

JRF Monthly Report

Jul-19

I. POPULATION

A.	Totals for month:	932
	Male:	753
	Female:	179
	Custody Total Days:	31
	Average Length of Stay:	59
B.	FURLOUGH	
	Male:	194
	Female:	120
	Average Number of Youth on Furlough:	1
C.	JDAP	
	Male:	31
	Female:	0
	Average Number of Youth on JDAP:	1
D.	HEC	
	Male:	0
	Female:	0
	Average HEC Days:	0
E.	Average Daily Pop:	30
F.	Highest Daily Pop:	33
G.	Lowest Daily Pop:	25
H.	# of days over capacity:	0
I.	# of days at/under capacity:	31
J.	Bookings:	32

II. JUVENILE HALL PROJECTS & SPECIAL EVENTS:

III. DONATIONS: 2 DVD's from Urban family

IV. SPECIAL INCIDENT REPORTS:

A.	Total submitted:	39	(Some had multiple categories)
B.	Total # of minors:	29	
C.	# by category:		** Use of Force includes O.C. Spray and Physical Restraint**
	1.	Assault	4
	2.	Chemical Agent Employed (O.C.)	3
	3.	Contraband/Smuggled/In-House	3
	4.	Escape/Attempted Escape	0
	5.	Information/Documentation	12
	6.	Injury/Illness*	7
	7.	Insubordination/Disrespect	1
	8.	Non-Compliance	12
	9.	Physical Altercation	5
	10.	Physical Restraint	4
	11.	Profanity	2
	12.	Property/Facility Damage	0
	13.	Racial/Gang Related	2
	14.	School	0
	15.	Suicide/Attempted/Ideation/Statements	4
	16.	Other/Soft Hands	7
	17.	Threats	3

*Explanation of injuries continued on next page

Injury/Illness

1. Resident punched wall resulting in swollen finger on left hand; ice was provided and on-call Dr. was notified and recommended x-ray be taken. X-ray did reveal a fracture; splint was provided and is to be worn except for showering. No further issues were reported.
2. Resident stood up after doing "deep breathing/meditation" in her room; she fell and hit her head. Staff asked if she was ok, resident shook her head and said,"no,"and that she was very dizzy. On call Dr. was notified that possible loss of consciousness had occurred and agreed we should transport via ambulance to hospital for further evaluation. Emergency room medically cleared resident who was returned to the Juvenile Rehabilitation Facility. Staff nurse assessed resident observing inflammation to back of scalp and resident stating she had experienced dizziness. Once returned to her room, she was more alert and able to care for herself. No further issues were reported after this incident.
3. Resident punctured foot while working in the garden. Staff cleaned up small puncture wound, applied bandage and notified on call Dr. who instructed to clean with soap, water and provide resident with 500 mg of Keflex twice daily and be seen by nurse. Restricted activity was also advised by staff nurse at time of follow up visit. No further issues to report.
4. Resident punched his wall resulting in swollen finger. Staff provided resident with ice and put on the list to be seen by nurse. Follow up by staff nurse revealed skin was not broken and swelling was greatly improved. No further issues to report.
5. Resident hurt his toe from kicking his door; on call Dr. contacted and recommended to provide 600 mg of Ibuprofen and ice. Nurse follow up with resident revealed contusion of toe but no further treatment required at this time. No further issues were reported.
6. Resident complained of pain to the jaw after being assaulted by another resident. Nurse assessed resident and observed jaw was stable when manipulated and there were no visible signs of injury. No further issues were reported after this.

Suicide/Ideation/Attempt

7. **(Also Injury/Illness)** Resident was yelling in his room and staff observed blood on the window to his room. He continued yelling "I'm going to kill myself" and "I have a comb, I will just use that to cut myself". There was a small cut that was currently bleeding on the left arm; staff transported resident to booking for observation. The on call mental health provider was contacted regarding these events and was then evaluated by mental health who determined that they were not suicidal. Resident told staff nurse at follow up visit that he had picked at his scab to cause bleeding in order to get out of his room. No further treatment or band was required. Nothing further to report.
8. Staff observed resident slashing his left forearm with a razor and noticed blood on the floor. Backup was called and razor was retrieved; resident refused medical attention saying, "no, I don't want medical attention, just let me bleed out. " Resident became agitated and clenched his fists; he was handcuffed and taken to intake to clean up any possible wounds. Mental health provider assessed the resident, and advised they be placed on suicide watch with usual room checks, safety gown and bedding. The resident became combative and was placed in the WRAP; once compliant, handcuffs and the WRAP were removed. Nurse assessed resident, recommending daily dressing changes and wound care. Mental health provider cleared resident from suicide watch. Resident returned to room; no further issues to report.
9. During medical assessment with staff nurse, resident revealed that something tells her to harm others, but harms herself instead. Resident was taken to transition room to be placed on suicide watch with usual protocols. Resident was observed picking at scabs from a previous self-harming incident before coming into our facility. Staff nurse bandaged area on arm and limit any access to sharp objects. Mental health provider cleared resident who was taken back to room. No further issues to report.

Continued /Explanation of Injuries/Suicide Ideation/ Attempt

10. Resident had fresh scratches on her arm and also reopened some old scabs where she had cut on herself on a prior occasion. She was taken to medical and arm was washed off with soap, water and covered with a bandage. Mental health was contacted and recommended we place resident on suicide watch with the usual protocols. Resident became very upset and said, "I am fine, I don't need all that, call her back and tell her I am fine and I don't need to go down there." and "I am not going down there and I am not putting on a safety gown." Additional staff helped escort her to booking where she became aggressive and said, "fuck that." She continued to resist and was restrained in order to place handcuffs on her. Once handcuffs were removed, resident was given safety smock, bedding and mattress with usual watch tours. Once cleared by mental health resident was returned to pod and no further issues were reported.

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JRF Monthly Report

Aug-19

I. POPULATION

A.	Totals for month:	1084
	Male:	704
	Female:	380
	Custody Total Days:	31
	Average Length of Stay:	16
B.	FURLOUGH	
	Male:	223
	Female:	37
	Average Number of Youth on Furlough:	8
C.	JDAP	
	Male:	31
	Female:	0
	Average Number of Youth on JDAP:	1
D.	HEC	
	Male:	0
	Female:	0
	Average HEC Days:	0
E.	Average Daily Pop:	35
F.	Highest Daily Pop:	38
G.	Lowest Daily Pop:	31
H.	# of days over capacity:	0
I.	# of days at/under capacity:	31
J.	Bookings:	25

II. JUVENILE HALL PROJECTS & SPECIAL EVENTS:

III. DONATIONS: 3 CD's donated by Lara's mother.

IV. SPECIAL INCIDENT REPORTS:

A.	Total submitted:	36	(Some had multiple categories)
B.	Total # of minors:	16	
C.	# by category:		
	1. Assault	3	
	2. Chemical Agent Employed (O.C.)	3	
	3. Contraband/Smuggled/In-House	3	
	4. Escape/Attempted Escape	0	
	5. Furlough Violation	2	
	6. Information/Documentation	8	
	7. Injury/Illness*	8	
	8. Insubordination/Disrespect	0	
	9. Non-Compliance	17	
	10. Physical Altercation	1	
	11. Physical Restraint	5	
	12. Profanity	4	
	13. Property/Facility Damage	2	
	14. Racial/Gang Related	2	
	15. School	1	
	16. Suicide/Attempted/Ideation/Statements	2	
	17. Other/Soft Hands	2	
	18. Threats	3	

*Explanation of injuries continued on next page

JRF Monthly Report

Sep-19

I. POPULATION

A.	Totals for month:	1055
	Male:	697
	Female:	358
	Custody Total Days:	30
	Average Length of Stay:	33
B.	FURLOUGH	
	Male:	257
	Female:	16
	Average Number of Youth on Furlough:	9
C.	JDAP	
	Male:	30
	Female:	0
	Average Number of Youth on JDAP:	1
D.	HEC	
	Male:	0
	Female:	0
	Average HEC Days:	0
E.	Average Daily Pop:	35
F.	Highest Daily Pop:	37
G.	Lowest Daily Pop:	33
H.	# of days over capacity:	0
I.	# of days at/under capacity:	30
J.	Bookings:	24

II. JUVENILE HALL PROJECTS & SPECIAL EVENTS: Elexis Taylor graduation held in visiting 9/30

III. DONATIONS: Dvd's from Castros's mom - Alvin and the Chipmunks;Pixels;Drumline;Creed; and San Andreas.
Corbett's brother donated 2 Blu-Rays World War II and Central Intelligence

IV. SPECIAL INCIDENT REPORTS:

A.	Total submitted:	45	(Some had multiple categories)
B.	Total # of minors:	24	
C.	# by category:		
	1. Assault	1	
	2. Chemical Agent Employed (O.C.)	3	
	3. Contraband/Smuggled/In-House	5	
	4. Escape/Attempted Escape	0	
	5. Furlough Violation	1	
	6. Information/Documentation	9	
	7. Injury/Illness*	9	
	8. Insubordination/Disrespect	0	
	9. Non-Compliance	13	
	10. Physical Altercation	6	
	11. Physical Restraint	11	
	12. Profanity	2	
	13. Property/Facility Damage	2	
	14. Racial/Gang Related	2	
	15. School	0	
	16. Suicide/Attempted/Ideation/Statements	3	
	17. Other/Soft Hands	4	
	18. Threats	5	

*Explanation of injuries continued on next page

1. Resident punched the wall in her room and complained of pain. The nurse came and assessed the hand and she was given a bag of ice.

