juvenile Hall General Supervisor, Carlos Anaya, and I, Kathleen Hofvendahl-Clark, Health Educator for Juvenile Probation, presented two Domestic Violence Workshops to the A Unit youth on consecutive days, July 13th and 14th. The youth were respectful, engaged, and participatory. Each teen expressed their appreciation for having the opportunity to explore this highly charged topic and to be offered techniques for handling anger and dealing positively in potentially explosive situations.

Day One:

The group was comprised both days of eight boys. Our group introduction (Conocimiento) on day one consisted of stating our name and asking: If you could be anywhere in the world where would you be? Two boys replied: "Home." Our goals for both workshops were: 1. Believe that everyone has the right to be safe at all times; 2. Identify what makes a relationship healthy; 3. Learn how to have considerate and caring relationships in our own lives. The youth were encouraged to create their own ground rules, which included: be respectful of others' points of view, no cross-talk, raise hands to speak, and remember that there are no dumb questions. Finally, the Feeling Thermometer was introduced. Most of the youth were familiar with this technique for gauging emotional levels and appeared very comfortable reporting how they were feeling at different points during the workshops. If a topic was particularly sensitive or charged, the facilitators would take a break and ask everyone to check in about their emotions via the Feeling Thermometer.

Mariana introduced the topic of Domestic Violence by first breaking down the root of the word "domestic." Several of the youth volunteered their thoughts on why it is called "domestic violence." They appeared to be fairly comfortable discussing domestic violence at a group level. The youth were then asked for their input on gender roles. It seemed as though there was some confusion among the group about the definition of "gender" so we took time to explain the concept. Once this was clear the teens created an extensive list of what a boy and/or a girl "should" be. One youth in particular mentioned "stereo-typing." We took a short break and when the boys returned to the classroom they were offered snacks of bananas and strawberries.

Mariana led a discussion and illustration on chart paper of The Relationship Cycle. The circle included three segments, linked by arrows:



The youth all appeared rapt during this section and offered several examples of what each part of the cycle may look like, animatedly discussing how the relationship cycle often repeats itself over and over again.

Carlos then discussed different forms of abuse, offering examples of both emotional and physical violence. The youth were very responsive to this segment and truly appeared to relate to the examples Carlos cited. One youth asked if jealousy was a bad emotion. Mariana took the opportunity to discuss emotions as being neutral, neither good nor bad. She stated, however, that how we respond to our emotions is key. This question concerning jealousy provided an opportunity to talk about the many feelings that may come up in a relationship and led to a productive discussion.

The final part of the day's workshop consisted of my asking the teens to list positive ways to show emotional and physical support and respect. The list included compliments and "I messages," hugs and asking permission to touch.

We ended the session with a closing circle, asking everyone to either mention something they had learned, something they appreciate about themselves, or something they appreciate about another person or the group as a whole. Each and every youth stated that they really appreciated the workshop, enjoyed the opportunity to discuss domestic violence openly, and that they were looking forward to the following day. The youth respectfully thanked the facilitators for coming.

Day Two:

After an introduction of the day's activities, going over the goals and ground rules, and the Feeling Thermometer, the Conocimiento was: What kind of animal would you like to be? The responses ranged from a lion, a panther, a cat, to several youth saying an eagle because they can fly free.

We reviewed the topic of domestic violence and then Mariana and Ana led a session of true or false assumptions regarding domestic violence. For example: victims of domestic violence are both male and female (true), rich families don't experience domestic violence (false), most domestic violence occurs among Latinos and Blacks (false). Two questions that generated a great deal of discussion were: Children that experience domestic violence are more often victims of domestic violence when they grow up, and children that see domestic violence are more often perpetrators of domestic violence when they grow up. While both of these statements are true, the youth overall had a very difficult time accepting this fact. These statements afforded a wonderfully opportunity for the facilitators to discuss how we learn behavior, often unconsciously, and how children may mimic behavior they grow up with when they become adults.

We chose to present this true/false exercise as a whole group experience, rather than as a team competition because we decided it would be more beneficial to keep the group cohesive rather than offer any rivalry. While the youth generally really enjoy competitive activities, with topics as charged as domestic violence we've discovered that providing the opportunity for consensus helps to alleviate potential tension.

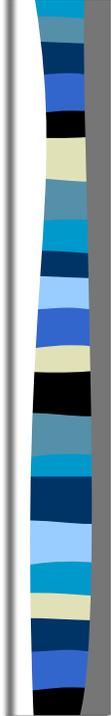
Carlos led a discussion on breakups as a natural part of relationships. This topic was suggested by a youth during the domestic violence workshop we conducted last winter and proved to be an extremely valuable piece. We went over how vital it is to acknowledge our feelings of loss, pain and anger and what techniques are best to cope with these feelings. The youth came up with suggestions such as working out, going for a run, chilling with friends, talking with friends they trust, and going to the movies.

After a short break, the youth were offered muffins for a snack, and then Mariana introduced the topic of anger management. The technique of using "I Statements" was practiced by several volunteers. Mariana also explained the use of a "code word" when an argument becomes heated so the other party knows it is time to stop the conversation. One youth opened a productive discussion by offering an example of what his girlfriend does to push his buttons; everyone in the group could relate! We also discussed taking a "time out" and finding other outlets for anger and aggression. We used Play Dough as an example of something to do when one is feeling angry and each of the boys was given a small container of Play Dough in his locker personals to take home with him. By this final section the youth were all very participatory and really seemed to understand all the concepts discussed.

During the closing circle each youth again thanked the facilitators sincerely and all stated that they had "learned a lot." I believe I speak for Carlos, Mariana, and Ana when I say that offering these workshops was a rewarding and moving experience for each of us and that the youth appeared to gain important insights toward how to have healthier relationships.

Ventura

School Referral Data Presented at Education Summit

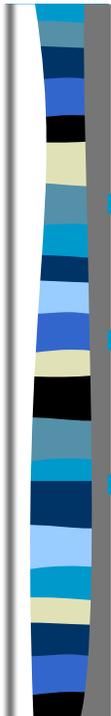


Ventura County Probation Agency



School Summit 2009

**Statistical Analysis of School Enrollment,
Referrals, and Outcomes in Ventura County**



Presenters

Cosette Reiner

Supervising Deputy Probation Officer
Juvenile Facilities

Tim Weir

Principal, Providence School
Juvenile Facilities

Tracy Rohlfiing

Principal, Gateway Community School
Camarillo

School Status for Probation Youth in Ventura County (Age 12-18)

Enrolled in Home District: 1350

Conejo Valley Unified	71
Fillmore Unified	81
Hueneme	15
Moorpark Unified	63
Oak Park Unified	5
Ojai Unified	24
Oxnard Elementary	81
Oxnard Union	563
Pleasant Valley	7
Rio School	9
Santa Clara	1
Santa Paula School	12
Santa Paula Union	49
Simi Valley	119
Somis Union	5
Ventura Unified	239
Westlake District	6

Enrolled in Gateway	201
Enrolled in College	51
Other	381
• Vista	
• Out of Area	
• Drop-outs	
• Not enrolled	

Data as of 2/15/09 and Extrapolated from Probation records

2008

REFERRALS FROM PROVIDENCE SCHOOL FOR YOUTH RELEASED FROM THE JUVENILE FACILITIES WITH 10-29 DAYS OF CUSTODY

There were 302 total referrals from Providence School:

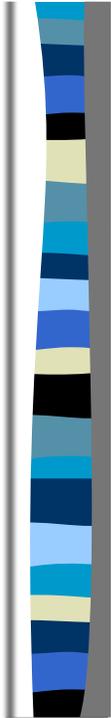
142 of the youth were referred to their home districts.

- It is unknown how many youth enrolled as referred.
- The return to custody rate for those who did enroll is unknown.

75 of the youth went to a school other than Gateway or their home district.

85 youth were referred to Gateway

- 81% completed the enrollment process.
- 70% of those who enrolled returned to the JF within 60 days.
- 3% of those who enrolled returned to their home school districts with unknown results.



2008
REFERRALS FROM PROVIDENCE SCHOOL
FOR YOUTH RELEASED FROM THE JUVENILE FACILITIES WITH
30 OR MORE DAYS OF CUSTODY

There were 571 total referrals from Providence School:

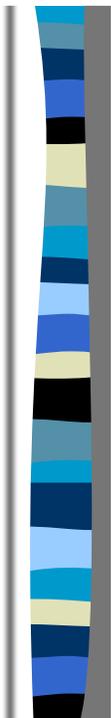
253 of the youth were referred to their home districts.

- It is unknown how many enrolled as referred.
- The return to custody rate for those who did enroll is unknown.

136 of the youth went to a school other than Gateway or their home district.

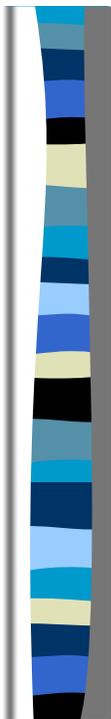
182 youth were referred to Gateway

- 79% completed the enrollment process.
- 74% of those who enrolled returned to the JF within 60 days.
- 8% of those who enrolled returned to their home school districts with unknown results.



STATISTICS FOR VENTURA COUNTY PROBATION YOUTH
Ages 12-18

- Probation youth comprise approximately 3% of our school population.
- Probation youth are predominately Hispanic males.
- Long or short term incarceration at the Juvenile Facilities has no significant impact on successful reintegration to school.
- Approximately 20% of the youth referred from Providence School never enrolled at Gateway.
- Approximately 70% of the youth, who were referred from Providence School and completed enrollment at Gateway, returned to custody within 60 days.
- There are no enrollment or return to custody statistics for youth referred from Providence School to home district schools.
- Our drop-out rate cannot be calculated.

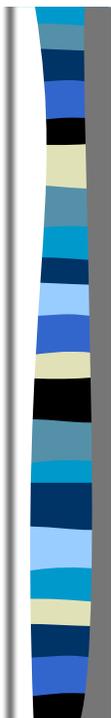


2008
REFERRALS FROM PROVIDENCE SCHOOL
FOR YOUTHS RELEASED FROM THE JUVENILE FACILITIES WITH
10 to 29 days of Custody

Total Referrals: 302
 Males 82%
 Females 18%

Average Age: 16.5

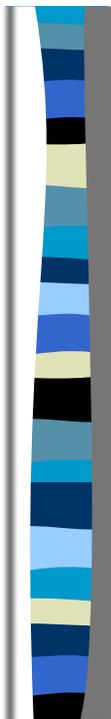
	# of students	Percentage
Hispanic	205	68%
Caucasian	75	25%
African American	12	4%
other	10	3%
	# of students	Percentage
Referrals from Providence School to Gateway	85	28%
Referrals from Providence School to Home Districts	142	47%
All releases that went to other areas other than Gateway or Home Districts	75	25%



2008
REFERRALS FROM PROVIDENCE SCHOOL
FOR YOUTHS RELEASED FROM THE JUVENILE FACILITIES WITH
10 to 29 days of Custody
To Home Districts

142 Referrals = 47%

Districts	# of referrals
Conejo Valley Unified	16
Fillmore Unified	3
Moorpark Unified	7
Oak Park Unified	1
Ojai Unified	1
Santa Paula Union	5
Simi Valley Unified	23
Ventura Unified	20
Oxnard Union	66
Camarillo High School	3
Channel Islands High School	3
Fremont Middle School	1
Oxnard High School	9
Port Hueneme High School	9
Pacifica High School	11
Frontier High School	24
Independent Studies Program	4

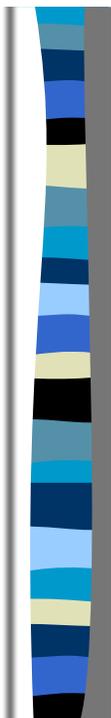


2008
REFERRALS FROM PROVIDENCE SCHOOL
FOR YOUTHS RELEASED FROM THE JUVENILE FACILITIES WITH
10 to 29 days of Custody

OTHER Youths:

75 = 25% of all releases

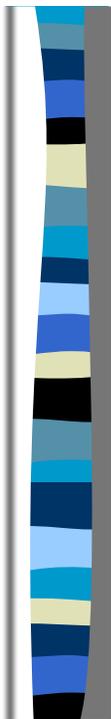
	# of referrals
Adult Education	6
Vista Real	15
GED	3
Graduated High School	3
Drop outs @ age 18	23
College	1
Other	24



2008
REFERRALS FROM PROVIDENCE SCHOOL
FOR YOUTHS RELEASED FROM THE JUVENILE FACILITIES WITH
10 to 29 days of Custody
REFERRALS TO GATEWAY

85 Referrals = 28% of all releases

	Percentage
Male	82%
Females	18%
Hispanic	73%
Caucasian	17%
African American	8%
Other	2%



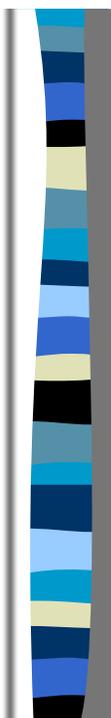
2008
REFERRALS FROM PROVIDENCE SCHOOL
FOR YOUTHS RELEASED FROM THE JUVENILE FACILITIES WITH
10 to 29 days of Custody

85 Referrals
 69 Enrollments
 16 Youth never enrolled

Of the 69 Probation Wards who Enrolled at Gateway:

- 70% Returned to the Juvenile Facilities w/in 60 days
- 3% Returned to their home district and were successful
- 23% Remain enrolled in Gateway
- 1% Graduated
- 3% Moved from the area

There is a 70% return rate for Gateway referrals who were in custody from 10 to 29 days prior to referral.

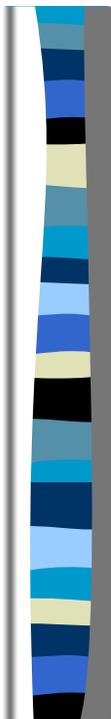


2008
REFERRALS FROM PROVIDENCE SCHOOL
FOR YOUTHS RELEASED FROM THE JUVENILE FACILITIES WITH
30 or more days of Custody

Total Referrals: 571
 Male 87%
 Females 13%

Average Age: 17

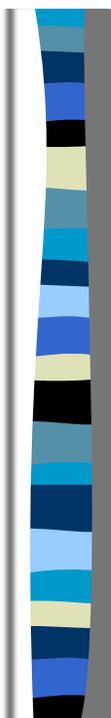
	# of students	Percentage
Hispanic	421	74%
Caucasian	121	21%
African American	16	3%
other	13	2%
	# of students	Percentage
All referrals from Providence School to Gateway	182	32%
All referrals from Providence School made to Home Districts	253	44%
Releases that went to other than Gateway or Home Districts	136	24%



2008
REFERRALS FROM PROVIDENCE SCHOOL
FOR YOUTHS RELEASED FROM THE JUVENILE FACILITIES WITH
30 or more days of Custody
To Home Districts

253 Referrals = 44%

Districts	# of referrals
Conejo Valley Unified	23
Fillmore Unified	13
Moorpark Unified	9
Somis Union	1
Ojai Unified	10
Santa Paula Union	9
Simi Valley Unified	24
Ventura Unified	48
Oxnard Union	116
Camarillo High School	5
Channel Islands High School	5
Rio Mesa High School	8
Oxnard High School	10
Port Hueneme High School	12
Pacifica High School	16
Frontier High School	46
Independent Studies Program	10

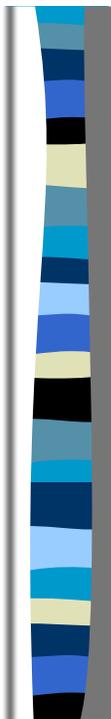


2008
REFERRALS FROM PROVIDENCE SCHOOL
FOR YOUTHS RELEASED FROM THE JUVENILE FACILITIES WITH
30 or more days of Custody

Other youths:

136 = 24% of all releases

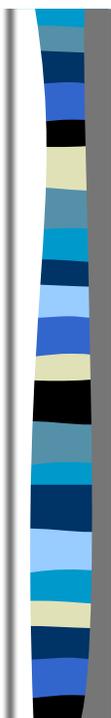
	# of referrals
Adult Education	17
Vista Real Charter School	25
Phoenix School	1
CDC-DJJ	1
GED	5
Graduated High School	12
Age 18, not referred	39
College	5
Other	31



2008
REFERRALS FROM PROVIDENCE SCHOOL
FOR YOUTHS RELEASED FROM THE JUVENILE FACILITIES
WITH
30 or more days of Custody
REFERRALS TO GATEWAY

182 Referrals = 32% of all releases

	Percentage
Male	87%
Females	13%
Hispanic	80%
Caucasian	15%
African American	2%
Other	3%



2008
REFERRALS FROM PROVIDENCE SCHOOL
FOR YOUTHS RELEASED FROM THE JUVENILE FACILITIES WITH
30 or more days of Custody

182 Referrals

143 Enrollments (79%)
39 Youth that never enrolled (21%)

Of the 143 Probation Wards who enrolled at Gateway:

- **64% Returned to the Juvenile Facilities w/in 60 days**
- **16 % Remained enrolled in Gateway**
- **10% Transitioned to their home district and returned to the Juvenile Facilities**
- **8% Transitioned to the home district and results unknown.**
- **1% Moved out of the area**

Average attendance at Gateway School for the school year is 138 days

There is a 64% return rate for Gateway School Referrals

Los Angeles

List of Trainings Attended by HRI Team

Free Trainings Identified and Attended by HRI Staff

Paid Trainings Attended by HRI Staff

Free Trainings Identified and Attended by LA HRI

Course Topic	Participants	Target Completion Date
<i>Adolescent Development –Stages of Childhood Development</i>	HRI DPO	Completed
Benefit Assessments/ Certified Application Assistants	HRI DPO	Completed
<i>Benefit Assessments - Review and Updates on Health Programs Available to the Uninsured.</i>	HRI DPO	Completed
<i>Benefit Assessments – How to Assist Families to Utilize and Retain Their Health Coverage.</i>	HRI DPO	Completed
<i>MAYSIware Training</i>	HRI DPO Juvenile Hall Intake Staff	Completed
<i>Los Angeles Risk and Resiliency Checklist (LARRC)</i>	HRI DPO	Completed
<i>Elements of Wraparound</i>	HRI DPO	Completed
<i>Child Development – Effects of drugs, medications and psychiatric disorders on an individual’s development.</i>	HRI DPO	Completed
<i>Psychological Disorders I – An Overview of Commonly Seen Psychological Disorders in Children and Adolescents. Specifically Mood Disorders and Psychotic Disorders.</i>	HRI DPO Juvenile Hall Unit Staff	Completed
<i>Psychological Disorders II – An overview of commonly seen psychological disorders in children and adolescents. Specifically Anxiety Disorders and Adjustment Disorders.</i>	HRI DPO	Completed
<i>Psychotropic Medications – An overview of medications and regimens utilized to treat psychotropic disorders. Medication limitations, indications and side effects. Understanding behaviors and cognitive limitations.</i>	HRI DPO Juvenile Hall Unit Staff	Completed
<i>Suicide Prevention Intervention – Exploring suicidal indicators, cognitive and emotional aspects of suicide and interventions.</i>	HRI DPO Juvenile Hall Unit Staff	Completed
<i>Effective Communication – How to improve effectiveness in interpersonal communication.</i>	HRI DPO	Completed

Course Topic	Participants	Target Completion Date
Understanding different communication styles and common goals of staff. Basic counseling skills for working with youth.		
<i>Basic Group Dynamics</i> – Managing change in groups within context of working with adolescents in a detention setting.	HRI DPO Juvenile Hall Staff	Completed
<i>Crisis Intervention</i> – Understanding and identifying interpersonal dynamics, which can lead to verbal or physical altercations. How to defuse the situations before they become unmanageable. Establishing and maintaining healthy interpersonal and professional boundaries	HRI DPO	Completed
<i>Behavioral Disorders in Childhood and Adolescence</i> – What is defined as a behavioral disorder? How is it different or similar to ODD, CDO and other disorders? Implication for treatment and interventions.	HRI Manager HRI DPOs	Completed
<i>Field Safety for Outreach Mental Health workers</i> – Identify the elements of a dangerous situation as well as individuals who may be at risk of becoming violent. Learn to evaluate the level of danger and implement appropriate responses/actions.	HRI DPO	Completed
<i>Non-Violent Crisis Intervention</i> – Identify the basic elements of violent behavior and how crisis may escalate or deescalate. How to separate a crisis situation into four identifiable behavior levels. Learn personal safety techniques which will prevent consumer and staff injury.	HRI DPO Juvenile Hall Staff	Completed
<i>Introduction to the Wellness Recovery Action Plan (WRAP)</i> – Will provide the essential elements of developing Group Guidelines, as well as the strategies for developing an effective WRAP. Participants will gain knowledge of the values underlying the Recovery Model and will learn the importance of embracing cultural strengths, individual strengths and facilitating group guidelines.	HRI DPO	Completed
<i>Gangs, Identification and Awareness</i> - An identification overview on gang members, gang structure, membership motivation, subgroups, physical identifiers, terminology, geographical	HRI DPO	Completed

Course Topic	Participants	Target Completion Date
locations, and graffiti interpretation.	DMH Clinical Staff MDT Community-Based Clinician Staff	
<i>Substance Abuse Education and Treatment</i>	HRI DPO	Completed
<i>Wrap Around Policy and Procedures</i>	HRI DPO	Completed
<i>Wraparound Plan of Care Training</i>	HRI DPO	Completed
<i>A New Beginning for Partnerships for Children and Families in Los Angeles County</i>	HRI DPO	Completed
<i>Cultural Diversity Team</i>	HRI DPO	Completed
<i>Los Angeles County Department of Mental Health Juvenile Justice Mental Health Unit, Probation Department, Juvenile Justice Crime Prevention Stakeholders, and the Los Angeles Team of the National Policy Academy presented the 2006 Juvenile Justice Conference on Systems Transformation: Stop Flapping and Take Flight</i>	HRI DPO	Completed
<i>Family Preservation Referral, Services and Delivery</i>	HRI DPO	Completed
<i>Certified Application Assistors (CAA) Forum and Advocacy Training</i>	HRI DPO	Completed
<i>Gender Specific and Trauma Strategies</i>	HRI DPO	Completed
<i>Wraparound Outcomes</i>	HRI DPO	Completed
<i>Mandated Reporter Child Abuse Reporting</i>	HRI DPO	Completed
<i>Meeting the Needs of Female Juvenile Offenders</i>	HRI DPO	Completed
<i>The Management and Treatment of Sex Offenders</i>	HRI DPO	Completed
<i>Supervising Offenders with Mental Health Disorders</i>	HRI DPO	Completed
<i>Working with Diverse Populations</i>	HRI DPO	Completed

Course Topic	Participants	Target Completion Date
<i>Evidenced Based Practices</i>	HRI DPO	Completed
<i>Family Preservation</i>	HRI DPO	Completed
<i>Learning Rights; A Special Education Toolkit- How to assist Foster and Probation Youth with disabilities to receive special education and related services.</i>	HRI DPO	Completed
<i>We've Got You Covered – 2 day training designed for those individuals that provide enrollment and retention services for children and adults, of every no/low cost health program provided in L.A. County</i>	HRI DPO	Completed
<i>Female Gangs</i>	HRI DPO	Completed
<i>Adolescent Development and New Brain Research: Implications for the Juvenile Justice System</i>	HRI DPO	Completed
<i>Mental Health Needs of Youth in the Juvenile Justice System: Models for Intervention</i>	HRI DPO	Completed
<i>Current Trends in Drugs</i>	HRI DPO	Completed
<i>Changing Role in Law Enforcement – Museum of Tolerance.</i>	HRI DPO	Completed
<i>Managing Trauma – Preventive and Treatment of Post Traumatic Stress Disorder</i>	HRI DPO	Completed
<i>Transforming Our Community Conference: Workshops on – Substance Abuse, Internet Predators, Special Education, AB3632, Preparing Youth for Employment, ADHD, Discipline, Emancipating Foster & Probation Youth, Pre-natal to Five and Surviving the Streets of LA.</i>	HRI DPO	Completed
<i>Abuse of Youth In Placement</i>	HRI Manager	Completed
<i>Anti-Gang Violence Conference: Integrating Services to Reduce Gang Violence.</i>	HRI DPO HRI Manager	Completed

Course Topic	Participants	Target Completion Date
<i>Community Capacity Building & Service Referrals</i>	HRI Manager	Completed
<i>It takes a Community and the Legislative Agenda</i>	HRI Manager	Completed
Mindful Therapy: The Brain, Relationships, and the Development of Well-Being	HRI Manager	Completed
Rebuilding Lives: Education Reform Strategy, Juvenile Strategy, Adult Strategy	HRI Manager	Completed
Juvenile Schools: Presentation by Los Angeles Office of Education	HRI Manager	Completed
Making Meaning and Giving Voice Process: Empowerment Evaluation	HRI Manager	Completed
Juvenile Evidence Based Programs Strategy Stakeholder Response	HRI Manager	Completed
<i>Adult Strategy Stakeholder Response</i>	HRI Manager	Completed
<i>Gang Trends Part I</i>	HRI DPO HRI Manager	Completed
<i>Trauma, Loss, and PTSD</i>	HRI DPO	Completed
<i>How to Work with Interns</i>	HRI DPO	Completed
<i>Safe Crisis Management</i>	HRI DPO	Completed
<i>Special Incident Reporting (S.I.R.)</i>	HRI DPO	Completed
<i>Child Abuse Reporting</i>	HRI DPO	Completed
<i>Introduction to Mental Health</i>	HRI DPO	Completed
<i>Use of Chemical Agents</i>	HRI DPO	Completed
<i>L.A. County Probation Detention Bureau Policies</i>	HRI DPO	Completed
<i>Suicide Prevention Revisited</i>	HRI DPO	Completed
<i>Community Corrections Collaborative Conference II</i>	HRI Manager	Completed
<i>Discrimination Complaint Process</i>	HRI Manager	Completed

Course Topic	Participants	Target Completion Date
<i>Abuse of Youth in Placement</i>	HRI Manager	Completed
<i>Standard First Aid & CPR</i>	HRI DPO	Completed
<i>Mental Health Community Resources</i>	HRI DPO	Completed
<i>Current Trends in Illegal Street Drugs</i>	HRI DPO	Completed
<i>Indian Child Welfare Act Title IVE</i>	HRI Manager	Completed
<i>Food Politics</i>	HRI Manager	Completed
<i>Health Care in America</i>	HRI Manager	Completed
<i>Basic Supervision</i>	HRI DPO	Completed
<i>Strategic Plan Review by Probation</i>	HRI Manager	Completed
<i>Leading the Commitment to Youth</i>	HRI Manager	Completed
<i>Emerging Strategies to Improve Outcomes</i>	HRI Manager	Completed
<i>Update on Los Angeles County Probation</i>	HRI Manager	Completed
<i>Emergency Preparedness – State Emergency</i>	HRI Manager	Completed
<i>Reporting Incidents Involving the Workplace</i>	HRI Manager	Completed
<i>Methamphetamines and Other Drugs</i>	HRI Manager	Completed
<i>Gang Trends Part II</i>	HRI Manager HRI DPO	Completed
<i>Trauma, Loss and PTSD</i>	HRI DPO	Completed
<i>Preceptor Training</i>	HRI DPO	Completed
<i>Making it Through</i>	HRI DPO	Completed
<i>Safe Crisis Management</i>	HRI DPO	Completed
<i>Special Incident Report</i>	HRI DPO	Completed
<i>Child Abuse Reporting</i>	HRI DPO	Completed

Course Topic	Participants	Target Completion Date
<i>Introduction to Mental Health</i>	HRI DPO	Completed
<i>Use of Chemical Agents</i>	HRI DPO	Completed
<i>LA County Probation Detention Bureau Policies</i>	HRI DPO	Completed
<i>Suicide Prevention Revisited</i>	HRI DPO	Completed
<i>Justice Data Interface Controller (JDIC)</i>	HRI DPO	Completed
<i>Bridging the Gap between ESPDT and Wraparound</i>	HRI Manager	Completed
<i>Managing Compassion Fatigue</i>	HRI Manager	Completed
<i>Trauma and Co-Occurring Disorders; Understanding and Working with Youth</i>	HRI Manager HRI DPO	Completed
<i>Improving Your Skills as a Facilitator</i>	HRI Manager	Completed
<i>MHSA Prevention and Early Intervention Roundtable Training by the California Institute of Mental Health</i>	HRI Manager	Completed
<i>Special Education Training</i>	HRI Manager HRI DPO	Completed
<i>New Beginnings Conference</i>	HRI Manager HRI DPO	Completed
<i>School Threat Assessment Response Team</i>	HRI Manager HRI DPO	Completed
<i>A New Beginning for Partnerships for Children & Families in Los Angeles County</i>	HRI Manager HRI DPO	Completed
<i>Teen Substance Users: There is Hope!</i>	HRI Manager HRI DPO	Completed
<i>School Discipline: The Law, Implementation, and Its Effect on Our Children</i>	HRI Manager HRI DPO	Completed

Course Topic	Participants	Target Completion Date
<i>Immigration Options for Abused, Neglected & Abandoned Children</i>	HRI Manager HRI DPO	Completed
<i>Funding Issues in Child Welfare</i>	HRI Manager HRI DPO	Completed
<i>Stress & Conflict Management</i>	HRI Manager HRI DPO	Completed
<i>Responding to Crossover Youth; A Summary and Discussion</i>	HRI Manager HRI DPO	Completed
<i>Youth Programs in the Los Angeles County Sheriff's Department</i>	HRI Manager HRI DPO	Completed
<i>Effecting Outcomes in Dependency Proceedings: Continuing the Dialogue to Enhancing Communication Across Disciplines</i>	HRI Manager HRI DPO	Completed
<i>Autism, Current Trends and Resources</i>	HRI Manager HRI DPO	Completed
<i>Re-Engaging Fathers In Child Development</i>	HRI Manager HRI DPO	Completed
<i>Placement Issues with Dependency Proceedings</i>	HRI Manager HRI DPO	Completed
<i>The ABC's of Therapy for Dependency and Delinquency Youth</i>	HRI Manager HRI DPO	Completed
<i>Addressing Overrepresentation of Youth of Color Coming Into Contact with Justice and Dependency Systems</i>	HRI Manager HRI DPO	Completed
<i>DCFS and Point of Engagement: An Overview</i>	HRI Manager HRI DPO	Completed

Course Topic	Participants	Target Completion Date
<i>Meeting the Educational Needs of Probation Youth; California Rules of Court</i>	HRI Manager HRI DPO	Completed
<i>Appealing to the Court of Appeal: A Comprehensive Discussion With The Second District of Appeals</i>	HRI Manager HRI DPO	Completed
<i>SSI and Transitioning Youth</i>	HRI Manager HRI DPO	Completed
<i>Countywide Prevention & Early Intervention Orientation</i>	HRI Manager	Completed
<i>Probation Case Management System (PCMS)</i>	HRI DPO	Completed
<i>2009 Countywide Chronic Truancy Symposium</i>	HRI DPO	Completed
<i>School Success: From Theory into Practice</i>	HRI DPO	Completed
<i>Anti-Truancy Enforcement Efforts</i>	HRI DPO	Completed
<i>Collaboratives: Finding & Using Community Resources</i>	HRI DPO	Completed
<i>New Trends in Truancy Prevention</i>	HRI DPO	Completed
<i>Truancy, Failed Education & Delinquency</i>	HRI DPO	Completed
<i>Adolescents Self Mutilation Training; What it Mean & How to Help Them</i>	HRI Manager HRI DPO	Completed
<i>Psychotropic Medication Interactions</i>	HRI Manager HRI DPO	Completed
<i>Parent Conference "It's Time for Change"</i>	HRI Manager HRI DPO	Completed
<i>Child Support Workshop</i>	HRI DPO	Completed
<i>The Adolescent Sub-Culture "MySpace: Foundation for On-line Safety" – "Online Solicitation Up Close Examination" – "Designer</i>	HRI DPO	Completed

Course Topic	Participants	Target Completion Date
<i>Drugs for Adolescents"</i>		
<i>Human Trafficking</i>	HRI Manager HRI DPO	Completed
<i>Southern California Gambling Summit</i>	HRI Manager HRI DPO	Completed
<i>San Gabriel Valley Crystal Meth Summit</i>	HRI Manager HRI DPO	Completed
<i>Understanding Human Hoarding Behaviors</i>	HRI DPO	Completed
<i>Los Angeles County Mental Health Services Act (MHSA) Innovations Plan Planning Process</i>	HRI Manager	Completed

Paid Trainings Attended by HRI Staff

Course Topic	Participants	Target Completion Date
<i>6th Annual Statewide Conference on Co-Occurring Disorders</i>	HRI DPO	Completed
<i>Safe Crisis Management</i>	HRI DPO	Completed
<i>Special Incident Reporting (S.I.R.)</i>	HRI DPO	Completed
<i>California Mental Health Advocates for Children and Youth Conference (CMHACY)</i>	HRI Manager HRI DPO	Completed
<i>Reclaiming Children and Youth at Risk: Our Hope for the Future</i>	HRI Manager HRI DPO	Completed
<i>The Memories, The Meaning and The Message</i>	HRI Manager HRI DPO	Completed
<i>Prevention and Early Intervention: A Youth Panel</i>	HRI Manager HRI DPO	Completed
<i>Family Partnership Council of California (FPCC)</i>	HRI Manager HRI DPO	Completed
<i>The Resilience Revolution</i>	HRI Manager HRI DPO	Completed
<i>Changing the Odds, One School Day at a Time</i>	HRI Manager HRI DPO	Completed
<i>Strategies for Selecting Evidence-Based Practices for Prevention and Early Intervention</i>	HRI Manager HRI DPO	Completed
<i>Closing the Achievement Gap in California's Public Education System</i>	HRI Manager	Completed

Course Topic	Participants	Target Completion Date
	HRI DPO	
<i>Understanding Effective Services for Families</i>	HRI Manager HRI DPO	Completed
<i>Family Prevention and Early Intervention: A Comprehensive Community Framework</i>	HRI Manager HRI DPO	Completed
<i>In Our Own Words: The California Youth connection</i>	HRI Manager HRI DPO	Completed
<i>Infant Mental Health and Child Welfare</i>	HRI Manager HRI DPO	Completed
<i>Working with Youth Who Challenge You Most: 1 Step Forward and 10 Steps Back</i>	HRI Manager HRI DPO	Completed
<i>Evaluating Program Outcomes</i>	HRI Manager HRI DPO	Completed
<i>Primary Intervention Program (PIP), Early Mental Health Initiative (EMI), and Prevention and Early Intervention (PEI)</i>	HRI Manager HRI DPO	Completed
<i>How DPSS Partners with Mental Health and Other community Partners Through the Annie E. Casey Family to Family TDM Process</i>	HRI Manager HRI DPO	Completed
<i>Service Area Navigation Teams: Promoting Community Partnerships and Access to Mental Health Services</i>	HRI Manager HRI DPO	Completed
<i>Different Locks – One Key</i>	HRI Manager HRI DPO	Completed
<i>Culturally and Spiritually-Centered Collaboration Among Latino Mental Health Populations</i>	HRI Manager HRI DPO	Completed

