SHASTA COUNTY
JUVENILE JUSTICE AND
DELINQUENCY PREVENTION COMMISSION

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Steve MacFarland
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January 25, 2018

Board of State and Community Corrections
2590 Venture Oaks Way, Suite 200
Sacramento, CA 95833

Dear Linda Penner, Board of State and Community Corrections Chair and Board Members,

On February 8, 2018, the Board of State and Community Corrections (BSCC) will be reviewing and considering amendments to Titles 15/24 regulations. It is our Commission's understanding that modifications are being considered to Section 1321 of the Title 15 Regulations, specifically Section 1321 staffing ratios. The recommendation will change staff ratios from 1 staff for each 10 youth during awake hours and 1 staff for every 30 youth during sleeping hours to 1 staff for each 8 youth during awake hours and 1 staff for every 16 youth during sleeping hours.

The recommended change in ratio will significantly impact our county's Juvenile Rehabilitation Facility (JRF) and the rehabilitation efforts for our youth within the facility. Shasta County was awarded SB 81 funds and opened the JRF in January 2014. The JRF's mission is to provide a safe and secure environment where youth are held accountable and taught healthy coping skills, values, and prosocial activities. The mission is to have staff invested in modeling skills and activities and going above and beyond to supervise the youth in their care. Staff are role models and coaches for our youth. Over the years the JRF has implemented a number of pro-social activities, a leadership program and evidenced based treatment services. The facility has focused on staff training and growing our staff to ensure they are effectively engaging and working with youth in a way that contributes to their success. An important part of our mission is to ensure youth are developing relationships with caring community members so that when they are not in the facility they have the necessary supports in the community. The JRF partners with a significant number of community based organizations and has a large pool of volunteers.

The JRF's efforts over the last 4 years have contributed to great results. Youth are receiving their high school diplomas at a higher rate, are obtaining employment, and completing their supervision grants. Recidivism rates and probation violations rates are below 30%. Youth who successfully complete probation programs have a very low reentry rate into the criminal justice system during the 3 years

following their exit from the program. 93% of youth are being successful after 3 years and have not reentered the criminal justice system. Over the last 3 years the facility has seen significant decreases in use of force incidents and in citation/special incidents. The facility has experienced many successes and all have been accomplished under existing Title 15 regulations.

If staffing ratios are changed, the JRF will need to hire additional staff causing increased staffing costs thus requiring reduction in other budget areas. Programing and services for youth will be fiscally impacted. This will greatly impact the youth and their ability to receive the support they need to be successful. We do not want to see a shift in funded items and we do not want to see a reduction in rehabilitation services, especially since the JRF has had so much success under the existing regulations. The JRF has built a very successful facility offering an abundance of services and programs to youth who need to be detained. Our Commission fears that a change in staffing regulations will impact the facility's ability to deliver rehabilitative programs and services that have proven to work.

Our Commission urges the board to consider all unintended consequences of a change in staffing ratio and impacts to all counties, large and small, urban and rural. Title 15 establishes a minimum standard for juvenile facilitates. The existing ratio is working and we would urge the board to maintain Section 1321(h)(I) as it is currently - 1 staff for each 10 youth during awake hours and 1 staff for every 30 youth during sleeping hours.

Respectfully Submitted,

Steve MacFarland
Chairman
Shasta County Juvenile Justice Commission

JRF MONTHLY REPORT
January 2018

I. POPULATION:

A. Totals for month: 571
- Male: 511
- Female: 60
- Custody Total Days: 31
- (Of those released in Jan.)
- Average Length of Stay: 17 days

B. FURLOUGH
- Male: 7
- Female: 5
- Average Number of Youth on Furlough: 1day

C. JDAP
- Male: 54
- Female: 0
- Average Number of Youth on JDAP: 2 days

D. HEC
- Male: 0
- Female: 0
- Average HEC Days: 0 days

E. Average Daily Pop: 18
F. Highest Daily Pop: 21
G. Lowest Daily Pop: 17
H. # of days over capacity: 0
I. # of days at/under capacity: 31
J. Bookings: 18