2. Resident was non responsive to directives while laying in bed. The nurse was called to assess him and asked that E.M.S. be called to transport the resident to the Emergency Room. Resident was given a mental health evaluation and returned to the facility with no medical restrictions.

3. Resident punched the wall and had swelling to the hand. The nurse came and advised to give the resident a bag of ice, Ibuprophen twice daily and to follow up in the am.

4. Resident stated she witnessed another resident cutting her wrist and crying in her room. Resident was removed from her room. There was little to no blood and she stated she wanted to kill herself but didn't know why. After being counseled for a while she said she felt better after talking about her issues

4. and no longer felt like she wanted to harm herself. All items from her room were removed.

5. Resident was observed cutting herself with a broken comb. Officers entered the room and gained possession of the broken comb. Resident was transferred to booking and placed in a safety smock. Resident eventually gave believable commitment she would not harm herself.

6. Resident was found trying to use chipped paint from their cell to cut themselves. They were transferred to booking for safety.

7. Resident was observed using chipped paint from her room wall to cut herself. As Officers entered the room the resident flushed the paint down the toilet. The resident had no fresh scratches and was counseled about safety.

8. Resident had red scratches on her arm. She stated she made the marks earlier when she was in booking with a broken comb. She said she did not want to harm herself and that she did not want to be in booking or a safety cell.

9. **Suicidal Statement:** Resident made the comment if he didn't get his shirt he was going to kill himself. The nurse came to evaluate the resident who continued to be disruptive and would make comments. Once moved to booking, he stated he manipulated them once again and was never a harm to

9. himself. After about 20 minutes in booking he began to follow directions and was found clear to return to the pod.

10.

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Overview and Context

The recommendations presented in this document will describe the most important components of Shasta County's Probation Department's Juvenile Division and Juvenile Rehabilitation Facility and identify areas to strengthen its prevention, early intervention, supervision efforts, and rehabilitative and treatment services, as well as to promote collaboration across agencies and develop interventions and services to best meet the needs of Shasta County's young people.

While it is not the intent of this document to suggest changes for agencies outside of the Shasta County Probation Department, given the highly collaborative and interdependent service environment found in Shasta, and specifically with those agencies working to provide services to juveniles and their families, areas of recommendation may involve the work of other agencies. Suggestions or content of this report which involve services provided solely by agencies other than the Shasta County Probation Department contained herein are intended only as a recommendation or suggestions going forward towards further collaboration.

Since 2009, the number and type of youth involved in the county's juvenile probation system has evolved significantly. The juvenile population peaked in 2008 and during this calendar year the probation department received a total of 1499 law enforcement referrals. Since 2008, there has been a steady decline in the population and in 2017 there were a total of 425 juvenile law enforcement referrals and 245 in 2018. The average daily population for the Juvenile Rehabilitation Facility (JRF) was 16.76 for fiscal year 2017/18 and 22.37 for the first part of the fiscal year 2018/19. In 2006, the county conducted a feasibility study. The study estimated there would be a need to have a juvenile detention facility to address a population of 71 by 2015, 76 by 2020, and 94 by 2030. In 2009, the county was awarded an SB 81 grant to fund the construction of the JRF and the facility opened in January 2014, leaving the outdated 56 bed facility built in the 1950's vacant. The steady decline in population has been seen both within the Juvenile Division and JRF.

The probation department has received Juvenile Justice Crime Prevention Act (JJCPA) dollars since 2000 and Youthful Offender Block Grant (YOBG) dollars since 2010. A combined annual JJCPA and YOBG plan has been maintained over the years. This report serves as an updated plan. The plan describes the programs, services and system improvements which are supported by JJCPA or YOBG resources. Annual year-end reports with more specific details of budget and expenditure, along with countywide data for specified juvenile justice involved youth, will be provided accordingly in subsequent plans and reports. Those reports will also describe how the goals and recommendations of this document have impacted outcomes in Shasta County.

This report is the product of a community-wide collaborative planning conversation, that jointly informed a multi-pronged strategy reflective of the county's vision and values for its youth, the department's mission to protect and support system involved families, the community's goals and objectives, and the state's Continuum of Care reform efforts. The Shasta County Probation Department contracted with the Integrated Human Services Group, LLC to conduct a planning and analysis process and to develop this Comprehensive Multi-Agency Juvenile Justice Plan (CMJJP).

JJCPA and YOBG in Context of other Reforms

Systems Improvement Plan (SIP)

This plan seeks to support and leverage the work of the County SIP. Policies and Procedures have been finalized in Safety Organized Practice and Family Engagement and Finding. Ongoing training of staff on these procedures will be a continued priority. Activities and training around trauma informed practice, Adverse Childhood Experiences (ACE's), and the Strengthening Families Coalition will also continue to be a priority.

The SIP is configured into four separate groups to focus on strengthening families, family finding, the structure of our system, and trauma. Each group meets monthly to set goals and plan on how to achieve them. There is monthly review and report out of all the groups in one meeting. Additionally, a quarterly report is sent to the state on the progress of action items determined in the groups.

Through the County Self-Assessment process which reviews: County demographics; federal performance measures; service array; court systems; stakeholder feedback and peer review information, areas for improvement were noted in increasing timeliness to permanency for children involved in the child welfare and juvenile probation. Through the use of continuous quality improvement efforts of plan, do, study, act, and the uses of Safety Organized Practice, Child and Family Team meetings, and increased Family Finding and Engagement were identified as interventions to support permanency outcomes.

Continuum of Care Reform (CCR) Assembly Bill 403

AB 403 was signed by the Governor on October 11, 2015 and is a comprehensive reform of placement and treatment options for foster children or youth. The act was designed to improve California's child welfare system and its outcomes by using a comprehensive child assessment, increase the use of home-based family care and the provision of services and supports to home-based family care. AB 403 provides the statutory and policy framework to ensure services and supports provided to the child or youth and his or her family are tailored toward the ultimate goal of maintaining a stable permanent family.

Many CCR enhancements are underway and are reflected here. The county currently opted to use the Emergency Child Care Bridge Program for foster children, as allowed in support of CCR implementation, the All County Letter 19-18, and the goals of this plan.

Probation has been working with the Shasta County Health and Human Services Agency (HHSA) to transition local group homes to Short Term Residential Therapeutic Programs (STRTP). Outreach and recruitment activities for resource families have been conducted. Staff have been trained in the basic concepts and changes required by CCR. Continuum of Care Reform (CCR) promotes the use of Child & Family Team (CFT) meetings to engage with families, natural supports, and professional partners to plan and implement services. This teaming approach aligns with Shasta County's initiatives and resonates beyond placement decisions and informs the department's approach to the work moving forward.

A new foster caregiver approval process, Resource Family Approval (RFA) was designed to improve the way foster caregivers are approved, trained, and supported. Foster parents will provide homes for youth who need it as a step down from an STRTP or as a preventative measure.

The Juvenile Division has used its Foster Parent Recruitment Retention and Support (FPPRS) allocation from the state to enhance caregiver recruitment and support as the required changes in placement

options for youth are evolving. This funding allowed the hiring of a Deputy Probation Officer (DPO), the purchase of a vehicle for transportation and support activities, provided Change Companies training for staff, paid for items associated with barriers experienced by families during the application process, and training for resource families. The assigned DPO works with families while going through the application process and provides ongoing support. This DPO is also actively recruiting families at various events in the community.

Commercially Sexually Exploited Children (CSEC)

Shasta County youth have been affected by and are at risk of exploitation. The County has a multi-agency agreement regarding CSEC, has conducted training, and is committed to improved communication to identify and serve children at risk of or who have been exploited.

Limited staff have been trained in the use of an assessment scoring tool called the CSE-IT. This tool is used to identify and better serve the children at risk. Probation participates in all CSEC Multi-Disciplinary Team meetings to support appropriate service referrals and support plans. A therapist will have a portion of their time dedicated to serve youth in and out of custody who fall under probation jurisdiction who are at risk related to CSEC.