Course Topic	Participants	Target Completion Date
<i>Response Ability Pathways (RAP)</i>	HRI Manager HRI DPO	Completed
<i>Family Participation in the Mental Health Services Act</i>	HRI Manager HRI DPO	Completed
<i>Workforce Development: Family Members and Parent Partners – Re-Tool for Transformation</i>	HRI Manager HRI DPO	Completed
<i>The Mental Health Services Act (MHSA) Prevention and Early Intervention (PEI) Component: The First Wave of Implementation</i>	HRI Manager HRI DPO	Completed
<i>Promoting Well-Being Through Partnerships</i>	HRI Manager HRI DPO	Completed
<i>Daniel’s Place</i>	HRI Manager HRI DPO	Completed
<i>Placer County Crisis Resolution Center – A Collaboration Preventing Youth from Entering the Probation, Child Welfare, and Mental Health Systems</i>	HRI Manager HRI DPO	Completed
<i>Evaluating Wraparound Services: Collaborative Strategies, Suggestions and Examples</i>	HRI Manager HRI DPO	Completed
<i>Building the Capacity and Infrastructure of Family Strengthening Organizations</i>	HRI Manager HRI DPO	Completed
<i>Mental Health and Early Childhood Education: “Strengthening the Bridge to School Readiness Through Partnership”</i>	HRI Manager HRI DPO	Completed
<i>The Magill Project: A Multi-Dimensional Approach to Wellness using Collaboration between Health Professionals in High School Environments</i>	HRI Manager HRI DPO	Completed

Course Topic	Participants	Target Completion Date
<i>Promoting Well-being Through Prevention Programs: From Ethnic-Specific Best Practices to Multi-Ethnic Strategies</i>	HRI Manager HRI DPO	Completed
<i>What Dr. Phil (and others) Should Not Have Said About Brittney Spears: Youth Perspectives on Privacy Violations and Protecting the Dignity of Mental Health Consumers</i>	HRI Manager HRI DPO	Completed
<i>Family-Driven Care: What's It Really About</i>	HRI Manager HRI DPO	Completed
<i>Understanding the Potential of Family Strengthening Organizations for the Transformation of the Mental Health System</i>	HRI Manager HRI DPO	Completed
<i>California Department of Alcohol and Drug Programs</i>	HRI Manager HRI DPO	Completed
<i>Programs for Early Intervention in Psychosis</i>	HRI Manager HRI DPO	Completed
<i>Families as Partners in Service Delivery, Not Service Recipients</i>	HRI Manager HRI DPO	Completed
<i>Implementing Triple P (Positive Parenting Program): Sublime, Ridiculous and Everything In Between</i>	HRI Manager HRI DPO	Completed
<i>Creating a Child and Family Process within the Context of Katie A. and AB 1453</i>	HRI Manager HRI DPO	Completed
<i>Children Who Fail in School but Succeed in Life: Recent Advances in Our Understanding of Human Resilience and the Limits of Emotional Endurance</i>	HRI Manager HRI DPO	Completed
<i>"It Takes a Community" – Reducing Stigma and Promoting Social and Emotional Development in Young Children</i>	HRI Manager HRI DPO	Completed

Course Topic	Participants	Target Completion Date
<i>Human Scale – A Special Screening (review of film documentary about the friendship of two youth, one diagnosed with Bipolar disorder and the other with schizophrenia, who met at a Transition Age Youth Drop-In Center in Los Angeles)</i>	HRI Manager HRI DPO	Completed
<i>Steven Mayberg, Director, California Department of Mental Health</i>	HRI Manager HRI DPO	Completed
<i>Policy Panel: Fresh Ideas – Forecasted Changes, Discussion centered on issues of grappling with the State Budget Crisis and the voter’s mandate for transformational reform.</i>	HRI Manager HRI DPO	Completed
<i>Adolescent Teen Health Conference</i>	HRI Manager HRI DPO	Completed
<i>Teen Dating Violence Prevention and Intervention</i>	HRI Manager HRI DPO	Completed
<i>Adolescent Relationships, Violence and Health: Implications for Prevention and Intervention</i>	HRI Manager HRI DPO	Completed
<i>Big Picture, Simple Solutions-Building Partnerships Between Youth and Community</i>	HRI Manager HRI DPO	Completed
<i>Saving Lives: Prevention Teen Suicide</i>	HRI Manager HRI DPO	Completed
<i>Facilitating Dialogue on Differences</i>	HRI Manager HRI DPO	Completed
<i>Providing Effective Chlamydia Screening to Adolescents on Their Turf!</i>	HRI Manager HRI DPO	Completed
<i>HIV/AIDS Prevention Through Teen Peer Education – Youth Track</i>	HRI Manager	Completed

Course Topic	Participants	Target Completion Date
	HRI DPO	
<i>Change is Possible: Life Story of a Former Gang Member</i>	HRI Manager HRI DPO	Completed
<i>Confidentiality Laws and Interdisciplinary Collaboration: Strategies to Encourage Cross Disciplinary Communication</i>	HRI Manager HRI DPO	Completed
<i>Using Youth-Led Action Research to Meet the Healthcare Needs of LGBTQ Youth</i>	HRI Manager HRI DPO	Completed
<i>“Tranny Rockstars” – Transgender Youth and Their Lives</i>	HRI DPO	Completed
<i>The Changing Youth of Addiction – What Parents and Practioners Need to Know</i>	HRI Manager HRI DPO	Completed
<i>From the Playground to the Streets – Underage Prostitution Oakland</i>	HRI Manager HRI DPO	Completed
<i>On the Inside: Providing Comprehensive Sexual Health Education to Incarcerated Youth</i>	HRI Manager HRI DPO	Completed
<i>Fifth California Wraparound Institute: Working Together to Engage Families</i>	HRI Manager HRI DPO	Completed
<i>Faith and Family Strengthening: a Strength-Based Approach</i>	HRI Manager HRI DPO	Completed
<i>Meeting the Needs of Minority Youth in Juvenile Justice</i>	HRI Manager HRI DPO	Completed
<i>Youth Voices from Wraparound</i>	HRI Manager HRI DPO	Completed

Course Topic	Participants	Target Completion Date
<i>Family Partnership, the Power of One</i>	HRI Manager HRI DPO	Completed
<i>Wraparound 101</i>	HRI Manager HRI DPO	Completed
<i>High Fidelity Wraparound: A CIMH Community Development</i>	HRI Manager HRI DPO	Completed
<i>Creating Lasting Family Connections</i>	HRI Manager HRI DPO	Completed
<i>Building Family Plans</i>	HRI Manager HRI DPO	Completed
<i>Wraparound Collaboration: Mental Health and Probation</i>	HRI Manager HRI DPO	Completed
<i>Gang-Affiliated Youth and Families in Wraparound</i>	HRI Manager HRI DPO	Completed
<i>Partnering with Hmong Shamans</i>	HRI Manager HRI DPO	Completed
<i>When Multiple Provider Agency and County Partners Work Together</i>	HRI Manager HRI DPO	Completed
<i>Getting to the Core: Identifying and Planning for the Right Needs</i>	HRI Manager HRI DPO	Completed
<i>Natural Supports: What are They and How Can They Help</i>	HRI Manager HRI DPO	Completed
<i>Gang Affiliated Youth and Families in Wraparound</i>	HRI Manager	Completed

Course Topic	Participants	Target Completion Date
	HRI DPO	
<i>Strangers from Strange Lands: Working with "Those" People</i>	HRI Manager HRI DPO	Completed
<i>Healing Families from the Root: Cultural Competency with Latino Families</i>	HRI Manager HRI DPO	Completed
<i>Cultural Competence in Family Centered Practice</i>	HRI Manager HRI DPO	Completed
<i>Evaluating Outcomes in a Public Model of Wraparound Experiences and Challenges</i>	HRI Manager HRI DPO	Completed
<i>When the Healer Needs Healing</i>	HRI Manager HRI DPO	Completed
<i>Helping Other People Change</i>	HRI Manager HRI DPO	Completed
<i>Cultural Competence in Family Centered Practice</i>	HRI Manager HRI DPO	Completed
<i>Parent Support Groups and Networking</i>	HRI Manager HRI DPO	Completed
<i>Valuable Partnering Tools</i>	HRI Manager HRI DPO	Completed
<i>Practical Partnering Tools</i>	HRI Manager HRI DPO	Completed
<i>Culturally Modified Trauma-Focused Treatment</i>	HRI DPO	Completed
<i>Children's Grief Conference</i>	HRI Manager	Completed

Course Topic	Participants	Target Completion Date
	HRI DPO	
<i>Child/Grief/Trauma After Loss of a Loved One to Death Loss – Special Issues</i>	HRI Manager HRI DPO	Completed
<i>The ABC's of Whole-Family Grief Counseling in a Home-Based Setting</i>	HRI Manager HRI DPO	Completed
<i>Thinking Inside the Box: How to Talk to Kids about Funerals, Cremation and Create Meaningful Mourning Rituals</i>	HRI Manager HRI DPO	Completed
<i>Childhood Traumatic Grief and Later Antisocial Behaviors Including Violence</i>	HRI Manager HRI DPO	Completed
<i>Untold Stories: Stillbirth and Infant Mortality from the African American Perspective</i>	HRI Manager HRI DPO	Completed
<i>Grief – Restoring Joy to Children and Their Families</i>	HRI Manager HRI DPO	Completed
<i>The Supervisors Role: How to Care for Your Staff When Clients or Colleagues Die</i>	HRI Manager HRI DPO	Completed
<i>First Scene Responders: The Need for Line Support</i>	HRI Manager HRI DPO	Completed
<i>Domestic Violence: Grief and Loss and How it Affect the Lives of Children</i>	HRI Manager HRI DPO	Completed
<i>Project Youth Embrace: A Collaborative Approach to Successful Community Reintegration for Juvenile Offenders</i>	HRI Manager HRI DPO	Completed
<i>Helping Children Move Beyond a Terminal Diagnosis</i>	HRI Manager HRI DPO	Completed

Course Topic	Participants	Target Completion Date
<i>Universal Needs of Bereaved Children and Teens</i>	HRI Manager HRI DPO	Completed
<i>Using Drawings in Working with Children and Adults</i>	HRI Manager HRI DPO	Completed
<i>Palliative Care and Hospice</i>	HRI Manager HRI DPO	Completed
<i>Working with Children/Youth/Teens Impacted by Violence, Homicide, Loss and Trauma</i>	HRI Manager HRI DPO	Completed
<i>Building Resilience and Post-Traumatic Growth Among At-Risk Youth</i>	HRI Manager HRI DPO	Completed
<i>Pediatric Organ Donation: A Family's Journey</i>	HRI Manager HRI DPO	Completed
<i>Trauma, Memory and Suggestibility</i>	HRI Manager HRI DPO	Completed
<i>Regional Center & Early Start Eligibility Services & Due Process</i>	HRI Manager HRI DPO	Completed
<i>Permanency Planning Mediation – Collaboration for Permanence</i>	HRI Manager HRI DPO	Completed
<i>Co-Located Children's Social Workers with Law Enforcement</i>	HRI Manager HRI DPO	Completed
<i>The Role of the Child's Attorney with Dependency Proceedings</i>	HRI Manager HRI DPO	Completed
<i>Identifying Mental Health "Red Flag" Issues</i>	HRI Manager	Completed

Course Topic	Participants	Target Completion Date
	HRI DPO	
<i>Best Practices- Pregnancy and Parenting Teen in Foster Care and their Children</i>	HRI Manager HRI DPO	Completed
<i>Securing Benefits to Create Safe and Permanent Homes</i>	HRI Manager HRI DPO	Completed
<i>Annual HRI Convening – Policy</i>	HRI Manager HRI DPO	Completed
<i>Effective Implementation of Evidenced-Based Practices</i>	HRI Manager HRI DPO	Completed
<i>Addressing Physical Health Related to Juvenile Justice</i>	HRI Manager HRI DPO	Completed
<i>Increasing Health Insurance Coverage for Children and Families</i>	HRI Manager HRI DPO	Completed
<i>7th Annual Conference on Co-Occurring Disorders: Transforming Challenges Into Opportunities</i>	HRI Manager HRI DPO	Completed
<i>Implementation: Next steps for Integrated Systems of Care in Los Angeles</i>	HRI Manager HRI DPO	Completed
<i>Risk Factors Are Not Predictive Factors Due to Protective Factors</i>	HRI Manger HRI DPO	Completed
<i>Looking for Ways to Obtain Low Cost ore Even “Free” Psychotropic Medications</i>	HRI Manager HRI DPO	Completed
<i>Integrating Mental Health Services into School Setting</i>	HRI Manager HRI DPO	Completed

Course Topic	Participants	Target Completion Date
<i>Medication-Assisted Treatment for Substance Dependence: The Los Angeles County Vivitrol Pilot Project</i>	HRI Manager HRI DPO	Completed
<i>Paradigm Shift: An Integrated System of Care at the County Level for Individuals with Co-Occurring Disorders</i>	HRI Manager HRI DPO	Completed
<i>High Risk Sex Behavior and Meth Use in the GLBT Community</i>	HRI Manager HRI DPO	Completed
<i>Aligning community Resources</i>	HRI Manager HRI DPO	Completed
<i>Evidenced-Based Practice for Youth with Co-Occurring Diagnosis: Applied Strategies for Professionals</i>	HRI Manager HRI DPO	Completed
<i>No Treatment, No Justice,; Co-Occurring Disorders in the Courtroom</i>	HRI Manager HRI DPO	Completed
<i>Adolescent COD with Special Considerations for Youth Involved in the Juvenile Justice System</i>	HRI Manager HRI DPO	Completed
<i>Alcohol, Drugs Problem Gambling, and Older Adults: Recognition and Response</i>	HRI Manager HRI DPO	Completed
<i>Management of PTSD and Substance Abuse-Recovery is Possible</i>	HRI Manager HRI DPO	Completed
<i>The Elevator is Broken, Take the Steps! A Guide to Applying the 12-Steps of Alcoholics Anonymous t the Treatment of Dual Diagnosis</i>	HRI Manager HRI DPO	Completed
<i>2009 California Conference on Mental Health</i>	HRI Manager	Completed

Course Topic	Participants	Target Completion Date
<i>& Spirituality; The Journey to Wholeness</i>	HRI DPO	
<i>Rabbi/Social Work Roundtable: An Interdisciplinary model for Interfaith Pastoral Consultation</i>	HRI Manager HRI DPO	Completed
<i>Spirituality in Recovery Programs</i>	HRI Manager HRI DPO	Completed
<i>Cultural and Spiritual Approaches to Healing Intergenerational Trauma in Native American, African American, Hmong American, and Latino American Communities</i>	HRI Manager HRI DPO	Completed
<i>Spirituality and Recovery: What Research Says</i>	HRI DPO	Completed
<i>Keys to Early Intervention: Recognizing the Signs & Symptoms of Mental Illness</i>	HRI Manager HRI DPO	Completed
<i>Challenges in Fostering Spirituality to Reduce the Stigma of Mental Illness: Exploring the Clash between Cultural and Spiritual Beliefs in Asian American Churches</i>	HRI DPO	Completed
<i>North American Indian Philosophy of Mind, Body, and Soul: Holy Trilogy of Human Life</i>	HRI DPO	Completed
<i>Spiritual Dimension of Mental Health: Consideration for Prevention and Intervention</i>	HRI Manager HRI DPO	Completed
<i>Spirituality in Recovery: The Consumers' Journey</i>	HRI Manager HRI DPO	Completed
<i>Biblical Meditation for Total Restoration</i>	HRI DPO	Completed
<i>Tend My Sheep: Church-Based Ministry to People with Mental Illness</i>	HRI DPO	Completed

Course Topic	Participants	Target Completion Date
<i>Finding Your Spirituality Journey</i>	HRI DPO	Completed
<i>The Center for Children of Incarcerated Parents presents the 17th National CCIP Training Institute</i>	HRI Manager HRI DPO	Completed
<i>Working with Children of Incarcerated Parents</i>	HRI Manager	Completed Completed
<i>Relationship-based Practice: Infant Family Mental Health</i>	HRI Manager HRI DPO	Completed
<i>2009 National Gang Violence Conference</i>	HRI Manager HRI DPO	Completed
<i>Prison Gangs</i>	HRI Manager HRI DPO	Completed
<i>ATF Case Study – Joseph Place</i>	HRI Manager HRI DPO	Completed
<i>Gang Communication Techniques</i>	HRI Manager HRI DPO	Completed
<i>Expert Testimony</i>	HRI Manager HRI DPO	Completed
<i>Gang Net Update</i>	HRI Manager HRI DPO	Completed
<i>Juggalos</i>	HRI Manager HRI DPO	Completed
<i>Graffiti and Taggers</i>	HRI Manager HRI DPO	Completed

Course Topic	Participants	Target Completion Date
<i>ATF Case Study – Cutt Boyz</i>	HRI Manager HRI DPO	Completed
<i>National Gang Intel Center</i>	HRI Manager HRI DPO	Completed
<i>Gangs in the Military</i>	HRI Manager HRI DPO	Completed
<i>Extremists and Racists Groups</i>	HRI Manager HRI DPO	Completed
<i>Computer Forensics</i>	HRI Manager HRI DPO	Completed
<i>Gang Investigations</i>	HRI Manager HRI DPO	Completed
<i>Gang Prosecutorial Ethics</i>	HRI Manager HRI DPO	Completed
<i>Criminal Aliens</i>	HRI Manager HRI DPO	Completed
<i>Asian Gangs</i>	HRI Manager HRI DPO	Completed
<i>Gang Injunctions/ Bid Abatement</i>	HRI Manager HRI DPO	Completed
<i>Gangs and Counterfeiting</i>	HRI Manager HRI DPO	Completed
<i>Officer Survival</i>	HRI Manager	Completed

Course Topic	Participants	Target Completion Date
	HRI DPO	
<i>ATF- HIDTA STOP Initiative</i>	HRI Manager HRI DPO	Completed



Ventura County Education/Juvenile Justice Summit Tuesday, March 31, 2009

Summit Notes

Welcome

Opening remarks were made by:

- Christy Weir, Ventura City Mayor
- Karen Staples, Chief Probation Officer
- Stan Mantooth, County Office of Education Superintendent

Meeting Goals & Opening Exercise

Mark Varela, Deputy Chief of Probation, welcomed participants and thanked The California Endowment and its support of the Healthy Returns Initiative for inspiring this first-ever Ventura County Education and Juvenile Justice Summit.

Shiree Teng, La Piana Consultant, led participants in an introductory exercise, inviting attendees to share with their neighbors:

- Someone who made a difference in your life when you were in school
- How they helped you, or the impact they made
- What might have your life been like had they not come along

This exercise emphasized the important role that teachers and other adult mentors can make in a child's life by providing structure, encouragement, and generally "believing in" the young person's potential.

Statistical Analysis of School Enrollment, Referrals, and Outcomes

The data revealed some surprising – and concerning – findings regarding...

Keynote Presentation

James Bell, President and Founder of the W. Haywood Burns Institute, offered thought-provoking observations on the meaning of real justice – from a global perspective all the way to the roles and responsibilities of individuals interacting with youth in the educational or juvenile justice systems.

Discussion of Issues

Participants assembled into eight small groups to discuss: 1) their perceptions of youth who are involved in the juvenile justice system; and 2) the systemic issues and challenges facing this

youth population. Facilitators reported back on key takeaways from their group's discussion on issues and challenges.

Group 1 (Facilitator: Cosette Reiner)

- Family structure and stressors -- need system of support, even substitute system for the family if the family can't be rehabilitated (extended family or community involvement – it takes a village)
- Need to overcome the fear factor in order to help
- Major barriers between systems of care, schools, etc. Need more integration of care between agencies. We have conflicting philosophies, rules that can get in the way of providing a surround system of resources.
- Need early intervention, low cost prevention – often and early
- Need funding for proven EBPs – combine resources between agencies, need to do it without grants because grant funding goes away. So need a new way of funding it.
- Need balance between prevention and treatment. Sometimes too heavy on the latter – the one tends to get compromised for the other.

Group 2 (Facilitator: Tim Weir)

- Poverty and lack of parenting skills as barriers for families – parental or kin involvement needed
- Cause/effect, recidivism, cycling in and out of system – need to “un-institutionalize” our thinking, and our students – break that cycle
- Ownership as a culture; owning our kids, making space for them to have one on one contact with positive role models
- Student's interpersonal skills – peer relations can be detrimental, borders on emotional abuse – delayed development/maturation (18-year old body with mind of a much younger child)
- Technology – need data sharing (incompatible county databases, no infrastructure exists to share important data points, this “need to know” information)
- Big barrier: Lack of courage on our part to step up, take a chance/risk, and stand up for what is right and have this serious dialogue in our community.

Group 3 (Facilitator: Mark Varela)

- Parents tend to be engaged early on, and neighborhoods/communities play a huge role (can be negative or can be positive) – parents want to do better, but don't know how
- More services needed at an earlier age
- Need for specialized services to meet kids' different needs – individualized (need assessments), even just knowing the kids name...
- Self-esteem issues play into the “fronts” and “stoicism” of our students – need to improve their self-esteem
- Ask: What do the schools need? We need to support our schools in getting kids' needs met.

- Need to educate/train staff in what is available in the community. We at management level have colleagues we know we can call, but front line teachers, POs, nurses, etc. need similar access to referral and info contacts so they can respond quickly and appropriately.

Group 4 (Facilitator: Patricia Olivares)

- Drug and alcohol issues
- Lack of resources (workforce/job training, post-transition) – particularly in small communities
- Too many resources (families get confused by all that is available)
- ROP programs are now being provided at the juvenile facility, and we're seeing a real big impact with our hardest core kids – really transformational
- Institutional oppression (profiling, lack of cultural proficiency, social control in a negative way (police on campus, etc.), disproportionate minority contact
- Lack of probation institutional and field staff (100 kids to 1 PO), can't get caught up
- Need to move from telling kids what they need to asking them what their goals and needs are and then look at how we can help them get there – shift from deficit based to strength based

Group 5 (Facilitator: Sandy Carrillo)

- Need to use statistics we received today
- Transitioning – once the kids come out of facility, our job is not done – we need to follow up. Need to get these kids caught up as quickly as possible, not just pass the buck.
- System is not currently motivating these kids; need to use career pathways in the schools to lead kids to employment and success
- Safety issue; kids don't feel safe at school – can't focus on education in an unsafe environment
- Lack of communication – reduce the barriers
- Coordinate community resources, deploy them to treat these kids as if they were our own kids, nieces, nephews, etc. break the cycle

Group 6 (Facilitator: Gina Johnson)

- Lack of time both to communicate on professional level, and in dealing with referrals; families don't have the time either, to spend with their kids
- Lack of family structure, of basic life skills (kids communication skills, parenting skills)
- Cultural differences that may be involved – families may misunderstand what needs to be done or what programs are really available for their kids – need for staff training in cultural differences
- Valuing education and family support for education
- Socioeconomic barriers of families/parents to be there for their kids
- Technology that we need to do our work, and kids/families need better access to technology – many schools rely on phones, email etc to communicate with families so some get left out

Group 7 (Facilitator: Mary Samples)

- Communication between agencies (global, where agencies are understanding one another's work, and also all the way down to the individual child at each point of contact with system)
- Lack of data and ability to share data is a big barrier – better data will help inform decisions
- Are these kids not wanted by the schools? If they're in the schools causing disruption, what can we do about it? Do we do enough follow-up with these kids?
- Noticed a big difference in general between the words we used to describe these kids assuming they were others' kids vs. if they were our own family members
- Pooling resources to make our work more efficient/powerful, fill gaps
- Do we have commitment from everyone to really help these kids succeed?

Group 8 (Facilitator: Roger Rice)

- Need for integration – random approach prevails (some stuff works, some doesn't) and kids fall through the cracks
- Not enough follow-through
- “Zero tolerance” robs schools of flexibility to deal with students
- 19th Century approach to new problems – need to build systems where we have connectedness with kids and programs that are compelling for them – ask ourselves what we can offer that draws kids to schools, what we can and do ensure there's a collection of services to surround/support
- Need to get in there and rebuild a fractured, random approach to serving high needs population.

The consultants culled out four broad themes for further discussion following the lunch break, and invited each participant to “vote” on their top priority(ies) using three dots (see number of votes in parentheses):

1. Interagency communication/integration (45)
2. Data/technology (19)
3. Family engagement and supports (24)
4. Providing individualized services (23)

All of these being undergirded by the philosophy, or shift in mindset to “own” it and get past the fear – really commit to change.

Lunchtime Speaker

Don Coleman, Presiding Judge of Ventura County Juvenile Court, shared a video highlighting the dynamic change impacting our global society and the rapidly evolving world our youth are growing up into. Preparing these young people for the future is a weighty responsibility – and an imperative one.

A Life Story...How I Turned My Life Around

Jose Gomez, Youth Outreach Coordinator with the City of Stockton, shared his personal story of becoming involved in gangs as a youth in the Central Valley. His presentation included insight

into how young people are recruited into and attracted by the gang life, and the importance of a teacher figure in his own choice to leave it.

Discussion of Priority Action Steps

Participants again assembled in small groups to discuss the four key themes identified prior to the lunch break, and to brainstorm what actions they can and would be willing to take to begin to address each of these issues/challenges. Each group was assigned to themes to discuss.

Group 1 (Facilitator: Roger Rice)

Topic: Family engagement and supports

- Broaden the practice of providing parent/kin volunteerism in the schools (seniors, etc.)

Topic: Data/technology

- Don't reinvent the wheel (we're going to go look at San Diego County and see what we can learn)
- Develop matrices to identify what we need. Determine what data sets each agency has. Once we know who's holding what data sets, we can decide who needs what pieces and how to share it.

Group 2 (Facilitator: Mary Samples)

Topic: Interagency communication/integration

- Build trust between the agencies through networking meetings, face to face, etc. – develop MOUs
- Share a list of contact people
- Attend coordinated team meetings
- Pool resources (resources not just about money, but people)
- Share information and resources with CBOs in our county

Topic: Data/technology

- Share info more broadly on what programs/resources are out there.
- Decide: What data do we need? What data will we all agree to collect, keep, and share?
- Ensure/maintain ongoing participation from all agencies

Group 3 (Facilitator: Gina Johnson)

Topic: Family engagement and supports

- Talk to and engage with the parents when they're at the facility
- Develop a county-wide website to help identify resources
- Coordinate sharing of information re: case plans
- Establish more comprehensive contact information for each agency, school, etc.

Topic: Providing individualized services

- Provide mentoring programs
- Institute a "buddy system" between kids out of the system and kids in the system
- Include Probation in the Student Study Team (SST)
- Follow a case through the system, "vertical" case loads
- Share information with the appropriate point-person at each agency

Group 4 (Facilitator: Sandy Carrillo)

Topic: Data/technology

- Explore whether schools can get on the same database, and share data with Probation and Health Department
- Determine whether Probation had similar data it could share with the schools
- Focus on “free” solutions (there will be no new money in these tough economic times)
- Discuss among agencies what information assets and needs are, how to better share information
- Hold a resource fair to share information
- Determine whether CSIS numbers can be used to help track kids that fall through the cracks

Topic: Providing individualized services

- Capitalize on Probation’s ability to provide age-appropriate classes/programs (drug and alcohol, ROP, etc.) – possibly through the schools – especially in smaller, rural communities
- Conduct a needs assessment (strength-based) to help inform provision of services
- Encourage school staff to connect with at least 5 kids – check in on them, be there for them
- Develop a follow-up protocol as part of the referral process – communicate as much as possible around follow-up: what’s available, what’s working or not working, etc.

Group 5 (Facilitator: Patricia Olivares)

Topic: Interagency communication/integration

- Conduct monthly meetings with other agencies (beyond the usual suspects)
- Bring Probation staff to come talk to school staff, and vice versa
- Invite Probation on site at elementary schools to be a resource for parents – capitalize on existing on-campus Family Resource Centers
- Reduce jargon and develop shared understanding of key terminology
- Include multiple staff “levels” in interdisciplinary teams, and make sure the management level messages and priorities really get filtered down across levels, to line staff, etc.
- Develop a shared data system

Topic: Family engagement and supports

- Go to the home to identify needs and match them with programs, services
- Increase visibility and use the media or existing family-friendly venues to advertise things like parenting classes, etc.
- Utilize “Connect Ed” type telephone services to provide information to families
- Involve the Clergy Council as a resource
- Hold educational nights at the school on a monthly basis, kind of like a job fair but for parents (rotate it among schools to cover all areas of the county)
- Use the time when parents visiting the facility to educate them and offer them resources

Group 6 (Facilitator: Mark Varela)

Topic: Interagency communication/integration

- Utilize school in-services to give updates from Probation, Health Services Agency, etc.
- Share information with schools about resources in the community
- Bring school staff out into the community to help give them a sense of what the work of Probation or other agencies is all about
- Address the confidentiality barriers
- Be aware of stimulus package opportunities – look for and apply for grants as collaborative teams

Topic: Providing individualized services

- Explore what various assessment tools can tell us about providing appropriate services – are there assessments schools can do?
- Bring in services that are located in the kids' neighborhood, bring them onto the school campus and foster those community relationships – let the neighborhoods help take care of their own
- Provide a space where kids can heal on campus, a safe place.

Group 7 (Facilitator: Cosette Reiner)

Topic: Interagency communication/integration

- Connect and get to know each other not just at the management level, but at the line level
- Find out how the current system works from court, to probation, to schools
- Form a core committee to identify key players to list in a contact/resource directory
- Involve schools in Release Plan meetings (Cosette will work with Tim on this)

Topic: Family engagement and supports

- Hold joint case plan meetings (Probation now meets with parents and minors to create plans –should also include schools, health workers, etc.)
- Share progress reports between schools and probation
- Work with the parents and the child all moving in the same direction

Group 8 (Facilitator: Tim Weir)

Topic: Data/technology

- Improve communication between Providence, Gateway, and districts/county
- Determine the “right” contact person at each district, and develop a strong communication web available between Probation and the districts, and between the districts and individual schools
- Identify what data do we want to/need to share (e.g., name, age, demographics, cause/offense, restraining orders, original school info and post-release school information, etc.)

Topic: Interagency communication/integration

- Strengthen the communication systems we're already currently working with (e.g., two-way fax), and commit to seventy-two hour period for determining post-release school, follow-up, etc. Keep a closer eye on kids who don't show up at the school – don't let them fall through the cracks.

Next Steps

Notes from this summit event will be compiled and shared with all participants in the coming weeks. Action items will be highlighted for continued attention and follow-up – this is only the beginning!

Adjourned

Appendix
Raw Notes Collected from Table Discussions

Discussion of Issues

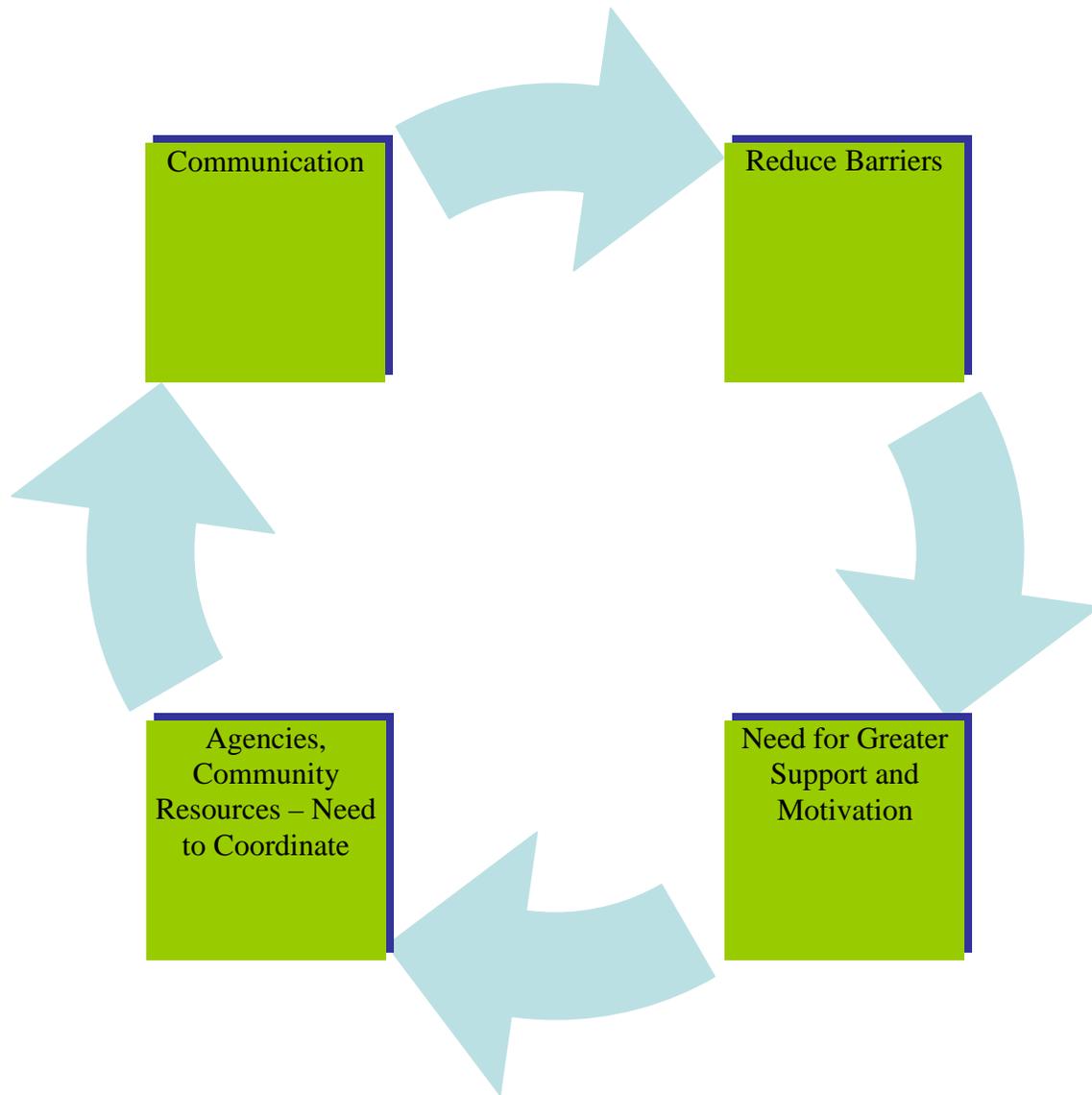
Participants assembled into eight small groups to discuss: 1) their perceptions of youth who are involved in the juvenile justice system; and 2) the systemic issues and challenges facing this youth population.