II. JUVENILE HALL PROJECTS & SPECIAL EVENTS:

III. DONATIONS: Matrix donated $100 in board games to the facility

IV. SPECIAL INCIDENT REPORTS:

A. Total submitted 21 (Some had multiple categories)
B. Total # of minors 7
C. # by category:

1.	Assault	0
2.	Chemical Agent Employed (O.C.)	1
3.	Contraband/Smuggled/In-House	2
4.	Escape/Attempted Escape	0
5.	Furlough Violation	0
6.	Information/Documentation	6
7.	Injury/Illness*	2
8.	Insubordination/Disrespect	0
9.	Non-Compliance	6
10.	Physical Altercation	0
11.	Physical Restraint	3
12.	Profanity	3
13.	Property/Facility Damage	1
14.	Racial/Gang Related	1
15.	School	0
16.	Suicide/Attempted/Ideation/Statements	4
17.	Other/Soft Hands	5

*Explanation of injuries continued on next page

Explanation of Injuries/Illness & Suicide/Attempted/Ideation/Statements

1. Resident punched the wall and her hand was swollen and red. The on-call doctor advised to give ice and 325mg of Ibuprofen and to see the nurse in the am.

2. Resident said he thought people were going to kill him when he gets released for his actions. He said he spoke to his therapist and also spoke to nurse Robert about those thoughts.

3. Resident made the statement that he was going to kill himself. He was counseled by officers and the nurse, before being cleared.

4. Resident was making suicidal statements, when counseled he stated that he was just down on himself and he knows he can't actually do that in the JRF but would if he could. The on-call doctor advised to place the resident on suicide watch in booking. He was placed in a safety gown and given safety bedding. He was re-evaluated in the morning and cleared to return to his POD.

5. While resident was in the booking process he stated he felt suicidal but had no intentions of harming himself.

6. While resident was being restrained he made a statement, "I am going to kill myself!" The nurse was called and hand-cuffs were removed. The nurse evaluated the resident, who gave a believable verbal commitment he would not hurt himself or others.

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JRF MONTHLY REPORT
February 2018

I. POPULATION:

A. Totals for month: 663
- Male: 624
- Female: 39
- Custody Total Days: 28
- (Of those released in February)
- Average Length of Stay: 43 days

FURLOUGH
- Male: 31
- Female: 0
- Average Number of Youth on Furlough: 1 day

C. JDAP
- Male: 104
- Female: 0
- Average Number of Youth on JDAP: 4 days

D. HEC
- Male: 0
- Female: 0
- Average HEC Days: 0 days

E. Average Daily Pop: 0 — Fix

F. Highest Daily Pop: 26

G. Lowest Daily Pop: 21

H. # of days over capacity: 0

I. # of days at/under capacity: 28

J. Bookings: 22

II. JUVENILE HALL PROJECTS & SPECIAL EVENTS:

III. DONATIONS

IV. SPECIAL INCIDENT REPORTS:

A. Total submitted 22 (Some had multiple categories)

B. Total # of minors 13

C. # by category:

1.	Assault	0
2.	Chemical Agent Employed (O.C.)	1
3.	Contraband/Smuggled/In-House	3
4.	Escape/Attempted Escape	0
5.	Furlough Violation	0
6.	Information/Documentation	9
7.	Injury/Illness*	4
8.	Insubordination/Disrespect	0
9.	Non-Compliance	7
10.	Physical Altercation	1
11.	Physical Restraint	1
12.	Profanity	4
13.	Property/Facility Damage	0
14.	Racial/Gang Related	1
15.	School	1
16.	Suicide/Attempted/Ideation/Statements	0
17.	Other	0
18.	Threats	5

*Explanation of injuries continued on next page

Explanation of Injuries/Illness & Suicide/Attempted/Ideation/Statements

1. Resident jammed left pinkie finger while playing basketball during program time; due to visible swelling, bag of ice was provided to prevent further swelling.

