

**Final Report
Santa Clara County Probation
Department**

Continuum of Services

**Submitted By
Huskey & Associates
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ONE YOUTH STATED:

"I WANT TO HELP MAKE PROBATION BETTER FOR THE KIDS THAT COME AFTER ME".

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I. EXECUTIVE SUMMARY

1.1. Introduction

The Santa Clara County Probation Department was chosen by the Annie E. Casey Foundation as one of a select group of counties in the nation to implement juvenile detention reform. For more than three years, the Department has worked to implement juvenile detention reform, and it has made significant progress in the following areas:

- Established a countywide law enforcement booking protocol in collaboration with local law enforcement to minimize referrals to custody and to seek alternatives to the Juvenile Hall.
- Implemented a Risk Assessment Instrument to help better define the minor who needs to be confined and who could be released under supervision.
- The Department has realized a 3.5 percent annual decline in average daily population in the Juvenile Hall during FY02-05.

The new Chief of Probation, Sheila Mitchell, has not rested on these achievements but has moved ahead to continually improve the services provided by the Department. The goal of this project is to support her vision and to enhance the Continuum of Services.

1.2 Overall Purpose of Assessment

The focus of this analysis was to document the existing interventions, consequences and programs offered by the Probation Department with minors at all stages of the juvenile court process. Intervention with non-law violators and status offenders was outside the scope of this study. Specifically, the objectives of this project were to:

- Document the target population, eligibility criteria, program goal, services provided, supervision provided, performance outcome and cost per offender of each of the pre-adjudicated and post-adjudicated options operated by the Probation Department.
- Recommend areas where the Santa Clara County Probation Department could become more evidence-based in its policies, practices and programs.
- Provide examples of promising programs that Santa Clara County could explore to supplement its Continuum of Services in order to reduce Juvenile Hall populations, probation violations and out of home placements.
- Provide recommendations to reduce probation violations and to fulfill gaps in the continuum of services.

This Report highlights the progress made in 90 days (July 1-September, 2005) in achieving these objectives. It describes the options that are operated by the Probation

Department, the services contracted by the Probation Department with community based service organizations and the gaps that exist in the current Continuum of Services. An assessment of the services to juveniles provided by other County departments and disproportionate minority contact was outside the scope of this study.

1.3 Key Findings

1.3.1 Targeting Criminogenic Factors That Reduce Risk and Need

Andrews, D.A., & Bonta, J. (1994), found eight characteristics present in the backgrounds of thousands of offenders.¹ The following eight characteristics are considered “criminogenic” factors that contribute to delinquent behavior:

1. Extent of anti-social/pro-criminal attitudes, beliefs, values
2. Regular exposure to criminal associates and violence and isolation from pro-social associates
3. High degree of psychopathy and impulsivity
4. Chronic history of anti-social behavior (3-5 priors)
5. High level of conflict/violence in the family leading to trauma/post-traumatic stress
6. Poor school performance/lack of education
7. Lack of marketable job skills
8. Heavy substance use and abuse

Recent studies of the characteristics of minors confined in Santa Clara County’s Juvenile Hall and Ranches document that many minors exhibit the same factors that national research shows contribute to delinquent behavior, including:

- More than sixty percent of the youth admitted to the Juvenile Hall during 2004 were identified as having a brain disorder as identified by the MAYSI (e.g. bipolar, attention deficit, non-verbal learning disorder, conduct disorder).
- 69.4 percent of the minors reported high levels of alcohol and drug problems. Nearly two-thirds smoked marijuana in the last 30 days and 45 percent reported daily use of marijuana. Forty-three percent ingested some form of methamphetamine.
- More than 78 percent of the youth reported high levels of trauma leading to post-traumatic stress.
- One third of the minors reported having a serious thought disturbance which may be linked to childhood developmental traumas and deficits that impair critical thinking skills.
- SCC youth are between 3-5 grades behind in their reading and math competencies.

¹ Andrews, D. and James Bonta. 1994. *The Psychology of Criminal Conduct*. Cincinnati: Anderson. Gendreau, Paul. 1993. *The Principles of Effective Intervention With Offenders*. Paper Presented to the International Association of Residential and Community Alternatives.

A review of the County's Probation programs found that few Department programs target these criminogenic factors. On the other hand, many of the contracts for services with community-based providers do target these factors. However, there is no evidence that these factors are routinely assessed or tracked by either the Probation Department or by contracted service providers.

Another important finding is the lack of intensive family intervention for youth on field supervision and in custody. The needs of families for minors on probation are largely unmet. There is no routine evaluation of the families' needs and families are not required to be involved in the development of their child's Case Plan or successfully complete family counseling or parenting training. Treating the child without engaging the family and improving their functioning is an ineffective juvenile justice policy.

1.3.2 Continuum of Services

One-third of the minors referred to probation intake are referred to the Restorative Justice Program and almost as many are settled at intake indicating the high commitment to diversion in Santa Clara County. These immediate interventions reduce formal processing and the child's further escalation into the juvenile justice system.

There is an 11.8 percent increase in the use of alternatives to Juvenile Hall during FY02-05 documenting a commitment to juvenile detention reform.

The number of minors confined in the Juvenile Hall declined at an average annual rate of 3.5 percent during FY02-05. The greatest decline was in the number of adjudicated minors committed to the Juvenile Hall and those waiting for probation violation hearings. This decline reflects a commitment by Probation officials to juvenile detention reform.

According to the Department's Annual Report (2004), 69 percent of the minors referred to detention are detained which exceeds other jurisdictions and national data. The Risk Assessment Instrument is overridden 21 percent of the time when national standards recommend no more than 15 percent. In fact, national practice suggests a range of 5-15 percent for acceptable overrides.

The overall length of stay in the Santa Clara County Juvenile Hall exceeds statewide average (37.3 days in Santa Clara County vs. 27 day average statewide).² This length of stay is inflated due to the detention of minors waiting for adult court. Also, continuances in these minor's cases contribute to longer lengths of stay and they reduce the effectiveness of juvenile justice consequences.