Perceptions of Youth

<u>Societal Perception</u>	<u>Underlying Emotional Needs</u>	<u>Developmental Assets</u>
“Gang Banger,” “thug,” “loser”	“Angry,” “afraid”	Gang banger = leader Tagger = artist
Disconnection Labels	Name Calling Labels	Accountability Potential
Name Calling Labels		

Societal Perceptions	When They’re Related to Us	Traits
	Intelligent	Help
Scared	Abused	Lost
Sad	Misunderstood	Disadvantaged
Unloved	Without hope	Disconnected
Lonely	Under-educated	Frustrated
Thugs	Streetwise	Unmotivated
Needy	Talented	Off-track
Angry	Education	Mistake
Labeled	Poor school performance	Caught
Apathy	Credit deficient	Invisible
Losers	Without opportunity	Depressing
Gang banger	Capable	Relationship
“One less” (upon death)	Confused	Safe
Scum	Creative	Gang involved
Alcohol/drug issues	Potential	Challenged
Kids in need of mentors	Curious	No freedom
Broken Homes	Leader	Isolated
Rough family life	Unwanted	Drug offenders
Abused: physically & emotionally	Troubled Good hearted, caring	Lack motivation
Afraid	Needy	Peer pressure
Emotionally abandoned	Lonely	“Bad”
Poor coping skills	Lost	Neglected
Problemmed	Unguided	Selfish
Troubled	Abandoned	Weak
Can’t function within _____	Antagonistic	Volatile

No hope	Underutilized	Unfocused
Disconnected	Self-governed	Abused
Hispanic	Disrespectful	Unloved
Violent	Lacking direction	Marginalized
Disenfranchised	Victim	Violent
Unhappy	Challenging	Unaware
Scary	Dependant	Ignorant
Left behind	Accountable	Latchkey kids
Diverse	Illiterate	Abandoned
Lost	Untapped	Without hope
Poverty	Compassionate person	
Obnoxious	Funny	
Lack of conscience	Misguided – black sheep	
Under-educated	Wanting	
Hopeless	Potential	
Truants	Unhealthy	
Pain	Resilient	
Hardcore/gangs	Able	
Frustrated	Strong attitudes	
Confused	Incorrigible	
Bothered	Fair	
	Frustrating	
	Seeking acceptance	
	Made a bad choice	
	Poor grades	
	Needs solutions	
	Absenteeism from school	
	Overwhelmed	
	Lack of family support	
	Labeled	
	Unhealthy	
	Need of services	
	Addicted	
	Underperforming	
	Consequence	
	“Good kid”	
	Breakdown of communication	
	Disappointment	
	Rebellious	
	Depressed	
	Lack of extra-curricular involvement	



Systemic Issues

Group 1 (Facilitator: Cosette Reiner)

- Family structure and stressors – holistic approach
- Lack of jobs – economic
- Outside negative influences (gangs)
- System of support needed – substitute system for family
- Extended family
- Community involvement – “It Takes a Village”
- Overcome fear to help
- Getting victim and perpetrator together to solve problems
- Major barriers between systems of care – schools – Probation
- Increase integration of care between agencies
- Conflicting philosophies
- Early intervention services
- Support and funding for proven evidence-based best practices
- Combining resources between agencies – working together – do without grants – share
- Low-cost prevention/intervention – upfront and early on
- Care continuum which balance prevention/treatment – heavier on prevention to reduce treatment

Group 2 (Facilitator: Tim Weir)

- Aftercare
- Specialized health/dental care
- Interagency communication
- Parenting (familiar environment)
- Ownership
- Lack of individual attention
- Lack of belonging
- Economics (poverty)
- Family setting
- Parent involvement (responsible adult or sibling)
- Parenting skills
- Peer-peer emotional abuse
- +/- Emotional development (maturation)
- Role models
- Coping skills of kids
- Societal taboos
- Disconnected agency knowledge (use of technology)
- Untapped resources
- Lack of courage

Group 3 (Facilitator: Mark Varela)

- Involvement
- Stability
- Families – neighborhood: influence, safety, support
- Early Identification – services at an earlier stage; school exposed to a lot of info

- Specialized services at schools – assessments/identify at-risk youth; individualized – know name/connection; budgets?
- Self-esteem issues – scared, unloved, sad
- School needs – basic needs (dental, medical); community parenting classes; supports for parent – “want to do better, but how?” – keep hooked in
- Community resources – Staff know?; Training needed?; What’s in community?; “trust” between youth/families/services

Group 4 (Facilitator: Patricia Olivares)

- Communication – lack of
- Coordination
- Disconnect – parents, students, JJ, community, other
- Drugs and alcohol
- Basic needs
- Lack of resources (smaller communities) or too many
- Workforce – occupational programs
- Falling through cracks – insufficient data collection – lack of coordination across systems
- Institutional oppression – profiling
- DMC – lack of cultural proficiency
- Power Diff. – lack of societal control – i.e., police dealing with school issues (on campus)
- Lack of parental involvement/skills
- Transitional services for JF youth – pro-social activities
- Lack of Probation institution; staff-impacts making connection; field-large caseloads
- Lack of formal/informal mentors
- Lack of training for staff
- Lack of holistic approach – physical, mental, spiritual, emotional
- Get away from telling our youth what they need – ask them what they want/need/goals; strengths/interests; how can we help them get it?
- Shifting from a deficient-based approach to asset based

Group 5 (Facilitator: Sandy Carrillo)

- Agency barriers: real or perceived
- *Communication between agencies – inability share info
- Need for early intervention – (3rd-5th grade; pre-K-2nd)
- Need to empower the parents: not be afraid to ask for help; know where to go for help
- *Remove Communication barriers – layers of bureaucracy
- Find ways to say yes versus ways to say no
- Take info/stats and use them instead of sweeping them under the rug
- Transition and follow-up – job is not done when a child moves from agency/school to another (if kid gets released and comes back to school have him do vocational assessment or things that others have done before putting him/her in first period)
- Perception/PR – don’t just show the negative
- Need to find a way to match these kids up with mentors – upon release from JF
- Kids have all kinds of needs – need to provide resources/opportunities to help them break the cycle.
- System is not motivating these kids.
- Schools need to have/use career pathways – will lead to employment, college=success

- Safety: Gateway – Colonia/Southside; kids are fearful; kids do not feel safe; cannot focus on education, are just looking to not get in a fight
- Perceptions – are negative towards kids who are in alternative schools
- Need to motivate these kids

Group 6 (Facilitator: Gina Johnson)

- Lack of time – professionally and family
- Lack of family structure and love
- Lack of basic skills – life skills, parenting skills
- Lack of alternatives & resources – additional sec. within school and community (add preventative program)
- Lack of communication – between agencies, with the agencies by the family
- Cultural differences – may lead to misunderstanding, lack of information sharing within the family/family system; counter culture; training re: issues
- Valuing education – socioeconomic (parents at work, overwhelmed, not know or able to know); family support and understanding
- Technology – access; kids’ knowledge – have a lot or none, not in school; not in school/not as savvy
- Limited opportunities/resources do not match
- Too many cracks
- Family not comfortable w/system (fear awareness/education)
- No enforcement/incentive for parental involvement, esp. in schools
- Time constraints
- Parent accountability for participation/support; diminished primary role

Group 7 (Facilitator: Mary Samples)

- Communication between agencies
- Lack of data/data sharing
- Not wanted ?? by schools
- Follow-up
- Parenting – mentors
- Programs/services (lack of)
- Mentors
- Address systemic gaps
- Commitment (lacking)
- \$ resources – can we “pool”

Group 8 (Facilitator: Roger Rice)

- Lack of integration amongst agencies – random/hope a light clicks does not equal a strategy; lack of sharing w/data, info, etc.
- Zero tolerance – no flexibility
- Lack of true alternatives/no real change in environment
- Systemic lowered/low expectations
- Lack of incentives/compelling interest for kids (long term vs. short term)
- Lack of connectedness/help kids be invested in their education w/monitoring and follow through (buy in)

- Need for comprehensive approach – positive recognition, services, parenting, early interventions
- Need to explicitly teach coping/problem solving and goal setting, etc.
- RESOURCES!!!
- 19th century approach/build curriculum around current challenges
- Parental support to understand the language/support

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Discussion of Priority Action Steps

Participants again assembled in small groups to discuss the four key themes identified prior to the lunch break, and to brainstorm what actions they can and would be willing to take to begin to address each of these issues/challenges.

(Note: Because there is a great deal of overlap in the four topic areas, items on one list might also fit will on another, related list.)

Interagency communication/integration

- Attending agency meetings
- List of contact people
- Network – connecting (2 times a year)
- MOU – release
- Coordinated team meetings
- Build trust
- Time/people/money
- Knowing what resources are there
- Establish more comprehensive contact info – contact/point person at school and Probation
- Meeting monthly with other agencies
- Bring Probation in to talk to school staff
- Provide space for Probation to work with youth & families
- Family resource centers
- Share jargon
- Pathways – interdisciplinary teams
- JF – Interagency meetings
- List from Probation
- Share data system
- Lower management working together
- Who do we contact?
- Info must filter down to those who work w/youth – “front line” people
- Countywide resource book of middle managers
- How do we access programs?
- What programs are out there?
- Leverage meeting at central locations
- Joint understanding of each other’s jobs and what we can provide
- Team of Probation, schools, County agencies, and CBO’s w/parents to form/plan for youth – w/youth
- Progress report – joint copies to all
- Find out current system – what happens from court to Probation to school; info shared
- Court to provide more direction to district to disseminate info to teachers
- Incorporate referred schools, SW, in release plan meetings from JF
- Resource list
- Meeting w/partners to develop list
- Joint case planning and contracts – interagency parents, youth
- Joint progress reports: weekly, overall

Data/technology

- Data partnerships
- Visit counties w/successful models (S.D.)
- Identify and account for legal barriers/limitations to sharing data
- Identify “need to know” for separate data streams
- Continue to build trusting relationships
- Research resources to bring to bear/Matrix – incentives – 45 hours required to volunteer; provide more opportunities – i.e., extracurricular after-school program; use technology – website, I-parent, I-grade, connect ed, TV, cyber issues, CD’s
- Research release forms
- Develop a matrix for agencies/personnel vs. data field
- Planned opportunities to build relationships
- Include demographic “big picture” data sets on a regular update
- Identify/develop regular ways to share data/reports – use regular or standing groups (a primary step)
- Who keeps what data?
- What data do we want/need?
- Commitment to share data
- What do we need? Common agreement (committee)
- If all schools could use the same database/Zangle or SIS
- If Probation had something similar, this would help schools get information
- Casa – notify DPO first
- *Hold more interagency roundtables – free, education each other, i.e., formal vs. formal probation, need/right to know
- Intake unit needs to get tied into Zangle
- Public Health can learn health history using Zangle
- *Resource fair – how to access resources, learn what is out there, DPO supervisors invite agencies to staff meetings
- *13-year-old Moorpark student – kidnapped and was enrolled by kidnapper – what is required to enroll?, CSIS #
- Finding ways to get around confidentiality barriers
- Shared website for resources – use youth to assist
- County’s Lean Six Sigma – process improvement model
- Grant proposal teams
- Stimulus opportunities and coordinated efforts
- In-service training/sharing of information
- Develop menu of services – coordination of services
- 10-15 minutes at in-service sessions
- ? for the day
- Schools are community hubs – services available where child is...
- Contact person each district – JF – schools – safety
- Age
- Cause/offense
- Restraining order
- School – from, going to
- Release date

- Two-way fax (PO when applicable) – been released (from JF), been enrolled (from home district/school; email and attachment
- 72 hours – court, corrections
- Countywide database
- Best placement for students – Providence – Gateway - Districts

Continued next page...

Family engagement and supports

- Engage in educational process pre-SARB
- More inclusive definition of “parent,” i.e., adults/volunteers
- Require parental involvement
- Promote parent networks
- Parent institutes
- Technology as an effective tool
- Promote parent project
- Parent panel – enlist graduates for support
- Parent support hotline – 211
- Parent education for 1st and 2nd (primary grades)
- Steering committees – involve parents whose kids are in the system
- Survey parents when minor released/while in custody – needs assessment; key resources
- FAQ section of countywide website - # for info
- JF lobby – have resources & referral info
- SARB: Support THRIVE
- Engage parents of at-risk minors at school counter by: struggle w/can’t; order parents
- COMPAS: share with school personnel
- *Coordination/communication with school - ** contact person
- Straight to homes
- Strong media campaign
- Phone messages to all parents
- Utilize clergy council
- Host educational nights
- Utilize visiting days to reach out to parents; fliers
- MOU party
- Relationships with youth and families – create, nurture, sustain – with community services, with law enforcement, with churches, parks & recreation, arts/music, being in service to the “whole” child/family
- Return to the “welcome wagon” idea

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Providing individualized services

- Get together to discuss: all interventions available; resources each dept/school has; training about what Probation does (release requirements); where does “TNG” order go?
- Providing individualized services – assessments/mentors and role models/follow-up and transition
- Implement B&G mentor program
- Outreach to minors who have been through the system – they would be mentors to youth currently in system
- Sharing info re: case plan; “get by” issues – confidentiality: school, Public Health, student study team
- Updated Probation phone list to point person – quarterly basis
- Vertical caseloads: DA and Probation
- Replicate Providence communication with Gateway – it appears seamless and Providence will have all info
- Include Probation in SST – not attend meeting but share case plan; support case plan; not duplicate services; is more personable; SST completed upon enrollment or problems arise; easy to convene
- Figure out way to share info/collaborate
- ID key contact/gatekeeper
- Terms and conditions of release to go to school – point person at district
- AP at school – asst superintendent
- Resource fair – contact list
- Smaller communities need more resources – i.e., age appropriate drug and alcohol programs in Ojai, Santa Paula, Fillmore, ROP
- Needs assessment could figure out what services are needed – strength based
- Connecting with mentors – positive males/females
- If we make a referral, how do we follow up? Develop a protocol
- Communication doesn’t cost money; follow-up phone calls
- Look at other agencies to see what they are doing/what is working
- If school staff connected with 5 kids each, they could check on them, ID issues, be the positive role model
- Establish mentoring programs – B&G Club, City Impact, community volunteers, etc.
- Release plan meetings – all stakeholders – parents, Probation, Mental Health, school
- Underlying causes
- Close gap between treatment-prevention/early intervention
- “40 developmental asset” as framework/starting point to ID needs/strengths – based on this, secure community resources
- Assessments – meaningful? Can we share?
- Compare assessments – same?
- Matching risk indicators w/8% (Probation) with 5/40 developmental assets
- Assets within neighborhoods
- Know what is available that can support schools’ efforts
- Come onto school campuses?
- Community groups/natural supports
- Providing a space to heal



Ventura County Education/Juvenile Justice Summit II

Monday, November 9, 2009

8:30 a.m. – 3:30 p.m.

Ventura County Office of Education

5100 Adolfo Road

Camarillo, CA 93012

Welcome

Karen Staples, Chief Probation Officer, Ventura County Probation Agency

Today we ask ourselves: What can we do to better serve our youths and families? It doesn't matter what agency or department you're from – we're all working with the same group of kids, just from a different angle. This Summit is all about getting together to look at how we can take a more coordinated and collaborative approach.

At the first Summit this past March, keynote presenter James Bell, of the W. Haywood Burns Institute was somewhat critical of how we were doing. That was hard to hear because we are doing really good work now – but it was also a good challenge for us to do even better. This being the anniversary of the Berlin Wall coming down, it must be said: if they can make that happen, we can certainly break down the barriers in how our agencies work together on behalf of our kids.

Dr. Roger Rice, Associate Superintendent of Schools, VCOE

So often at conferences like this one we start off by focusing on how hard times are and talk a lot about how much we don't have. But that's getting old. It's time to recognize that we actually have quite a lot! That's the perspective we need to embrace today. Resist the notion that it's all about money. Creativity, compassion, networking, etc. – those don't cost a thing.

During the day today, visualize a youth you work with and think about how we can do better to meet their needs. We can't think of our services as a "product" that "they can take or leave" – clearly too many are "leaving" and we're not doing right by those youths. We still have some work ahead of us, and hopefully this meeting will inspire us to work more creatively and collaboratively. Thanks for all you do for our youths in need!

Overview and Agenda Review

Mark Varela, Chief Deputy Probation Officer, Ventura County Probation Agency

So, how did we get here? The TCE/HRI initiative was created to encourage collaborative efforts to improve mental health and physical health outcomes for kids transitioning out of the juvenile justice system. Ventura was selected to participate, along with four other counties. In the four years of the initiative, we've made great progress. Each year, annual convenings helped us focus on what was working and not working. The transition of these kids back to school was consistently identified as a gap or area for improvement – this component is absolutely critical.

To prepare for the first Summit, we began by looking at our data. In doing so, we discovered that it wasn't that the schools were rejecting these youths – the students were being referred and accepted. The problem was getting them enrolled and engaged within those first 60 days. This is an area where we need to put our focus.

The first Summit brought policymakers and legislators to the table to get the buy-in from the top. We were successful in getting agreement and identified four areas of focus: 1) improve inter-agency communication; 2) share data and technology; 3) engage families and build community supports for families in crisis; and 4) provide individualized services for youths on school campuses.

The focus of today's Summit is to take this to the level where the rubber really meets the road – with all of you!

Opening Exercise

Shiree Teng, La Piana Consulting

Participants were asked to stand in turn, according to their respective group: 1) schools and school districts, 2) Probation, 3) community-based organizations, law enforcement, and others. All were then asked to look around the room and think about how many faces they actually recognized. A raise of hands revealed that most knew about 10% of the people in the room. Shiree challenged the group to raise this number by the end of the day by committing to get to know some new people.

The group formed into small teams to play a game of “Lingo-Buster Bingo.” The first team to identify the meaning of given acronyms was awarded the prize. Answers included:

RTI = response to intervention
EBP = evidence-based practice
SARB = School Attendance Review Board
IPT = instructional planning team
SST = student study team
DMC = disproportionate minority contact
PTA = parent teacher association
PO = Probation Officer
FTA = failure to appear
VSO = Ventura Sheriff's Office
IEP = individual education plan
SRO = School Resource Officer
MST = Multi-systemic treatment
OMG = Oh, my God!
FRC = family resource center
PPS = pupil personnel service
SELPA = Special Education Local Plan Area
JJPC = Juvenile Justice Planning Commission
LOL = laughing out loud
PSOS = parent standing over shoulder
TMI = Too much information!
OSFS = Office of Student and Family Services
TRE = targeted re-entry
STI = sexually transmitted infection

Keynote Address

Richard Duarte, Retired Superintendent and Chairperson of Juvenile Justice/Delinquency Prevention Commission

This is a critical task before us: to bring together Probation, education, community-based organizations, the Clergy Council, and others who care about the future of our communities – the people who are doing the front-line work. My role as speaker today is to highlight the importance of collaboration and to share some thoughts on the importance of sharing our experiences and expertise in order to do our best work.

Of all the jobs I've had, one of the most challenging – and rewarding – was being a junior high school administrator. It provided the opportunity to learn that personal involvement with the kids is critical to their success. There is nothing more important than having caring adults active in kids' lives.

So where does collaboration come in? You can't be all things to all your students – this is a lesson I also learned. Early in my career, being a coach allowed me to be personally present with the kids in a different way than in the classroom. Of two kids I had on the same team, one is now a teacher and coach, and the other now incarcerated in Pelican Bay. So what made the difference? I could not claim responsibility for the success of the first and/or the disappointment of the next. You can only do what you can do. Still, it is important to make that personal connection.

We all have similar success stories and what may feel like failures. Take a moment now to share with your neighbor one of your stories. Sharing these stories is important.

Young people bring to school the full impact of the social, economic, and other circumstances of their families and communities. Consequently, schools are experiencing an increasing demand to provide a broader array of services to kids in need. This is why we must promote interactive communication, cooperation, and collaboration among our agencies. Together, we can create a process of informed people working together to achieve common goals. This will come through awareness of each other and information sharing within the boundaries of each system.

Today, we live in a hyper-connected world, with information and communication technologies not even dreamed of a few years before. But are we really more connected? We still tend to work in silos, or sometimes take a narrow or reductionist view of our work. Back when we did not have such ready access to cell phones, email, etc., we built relationships – and that's how we stayed connected. Relationships are the basis of collaboration.

So what are some of the challenges, or barriers, to collaboration?

- Lack of understanding of other agencies' policies
- Lack of communication between policymakers and service providers
- Lack of time for collaborative efforts
- Unclear goals and objectives
- Inconsistent service standards
- Excessive use of jargon (see Juvenile Justice Master Plan, attached, for key acronyms)
- Different definitions of collaboration
- Conflicting views on confidentiality issues
- Establishment of a new layer of bureaucracy
- Difficulty in defining decision-making rules among collaborative members
- Insufficient time
- Lack of sustained availability of key people
- Resistance to change among members

You never know what will make a difference for a child. It may be a combination of small kindnesses, a successful peer role model, or simply someone saying they believe in them.

Break (Information Tables & Networking)

Web-Based Resources

Leonard Salinas, Senior Deputy Probation Officer, Ventura County Probation Agency

The first Summit revealed the need to integrate agency communications, particularly around available community resources. To start to address this need, Probation worked with health resource workers to identify and collect contact information for resources in the community that will now be featured on this new Collaborative Community Resources website at: (http://portal.countyofventura.org/portal/page?_pageid=1073,5037078&_dad=portal&_schema=PORTAL).

The website has contact information for community-based organizations and resources, Probation Officers, and schools. It will be updated monthly, so please send corrections or additions to the contact email provided on the Collaborative Community Resources website.

Although this resource brings together information to facilitate email and phone communications, relationships are still what really matter. One lesson learned in compiling this list is that because so many services require a Social Security number or birth certificate for identification, personal involvement with the child, family, and appropriate agencies is important to make sure these requirements are satisfied. Getting the attention of staff at many agencies is a lot easier if they have met you and know who you are. It's not just about "what you know," it's about "who you know."

Please take advantage of these resources and start building your own relationships today!

Panel Presentations

Moderated by Phil Gore, Director of Leadership Support Services – VCOE

Making a Difference with Juvenile Justice Youth - What Works?

Uriah Glynn, Teen Director, Boys & Girls Club, Greater Oxnard/Pt. Hueneme

Uriah got involved in a gang as an early teen. When his behaviors landed him in the Probation system, it was shocking at first, but then became normative. He was shot at age 15 and his gang involvement continued, offering belonging, love, and respect. It was when he got placed at the Colston Youth Center that adult staff started to plant the seeds of a different kind of self-worth. Still, he returned to the gang life upon his release and was stabbed in a gang altercation. Subsequent placements included a group home and finally CYA for a year and a half.

Despite the negative "prison mentality" that pervaded at CYA, he was able to make a connection with a counselor whose lack of awareness of gang life enabled Uriah to talk to her without having to maintain a gang member front. She helped him get into community college and get a job in campus security. This added a positive source of self-worth, as did his top-of-the-class performance in criminal justice courses. Those seeds that an important few planted along the way (i.e., telling him he was smart and suggesting many opportunities he could capture) started to take root. He found other positive replacements (like Jiu-Jitsu, a martial art) for what had been self-destructive sources of self-worth.

From this experience, he is able to advise kids at the Boys & Girls Club to find those kinds of positive things to fill the voids in their lives where acceptance, love, achievement, and respect may be lacking. For Uriah, going to college and getting an education changed everything. He not only began to see how education could give him access to actual, tangible material success, but was able to see in his class standings an objective affirmation of his intellect and academic achievement. In working with youth, he talks with them about their motivations and tries to unearth who they really are, and gives them support by using his own past as a lesson he can share. Uriah works with youth going into the Community Service program, and is also involved with Peacekeepers and the Graffiti Task Force.

Raquel Montes, Former President, California Youth Connection

Raquel credits Probation with saving her life, motivating her to work as a youth advocate, and bringing her to this conference today. She grew up in an abusive home and lost her mother at an early age, after which time the home environment became even less stable and more abusive. The dehumanization of this ongoing abuse led her to gang involvement in the search for respect, love, and belonging.

The anger and constant stress experienced at home played out in school. Given a brief respite during a year with other family members in Chicago, she was able to flourish and assume a more normal childhood. But once back in her toxic home environment, the violence escalated and she ran away. Trying to advocate for herself with the authorities and make the case against their sending her back home, Raquel took photos of the injuries she had received, but was returned to the home anyway. This experience, and later instances where authorities failed to hear and accept her words, led to dissolution of trust toward adults in positions of power. However, it also inspired her work on behalf of other youth.

During Raquel's gang involvement, she was regularly engaged in fights, hard-core drug use, and self-destructive behaviors which became overtly suicidal. She felt that adults would not understand the big and small stresses she was dealing with in her daily life. Over the course of several Probation placements, a few Juvenile Hall staff were able to reach out and strike a chord in her. They listened, accepted, and tried to engage her. She also credits the Teen Living Program (TLP), when coming out of a group home at age 18, with helping her build relationships, skills, and resources that have taken her to where she is today. She also acknowledged education as an important factor, noting that community college was one of the first environments where she encountered successful role models from her own ethnic group.

Even today, though, the stigma of having been a juvenile offender stays with her. Raquel continues to work on these issues and strengthen her own self-worth. Part of this is her work with other youth who would otherwise not have a voice. She encourages adult mentors to better serve these youth by making it a practice to do the simplest of things, like asking: How are things going? What's going on with you? And then she suggested that you listen without immediate judgment. After you've listened, when you speak, make it *positive*.

Education and Juvenile Justice Collaborations "Recovery Classroom"... A Model Program

Kim Shean, Supervising Deputy Probation Officer, Ventura County Probation Agency and Tracy Rohlifing, Principal, Gateway School, Ventura County Office of Education (VCOE)

The Recovery Classroom at Gateway School celebrated its first anniversary in August. It is one of three court-based programs operated by the County. It began as a brainstorm emerging from the Juvenile Detention Alternatives Initiative (JDAI), supported by the Annie Casey Foundation. Partners identified a gap in how the system supports substance-abusing delinquent wards. The process of referring juveniles to outpatient programs wasn't working for deep-end addicts. The

Recovery Classroom was born as a school-based program. It is modeled after what had been the Gang Reduction Intervention Program (GRIP) a few years ago.

This collaborative effort brought together judges, the District Attorney, public defenders, mental health and drug/alcohol counselors, and VCOE. Its focus is on 9th-12th grade youth with a deep-end substance abuse history, poor attendance, behavioral issues, etc. Treatment is designed to keep these kids in school instead of in the facility. Enrollment is in lieu of being sent to juvenile hall.

The Recovery Classroom is a self-contained community. Students get their own classroom (with no contact with other students other than bus time), and their own teacher. A Probation Officer assigned to the program is there every day. A drug counselor also visits daily. VCOE makes a parent educator available as well. Attorneys are also part of the team when a child is brought into the program. Of the nine students who began the program in June 2008, five graduated from the 18-month program and three others have completed it and are still on probation. In all, 55 youth have come through the program. Data shows that Recovery Classroom youth have dramatically lower rates of new violations and violent offenses compared to youth not in the program.

Collaboration is a strength of this program, not only for what it enables in terms of the services provided (e.g., VCOE facilitating enrollment so the student can go straight from Juvenile Hall to class the very next morning; Probation Officers meeting with parents and enforcing student attendance; bringing the counseling to the kids in the classroom), but the students can SEE that there is this team of adults to help them, which increases their own buy-in. Good communication across this team is key. The teacher and recovery team meet weekly to deal with new referrals, talk about how to best meet students' needs, etc. One area the program is still reviewing is creating links to activities to fill out students' afternoon time (e.g., ROP).

Aftercare Mentoring Program and Targeted Re-entry

Tim Blaylock, Chief Professional Officer, Boys & Girls Club, Greater Oxnard/Pt. Hueneme

The Boys & Girls Club Targeted Re-entry program housed at Juvenile Hall has demonstrated major success in lowering recidivism rates. In three years, it has served 850 youth. All youth at a certain behavior level can access the program, which has three main components: 1) facility; 2) transition; and 3) community. The first phase comprises 90 days of services while in the facility. The second focuses on release planning. The third phase links youth with resources and services in the community, including involvement in traditional Boys & Girls club programming and activities.

Around 10% of the youth in the Targeted Re-entry program are selected to receive intensive aftercare services through the Aftercare Mentoring Program (AMP). Modeled after a program piloted in Indiana, AMP uses five volunteer mentors to work with youth.

Challenges for this program include sustainability (we are in year three of our grant and will be looking for additional funds in April) and the collaboration itself (it took a while for facility officers to join leadership in really getting behind the effort).

Non-Traditional Community Partners and Approaches

Rev. Edgar Mohorko, Clergy Council

The Clergy Council is entering its 10th year. Its membership is entirely inclusive, with at least 1,000 members. Officially called the “Oxnard Police Clergy Council,” the organization is structured similar to law enforcement and does nothing without collaboration. Its gang engagement activities include Peacekeepers, Hope Boys, and Granny’s Love (an intergenerational program linking seniors with youth). It also has programming for seniors, the homeless, and emancipated youth.

Peacekeepers provides instant response in instances of gang violence. They are informed of all police calls and are available to engage with community members on the scene. The purpose of this engagement is to reduce retaliation and curb post-incident spikes in gang recruitment and activity. Community members are also engaged in posting “peace fliers.”

The Clergy Council’s work with gang members targets the worst of the offenders in order to make the greatest possible impact.

Panel Q&A

Raquel was encouraged to talk about how a mentor she had while in the TLP program made a difference in her life. For her, this mentor played a key role in providing inspiration, consistency, and accountability – an external source of will power to stay on the right track.

Kim and Tracy were asked what supports were available to families with children in the Recovery Classroom. Parents are involved during the intake process, when students are having issues, etc. The Probation Officer is constantly engaged with the families (at least once a week) and parents also participate in parent conferences at the school.

Lunch Break

Regional Discussions

Building Local Networks: Part One

Participants were divided into nine regional groups for facilitated discussion, brainstorming, and planning sessions (see **Attachment A** for the group schematic). Each group included a mix of probation officers, community-based organizations, school resource officers, human services and health services professionals, school personnel, and others, to encourage cross-communication and generate a range of perspectives. Part One of these discussions asked participants to exchange information about what they each do and what resources are available in their region/community.

This discussion resulted in participants learning from one another about their respective roles and goals at their unique point of contact with this youth population. Participants shared candid observations on who they work with, what their programs entail, and the various challenges and satisfaction they encounter in their work. Individuals developed a better sense of how the work of each agency fits in with that of other organizations, the specific assumptions and mandates each partner utilizes, and the gaps they seek to fill in these youths’ lives. Participants asked and answered clarifying questions, and learned from one another as they shared both their common and unique observations and experiences.

Groups generated lists of community resources, as well as questions or needs still needing to be addressed. Questions and comments included a continuing need to improve data and clarify terminology, as well as how schools can find out which students are on probation.

See **Attachment B** for verbatim chart notes from each group.

Identifying Actions: Part Two

During this session, groups engaged in discussions based on how they would respond to a few sample scenarios and identify ways that interagency communication and collaboration could be enhanced in the process.

This discussion allowed participants to experiment with how they might apply the range of community resources available to them in responding to a child's specific needs as described in the scenario. Themes included the importance of physical and behavioral health resources and expertise, as well as the importance of really getting to know the child to learn more about their needs. School and Probation personnel talked about the importance of increased communication to stay more closely informed about what is going on with each child, particularly in terms of school attendance.

Another observation that came out of more than one group was the disparity in the range of services available from region to region. Specifically, they stressed the need for more services on the east end of the County.

See **Attachment C** for verbatim chart notes from each group.

Break (Information Tables & Networking)

Regional Discussions, continued

Identifying Actions: Part Three

In this final round, groups were asked to identify other key players that should be at the table, as well as what they themselves would commit to do as action items to take this effort to the next level.

Several groups felt the absence of physical and behavior health professionals at the table. Potential action items are cited in the report-out section below.

See **Attachment D** for verbatim chart notes from each group.

Local Networks Report Out 5 Main “Action Items” and Overall Summit II Summary

Group 1A – South Oxnard/Pt. Hueneme

(Facilitator: Kerryann Schuette)

1. Keep data together and educate folks how to use it and base our decisions on data.
2. Be creative and think outside the box.
3. Agree on language, protocols, etc. Identify differences between the groups.
4. Enhance collaboration; identify confidentiality/other rules that “get in the way”
5. Share best practices between agencies to address most difficult cases
6. Create universal committee where all players are represented. Monthly basis to meet and discuss cases. Include HSA and CFS. Countywide universal level – develop protocol and

common language for everyone, then take it down to regional level. Include key decision makers at these meetings so we can solve problems earlier on.

Group 1B – South Oxnard/Pt. Hueneme

(Facilitator: Patricia Olivares)

1. South Oxnard – focus on the resources and gaps in that specific geographical area
2. Will continue to meet, probably quarterly
3. Open up to Food Share, a parent advocate and a student advocate, Parks & Rec, housing resources, and Military base resource people, etc. – the more the better
4. Meet quarterly and talk through anonymous cases to brainstorm how to handle that child/family
5. Coalition will add to the list of resources, one that is specific to South Oxnard

Group 2A – North Oxnard/EI Rio/Camarillo

(Facilitator: Veronica Rauschenberger)

1. Talked about relationships
2. Communicate via email, virtual bulletin boards, listserv
3. Increase home visits
4. Increase effort to make teachers/staff aware of resources
5. Increase connections to kids – asset development – be nice!

Group 2B – North Oxnard/EI Rio/Camarillo

(Facilitator: Tracy Rohlifing)

1. Expand partnerships...contact partners to set up support groups, to work in the schools (B&G, Hope Boys, etc.)
2. Documentation of acronyms that Richard Duarte talked about – we need to get our hands on that.
3. Important: Who we can report to when it comes to the schools. Really wanted to talk to folks on the front line, hence the teachers are here. School resource officers also important (blah blah about trust them, that was her baby)
4. Open the loop to include more mental/physical/social/health agencies/providers.
5. Email batch? Like a listserv?

Group 3 – Moorpark/Simi Valley

(Facilitator: Cosette Reiner)

1. Educate patrol officers about Probation and the schools
2. Ensure DPOs make contact with schools regularly
3. Find add'l support services for schools, parents, and communicate those w/groups
4. Work w/schools to accept "partial credits"
5. Use schools more, esp. school counselors. Engage middle schools more, show greater Probation presence on campus.
6. Use resources we learned about today. Communicate what was discussed today to school counselors/others not present. Learn what OTHER agencies do and share that info
7. Don't forget about the "unreachables." Don't give up.
8. Talk! EM can communicate on more frequent basis

Group 4 – Newbury Park, Thousand Oaks, Westlake Village, Oak Park
(Facilitators: Mary Samples & Russ Macaluso)

1. Enhance resource website
2. Promote agency collaboration (bring more into the process)
3. Clergy Council will expand eastward
4. Expand all services eastward, where most needed, recruit mentors
5. Agencies visit the schools more! Be there.