2. Resident kicked and punched his door resulting in swelling of right hand, on call Dr. recommended 600 mg of ibuprofen and soapy ice which was given.

3. Resident tripped and fell, stated that right ankle was twisted, ice was provided to reduce swelling.

4. Resident stated he had been throwing up and had streaks of blood in his vomit and that this had been occurring for weeks; on call Dr. informed and advised to monitor the vomit and call back if large amounts of blood were present.

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JRF MONTHLY REPORT
March 2018

I. POPULATION:

A. Totals for month: 522
- Male: 478
- Female: 44
- Custody Total Days: 31
- (Of those released in March
- Average Length of Stay: 59 days

B. FURLOUGH
- Male: 167
- Female: 0
- Average Number of Youth on Furlough: 5

C. JDAP
- Male: 109
- Female: 0
- Average Number of Youth on JDAP: 4

D. HEC
- Male: 0
- Female: 0
- Average HEC Days: 0 days

E. Average Daily Pop: 17

He F. Highest Daily Pop: 23

G. Lowest Daily Pop: 14

H. # of days over capacity: 0

I. # of days at/under capacity: 31

J. Bookings: 9

II. JUVENILE HALL PROJECTS & SPECIAL EVENTS:

III. DONATIONS

IV. SPECIAL INCIDENT REPORTS:

A. Total submitted 9 (Some had multiple categories)

B. Total # of minors 9

C. # by category:

1.	Assault	0
2.	Chemical Agent Employed (O.C.)	0
3.	Contraband/Smuggled/In-House	0
4.	Escape/Attempted Escape	0
5.	Furlough Violation	0
6.	Information/Documentation	4
7.	Injury/Illness*	4
8.	Insubordination/Disrespect	0
9.	Non-Compliance	3
10.	Physical Altercation	0
11.	Physical Restraint	3
12.	Profanity	2
13.	Property/Facility Damage	0
14.	Racial/Gang Related	0
15.	School	0
16.	Suicide/Attempted/Ideation/Statements	2
17.	Other/ Soft Hands	1

*Explanation of injuries continued on next page

Explanation of Injuries/Illness & Suicide/Attempted/Ideation/Statements

1. Resident stated "I think I broke my finger." He had been punching his mattress and missed, punching the wall instead. Staff confirmed knuckles on right hand were a little swollen and red. On call Dr. was called; directions were given to provide bag of ice, 600 mg of Ibuprofen and have nurse check it next day.

2. *Resident stated he thinks he broke his pinky finger after punching wall. Staff confirmed apparent swelling in area around pinky finger knuckle. On call Dr. instructed staff to provide ice and packet of Tylenol until nurse could check it next morning.*

3. *Resident punched wall and thinks he broke his hand. Staff observed swelling and/or bruising around knuckle on middle finger. Ice was requested and was provided, referred to nurse for follow up the next morning.*

4. *Resident punched wall after receiving citation. Staff observed apparent swelling and/or bruising around knuckles. On call Dr. instructed to administer 600 mg ibuprofen twice daily and ice if needed, and x-ray to be taken in the morning.*

5. *Suicide Ideation- Staff observed resident had tied pillowcase around neck and was tightening it. However, he immediately removed the pillowcase and threw it onto the other bunk in his room. Staff notified OIC re: same while maintaining direct visual supervision of youth. Youth had no visible injuries on his neck, nor did he complain of pain. On call Dr. was notified, he instructed staff to place resident in transition cell with safety gown and safety bedding, put on 15-- minute watch tours until he was able to speak with the mental health clinician who would arrive in the morning. *Please note: the transition room has floor to ceiling windows and per JRF policy staff maintain direct visual supervision of youth when they are on suicide watch.*

6. *Resident's mental health clinician reported to facility director that resident made suicidal statements during their counseling session and told her he tried to strangle himself the previous night with his blanket in his room. He said he wanted to kill himself because he would go to a "better place" On call Dr. instructed resident be placed in safety gown in the transition room and placed on 15- minute room checks. *Please note the transition room has floor to ceiling windows and per JRF policy, staff maintain direct visual supervision of youth when they are on suicide watch.*

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ACE Interface

Finding My ACE Score?