Public Safety Risk

While juvenile arrests and detention rates have decreased in the County from year to year, probation has seen some significant changes in the population of youth being arrested, detained, and referred to the department. The youth being referred to probation have committed more serious offenses and have increased trauma, significant school behavior/issues, mental illness, substance abuse, and lack of family support. Addressing issues of child trauma are central to ameliorating a multigenerational risk pattern, and eventually enhancing public safety. Collaborative efforts and wraparound approaches play a key role in service delivery and preventing lifelong public health problems, breaking the cycle of family violence and intergenerational trauma, and keeping youth out of the adult criminal justice system. In addition, working with the youth and their families to address anti-social thinking and behavior through cognitive-behavioral restructuring programs is of vital importance.

While there are fewer youth in probation care, the county has seen an increase in adult offenders from year to year.

Shasta County Youth: A Unique Resource

The recent 2017 wildfires that ravaged Shasta County have reminded us of the tightly entwined nature of our community, our dependence on the community to provide a wide variety of services, and the importance of keeping youth and their families at the center of our practice. Doing this necessitates remaining sensitive to the life experiences and trauma that impact our youth, frequently a result of events outside of their control. By keeping each youth and their family core in the forefront, services can provide coordinated, trauma-informed care that can be life changing. With this approach, the care can shift from identifying what is wrong with youth to understanding the challenges they uniquely face in our community and developing increased compassionate approaches consistent with proven and practical models of care.

Strategic Planning Process

To create this plan, on June 21, 2018, the department convened an extended meeting of its Juvenile Justice Coordinating Council (JJCC), along with a cross-section of community partners. The JJCC and guests are identified in Appendix A., and included, among others: probation staff and management; the Juvenile Court Judge; community based providers; school personnel; District Attorney and Public Defender staff; and county department leaders including HHS and Sheriff's office.

In all, more than thirty stakeholders gathered in Redding for this Juvenile Justice planning discussion. This dynamic and deeply involved group held a facilitated conversation which strategically identified a set of Shasta's strengths and assets, its youth-related challenges, and other critical questions, and sought further to contextualize the department's efforts to state reforms in related areas. The meeting attendees also discussed and agreed upon a timeline and strategy for formulation of this combined plan. Not all interested parties could be present and follow up interviews were scheduled and conducted with an additional twelve (12) constituents (Appendix B.). More than forty-five voices from across the county have participated in the plan's design, either at the planning session, in follow up interviews, or in subsequent interviews.

During the planning discussion and subsequent interviews, many themes emerged and participants appeared to engage deeply in a thoughtful and data driven dialogue about what should be captured in the county's revised plan. Those themes are reflected in the following sections of strengths, challenges and outcomes. As part of its planning conversation, participants were asked to reflect about unique geographic needs and further to elaborate as to how their observations of need may be evidenced with data or information.

The meeting materials, along with the questions used during the follow up interviews, are attached as Appendix A- C.

All of the information gathered from the various discussions, was reviewed further and validated or challenged through a review of the department's existing and historic youth focused plans and outcomes. Some of these included:

- Probation Evidenced-Based Goals and Action Steps Documents
- Annual Department Reports
- Existing/historic JJCPA and YOBG planning documents
- Department Policy and Procedure documents
- Department Logic Models

Strengths, Needs and Opportunities

Through its planning and related identified assessment processes, the following strengths, needs, and opportunities were identified by stakeholders and form the basis of this report.

Key Strengths

- **Partnership and Collaboration**: The department is universally seen as being open and transparent, and active in its pursuit of value-adding collaboration. This is evident in its inter-agency partnerships and its interface with the community and the families served. Parents and siblings are required to come to certain interventions as part of their service. In particular, probation strives to support youth who cross between systems and maintain the proactive ongoing collaboration and coordination to assure youth and families are receiving appropriate services. Services are coordinated and align. Developing a dual jurisdiction programs continues to be an area of great interest.
- **Trauma Awareness**: The department and its partners are deeply committed to, and skilled in use of, Adverse Childhood Experiences (ACEs) and its trauma-related implications. The department has invested heavily in a focus on restorative rather than punitive practices. Staff have been trained in the use of the Adverse Childhood Experiences Survey and the programs and services across the continuum reflect its implications.
- **Effectiveness of Services**: There is high regard for the quality and effectiveness of many of its services. Diversion programs, in particular, were highlighted. The department uses evidence based interventions with its youth and offenders and has a well-developed assessment process.
- **Dynamic Leadership**: Probation leadership is universally seen as accessible and open to working with the community to provide quality services, and as dedicated to the pursuit of effective care. Partners and stakeholders in Shasta County universally acknowledge that department leadership is highly effective. Court and community partners celebrate the vision and professionalism of senior staff, and other county agencies express profound appreciation for the department's work.
- **Juvenile Rehabilitation Facility (JRF)**: In many ways, the JRF is the face of the Juvenile Division. Its buildings and grounds are welcoming and conducive to the delivery of trauma informed and rehabilitative services. Additionally, and more importantly, staff are well trained, embrace evidenced based practices, are supervised well, and consistently focused on delivery of trauma informed services. Core Correctional Practices and Motivational Interviewing continue to be a priority within the facility. In recent years, the JRF's behavior modification program has been enhanced and multiple prosocial programs and evidence-based treatment programs have been added. The combination of these efforts and the effectiveness of the relationships among staff and the youth they supervise has resulted in a marked reduction in the use of force deployed by officers, as well as negative behaviors such as fights among youth in the facility. It has also increased youth engagement and healthy conversation between youth and staff.
- **Highly Effective Peer Court**: Youth Options is a community based organization who operates the county peer court. Peer Court has strong ongoing support from judges and justice partners and is widely acknowledged for their successes. JJCPA dollars are used to provide some financial support for this program.

Key Challenges

- Adequacy of Services: In some geographic locations, there may not be enough services for youth or adequate access to service. Focus needs to continue regarding expanding treatment and service options for the rural areas of the county. This focus will assist in addressing the anti-social behavior and substance abuse that can be observed through generations of families in these areas. Collaboration between local leaders, including Native American tribal leadership, will aid in the development of a plan for increasing access to treatment and services in these remote areas.
- Awareness of Services: While services are generally available within the county, the community at large may not be familiar with available services for youth and families.
- System Coordination: At times, the coordination between Probation and key partners (HHSA and Schools) has struggled to meet the needs of system-involved youth. Presently, there is one DPO serving as a Juvenile Prevention officer in the Gateway School District. Some educational partner's policies remain punitive versus restorative and not all school superintendents are engaged with the department or other systems serving high-risk youth.
- Need for Intensive Mental Health Care: There is a need for further development of direct mental health interventions for youth at the JRF, beyond any state or federal required screening for mental health needs. Developing mental health and trauma-based services within the JRF will allow for access to services for youth while detained and continuity of services as part of a continuum of care upon their release into the community.

Priority Outcomes

- Improve and expand efforts to engage biological and extended family supports/parents. Build sustainable prosocial activities for youth and parents to engage in the community and the community to engage youth and family.
- Break the cycles of addiction and family violence.
- Keep youth in home and community settings and connected with prosocial adults. Increase collaboration between Probation, schools, and community providers.
- Partner with employment services sector to insulate youth from effects of under or unemployment.
- Increase capacity for resource families by targeted recruiting, training, coaching, and mentoring.
- Strengthen prevention services. Increase protective factors so that youth do not have to first fail at lower levels of care or treatment.
- Reduce homelessness. While not an obligation of the Probation Department, the prevalence of homeless youth contributes to crime and secondary corrections system involvement.
- Reduce recidivism. Further progress is desirable toward reducing the rate of system re-entry into both the adult and juvenile systems

Strategic Framework

Based on the engagement conversation at the stakeholder meeting and other assessments of need, a multi-pronged approach to enhance services is being recommended. These approaches are correlated in the recommendations that are contained later in this document.

1. **Trauma-informed Care and System Enhancement:** Probation staff and its partners will create welcoming places and programs, and will obtain additional training to increase knowledge with trauma and its effects. These efforts will not only support improved youth outcomes, but can assist staff in managing secondary trauma and compassion fatigue upon professionals and service personnel.

"Service providers need to incorporate a trauma-informed perspective in their practices to enhance the quality of care for these children. This includes making sure that children and adolescents are screened for trauma exposure; that service providers use evidence-informed practices; that resources on trauma are available to providers, survivors, and their families; and that there is a continuity of care across service systems". (KO, 2018)

2. **Community and School Partnership:** Juvenile Probation cannot effectively serve youth alone. Identifying existing and new partners, with whom critical service delivery components can be enhanced and constructed, will lead to better outcomes for youth. Low risk youth are best served at school and in the community to prevent involvement in the juvenile justice system. Use of Child & Family Team (CFT) meetings to plan and coordinate services is part of the core practice model required for Continuum of Care Reform (CCR) and is one of the key priorities for Shasta County.