Group 5 – Santa Paula/Fillmore/Piru
(Facilitators: Tim Weir & Gina Johnson)

1. Public Defender will speak to DA's office on resources available to the County
2. Focus on kids – focus group with kids (foster, homeless, Probation)
3. Non-crisis interaction time (pre-meetings)
4. Intentional outreach – agency-to-school, agency-to-agency
5. Role model cadre to Gateway and other schools

Group 6A – Ventura/Saticoy/Ojai
(Facilitator: Sandy Carrillo)

1. Transfer of “partial credits” from Providence to other districts – so: have a meeting (Asst Supt., Tim W., Roger R., etc.). Deal with how kids can get full credits. Need to get to tech/records people. Look into credit recovery options.
2. Increase communication – so: we're ALL going to work on that. Asst Principal meetings. CC counselors on info. Pass info up and down. Identify what kids are covered by what counselors so we can meet with those kids! Kyunghae will provide yellow forms to the schools so you'll know who's on probation! And use the website more. Could POs tell schools a kid has been arrested so school can respond appropriately (not send letters home, etc.)?
3. Working with HSA. We don't use the same language. Must communicate better (e.g., around follow ups). Response time from HSA as well.
4. Need for intervention classes (drug abuse, violence, weapons on campus, life skills). Drug abuse ADP. Gang VPD task force. Life Skills – homeroom (home economics) teachers?

Group 6B – Ventura/Saticoy/Ojai
(Facilitator: Wayne Saddler)

1. Correct contact info w/schools on website
2. Expand parent involvement (via ELAC or PTA)
3. Didn't catch the thing he said before that

Closing

Participants will receive notes from today's Summit within the next two weeks, including a copy of the Juvenile Justice Master Plan referenced in the keynote address (see **Attachment E**). They will also look into having these materials posted on the website.

Thanks to VCOE for use of the facility, and to the Planning Committee for their tireless work to put on this event. Thanks also to consultant Shiree Teng, and many others who made this Summit a success. And congratulations to Melanie Harbrook, raffle winner! Everyone was asked to complete session evaluations before leaving. The summit was then adjourned.

Attachment A

Regional Discussion Groups

Group 1A – South Oxnard/Pt. Hueneme

(Facilitator: Kerryann Schuette)

Group 1B – South Oxnard/Pt. Hueneme

(Facilitator: Patricia Olivares)

Group 2A – North Oxnard/EI Rio/Camarillo

(Facilitator: Veronica Rauschenberger)

Group 2B – North Oxnard/EI Rio/Camarillo

(Facilitator: Tracy Rohlfing)

Group 3 – Moorpark/Simi Valley

(Facilitator: Cosette Reiner)

Group 4 – Newbury Park, Thousand Oaks, Westlake Village, Oak Park

(Facilitators: Mary Samples & Russ Macaluso)

Group 5 – Santa Paula/Fillmore/Piru

(Facilitators: Tim Weir & Gina Johnson)

Group 6A – Ventura/Saticoy/Ojai

(Facilitator: Sandy Carrillo)

Group 6B – Ventura/Saticoy/Ojai

(Facilitator: Wayne Saddler)

Attachment B

Regional Discussion Groups: Part One Building Local Networks

Discussion Questions:

- **Share three highlights about you, your job, and the organization you work for.**
- **What questions do you have about each others' work, organizations, programs?**
- **What are one or two things you can offer someone in the group based on what you now know?**

Group 1A – South Oxnard/Pt. Hueneme (Facilitator: Kerryann Schuette)

Questions:

How do you help students transition from placement back to school?

When a student leaves Providence, what determines if they go back to home school or to Gateway?

Kids often want to know how they can get back to home school

How do we know that the programs are really successful when the systems of collecting data are different?

What is the definition of recidivism?

What do we do about incarceration/disproportionate minorities?

What are the behaviors?

When did divorce happen?

Where is dad?

Is there a connection?

Could SARB be used to triage?

Solutions:

Empower the child

Streamline services

Multi-agency teams

Assign ASE mentors

Interventions need to happen quickly

Call a team meeting

An agreed-upon point to come together

Group assessment to ask questions

The parents have to come in and need support

Systemic way to triage

ID students earlier

ID at the highest level – at what level?

Protocol that everyone signs off on countywide or citywide

Themes and/or Concerns:

Communication is different from district to district in transitioning

You have to work with good data – information is hard to track

Agencies cannot come up with a mutual definition of recidivism

Relationships are everything

Using SRO's in a different way

Criminalization of normal juvenile behavior

Safe passages to/from school/in restrooms

Bullying seems to be on rise

How could things be done differently?

Keep data and make decisions based on it and educate people to use it.

Be more creative – think outside the box

Enhance collaboration – address confidentiality and liability issues and where the “rules” get in the way of serving kids

Develop common language, universal protocols, define collaboration, systemic challenges

Look at the most intensive cases and bring all the players together and come up with case plans

– use each other’s models

Focus on primary prevention

One thing you can do/offer – solutions:

Build trust

Spend time

Listening

Seeing person

Use offenses as an opportunity to improve

Additional conversation needs to happen about systemic failure

Look at rules, practices, and regulations – do they serve the children?

Group 1B – South Oxnard/Pt. Hueneme (Facilitator: Patricia Olivares)

Nueva Vista

MFT

AIM Academy

OXUHSD

Outreach

Probation

Livingston Therapist

CIHS

Pacific

OPD – SRO – Frank – Fremont Inter.

PDAP

Providence

Interface

Haydock

Freemont

Group 2A – North Oxnard/EI Rio/Camarillo (Facilitator: Veronica Rauschenberger)

In-house diversion (prior to probation)

School contracts

Recovery Classroom

Supervise referrals – oversight of attendance; facilitate/follow-up – service schools

Assess personal issues – referrals

Sanctions

SRO/Collaborations/Parenting classes

Counseling/therapy

Establish relationships

Communication with PO/chances

University:

Programs to teach diversity, understanding youth

How to work with at-risk youth – “teaching tools”

Schools:

Opportunity program

Parent contract

Mentor (adult/student)

Admin. daily interaction with students (relationships)

Tutoring (safe place at lunch)

Law coming in to train site staff re: gangs, drug use, etc./how to identify, address, etc.

Continuation high school (second chance)

Connecting with students by finding out about them

Development/Oversight Commission

Oversight of law, facilities, etc.

Team of staff to offer support, rapport, relationships

Education about gang attire, trendy drinks w/alcohol, etc., for staff and parents

Systematic intervention

Counselors at all school sites – provide access to services in the community

Home visits

After-school program at all campuses (Boys & Girls Club)

Groups/therapy/social-emotional support

Peer mediation/peer leadership

Diversity training

Student assistance with applications to all services/health/basic needs

Group 2B – North Oxnard/EI Rio/Camarillo (Facilitator: Tracy Rohlfig)

Group members:

Erin (Director of Program Services, Boys & Girls Club, Inc.)

Dixie Gertsman (Commissioner, Juvenile Justice/Delinquency Prevention Commission) – inspect facilities – judges

Yvette Stein (Freemont School, 7th-8th grades, 1,200 kids)

Chanthy Prum (Counselor, Freemont School)

Henry Valdez (Clergy Council)

Jeff Therault (Ventura County Sheriff's Department; SRO – Adolfo School)

Michael Crone (SRO – 16 Schools - Pleasant Valley School District)

Patti Yabu (Clinical Services – Interface; Solutions Mental Health-Williams Building)

Laura Thompson (Youth Services; Informal Probation)

Linda Olrich (Classroom teaching, law services – Oxnard Union High School District)

Kim Baker (Rio Vista School; 6th-8th grades)

James Koenig (Rio Mesa High School)

How can we access resources for Interface? Intakes through main Camarillo #

Erin – Director of Ventura programs?

Laura – YSO – can we give kids community service for fights via informal probation?

Where can we obtain a list of places for kids to do community service directed by the school or directed by Probation?

How could schools obtain an updated list?

Where can we get handbook from Richard re: sources?

Short term counseling program for informal probation kids via Interface?

Good that therapists are able to come into schools.

Probation can recommend kids to Interface for free counseling.

What out-of-school activities does Boys & Girls Club offer? How can we find out per individual B&G Clubs?

Is there a teen center in Oxnard?

Granny programs for all schools?

Can homeboys provide a speaker for alt. programs in schools?
How can we get youth viewpoints on balloon organizations' boards (i.e., JJC)?
Law program & OUHSD? How does it work?
How can schools better support C.B.O.'s?

Group 3 – Moorpark/Simi Valley (Facilitator: Cosette Reiner)

Who gets info about what children are on probation?
Need communication
Who does the Court list go to?

Group 4 – Newbury Park, Thousand Oaks, Westlake Village, Oak Park
(Facilitators: Mary Samples & Russ Macaluso)

(Go to next section.)

Group 5 – Santa Paula/Fillmore/Piru (Facilitators: Tim Weir & Gina Johnson)

Parenting? – Parent Project (SP) – English/Spanish – Fillmore Gateway
Neighborhoods for Learning (NFL)
NAMI – National Alliance for Mental Illness
Homeless – ID's by S.D.'s
VCOE – Available for training to agencies and school districts
7/H liaison – add to website

Response time – call Probation – 72-hour response
Call 211 – when it doesn't seem right to call police (i.e.: referrals/paperwork, etc.), blue phone at courthouse
Police – Probation connection (informal, but working)
Juvenile Benefit Fund – Probation youth
Becoming a mentor (Clergy Council) – 201-7791 (no money)
Homeless/foster tutoring – "Schools on Wheels" – Linda Huddle – 213-905-2775

Group 6A – Ventura/Saticoy/Ojai (Facilitator: Sandy Carrillo)

Counselor – would like DPO's to meet with her
Coleman – Suggested the schools ask for notice from Superior Court to learn if minor is on probation

Group 6B – Ventura/Saticoy/Ojai (Facilitator: Wayne Saddler)

Buena – school intervention = mentors – connect w/MS students/transition
B&G TRE – follow through in community; parent involvement; program options
PO Juvenile Facility – bring in programs/art/speakers/mentors
PO West County – Counsel/tutor/referrals for kids and families; co-workers; resources
Matilija – Veteran staff – free to create intimate community; coaching and extra-curricular
29-year-vet – Chaparral – 60 students & R from students
Buena – connections
Binge drinking grant – 7-12 – focus on prevention; building relationships at school sites
Behavioral Health – work well with Probation; recent add Parent Partners – help family connect;
MHSA continued \$ - prevention
Buena – Undocumented students to post-HS Educ.

Attachment C

Regional Discussion Groups: Part Two Identifying Actions

Discussion Questions:

- **Brainstorm in response to three pre-prepared scenarios. “What if...?”**

Group 1A – South Oxnard/Pt. Hueneme (Facilitator: Kerryann Schuette)

Scenario #1 – Timothy:

Is his behavior recent?
What agencies are involved?
What are the support systems for mom?
What is his probation status?
Who are his friends?
Where does he go at night?
What are his feelings?
What is the school involvement?
Who is buying him gang clothes?
Where is he getting marijuana?
What are mom’s feelings?
Is mom part of the problem?

Group 1B – South Oxnard/Pt. Hueneme (Facilitator: Patricia Olivares)

Scenario #1:

AHA’s!!!
Parent Project
Livingston
AIM
Coalition
Public Health
CPS
BH
211
Homelessness?
Coach
ASB advisor
School counselor
SST
Peer counselor
Food Share (add)
CPS (add)
Public Health (add)
Alcohol and Drug – BH

Group 2A – North Oxnard/EI Rio/Camarillo (Facilitator: Veronica Rauschenberger)

Scenario #1:

School:

Proximity (adult interaction) – call him by name

Before school/lunch clubs/activities

Educate parents on clothing

SARB/attendance

Home visits/parent connections

Notify PD's/inform parents

Relationship building

Referral to classes for parenting

School checks

SAP/drug and alcohol classes

SRO's/Call PO's – bridges resources

PO's contact schools to start relationship with school

Parenting class

Clergy Council – peace

Drug testing as prevention

Question: How do we connect service? We don't know what the other person is doing.

Scenario #2:

Report CPS/Police

Check insurance for prenatal care (options/placement)

Counseling/mental health

Referral NFL

*Inform classroom teacher so teacher can relate to student appropriately

Referral for dad (AA)

School counselor case management

Cool home

Inter-agency release of information

Look at other siblings

*Need more education on probably system in schools

*Are reports of probation/law getting to school sites?

*What info OK to share between Probation and schools?

Scenario #3:

Check homeless? McKinney Vento basic needs

Check home visit

Check drug use/question what is going on

Friends?

Counseling/conference with family

Schools make adjustments for extra support

SST

SRO, positive check-in

Facility – use if they are homeless

VCOE support/services from agencies

How might we work differently?

Email notification

PO's/law positive visits

Agencies notify schools/do site visits

United Parents/211

Networking/communication

Release of information
R&I – intervention/invite all stakeholders

Group 2B – North Oxnard/EI Rio/Camarillo (Facilitator: Tracy Rohlfig)

Timothy: SRO
School Counselor
SARB – attend. contract
OSFS – Refer D/A counseling; school district based
Positive male role model
Refer to SSTeam
Refer to Parent Project
Why is CPS not here today?
Inundate kids with services
Community-based services
City Impact – Citi Corp

Hannah:
Law Enforcement – 18-year-old Boyfriend
CPS report – child abuse
Healthy families
CAL-Safe CIRT (Crisis Intervention Response Team)
Interface – free mental health
Day care – OUHSD
School counselor
Public Health CAP program
Independent study?
Homeless resources
Force help for dad & family in convicted
Victim advocates – D.A. counselors

Alex:
Homeless? Drugs? Financial issues?
Refer Alex to counselor
Find a caring teacher
Parent conference
Homeless services?
Community liaison
Victims? Services are free
Shelters
D.A. counseling

Group 3 – Moorpark/Simi Valley (Facilitator: Cosette Reiner)

Scenario #1:
Parent Project
Contact Probation/joint meetings
SARB
School counselor
Parent/teacher conference
What school level – support services needed
Seeing kids in their homes – meet w/family when they are available
Mentors

Scenario #2:

Follow-up is key!
Public Health – pregnancy follow-up
CPS
Child Abuse Prevention (CAP)
L/E to take report
Keep at school until CPS/LE sees minor
School counselor/school nurse/school psych
Another family member to assist
Cool home/Casa?

Scenario #3:

Teachers, coach, counselors
Contact w/student immediately to find out issues
Siblings
Find out core issues: homeless, divorce, drugs, depression
May take more than one person to connect

1. Communication is key
2. Follow-up
3. Supervising how many agencies we contact to assist
4. Probation used to be intimidating but don't feel that way now
5. Limited services from BH on East End
6. Limited services compared to West End

Group 4 – Newbury Park, Thousand Oaks, Westlake Village, Oak Park
(Facilitators: Mary Samples & Russ Macaluso)

Scenario #1:

SARB – behavior?
Physical exam – Kid & MOU – Mental Health
Drug testing
Call Probation
Contact mother
One-on-one support
Parenting classes
Contact FA
Mentor
Parks & Rec
Transportation?

Scenario #2:

CPS referral – PH nurse
Suitable placement
Parenting classes/ed

Scenario #3:

Drugs?
Financial?
Depression?
Family problems?
Physical/mental assess?
Existing supports

Group 5 – Santa Paula/Fillmore/Piru (Facilitators: Tim Weir & Gina Johnson)

Scenario #1:

Clergy Council
Public Defender
SARB hearing – referral to Parent Project
Schools – consider R&I
TBS (therapeutic behavioral services) – medical required
(Application for medical assistance needed)

Scenario #2:

911
CPS report
Public Health (healthy baby)
Parent counseling (Interface)
If pregnant – when 18-year-old: - issues; if prosecuted = registered sex offender/child molester

Group 6A – Ventura/Saticoy/Ojai (Facilitator: Sandy Carrillo)

Scenario #1:

SARB meeting – given community service
Parent conference – Probation, teachers, SST
City Corps
Parent educ.
Asking – being sincere with the kid
Contact DPO – use website
Student support group
Zangle for DPO's

Scenario #2

CPS – response time from CPS
SRO – 18-year-old
Counseling/teen parents
Adol. Family life partnerships
ID responsible adult guardian
Drug abuse?
Help for minor

Group 6B – Ventura/Saticoy/Ojai (Facilitator: Wayne Saddler)

Timothy Scenario:

Check if on probation
SAP program – family issues, child of divorce – link to male mentor/school staff
Probation – DPAD – ADP – non-association terms; modify terms of probation
Connect mom with Parent Project
Talk to him – what's keeping you from doing?
Timothy contact PO – PO follow-up
Funnel questions and info thru school contact person

Hannah Scenario:

CPS, CPS, CPS
RN refer to Planned Parenthood
Police referral fur runaway
Human Services Agency – social services – opens wraparound service, MH as needed

Inform teachers
First step UUSD teen parenting classes
CWA determine school placement
Contact parent to see what they want

Alex Scenario:

Ask him what's going on
Ask parent about any changes
Are they homeless?
Call MH/Behavioral Health for a screening (866-998-2243) – need parent permission
Drug/alcohol screening – BH – don't need parent permission
CIRT intervention – no cost to parent

Aha's!

More comfortable to contact PO
Who else needs to be in a dialogue with us?
Who are the power players in our region?
(Human Services Agency, parents, PAC, ELAC, United Parents, PTA)

Attachment D

Regional Discussion Groups: Part Three Identifying Actions

Discussion Questions:

- ***Who else needs to be in dialogue with us?***
- ***Who are the power players in our region?***
- ***What do we commit to doing? What is ONE thing that I will commit to doing?***

Group 1A – South Oxnard/Pt. Hueneme (Facilitator: Kerryann Schuette)

Action Plan

Who is missing?

Does there need to be a committee countywide?

What has to happen to make these things happen?

Need to look at the systems from different spectrums – intervention/prevention

Human Services Agency is missing

Monthly meeting – develop a committee that would bring the systems together

Create a formal mechanism to create common language and define terms between all stakeholders

We need to decide who identifies the problem and brings the team together – is it the school?

Human Services Agency? Police?

We have to ID common (sentence not completed)

Questions:

Are schools and SRO's trained to handle the situations appropriately?

With all of the services available, what is the switch that reaches a child? How do we get there?

What?

Universal committee countywide to develop a protocol and common language for all

MOU's between agencies and protocols

Regional committees

Service providers would be unique

Who?

Key decision makers at universal committee

Schools – churches – clergy – parents

CFS/Human Services Agency – Probation – BH

PH – law enforcement – CBO's

DA or judge – underserved groups/coalitions - youth

Group 1B – South Oxnard/Pt. Hueneme (Facilitator: Patricia Olivares)

South Oxnard Coalition

Food Share
Clergy Council
Parent advocate
CPS/CFS
CIHS/HHS...charter schools
VCBH-ADP
Public health
Parks & Rec
City Corps
Clinicas
Youth advocate
Casa Pacifica
YEP (Boys & Girls Club)
PAL
Moose Lodge/VFW/Elks
Housing
Military Base Resources
Neighborhood Council
Supervisor Zaragoza
L. Capps
Tom Holden
Police Chief
PHPD
Hueneme School District
Chamber of Commerce
CDCR
South Winds Rec Center
South Oxnard Center
Cuesta Del Mar
Oxnard College
El Concilio
CED

Agree to:

Meet regularly (expert for area)
Host
Contact resources and players – outreach
Come back with a new resource

Group 2A – North Oxnard/EI Rio/Camarillo (Facilitator: Veronica Rauschenberger)

Who else needs to be at the table?

Rep. from D.A.'s Office
RAIN/CASA/Group homes – agencies that are housing kids in alternative settings
CPS
Students (break-outs) – Explorer Cadets, City Corps, ROP, PAL – kids in transition
Health practitioners/Medi-Cal
Teachers from opportunity/recovery/Providence Community Day, etc.
University/Credential director field placement – CLU, CSUCI, Azusa, National, Pepperdine
Peer resource/peer leaders
Adult Ed./agencies that do outreach for GED

Community college
Explore days for networking (Sat. vs. weekday; summer?)
School psychologists
SRO's and Joe Mendoza (spec. pops conf)
MICOP (Mixteco rep)
Virtual bulletin board – VCOE or County Probation? List Serve
Join w/spec. pop conf – Joe Mendoza – combine to make larger conference

Top 5:

Increase communication – email
Commit to increased home visits
Increase effort to make sure teachers are aware of needs/resources/etc.
Increased connections with kids
CARES – asset development
Be nice

Group 2B – North Oxnard/El Rio/Camarillo (Facilitator: Tracy Rohlifing)

Who Else?

City Impact	Del Concilio de Del Condado
Citi Corp	PALS
Grizzly Academy	Segue careers
Healthy Families	CA Conservation Corps
Medical	Directory: i.e., services offered (like website)
CPS	OSD Outreach specialists
Community colleges	State agencies
Community clubs (i.e., Rotary)	Boy/Girl Scouts
Big Bros/Sisters	YMCA
El Centrito	ROP/Adult Ed.
IS Programs	
Cal West = Vista Real	
GED Programs/D.A. Office	

I will commit to...

Connecting w/Boys/girls club
Send info on grief counseling to the group
Coordinate w/HopeBoyz – (El Rio)
Granny's Club and Boys/Girls Club for middle school
Connect Interface re: support groups
Connect w/HopeBoyz
HopeBoyz connect w/Rio Mesa
Look into group/counseling and organization
Check Probation website
Who do we contact to get “acronym” document that Richard showed us?
HopeBoyz contract
Look into designs of Learning Center

Top 5:

1. Contact w/HopeBoyz
2. Document of acronyms/descriptions
3. Use website (accuracy)
4. Contact partners
5. Email batch = learn from each other

Group 3 – Moorpark/Simi Valley (Facilitator: Cosette Reiner)

Who else needs to dialogue with us?

BH – CIRT – 1-866-431-2478
PH – STAR – 1-866-998-2243
District (VCOE) – homeless services
CBO's/Interface/Casa
CPS – Human Services

Who are the power players in our region?

Schools
Probation
Law Enforcement
CPS
BH
CBO's
Faith-based groups
Meals on Wheels
DV Shelter

What do we commit to doing?

Educate patrol officers about probation and schools
Ensure that DPO's make contacts w/schools on regular basis
Funding additional support services for students/parents and communicate those resources with others
Communicate what was discussed today with school counselors
Learn what roles and services other agencies provide
Disseminate info to line staff in schools
Work w/schools to accept partial credits
Utilize schools more, especially counselors
Include middle school more – greater Probation presence
Use the resources we learned about today
Don't forget about the "unreachables" – don't give up!
Stay in touch, ask questions, talk about cases
Realize EM can communicate with field and schools more

Group 4 – Newbury Park, Thousand Oaks, Westlake Village, Oak Park

(Facilitators: Mary Samples & Russ Macaluso)

Other groups for dialogue:

Parks & Rec
Human Services Agency
BH
Coalition for DV
Parent groups
Middle schools
Student input
CBO's
Board members

Power Players:

Superintendents
Board members
Faith based

Action
Community leaders
Sheriff/Police
Teen Center
PH Admin: Megan Steffy/Rigo Vargas
Parks & Rec
Probation
Amgen
CV Foundation
Many Mansions
PTA

Actions:

Enhance website
Expand BH services
Transportation services
Inpatient drug and alcohol testing
Promote agency corroboration – invite friends
SARB – enhanced role
Mom and daughter program
Clergy Council – expand eastward
All services – recruit mentors
Visit Schools
Resource referrals
Probation/Court liaison

Group 5 – Santa Paula/Fillmore/Piru (Facilitators: Tim Weir & Gina Johnson)

Who else?

CFS (HSA)
Middle Schools
VCOE train Probation – R&I
Police
Students (i.e.: young Uriahs)
Elected officials
Care providers (foster, group home)

Commit:

Focus groups for kids (foster, etc.)
Visible outreach at schools (end household violence)
Facilitate agency presentations at schools
Provide timely info to parents
Non-crisis interaction time (pre-meetings)
Open lines of communication beyond schools and Probation
Intentional outreach
Rapid reconnection to resources
Public Defender to speak to D.A.'s Office
Raise homeless awareness at PD Office
Develop funding source for post-release mental health care
Increase information sharing at Title IV Coordinators' Meetings
STI instruction at M.S. (school or community based)
Fillmore "Circle of Care" invitation list widened
Dedicate VCOE resources to the cause (communicate to superintendents)
Role model cadre to Gateway

Group 6A – Ventura/Saticoy/Ojai (Facilitator: Sandy Carrillo)

Who else?

EVERYONE – leave egos at the door

Where = AP meetings

Reminders to CC Counselors

Counselors would like to meet with DPO's

Suggested giving DPO's their alphabet assignments

i.e., Counselor Frias A-M

*Kyunghae will distribute the Juvenile Probation notification form to school sites

All agreed to use the website

DPO's to contact CWA regarding 602's – formal wards who are in custody

Drug use = ADP Rep (alcohol and drug program)

Gang = ask VPD's gang task force for suggestions or presentations

Life skills = homeroom teachers?

Action Plan:

Website

DPO's need list of counselors by alphabet

Meet with Providence

1. Asst. Superintendent of schools – Roger Rice
2. Child welfare attendance director meeting – Kyunghae
3. Tim Weir

Issue – transfer of partial credits to comprehensive school

Meeting:

Tech person

Record techs

Counselor

Look at credit recovery options

Design classes?

i.e.: partial credit for drug abuse

Placement request form?

Goes to counselors

of DPO's going to schools – could this be coordinated/consolidated?

Action Plan:

Providence School –

Partial credits

Causing problems when students return to regular schools

Zero tolerance

Suspended orders

Mental illness

Substance abuse

Homelessness

Public Health nurse to home

ASK – divorce? Contact parents

Schools request – Education of consequences

Schools for Probation – stockpiling of violations; invention comes later

Action Plan #2:

Issue = increase communication between schools/DPO's and partnering agencies

Action Plan #3:

Schools need for intervention classes

Drug use

Gang involved

Violence-bringing weapons on campus

Life skills

Human Services Agency & Probation – need to talk same language/communicate more

Follow-up

Group 6B – Ventura/Saticoy/Ojai (Facilitator: Wayne Saddler)

Triple P will announce when available

PO to call schools and parents to find out what is going on

Chaparral to share website resource

BH staff to contact school to be invited to get involved with wraparound service client – school to flex meeting schedule to meet BH needs

Identify contact person/people at school, Probation, BH

Ask website to identify the correct contact person in schools

Build relationships with Probation – 973-5100 – field reps for Probation – to contact students'

PO

Share resources – website

Ask former clients to speak to parent groups – Raquel/Uriah

Expand parent involvement

Set up workshop thru ELAK/PTA/PAC

Attachment E

**Juvenile Justice Master Plan
(Included as separate document)**



**LOS ANGELES COUNTY
PROBATION DEPARTMENT**

**Donald H Blevins
Chief Probation Officer**



HRI FACT SHEET

- **62 Youth Enrolled in HRI**
- **50% DCFS History**
- **60% Graduation Rate**

- **Days out of home Pre HRI**
 - **Juvenile Hall** **5,903**
 - **Suitable Placement** **2,483**
(does not include DCFS placements)
 - **Camp** **383**

Total Out of Home Days **8,769**

- **Days out of home During HRI**
 - **94% reduction in Juvenile Hall days**
 - **80% reduction in Suitable Placement days**
 - **0 detained in Camp during HRI**

Total: 90% reduction in out of home days

- **Days out of home 6 Months Post HRI Graduation**
 - **83% reduction in Juvenile Hall days**
 - **93% reduction in Suitable Placement days**
 - **40% reduction in Camp days**

Total: 84% reduction in out of home days

- **Out of Home Costs Pre HRI**
 - **Juvenile Hall** **\$2.3 mil**
 - **Suitable Placement** **\$ 487,000**
 - **Camp** **\$ 95,000**

Total Costs **\$2.89 mil**

- **Total SAVINGS between Pre & Post HRI**
 - **Juvenile Hall** **\$1.78 mil**
 - **Suitable Placement** **\$ 352,000**
 - **Camp** **\$ 38,000**

Total SAVINGS **\$2.17 mil**



PROMISING PRACTICES FROM THE HEALTHY RETURNS INITIATIVE:

Building Connections to Health, Mental Health,
and Family Support Services in Juvenile Justice

MAY 2010

ACKNOWLEDGMENTS

We would first like to acknowledge the youth, their families, and the public agencies and community-based organizations working towards the goal of a healthy return.

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Kathy Martinez, Assistant Juvenile Probation Director, Santa Cruz County
Doug Rasines, Retired Chief Probation Officer, Humboldt County
Karen Staples, Retired Chief Probation Officer, Ventura County

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Karen W. Linkins, PhD

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ABOUT THE HEALTHY RETURNS INITIATIVE

“The Healthy Returns Initiative strategies are much more cost effective than locking kids up or putting kids in placements where results are not nearly as good.”

Karen Staples, Retired Chief Probation Officer, Ventura County Probation Department

The Healthy Returns Initiative was developed and funded by The California Endowment to strengthen the capacity of county juvenile justice systems to improve health and mental health services, and ensure continuity of care as youth transition back to the community. Launched in 2005, the foundation provided four-year planning and implementation grants to probation departments in Humboldt, Los Angeles, Santa Clara, Santa Cruz, and Ventura counties.

The counties participating in the Healthy Returns Initiative worked to strengthen their juvenile justice programs by:

- Screening youth for mental health and substance abuse issues, to better identify those in need of assessment and treatment;
- Enhancing access to mental health treatment, health care services, and evidenced-based programs for youth in detention facilities and in the community;
- Stabilizing youth and their families by connecting them to needed resources, such as health coverage, income assistance, and housing;
- Ensuring continuity of care for youth and their families during their transition back to the community;
- Strengthening partnerships and developing linkages between staff, county agencies, and community-based providers to share information and better coordinate services; and
- Educating and training staff on best practices for addressing and working with youth with mental health needs.

About The California Endowment

The California Endowment is a private, statewide health foundation that was created in 1996 as a result of Blue Cross of California's creation of WellPoint Health Networks, a for-profit corporation. The California Endowment's mission is to expand access to affordable, quality health care for underserved individuals and communities, and to promote fundamental improvements in the health status of all Californians.

The California Endowment will continue to promote the promising practices identified by the Healthy Returns Initiative and incorporate the lessons learned into the foundation's new 10-year strategic focus, Building Healthy Communities. The goal of Building Healthy Communities is to support the development of communities where kids and youth are healthy, safe, and ready to learn.

WHY IS THIS IMPORTANT?

Across the nation and in California, youth with unaddressed mental health and physical health issues are entering the juvenile justice system at alarming rates. A recent survey of 18 California county probation departments found that 50% of all detained youth had a suspected or diagnosed mental illness.¹ Another survey of youth in California's juvenile justice system conducted in 2003 by the National Council on Crime and Delinquency (NCCD) reported that on average, 42% of youth in detention, 59% of youth in placement, and a third of youth under field supervision have a mental health issue that requires treatment or services.² Nationwide, the estimated percentage of youth in the system with a diagnosable mental health disorder is even higher, at 65% to 70%.³

Many of these youth suffer from co-occurring disorders, with half of all youth in the juvenile justice system struggling with substance abuse disorders.⁴ In California, the percentage of youth with substance abuse issues may be even higher. The NCCD survey found that substance abuse affects the vast majority of youth in California's juvenile justice system, with three in four youth in detention and placements and two-thirds of youth under field supervision reported as having substance abuse issues.⁵

In addition, California county probation administrators have noticed an increase in the acuity of mental health issues, citing more cases of youth suffering from depressive, bi-polar, and schizophrenia disorders. Such observations are corroborated by studies showing an increase of youth with severe mental illness. More than one quarter (27%) of youth in the juvenile justice system nationwide were found to be in significant need of mental health treatment in 2006⁶, as opposed to 20% reported in an earlier study.⁷ In California, as reported by the Corrections Standards Authority, the daily average number of probation youth under local supervision receiving psychotropic medication increased from 1,116 youth (8%) in 1999 to 1,350 (10%) in 2005.⁸ The National Council on Crime and Delinquency survey found higher percentages of youth prescribed psychotropic medication, with 23% of youth in detention, 32% of youth in placement, and 18% of youth under field supervision prescribed psychotropic medication.⁹ In addition, 24% of youth in detention, 28% of youth in placement and 16% of youth under field supervision had some other indication of severe mental illness.¹⁰

Furthermore, youth in the juvenile justice system frequently have physical health issues that require attention. Common health issues for youth in the juvenile justice system include sexually transmitted diseases, asthma, and oral health needs.¹¹ In addition, these youth are in need of public health resources, such as parenting classes and nutrition information. Generally, these youth have limited access to a regular source of medical care and other public health resources.¹²

“The level of acuity of the kids we see coming in our front door is alarming, in terms of the trauma that they have been exposed to. A study we recently conducted showed that 80% of the youth in our system had been exposed to some type of trauma in their life. That’s striking.”

– Kathy Duque, Deputy Chief Probation Officer, Santa Clara County Probation Department

¹ Edward Cohen and Jane Pfeifer, “The Costs of Incarcerating Youth with Mental Illness: Policy Implications and Recommendations (Policy Brief #2),” Chief Probation Officers of California and the California Mental Health Directors Association, 2008, <http://67.199.72.34/php/Information/Papers/policybrief2.pdf>.

² Christopher Hartney et al., “A Survey of Mental Health Care Delivery to Youth in the California Juvenile Justice System: Summary of Findings,” National Council on Crime and Delinquency, September 2003, http://nccd-crc.issuelab.org/research/listing/survey_of_mental_health_care_delivery_to_youth_in_the_california_juvenile_justice_system_a.

³ Kathleen R. Skowrya and Joseph J. Cocozza, “Mental Health Screening with Juvenile Justice: The Next Frontier,” Models for Change, National Center for Mental Health and Juvenile Justice, http://www.ncmhjj.com/pdfs/MH_Screening.pdf

⁴ Linda A. Teplin et al., “Psychiatric Disorders in Youth in Juvenile Detention,” *Arch Gen Psychiatry* 59 (2002): 1133–43, http://www.nctsn.org/nctsn_assets/Articles/104.pdf.

⁵ Hartney.

⁶ Jennie L. Shufelt and Joseph J. Cocozza, “Youth with Mental Health Disorders in the Juvenile Justice System: Results from a Multi-State Prevalence Study,” National Center for Mental Health and Juvenile Justice, June 2006, <http://www.ncmhjj.com/pdfs/publications/PrevalenceRPB.pdf>.

⁷ Skowrya and Cocozza.

⁸ Corrections Standards Authority, “2005 Annual Juvenile Detention Survey Report” and “1999 Annual Report,” California Department of Corrections and Rehabilitation, http://www.cdcr.ca.gov/Divisions_Boards/CSA/FSO/Surveys/Juvenile_Profile/Juvenile_Detention_Survey.html.

⁹ Hartney.

¹⁰ Ibid.