Prior to your 18 th birthday :

1. Did a parent or other adult in the household often or very often ...
   Swear at you, insult you, put you down, or humiliate you?
   or
   Act in a way that made you afraid that you might be physically hurt?
   Yes No If yes enter 1 _____

2. Did a parent or other adult in the household often or very often ...
   Push, grab, slap, or throw something at you?
   or
   Ever hit you so hard that you had marks or were injured?
   Yes No If yes enter 1 _____

3. Did an adult or person at least 5 years older than you ever ...
   Touch or fondle you or have you touch their body in a sexual way?
   or
   Attempt or actually have oral, anal, or vaginal intercourse with you?
   Yes No If yes enter 1 _____

4. Did you often or very often feel that ...
   No one in your family loved you or thought you were important or special?
   or
   Your family didn't look out for each other, feel close to each other, or support each other?
   Yes No If yes enter 1 _____

5. Did you often or very often feel that ...
   You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you?
   or
   Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?
   Yes No If yes enter 1 _____

6. Was a biological parent ever lost to you through divorced, abandonment, or other reason ?
   Yes No If yes enter 1 _____

7. Was your mother or stepmother:
   Often or very often pushed, grabbed, slapped, or had something thrown at her?
   or
   Sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard?
   or
   Ever repeatedly hit over at least a few minutes or threatened with a gun or knife?
   Yes No If yes enter 1 _____

8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?
   Yes No If yes enter 1 _____

9. Was a household member depressed or mentally ill or did a household member attempt suicide?
   Yes No If yes enter 1 _____

10. Did a household member go to prison?
    Yes No If yes enter 1 _____

Now add up your "Yes" answers: _____ This is your ACE Score

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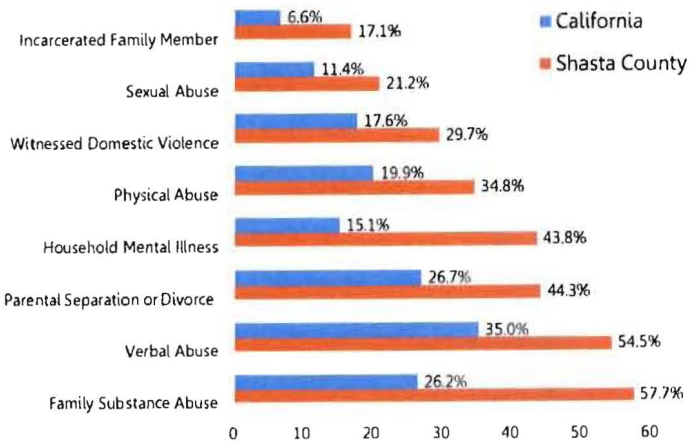
Local Prevalence of Adverse Childhood Experiences:



Sources: Shasta County HHSA 2012 ACE Survey; 2008-13 Center for Youth Wellness CA ACE Study

By building the FIVE PROTECTIVE FACTORS we can strengthen families, enhance child development, and break generational cycles of abuse.

PARENTAL RESILIENCE

PR

Parents are more likely to achieve healthy, favorable outcomes if they are resilient. Resilience is the process of managing stress and functioning well even when faced with challenges, adversity and trauma.

SOCIAL CONNECTIONS

SC

Parents need people who care about them and their children, who can be good listeners, who they can turn to for well-informed advice and who they can call on for help in solving problems.

KNOWLEDGE OF PARENTING & CHILD DEVELOPMENT

KP

Being a great parent is part natural and part earned. Having information about your child's development helps parents know what to anticipate and set appropriate expectations.

CONCRETE SUPPORT IN TIMES OF NEED

CS

Basic needs like food, shelter, clothing and healthcare are necessary for a family to thrive. Everyone needs help sometimes and knowing where and how to get it is important.