3. **Youth and Family Engagement:** In alignment with the state's Continuum of Care Reform, Shasta's plan will use the Child and Family Teaming and Engagement to its maximal intent, and in ways that ensure family-centered, culturally competent, and strength-based planning and service delivery. The Office of Juvenile Justice and Crime Prevention has suggested:

"These adults, who may include a biological parent...an aunt, coach, or other mentor are important to a child's rehabilitation, recovery, and healing. In many cases, they will also be the primary source of support once youth reenter their communities. Regular input from a youth's family--whether biological or "chosen" - is key to successful outcomes for youth at all points in the juvenile justice spectrum". (2013)

Youth and family voice and choice are critical for improving outcomes for youth. Effective Practices in Community Supervision (EPICS) is one part of the effective practices in community supervision. EPICS uses a structured format of an officer's interaction with a youth which includes Check In, Review, Intervention, and Homework to maximize purpose and consistent appropriate interventions to utilize engagement during the contacts with youth. This type of risky behavior and the youth's thoughts and skills around the behavior determines the consistent, appropriate interventions to use. The department began implementation in March 2018, with the University of Cincinnati. The department has maintained the practice without the support of University of Cincinnati since October 2018.

The department is moving forward with the implementation of Core Correctional Practices as an additional method to deliver consistent and effective cognitive-based treatment and interventions

for the youth in the JRF. These practices, which will become part of the on-going training curriculum for the detention staff, reduce overall recidivism and increase behavior management by focusing efforts on each individual youth's risk, needs, and responsivity factors. This concept will also aid in the transition between the facility and treatment and services, including EPICS, utilized by the Probation Officers when a youth is released from custody back into the community.

- 4. Mental Health Therapeutic Services:** The development and implementation of a continuum of care for mental health, trauma-based treatment, and cognitive-behavior programs is essential to reducing the number of youth who cycle between the community and the JRF. Youth must have access to seamlessly move between these services while they are in the community and while housed in the JRF. These efforts will not only support the youth in receiving the necessary treatment but will also lend to accountability for attendance and participation when youth have the same access to treatment both within the community and while in custody.

In addition, there has been an increase in the number of youth who are detained in the JRF for extended periods of time. There is a need to develop long-term treatment programs and interventions for these youth. The implementation of Core Correctional Practices within the Probation Department will aid in this process but additional support for mental health and trauma-based services is still a need.

- 5. Prevention and Education Services:** Crime prevention and intervention is an important component of public safety and preventing entry into the juvenile and adult criminal justice system. Prevention and intervention practices focus on youth in the community and provides a foundation to reduce and deter crime and criminals, prevent and reduce violent behaviors by acting on both risk and protective factors, and embracing the principles of restorative justice and evidenced based practices.

Education is an important component to crime prevention and intervention. Studies show youth who regularly attend school are less likely to become involved in crime. Increasing school attendance and participation in education is an important aspect of raising well developed youth who have the pro-social and cognitive skills to become productive members of the community. The Probation Department has a history of working with local school districts to provide probation resources on campus. On-going efforts will continue to provide prevention services to youth, to address absenteeism, and to engage students in creating sense of community.

Part I. Service Needs, Priorities, and Strategy

Assessment of Existing Services

The Juvenile Division is charged with the supervision and service delivery to approximately 450 youth who have been referred to the department as a result of criminal offenses. In 2017, the average number of youth with open cases was approximately 100, with under 25 youth in out of home placement.

The department has invested heavily in the last 15 years in development of a host of services, and in the evidence informed models which make them effective. That investment has yielded a thoughtfully implemented continuum of services, from Primary Prevention to Aftercare. This continuum is built upon a partnership with HHS and other key partners. This closely aligned cross agency work is highly regarded within the public youth-serving sector in California for its success, well-established levels of leadership trust, and capacity to innovate in response to the emerging needs of its young people. Shasta employs a system focused, breaking barriers, and family focused approach, which links leaders from its Child Welfare and Behavioral Health, School Systems, and the Probation Department in a shared and highly collaborative delivery of services.

The department provides a range of services within its continuum. Probation teams currently partner with several community-based organizations, other county departments, school programs, and law enforcement agencies to assure a variety of services are dedicated to addressing the needs of youth and their families. No one agency can provide comprehensive services in isolation. The Shasta County Probation Department recognizes the vital importance of developing a community strategy for serving youth. Critical partners in creating a trauma-informed system include law enforcement, child welfare, education, first responders, and health care partners—from both public and private systems:

- Law enforcement partners include Shasta County Sheriff's Office and local police departments in Redding and Anderson, the county's two largest cities.
- The department is an active and committed collaborative partner, where staff are co-located and active in serving youth in multiple systems or who are at risk of entry to parallel systems. Child Welfare, Behavioral Health, Substance Use Disorder Services, and Juvenile Probation are collaborative partners.
- School partnerships are collaborative, and direct service partnerships with schools are present in a number of schools via co located services, or services delivered via contract with providers or other partners. Juvenile Probation maintains a partnership with Gateway School District to provide a Deputy Probation Officer (DPO), as a Juvenile Prevention Officer, working with at risk youth building leadership, sense of self, peer conflict resolution, and accountability. This officer, amongst other duties, provides intervention and support services and addresses truancy and status offenses. Education partners are committed to working together to resolve issues on campus before calling law enforcement. The development of a sense of community on the campus allows this officer to quickly assist as issues arise and aid the youth in addressing problems before they rise to the level of school discipline or arrest. Removing barriers for school services is frequently difficult for probation youth and this officer works as an intermediary between the school and the youth to create successful outcomes as problems or concerns arise.

The county's youth serving continuum ranges from prevention to treatment and aftercare services.

Prevention Services: Community based providers and schools which provide pro-social activities are key to primary prevention in Shasta County. Civic groups and clubs, which provide positive activities for youth, support their development and connect them to their community. Prevention services are not limited to those procured via formal contracts with Probation. Pro-social activities throughout the community promote youth development and community engagement which reduce risk factors and increase protective factors in youth.

Stakeholders reflected during the county assessment that prevention resources in Shasta are adequate and generally effective, although many families and youth are unaware of their existence or availability. Shasta partners embrace an awareness that often, community based services are more accessible and less stigmatizing than county or court-mandated services, and engagement therein is more family friendly.

Diversion Services: The department utilizes a diversion program for youth who are eligible according to the law and established criteria, which improves rehabilitative efforts and makes appropriate interventions and/or recommendations in alignment with evidence-based practices. The goal of diversion is to remove youth as early in the juvenile justice process as possible to avoid later negative outcomes associated with formal processing, such as increased odds of recidivism, stigmatization/labeling, and increased criminal justice costs.

The Probation Department has partnered with community-based organizations to develop many strategies, specific to the community and aligned with research, for youth who are eligible for diversion programs. The department uses an intervention strategy that redirects low risk and certain first-time offenders away from formal processing in the juvenile court system, while holding them accountable, providing services based on the youth's risk to reoffend and criminogenic needs, providing victim services, and providing services for the entire family.

Depending on the identified needs, the youth and family are referred to appropriate services including various education programs including: Shasta Youth Options/Peer Court, Hope City- HUB (mentoring, restorative circles, anger management, nurturing fathers program), Thinking for a Change, substance abuse counseling, Towards No Drugs, Forward Thinking, Aggressive Replacement Training (ART), Moral Reconciliation Therapy (MRT), Youth Fire Prevention and Intervention Program, mental health services, Triple P (Positive Parent Program), Parent Project, Parent Café, community work service, discussion on choices, restitution, writing assignments, Effective Practices in Community Supervision (EPICS), and homework and apology letters.

Treatment and Supervision Services: Juvenile Probation treatment and supervision services are comprehensive and well-coordinated. The primary intensive treatment services are:

- Wraparound Interagency Network for Growth and Stability (WINGS): Based on the *Wraparound Milwaukee: Aiding Youth with Mental Health Needs* Program, this program creates a strength-based, family-focused case plan with a team of professional staff, family and others all focused on providing services, assistance and care toward the ultimate goal of helping families effectively cope with their youth's mental health and behavioral issues. Family maintenance through individualized programs and a collaborative approach help families become stronger and reduces the need for high level placements. The process of engaging the family, convening the team,

developing the treatment plan goals, implementing the plan, and transitioning the youth out of formal wraparound is managed by Probation as the lead agency. The WINGS team is co-located and consists of a DPO, Mental Health Clinician, Parent Partner and Youth Partner.