Even though officials have reduced the use of the Juvenile Hall, findings suggest:

² These are mean average as the median was not available for local and statewide data.

1. More pre-adjudicated minors could be released to alternatives if additional options were available to them such as evening reporting, specialized caseloads, and wraparound services.
2. More minors could be released if the number of overrides were reduced.
3. More minors could be stepped down to alternatives to reduce length of stay if the detained population were reviewed weekly to determine who could be eligible for alternative programs.

There was an overall 12.9 percent decline in the use of all residential placements (Juvenile Hall, James Ranch, Muriel Wright Center and Private Institutional Placements) between FY02 and FY05, and an overall 3.7 percent annual decline during these years. These findings indicate a downward trend away from residential care and toward keeping more minors in their home. As non-custodial options increase, so should the level of treatment services to minors and families that reduce risk to the community.

The number of minors referred to the County's Wraparound Program has been less than 20 in any given year. This program targets minors who have serious mental health problems, who would otherwise be housed in a Level 10 or a Level 11-14 private institutional placement, and who are involved with multiple service delivery systems. Currently, two agencies provide wraparound services—EMQ and Rebecca. These agencies report very few referrals from the Probation Department even though these services are available at no direct cost to the Probation Department.

As currently designed, the Wraparound Program has not fully incorporated the Juvenile Court's expectations for the juveniles involved in the juvenile justice system. It is the opinion of the consultant team, that some of the juveniles who are involved in the Juvenile Mental Health Court, Domestic Violence Court, Juvenile Treatment Court, on probation, who are in the Transition Unit and who are sent to private institutional placements would be suitable for this Wraparound Program.

Santa Clara County Juvenile Court, Probation and the County have demonstrated statewide and national leadership in implementing innovative specialized courts for minors. Santa Clara County is the first County in the nation to operate a Youth Mental Health Court and a Youth Domestic Violence Court. The Court and Probation also operate a Juvenile Drug Court which operates at capacity. It is commendable to focus on these special need offenders. With the exception of the Juvenile Drug Court, the other special need courts have not yet been fully maximized because they serve very few youth.

Electronic monitoring is the most frequently used graduated sanction. This is the most restrictive non-residential sanction that a probation officer can use, short of out of home placement. However, this does not seem to be consistent with the assessed risk of most of the youth on probation. Nearly one-half of the cases on probation are assessed as

minimum risk. Electronic monitoring should be used on maximum risk cases as an alternative to detention.

There is limited treatment services provided to minors while on non-custodial probation and no contracts for family counseling or parenting training for youth on non-custodial probation. There is no specialized treatment under contract with service providers for youth on the Gang Intervention caseload, Sex Offender Caseload, Community Release or Electronic Monitoring Programs. Petersilia, J. & Turner, S. (1993) document that probation supervision without treatment services is ineffective.³

The greatest amount of the funds granted to community-based service providers go to youth who are diverted from the juvenile justice system through the Restorative Justice Program (53.6 percent of contract funding serves 14,667 minors). The least amount of the funding goes to minors on non-custodial probation, which serves the greatest number of youth (10.3 percent of the contract funding serves an active caseload of 2,292 minors). Another 25.0 percent is allocated to minors in custody and 11.0 percent of funding is allocated to youth on aftercare.

These findings suggest that there is an “incentive to confine” because 25.0 percent of the funding for treatment goes to minors in custody while 10.3 percent goes to youth in non-residential programs. As the probation rehabilitation facilities become even more enhanced, there will likely be an even greater temptation to confine minors unless caution is exercised.

There is a gap in culturally-sensitive programs tailored to the needs of Hispanic and African-American minors throughout the juvenile justice system.

The majority of programs operated by the Probation Department demonstrate high successful completion rates indicating that the Probation Department and the Juvenile Court are doing a good job at protecting public safety while the minor is under their supervision. However, there is no evidence of long-term behavioral change in the minors and their families 6, 12 or 18 months following discharge. And, most of the families’ needs are largely unmet.

A cost analysis of the programs operated by the Probation Department was conducted. These findings show that the Electronic Monitoring program is the lowest cost program in the County and the Juvenile Hall is the highest cost program. Likewise, the Electronic Monitoring Program demonstrated the highest cost avoidance to the County with \$220.90 savings per day per youth as it assumed that at a minimum, pre-adjudicated minors would likely be confined in the Juvenile Hall if EM were not available. The least cost avoidance is the James Ranch with only \$17.13 savings per day. This analysis shows that non-residential options should be used wherever feasible due to the lower cost to the County.

³ Petersilia, J. & Turner, S. (1993). *Intensive Probation and Parole*. In Michael Tonry, ed. *Crime and Justice: An Annual Review of Research*, Chicago, IL: University of Chicago Press.

1.4 Key Recommendations

- 1.4.1 Adopt evidence-based principles and programs throughout the juvenile justice delivery system.
- 1.4.2 Adopt an objective risk and needs assessment instrument for youth referred to probation supervision to assist probation officers in the development of the Case Plan and in their recommendation to the Juvenile Court, to assess and to target criminogenic factors that lead to delinquent behavior, including trauma from abuse. (pages 67-68)
- 1.4.3 Target the highest risk juvenile for the highest level of supervision and services. (pages 69-70)
- 1.4.4 Referrals to treatment providers should be driven by an objective assessment of needs, the special expertise of the provider, the capacity of the provider and the provider's demonstrated ability to operate evidence-based programs. (page 68)
- 1.4.5 Treatment providers should use objective secondary needs assessments as a basis for the Treatment Plan prior to entering treatment and for measuring change during treatment. The Case Plan should be shared with the provider so the provider can support these goals in treatment. (page 69)
- 1.4.6 Continue to decentralize probation services to the highest risk neighborhoods and develop Family Resource Centers in these neighborhoods to increase the prevention services in these areas. (pages 49, 76-77)
- 1.4.7 Increase the use of volunteers in the Restorative Justice Program thereby enabling a reallocation of probation officer staff to other programs serving higher risk minors. Examine the resources the Department is spending on low-risk youth in the RJP and determine if alternative ways of intervention could be devised to address these minor's needs. (pages 76-77)
- 1.4.8 Develop and implement a Teen Court that target misdemeanors and minor felonies for diversion from formal juvenile justice court processing. (page 79)
- 1.4.9 Collaborate with the County Office of Education to develop a High Risk First Time Offender Program and a Transitioning High Risk Youth Program at no cost to the County. (pages 78-79)
- 1.4.10 Maximize the use of the School Districts Community Day Schools to ensure that probation youth are accepted into Community Day Schools at no additional cost to the County. (page 78)
- 1.4.11 Develop and implement a "Family Intervention Initiative" (through court order) that requires families to be involved in the development and implementation of