¹¹ Sonya Schwartz and Melanie Glascock, “Improving Access to Health Coverage for Transitional Youth,” National Academy for State Health Policy, July 2008, <http://www.modelsforchange.net/publications/159>.

¹² Ibid.

THE ROLE AND CAPACITY OF THE JUVENILE JUSTICE SYSTEM

A primary goal of the California juvenile justice system is the rehabilitation of juvenile offenders. Youth who commit crimes may be incarcerated to ensure public safety, but during and after their confinement they are supposed to receive services and treatment suited to their needs.

Currently, there are several state juvenile justice funding streams specifically tied to this goal:

- Counties receive funds from the *Youthful Offender Block Grant (YOBG) Fund* specifically to enhance the capacity of probation, mental health, drug and alcohol, and other county departments to provide appropriate rehabilitative services and supervision to youthful offenders.¹³
- The *Juvenile Justice Crime Prevention Act (JJCPA)* provides counties funding for local juvenile justice programs aimed at curbing crime and delinquency among at-risk youth, which can include collaborative efforts with mental health, human services, and public health departments, as well as schools.¹⁴
- State funds are appropriated through the *Juvenile Probation and Camps Funding (JPCF) Program* to support a broad spectrum of county probation services, including mental health assessment and counseling, targeting at-risk youth, juvenile offenders on probation, those detained in local juvenile facilities, and the families of these youth.¹⁵

While these state funds are an important resource supporting local juvenile justice operations and programs, there is no requirement that they be spent on mental health services, and counties face numerous challenges in effectively providing services and treatment. State and local budget cuts have impacted probation departments' and community-based organizations' ability to provide innovative, rehabilitative, and mental health services for probation youth. Notably, in 2009, the California State Legislature eliminated funding for the Juvenile Mentally Ill Offender Crime Reduction (MIOCR) program. Across California, MIOCR provided \$22 million to 20 counties for a variety of mental health interventions for juvenile offenders, including proven intensive family therapies such as Functional Family Therapy and Multi-systemic Therapy. In addition, there have been significant reductions to JJCPA and JPCF funds in recent years and funding for programs that support youth and families, including CalWORKS, SSI/SSP, foster care, and Medi-Cal substance-abuse treatment services, has also been severely reduced. Although the Mental Health Services Act has generated significant community mental health funds for counties and is an important resource for youth in the juvenile justice system, it has not closed the gap created by funding reductions and the elimination of MIOCR.

Across California, counties are hindered by a lack of appropriate placement options for youth with severe mental illness and they have limited access to community-based services for youth with less severe mental health and substance abuse disorders. Both of these inadequacies contribute to longer stays in detention facilities and the ineffective use of probation resources.¹⁶ Across the nation, two out of every three juvenile detention facilities detain youth awaiting community mental health treatment services.¹⁷ In fact, these longer stays and increased utilization of resources for youth with mental health disorders in California's county juvenile justice programs make the cost of their probation services significantly higher, at least \$18,000 more than services for other youth.¹⁸

This trend not only impacts county budgets, but also contributes to the deterioration of the mental health and emotional well-being of youth who are unnecessarily confined due to a lack of appropriate community-based options. Juvenile detention facilities generally only provide crisis services, meaning that youth with mental health issues exhibiting self-destructive and harmful behaviors are often placed in isolation, which can exacerbate these behaviors. Without appropriate mental health services, staff struggle to stabilize these youth, which only contributes to their prolonged confinement.¹⁹

Culturally sensitive mental health, physical health, substance abuse, and family support services, both during and after detention, are critical for the long-term success of these youth. Without connection to these services, youth with complex needs end up staying in the juvenile justice system for unnecessarily long periods of time, or are at high risk of re-offending when they return to their communities.

¹³ See Welfare & Institutions Code Sections 1950–1962.

¹⁴ Corrections Standards Authority, "Juvenile Justice Crime Prevention Act, Annual Report," California Department of Corrections and Rehabilitation, March 2009, http://www.cdcr.ca.gov/Divisions_Boards/CSA/PPP/Grants/JJCPA/Docs/JJCPA_2009_leg_report.pdf.

¹⁵ Corrections Standards Authority, "Juvenile Probation and Camps Funding (JPCF) Program," California Department of Corrections and Rehabilitation, http://www.cdcr.ca.gov/Divisions_Boards/CSA/PPP/Grants/JPCF/Index.html.

¹⁶ Sue Burrell and Alice Bussiere, "'Difficult to Place': Youth with Mental Health Needs in California Juvenile Justice," Youth Law Center, August 2005, <http://www.ylc.org/pdfs/difficultto-placeAug2005.pdf>.

¹⁷ Committee on Government Reform – Minority Staff Special Investigations Division, United States House of Representatives, "Incarceration of Youth Who Are Waiting for Community Mental Health Services in the United States," Prepared for Rep. Henry A. Waxman and Sen. Susan Collins, July 2004, http://hsgac.senate.gov/public/index.cfm?FuseAction=Files.View&FileStore_id=bb90292-b3d5-47d4-9ffc-52dcd6e480da.

¹⁸ Edward Cohen and Jane Pfeifer, "The Costs of Incarcerating Youth with Mental Illness: Study Objectives, Methods, and Findings (Policy Brief #1)," Chief Probation Officers of California and the California Mental Health Directors Association, 2008, <http://67.199.72.34/php/Information/Papers/policybrief1.pdf>.

¹⁹ Ibid.

PROMISING PRACTICES

“The Healthy Returns Initiative program in Los Angeles County is about getting youth with mental health issues and their families whatever it is that they need. It doesn’t necessarily have to be mental health treatment for the child—it can be whatever it takes to get the family to a point of stability.”

— Andrea Gordon, Probation Director, Los Angeles County Probation Department

While California’s county probation departments currently provide some level of health, mental health, and other needed services to rehabilitate juvenile offenders in probation, there is recognition that these services alone are not enough to improve outcomes for high-need youth. With increasing numbers of youth entering the juvenile justice system with complex issues and diminishing resources at both the state and local levels for probation, mental health, health, and human services agencies, more cost-efficient and effective strategies are needed to improve outcomes for youth. Probation staff need additional training to better address youth with mental health issues. Youth and their families require access to a variety of low- and no-cost community resources and benefits to ensure their stability and success. Local agencies and community-based organizations must coordinate to share information and implement evidence-based tools and practices.

To better connect youth to appropriate treatment, benefits, and resources, the five county probation departments implemented a variety of strategies that went beyond standard practice. These promising practices are highlighted in the following briefs:

- **Validated Mental Health Screening**
- **Multidisciplinary Teams**
- **Connecting Youth and Families to Benefits and Resources**
- **Collaboration and Integration**
- **Funding and Resources**

The highlighted promising practices provide agency administrators, probation officers, juvenile facility staff, clinicians, policy makers, advocates, and other stakeholders with cost-effective and caring solutions to help transform the way in which probation departments, health and human service agencies, and community-based organizations serve youth with complex needs. While these strategies were initiated and implemented by county probation departments, they are critical components for any systems reform effort to better serve this population.

By implementing these promising strategies, the Healthy Returns Initiative accomplished a range of youth and systems level outcomes, including:

- Earlier and systematic identification of the health and mental health needs of youth
- Better management of health and mental health conditions of youth in detention and in the community
- Improved linkage and follow-up to services in the community upon release from juvenile hall
- Successful engagement and involvement of families in planning and treatment
- Reductions in incident reports and self-harm behaviors inside juvenile hall
- Greater stability and safety for juvenile hall youth and staff
- Fewer days in custody
- Cultural shift across probation departments to prevention and rehabilitation
- Better coordination and communication across county departments (e.g., public health, mental health, human services) for information sharing and treatment planning
- Stronger relationships between probation and community-based partners that ensure effective case plan implementation and transition back to the community
- Cost savings to probation departments from reduced days in custody

SOURCE MATERIAL

These lessons learned and promising strategies are based on findings from evaluations of the Healthy Returns Initiative conducted by **Desert Vista Consulting** and the **National Council on Crime and Delinquency**, as well as grantee reports and interviews, materials developed by members of the Healthy Returns Initiative Juvenile Justice-Mental Health Policy Group, and additional research.

The following Healthy Returns Initiative related reports and materials are available at www.healthyreturnsinitiative.org:

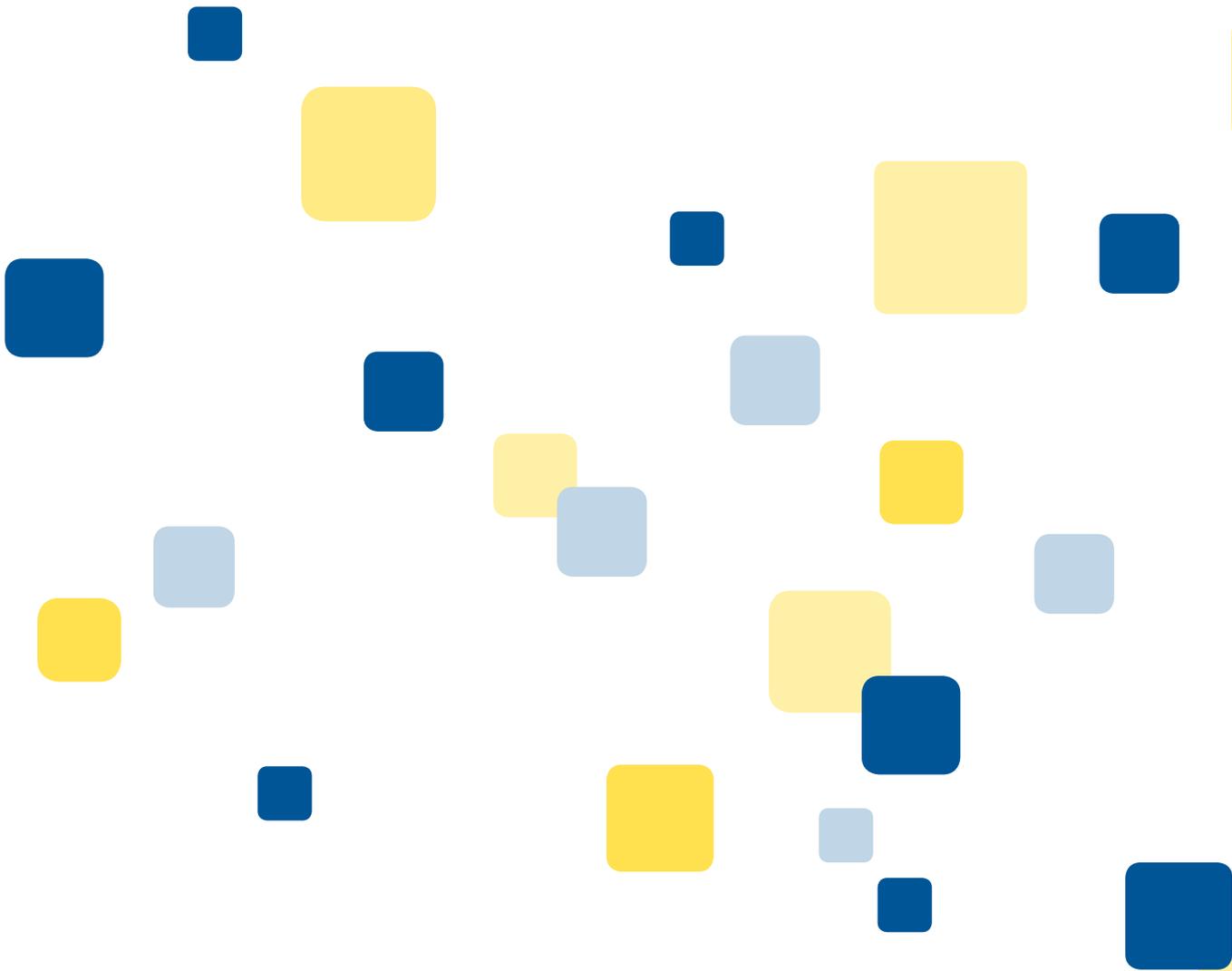
- *Healthy Returns Initiative Case Studies – Final Report*, Desert Vista Consulting
- *Healthy Returns Initiative Case Studies – Grantee Supplemental Resource Compendium*, Desert Vista Consulting
- *Healthy Returns Initiative: Strengthening Mental Health Services in the Juvenile Justice System*, National Council on Crime and Delinquency
- *Santa Cruz County Healthy Returns Initiative: Final Evaluation Report*, Ceres Policy Research
- *Costs of Incarcerating Youth with Mental Illness*, Chief Probation Officers of California and California Mental Health Directors Association
- *The “Inmate Exception” and its Impact on Health Care Services for Children in Out-of-home Care in California*, Youth Law Center
- *Using Mental Health Services Act/Proposition 63 Funding for Juvenile Justice Youth*, Fight Crime: Invest in Kids, California
- *Mental Health Issues in California’s Juvenile Justice System*, Berkeley Center for Criminal Justice

For more information about the Healthy Returns Initiative and other innovative efforts in juvenile justice reform, visit www.healthyreturnsinitiative.org.



MAY 2010

VALIDATED MENTAL HEALTH SCREENING



WHAT IS VALIDATED MENTAL HEALTH SCREENING?

As the numbers of youth with mental health needs in the juvenile justice system increase and mental health and probation resources decrease, limited mental health resources for probation youth must be allocated more effectively. The first step towards ensuring that youth in the juvenile justice system with mental health needs are accurately identified, assessed, and appropriately treated is routine mental health screening at the earliest point of contact with the system.

Validated mental health screening can help juvenile justice staff and administrators:

- Systematically identify youth that may be in need of mental health and substance abuse assessment and treatment
- Prevent further delinquency and mental deterioration
- Be aware of “red flags,” including risk of suicide or self-harm
- Increase the safety of youth and staff by identifying youth with harmful behaviors
- Improve staff understanding and interactions with youth
- Develop more appropriate case plans and inform service linkage
- Reduce unnecessary confinement and recidivism by better responding to mental health and substance abuse needs of youth
- Identify which disorders are most prevalent to assist in program planning and resource allocation
- Provide state and local agencies with accurate information and data on this population

Standardized validated mental health screening is a brief procedure in which trained staff use a screening tool (questionnaire) with youth in the system or assist the youth in administering the tool themselves. The screen can be administered by either clinical or non-clinical staff, but must be administered in a uniform, routine fashion to receive accurate results. There are several research-based tools designed specifically for the juvenile justice system that are proven to reliably identify youth with mental health and substance abuse issues. These tools are generally voluntary for the youth and can vary in format, some presenting questions concerning youths’ thoughts, feelings, or behaviors, and others requiring staff to make ratings based on past behavior.

Validated mental health screening is distinctly different from mental health assessment, evaluation, or diagnosis. Screening provides staff with important information on a youth’s current emotional or mental state that may indicate the need for further attention. Staff are able to more accurately identify youth in need of a follow-up clinical assessment or mental health evaluation, which must be performed by a mental health clinician. The information can also be used to develop more appropriate case plans and improve how staff interact with the youth.

To ensure that any risk factors or red flags are immediately identified, validated mental health screening generally occurs when youth first enter detention, after the intake process and before they appear in court, or upon entrance to a juvenile placement such as a juvenile facility or out-of-home care.

While there are several validated mental health screening tools currently being used across the U.S., including the Problem-Oriented Screening Instrument for Teenagers (POSIT) and the Global Appraisal of Individual Needs (GAIN), the MAYSI-2 was used by all of the Healthy Returns Initiative counties and is the most widely used screen in juvenile justice facilities nationwide.¹ However, many juvenile justice stakeholders have noted that the MAYSI-2 does have limitations. It is not available in multiple languages and can not be used as a mental health assessment tool, as opposed to other mental health screening tools available.

LESSONS LEARNED FROM THE HEALTHY RETURNS INITIATIVE

While more and more counties are moving towards using validated mental health screening tools, stakeholders in California's juvenile justice system have noted that a number of counties conduct mental health screens that are not validated and consist of questions developed by staff or clinicians. In response to this trend, the Healthy Returns Initiative required participating counties to use a standardized screening tool.

In the Healthy Returns Initiative counties, the MAYSI-2 is administered to all youth entering juvenile facilities. The MAYSI-2 was already in use by three of the five of the counties (Los Angeles, Santa Clara, and Ventura counties) and was newly implemented by Humboldt and Santa Cruz counties.

About the Massachusetts Youth Screening Instrument – Version 2 (MAYSI-2)

The MAYSI-2 was developed during the 1990s by Thomas Grisso, PhD and Richard Barnum, MD at the University of Massachusetts Medical School and was made available in 2000 after its reliability and validity had been sufficiently established. The MAYSI-2 was created for youth ages 12–17 and is composed of 52 yes-or-no questions that take about 10 minutes for the youth to complete and three minutes to score. Youth taking the MAYSI-2 self-report, reading and answering the questions themselves with a paper and pencil or at an electronic kiosk. The questions relate to seven scored scales—Alcohol/Drug Use, Angry-Irritable, Depressed-Anxious, Somatic Complaints, Suicide Ideation, Thought Disturbance, and Traumatic Experiences—with each scale having a “Warning” and “Caution” cut-off score. For more information on the MAYSI-2, visit maysiware.com/MAYSI2.htm.

PROMISING PRACTICES

Establishing Procedures for Routine Use of the MAYSI-2

All of the counties participating in the Healthy Returns Initiative have developed procedures and protocols to ensure that the MAYSI-2 is administered upon entry into a juvenile youth facility and that information from the screen can be shared in ways that meet confidentiality standards. Staff are assigned and trained to administer the screen to youth, score the results, enter results into the appropriate databases or files, and share results with staff working with the youth, including multidisciplinary teams (MDTs) and case managers.

The Healthy Returns Initiative counties have developed several strategies to ensure that the screen is administered consistently. Santa Clara County ensures that the MAYSI-2 is always administered two to four hours after a youth enters juvenile hall by having a trained correctional officer administer the screen in the evenings and on weekends when mental health clinicians are not available. In Ventura County, experienced juvenile facilities administration officers train new staff on how to administer the MAYSI-2 to ensure consistency and continuity in the administration of the screen.

¹Valerie Williams and Thomas Grisso, “Lessons Learned: Facilitating Mental Health Screening in Juvenile Justice Programs,” Center for Mental Health Services Research, University of Massachusetts Medical School, Vol 3, Issue 6 (October 2006), <http://www.modelsforchange.net/publications/219>.

Self-Administration and Staff Screening

One benefit of the MAYSI-2 is that it can be administered by both clinical and non-clinical staff and is available electronically or in a paper and pencil version. In Los Angeles and Santa Clara counties, county mental health clinicians administer and score the MAYSI-2 and also provide mental health assessments, review case histories, make service referrals, and develop behavioral health case plans. Los Angeles County probation has found that this is the best combination of information relative to a youth's mental health status, especially since mental health records include treatment information and community provider contact information. In Ventura County, juvenile facility staff administer the MAYSI-2, then behavioral health staff review results and make referrals. In Humboldt and Santa Cruz counties, juvenile facility staff help youth take the MAYSI-2 at electronic kiosks located inside juvenile hall, then share results with mental health staff.

Improving Capacity for Implementation and Cross-Agency Sharing of MAYSI-2 Results

In Santa Clara County there is an improved capacity to implement and share results from the MAYSI-2 screen, which is administered by Department of Mental Health staff. Probation expanded their capacity to administer the screen by increasing the number of stations for administration and by offering the screen in Spanish. As a result of this strong collaboration, probation officers and ranch counselors have access to MAYSI-2 results for case planning purposes via a shared database. Santa Cruz County also worked to establish a system of extracting and disseminating MAYSI-2 results to their MDTs. Their mental health clinicians enter selected measures from the MAYSI-2 into a shared database so that results can be discussed in weekly MDT meetings.

Setting Warning Thresholds for Prevention

With the MAYSI-2, counties are able to set different thresholds to identify red flags. In Humboldt County, the Healthy Returns Initiative Clinical Services Coordinator deliberately set a low warning threshold to heighten the sensitivity of the MAYSI-2 screen in order to ensure that their MDT adopts a prevention focus, as well as responding to youth with high needs.

IMPROVING OUTCOMES

- Counties are able to systematically identify mental health issues, alcohol and drug problems, and self-harm behaviors. There is improved staff recognition of co-occurring disorders.
- Staff do a better job of making referrals for extensive mental health assessment and evaluation. They are able to be more selective about whom they refer to mental health clinicians.
- Juvenile staff and case managers, as well as MDT members serving youth, are provided with critical information that is used to inform case plans both in and out of custody.

CHALLENGES OF IMPLEMENTING THE MAYSI-2

Preparation

Implementing systematic mental health screening takes significant preparation and planning. First, the need for screening should be clearly identified by probation management and staff with buy-in at all levels. Then policies must be developed to address the provision of resources related to screening and identify staff roles and responsibilities. In addition, there should be clear procedures and protocols for administration and scoring, information sharing, and database management duties.

Staff Resistance

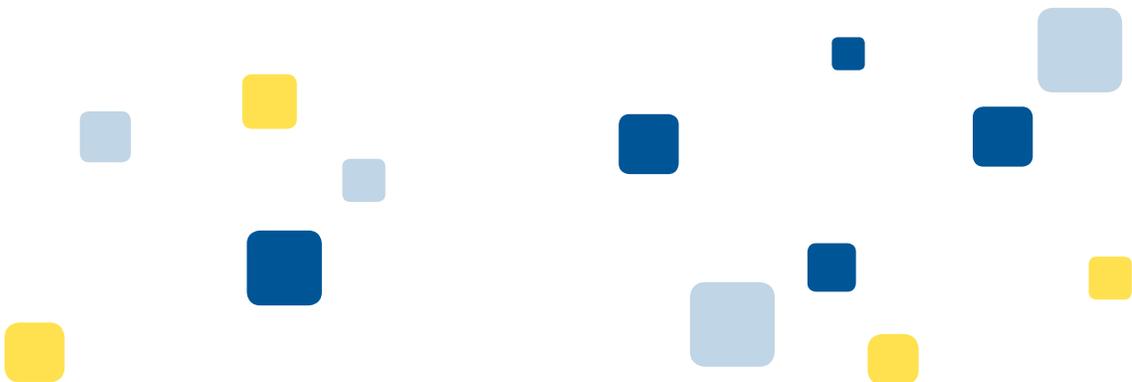
Once implemented, many sites across the nation using the MAYSI-2 have reported probation staff resistance to using what is perceived to be a mental health tool. Santa Cruz County experienced some resistance to using the MAYSI-2 by the mental health staff. Even though they admitted that it increased objectivity, some therapists had to be convinced of the value of using the MAYSI-2 since they believed that their previous system of questioning worked just as well. It is important that all departments interacting with youth, particularly probation and mental health departments, educate staff on the benefits and ease of validated screening and also ensure that there is adequate staffing to conduct the screening.

“We spend a great deal of time with the youth when they come into custody to try to develop rapport in a trusting way. We explain that the MAYSI-2 isn’t information going to their probation officer for court reports, that it is information used to help them better adjust to their time while they are in custody.”

– Doug Rasines, Retired Chief Probation Officer, Humboldt County Probation Department

Youth Resistance

Because probation youth often cycle in and out of the juvenile hall, some youth in Santa Cruz County would refuse to take the screening instrument after multiple administrations. In addition, several sites noted that the consistent use of the MAYSI-2 has resulted in youth learning how to manipulate the system by refusing to take the test or providing false information. In Humboldt County, probation staff found that it was helpful to have someone who was not as closely connected to the individual case administer the tool and explain its purpose so that the youth did not feel like they were offering up information that could be used against them at a later point in time.



Requiring Validated Mental Health Screening in Juvenile Justice

Although use of validated mental health screening instruments is not required by state regulation, an increasing number of California county probation departments are implementing mental health screening tools to systematically identify these youth. Outside of California, several states have mandated that all youth entering the juvenile justice system receive a validated mental health screen. For example, in 2001, Texas required all juvenile probation departments in the state to administer the MAYSI-2 to each youth entering probation intake. Minnesota also enacted statewide mental health screening for youth in the child welfare and juvenile justice systems in 2004, providing exemptions for situations in which youth had received a mental health screen within the last 180 days or a parent objected to his or her child undergoing a mental health screen and notified the court in writing. For youth in the juvenile justice system, Minnesota implemented both the MAYSI-2 and the POSIT.²

ADDITIONAL RESOURCES

Blueprint for Change: A Comprehensive Model for the Identification and Treatment of Youth with Mental Health Needs in Contact with the Juvenile Justice System, National Center for Mental Health and Juvenile Justice

California Department of Corrections and Rehabilitation, Corrections Standards Authority

Center for Promotion of Mental Health and Juvenile Justice

Healthy Returns Initiative Case Studies – Final Report, Desert Vista Consulting

Healthy Returns Initiative: Strengthening Mental Health Services in the Juvenile Justice System, National Council on Crime and Delinquency

Lessons Learned: Facilitating Mental Health Screening in Juvenile Justice Programs, Center for Mental Health Services Research, University of Massachusetts

Massachusetts Youth Screening Instrument – Version 2, www.maysiware.com

Mental Health Issues in California's Juvenile Justice System, Berkeley Center for Criminal Justice

Mental Health Screening Within Juvenile Justice: The Next Frontier, Models for Change, National Center for Mental Health and Juvenile Justice

National Youth Screening Assistance Project – MAYSI-2, UMASS Medical School

²Kathleen R. Skowyrza and Joseph J. Cocozza, "Blueprint for Change: A Comprehensive Model for the Identification and Treatment of Youth with Mental Health Needs in Contact with the Juvenile Justice System," The National Center for Mental Health and Juvenile Justice and Policy Research Associates, Inc., <http://www.ncmhjj.com/Blueprint/pdfs/Blueprint.pdf>.



MAY 2010

MULTIDISCIPLINARY TEAMS

Most youth in the juvenile justice system have some level of mental health, substance abuse, behavioral, and physical health problems and many have been victims of abuse or trauma. They often struggle with learning disabilities and have difficulty staying in school. Some youth are pregnant or are parenting. In addition, these youth and their families are generally in need of benefits and resources such as health insurance, housing, income assistance, and food stamps.

The complex needs of these youth and their families require the provision of services and benefits provided by multiple agencies outside of probation, including mental health, alcohol and drug, human services, public health, education, and child welfare, as well as community-based providers. Multidisciplinary teams (MDTs) are an important mechanism increasingly used by probation departments to ensure that youth with complex needs receive the cross-agency and community services that can support their successful rehabilitation and return to the community.

In addition, MDTs promote collaboration between agencies and identify service gaps and breakdowns in coordination between agencies or individuals. They also enhance the professional skills and knowledge of individual team members by providing a forum for learning more about the strategies, resources, and approaches used by various disciplines.

MDTs can help juvenile justice programs:

- Share and review mental health screening and assessment results and mental health case histories to develop age-appropriate, culturally responsive treatment plans
- Collectively develop case plans that include placement recommendations and incorporate services provided by multiple agencies and providers
- Coordinate the provision of health, mental health, substance abuse, and other needed services
- Facilitate referrals to health care and mental health services and access to benefits and resources
- Monitor progress and address issues and barriers that arise for youth and their families in accessing services and meeting goals
- Coordinate reentry (aftercare) services with community-based organizations and providers
- Increase accountability for youth, families, and providers

“The challenge of a collaborative effort like the MDT is that we are all used to working in our own little silo. So we have to break out of that silo and work with the courts, alcohol and drug, and the schools. We had our bumps in the road, but in the long term what it did was taught us a new way of doing business that was much more effective. We can see the results.”

– Karen Staples, Retired Chief Probation Officer, Ventura County Probation Department

WHAT IS A MULTIDISCIPLINARY TEAM?

A multidisciplinary team (MDT) is a group that meets regularly to share information and provide comprehensive assessment and consultation for youth in the juvenile justice system. MDT members generally are professionals from diverse disciplines representing the various agencies in contact with the youth and many times parents and youth participate in the MDT meetings as well. MDTs in the juvenile justice system can fulfill a variety of functions—some work together on youth case plans and are based either in probation or the court, while others may specifically address mental health treatment plans, coordinate reentry services, or delegate primary responsibility and coordinate services for “cross-over” youth that are in both the child welfare and juvenile justice systems (241.1 WIC assessment process). Overall, their primary purpose is to help team members collectively develop recommendations for treatment and services, facilitate and coordinate access, and solve problems that may arise in the plan to effectively meet the multiple needs of the youth under their jurisdiction.

“A multidisciplinary team is a collaborative where everyone working with the youth is at the table to develop the best strategy of how to get that youth and their family what they need to be successful.”

– Kathy Duque, Deputy Chief Probation Officer, Santa Clara County Probation Department



LESSONS LEARNED FROM THE HEALTHY RETURNS INITIATIVE

All of the Healthy Returns Initiative counties either established new MDTs or expanded their existing MDTs, with some counties establishing contracts and memorandums of understanding (MOUs) with local agencies and community providers. As a result, most of the counties revisited and reorganized their MDT guidelines and working procedures. In general, the Healthy Returns Initiative MDTs brought together probation, mental health, public health, education, lawyers, parents, and sometimes youth on a regular basis to address youths' health and mental health issues and the needs of their families. These teams helped youth receive appropriate treatment and services, both in detention and in the community, by making referrals, appointments, providing transportation, and connecting youth to evidence-based programs. In order to provide these services, the teams developed numerous tools to identify youth and family needs and establish short- and long-term goals.

MULTIDISCIPLINARY TEAM MEMBERS

In the counties participating in the Healthy Returns Initiative, each MDT had a different composition and not every county was able to include all of these potential members on its teams.

Juvenile Justice

- Probation Officer
- Probation Manager
- Field Probation Officer
- Juvenile Hall Manager
- Custodial Care
- Family Resource Specialist

Mental Health

- Department of Mental Health Clinician
- California Forensic Medical Group Clinician
- Juvenile Hall Psychiatrist
- Juvenile Hall Clinician
(e.g., LCSW, Psychologist, MFT)
- Mental Health Clinical Services Coordinator

Public Health and Medical

- Registered Nurse
- Juvenile Hall Nurse
- Public Health Nurse
- Health Educator

Education

- School personnel
- County Office of Education
- Education Advocate

Legal Community

- Public Defender
- Alternate Public Defender
- Public Defender Social Worker
- District Attorney

Community-Based Partners

- Certified Application Assistor
- Wraparound programs
- Mental Health Services Act Full Service Partnerships (MHSA/FSP)
- Children's System of Care
- Family Preservation
- Private therapists, clinicians, and medical professionals
- Gang violence prevention organizations
- Counseling centers
- Reentry programs
- Tribal organizations

Parents/Caregivers/Relatives



PROMISING PRACTICES

Routine Sharing of Information

Even if MOUs are established with providers participating in MDTs to share information, confidentiality issues including youths' Health Insurance Portability and Accountability Act (HIPAA) rights, Family Educational Rights and Privacy (FERPA), their right to consent to services, juvenile court confidentiality rights, and parental rights still exist. In Los Angeles County, consent from youth and parents is needed first to open the doors for cross-systems information sharing. Other counties established standing court orders to facilitate the sharing of information.

For some of the issues MDTs address, formal data sharing agreements and informed consent may not be necessary to work effectively with the family and collaboratively with partners. However, while MOUs can facilitate the sharing of non-clinical information, confidentiality release forms are critical for accessing information on behavioral, educational, and mental health issues and to address these issues in all aspects of case planning (e.g., mental health treatment, education needs, and needed family services).

Once confidentiality issues are addressed, information shared by the Healthy Returns Initiative MDTs can include MAYSI-2 results; probation and criminal history; current and recent behavior; mental health diagnoses, treatment, and medication history; physical health and medical issues; insurance status; education information, including an Individualized Education Plan (IEP); and legal issues (e.g., pending court dates, disposition options).

In Santa Clara County, weekly MDT meetings have created a formal process for information sharing across the range of providers involved with the youth. Multiple providers develop a shared understanding of the youths' needs and plans to address them. In addition, information is shared between providers that otherwise would not occur. For example, the MDT process allows for the routine sharing of medical information (e.g., prescribed medications) between the medical and juvenile hall staff. When youth are transitioned to an out-of-home placement, notes from the MDT are shared with the new placement, along with any court orders, psychiatric assessments, individual education plans (IEPs), and notes from the probation officer.

Co-location of Cross-Systems Providers

In Santa Cruz County, probation works collaboratively with their on-site Children's Mental Health (CMH) clinicians. Following the implementation of the Healthy Returns Initiative, the probation department was able to hire a Certified Health Educator and contracted with a Certified Application Assistor (CAA). These professionals were co-located at juvenile hall, which allowed them to access the county probation data systems along with CMH clinicians and nursing staff. They were fully integrated into the MDT process and participated on various interdisciplinary committees.

Addressing Mental Health Issues

Santa Clara County developed their MDT process as a strategy to better manage juvenile hall youth with complex mental health needs. The MDT creates a basic care plan for youth in custody, as well as a Mental Health Care Plan (MHCP) that includes short- and long-term care plans and goals for youth while in custody and as they transition to the ranch, placements, or back home. The MHCP includes both clinical and custody goals, and documents family, school, psychiatric, and medication histories; probation status; and behavioral problems. When possible and appropriate, the MDT meets, develops the plan, and then brings in the youth for input. By "seeing" the range of team members at the table and having the opportunity to "be heard," the minor is engaged in implementing the plan and making needed changes. At the completion of each MDT, the MHCPs are updated and distributed to the participants and units within 24 hours. Because it has not been possible to integrate the probation and mental health information systems, mental health staff enter the MHCP into both systems.

Including Public Health Professionals

In Ventura and Santa Cruz counties, probation included public health professionals on their MDTs. In Ventura County, the Department of Public Health nurse provided gender- and age-specific comprehensive health assessments of youth and their family members. The nurse also helped teen parents access parenting assessments and health education tools and provided education to youth about the physiological impact of substance use on the body, such as the effects of methamphetamine use on dental and oral health and the development of skin lesions and “meth mouth” after chronic use. The Department of Public Health has strong collaborations with community health clinics and community-based organizations such as the Teen Clinic and Planned Parenthood. Having this direct linkage on the MDT connected the probation department to many partners in the community that did not exist prior to the Healthy Returns Initiative.

In Santa Cruz County, probation hired a health educator, who was an employee of the Santa Cruz County Health Services Agency (HSA). The health educator provided a broad range of services, attended the MDT meetings, and helped develop the anti-gang curriculum. HSA also provides two nurses who work at juvenile hall and attend MDT meetings.

“We brought our health educator into our placement screening MDT where the probation officers meet with families to discuss placement options. Having that physical health information was an enormous help in locating appropriate placements for youth and determining the best situation for them.”

– Kathy Martinez, Assistant Juvenile Probation Director, Santa Cruz County Probation Department

Youth Reentry Multidisciplinary Teams

In Santa Cruz County, there were four community-based organizations that provided most of the reentry services for youth in the juvenile justice system. These organizations were provided a stipend under the Healthy Returns Initiative grant to offset the costs of meeting regularly to assess and improve the coordination of reentry services. The Youth Reentry Team (YRT) developed a data sharing agreement and a short, two-page needs assessment that was administered to youth and their parents. Depending on the answers provided on the needs assessment, youth were then referred to the appropriate agencies for services.