- Juvenile Drug Court: An interagency collaborative program using the WINGS framework for youth impaired by substance abuse or identified with dual diagnosis. The goal is to treat substance abuse, strengthen families, reduce recidivism and prevent out-of-home placement. While in the program, outcome measures are tracked for arrests, custody commitments, violations of probation, out-of-home placement, and number of days in the program. There are current conversations regarding merging the Juvenile Drug Court Program into the WINGS Program.
- Juvenile Court Work Program (JCWP): The probation department oversees youth ordered to do community service as part of their terms and conditions, as a sanction, alternative to custody, or as an alternative to fines and fees. A variety of community programs are available for individuals to perform their community service allowing sufficient flexibility in scheduling days and times as well as locations. Group projects and services days are also coordinated by probation staff that specifically focus on improving the community. Group projects may include community clean up, work around the Juvenile Division campus, or assisting with the GROW Program.
- Placement Team: The placement team is made up of a supervising probation officer, two probation officers, and a probation assistant. Once youth are placed out of the home by the Court, the youth's assigned Probation Officer works closely with the Short Term Residential Treatment Program (STRTP) and returns them back into the community either with their parents, a relative, or a resource family. Depending on their age and circumstances, they may be entered into an independent living program. While a youth is in an STRTP or any placement, the probation officers visit each youth at least once per month.
- Rehabilitative and Treatment Services: The probation department contracts with several community based organizations to provide evidenced based treatment services to youth both in and out of custody. These services include: Aggression Replacement Therapy (ART); Moral Reconciliation Therapy (MRT); Project Towards No Drugs; Girls Circle; and Boys Council.

Approach Utilized to Facilitate Collaboration

There are several vehicles for collaboration and coordination in use in Shasta County, including the Juvenile Justice Commission (JJC) and Juvenile Justice Coordinating Council (JJCC).

Shasta County's public youth serving agencies employ a unique use of interagency partnership, modeled on the premise that all youth deserve to be raised in their communities and with families who know and love them. The Placement Prevention Review Team (PPRT) functions as a regular convening of agency partners for care coordination.

The PPRT work is historically rooted in the county's comprehensive Juvenile Justice Local Action Plan, first completed in March 1997, and updated in 2005. Collaboration and integration of juvenile justice services in Shasta County has progressed since 1997. Families have become a primary focus of service delivery within the Juvenile Justice System. Significant efforts have been made to transition from generic services to evidence based and best practice programs and supervision models. In addition,

collaborative teaming has been part of the effort to assure youth and families receive services through a family-focused approach. Changes in assessment and case plan tools and procedures within the Probation Department have focused on including parents and other family members as stakeholders and partners in reducing the at-risk behavior or engagement in criminal activity of the referred youth.

Identifying and Prioritizing Focus Areas

Shasta County (County) is located in the northern Sacramento Valley on Interstate 5, and is the largest county in the region. The County is over 3,800 square miles in size with a population of approximately 179,000 residents who are primarily Caucasian. In 2015, there were 38,532 children living in Shasta County. The County contains three incorporated cities: Redding (the county seat), Anderson, and Shasta Lake. The vast size of the County makes access to treatment and services difficult in areas outside of the three cities. There are multiple small communities located outside of the county seat where many services are not available or are limited. There are 61 public schools in use, eight of which are high schools and another 10 are middle schools. Nearly 33% of the county's residents are under the age of 24 years. The population is approximately 90% white, with all other ethnic groups comprising less than 3% each. Spanish is the predominant second language in use.

The department and its various stakeholders are aware of neighborhoods and schools that are at higher risk and makes efforts to fund, design, and deliver services geared towards prevention when possible. Many Shasta youth are scattered throughout the community and in many cases, family and school stability are difficult to maintain. This instability is enhanced by the rural nature and geography of the county. The City of Shasta Lake is perhaps the most widely cited locale with unmet need or with families or youth that experience isolation from other services due to geography. These areas lack the ability to address and treat concerns quickly based upon the remote location within the community. Development of plans with local leaders, including Native American tribal leadership, regarding creating and/or expanding treatment and service options will be a priority. These efforts should include discussions regarding early prevention efforts as well as treatment and services to address the multigenerational concerns of the population in these communities.

There is arrest record and school truancy data which corroborates the targeting of many of the county's services for youth in areas where its likely to be of most impact.

Juvenile Justice Action Strategy

The strategy for Shasta County is early identification, assessment and multiagency collaboration to address identified supports needed for youth and families. Shasta County Juvenile Probation uses the Positive Achievement Change Tool (PACT) to assess the risk/needs of each youth. Evidence based programming (EBP) related to criminogenic needs identified in the assessment is utilized to target interventions and address the issues directly related to recidivism. Case planning efforts are focused on the youth and family's strengths, while addressing the needs of the youth and the family, and encouraging connections with pro-social activities in the community. Central to assisting youth and reducing recidivism is to help strengthen families, prevent the generational cycle of continued delinquent, criminal behavior, and adverse childhood experiences (ACE's).

Assuring deputy probation officers (DPOs) and staff who are invested in youth and families that serve as coaches, mentors, and role models for youth is essential to the success of youth and families. Using

Effective Practices in Community Supervision (EPICS) provides for a focused interaction and skill training for youth. Daily and weekly contact, as well as graduated sanctions and immediate consequences, assist in managing and redirecting the youth quickly. In the Juvenile Rehabilitation Facility, a behavioral matrix, which is based on restorative practices, is designed to address behaviors. Through assessments, criminogenic needs of the youth are targeted incorporating evidence based programming, both in and out of custody, that address the needs to support a continuum of care approach. Understanding the youth served based on the data and outcomes collected, allows reassessment of services and ensures necessary services are provided to meet the needs of youth and families.

Part II. Juvenile Justice Crime Prevention Act (JJCPA)

Information Sharing and Data

The department's case management system (CMS) is maintained by the Shasta County Superior Court Information Technology department. This is the primary means of sharing cases among agencies, which consist of the Public Defender, District Attorney, and the Courts. Juvenile Court and Probation Statistical System (JCPSS) statistical data is automatically reported to Department of Justice (DOJ). The CMS has the capability to contain docket information including charges, sentencing information, codefendant's information, and restitution. The system is very limited in reporting outcome data, which often requires the department to hand count and cross track all data reports. Data is shared through meetings and within the department's annual reports.

Noble Software Group is contracted for juvenile assessments, which include Positive Achievement Change Tool (PACT), and Detention Risk Assessment Instrument (DRAI). The Noble system also contains the Title IV-E Case Plan and Standard Case Plan. The department also pulls Adverse Childhood Experience data from the PACT. The Child and Adolescent Needs and Strengths (CANS) is administered by HHS. Data can be pulled to communicate issues and strengths considered in treatment.

Shasta County Juvenile Probation and the Juvenile Rehabilitation Facility have logic models and utilize both the CMS and Noble to pull data in many areas including recidivism of juvenile offenders while on supervision, re-entry to the criminal justice system following completion of supervision, top criminogenic needs, completion of programs, education level, employment status, use of force in the JRF, and the number of citations/incident reports in the JRF. In addition to the many outcomes tracked in the logic model, the data gathered from the PACT related to Adverse Childhood Experiences (ACEs) is used to determine areas to address with the entire population currently as well as into the future.

JJCPA Funded Program, Strategy, and/or Enhancement

Juveniles that Have Offended Sexually (JTHOS):

The Juvenile Sex Offender Recidivism Risk Assessment Tool JSORRAT-II provides an evidence based protocol which determines the risk of a youth and help guide various interventions, treatment, and legal processes. The Containment Model recognizes the complex nature of juvenile sex offending and the need for key system components to facilitate accountability, rehabilitation, and victim and community safety.

All youth are assessed using the JSORRAT (Juvenile Sexual Offense Recidivism Risk Assessment Tool), a Static Risk Tool, in order to develop an individualized case plan. The Deputy Probation Officer (DPO) assists the treatment provider in addressing critical issues and in supervising the youth's activities in the home and community according to the developed safe plan. Working closely with the family and the treatment provider, a case plan is developed to ensure the youth is meaningfully participating in the treatment program and complying with court and therapeutic directives that may include a polygraph, as well as addressing family concerns.

Youth are expected to learn values as they relate to respect for self and others. They may receive sex education and will develop an understanding of healthy human sexuality and the correction of distorted beliefs about appropriate sexual behavior. Therapy focuses on impulse control and coping skills,

assertiveness skills, conflict resolution to manage anger, and resolve interpersonal disputes. Family Maintenance efforts are primary.

This JTHOS DPO provides case management functions including acting as a liaison with other community agencies involved with the family and tracking outcomes for each youth. By using motivational interviewing skills to establish rapport, the DPO assists the youth with the stages of change. In addition, the DPO assures victims have access to services.