SOCIAL & EMOTIONAL COMPETENCE OF CHILDREN

SE

Parents and caregivers need to teach children how to communicate effectively and interact positively with the world around them.

Shasta Strengthening Families
strong · safe · connected

11/2017

www.shastastrongfamilies.org

Shasta Strengthening Families

strong · safe · connected

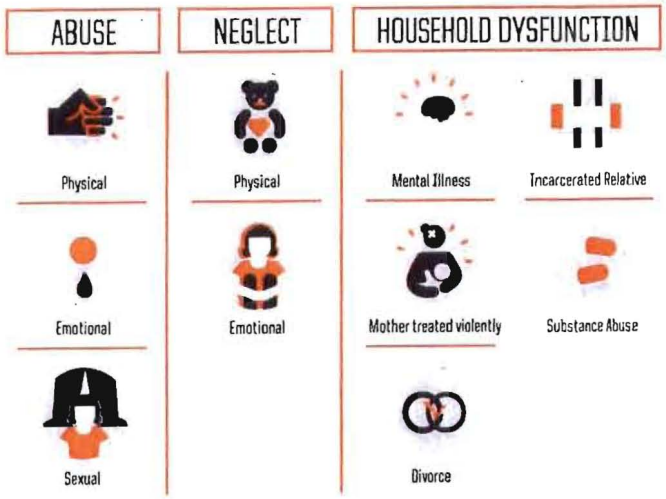
IT'S ABOUT CREATING STRONGER FAMILIES

WORKING TOGETHER TO BREAK CYCLES

Working Together

Formed in 2012, the Strengthening Families Collaborative is a group of more than 30 agencies who have committed to working together to reduce the prevalence of Adverse Childhood Experiences (ACEs) in Shasta County. Non-profit, government and private sector agencies are collaborating to strengthen families for improved health.

The 3 Types of ACEs Include:



Adverse Childhood Experiences

The Adverse Childhood Experiences (ACEs) study was a collaboration between Kaiser Permanente in San Diego and the Center for Disease Control, with a sample size of 17,000 participants. The ACEs study linked ten adverse early life experiences to negative health outcomes, including increased prevalence of heart disease, substance abuse, obesity, and early death.

Understanding Adverse Childhood Experiences

Building Self-Healing Communities

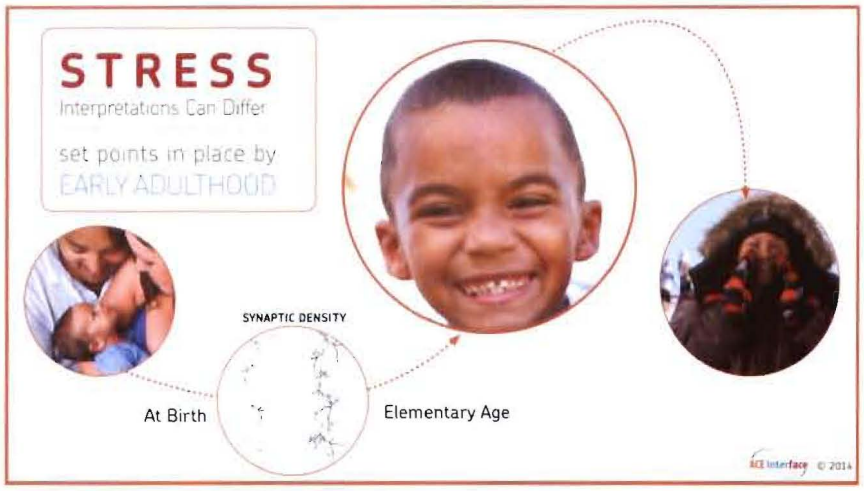
The ACE Study confirms, with scientific evidence that adversity during development increases the risk of physical, mental and behavioral problems later in life. The ACE Study and other research using the study's framework have taught us that ACEs are the leading cause of health and social problems in our nation and the most powerful determinant of the public's health.