Probation officers working with youth in the Los Angeles County Healthy Returns Initiative program work collaboratively with community-based partners, the youth, their families, and the field probation officers responsible for the probation case. The HRI probation officer participated in weekly MDT meetings and was a conduit of information for community partners or others who could not participate in the process.

Family and Youth Involvement with the Multidisciplinary Team

Traditionally, juvenile justice programs focus on youth in the system and youth that are at high risk for becoming involved with the system. While the initial focus of the Healthy Returns Initiative set by The California Endowment was also on these youth, the Los Angeles County program extended its focus to the youth's families. By the end of the first year, all of the participating counties had also expanded their strategies to include active outreach to and engagement with families.

In Santa Clara County, parents are invited and encouraged to participate in the juvenile hall MDT process. Prior to a youth's release from juvenile hall, a special MDT meeting is held with the probation officer and parents to set up services in the community and the probation officer does the follow-up on this plan.

Additionally, most of the Healthy Returns Initiative counties utilized home-based service provision and arranged service availability convenient to family schedules, such as nights and weekends, which overall helped MDT members engage families in complying with case plans.

Developing Trust and Rapport with Youth and Families

In Ventura County, each MDT member was bilingual, which was a significant asset in building trust and relationships with monolingual Latino families. While the team typically worked together on each case, there were scenarios when it was advantageous for one team member to take the lead to leverage his or her professional expertise. For example, because of the "power of the badge," there were instances when the probation officer took the lead because the badge could command respect and open doors in times of crisis when timely access to resources was paramount. Having a probation officer as part of the MDT was also a strength when going into homes in neighborhoods that could be unsafe or prone to violence. However, during sensitive situations, such as health issues, depression, grief, relationship issues, and conflicts, youth and their families were more likely to respond better to the public health nurse or therapist. The MDT relied on a gentler approach in these situations and the public health nurse or the therapist took the primary role in working with the youth.

IMPROVING OUTCOMES

- MDT care plans for youth in detention better address youth with physical and mental health needs, thereby increasing the stability and safety of the youth and reducing their time in confinement. In Santa Clara County, incidents involving minors trying to harm themselves and having to be transferred to the emergency psychiatric ward have decreased.
- MDT members share critical information that is used to inform case plans both in and out of custody. Increased information sharing between county agencies and community-based organizations allows services to be integrated more effectively, resulting in greater access to treatment and resources for youth and families.

"It has helped so much to have the staff be there for us, making calls to support us. I have two kids in the hall and with the help from this program, they are doing better. They have been more positive and are feeling more comfortable. They can trust the case manager."

— Parent, Los Angeles County

- The MDT process has increased communication, empowered staff, and enabled departments to “speak the same language.” The process has reduced the opportunity for minors to manipulate and play departments and individuals against each other, ultimately resulting in a more efficient and effective work environment.
- The MDT approach with youth and their families offers greater opportunities to establish personal connections, which increases trust and rapport, as well as broadening the perspective of staff to the issues and challenges faced by the youths and their families. The MDT approach enhances the overall chances for success.

CHALLENGES OF UTILIZING MULTIDISCIPLINARY TEAMS

Funding and Resources

Budget cuts at the state level trickle down to local agencies and community-based partners, affecting collaboration and service capacity in the community. In general, not enough funding is available or allocated to supporting interagency collaboration. Contracting costs associated with MDT members may be unsustainable for many probation departments. In the Los Angeles County Healthy Returns Initiative program, MDT participation was not paid for or contracted.

Securing Buy-in and Building Trust with Partners

Securing buy-in for the MDT process from multiple agencies and providers, as well as probation and juvenile hall staff, takes significant time and planning. Before developing MOUs, agreements, and protocols, probation departments should anticipate challenges, articulate the need for collaboration, and build relationships. In addition, establishing trust and rapport between partners is essential for sharing highly sensitive information.

“We clearly underestimated the need for developing skill sets in our staff for how to better engage families in service plans. We’re still working on that to this day.”

— Doug Rasines, Retired Chief Probation Officer, Humboldt County Probation Department

Working with Families

Engaging and maintaining relationships with families is time-consuming and difficult. Probation departments often need technical assistance on how best to work with families in the community to build trust. Family engagement is especially difficult considering that many families are dealing with significant problems. In addition, many of the youth are court dependents and may enter the juvenile justice system from child welfare (e.g., foster care or group home placements), making family members inaccessible. For example, in July of 2009, over 5,000 of California’s youth in foster care were under the jurisdiction of probation agencies.¹

¹ Needell, B., Webster, D., Armijo, M., Lee, S., Dawson, W., Magruder, J., Exel, M., Cuccaro-Alamin, S., Williams, D., Zimmerman, K., Simon, V., Hamilton, D., Putnam-Hornstein, E., Frerer, K., Lou, C., Peng, C. & Moore, M. (2010). Child Welfare Services Reports for California, University of California at Berkeley Center for Social Services Research website, http://cssr.berkeley.edu/ucb_childwelfare.

NOTES ON POLICY

Legislation Promoting Multidisciplinary Teams in Juvenile Justice

In 2005, Senate Bill 570 (Midgen) was passed in California, which established an optional procedure within county juvenile courts for the identification, assessment, and disposition of minors with serious mental and emotional disturbances or developmental disabilities, including case review by a MDT.² Currently, no counties are known to use this process.

ADDITIONAL RESOURCES

Blueprint for Change: A Comprehensive Model for the Identification and Treatment of Youth with Mental Health Needs in Contact with the Juvenile Justice System, National Center for Mental Health and Juvenile Justice

Healthy Returns Initiative Case Studies – Final Report, Desert Vista Consulting

Healthy Returns Initiative Case Studies – Grantee Supplemental Resource Compendium, Desert Vista Consulting

Healthy Returns Initiative: Strengthening Mental Health Services in the Juvenile Justice System, National Council on Crime and Delinquency

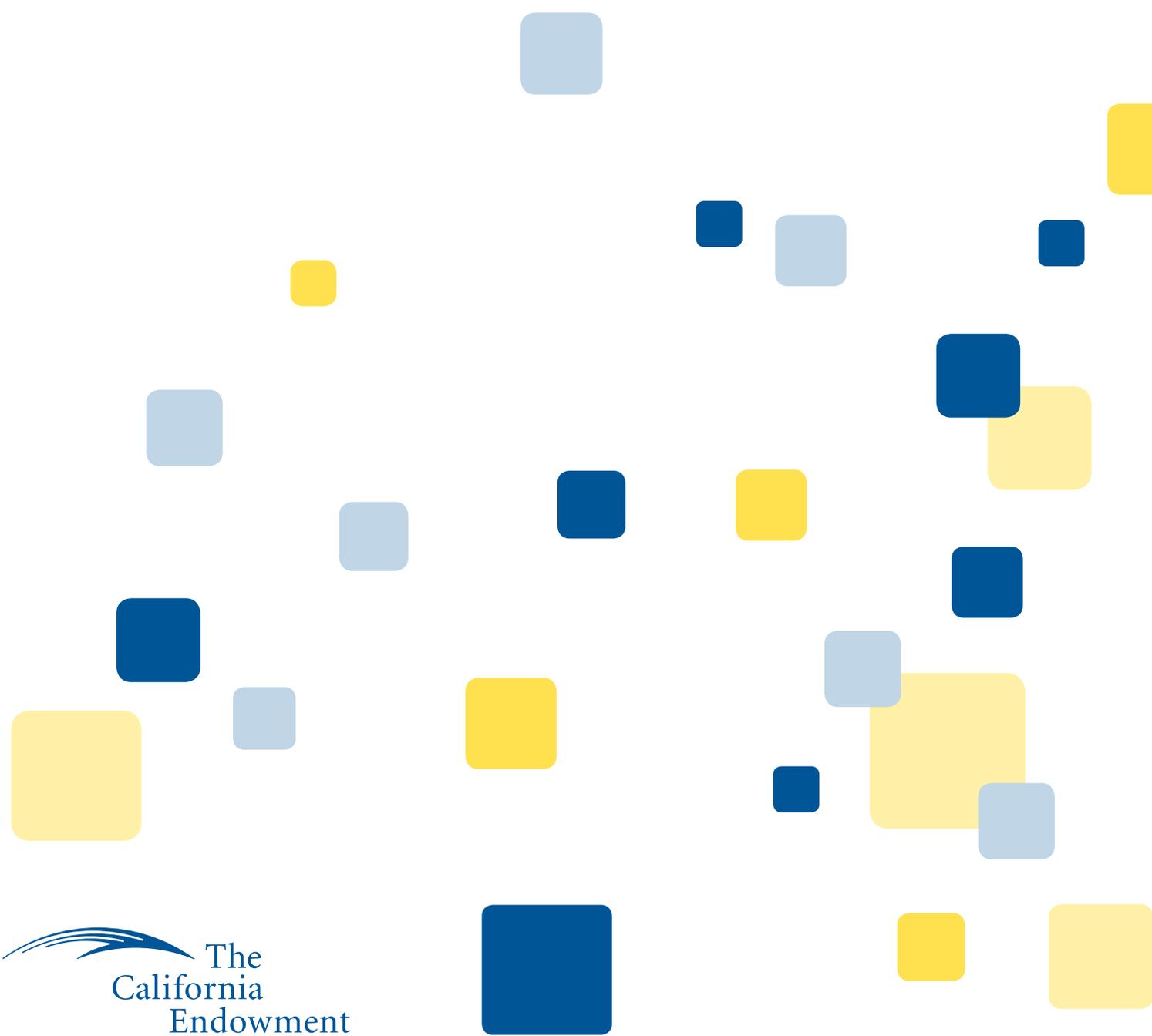
Santa Cruz County Healthy Returns Initiative: Final Evaluation Report, Ceres Policy Research

² For more information on Senate Bill 570, visit the California Legislative Information website, http://www.leginfo.ca.gov/cgi-bin/postquery?bill_number=sb_570&sess=0506&house=B&author=migden.



MAY 2010

**CONNECTING YOUTH AND FAMILIES TO
BENEFITS AND RESOURCES**





“If I need clothes, they provide them. If I need to go somewhere important, they take me. They give me the things I need and are really helpful.”

– Youth, Santa Cruz County

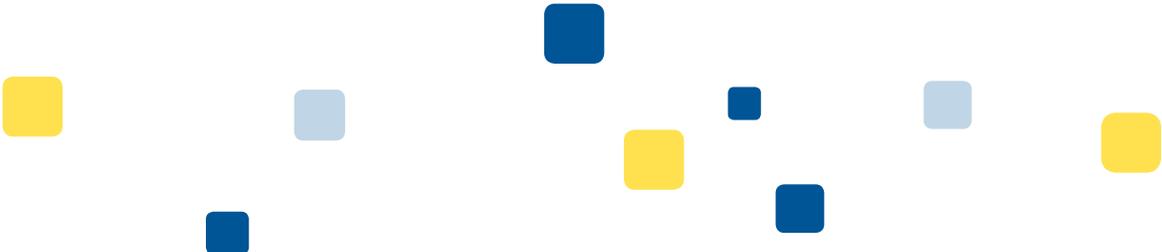
Most youth in the juvenile justice system have multiple, complex needs that may contribute to their delinquency and opportunities for rehabilitation. Probation youth frequently have mental health, substance abuse, and physical health issues that require treatment and medication. Access to health insurance is particularly important for youth with health needs that require ongoing, consistent treatment and medication. In addition, these youth and their families are often in need of benefits and resources such as housing assistance, income support, food stamps, transportation, and even clothing.

Unfortunately, navigating the multiple government systems to access these resources is both time-consuming and confusing, which prevents many eligible families and youth from receiving benefits. Connecting youth in the juvenile justice system and their families to government benefits and community resources, or what is commonly referred to as benefits advocacy, is a critical strategy to ensure the stability of the entire family unit and the long-term success of youth when they return to the community. Professional benefits advocates and Certified Application Assistors (CAAs) enroll youth and families in health care services and connect them with other needed resources.

In addition, benefits advocates help establish trust and rapport between probation and youth and their families. Oftentimes, youth and their families have been let down by systems of care and are distrustful of case managers and probation officers. By connecting services and support for youth and their families, probation departments are able to more holistically serve youth with complex needs and improve youth and family engagement.

Benefits advocacy can help juvenile justice programs:

- Connect uninsured youth to health care coverage to ensure continuity of care and adherence to medication and treatment after youth leave custody
- Link youth and families to low- and no-cost benefits and resources in their communities
- Better engage youth and families by assisting them with their immediate and pressing needs
- Establish better relationships with community-based providers and partner agencies by sharing information



LESSONS LEARNED FROM THE HEALTHY RETURNS INITIATIVE

One of the primary goals of the Healthy Returns Initiative was to link youth with health insurance coverage. Currently, federal law prohibits Medicaid coverage (or Medi-Cal coverage in California) for incarcerated individuals and requires that their benefits be suspended. An issue brief by the Youth Law Center commissioned by The California Endowment revealed that California regulations led many counties to terminate Medi-Cal coverage rather than suspending it until the juvenile was released, meaning that many youth waited months in need of medications and continuing medical care before their coverage was reinstated.

During the Healthy Returns Initiative, the Youth Law Center successfully steered Senate Bill 1147 (Calderon) through the state legislature, clarifying that California may suspend but not terminate Medi-Cal eligibility for youth who go into secure confinement.¹ With the passage of SB 1147, ensuring that eligible youth are enrolled in Medi-Cal before they are released from confinement is critical, so they can have immediate access to services upon release. Through the Healthy Returns Initiative, counties created innovative processes to start assessment for Medi-Cal benefits early in detention.

The focus on helping youth access health insurance when they first enter the system then expanded to helping youth and their families access multiple public and nonprofit resources as well. The Healthy Returns Initiative counties developed several strategies to ensure that probation youth and their families were connected to available resources, both when entering and exiting the system. Counties collaborated with county human services agencies to access data on the benefits that youth have received. In addition, multidisciplinary team members developed assessment surveys for youth and families to more effectively identify needed resources. They also developed comprehensive resource directories identifying low- and no-cost community-based services and established relationships with community-based organizations to facilitate better access to these resources. They contracted with benefits advocates, CAAs, and county agency resource specialists to assist eligible youth and their families in applying for benefits. While the complexity of their skills was initially underestimated, the Healthy Returns Initiative counties quickly recognized the critical role these specialists played in engaging and helping families.

“Social security, food stamps, housing, assistance with the Medi-Cal system — those are some of the complicated bureaucracies that are really difficult for any family to navigate. We contracted with a community-based center and had them inside our juvenile hall to collect information from the youth, contact their families, and make those linkages to benefits out in the community.”

– Laura Garnette, Adult Probation Director, Santa Cruz County Probation Department

¹For further discussion on SB 1147, see page 6.

BENEFITS AND RESOURCES AVAILABLE TO YOUTH AND FAMILIES

- Medi-Cal
 - Healthy Families
 - Sliding scale medical and mental health treatment services
 - Dental care
 - Prescription assistance programs
 - Title IV-E benefits
 - Social Security Income
 - CalWORKs
 - Housing assistance
 - Supplemental Nutrition Assistance Program (SNAP)
 - Food banks
 - Domestic violence shelters
 - Immigration/Documentation assistance
 - Transportation assistance
 - Clothing
 - Child care
 - Job application assistance
-

PROMISING PRACTICES

Working with Human Services

In Ventura County, all youth in the juvenile facility are referred for Medi-Cal coverage prior to their release from detention through the work of their Certified Application Specialist (CAS). When a youth comes out of custody, the CAS goes into the Human Services Administration (HSA) data system and changes the youth's probation status to enable their Medi-Cal coverage to be reinstated. The CAS is notified of youth who do not qualify or meet eligibility criteria for Medi-Cal services so that other coverage arrangements can be initiated.

In Humboldt County, for those families or youth needing insurance or other public supports, referrals are made to a benefits resource specialist at the Department of Health and Human Services (DHHS). To help create this linkage, probation budgeted funds to support a DHHS-based benefits specialist with the capacity to provide bicultural, bilingual benefits advocacy services to families throughout the County.

Community Certified Application Assistor Programs

The Healthy Returns Initiative program in Los Angeles County provided benefits advocacy through referrals to community-based, non-profit CAA programs, such as Crystal Stairs. These agencies provide services in the community and conduct comprehensive benefits assessments. Benefits counseling services are paid for when applications are submitted to the state and benefits are awarded.

In Santa Cruz County, probation hired a CAA through La Manzanita Community Resource Center to provide benefits advocacy to all probation youth and families. The CAA systematically reviewed the insurance status of all youth in detention and assisted families with access to needed insurance and benefits through referrals, linkage, and direct application assistance. The CAA's flexible role involved working with families in the community or in the home, during the youths' time in detention and after release, with the goal of maximizing participation in services and reducing stigma around benefits assistance.



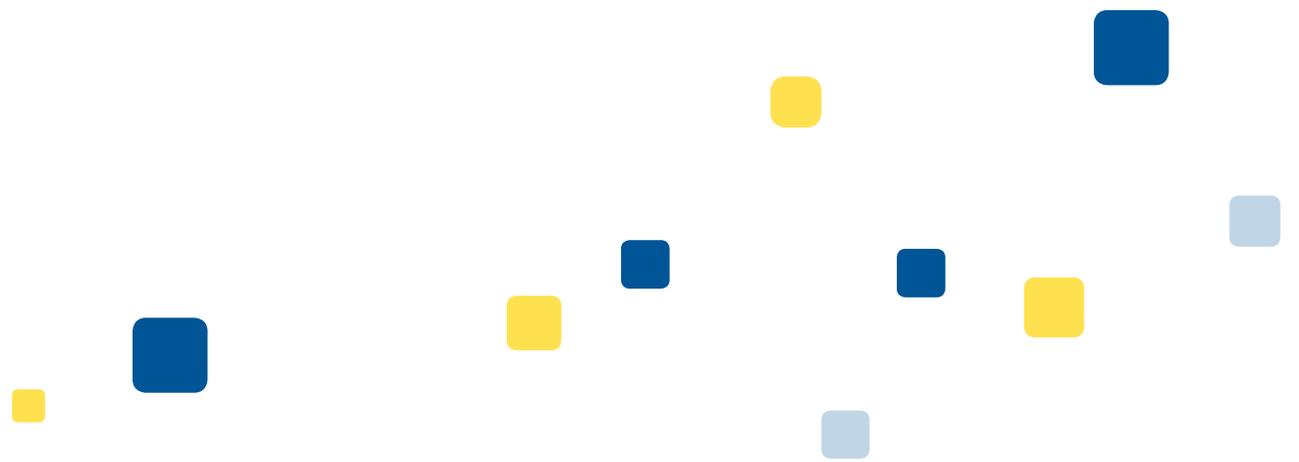
Resource Directories

In Los Angeles County, the Healthy Returns Initiative team developed eight regional and geographically based Resource Directories covering the entire county to use in making appropriate, no-cost or low-cost service connections in the community. The Resource Directories filled a significant need and have become an invaluable tool in helping staff and partner organizations connect clients to appropriate, affordable services. Examples of important and commonly accessed resources provided in the directory include low-cost health insurance coverage options, sliding scale medical and mental health treatment services, prescription assistance programs, child care, food banks, transportation, housing and recreation, legal advocacy, and much more. An important strategy in building trust and partnership with community providers was to provide the Resource Directories to all partners at no-cost. The sharing of this valuable resource has created goodwill across the provider network, and opened lines of communication with community partners.

Youth and Family Needs Assessment Surveys

In Santa Cruz County, the Youth Reentry Team developed a short, two-page needs assessment that was administered to youth and their parents. Depending on the answers provided on the needs assessment, youth were then referred to the appropriate agencies for services. This process increased referrals to agencies, and probation officers reported improved access to health insurance, assistance with physical health referrals, and expanded health education services.

IMPROVING OUTCOMES

- Families are anchored to services in the community and are more stable, which lessens their reliance on probation services. Connecting youth and family to community services moves probation departments towards a more rehabilitative approach.
 - Providing a comprehensive directory of services available for families that can be shared across providers and agencies contributes to a system-wide effort to help build relationships that can make it easier to connect youth and families to care and services.
 - Contracting with bilingual benefits advocates to successfully connect youth and families to needed benefits and provide services, such as transportation, establishes trust and rapport, contributing to youth and family engagement and success in meeting probation goals.
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CHALLENGES TO CONNECTING YOUTH AND FAMILIES TO BENEFITS AND RESOURCES

Impact of Budget Cuts

Budget cuts at the state and county levels affect eligibility requirements for benefits, leaving many youth and families ineligible for health coverage and other assistance. Cuts also trickle down to local community-based partners, impacting service capacity in the community. Furthermore, limited county probation resources can prevent probation departments from contracting with benefits advocates and CAAs. Strategies for probation departments with limited resources to provide benefits advocacy include cross-training staff to connect youth and family to services, connecting youth to no- or low-cost community-based benefits advocacy programs, and developing resource directories of low- and no-cost community services and resources.

Family Resistance

Families' lack of understanding of the process for securing health coverage and their inability to navigate complex social service systems can create resistance to securing health insurance for their children. Counties also may encounter a lack of follow-through from parents. For some parents, even small costs associated with health coverage are a barrier. To alleviate these issues, there must be increased communication, education, and support directed towards parents, underscoring the importance of health insurance for their children.

Service Capacity Gaps in the Community

Most of the Healthy Returns Initiative counties faced challenges in connecting youth and families to needed services. Service capacity gaps include access to residential and outpatient alcohol and drug treatment programs, psychiatrist services, job training and placement services, dental services, and recreation centers or afterschool programs that promote pro-social activities. Even with connection to health coverage, it can be difficult to find service providers in the community that serve Medi-Cal clients.

Sustaining Medi-Cal Coverage for Youth in the Juvenile Justice System

Under federal law, states can not receive federal matching funds for Medicaid services provided to youth in detention facilities. While this law does not require a youth's eligibility to be terminated, until recently, administrative practices in California's juvenile justice system and Medi-Cal procedures led many youth to lose their Medi-Cal coverage while incarcerated. Upon leaving custody, youth would have to reapply for coverage and wait until their eligibility was redetermined in order to reinstate coverage, which could take up to 45 days. For youth with mental health issues requiring medication and youth needing access to mental health and substance abuse treatment in order to meet court mandates, a lapse in health coverage could easily result in a return to custody.

In 2008, Senate Bill 1469 (Cedillo), which mandated that probation and county human services collaborate and connect youth with Medi-Cal or other types of health insurance options, became California law. Following the enactment of this bill, all parents of youth detained by the court for 30 days or more were advised about Medi-Cal coverage options through the probation department and referred to social workers from the county human services for benefits advocacy.²

That same year, Youth Law Center sponsored legislation to ensure that incarcerated juveniles with Medi-Cal are no longer terminated from the program because of their probation status. Senate Bill 1147 (Calderon), which became law in 2009, addressed youth being forced to reapply for Medi-Cal after release from custody. The California State Department of Health Care Services is now required to reinstate such benefits within 72 hours of a minor's release from a youth correctional facility. Senate Bill 1147 ensures that eligible young people leaving detention facilities do not have to reapply for Medi-Cal, a time-consuming, onerous process that leaves many without needed prescriptions, mental health services, and medical treatment. Now, Medi-Cal coverage for youth is suspended while they are in custody, but their eligibility is no longer terminated.³

ADDITIONAL RESOURCES

Healthy Returns Initiative Case Studies – Final Report, Desert Vista Consulting

Healthy Returns Initiative Case Studies – Grantee Supplemental Resource Compendium, Desert Vista Consulting

Healthy Returns Initiative: Strengthening Mental Health Services in the Juvenile Justice System, National Council on Crime and Delinquency

Improving Access to Medi-Cal for Youth in the Juvenile Justice System, Youth Law Center

Santa Cruz County Healthy Returns Initiative: Final Evaluation Report, Ceres Policy Research

The “Inmate Exception” and its Impact on Health Care Services for Children in Out-of-Home Care in California, Youth Law Center

² For more information on Senate Bill 1469, visit the California Legislative Information website, http://www.leginfo.ca.gov/cgi-bin/postquery?bill_number=sb_1469&sess=0506&house=B&author=cedillo.

³ For more information on Senate Bill 1147, visit the California Legislative Information website, http://www.leginfo.ca.gov/cgi-bin/postquery?bill_number=sb_1147&sess=PREV&house=B&author=calderon.



MAY 2010

COLLABORATION AND INTEGRATION

“The challenge of a collaborative effort is that we are all used to working in our own little silo. Breaking out of that silo and working collaboratively with the courts, alcohol and drug, and schools was difficult. We had our bumps in the road, but in the long term, it taught us a new way of doing business that is much more effective. We can see the results.”

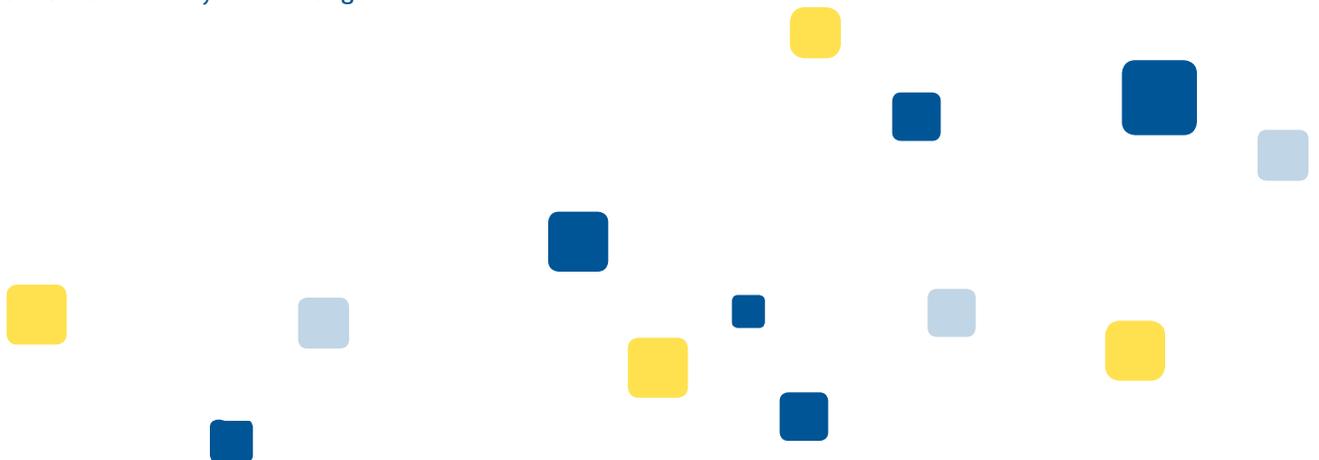
– Karen Staples, Retired Chief Probation Officer, Ventura County Probation Department

In general, systems of care for youth and their families in California are fragmented and siloed, allowing youth to slip through the cracks. Frequently, youth with complex needs, such as mental health and substance abuse disorders, end up in the juvenile justice system because they failed to receive appropriate services in the community. Once in custody, their conditions can worsen, leading to unnecessary confinement, recidivism, and a diminished quality of life. Probation departments often lack the capacity or expertise to effectively meet the needs of these youth and find that traditional punitive approaches result in more incidents of self-harm, increased misbehavior and aggression, longer periods of solitary confinement, and more one-on-one staff time. Upon returning to the community, these youth face enormous barriers in accessing the support services they need to meet their probation requirements and stay successful.

Collaboration and integration of services across multiple counties, agencies, community-based organizations, and providers can help streamline services for youth in the juvenile justice system. However, many agencies and community-based organizations have established histories of working independently with minimal collaboration or have specific departmental rules that create obstacles to collaboration. Information sharing is complicated by confidentiality concerns and incompatible data systems, which also stymie service integration.

Collaboration and integration with multiple stakeholders can help juvenile justice programs:

- Increase the visibility of efforts to serve this population
- Identify gaps in services
- Add new services and resources where needed
- Integrate parallel efforts
- Reduce duplication of services
- Create a foundation for systems change



LESSONS LEARNED FROM THE HEALTHY RETURNS INITIATIVE

The Healthy Returns Initiative county probation departments met the needs of youth with mental health and other complex needs in custody and in the community by creating and strengthening agency and provider partnerships to seamlessly integrate services. To address service gaps and promote systemic change, they contracted and collaborated with county agencies in service planning, established agreements and contracts with community-based providers, facilitated cross-systems and provider trainings for staff and youth, established MDTs with multiple agencies and providers, participated in commissions and held retreats and summits with key stakeholders outside of probation to further address service gaps and promote systemic change, and built upon ongoing efforts to integrate county services for youth. In addition, the counties created information-sharing agreements and developing shared databases to foster information sharing across agencies and providers.

PROMISING PRACTICES

“Our partnership with Children’s Mental Health is at every level of the system, but there wasn’t a lot of attention being paid to keeping the lines of communication open and nurturing that relationship. We also realized that we needed to bring child welfare and physical health in closer, which we hadn’t done. So we did a series of free retreats that started out at the management level, which led the way to reaching other staff.”

– Kathy Martinez, Assistant Juvenile Probation Director, Santa Cruz County Probation Department

Investing in Technical Assistance to Secure Buy-in Across Stakeholders

Enlisting outside expertise can help facilitate partnership development and collaboration, particularly if agencies and community-based organizations have conflicting agendas and goals or if there is a history of working independently. Probation can then be a participant in the relationship building process rather than the driver, an approach that is often met with resistance. In addition, partnerships across agencies need to develop at both the front-line level and the highest level of management. Front line staff need to coordinate on the day-to-day implementation, but upper management is less vulnerable to layoffs during economic downturn and can establish a structure to rebuild partnerships when resources are renewed.

In Ventura County, the Healthy Returns Initiative team held two education summits with key stakeholders from the county district schools, County Office of Education, Probation Department, Mental Health Department, and county courts. An independent consultant encouraged and facilitated a strategy to begin a conversation between providers actively working with youth, to identify where youth slip through the cracks between these two systems. Participants were able to have open dialogue about the need for greater coordination and follow-up with probation youth, better data sharing, and more visible presence of probation in the schools.

“Once I learned of the program’s capacity and impact, I got the list of eligible zip codes and sent every kid I could to the program. Not all kids in juvenile hall have a probation officer that is proactive in figuring out the best plan to meet their needs.”

– Judge Donna Groman, Superior Court of California, Kenyon Juvenile Justice Center

Disseminating Information to Engage Potential Champions

Disseminating information and accomplishments to county decision-makers and cross-agency partners enhances buy-in and can secure potential champions. In Los Angeles County, Superior Court Judge Donna Groman, in her commitment to serving high-risk youth in South Central Los Angeles, established a “Think Tank” at Kenyon Juvenile Justice Center. The goals of the “Think Tank” included learning about community resources and program innovations taking place in South Central LA for at-risk youth; networking and partnership development; and building awareness of community resources, programs, and services available to delinquent youth for court personnel (e.g., judges, district attorneys, public defenders). Shortly after the inception of the “Think Tank,” a member of the Los Angeles County Healthy Returns Initiative team spoke to participants about the program and shared success stories. Participation in the monthly “Think Tank” has created new opportunities for partnership and expanded the Healthy Returns Initiative team’s knowledge of programs and services available within the community, leading to partnerships with public defenders and judges, and ultimately, referrals to the program in an effort to keep youth in the community.

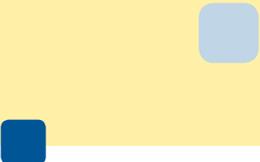
Memorandums of Understanding (MOUs) and Contracting Services

Offering partner organizations funding to secure services or information and resources can help them improve the efficiency of their work. In Humboldt County, the probation department hired a licensed mental health clinician as a probation employee, who also worked for county mental health, to provide mental health services to youth. The clinician was able to access mental health case records, check Medi-Cal eligibility, and enter information directly into the mental health system.

“Because we had a mental health clinician who was an employee of our own department, we could better dictate workload and assignments. Our mental health clinician was able to get youth connected to services in a 72 hour period, where it might take us up to 30 days going through the routine entry points of mental health.”

– Doug Rasines, Retired Chief Probation Officer, Humboldt County Probation Department

In addition, Humboldt County also developed MOUs with Native American tribes to provide culturally appropriate services and pro-social activities for tribal youth in the juvenile justice system. Tribal agencies developed age-appropriate and culturally responsive treatment plans and provided nontraditional treatment services, such as sweat lodges.



Cross-Provider Trainings for Staff and Youth

Cross-provider trainings can help move probation towards a more rehabilitative, collaborative, and integrated care approach. In Santa Clara County, training efforts have targeted different staff within juvenile hall and the probation system, focusing on improving the quality, effectiveness, and cultural responsiveness of the treatment youth receive in detention. To improve the ability of juvenile hall staff to better understand and appropriately respond to high-need youth, the mental health clinician developed a curriculum titled “Mental Health Issues in Custody” that covered child/adolescent psychosocial development; moral development; psychological disorders; crisis theory, diffusion and intervention; psychotropic medications; suicide prevention; effective communication; basic group dynamics; and behavioral disorders in childhood and adolescence. This curriculum received state certification and more than 90% of the juvenile hall custodial staff have received this training.

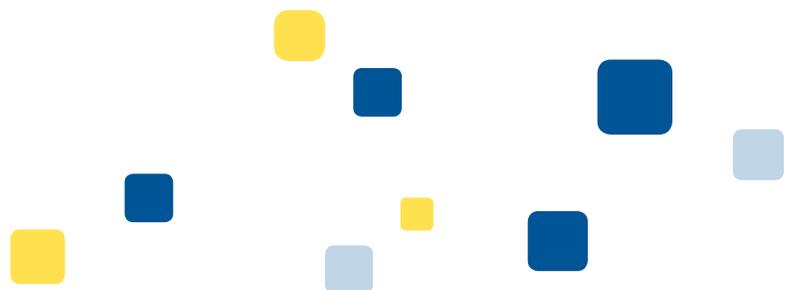
“Being able to access training on so many different topics that normally would not be available to us as probation officers, means that we know how to better serve youth and families.”

— Andrea Gordon, Probation Director, Los Angeles County Probation Department

In Santa Cruz County, the probation department focused on health promotion and gang intervention training programs for youth detained in juvenile hall. The Health Educator, in collaboration with community-based organizations, probation officers, and juvenile hall nursing staff, developed numerous workshops and presentations available to youth in juvenile hall, including the following topic areas: sexually transmitted disease education, nutrition, first aid, goal setting, personal hygiene, parenting classes, countering “pro tobacco” influences, disability awareness, dental care and oral hygiene, domestic violence, “street smart” series on safer sex practices, and a gang intervention series.