- the youth's Probation Case Plan and Treatment Plan, that evaluates their needs and that requires the minor to be involved in family counseling if the needs assessment indicates that their child is regularly exposed to a high level of violence and family conflict (e.g. family violence, domestic abuse, communication breakdowns, parenting skill deficits). (pages 79-80, 84-85, 88)
- 1.4.12 Expand culturally-sensitive services that meet the needs of Hispanic and African-American minors as these youth are disproportionately represented in the juvenile justice system. (pages 79-80)
- 1.4.13 Implement through private service provider contracts the development and implementation of Functional Family Therapy, Multi-systemic Family Therapy and Brief Strategic Family Therapy for families assessed as needing this level of intervention. (pages 46, 76, 80-85)
- 1.4.14 Implement through private service provider contracts the development and implementation of group counseling with minors and involve trained probation officers as co-facilitators where feasible. (page 70)
- 1.4.15 Implement through private service provider contracts the development and implementation of specific treatment and intervention services to minors in the Electronic Monitoring, Community Release Programs, Gang and Sex Offender Caseloads based on assessed need. (pages 48, 78)
- 1.4.16 Reduce the number of minors housed in private institutional placements and redesign the County Wraparound Program to serve mentally ill probationers who have a placement order. (pages 45, 79, 82-85)
- 1.4.17 Reduce probation violations and track the reasons why minors violate their probation by technical violations (non-lawful violations) and by new offenses. The following are our other recommendations regarding probation violations: (pages 50-51, 71-74)
- Develop a new Violation of Probation Protocol to reduce probation violations, to encourage greater consistency in the use of probation violations, and maximize the use of services with the youth and their family prior to violating a youth on probation.
 - Develop a training program on the *Stages of Change Relapse Model* for all probation officers and treatment providers to understand the stages that a person goes through in altering their behavior. Substance abuse relapse is to be expected among chronic abusers and should not be the solitary reason for violating a youth.
 - Develop a training program on *Motivational Interviewing* to strengthen the probation officer's and the treatment provider's skills in promoting cognitive behavioral change in the minors and the families they serve.
 - Interventions and intermediate sanctions should be progressive, beginning with the least restrictive used first followed by increasingly restrictive measures if non-compliance continues.

- Non-residential sanctions and treatment interventions should be used prior to residential placement consistent with public safety (e.g. Group Home, James Ranch, Muriel Wright Center, or private institutional placements).
 - Interventions/treatment should always accompany the use of graduated sanctions.
- 1.4.18 Expand the Evening Reporting Center for pre-adjudicated minors as an alternative to detention and for post-adjudicated minors as an alternative to placement. (pages 74-75)
- 1.4.19 Expand the Mental Health, Drug, and Domestic Violence specialized caseloads so they serve more minors and allow pre-adjudicated minors to be eligible for these intervention services. (pages 44-45)
- 1.4.20 Develop a gender specific program for girls that can be used as an intermediate sanction before considering a ranch recommendation.
- 1.4.21 Develop a Cognitive Behavioral Program for youth who sexually act out. (pages 70-71, 77-78)
- 1.4.22 Develop a maximum security ranch program for serious, violent youth as an alternative to state commitment.
- 1.4.23 Work with the Workforce Development Board to implement a Transitional Job Program for Older Youth at no cost to the County. (page 86)
- 1.4.24 Work with the Department of Social Services to provide an Emancipation Program for Older Youth aging out of Probation/Foster Care at no cost to the Probation Department. (page 87)
- 1.4.25 Develop a common data definition among the Probation Department, the Juvenile Court and its contracted service providers for measuring success on probation, assess for criminogenic factors in minors, conduct pre-test evaluation prior to treatment and a post-test evaluation at the conclusion of treatment, and evaluate the offense history of minors 6, 12 and 18 months following discharge from probation/treatment.
- 1.4.26 Update the management information system within the Probation Department to track average daily population on all of its programs and for the number of minors in private institutional placements and track this data with the daily cost of each program in order to evaluate and report on cost effectiveness.
- 1.4.27 Expand the use of alternative funding sources for Probation Programs and contracts with community-based treatment providers. Examples include Early Periodic Screening Diagnostic and Treatment, Family Preservation Fund, Blended Funding, federal grants and private foundations. (pages 90-123)

II. PROJECT METHODOLOGY

The project began on July 1, 2005 with the gathering of quantitative and qualitative data to assess the Continuum of Services. Specific performance outcome and financial data were requested and are currently being gathered.

A *Customer Satisfaction Survey* was conducted with key stakeholders to determine their level of satisfaction with the Probation Department's services and to assess the gaps in services within the Continuum of Services. The following individuals and groups were surveyed:

- Judges of the Juvenile Court
- District Attorney's Office
- Public Defender's Office
- Probation Department Executive Team
- Probation Administrative Staff
- Probation Supervisors
- Staff at all probation facilities
- Members of the Post-Disposition Work Group
- Community Based Providers
- Parents of Youth on Probation, in Juvenile Hall, James Ranch and Muriel Wright
- Youth on Probation
- Youth at the Juvenile Hall
- Youth at the James Ranch
- Youth at Muriel Wright Center

An overall philosophical framework for strengthening the Probation Department's Continuum of Services was recommended and approved by the Probation Department. This philosophical framework is based on the Office of Juvenile Justice and Delinquency *Comprehensive Strategies*⁴ and provides the Probation Department with overall guiding principles from which to intervene with youth and their families involved in the justice system. This framework is driven by the following principles:

1. Strengthen families in their role of providing guidance and discipline and instilling sound values as their children's first and primary teachers.
2. Support core social institutions, including schools, churches, and other community-based organizations, to alleviate risk factors and help children develop to their maximum potential.
3. Promote prevention strategies that reduce the impact of risk factors and enhance the influence of protective factors in the lives of youth at greatest risk of delinquency.