Brain Development is Experience-Dependent and Sequential

The wiring of the brain – the making of complex neural networks – is experience dependent. What gets experienced the most tends to lead to more robust connections between nerve cells. Over time, these connections form robust networks. The least "experienced" connections tend to withdraw at about the time of puberty.

Experiences that cause stress chemicals to be continuously produced have a big impact on development of brain cells and the connections among cells. When stress hormones, like cortisol, are at high levels in the body for long periods of time they can be toxic to developing brain cells. This toxicity impacts the functioning of brain regions, hinders development of healthy neural networks, and can cause brain cells to die. When danger is episodic or long lasting during childhood, developing brains prepare and adapt to respond to the experiences of an unpredictable and dangerous world. The people whose brains adapt to a dangerous or stressful world are more likely to survive when life is tough; those whose brains adapt to a safe world are more likely to be prepared to meet society's expectations in tranquil times.

As the brain develops, there are sensitive periods for each brain region when the size and functional abilities of the region are most affected by experience and are most vulnerable to toxic stress. Stress may be interpreted by the brain as something we can tolerate and work through or as something that is overwhelming and requires an immediate response. In the latter case, a small amount of stress may be perceived as crisis. Our set-points for that interpretation are largely in place by early adulthood.

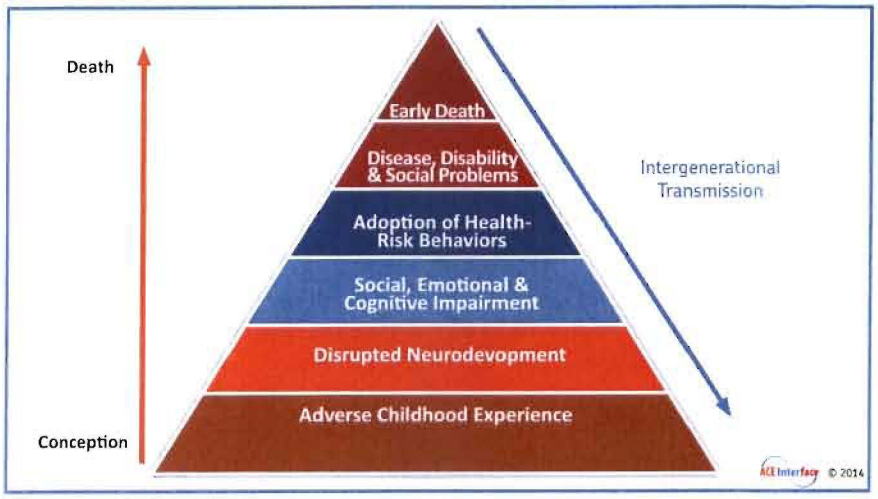


Toxic stress during childhood can effect processing of sound, development of verbal language, perception of social cues and facial expressions, ability to coordinate movement or to integrate rational ideas when in a highly emotional state. Toxic stress can effect brain interaction with body systems and lead to disease, disability and social/relational problems throughout the life course. *But childhood times are also windows of opportunity for building resilience – after all, the developing brain is sensitive to all kinds of experience.*

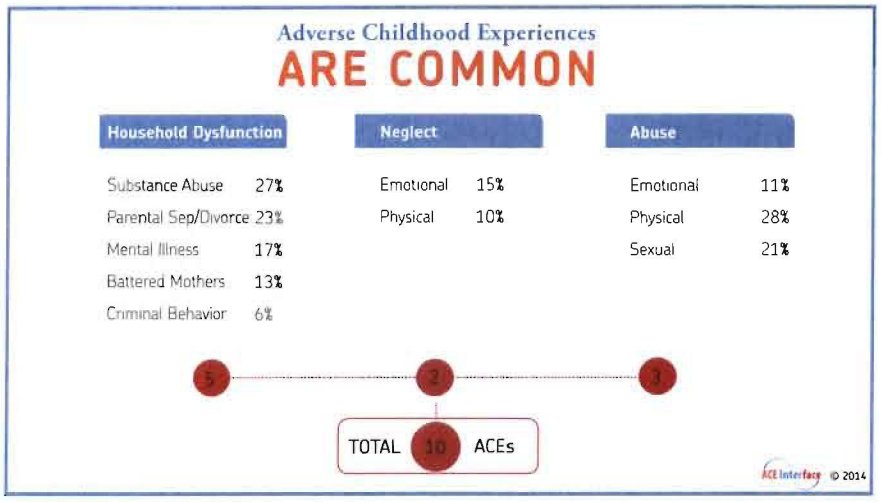
Human development is a magnificent dance of experience and adaptation generating age-appropriate capacities for feeling, thinking and responding to the world around us.