Shared Data Systems

Databases that can be accessed and shared across agencies improve the continuity of care for youth receiving multiple services across provider systems and facilitate greater collaboration and communication across providers, resulting in a more holistic care approach. In Santa Cruz County, prior to the Healthy Returns Initiative, there was no single system in place where all partners could access information about youth participating in cross-system services. The development of a shared database allows information sharing between juvenile hall medical providers, mental health clinicians, probation staff/ administration, custody staff, the health educator, and the Certified Application Assistor to facilitate collaboration and service coordination. This comprehensive data system tracks physical and mental health data, case plans and treatment goals, service referrals, insurance and benefit status, and follow-up services needed and utilized by youth and families.



IMPROVING OUTCOMES

- Better coordination and communication across county departments (e.g., public health, mental health, and human services) increases information sharing and enhances treatment planning, ultimately integrating and improving referral systems and service delivery for youth with complex needs.
 - Cross-systems training creates greater awareness and understanding of youth with mental health issues and the mission and goals of those involved with the youth, and facilitates more effective rehabilitative efforts by probation.
 - Stronger relationships between probation and community-based partners ensure effective case plan implementation for youth and their successful transition back to the community.
 - Increased awareness among partner agencies, courts, and community-based organizations creates champions, which can lead to increased program referrals and recognition of specialized capacity within probation to meet the needs of high-risk youth.
 - Collaborations between probation and other agencies and organizations to identify gaps in service or programs leads to the development of new programs, strategies, and resources that benefit other juvenile offenders and youth and families in the community.
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CHALLENGES TO SUCCESSFUL COLLABORATION AND INTEGRATION

Limited Funding and Resources for Collaboration and Integration

In general, not enough funding and resources are available or allocated to support inter-agency and cross-provider collaboration. Budget cuts at the state level trickle down to county agencies and local community-based partners, affecting collaboration and service capacity in the community, as well as the ability to develop shared data systems. Developing strong leadership and a workforce capable of using collaborative treatment approaches requires a significant amount of time, resources, training, and reinforcement.

Staff Turnover

Turnover of probation department, partnering agency, and community-based organization staff requires constant re-education on the benefits of collaborative and integrated approaches and trainings. It can be difficult to recruit staff who are flexible and willing to work “differently” and with providers in different disciplines, in the community, and with families. Another consideration is that by training staff to work in this way, they develop skills that make them stronger candidates for other jobs, including promotions.

Relationships with School Districts and Local Schools

Most of the Healthy Returns Initiative counties experienced challenges in getting probation youth back into public schools after they were released from juvenile hall. Many schools have “zero tolerance” policies that serve as barriers for probation youth returning to their district schools once they have entered the juvenile justice system. Partnership building with the local school districts continues to be a significant challenge for probation departments.

Children's Systems of Care

After beginning as a pilot project in Ventura County in the 1980s, Children's Systems of Care (CSOC) have been implemented across California to provide coordinated agency and community-based mental health services for children and youth. Services include mental health assessment, early intervention services, case management, crisis intervention, outpatient and inpatient care, school-based day treatment, in-home services, and family support. In 1988, legislation (AB 377) was passed providing funding for select counties to implement the CSOC model, including Santa Cruz County. Since 1989, Santa Cruz County has provided integrated and collaborative mental health services for youth through CSOC, including mental health clinicians from Children's Mental Health working within juvenile hall to assess youth for immediate needs and provide in-custody services.¹

County Integrated Health and Human Services Programs

Additional legislation promoting collaborative approaches was passed to encourage counties to integrate health, mental health, and social services through County Integrated Health and Human Services Programs (AB 1259, AB 1881, and AB 315). Currently, 11 counties, including Humboldt County, are authorized to operate in this manner. Since 1999, Humboldt County has integrated health and human services delivery structures and processes to more effectively and holistically use resources to serve children and families in the context of their community and culture. With the goals of integrating parallel programs and state initiatives, Humboldt County has worked collaboratively to eliminate or reduce barriers to serving vulnerable populations across systems.²

ADDITIONAL RESOURCES

A Guide to Implementing Children's System of Care in California, California Institute of Mental Health

AB 315 Integrated Services Initiative: 2007-2010 Strategic Plan, Humboldt County Department of Health and Human Services

Healthy Returns Initiative Case Studies – Final Report, Desert Vista Consulting

Healthy Returns Initiative Case Studies – Grantee Supplemental Resource Compendium, Desert Vista Consulting

Healthy Returns Initiative: Strengthening Mental Health Services in the Juvenile Justice System, National Council on Crime and Delinquency

Mental Health Issues in California's Juvenile Justice System, Berkeley Center for Criminal Justice

Santa Cruz County Healthy Returns Initiative: Final Evaluation Report, Ceres Policy Research

¹ For more information on Santa Cruz County's Children's System of Care, visit <http://www.santacruzhealth.org/cmhs/2children.htm>.

² For more information on the Humboldt County Integrated Health and Human Services Programs, visit <http://co.humboldt.ca.us/HHS/Administration/>.



MAY 2010

FUNDING AND RESOURCES

LESSONS LEARNED FROM THE HEALTHY RETURNS INITIATIVE

While the promising strategies of the Healthy Returns Initiative have wide ranging benefits because of their multidisciplinary, collaborative, and holistic approaches, they may be difficult to sustain and fund for that same reason. Many reimbursement streams are categorical and do not cover multidisciplinary approaches. Furthermore, state and county budget constraints have seriously impacted the availability of benefits and diminished the funding needed by probation departments, community-based organizations, and other agencies serving youth and families to lead prevention efforts and initiatives targeting at-risk youth.

Counties interested in implementing or sustaining key elements of the Healthy Returns Initiative can benefit from funding strategies developed by the participating counties to sustain their programs after the grants expired. These strategies include establishing no-cost contracts with community providers, soliciting in-kind trainings with partner agencies, participating in the Mental Health Services Act (MHSA)¹ planning process to secure funding for probation youth, using Medi-Cal to fund public health services in the community, developing a resource directory of low- and no-cost community services, utilizing county resources such as Wraparound services and Children's System of Care programs, and using the establishment of innovative practices to apply for other grants.

PROMISING PRACTICES

Program Evaluation and Tracking Outcomes

Presenting policymakers with program evaluation and results of similar efforts in other jurisdictions is an effective strategy to secure county funding for Healthy Returns Initiative program elements. In addition, documenting program outcomes to illustrate the effectiveness and value of their intervention can help probation departments avoid budget cuts. Outcomes that document reductions in recidivism, cost-savings, reduced one-on-one staff time and use of isolation, greater stability and safety of youth with fewer incidents of crises and self-harm, lower staff stress, and improved safety for staff should be tracked to help market programs for a variety of audiences to increase sustainability.

Low- and No-Cost Services

The Healthy Returns Initiative counties employed several strategies to access low- and no-cost services. To increase the likelihood that the Los Angeles County Healthy Returns Initiative multidisciplinary team would continue after foundation funding ended, team participation was voluntary. Los Angeles County also developed a county-wide resource directory of low- and no-cost community services, an invaluable tool in helping probation staff and partner organizations connect clients to appropriate, affordable services. Examples of important and commonly accessed resources provided in the directory include low-cost health insurance coverage options, sliding scale medical and mental health treatment services, and prescription assistance programs.

¹The passage of Proposition 63 (now known as the Mental Health Services Act or MHSA) imposes a 1% tax on earned income over \$1 million annually, and requires that funds be spent by state and county mental health services to support specific activities that increase access to care and lead to system transformation. MHSA expands mental health services in several areas: comprehensive, interagency community services and supports for children, youth, adults, and older adults with severe and persistent mental illness; prevention and early intervention programs; education and training of the existing workforce to implement new programs, and to increase the availability of new staff for careers in mental health; and innovative programs that increase access to mental health programs for underserved groups, increase the quality of services, and promote interagency collaboration.



Medi-Cal Services for Probation Youth in the Community

In 2008, the federal budget eliminated Medicaid Targeted Case Management (TCM) funding for probation case management and behavioral health services to youth in custody. This new rule went into effect in March 2009. Although probation departments can no longer claim Medi-Cal costs for youth in custody, they can claim costs for services in the community. With funding from Medi-Cal, the Ventura County Probation Department provides public health services for probation youth in the community in their Recovery Classroom. In addition, both Los Angeles and Santa Cruz counties provide families of probation youth in the community with resource lists of Medi-Cal providers in their area.

Mental Health Services Act Programs and Funding

Both Humboldt and Santa Clara counties refer probation youth leaving custody to MHSA Full Service Partnership services. Full Service Partnership programs, which are funded through the Community Services and Supports component of MHSA, are available for children and youth with significant emotional, psychological, or behavioral problems that interfere with their wellbeing, as well as their families. These programs are capable of providing an array of services beyond the scope of traditional clinic-based outpatient mental health services. MHSA data has shown a decrease in the average number of arrests per month of children and transitional aged youth participating in Full Service Partnership programs.²

In addition, stakeholders can potentially access MHSA funding for probation youth by participating in their county MHSA planning process. Through strong advocacy efforts by juvenile justice advocates, including organizations involved with the Healthy Returns Initiative (Fight Crime: Invest in Kids, California; Chief Probation Officers of California; and Youth Law Center), the guidelines for MHSA Prevention and Early Intervention (PEI) funding include youth in the juvenile justice system and those at risk of entry as priority populations. As priority populations, probation youth in both institutions and communities can be served with these monies. In Los Angeles County, significant MHSA PEI funding was allocated for youth in the juvenile justice system for the 2009–2010 fiscal year due to the active advocacy evident in the stakeholder planning process, as well as the ongoing U.S. Department of Justice investigation of Los Angeles County juvenile halls/camps, which highlighted the need for increased resources for this population.

Utilizing Wraparound Services and Funding

The Healthy Returns Initiative county probation departments utilize Senate Bill 163 (SB 163) Wraparound funding and services to meet the needs of probation youth both in custody and in the community.³ Wraparound is intended to provide children with service alternatives to group home care through the development of expanded family-based services programs. In Humboldt County, Wraparound provides probation funding for 15 slots for youth that are at risk of group home placement. Probation is allowed to draw down from the state portion of funding that would otherwise be used to pay for those youth in group home care and use those funds to provide flexible funding for those youth who are in the slots. Those state funds that are not used directly for youth in those slots can be pooled collectively and then be used for other service capacity in probation services, as long as direct services are provided for the youth and funding is not used for custody or correctional services. The Humboldt County Probation Department pooled excess SB 163 funds to offset the costs of two probation officers who serve as case managers.

² California Department of Mental Health, "Mental Health Services Act Progress," March 2009, http://www.dmh.ca.gov/Prop_63/MHSA/Publications/docs/ProgressReports/MHSA_Progress_March2009.pdf.

³ For more information about SB 163 and Wraparound, visit California Department of Social Services, <http://www.dss.cahwnet.gov/cfsweb/PG1320.htm>.

CHALLENGES TO ACCESSING FUNDING AND RESOURCES

“There has to be an emphasis on ensuring that there are local services and that our local health departments have the resources to provide these kind of services to the families out in the community before the conduct elevates to the point where criminal justice has to get involved. Our Mental Health Department is taking cuts every year in the county budget and it scares me.”

—Kathy Duque, Deputy Chief Probation Officer, Santa Clara County Probation Department

Budget Cuts

The financial crisis has resulted in a national economic downturn with dramatic decreases in California state revenues, and subsequent state and county budget cuts. These cuts have impacted probation departments’ and community-based organizations’ ability to provide innovative, rehabilitative, and mental health services for probation youth with complex needs. Funding for programs that support youth and families, including CalWORKs, SSI/SSP, foster care, and Medi-Cal substance-abuse treatment services, among other vital programs, has also been severely reduced.

Notably, in 2009, the California State Legislature eliminated funding for the Juvenile Mentally Ill Offender Crime Reduction (MIOCR) program, which provided support for many Healthy Returns Initiative program elements. Across California, MIOCR provided \$22 million to 20 counties for a variety of mental health interventions for juvenile offenders, including proven intensive family therapies such as Functional Family Therapy and Multi-systemic Therapy. In addition, the 2008–2009 and 2009–2010 state budgets also included significant cuts to the Juvenile Probation and Camp Funding (JPCF) Program.

Misunderstandings Related to Mental Health Services Act Funding

MHSA is a critical source of funding for mental health services for youth with diagnosed mental illness in the community, but it was initially unclear whether funds could be used for services provided inside a correctional setting. The Department of Mental Health (DMH) has made clear that MHSA Community Services and Supports funds, the largest category of MHSA funding, may be used for mental health programs and services provided in juvenile halls and facilities, and can be used to fund probation officers involved with mental health services, as well as services provided by county mental health staff, other public agencies, and community-based organizations serving probation youth.⁴ However, DMH determined that MHSA services for youth in custody “must be for the purpose of helping the person get out of [custody] and live in the community.”⁵

A survey of probation departments conducted in 2008 found that while most counties had accessed MHSA Community Services and Supports funds, misunderstandings about whether MHSA funds could be used for youth in the juvenile justice system may have prevented some counties from accessing funds for this population.⁶

⁴ Fight Crime: Invest in Kids, California, “Using Mental Health Services Act/Proposition 63 Funding for Juvenile Justice Youth,” <http://www.calendow.org/uploadedFiles/FCIKusingmhsa.pdf>.

⁵ California Department of Mental Health, “A Readers Guide to Mental Health Services Act Community Services and Supports Three-Year Program and Expenditure Plan Requirements,” August 2005, http://www.dmh.ca.gov/prop_63/MHSA/docs/ReadersGuide80905withHJedits.pdf.

⁶ Fight Crime: Invest in Kids, California, “Progress Report on Use of Proposition 63/Mental Health Services Act to Serve Juvenile Justice Youth,” 2008.

NOTES ON POLICY

Juvenile Justice Realignment

Legislation requiring the realignment of juvenile justice services from state jurisdiction to California counties will undoubtedly impact the number of youth with complex needs to be served by probation, as well as probation departments' capacity to meet the needs of this population. In 2007, Senate Bill 81 (SB 81) was enacted, which requires the Division of Juvenile Justice, formerly called the California Youth Authority, to send juvenile offenders to local county probation departments, unless they have committed a specified sex offense or serious offenses such as murder, robbery, arson, or an assault likely to produce great injury.⁷ With the passage of SB 81, low-risk, high-need mentally ill offenders can no longer be sent to state-run facilities, which may increase county probation case loads of youth with mental health issues.⁸

Although SB 81 provided counties with additional funding (\$66 million in 2008–09 and over \$90 million in 2009–10) through the Youthful Offender Block Grant (YOBG) to address this high-need population that has been shifted from state to local jurisdiction, it is anticipated that probation officials will have to find new ways to provide services and treatment for even more of the low-risk, high-need offenders locally.⁹ Recently introduced statutory amendments requiring a measure of accountability to the way the state spends these dollars may help determine whether YOBG funds are being used by the counties to improve mental health service and treatment capacity.¹⁰

ADDITIONAL RESOURCES

A Medicaid Primer for Juvenile Justice Officials, National Academy for State Health Policy

Healthy Returns Initiative Case Studies – Final Report, Desert Vista Consulting

Healthy Returns Initiative Case Studies – Grantee Supplemental Resource Compendium, Desert Vista Consulting

Healthy Returns Initiative: Strengthening Mental Health Services in the Juvenile Justice System, National Council on Crime and Delinquency

Juvenile Justice Program Reports, Commonweal

Mental Health Issues in California's Juvenile Justice System, Berkeley Center for Criminal Justice

Santa Cruz County Healthy Returns Initiative: Final Evaluation Report, Ceres Policy Research

Using Mental Health Services Act/Proposition 63 Funding for Juvenile Justice Youth, Fight Crime: Invest in Kids, California

⁷ Section 707(b) of the Welfare and Institutions Code.

⁸ Berkeley Center for Criminal Justice, "Mental Health Issues in California's Juvenile Justice System."

⁹ Ibid.

¹⁰ On July 28, 2009 Sections 1955 and 1961 of the Welfare and Institutions Code were amended to incorporate language that stipulates that each county receiving SB 81 funds must indicate in their Juvenile Justice Development Plan a description of "the program, placements, services, or strategies to be funded by the block grant allocation."



The Ventura County Probation Agency is proud to announce the one year anniversary of the Recovery Classroom specialized Juvenile Court program.

The Recovery Classroom is a self-contained classroom at Gateway Community School for delinquency court referrals of chemically dependant teenagers who have experienced risk-based behaviors and a negative school history characterized by a lack of belonging, poor relationships with adults, and feelings of discouragement. The program provides a safe, well-staffed, learning based, encouraging environment to support sobriety, provide health and mental health services and educate students to support their efforts to be sober, complete high school and provide job skills training or achieve post-secondary plans. The program offers a consortium of support/treatment providers practicing an asset-

"This program is a fine example of the benefits of collaborative efforts of those involved in juvenile justice. A critical need was seen in our county to establish an intensive outpatient drug and alcohol treatment program for our youth. The recovery classroom program is designed to provide educational, drug and alcohol treatment and behavioral health services to our youth in a self-contained classroom with supervision by probation.

As the services are designed to be provided directly to the youth in the classroom, attendance to school is a major factor toward any success.

Since the inception of the program the daily attendance has been 80-90%. The initial results appear to be very favorable as the youth change their focus and energy to their education and maintaining a drug and alcohol free lifestyle. Having periodic court reviews with immediate sanctions, including but not limited to being detained in our juvenile facility, along with praise and encouragement for doing well appear to assist the youth in keeping them motivated to be successful."

*-Hon. Manuel J. Covarrubias
Recovery Classroom Presiding Judge*

-based, holistic approach to care. The program is committed to diverting targeted, non-violent juvenile offenders with chemical dependent/substance abuse issues, through a highly structured, cost effective program which combines intensive treatment, education, life and vocational skills, and probation and judicial supervision that provides the participant the opportunity to break the cycle of substance abuse and negative behavior.



Robert Long (Deputy Probation Officer), Kendall Sanders, Santiago Lopez, and Jaimee Pollack (Teacher)

Our innovative year round programming provides a stable environment of support allowing the youth to escape their life of addiction and explore a world where sobriety and happiness coincide. They are able to earn credits to complete high school, acquire assistance in obtaining a job, and develop post secondary plans. The program offers the tools needed to break the cycle of substance abuse and negative behavior in lieu of a lengthy Juvenile Facility commitment. The Recovery Classroom program is integral in transitioning our youth back into a traditional school setting and counseling families on how to deal with the problem of addiction.

Since the program's inception in Aug 2008, we have accepted 50 youth into the program. The average attendance of the students is 80%. Thus far, the 2009 calendar year has seen four Recovery Classroom graduates with seven more scheduled to graduate by the end of the year. Some of our students have graduated High School and completed certified courses at the Regional Occupation Program. They have traveled to the California Science Center to learn how their addiction has impacted the global community and had their horizons broadened with visits to the Santa Barbara Zoo and the Aquarium of the Pacific.



Jaimee Pollack (Teacher), Kendall Sanders

With the combined efforts of Probation, Behavioral Health, Ventura County Office of Education, Ventura County Superior Court, Ventura County District Attorney Office and the Office of the Public Defender, we provide the youth a seamless continuum of services from intervention to aftercare. Our 2010 graduates are resolute and are driving the success that is the Recovery Classroom program.



santa cruz county healthy returns initiative:
final local evaluation report

angela irvine, ph.d.

november 16, 2009

Introduction

National research has found that the majority of youth involved in the juvenile justice system have mental health needs (Skowyra and Coccozza, 2006; Soler, 2002). In addition, incarcerated youth experience greater numbers of physical health disorders than their peers (Forrest and Tambor, 2000). Researchers note a particularly high prevalence of physical or sexual abuse, sexually transmitted diseases, respiratory illness, and injuries among youth in the juvenile justice system (Shelton, 2004; Fasher et. al., 1997).

Unfortunately, many juvenile justice systems are not equipped to appropriately address long-term health needs. Many detention facilities have clinicians and nurses on staff. This practice allows trained health professionals to address the immediate needs of youth in detention as well as the long-term health needs of youth being held for long periods of time for serious offenses. However, youth with non-violent or drug offenses typically have shorter lengths of stay in detention. These youth may need to see a health care provider for a period of time that is longer than their sentence.

Unfortunately, many communities do not have community-based health services available for youth on probation. Limited community-based health services can anchor youth more firmly to the juvenile justice system. There have been cases in which jurisdictions keep youth with non-violent and drug offenses in secure detention so they may access health services (Skowyra and Coccozza, 2006). The U.S. House of Representatives (2004) found that 33 states, including California, hold youth in secure detention so that they may access health services. In these cases, youth remain linked to punishment in order to receive health services.

The provision of health services can also create a cycle of incarceration for youth in the juvenile justice system. When services such as counseling are required by the court, youth may receive probation violations for non-attendance. In these cases, youth must be sent back to secure detention or remain on probation for longer periods of time for failing to access health services.

The History of Juvenile Justice System

Punishing youth for failing to attend health services seems counter-productive to their well-being. To understand why the juvenile justice system makes these decisions, it is important to study the history of the juvenile justice system.

The juvenile justice system has fluxuated between rehabilitative and retributive responses to delinquency since its inception in the 1800s (Feld, 1999; Bernard, 1992). These shifts occur because the juvenile court was created to achieve conflicting goals (Urban et. al., 2003). On one hand, the juvenile court was established to care for dependent and neglected youth (Feld, 1999). On the other hand, the juvenile court has always been responsible for monitoring and punishing delinquency (Feld, 1999).

During different historic periods, fear of poor communities of color created pressure on the juvenile justice system to become more retributive. Historically, this political pressure led the juvenile justice system to respond most punitively towards communities of color (Feld, 1999; Wordes et. al., 1994).

The late 1980's and early 1990's provide one example. During 1980's, the Reagan administration complained about African American "welfare queens," and created fears of "crack babies" and "super-predators" from poor communities of color (Marx, 2009). Public pressure to make juvenile delinquents more accountable for their actions led to wide-spread sentencing reforms (Urban et. al., 2003). Rather than basing sentencing on the rehabilitative needs of individual juveniles, states began to develop pre-determined sentencing guidelines to ensure the strict punishment of crimes (Urban et. al, 2003; Singer, 1996). Additionally, some states expanded the guidelines around juvenile incarceration. Some states lowered the age under which juveniles could be incarcerated. For example, Illinois reduced the age that a juvenile could be sentenced to prison from 13 to 10 (Marx, 2009). Other states lowered the age that juveniles could be tried and incarcerated as adults (Urban et. al, 2003; Frazier et. al., 1999). These changes increased the numbers of youth incarcerated in adult and juvenile facilities, leading to overcrowding in many jurisdictions. Between 1985 and 1995, the percentage of youth held in over-crowded detention centers rose from 20 percent to 62 percent (Lubow, 1999). The disproportionate detention of youth of color has also risen dramatically since 1985. Youth of color represented forty-three percent of incarcerated youth in 1985. They represented sixty-nine percent of incarcerated youth in 2006 (Mendel, 2009).

In these historic periods when punishment becomes the policy priority of juvenile justice systems, jurisdictions are more likely to detain youth for non-violent offenses. They are also more likely to assign probation violations when youth fail to attend school or recommended health services. Youth of color are particularly susceptible to these practices.

History of Juvenile Justice Reform

Recent changes in the juvenile justice system provide hope for comprehensive reform. Punitive practices through the 1980's and 1990's led to overcrowding crises around the country and jurisdictions began to look for solutions. Some systems, for example, began to adopt detention screening instruments to manage the demand for bed space (Gamble et. al. 2002).

Other jurisdictions began to move away from punitive practices and resume efforts to rehabilitate youth. Balancing the needs of the offender, the victim, and the community, restorative justice advocates encouraged offenders to take responsibility for their actions and repair any harm they caused to the victim of their crime and their community (Urban et. al., 2003). Conflict-resolution interventions and community service projects allowed youth to complete their sentences or terms of probation more swiftly and reenter their communities.

Another reform effort was led by the Annie E. Casey Foundation (Casey). In the late 1990's, Casey funded the Juvenile Detention Alternatives Initiative (JDAI) in order to address their concerns about the abhorrent conditions of confinement caused by overcrowding, the systemic disinterest in rehabilitating youth, and the alarming rise in the disproportionate incarceration of youth of color (Lubow, 1999). Since the beginning of JDAI, participating sites have reduced the number of youth they detain. Many sites have also reduced disproportionate minority contact and the unnecessary detention of girls. JDAI sites have achieved these successes by

- using data to drive policy decisions;
- collaborating with stakeholders from other county agencies and community-based organizations; and
- developing a broad continuum of alternatives to detention (Steinhart, 1999).

Santa Cruz County was one of the first jurisdictions to adopt JDAI reforms and has since become a model site. By using a detention screening instrument, called the Risk Assessment Instrument, Santa Cruz County halved the number of youth in their juvenile hall. By collaborating with other county agencies and community-based agencies, they have developed alternatives to detention that keep most youth in their homes and schools rather than a cell. Moreover, these programs encourage the development of relationships with service providers in the neighborhoods that youth and their families live in.

Santa Cruz County Healthy Returns Initiative

Santa Cruz County built on these prior successes as they entered the Healthy Returns Initiative (HRI). Funded by the California Endowment, HRI was formed in 2005 to improve mental and physical health services for youth in the juvenile justice system. The Endowment invested in this population--\$6.5 million over four years in Humboldt, Santa Clara, Santa Cruz, Ventura, and Los Angeles Counties—because youth in the juvenile justice system have high levels of health needs.

As a Healthy Returns Initiative (HRI) site funded by the California Endowment, the Santa Cruz County Probation Department improved health services by

- expanding several multi-disciplinary teams that coordinate health services for youth in the juvenile justice system;
- hiring a Health Educator to help families follow-up with referrals to out-of-custody physical health services and provide health education workshops;
- hiring a Certified Application Assistant to help families apply for health insurance;
- hiring a Probation Officer to develop a database for improved data collection and act as a liaison between the Probation Department and partner agencies;
- adopting the MAYSI-2 instrument to screen for immediate mental health needs within juvenile detention; and
- supporting the formation of a Youth Reentry Team to assess and expand reentry services for youth existing juvenile detention.

These efforts resulted in expanded collaboration, improved data collection, and successful bridges to community-based health services. Youth received many more physical and social health referrals that were not mandated by the court, thus reducing the number of strings tying them to probation. Referrals to community-based services also encouraged positive relationships with adults that were close to home. This anchored youth to their communities rather than creating a cycle of incarceration.

At the same time, the Santa Cruz County Juvenile Court continues to require that over 90% of youth in the juvenile justice system receive mental health services. This ensures that most youth in the juvenile justice system receive counseling. At the same time, this leaves youth vulnerable to probation violations or extended lengths of time on probation if they refuse mental health treatment.

HRI Evaluation

Ceres Policy Research (Ceres) conducted a mixed-method evaluation of the Santa Cruz County HRI in order to document system change as well as explore whether the juvenile court should continue to mandate mental health services in Santa Cruz County.

This research relied on a blend of quantitative and qualitative data to measure system changes in health care services for youth in the juvenile justice system. Sources of data included:

- program and administrative data from the HRI database;
- youth and caretaker needs assessments collected by the Youth Reentry Team;
- participant observation notes taken in management meetings, Youth Reentry Team meetings, and state-wide HRI convenings; and
- interview data from Probation Officers who have worked in Santa Cruz County for the entire length of HRI.

Data Analysis

Ceres analyzed the survey and administrative data using a statistical analysis software package called SPSS. They used two different tests. When Ceres was interested in determining whether a group changed over time, they used a t-test. When they were interested in determining whether two groups were different from one another, they used an analysis of variance test. Findings from these tests were considered "statistically significant" if results were more than 95% accurate.

Ceres also conducted a content analysis of interview summaries. Content analysis involves the identification of common words or themes used by respondents. Ceres counted how many respondents held a particular opinion. They were also able to analyze a different themes, describing how individual participants or staff members agree or disagree on a particular theme. This process allowed Ceres to document respondents' views of HRI, enabling a more objective evaluation.

The evaluation findings are presented below. The first section focuses on the the collaborations that developed in Santa Cruz County under HRI. The second section focuses on the expansion in data collection under HRI. The third section focuses on how probation officers view the changes in health care services under HRI, how probation officers see their in the provision of health services, and whether mental health services should continue to be mandated by the courts.

Collaboration under HRI

Santa Cruz County Probation Department used four interrelated collaborations to manage and operate the Healthy Returns Initiative: two multi-disciplinary teams helped coordinate the provision of health services, a collaboration of community-based organizations developed new reentry services for youth, and a small cross-agency partnership that developed an anti-gang curriculum. In addition, a fifty collaboration developed in the last year of the initiative to address barriers to the provision of health care for youth in the juvenile justice and child welfare systems. Ceres describes these collaborations in detail below.

As discussed above, collaboration has been a central strategy for juvenile justice reform in Santa Cruz County under JDAI.

The achievements and limitations of these collaborations can be understood using the research of Mattessich and Monsey (1992). According to these two researchers, the most successful collaborations have:

- a history of collaboration or cooperation in the community that offers partners an understanding of the roles and expectations required in collaboration;
- representatives from each segment of the community that will be affected by the collaboration's activities;
- agreement about the cultural values and norms held by the collaboration;
- frequent communication and interaction; and
- adequate and consistent funding.

Collaboration under HRI met most of these requirements.

Santa Cruz County has a long history of cross-agency collaboration. Santa Cruz was one of the first counties in California to develop a collaborative System of Care (SOC) that includes a broad range of organizations. The purpose of the SOC is to provide a coordinated network of community-based services that are organized to meet the challenges of children and youth with serious mental health needs. The Santa Cruz County SOC includes the County Probation Department, the Child Protective Services program of the County Human Services Department, the Child and Adolescent Mental Health program of the County Health Services Agency, the Alcohol and Drug Services program of the County Health Services Agency, and the County Office of Education. The SOC has also included community-based organizations such as Youth

Services and Pajaro Valley Prevention and Student Assistance, two non-profit counseling programs.

For the past seventeen years, this SOC has delivered services to youth in a coordinated, integrated, and comprehensive fashion. The SOC helped establish core values shared by the participating organizations. Specifically, the SOC has worked to place youth in the least restrictive setting, while developing programs that are family and community-based, evidence-based, data-driven and culturally-responsive.

The relationships that developed around the provision of mental health services became the foundation of additional child welfare, probation, law enforcement, and education programs that were developed over the last decade. As such, the staff members from county agencies and youth-serving organizations meet frequently to provide a wide range of interrelated services.

The strength of these relationships have allowed Santa Cruz County agencies to secure many foundation, state, and federal grants that require pre-existing collaborations. These grants have supplemented the county general fund and created a broad continuum of services. For example, the Santa Cruz Probation Department was able to secure a Reclaiming Futures Grant from the Robert Wood Johnson Foundation. This grant required collaboration between the Probation Department, the County Child and Adolescent Mental Health program, the County Alcohol and Drug Program and many community-based organizations including Youth Services (a community counseling service), Community Restoration Project (a youth and job development program), and Barrios Unidos (an organization that works to reduce gang violence).

The Healthy Returns Initiative provides another example.

HRI Partners

The Santa Cruz County HRI included the following partners:

- *The Santa Cruz County Probation Department.* The Probation Department served as the fiscal agent for HRI. HRI also paid for one full-time equivalent (FTE) Deputy Probation Officer II as well as some time for Probation Department managers. The HRI DPO II attended collaborative meetings and helped coordinate communication between partners. Another Probation staff member helped develop the anti-gang curriculum.
- *The Santa Cruz County Health Services Agency (HSA).* HRI paid for one Health Educator, who was an employee of HSA. This Health Educator provided a broad range of services, attended the

multi-disciplinary meetings with HRI staff, and helped develop the anti-gang curriculum. HSA has also traditionally provided two nurses that work at juvenile hall. While HRI did not pay for these two positions, the nurses attended multiple disciplinary team meetings with HRI staff.

- *The Santa Cruz County Child and Adolescent Mental Health Program (CAMHP)*. CAMHP has traditionally provided two counselors that work in the juvenile hall. While these two positions were not paid for by HRI, the juvenile hall counselors attended multi-disciplinary meetings with HRI staff.
- *Community Bridges of Santa Cruz County*. Community Bridges provides a network of services for families in the Santa Cruz County Area. La Manzana, one of the Community Bridges centers, is a community-based organization that provides support for families and children, links to education and economic self-reliance, and health and nutrition programs. La Manzana is located in the predominantly Latino, Spanish-speaking community of Watsonville. HRI paid for one FTE bilingual, bi-cultural Certified Application Assistant (CAA) at La Manzana. This CAA was primarily responsible for ensuring that families had access to affordable health insurance. This CAA also linked youth and families to other support services. The CAA attended all of the multi-disciplinary meetings with HRI staff members.
- *Barrios Unidos*, Barrios Unidos is a community-based organization that works to reduce gang violence. HRI provided a \$900 stipend to Barrios Unidos to help plan reentry programs for youth leaving juvenile detention.
- *Community Action Board of Santa Cruz County (CAB)*. CAB operates seven programs that help low-income residents move out of poverty. The Community Restoration Project (CRP) is a CAB program that provides job development programs for previously incarcerated youth and adults. HRI provided a \$900 stipend to CRP to help plan reentry programs for youth leaving juvenile detention.
- *Santa Cruz Community Counseling Center (SCCCC)*. The SCCCC is a non-profit counseling service that provides programs for youth and families across Santa Cruz County. Youth Services is a division of SCCCC that serves youth. The Santa Cruz Probation Department refers many of the youth they serve to Youth Services to receive mental health services. HRI provided a \$900 stipend to Youth Services to help plan reentry programs for youth leaving juvenile detention.
- *Pajaro Valley Prevention and Student Assistance (PVPSA)*. PVPSA is a non-profit counseling service that provides programs for youth in the southern half of Santa Cruz County, an area that is predominantly Latino and Spanish-speaking. The Santa Cruz

Probation Department refers many of the youth they serve to PVPSA to receive mental health services. HRI provided a \$900 stipend to PVPSA to help plan reentry programs for youth leaving juvenile detention.

Multi-Disciplinary Service Coordination and Provision Under HRI

Prior to HRI, two different multi-disciplinary teams helped coordinate services for youth in juvenile detention and on probation. Juvenile hall probation staff, nurses, counselors, and a psychiatrist met regularly to coordinate mental and physical health services being provided on-site. These meetings were called “The Wednesday Meeting.” In addition, probation officers met with mental health providers and parents to make recommendations for out-of-home placement or the transition home from placement. The group that attends this meeting is called “The Placement Screening Committee.” Both of these meetings were expanded with HRI funding.

“The Wednesday Meeting” expanded to include the HSA Health Educator, the HRI Probation Officers, and the La Manzanita CAA. The content of “The Wednesday Meeting” also changed. While they previously focused on health services and medication being provided within juvenile hall, these providers could now coordinate referrals to services in the community. These providers also discussed the progress of the HRI grant. This larger cross-agency collaboration improved the way that health information was shared between agencies, allowing for a more thorough management of youth health.