⁴ Wilson, John J. and James C. Howell. 1997. "A Comprehensive Strategy for Serious, Violent and Chronic Juvenile Offenders". Office of Juvenile Justice and Delinquency Prevention.

4. Intervene with youth immediately when delinquent behavior first occurs.
5. Establish a broad spectrum of graduated sanctions that provides accountability and a continuum of services to respond appropriately to the needs of each juvenile offender.
6. Identify and control the small segment of serious, violent, and chronic juvenile offenders.

These principles guide the probation officer in assessing the risk and criminogenic factors that contribute to law violations. They match the most appropriate interventions with their needs and they guide the probation officer in the use of interventions and consequences to enforce court-ordered conditions. It assumes that probation officers use more interventions to seek compliance on court-ordered conditions than sanctions and that they avoid using “a hammer to kill a fly”.

This strategy promotes the use of non-residential community-based programs wherever consistent with public safety. It categorizes interventions into immediate interventions (for first-time offenders involved in minor misdemeanors and nonviolent felonies) and intermediate sanctions (for repeat offenders who fail to respond to immediate intervention). Intermediate sanctions involve non-residential and residential options, including intensive supervision and intensive wraparound programs for serious offenders involved in more than one service delivery system.

This framework was used to categorize the options that currently exist for pre and post adjudicated youth.

Evidence-based principles and practices were also recommended and adopted by the Department. *Evidence-based programs and practices are based on a rigorous research strategy that empirically demonstrates evidence of its effectiveness*⁵. An initial training session was conducted in August with the Executive Staff of the Department on the essential elements of an effective Continuum of Services including:

- Principles of Assessment
- Application of the Risk, Need & Responsivity Principle
- Elements of Case Classification
- Stages of Change
- Innovative Delivery Methods for Probation Services
- Cognitive Behavioral Interventions

National policies on reducing probation violations were gathered and submitted to staff for them to use in their development of a new Violation of Probation Protocol for the Department.

⁵ Juvenile Justice Evaluation Center. 2005. Justice Research and Statistics Association. Washington, D.C.

Other sources used to guide this assessment included:

- Profile of Youth in Detention in Santa Clara County. Huskey & Associates Report on the Memorandum of Understanding between Santa Clara County and the County Office of Education. 2005. Profile of Youth in Juvenile Hall and Ranches. Department of Alcohol and Drug Services (2000). Community Crime Prevention Associates (October 2002)
- Office of Juvenile Justice and Delinquency Prevention Model Programs Guide
- Annie E. Casey Foundation Pathways Documents
- Center for the Study and Prevention of Violence: Blueprints for Violence Prevention
- Campbell Collaboration
- Department of Education, Institute of Education Sciences: What Works Clearinghouse
- Department of Health and Human Services: Youth Violence A Report to the Surgeon General
- Substance Abuse and Mental Health Services Administration: Model Programs
- Sherman, L., Gottfredson, D., MacKenzie, D. Eck, J., Reuter, P. and Bushway, S. *“Preventing Crime: What Works, What Doesn’t, What’s Promising: A Report to the United States Congress”*.

III. FINDINGS

III.1 Profile of Youth in Santa Clara County

Nationally accepted practices recommend using an objective assessment of risk and need and targeting the eight criminogenic factors that contribute to delinquent behavior.⁶ The following criminogenic factors have empirically been determined to contribute to delinquent behavior in adolescents:

1. Extent of anti-social/pro-criminal attitudes, beliefs, values
2. Regular exposure to criminal associates and violence and isolation from pro-social associates
3. High degree of psychopathy and impulsivity
4. Chronic history of anti-social behavior (3-5 priors)
5. High level of conflict/violence in the family leading to trauma/post-traumatic stress
6. Poor school performance/lack of education
7. Lack of marketable job skills
8. Heavy substance use and abuse

These factors have been found to be present in thousands of cases of delinquents across the U.S. Fortunately, the majority of these factors can be altered through tailored intervention with the youth, their family, school and the environment in which they live.

Recent studies on the characteristics of minors confined in Santa Clara County's Juvenile Hall and Ranches document many of these same criminogenic factors. Table 1 represents the latest findings.

Table 1
Youth Admitted to Juvenile Hall with
Identified Mental Health & Substance Abuse Issues
2004

	Number/% of Youth Identified with Mental Health Issues	Number/% of Youth Identified with Substance Abuse Issues
Juvenile Hall	740 / 60.2%	402 / 32.7%

Sources: Santa Clara County Probation Department. Results from Massachusetts Assessment Youth Screening Instrument conducted at intake, 2004.

⁶ Andrews, D. and James Bonta. 1994. *The Psychology of Criminal Conduct*. Cincinnati: Anderson.
Gendreau, Paul. 1993. *The Principles of Effective Intervention With Offenders*. Paper Presented to the International Association of Residential and Community Alternatives.

- More than sixty percent of the youth admitted to the Juvenile Hall during 2004 were identified as having a psychiatric problem as identified by the MAYSI (e.g. bi-polar, attention deficit, non-verbal learning disorder, conduct disorder).
- One-third reported to be a regular substance user. This incidence is considered to be unreported.

The Santa Clara Department of Alcohol and Drug Services conducted a study in 2000 to determine the needs of minors in the Juvenile Hall and the Ranches as identified by the Massachusetts Assessment Youth Screening Instrument. Table 2 shows the results of this study.

Table 2
Santa Clara County
Profile of Youth in Detention and in the Ranches
2000

Criminogenic Factor	Average Cases
Alcohol and Drug	69.4%
Co-morbidity (substance use and depressed mood)	42.7%
Experienced significant trauma	78.2%
Serious thought disturbances	32.0%

Source: Department of Alcohol and Drug Services, January 2000.