Outcome measures are tracked for three years after completion of probation for reentry into the criminal system. While in the program, the following data measures are tracked: arrests rates; custody commitments; completion of treatment; and completion of supervision.

Wraparound Interagency Network for Growth and Stability (WINGS):

WINGS is based on the *Wraparound Milwaukee: Aiding Youth with Mental Health Needs* Program. Research demonstrates youth receiving wraparound services are less likely to engage in subsequent at-risk and delinquent behavior, be truant, get expelled from school, and run away from home. There is a broad research consensus that the paradigm reflected in wraparound is an improvement over more traditional service delivery methods that are perceived as uncoordinated, inflexible, professional driven, and deficit based. In addition, the *President's New Freedom Commission Report on Mental Health* (US DHHS, 2003) concluded that all families with a child experiencing serious emotional disturbance should have an individualized plan of care. This statement further reinforces the need for approaches like wraparound.

This program is a strength-based approach to children and families, building on the natural supports that exist within the community such as peer groups, recreational activities, and the positive relationships that the child has with extended family, school personnel, and others. The family is seen as the most important resource in the youth's life and families are engaged in the treatment planning and process. Service planning is based on the needs identified by the family and case plans are tailored to address the unique needs of the child and family. Clear goals are set for the child and family. Utilization of the family team, which is a partnership of the family and the professionals involved in their lives, facilitates the goals being properly set and carried out.

The process of engaging the family, convening the team, developing the treatment plan goals, implementing the plan, and transitioning the youth out of formal wraparound is managed by strong collaboration. Probation is responsible for implementing the wraparound process for families and supporting implementation in several key ways, including maintaining appropriately low caseload sizes; ensuring that primary staff receive comprehensive training and skill development; supporting wraparound team efforts to ensure necessary members attend meetings and participate collaboratively; and making timely decisions regarding funding for strategies developed by the team to meet families' unique needs.

The team is co-located and consists of a Deputy Probation Officer (DPO), Mental Health Clinician, Drug and Alcohol Counselor, Parent Partner and two Youth Partners. Together, they review referrals from the DPO for caseload appropriateness for youth with a mental health diagnosis. They identify strengths/needs of the family and help the family establish treatment goals. The family is given a choice and voice in determining how to meet their needs and the team assists in facilitating their utilization of resources. A crisis safety plan is developed as part of the treatment plan to reduce the threat of

violence or suicide. The DPO incorporates the Positive Achievement Change Tool (PACT) assessment and case plan into treatment goals to maintain focus on evidence-based practices. The family and the team meet weekly to review progress. There are monthly reviews during WINGS Court with the team, assigned judge, youth, and family. Statistical information is maintained regarding school attendance, re-arrest, successful probation completion, and out of home placement.

The goal is to reduce recidivism, minimize the need for out of home placements, and improve the family's ability to cope with the youth's mental illness. While in the program, outcome measures are tracked for arrests, custody commitments, violation of probations, and number of days on the program.

Juvenile Drug Court (WINGS II):

Juvenile Drug Court is based on the Wraparound approach as noted above in the WINGS section.

The Juvenile Drug Court program is for youth impaired by substance abuse or identified with dual diagnosis. Wraparound services promote supporting family strengths and community involvement. This program creates a strengths-based, family-focused case plan with a team of professional staff, family, and others all focused on providing services, assistance, and care toward the ultimate program goal of helping families effectively cope with their child's mental health, substance abuse, and behavioral issues. The Drug Court WINGS program is identical to the WINGS program described above. There are current conversations underway to integrate the Juvenile Drug Court Program (WINGS II) into the WINGS Program, consolidating the two programs into one.

Gardening, Responsibility, and Ownership of Self and Community Well Being (GROW):

Youth referred to the Probation Department and going through the court process are assessed using the Positive Achievement Change Tool (PACT). Youth in custody have an institutional case plan addressing their criminogenic needs and treatment while in-custody. In addition, youth have a Title IV-E case plan linked to their criminogenic needs that is designed to assist them in desisting from crime. A significant portion of youth served by Shasta County Probation Juvenile Services spend most their time with criminal associates, lack positive leisure/recreation activities, and have antisocial personality traits. These youths' re-offense risk will be lowered if they build noncriminal alternative behaviors in risky situations, enhance involvement and satisfaction in prosocial activities, and reduce association with criminals by enhancing their associations with prosocial people.

This program has existed as part of juvenile services' in and out of custody program options since 2015. In the GROW program, youth assist in building and maintaining raised planter beds, chicken coops, and enclosures to provide for chickens and goats. The youth care for the chickens and goats by providing food, water, and basic grooming. The youth sow seeds, plant seedlings, and care for the plants until harvest.

The Juvenile Rehabilitation Facility (JRF) kitchen utilizes the eggs and produce in the facility menu as well as the Parent Project weekly meal for parent attendees. The Youth Partner facilitates family dinner cooking classes in the community utilizing affordable recipes that can be made together as a family.

The Juvenile Court School partners with the program by incorporating lessons regarding math, nutrition, animal husbandry, landscaping, biology into the class curriculum, and utilizes the on-site garden and farm as a laboratory for in-custody students.

This program has an assigned staff, a Youth Partner from the Child Abuse Prevention Coordinating Council, and support from Juvenile Detention Officers. The youth learn skills transferable to future employment, team work, and pro-social relations with others. The program also helps support social emotional skills, such as empathy and coping skills, by teaching youth to care for the animals and learn patience. Raising food that is utilized on-site gives youth a sense of pride and ownership. Outcomes measures such as program participation, program completion, and recidivism rates for youth who participated in the GROW program are tracked.

Parent Project:

The Parent Project is classified as a best practice in reduction in juvenile recidivism and school expulsions. Effectiveness of the Parent Project has been established by a number of studies, primary among them, the work of Dr. Heidi Stoltz. She used a pre-and post-survey at several national sites, and demonstrated significant positive changes in effective parenting in every area studied. This work has been replicated since.

In an article written by Susan H. Chibnall and Kate Abbruzzes, *A Community approach to Reducing Risk Factors*, they attribute successes in Minidoka County, ID since the Parent Project's implementation in 1997. Juvenile petitions filed decreased, the number of drug-related probation violations went down 20 percent, and the number of days spent by youth in detention decreased 24 percent. School dropout rate fell from 17 percent to 0 percent, and school expulsions plummeted from 72-0.

The goal of the Parent Project is to help parents learn and practice identification, prevention, and intervention strategies for destructive behaviors of their children while increasing positive relationships and healthy display of affection within families. This program is for the parents or guardians of out-of-control youth with destructive behaviors such as truancy, alcohol and other drug use, gangs, running away, violence in the home and/or community, and suicide/attempts.

Trained probation staff facilitate the classes, in which parents receive a twelve-week curriculum, meeting one night a week for three hours. Parents learn to develop a plan to prevent or intercede in their children's destructive behavior and build a stronger family unit.

Outcome measures tracked are related to parent completion rates, how often parents praise their youth, and frequency that parents lose control when disciplining their youth.

Diversion Services:

A significant amount of research has been conducted to support diversion programs. Diversion programs have demonstrable outcomes in both their efficacy and effectiveness. Among many research studies, the Peer Court studies of Butts, Buck and Coggeshall at the Urban Institute (2002) is noteworthy.

The Probation Department utilizes various forms of diversion programming for eligible youth, which focuses on redirecting them away from formal processing in the juvenile justice system, while holding them accountable for their actions. The goal of diversion is to remove youth as early as possible in the juvenile justice process, to avoid later negative outcomes associated with formal processing. The Probation Department has partnered with community based organizations in Shasta to develop many

strategies, specific to our community and aligned with research, for youth who are eligible for diversion programs.

Assigned staff review offense report referrals to determine eligibility, at which point the officer contacts the youth and parent(s) to assess problems, issues, and strengths of the family. Staff complete a PACT (Positive Achievement Change Tool) prescreen assessment according to the business rules.

Depending on the identified needs, the youth and family are referred to appropriate services including: various education programs; Youth Options; Peer Court; Thinking For a Change; Hope City- HUB; Community Restorative Justice Panel; substance abuse counseling; mental health services; Triple P or Parent Project; community work service; Fire Setting Prevention Program; discussion on choices; restitution; writing assignments; and apology letters. Youth may also be referred to Anderson Teen Center or the Martin Luther King Center for additional services and support. Once referred, staff monitor those placed on diversion for completion of the programs or assignments. Monitoring for non-compliance also includes referrals to the Supervising Probation Officer for court action if necessary and appropriate.

Once a youth completes the program, outcome measures related to recidivism are tracked for one year.