The ACE Study

The ACE Study considers the effects of childhood adversity on population health and wellbeing. A partnership between Kaiser Permanente in San Diego and the Centers for Disease Control and Prevention in Atlanta, The ACE Study takes a broad public health perspective of the effects of multiple forms of childhood adversity on population health. The ACE Study is the largest of its kind, with over 17,000 participants.

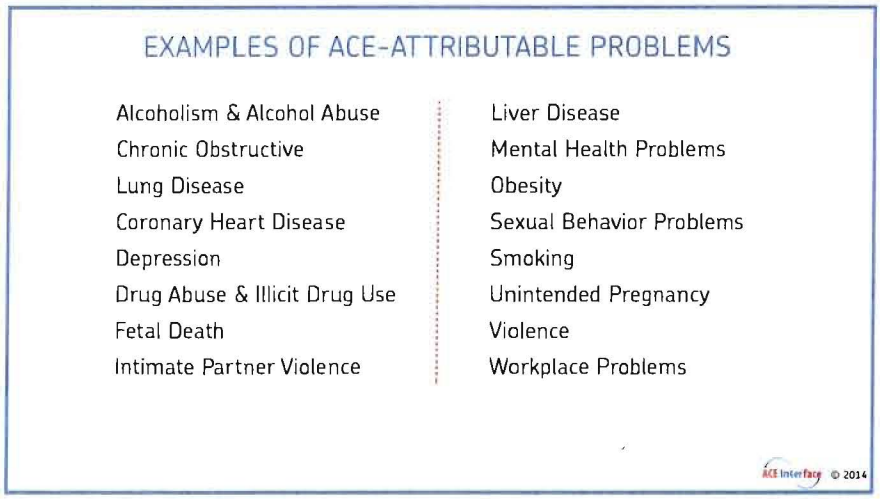


The ACE Pyramid (top right) represents the life course model of the ACE Study: ACEs disrupt neurodevelopment, which in turn leads to social-emotional and cognitive adaptations that can then lead to risk factors for major causes of disease, disability, social problems, and early death. The ACE Study is designed to help us understand how Adverse Childhood Experiences influence human development and life course health in predictable ways.



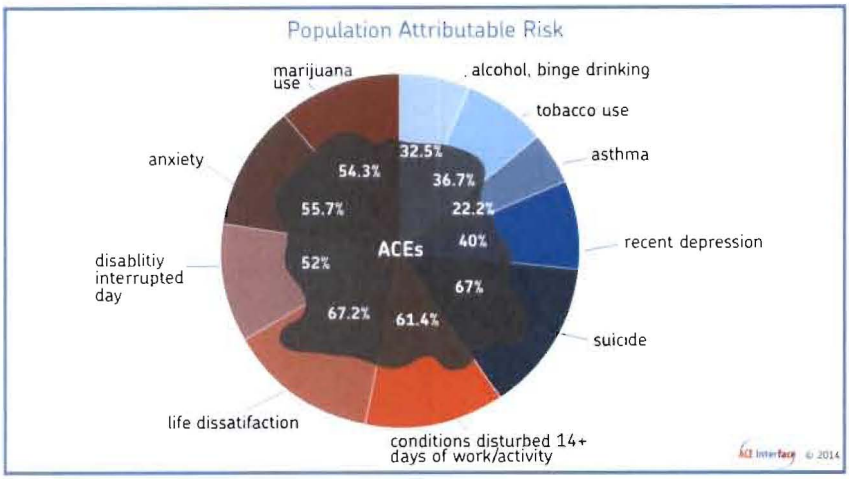
The ACE Study considers ten categories of childhood adversity (middle right). Study findings include:

1. **ACEs are common across all socio-economic and culture/ethnicity lines.**
2. **ACEs are interrelated.**
3. **ACE accumulation has a powerful impact on public health.**
4. **ACEs tend to be held in the body, leading to mental, physical, and behavioral health problems throughout the life course.** (lower right)

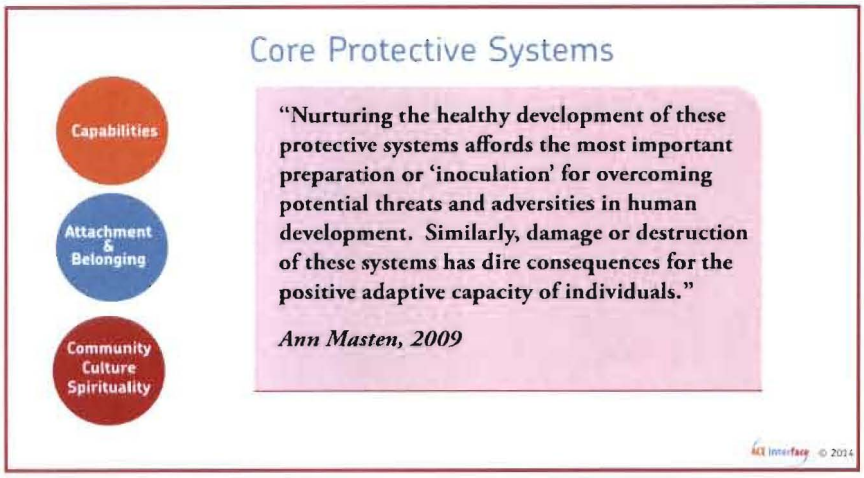


As the ACE Score goes up the risk of many health and social problems goes up in a "dose-response" fashion. As a result, as the ACE Score goes up in a population, the percent of people with these problems also goes up. It is also important to understand that some of those problems become ACEs for the next generation—thereby perpetuating the cycle of adversity and their attendant problems.

ACE Prevention: Our Powerful Legacy
ACE Prevention is the greatest opportunity for improving the well-being of human populations. ACEs are considered the most powerful determinant of the public's health because of the breadth of impacts – from heart disease to homelessness, from depression to violence – and because of the large percent of each of these problems that are attributable to ACEs.



Epidemiologists use a standard statistical calculation to estimate the amount of a disease or condition that is caused by a disease agent – called the Population Attributable Risk. The dark area in the center of the graphic (upper right) represents the portion of each condition that is attributable to ACEs – from 22% of asthma to 67% of life dissatisfaction. As we are successful preventing accumulation of ACEs in the next generation, we will reduce all ACE-attributable problems accordingly.



Protective Systems Promote Resilience
Three protective systems interact and guide positive adaptation: 1) individual capabilities, 2) attachment and belonging, and 3) community, faith, and cultural processes. These three systems are nested: people do best when they are living in flourishing families and communities.

People most affected by ACEs are leading formation of *Self-Healing Communities* that have a rhythm of engagement that includes:

1. **Safe and regularly scheduled ways of coming together for belonging and cooperative action,**
2. **Networked social and inter-organizational processes characterized by learning, reciprocity, social bridging, and efficacy,**
3. **Shared times and venues for critical reflection and decision making about hope-filled action,**
4. **Continuous expansion of opportunities for informal and formal leadership.**

Building Self-Healing Communities is about investing in the people who have the most at stake—especially people affected by ACEs-- so they can be expert leaders of their own community's change. We live at a time of great hope and promise – the greatest public health discovery of our time is about us. The ACE Study provides a discovery – a common framework and language – that we can use to profoundly improve the health and well-being of our society now and for future generations to come