Note: Results from the Massachusetts Assessment Youth Screening Instrument, completed on 164 youth in the Juvenile Hall and 255 youth in the Ranches.

- 69.4 percent of the minors reported high levels of alcohol and drug problems. Nearly two-thirds smoked marijuana in the last 30 days and 45 percent reported daily use of marijuana. Forty-three percent ingested some form of methamphetamine.
- An average of 42.7 percent of these minors were dually diagnosed with a substance abuse and a psychiatric disorder.
- On the other hand, during FY02-FY04, the number of juveniles receiving substance abuse treatment services declined by an average 6.1 percent per year even while drug aftercare services increased during FY03-04.
- More than 78 percent of the youth reported high levels of trauma.

One third of the minors reported having a serious thought disturbance which may be linked to childhood developmental traumas and deficits that impair critical thinking skills. Distorted thinking patterns and criminal values are the two most frequent criminogenic factors cited in the national research among delinquents.

There was no evidence that the Probation Department or any service provider routinely assesses or measures criminal thinking patterns. Since this is such a critical factor in reducing future recidivism, these patterns should be routinely targeted, measured and tracked during treatment.

Table 3 illustrates that SCC youth are between 3-5 grades behind in their reading and math competencies documenting another criminogenic factor among Santa Clara youth.

Table 3
Santa Clara County, CA
Assessment Results for Initial STAR-AL
Grade Equivalency Scores (GE)
Expected Proficiency vs. Actual Functional Proficiency
2003 - 2004

	Average Expected Grade Level based on Age	Average Functional Proficiency based on Initial STAR-AL Test	
		Reading Grade Level Equivalency	Math Grade Level Equivalency
Juvenile Hall Osborne School Students	9.0	5.2	5.1
James Ranch Blue Ridge HS Students	10.0	4.7	4.9
Muriel Wright Students	9.0	5.1	5.3
McKenna Students	8.0	5.4	4.7

Note: Functioning proficiency represents the grade and months (5th grade + 2 months = 5.2)
Sources: Santa Clara County Probation Department & Santa Clara County Office of Education.

An inventory of the services operated by the Probation Department and by service providers under contract with the Probation Department was conducted to determine the degree to which criminogenic factors were being targeted. These services were discussed at several focus groups of probation staff and service providers.

Table 4 illustrates the type of programs operated by the Probation Department and by service providers under contract with the Department that target criminogenic factors.

Table 4
Probation Programs and Community Based Service Providers Under Contract with the Probation Department That Target Criminogenic Factors

Criminogenic Factor	Probation Programs That Target This Factor	CBOs Under Contract That Target This Factor in Treatment
1. Anti-social/pro-criminal attitudes, beliefs, values	<ul style="list-style-type: none"> • Restorative Justice • Drug Treatment Court and Caseload • Domestic Violence Court and Caseload • Alternative Placement Academy • Juvenile Hall • Juvenile Rehabilitation Facilities 	<ul style="list-style-type: none"> • Bill Wilson Center • California Youth Outreach • Community Health Awareness • Community Solutions • Challenge Learning Center • Fresh Lifelines for Youth • Mexican American Community Services Agency, Inc.
2. Regular exposure to pro-criminal associates/violence and isolation from pro-social associates	<ul style="list-style-type: none"> • Restorative Justice • Drug Treatment Court and Caseload • Domestic Violence Court and Caseload • Alternative Placement Academy • Juvenile Hall • Juvenile Rehabilitation Facilities 	<ul style="list-style-type: none"> • Bill Wilson Center • California Youth Outreach • Community Health Awareness • Community Solutions • Challenge Learning Center • Fresh Lifelines for Youth • Mexican American Community Services Agency, Inc.

Criminogenic Factor	Probation Programs That Target This Factor	CBOs Under Contract That Target This Factor in Treatment
3. High degree of psychopathy and impulsivity	Mental Health Court and Caseload Juvenile Hall	<ul style="list-style-type: none"> • Gardner Family Care Corporation
4. Chronic history of anti-social behavior (3-5 priors)	<ul style="list-style-type: none"> • Domestic Violence Court and Caseload Juvenile Hall • Juvenile Rehabilitation Facilities 	<ul style="list-style-type: none"> • Bill Wilson Center • California Youth Outreach • Community Health Awareness • Community Solutions • Challenge Learning Center • Fresh Lifelines for Youth • Mexican American Community Services Agency, Inc.
5. Dysfunctional family (high levels of conflict, domestic abuse)	None delivered by Probation Department	<ul style="list-style-type: none"> • Bill Wilson Center • California Youth Outreach • Community Health Awareness • Community Solutions • Challenge Learning Center • Fresh Lifelines for Youth • Gardner Family Care • Mexican American Community Services Agency, Inc.

Criminogenic Factor	Probation Programs That Target This Factor	CBOs Under Contract That Target This Factor in Treatment
6. Poor school performance/lack of education	<ul style="list-style-type: none"> • Alternative Placement Academy • Juvenile Hall • Juvenile Rehabilitation Facilities 	<ul style="list-style-type: none"> • Alum Rock Counseling Center • California Youth Outreach • Challenge Learning Center • Fresh Lifelines for Youth • Law Foundation of Silicon Valley • Morrissey-Compton Educational Center, Inc.
7. Lack of marketable job skills	<ul style="list-style-type: none"> • Juvenile Rehabilitation Facilities 	<ul style="list-style-type: none"> • Bill Wilson Center • California Youth Outreach • Mexican American Community Services Agency, Inc.
8. Heavy substance user	<ul style="list-style-type: none"> • Drug Treatment Court and Caseload 	<ul style="list-style-type: none"> • Asian American Recovery Services • Bill Wilson Center • California Youth Outreach • Fresh Lifelines for Youth • Gardner Family Care