Part III. Youthful Offender Block Grant (YOBG)

Strategy for non 707(b) Offenders

The Shasta County Probation Department employs various strategies to address non-707(b) offenders: Shasta County Juvenile Probation uses the Positive Achievement Change Tool (PACT) to assess the risk/needs of each youth. Evidence based programming (EBP) related to criminogenic needs identified in the assessment is utilized to target interventions and address the issues directly related to recidivism. Case planning efforts are focused on addressing the needs of the youth and the family, while encouraging connecting with pro-social activities in the community.

The 707(b) approaches include Foster Care with relative or non-relative caregivers; secure detention and treatment; intensive probation supervision; and daily and weekly contact, as well as graduated sanctions and immediate consequences have proven helpful in managing and redirecting youth.

In all cases, central to assisting youth and reducing recidivism is to help strengthen families to prevent the generational cycle of continued delinquent and criminal behavior and adverse childhood experiences (ACEs). Using Effective Practices in Community Supervision (EPICS) provides for a focused interaction and skill training for youth. In the Juvenile Rehabilitation Facility, a behavior response matrix, which is based on restorative practices, is designed to reinforce positive behavior and provide consistent, appropriate suggested staff responses to address negative behavior while teaching appropriate replacement skills.

YOBG Funded Program, Strategy, and/or Enhancement

YOBG funds are used for staff salaries and benefits in the JRF.

The Comprehensive Multi-Agency Juvenile Justice Plan utilizes YOBG funds to support the JJCPA programs by providing a validated detain/release inventory tool to detention staff in order to identify youth appropriate for referral to JJCPA funded programs. Detention staff are trained in Motivational Interviewing and Core Correctional Practices, which can prepare detained and released youth for further participation in JJCPA programs.

The goal of the JJCPA is to provide a stable funding source for local juvenile justice programs aimed at reducing crime and delinquency among at-risk youth. The act invites and requires a focus in key areas of service delivery, which include early intervention, crisis family reunification, case management services, after-school services, and juvenile justice treatment services. The act also supports and invites collaboration with the courts, health and human services department, schools, parents and family, community based providers, and other partners to develop a trauma-centric, coordinated, and effective continuum of services to achieve positive outcomes for youth and their families.

The goal of the YOBG program is to provide state funding for counties to deliver custody and care (i.e. appropriate rehabilitative and supervisory services) to youthful offenders who previously would have been committed to the California Department of Corrections & Rehabilitation, Division of Juvenile Justice (DJJ).

Key outcomes shared by both the act and the grant include increased school attendance, completion of probation, decreased recidivism, decrease in status offenses, increased availability and quality of

treatment, increased family functioning, and decreased out-of-home placements. These key outcomes align with the mission of the JRF which provides a safe and secure environment for youth in a setting where the residents are held accountable but are also supported by trained JDOs to foster, target, and model pro-social behavior. The JRF staff works closely with community partners to target individual needs and deliver services and support education for the youth in the facility.

Staff use the Detention Risk Assessment Instrument (DRAI), which guides detention intake personnel making the critical decision of whether to detain or release a referred youth. Detaining only the appropriate youth through objective decision-making to provide for youth and community safety is the goal.

As the number of youth who are detained for serious offenses or ordered by the court for long-term commitments increases, so does the need to develop a commitment program. The JRF and juvenile probation staff are committed to partnering with county agencies and CBO's to establish and maintain a program for these youth. It is vital that the behavioral, mental health, and trauma-based service needs of these youth are addressed while they are housed in the JRF. Having these services would be of monumental benefit to the youth who will be detained long-term in the facility.

YOBG funds are used as partial funding of salaries and benefits for Juvenile Rehabilitation Facility (JRF) staff: Director (1); Legal Process Clerk (1); Supervising Probation Officers (2); Supervising Juvenile Detention Officers (4); Juvenile Detention Officers (JDOs) (26); Extra Help Juvenile Detention Officers (10-15); and Cooks (2); for housing and treatment of youth offenders in the Juvenile Rehabilitation Facility. The capacity of the JRF is 90, but due to budget constraints, there is a cap of 40. Staff are core trained and provide education, recreation, assessment, counseling, and other intervention services to maintain a youth's well-being during his or her stay in custody. The facility's programming provides highly structured and supervised group activities. Programs include recreational therapy, specialized socialization, life skills, and cognitive behavioral intervention. Other funds will be used to contract with other agencies to provide medical, counseling, and dietician services.

Recommendations

The planning process identified needs and priorities, many of which are related to JJCPA and YOBG investments, and which would be best addressed by pursuing the following goals:

Improve and Strengthen Prevention and Early Intervention Services

1. *Prevention Goal #1: Identify and refer At-Risk Students and Families (Implementation Goal: 0-18 months)*

Develop a plan to immediately engage county schools and school professionals to provide education on probation services, treatment options, and information to assist in identify children and families with risk factors. Early identification can create a strong, supportive community and help parents develop the skills needed to address behaviors at a lower level of service.

2. *Prevention Goal #2: Expand activities of School Attendance Review Board (SARB) (Implementation Goal: 0-12 months)*

SARB identifies and initiates review of at-risk children and youth as early as possible to help engage families to help students stay in school, attend regularly, and graduate. This approach may include involving school counselors; connecting families with community agencies for counseling, tutoring, and other supports services; and reinforcing parental legal responsibility for student attendance. Early engagement and accountability will help get the support to families early to divert children and youth from more intensive services. The counties SARB partnership is well positioned to build on its prior success.

3. *Prevention Goal #3: Support and Strengthen a behavioral management system such as Positive Behavioral Interventions and Supports (PBIS) (Implementation Goal: Immediate 0-36 Months)*

Research different behavioral management systems to determine the best system for Shasta County youth. Seek to locate a system which includes a Multi-Tiered Systems of Support, such as PBIS. There is an opportunity to implement a behavioral management system at the JRF and to continuously train new staff in a systematic manner to fully understand the program and provide assure consistent practice and model fidelity. Effective behavioral management system programming has shown ability to reduce emergency physical intervention and enhance probationer compliance and success. Providing training to new staff, as well as providing periodic “booster trainings” for ongoing staff, will support consistent implementation.

Enhance and Expand Treatment and Supervision Services

1. *Treatment and Supervision Goal #1—Increase Practitioner contact with family members while in the JRF (Implementation Goal: 0-18 months)*

Communicate and meet with family members to identify the needs of parents and link them to services while the youth is in the JRF. The state’s Integrated Core Practice Model suggests,

“The initial activities of family engagement, particularly through the conversations about strengths, needs, and culture, set the tone for teamwork and team interactions that are

consistent with ICPM principles. The engagement process is also where a clear understanding of the family's vision for a better future is established. Everything that follows, including the development of measurable goals and intervention strategies, will support the achievement of that personal family vision."

Early identification of family needs and linkage to services in the community will provide support for parents who often feel isolated from other parents. For youth who are in the JRF for longer periods of time, develop communication skills that can be practiced with parents during weekend visitation so there is foundation of successful communication prior to returning home.

2. *Treatment and Supervision Goal #2--Improve Access to and documentation of Mental Health Services in the JRF--Develop formal protocols for youth to request and receive Trauma-Informed Mental Health and Substance Use Disorder services. (Implementation Goal: 0-24 months)*

Develop a formal, written process for youth to use a MH Screen service to request time with a practitioner. Identify and co-locate a clinician at the JRF to offer Trauma Informed crisis and follow up case management. The Mental Health Practitioner will develop service plans, engage youth and family, assure timely Child and Family Team meetings, attend relevant meetings, and collaborate with partners for each youth in the JRF in need of ongoing mental health services.

Obtain or identify funding for this position from MHSA, State Grant or other revenue stream.

Most Shasta youth admitted into the JRF are present for short periods of time and cannot complete full treatment cycles. However, given the prevalence of trauma in the community and family dynamic, nearly all youth can benefit from learning basic communication skills or other pro-social skill building. Groups may include anger management, trauma-informed cognitive behavior therapy, developing skills in social cue awareness, problem-solving, and methods for responding non-aggressively. Offer more systematic, treatment-focused mental health services in the JRF, including individual and group therapy to develop skills and build a foundation for continuing therapy and counseling in the community.

Utilization of evidence-based programs offered by the substance use treatment provider provide consistency in services across providers. A program such as 7 Challenges may be appropriate.

Document the number of requests for services, as well as when a youth has received services from the practitioner.

3. *Treatment and Supervision Goal #3--Enhance Coordination of Mental Health and/or Substance Use Disorder (SUD) Services in the JRF with Community Services to Promote Successful Reunification (Implementation Goal: 0-24 months)*

Related to goal #1 above, the clinician will develop Treatment Plans for ongoing services after youth's release, and document referrals to all community services for each youth. The collection of mental health service utilization data will provide an understanding of the services, the number of youth who receive individual or group services, and other useful data points, and provide important information on the ongoing need for services after release.