“The Placement Screening Committee” expanded to include the HSA Health Educator. The Health Educator attended two placement meetings each week. She brought up-to-date information about the insurance status of youth and their families as well as health information for each youth. This health information helped identify more effective and appropriate placements for youth. For example, one young person was diagnosed with asthma. When the Health Educator shared this information, “the Placement Screening Committee” was able to find a group home that could consistently administer asthma medication for this youth.

In both cases, HRI funding supported staff members that worked to expand collaborative efforts and improve the coordination and provision of health services. Unfortunately, the Probation Department was unable to secure continued funding for their staff or partner agencies. As a result, the HRI Probation Officer, HSA Health Educator, and La Manzanita CAA no longer participate in “The Wednesday Meeting” or “Placement Screening Committee.”

Youth Reentry Team

When HRI began, there were four community-based organizations that provided most of the reentry services for youth in the juvenile justice system: Barrios Unidos, CAB/CRP, SCCCC/Youth Services, and PVPSA. Each of these organizations was provided a stipend under the HRI grant to meet regularly to assess and improve the coordination of reentry services. This group was called the Youth Reentry Team (YRT).

The YRT had a number of successes. They first developed a memorandum of agreement that established the rules of the collaboration (see Appendix A).

The YRT then decided that the most effective way to coordinate services was to develop a needs assessment that would be administered to each youth leaving juvenile detention. They first developed a data sharing agreement that established who would see the data and when (see Appendix B). The YRT then developed a short, two-page needs assessment that was administered to youth as well as their parents (the English language version for youth can be found in Appendix C). Depending on the answers provided on the needs assessment, youth were then referred to the appropriate agencies for services.

This process increased referrals to each of the agencies. Difficulties, however, developed because there was no funding for additional staff to respond to referrals. Also, while Ceres Policy Research provided data collection and analysis services, their evaluation budget was not large enough to continue this service.

Since probation officers and the partner agencies found this information helpful, the Probation Department continues to administer the needs assessments to youth leaving custody. Probation officers receive the referral information and keep it in each youth's case file. Expanded funding to cover this procedure would increase the ability of agencies to respond and track outcomes.

Public Health Seminars

In addition to attending collaborative meetings, the HSA Health Educator provided a large number of comprehensive and evidence-based classes on nutrition, general wellness, and sexual health. Over 60 workshops were presented to over 350 youth. These workshops were presented with a range of community partners.

One of the greatest successes was a workshop series on gangs. This curriculum, called "A Gang Intervention: Cultural and Healthy Alternatives," was developed as a partnership between the Healthy

Services Agency, the Probation Department, the County Office of Education, and Barrios Unidos. This series of activities were provided to in-custody youth. Topics included relationship building (there are youth in rival gangs that participated in the workshops), the history of gangs, common cultural and spiritual roots of workshop participants, anger management, choosing healthy alternatives to violence, gang enhancements, and alcohol and drug use. Youth reported having new perspectives on the causes and consequences of gang involvement. As such, the HRI-funded health education has become an important component of improved mental, physical, and social health of detained youth in Santa Cruz County.

One of the benefits of collaborative training efforts was creating a blend of trainer experience. The gang curriculum, for example, blended the experience of a white, female Health Educator in her 50s, with a Latina Probation Officer in her 30s, and a Latino youth advocate in his 20s. This blend of gender, age, ethnicity, and job experience among the trainers provided multiple perspectives at one time. Unfortunately, there was not a large amount of money set aside to pay partner agencies to participate in training. Additional training funds would have expanded the success of this program.

The end of HRI funding also led to the elimination of the Health Educator position. With funding cutbacks across the state, neither the Probation Department or the Health Services Agency could sustain this position.

The Collaborative Development of a Dual Status Protocol

During the last year of HRI, the Santa Cruz County Probation Department identified an important barrier to the provision of health services for youth in both the juvenile justice and child welfare systems. Prior to 2004, youth with experience in both systems were assigned either a probation officer or a social worker. Youth assigned to probation officers would receive case management according to probation protocols. Youth assigned to social workers would receive case management according to child welfare protocols. There was no consistency and no coordination between systems.

Using HRI funds, the Santa Cruz Probation Department hired La Piana and Associates to facilitate the development of a joint protocol between the Probation Department and Child Protective Services. The development of this protocol also involved the juvenile dependency and delinquency judges. This new protocol allows juveniles to have dual status in the juvenile justice and child welfare systems and provides guidelines that regulate:

- communication between the juvenile dependency and delinquency judges;
- multi-disciplinary teams that include the probation officer, the social worker, family members, and other service providers to address the needs of the entire family;
- sharing data; and
- the development of a dual system case plan.

With the completion of the protocol, probation officers and social workers will receive training in cross-system collaboration. These improved relationships will ensure the coordination of social and health services for dual status youth.

Discussion

The collaborations supported by HRI funding had many important characteristics to support their success.

- There was a long history of collaboration between the HRI partner agencies;
- There were representatives from a broad range of county agencies and community-based organizations;
- The HRI partner agencies are familiar with one another and were able to enter into new collaborative formations with shared values and expectations; and
- There was frequent interaction between partners.

Funding presented the biggest challenges to the collaborations. Small budgets for the YRT as well as paying partner agencies to assist with training limited the scope of achievement for these two collaborations. The end of HRI funding, coupled with the California budget crisis has led to the elimination of HRI staff positions that provided essential coordination of services through collaborative meetings with partner agencies.

Collection of Data for HRI

Jurisdictions implementing system changes need accurate data in order to identify areas that need reform, plan new programs, and assess whether changes have been successful (Steinhart, 1999). The Santa Cruz County HRI program collected multiple sources of data to track health assessment and screening information, community-based health and social service referrals, and outcomes. These are each described in more detail below.

HRI Program Database

The Deputy Probation Officer II originally assigned to HRI developed a database to collect physical and mental health assessment and screening data as well as information on out-of-custody referrals. The database was designed to have input from and to share data with multiple partners.

HRI Santa Cruz faced two challenges with the database. Juvenile hall clinicians and nurses were required to enter the data from their files into the database. Because they were not paid HRI staff members, data entry was a low priority. Monthly audits conducted by the HRI DPO II improved the quality and quantity of data being collected, though there were never any systemic incentives put in place to encourage line staff to enter data.

A second challenge arose when Santa Cruz HRI needed to complete reports using the program data. While the data had been entered by HRI partners, a separate county agency, the Information Services Department, was responsible for programming reports or downloading raw data. Beginning in 2007, ISD developed a long waitlist for data requests, from the many different county agencies. This meant that Santa Cruz HRI could not easily access the data they were entering. HRI evaluation reports were completed by entering each youth's electronic file and completing a separate Excel spreadsheet, which was a time-consuming endeavor. This system was nonetheless an improvement over the previous system that relied on paper case files.

Moving forward, the Probation Department is developing a comprehensive computer-based case management system, they have woven many of the data fields from the HRI database into the new database. Reports will also be programmed so that the Probation Department is less dependent on the ISD Department to generate health-related data. In this way, health information will become a more consistent component of juvenile justice case management for Santa Cruz County.

Aggregate health data helps jurisdictions assess and improve services. Analysis of HRI program data uncovered a number of useful findings. Ninety youth were selected from the program database for analysis. Thirty-four percent of these youth were white, fifty-seven percent were Latino, seven percent were African American, and two percent had another racial or ethnic identity. Eighty-three percent of the youth in the spreadsheet were boys and seventeen percent were girls.

Data on health assessments by the nurses shows that ninety-five percent of youth who enter juvenile hall are assessed and that eighty percent receive physical health services while in-custody. Seventy percent of youth have their health needs fully addressed while they are in-custody. The most common health issues are sexually transmitted diseases and upper respiratory infections. The majority of youth have not had annual exams, so the nurses provide physicals for these youth.

Based on the results of health assessments, ten percent of youth receive out-of-custody referrals for physical health care. The most common referrals are birth control/family planning, dental care, and vision care.

Ceres analyzed whether there are differences across ethnicity/race or gender with regard to health needs. Ceres compared needs related to dental care, sexually transmitted diseases, infectious diseases, acute injuries, pregnancy/family planning, and mental health and found no differences across ethnicity or race. Girls, however, were more likely to need health care related to sexually transmitted diseases (twenty-nine percent of girls compared with eight percent of boys). There were no other differences across gender.

The program data also tracked the insurance needs of youth and their families. Upon exit, eighty percent of youth have public health insurance, fourteen percent have private health insurance and five percent are without health insurance. There are no differences across ethnicity/race or gender with regard to access to insurance.

MAYSI-2

Under the Healthy Returns Initiative, Santa Cruz County began screening youth for urgent mental health needs using an instrument called the MAYSI-2. The MAYSI-2 is a validated instrument that screens for high levels of need related to alcohol and drug abuse, anger and irritability, depression and anxiety, somatic complaints, suicidal ideation, and thought disturbance.

HRI Santa Cruz faced a number of challenges with MAYSI-2 implementation. Collection of the data initially relied on the CAMHP

clinicians, who were opposed to the use of the tool. This slowed the collection of data. In response, HRI staff members convinced these clinicians to begin administering the instrument. At the same time, HRI staff members worked to install a computer kiosk that would allow youth to complete the screening instrument without a clinician. While there were initial technical problems with the kiosk, it was finally installed. At this point, the majority of youth complete the MAYSI-2 instrument when they enter detention.

Ceres also analyzed the MAYSI-2 data and found some interesting findings. 344 youth completed the MAYSI-2 between March and September 2009. This represents sixty-seven percent of youth booked into detention. Among these youth

- 36% of youth scored in the caution or warning range for alcohol and drug abuse;
- 28% of youth scored in the caution or warning range for anger and irritability;
- 28% of youth scored in the caution or warning range for depression and anxiety;
- 32% of youth scored in the caution or warning range for somatic complaints;
- 13% of youth scored in the caution or warning range for suicidal ideation; and
- 33% of youth scored in the caution or warning range for thought disturbance.

Conducting a separate analysis of the 90 youth described in the section above, Ceres found that there were no statistically significant differences across ethnicity or race. That is, there was no race or ethnic group that was more or less likely to score in the caution or warning range on the MAYSI-2. Boys were more likely, however, to score in the caution or warning range for thought disturbance. There were no other differences across gender.

Youth Reentry Team Needs Assessment

As discussed above, the Youth Reentry Team developed a needs assessment for youth exiting juvenile detention. Youth and their parents were referred to services based on their answers to needs assessment questions.

Ceres conducted a data analysis of 230 youth responses from 2007-2008. These respondents varied by ethnicity/race:

- 34% of the respondents were white/Anglo;
- 50% of the respondents were Latino;

Respondents varied by gender:

- 70% of the respondents were boys;
- 30% of the respondents were girls;

Respondents varied by sexual orientation:

- 86% of the respondents were straight;
- 14% of the respondents were bisexual, queer, or questioning;

Respondents also reported variation in probation status:

- 42% of the respondents were on probation;
- 25% of the respondents were not on probation;
- 29% of the respondents were pending probation; and
- 3% of the respondents were on informal probation.

Respondents identified a range of needs. Three of the five most common needs identified were linked to jobs:

- 80% of the respondents wanted a job;
- 41% of the respondents wanted access to birth control;
- 32% of the respondents wanted to talk about future goals;
- 25% of the respondents were not attending school; and
- 20% of the respondents wanted stronger job skills.

The YRT needs assessment and service referrals led to two important system changes for Santa Cruz County.

As youth were referred to the Community Restoration Project, the demand for job development services soon outstripped services. With a waiting list, the Community Restoration Project met with the Santa Cruz County Office of Education (COE), the primary provider of Workforce Investment Act (WIA) services for youth. While the Community Restoration Project was already subcontracting with the COE to provide WIA services for youth in the juvenile justice system, this increase in demand led to increased funding for probation youth. The COE and Community Restoration Project were also able to apply for even more WIA funding under the California Gang Reduction, Intervention, and Prevention (CalGRIP) program to expand job development services juvenile justice youth.

The YRT needs assessments was also one of the first data collection instruments in the country to ask juvenile justice youth about their sexual orientation and gender identity. By documenting that fourteen percent of Santa Cruz youth have bisexual sexual orientations, queer identities, or are questioning their sexual orientation, leaders in the Probation Department

were able to convince the Annie E. Casey Foundation to conduct a national survey tying sexual orientation and gender identity to juvenile justice system involvement. These findings were replicated nationally, with 15% of youth disclosing lesbian, gay, or bisexual sexual orientations, transgender gender identities, or that they are questioning their sexual orientation. These findings will form the basis of new trainings for Santa Cruz County probation staff as well as the development of culturally responsive programming for LGBT youth in the juvenile justice system.

Discussion

While data collection protocols were difficult to establish, the collection of HRI program data, MAYSI-2 data, and YRT needs assessment data have provided important baseline data on the health needs of youth in the Santa Cruz juvenile justice system as well as the basis for system change.

Future health initiatives should emphasize the development of bridges to out-of-custody family planning, dental, and vision services.

Families also need help accessing health insurance. One low-cost solution to this gap is providing families with a list of other Certified Application Assistants located around Santa Cruz County.

Data analysis of the YRT needs assessments found few differences across race or ethnicity or gender. Future research might focus on the needs assessments completed by LGBT youth to determine whether this important subgroup of youth has special needs related to health.

Linking Youth to Community Health Services

Despite the intentions of law-makers and public officials, system change relies on the decisions of front-line staff (Kelly, 1994; Lipsky, 1980). Within the context of the juvenile justice system, reform relies on the attitudes of individual probation officers.

For this reason, Ceres Policy Research interviewed individual probation officers to determine how familiar line-staff became with HRI-funded system changes. Ceres collected interview data from probation officers who worked for the Santa Cruz County Probation Department for the entire length of HRI. Ceres did not interview any senior managers who were familiar with the reporting requirements, in order to eliminate bias in answers to the interview questions. Fifteen out of sixteen eligible probation officers were interviewed. This represents a ninety-four percent response rate.

The age of respondents ranged from thirty-two to sixty years old, with an average of forty-four years old.

Respondents varied by gender:

- 63% of the respondents are female; and
- 37% of the respondents are male.

Respondents also varied by race/ethnicity:

- 50% of the respondents have Anglo, white, or European-American identities;
- 25% of the respondents have Latino, Mexican, or Mexican-American identities;
- 19% of the respondents have multiple ethnic or racial identities; and
- 6% of the respondents have a Pacific Islander identity.

The interview data shows that the majority of probation officers were familiar with HRI, though only a minority had in-depth knowledge of the initiative.

- 38% of the respondents are familiar with most of HRI reforms, while
- 38% of the respondents are familiar with 1-2 of HRI reforms, and
- 24% of the respondents are not familiar with HRI reforms.

Interview respondents were asked which components of HRI they were most familiar with. Probation officers were most familiar with the YRT needs assessment and the corresponding referrals to social services. As discussed above, the YRT was formed under HRI to coordinate reentry services for youth leaving juvenile detention. This group developed a needs assessment that continues to be administered to youth as they leave juvenile detention.

The needs assessment helps the Probation Department identify the needs of youth and their families. Based on the results of the needs assessments, probation officers provide referrals to social services.

50% of the probation officers interviewed mentioned that they are familiar with the YRT needs assessment.

In addition,

31% of the respondents described how HRI staff helped youth with out-of-custody referrals to physical health services;

31% of the respondents described how La Manzana helped families apply for health insurance;

31% of the respondents described the health education workshops provided by the HRI Health Educator;

19% of the respondents described how HRI improved coordination of services across agencies through expanded collaboration; and

13% of the respondents described how the Santa Cruz Probation Department used HRI funding to adopt the MAYSI-2.

Several probation officers also suggested ways that HRI could have been improved. Two respondents felt that juveniles held in detention for long periods of time received better services than youth released after a short time in detention or youth on informal probation. Another respondent felt that the Health Educator spent more time serving youth living in the northern section of the county. HRI services, therefore, would have been more effective if they could consistently serve youth with shorter lengths of stay, particularly youth living in southern Santa Cruz County.

Mandated Health Services

In addition to asking probation officers about their familiarity with HRI, Ceres asked respondents about a potential philosophical contradiction between JDAI reforms and the provision of non-mandated physical health services, and the provision of mandated mental health services. On one hand, JDAI recommends linking youth to services in community and reducing the number of terms of probation that could lead to probation

violations and a return to secure detention. Physical health services and needs assessment referrals have been offered to youth without any court mandates attached. On the other hand, Santa Cruz County adds counseling as a term of probation for over 90% of the youth that enter the juvenile justice system. This creates a situation where youth could be punished for failing to attend mental health services.

When asked whether mental health services should be mandated by the court, probation officers were split.

- 38% of the respondents believe mental health services should be mandated while
- 62% of the respondents believe mental health services should not be mandated or are not sure.

Among the probation officers who feel that mental health services should be mandated, most see mental health needs tied to criminal activity.

“The primary reason...some minors may be involved in criminal activity...may be due to mental health issues. If we can treat the mental health issue, it can lead to a reduction in criminal activity.”
--interview with probation officer

Among the probation officers who feel that mental health services should NOT be mandated, most believe that counseling is not appropriate for all youth.

“If a kid gets caught with a lighter, they shouldn’t have to see a counselor.” --interview with probation officer

Other respondents see mental health mandates as an undue burden on probation officers, families, and youth. For example, two probation officers felt that it is not fair to mandate mental health services when counseling centers do not always respond to youth and their families in a timely fashion.

“If mental health providers don’t get a call back, they close the case. Then, it is the Probation officers that have to restart the effort to get youth to see a counselor. Children’s Mental Health and (community-based counseling centers) should be accountable to the court for the delivery of services (instead of the youth).” --interview with probation officer

“Mental health providers respond to youth in variable lengths of time. Families respond back if it is only one week after their court appearance. But, if they have been waiting for two months, kids

and their parents blow the counseling centers off. When it takes so long to get a call, it undermines the urgency and makes it seem like the mental health term of probation isn't actually a requirement." -- interview with probation officer

A conundrum develops for probation officers who want to provide services in non-punitive way, but feel only court mandate will get youth to counseling.

"Many of our clients would benefit. However, they won't follow through unless they are ordered by the court." --interview with probation officer

Two respondents who are ambivalent about mandated mental health services feel that counseling services are not family responsive. One probation officer discussed the outreach methods used by counseling centers:

"Families need outreach workers that beat doors. The counselors are not really in the community. If they are really serving families, they need to go to people's homes or the schools, where parents and families go every day." --interview with probation officer

Other probation officers see resistance to counseling based specifically in Latino cultural values.

"The Latino community believes you must be mentally ill to see a counselor. The stereotype is that you go to a counselor when you are depressed. And when Latinos hear 'depressed,' they think you are suicidal. So, when mental health services are mandated, it is punitive, but it is an excute to go because it is required." --interview with probation officer

Probation officers are similarly split about mandating physical health services.

38% of the respondents believe that physical health services should be mandated while
62% of the respondents believe that physical health services should not be mandated or are not sure.

Probation officers said that physical health should be mandated if there is a contagious disease, the court mandates medication, or a child's life is at risk.

“If a young person has tuberculosis, they should get treatment. If this is going to benefit the youth, it should be required.” --interview with probation officer

As with mental health services, a conundrum develops for other probation officers who feel that court mandates are the only way to get some youth to a doctor.

“Some families can advocate for themselves. There are other families in the middle, who just need referrals. Then there are families that need an intervention. I had one case with a kid who was a diabetic. He could’ve died. Mom finally went to the doctor’s office because he was almost in a coma.” --interview with probation officer

One probation officer with an intensive case load adds physical health requirements to a youth’s case plan if they haven’t been to the doctor.

“When a family has not seen the doctor or dentist in years, I tell them they need to do so in order to get off probation. Families wait until they are very ill and then go to the Emergency Room. That’s the foundation of the problem with our health care system.” --interview with probation officer

Discussion

The majority of probation officers in Santa Cruz County are familiar with at least a few components of HRI. They are most familiar with the informal system of referrals established by the Youth Reentry Team: Youth and their parents complete needs assessments as they exit juvenile detention. Youth and families are then referred to services based on the needs that they themselves identify.

Probation officers also reported that improved access to health insurance, assistance with physical health referrals, and expanded health education services assisted the youth on their caseloads.

Interviews also explored the contradiction between non-mandated physical health services and mandated counseling as a term of probation. Some probation officers felt that this difference in policy made sense because criminal activity is more closely linked to mental health problems. At the same time, there were probation officers who felt that there are cases when physical health services should be mandated. Still others felt that mental health services should not be mandated.

These contradictions are grounded on the high quality relationships that probation officers have with the youth on their caseloads. All of the interview respondents work to assess and address the social, mental, and physical health needs of juvenile offenders and their families. The challenges that they identified (lack of insurance, the high cost of counseling and doctors, ineffective outreach efforts by counseling centers) all reflect a high level of cultural sensitivity towards youth and families engaged in the juvenile justice system.

More research, however, is needed to determine whether the benefits of mandated mental health services outweigh the threat of punishment for a failure to attend counseling. Jurisdictions engaged in juvenile justice reform might also consider whether the practice of mandating mental health services corresponds with their commitment to reduce detention for non-violent offenses.

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Youth Reentry Team Collaboration Agreement

In April 2005, the Probation Department of Santa Cruz County entered into a collaboration with Barrios Unidos (BU), the Community Restoration Project (CRP) of the Community Action Board (CAB) of Santa Cruz County, Pajaro Valley Prevention and Student Assistance (PVPSA), Youth Services, and Ceres Policy Research to coordinate reentry services for youth leaving detention.

WHEREAS the goals of the collaboration include building a deeper relationship between collaboration partners; assessing the gaps in reentry services for detained youth; developing an initiative to fill gaps in services for detained youth; applying for funding to support such an initiative; and documenting the process and outcomes of the collaborative work, the members of the collaboration agree to:

- meet bi-monthly for the span of the HRI Grant (The collaboration will meet more often if funding opportunities arise.);
- designate one agency representative and one alternate to ensure continuity in attendance at collaboration meetings;
- attend all meetings;
- utilize a consensus form of agreement;
- participate actively in discussions;
- stay informed and involved by reading correspondence and participating in between-meeting tasks; and
- bring honesty, tolerance, trust, impartiality, and a willingness to share.

appendix b

Youth Reentry Team Data Sharing Agreement

This Data Sharing Agreement will begin September 1, 2006 by and between the Youth Division of the Santa Cruz Probation Department, Ceres Policy Research, The Community Action Board of Santa Cruz County, Barrios Unidos, Youth Services, and Pajaro Valley Prevention and Student Assistance (collectively “The Youth Reentry Team” or YRT).

WHEREAS the Youth Reentry Team will be

- collecting youth assessment data from the juvenile hall,
- referring youth and their caregivers to support services, and
- tracking whether the youth and/or their caregivers received the services they were referred to.

And, WHEREAS the Youth Reentry Team is interested in collecting data longitudinally to see if the same youth and caregivers access services over time.

A. DATA PROTECTION POLICIES

The individual members of the Youth Reentry Team agree to

1. comply with their data protection policies, and
2. adopt data protection policies if they have not yet done so.

B. DATA COLLECTION AND SHARING PROTOCOL

The individual members of the Youth Reentry Team agree to the following data collection and sharing protocol:

1. The juvenile hall staff will offer a youth assessment form to every youth who exits the detention hall.
2. The juvenile hall staff will offer a caregiver assessment form to every caregiver exiting the detention hall with a released youth.
3. The juvenile hall staff will place completed youth and caregiver assessment forms in the HRI probation officer (DPO) mailbox.

4. The HRI DPO or HRI intern will compare the assessment forms to the referral matrix and complete the referral fields on the assessment cover pages.
5. If the youth answers “no” on number six, indicating that they do not have housing free from violence and abuse, the referral will be prioritized above all other referrals and sent to the appropriate CBO contact person. The CBO contact person will call the reporting party. If the CBO contact person finds evidence of abuse or neglect, he/she will call Child Protective Services (CPS).
6. If a parent/caregiver answers “yes” on number seven, indicating that they want to talk about violence or abuse involving their child, the referral will be prioritized above all other referrals and sent to the appropriate CBO contact person. The CBO contact person will call the reporting party. If the CBO contact person finds evidence of abuse or neglect, he/she will call Child Protective Services (CPS).
7. The HRI DPO or HRI intern will enter the following variables into a probation referral database: type of respondent (youth or caregiver), name of booked youth, p number, date of survey completion, referred agencies, and date the referral is sent to the agency/ies.
8. The HRI DPO or HRI intern will email the probation referral database to Ceres Policy Research on the first day of each month.
9. If the youth has a probation officer (PO), one xeroxed copy of the youth and caregiver assessments will go to the PO.
10. One faxed copy of the youth and caregiver assessments will go to each referred agency with the PO contact information. (The HRI DPO or HRI intern will do the faxing.)
11. If the youth does not have a PO, one faxed copy of the youth and caregiver assessments will go to each referred agency with family contact information. (The HRI DPO or HRI intern will do the faxing.)
12. All original youth and caregiver assessments will be mailed to Ceres Policy Research (Ceres). An HRI intern will enter the assessment data into a Ceres YRT database. This Ceres database will contain data from the probation referral database, the youth and caregiver assessments, and the agency referral reports (see below).
13. Each month, an HRI intern will send a blank referral report to each member of the YRT. This referral report will contain a list of the youth referred to the agency in the last month, the p number for each youth, and

the date of each referral. This form will ask each agency to report whether they contacted the youth or caregiver, the contact date, whether the youth or caregiver came for services, the date of the first service, whether the youth or caregiver is a current client, and the reason for ending service (or refusing service).

14. The HRI intern will add the referral report data to the Ceres database.

C. DATA USE

The individual members of the Youth Reentry Team agree to the following uses of YRT data:

1. The probation referral database, referral reports, and Ceres database will contain names and p numbers to avoid duplication of entries for individual youth and their caregivers. The probation referral database will be limited to the following variables: name of booked youth, p number, date of assessment, referred agencies and date the referrals are sent to the referred agencies. The referral reports will be limited to the following variables: whether they contacted the youth or caregiver, the contact date, whether the youth or caregiver came for services, the date of the first service, whether the youth or caregiver is a current client, and the reason for ending service (or refusing service). The Ceres database will contain data from the referral database, the youth and caregiver assessments and the referral reports.

2. The Ceres database will be analyzed by Ceres Policy Research in order to assess the success of the YRT. The individual YRT members must approve the use of YRT data by any other organization. If Ceres Policy Research is requested to share their database with any other organization, they must erase all youth names and p numbers.

3. Any report using YRT data will use aggregated statistics. Ceres Policy Research will not report individual names to the public under any circumstances.

D. SIGNATURES

_____ Date _____
Laura Garnette
Juvenile Division Director
Santa Cruz County Probation Department

_____ Date _____
Angela Irvine
Principal
Ceres Policy Research

_____ Date _____
Mark Silva
Director
Youth Services

_____ Date _____
Jenny Sarmiento
Director Agency Programs
Pajaro Valley Prevention and Student Assistance

_____ Date _____
David True
Program Director, Community Restoration Project
Community Action Board of Santa Cruz County

_____ Date _____
Jose Hurtado
Program Coordinator
Barrios Unidos

appendix c

Youth Reentry Team Needs Assessment (English
Language Version for Youth)

Youth Reentry Team Needs Survey

The Youth Reentry Team wants to know if there are services that you want or need.

Your answers will be shared with the Probation Department as well as community organizations that may be able to meet your needs. The Office of Immigration will NOT see your answers. Your parents will NOT see your answers. PLEASE KNOW, HOWEVER, THAT WE ARE REQUIRED TO CALL CHILD WELFARE SERVICES (CPS) IF YOU SAY THAT YOU ARE EXPERIENCING CHILD ABUSE.

You may refuse to answer any of these questions. You may ask to complete this survey at another time. If you decide to complete this survey, you may skip any question that you don't want to answer.

date	
name of youth	
birth date of youth	
name of parent/guardian	
home phone number	
parent work phone or cell number	
street address and city	
zip code	
ethnic/racial identity (i.e. Latino)	
gender (please circle)	male female transgender
sexual identity	straight lesbian/gay bisexual queer questioning other
preferred language for services	English Spanish Other _____

do not write below this line

=====

probation status	on prob.	not on prob.	pending prob.	informal prob.
name of p.o.		p.o. phone number		
p number				
referrals	youth services	pvpssa	cab	bu lm hri
referral date				
current services	dmc	mas	jdc	vision oasis general counseling
health insurance				

youth name _____

If you say yes to the questions below, we will share your answers with an organization that can help. Depending on your answers, you may receive calls from more than one organization.

Do you have the services you need?:

0. I have a counselor.	yes	no	not sure
1. I have a doctor.	yes	no	not sure
2. I have a dentist.	yes	no	not sure
3. I have access to birth control.	yes	no	not sure
4. I have health insurance.	yes	no	not sure
5. I have housing.	yes	no	not sure
6. I have housing that is free from violence and abuse.	yes	no	not sure
7. I have the job skills I need.	yes	no	not sure
8. I have a job.	yes	no	doesn't apply
9. I am attending school.	yes	no	doesn't apply

Do you want to talk to someone about what has happened or is happening in your life?:

10. I want to talk about my life (past or present).	yes	maybe	no
11. I want to talk about my future goals.	yes	maybe	no
12. I want to talk about my gender identity or sexuality.	yes	maybe	no
13. I am expecting a baby and want to talk about it.	yes	maybe	no
14. I want to talk about my drug and/or alcohol use.	yes	maybe	no
15. I want to talk about violence or abuse in my relationship.	yes	maybe	no
16. I want to talk about violence in my neighborhood.	yes	maybe	no

17. Please list any topics mentioned above that you would like more information about.	
18. Please list any other services you would like that you are not currently getting.	

Youth Reentry Team Needs Survey for Caregivers

The Youth Reentry Team is a group of adults working to help detained youth return home.

We are asking the caregivers of detained youth if there are services that they want or need.

Your answers will be shared with the Probation Department as well as community organizations that might be able to meet your needs. We will NOT share your answers with the Office of Immigration and Naturalization Services (INS).

You may refuse to answer any of these questions. You may ask to complete this survey at another time. If you decide to complete this survey, you may skip any question that you don't want to answer.

If your child is on probation, this survey will be sent to his/her probation officer who will help to coordinate your services.

date	
name	
name of child	
child's birthdate	
phone number	
street address and city	
zip code	
ethnic/racial identity (i.e. Latino, Asian)	
gender (please circle)	male female
preferred language for services	English Spanish

please do not write below this line

=====

probation status	on prob.	not on prob.	pending prob.	informal prob.
name of p.o.		p.o. phone number		
p number				
referrals	youth services	pvpsa	cab	bu lm hri
referral date				
current services	dmc	mas	jdc	vision oasis general counseling

caretaker name _____

By saying yes to the questions below, you are agreeing to share information with relevant service providers. Depending on your answers, you may receive calls from multiple agencies.

Does your son/daughter have the health services he/she needs?:

1. Does your son/daughter have a doctor?	yes	no	not sure
2. Does your son/daughter have a dentist?	yes	no	not sure
3. Does your son/daughter have a counselor?	yes	no	not sure
4. Would you like additional or different counseling services for your child?	yes	no	not sure
5. Does your son/daughter have health insurance?	yes	no	not sure
6. If your son/daughter is covered by health insurance, what is the name of the insurance (please circle)?	MediCal Private	Healthy Families Other _____	Healthy Kids

Do you want to talk to someone about what is happening in your child's life?:

7. Do you want to talk about parenting your child?	yes	maybe	no
8. Do you want to talk about your child's drug or alcohol use?	yes	maybe	no
9. Do you want to talk about violence or abuse involving your child?	yes	maybe	no
10. Do you want to talk about your child's possible gang involvement?	yes	maybe	no

Youth Reentry Team Needs Survey

The Youth Reentry Team wants to know if there are services that you want or need.

Your answers will be shared with the Probation Department as well as community organizations that may be able to meet your needs. The Office of Immigration and Naturalization Services (INS) will NOT see your answers. Your parents will NOT see your answers. The judge will NOT see your answers.

PLEASE KNOW, HOWEVER, THAT WE ARE REQUIRED TO CALL CHILD WELFARE SERVICES (CPS) IF YOU SAY THAT YOU ARE EXPERIENCING CHILD ABUSE.

You may refuse to answer any of these questions. You may ask to complete this survey at another time. If you decide to complete this survey, you may skip any question that you don't want to answer.

If you are on probation, this survey will be sent to your probation officer who will help to coordinate your services.

assessment date	
name of youth	
birthdate	
name of parent/caregiver	
phone number	
street address and city	
zip code	
ethnic/racial identity (i.e. Latino, Asian)	
gender (please circle)	male female transgender
sexual identity	straight lesbian gay bisexual queer questioning other
preferred language for services	English Spanish

do not write below this line

=====

probation status	on prob. not on prob. pending prob. informal prob.
name of p.o.	p.o. phone number
p number	
referrals	youth services pvpsa cab bu lm hri
referral date	
current services	dmc mas jdc vision oasis general counseling

youth name _____

If you say yes to the questions below, we will share your answers with an organization that can help. Depending on your answers, you may receive calls from more than one organization.

Do you have the services you need?:

0. I have a counselor.	yes	no	not sure
1. I have a doctor.	yes	no	not sure
2. I have a dentist.	yes	no	not sure
3. I have access to birth control.	yes	no	not sure
4. I have health insurance.	yes	no	not sure
5. I have housing.	yes	no	not sure
6. I have housing that is free from violence and abuse.	yes	no	not sure
7. I have the job skills I need.	yes	no	not sure
8. I have a job.	yes	no	doesn't apply
9. I am attending school.	yes	no	doesn't apply

Do you want to talk to someone about what has happened or is happening in your life?:

10. I want to talk about my life (past or present).	yes	maybe	no
11. I want to talk about my future goals.	yes	maybe	no
12. I want to talk about my gender identity or sexuality.	yes	maybe	no
13. I am expecting a baby and want to talk about it.	yes	maybe	no
14. I want to talk about my drug and/or alcohol use.	yes	maybe	no
15. I want to talk about violence or abuse in my relationship.	yes	maybe	no
16. I want to talk about violence in my neighborhood.	yes	maybe	no

17. Please list any topics mentioned above that you would like more information about.	
18. Please list any other services you would like that you are not currently getting.	

***Los Angeles County
Probation Department***



Resource Directory

SPAs 6,7 & 8



***MADE POSSIBLE THROUGH A GRANT
FROM THE CALIFORNIA ENDOWMENT***

***PRODUCED BY THE
LOS PADRINOS HEALTHY LINKAGES
PROJECT***

RESOURCE DIRECTORY

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Incarceration

Agency Name	Contact	Address	City	Zip	Tel	Fax	Toll Free Hotline	Hours	Languages	Fees	Website	Notes

Womens Services

5/26/2010

Agency Name	Contact	Address	City	Zip	Tel	Fax	Toll Free Hotline	Hours	Languages	Fees	Website	Notes