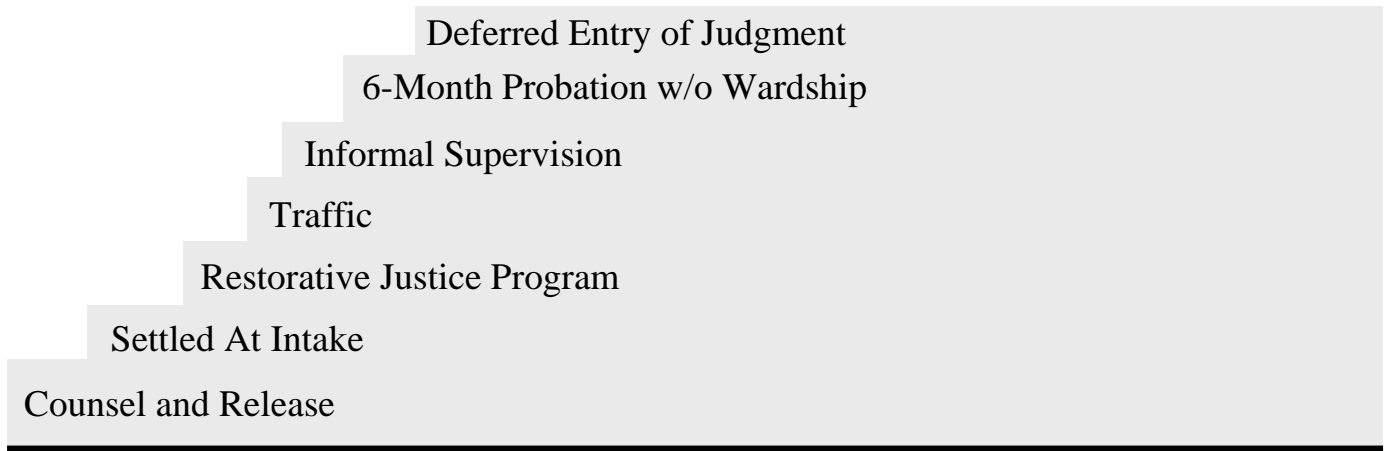
This table illustrates that few of the programs directly operated by the Probation Department target the criminogenic factors that contribute to future reoffending. Another important finding is the lack of intensive family intervention for youth on field supervision and in custody.

In contrast, the table demonstrates that the majority of the contracts for services with community based organizations do target these factors. However, while these factors are targeted, there was no evidence that these are objectively assessed or routinely tracked by any government or private juvenile justice agency.

III.2 Diversion Options

Figure 1 displays seven diversion options currently being used for youth referred to Juvenile Probation intake. These are immediate interventions intended to reduce formal processing and further escalation into the juvenile justice system.

Figure 1
Santa Clara County, CA Probation Department
Continuum of Existing Diversion Options



Source: Santa Clara County Probation Department

Table 5 details each of these diversion options.

**Table 5
Inventory of Diversion Options
Operated by Santa Clara County Probation Department**

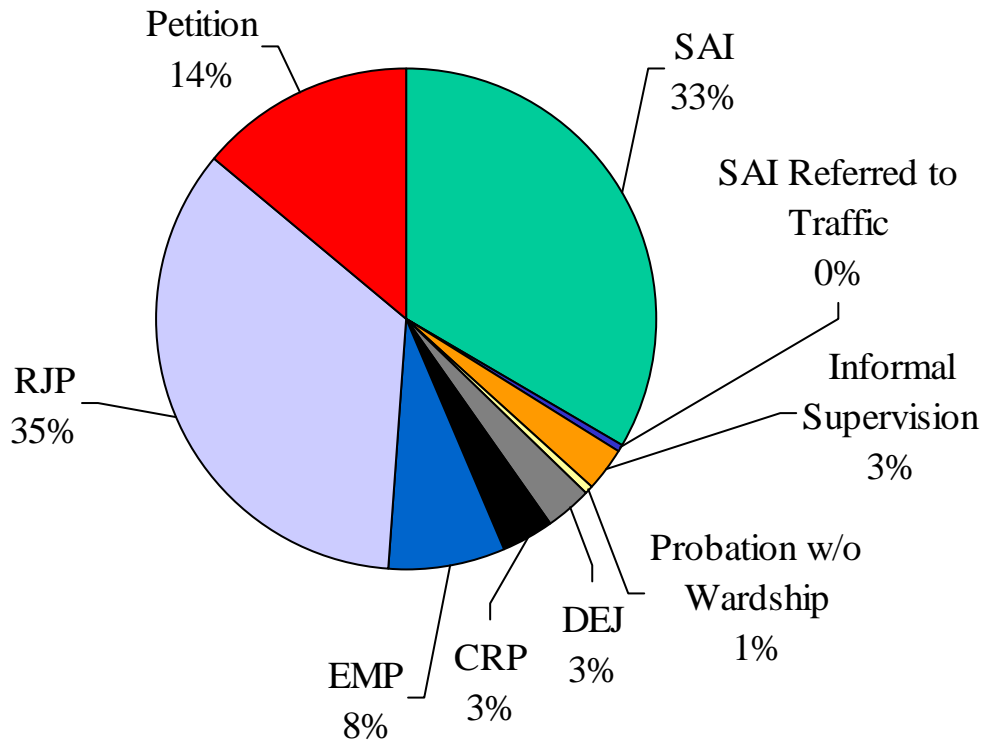
Name of Option	Category of Program	Target Population	Program Goal	Supervision Provided	Services Provided
Diversion Options					
Counsel and Release	Immediate Sanctions	Minor misdemeanor, ordinance violation.	Divert low-level minors from formal processing.	None	None
Settled At Intake	Immediate Sanctions	Minor misdemeanor, ordinance, low level offenses. Given a promise to appear. (Low Public Safety Risk)	Divert low-level minors from formal processing; reduce court dockets of cases likely not prosecutable; early warning that a problem exists; provide information on community services.	None or Probation Officer may hold referral until successfully completed.	None provided by the probation department. May involve a referral to a community-based agency.
Restorative Justice Program	Immediate Sanctions Early Intervention, Prevention, Diversion	Misdemeanor offenders who damaged property, low level assault, substance abuse offenses, curfew	Restore victims of crime, repay for damage done, and divert low-level delinquents from further involvement	90-day intervention. When contract is fulfilled, case is dismissed.	Services provided in 5 sites. Victim-offender meetings; family mediation; family group conferencing; victim awareness; intervention and 8-week competency development curriculum provided