The clinician will maintain a data set of youth post release, and conduct periodic engagement with youth, family and provider to assure continuity of services.

Coordinate care after youth's release: (Implementation Goal: 0-24 months)

Develop a clear methodology for implementing a treatment plan for each youth when released back to the community, and communicate the plan to the DPO, involved partners, court, and provider that will offer services in the community. The practitioner provides leadership to the treatment plan and ensures that the youth is connected to services prior to release from the JRF. The DPO will follow up with the plan and communicates the success of linkage to the involved partners.

4. *Treatment and Supervision Goal #4--Implement Continuum of Care and Related Reforms (Implementation Goal: 0-24 months)*

Shasta County Juvenile Probation has been active in further development of Child and Family Teaming, and more critically, in practicing the authentically family and community-based decision-making processes invited by the reforms. This can be challenging for staff, but has demonstrable effects in terms of its outcomes with youth in care and in the eventual staff satisfaction and retention of team members.

Use Integrated Core Practice Model as guidance. The department will incorporate training and supervisory practice based in ICPM best practice, and deliver periodic training to staff based on its principles and practice behaviors.

Relatedly, the use of Resource Family Approval protocols has shown some potential for Shasta's probation youth, to instill greater stability and quality of care. While the department benefits from its partnership with CWS social work teams in recruitment and support of caregivers, probation supervisors and leaders will devote further energies to establishment of sustainable RFA practice.

5. *Treatment and Supervision Goal #5--Issue Court Orders for Family to participate in services member participation (Implementation Goal: 0-24 months)*

It is recommended the judge write orders to require parents/caregivers to participate in services and treatment. Orders may include participation in learning behavior management, communication, and anger management skills, and involvement in wraparound services, mental health counseling, family counseling, parenting support groups, SUD treatment, and/or other Probation services. By writing orders for the parent's involvement, the youth will see that the parent also has expectations to learn that change is not exclusively the responsibility of the youth and change must happen for the family as a whole. This supportive treatment approach begins when the youth is removed from the home so the parent can begin learning new skills prior to the youth returning home.

This strategy will hold families accountable for learning skills while the youth is learning similar skills in the JRF to help provide continuity and consistency at home. Helping parents learn new skills will also have positive consequences for younger children in the home, help the family learn new patterns of communication, and create a safe and stable home environment.

Appendix A.

June 21, 2018 Roster: extended meeting of the Juvenile Justice Coordinating Council (JJCC)

Name	Agency
William Bateman	Shasta County Public Defender
Cindy Vogt	California Heritage Youthbuild Academy, Juvenile Justice Commission
Barbara Jackson	Anderson Teen Center
Kim Niemer	City of Redding, Martin Luther King, Jr Center
Jackie Durant	Hope City
Amy Diamantine	North Valley Catholic Social Services
Josh Smith	Shasta County Probation
Eric Jones	Shasta County Probation
Liz Leslie	Partnership Health Plan
Eric Faxon	Probation, Juvenile Supervising Probation Officer
Lori Steele	Shasta County Mental Health Children's Services
Doug Shelton	Shasta County Mental Health Children's Services
Wendy Dickens	First 5 Shasta Commission
Chelsey Chappelle	Shasta County Probation
Natalie Jacobs	Shasta County Probation
Barbara Van Dyke	Juvenile Justice Commission
Betty Cunningham	Shasta County Chemical People, Juvenile Justice Commission
Judge Daryl Kennedy	Shasta County Superior Court
Sarah Till	Shasta County Probation
Susan Duncan	Juvenile Justice Commission
Tracie Neal	Shasta County Probation, JJCC Member
Benjamin Hanna	Shasta County District Attorney's Office
Carol Ulloa	Shasta County Probation
Donnell Ewert	Shasta County Health & Human Services Agency, JJCC Member
Elaine Grossman	Shasta County Administrative Office
Linda Ram	Shasta County Child Abuse Prevention Coordinating Council, JJCC Member
Roger Moore	Redding Police Department, Juvenile Justice Coordinating Council
Steve MacFarland	Juvenile Justice Commission Chair, Shasta County Office of Education Board Member, JJCC Member
Steve Morgan	Shasta County Board of Supervisors, JJCC Member
Tom Bosenko	Shasta County Sheriff, JJCC Member
Melissa Fowler-Bradley	Shasta County Superior Court Executive Officer
Patrick O'Conner	Redding Fire Department, Youth Fire Prevention & Intervention Program
Elizabeth Poole	First 5 Shasta
Mey Chao-Lee	Adult Services Mental Health/Alcohol & Drug

Ian Collins	Shasta County Public Defender's Office
Kathryn Barton	Shasta County Public Defender's Office
Kimberly Johnson	Children's Legacy Center
Becky Domindquez	YMCA
Twyla Carpenter	Shasta County Probation
Mary Lord	Shasta County Office of Education, JJCC alternate Member

Appendix B.

Shasta County Interviews (2018)

Name	Agency
Mary Lord	Shasta County Office of Education
Kristen Lyons	YMCA
Kimberly Johnson	Children's Legacy Center
Cindy Vogt	Juvenile Justice Commission Member
Jackie Duggan	Children's Legacy Center
Natalie Jacobs	Shasta County Probation Department
Sarah Till	Shasta County Probation
Jackie Durrant	Non-Profit Restorative Justice Services
Mandy Moore	Supervisor AB 12 Program/Case Manager
Liz Leslie	Partnership Health MCO
Tara T.	Parent Participant
Kathy Thompson	Juvenile Court School/SELPA Director
Dianna Wagner	CSOC Director
Susan Wilson	Director Youth Violence Prevention Council
Tracy Lewis	California Forensic Med Group
Joan Jeffers	Shasta County Office of Education
Wendy Dickens	First 5 Commission Shasta County

Appendix C.

Shasta County Juvenile Justice Plan Follow Up Interview Questions

1. What are the strengths of the Juvenile Probation partnerships in Shasta?
2. What should the goals of the Juvenile Probation System be over the next five years?
3. Are there partnership opportunities for Probation, relative to your agency? What would those look like?
4. What is Probation doing to keep the number of youth in group homes low?
5. What is needed to reduce the number of out-of-State placements for youth?
6. Recidivism or reentry was identified in our June meeting. What do you think would help reduce recidivism?
7. What geographies in the county are most in need?

Family

8. How does Probation support families of youth who have been involved in Probation?
 - a. Families of youth who have mental health disorders?
 - b. Families of youth who have substance use disorders?
9. Overall, what would strengthen parent engagement in Shasta?

Education/School Partnership

10. How does Probation collaborate with the schools to meet the needs of youth who are on probation?
11. What are the objectives for youth who are returning to mainstream school?
12. What role do schools have in diversion?

13. How is Probation involved in SARB?
14. What is the role of the Probation Officer in the schools?
15. Does Probation work with the School Resource Officers?

Community

16. What is the Primary role of the Probation Officer in Shasta County and when does or should the PO get involved with the youth?
17. What are the responsibilities of the Probation Officer in linking youth to services and following up to ensure they happen?
18. What is Probation's role in promoting community safety?
19. Are there any other services that could support Probation to meet the needs of the community?

Court Partnership and Services

20. How do Probation Officers work with the court system?
21. Does the Probation Officer report to the court about youth behavior?
22. What would strengthen the relationship between Probation and the court system?

Juvenile Rehabilitation Services

23. What is Probation's role with the youth when the youth is in JRF?
 - a. Frequency of visits?
 - b. Types of support given?
 - c. Communication with families? Where?
24. What services are available while the youth is in the JDF? Are there additional services needed?
25. How are mental health needs assessed?
26. How are substance use needs assessed?

27. How do youth being released get referred and linked to services in the community?
28. How do JDF Staff coordinate services for youth being released from the JDF?
29. How do Child Welfare Services and Probation coordinate services with each other? How does the CSOC/HHS support Probation?
30. How are youth with dual designations (300 and 602) served?
 - a. Are there opportunities for strengthening these collaborative services?
 - b. Does the Probation Officer meet with the Child Welfare Case Worker for these? youth?
 - c. How do the Case Worker and Probation Officer coordinate services?
31. What would strengthen the collaboration between the CSOC and Probation?
32. Are Independent Living Program (ILP) services available for youth who are on probation?
33. How does Probation support the CSOC to keep youth at home or in the community? rather than in out-of-home placement?
34. How does Probation refer to outpatient mental health and substance use treatment when the youth needs services?
35. Does Probation participate in Child and Family Teams?

Summary

36. Do you have other/additional thoughts about what youth who are on probation need to achieve positive outcomes?