Name of Option	Category of Program	Target Population	Program Goal	Supervision Provided	Services Provided
		violations. Given a promise to appear. (Low Public Safety Risk)	in the justice system.		by community-based service providers.
Traffic	Immediate Sanctions	Misdemeanor traffic offenses; underage drinking and driving; smoking; marijuana. Given a promise to appear. (Low Public Safety Risk)	Divert minor delinquents from formal processing; reduce court dockets of cases likely not prosecutable.	Court-ordered conditions are fines, fees, community service, no monitoring involved, probation officer may hold the license until youth successfully completes. 90-day intervention.	None provided by probation officers. Referrals to community based service providers but no formal relationship with providers.
Informal Supervision	Immediate Sanctions	Misdemeanor and low-level offenders who are not eligible for or who fail Restorative Justice. Given a promise to appear. (Low Public Safety Risk)	Divert minors from formal court processing.	6-months probation supervision, generally on minimum supervision level.	None provided by probation officers. Referrals to community based service providers but no formal relationship with providers.
6-Mo.	Immediate	Serious misdemeanors	Divert eligible	6-months probation	None provided by probation

Name of Option	Category of Program	Target Population	Program Goal	Supervision Provided	Services Provided
Probation without Wardship	Sanctions	and low-level offenders who are not eligible for or who fail Restorative Justice. Formal petition is filed by District Attorney. (Low Public Safety Risk)	minors from further court processing.	supervision, generally on medium supervision level but can also be on minimum.	officers. Referrals to community based service providers but no formal relationship with providers.
Deferred Entry of Judgment	Immediate Sanctions	Misdemeanor and low-level felony offenders who are not eligible for or who fail Restorative Justice. Formal petition is filed by District Attorney but petition is deferred until successful completion. (Low Public Safety Risk)	Divert eligible minors from further court processing.	1 year probation supervision generally on medium supervision level but can also be on minimum.	None provided by probation officers. P.O. or Department's designee responsible for supervising, developing, and monitoring treatment programs.

Figure 2 shows the percent utilization of these diversion options for FY02-04.

Figure 2
Santa Clara, CA Probation Department
Referrals Received During FY 2002 to 2004
N= 41,934



Source: Santa Clara County Probation Department.
Note: Duplicated counts

As this figure shows, one-third of the minors referred to probation intake are referred to the Restorative Justice Program and almost as many are settled at intake indicating the high commitment to diversion in Santa Clara County.

Working with the Research Department of the Probation Department, outcome data was calculated based on discharges from each diversion status. The findings document that as high as eight out of ten minors successfully complete these diversion options indicating that the Probation Department and the Juvenile Court are doing a good job at diverting youth with minor law violations without jeopardizing public safety.

Table 6
Performance Outcomes by Diversion Options
FY02-04

Type of Diversion Option	Percent Successful	Percent Unsuccessful
Restorative Justice	77.8%	22.2%
Informal Supervision	85.8%	14.2%
Probation w/o Wardship	60.2%	39.8%
Deferred Entry of Judgment	66.4%	33.6%

Source: Santa Clara County Probation Department, Research Unit.

Note: Successful completion is defined as completion of court orders, no technical violations and no new charges. The outcome data is based on discharges from each of these interventions.

There is a high priority given to the diversion of low risk youth from formal processing in Santa Clara County and this is commendable. If these options were not available, there would be many more youth on formal probation resulting in probation greatly exceeding its capacity.

However, the Probation Department manages many of the cases referred to them on informal supervision, six months without wardship, and deferred without judgment as any other formal case. Probation officers provide individual casework, they report to the court and they make referrals to community based providers. The time DPOs spend on these cases was not substantiated because a workload study was not available. If probation officers are spending a lot of their time on low-risk minors, Santa Clara County Probation should examine the resources it is spending on these low-risk youth and determine if alternative ways of intervention could be devised to address these minor's needs. Examples include making greater use of volunteer mentors, volunteer Board members, community based providers.

III.3 Alternatives to Detention for Pre-adjudicated Minors

While there are seven diversion options to divert the low-risk minor from formal processing, there are only four alternatives to detention. Figure 3 illustrates the options that are available.

Figure 3
Santa Clara County, CA Probation Department
Continuum of Alternatives to Juvenile Hall
for Pre-Adjudicated Youth

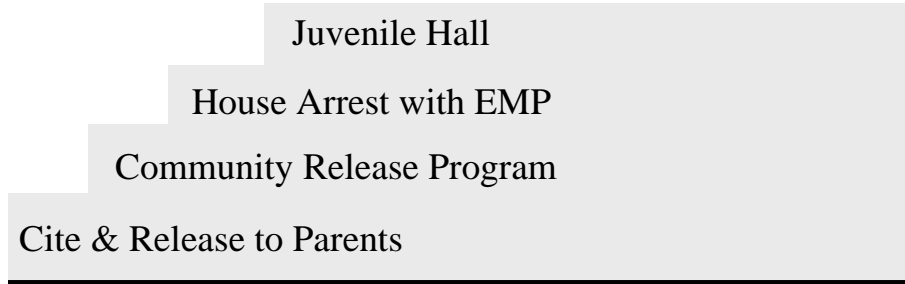


Table 7 details each of these alternatives to detention.

**Table 7
Inventory of Alternatives to Detention Options & In-Custody Options
Operated by Santa Clara County Probation Department**

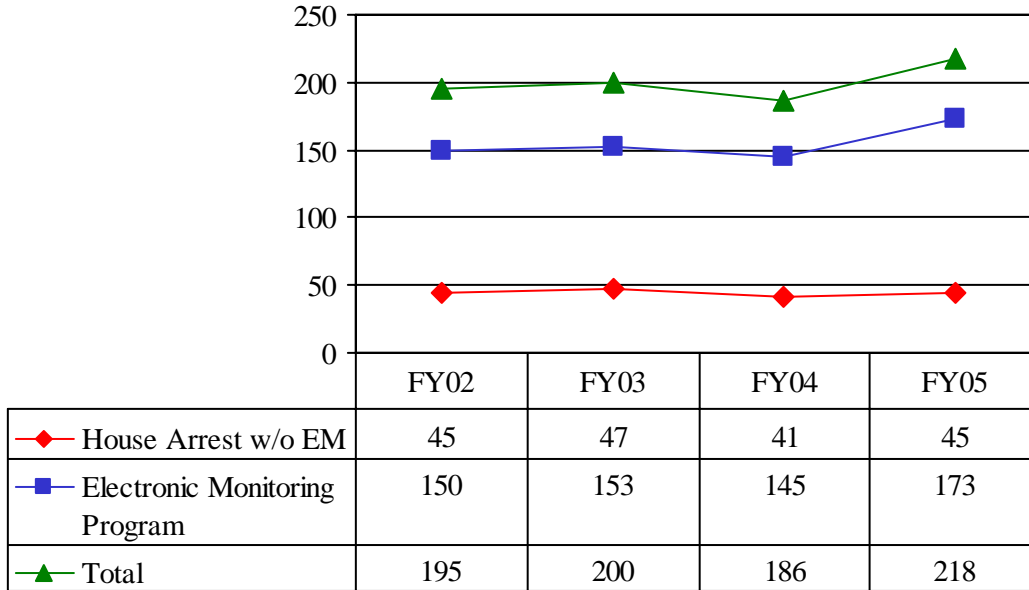
For Pre-Adjudicated Youth

Name of Option	Category of Program	Target Population	Program Goal	Supervision Provided	Services Provided
Alternatives to Detention					
Community Release Program/House Arrest without EM)	Intermediate Sanctions Alternative to Detention	Youth who require intensive supervision to ensure their appearance in court. (Moderate Public Safety Risk)	Provide intensive supervision pending court; alternative to detention	Community and home contacts 2-3 times a week; family visits, school visits, searches, drug testing.	Supervision provided by JH Group; Counselors. Referrals to community based service providers but no formal relationship with providers.
House Arrest with Electronic Monitoring	Intermediate Sanctions Alternative to Juvenile Hall	Youth who require intensive supervision to ensure their appearance in court. (High Moderate Public Safety Risk)	Provide intensive supervision pending court; alternative to detention	24/7 monitoring via anklet bracelet to restrict movement accompanied with community and home contacts 2-3 times a week; family visits,	Supervision provided JH Group Counselors. Referrals to community based service providers but no formal relationship with providers.

Name of Option	Category of Program	Target Population	Program Goal	Supervision Provided	Services Provided
				school visits, searches, drug testing.	
In-Custody Options					
Juvenile Hall	Secure Residential	Youth considered a serious risk of flight; seriously non-compliant; out of control, danger to themselves and risk to the community. (High Public Safety Risk)	Ensure appearance in court; reduce risk to public; protect youth from being harm in own home.	24-hour supervision.	Academic, health, mental health, social skills, transitional.

Figure 4 illustrates an 11.8 percent increase in the use of alternatives to Juvenile Hall during FY02-05 documenting a commitment to juvenile detention reform.

Figure 4
Santa Clara, CA
Alternatives to Juvenile Hall
Average Daily Population
FY02-FY05



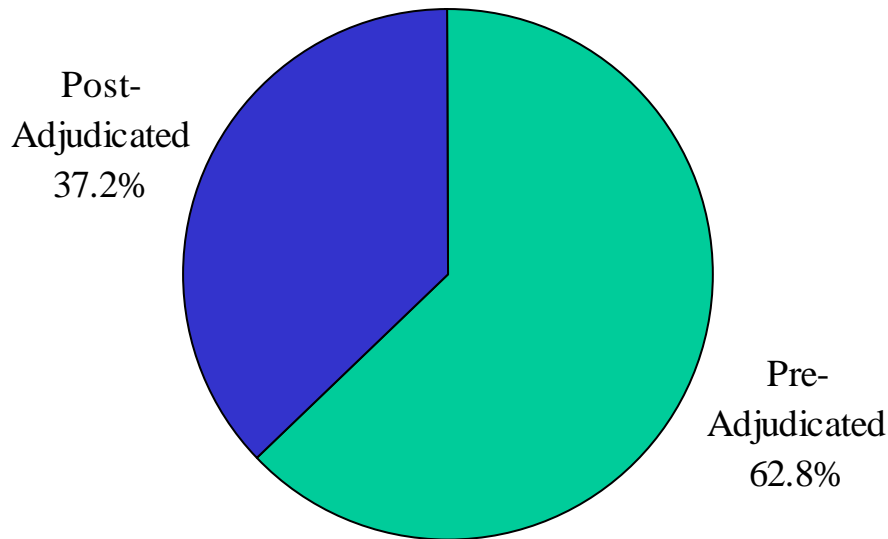
Source: Santa Clara County Probation Department

There were more minors placed on electronic monitoring than on the Community Release Program. Likewise, the number of youth on EMP grew 15.3 percent while the number of youth on Community Release remained flat.

According to the Department, referrals are made to community service providers but there is no formal strategy for intervention nor is there a contractual relationship to purchase needed services for these youth and their families. Experience shows that this is a valuable time in the life of the child when supportive services are needed. In contrast, counseling and cognitive behavioral skills training are offered to minors when they are detained demonstrating the imbalance that exists.

Electronic monitoring is used for both pre-adjudicated as well as post-adjudicated minors. During FY05, 62.8 percent of the minors on electronic monitoring were waiting for final disposition of their hearings indicating that the pre-adjudicated minors on EM have a high probability that they would be in the Juvenile Hall if this program were not available.

Figure 5
Santa Clara, CA
Electronic Monitoring Program
Pre- vs. Post-Adjudicated



Source: Santa Clara County Probation Department

A review of the outcomes of the cases discharged from the Juvenile Hall to Community Release and to Electronic Monitoring reveals that three-quarters of these minors complete all court ordered conditions. This documents that these are viable alternatives to confinement in the Juvenile Hall pending court.

Table 8
Performance Outcomes of Alternatives to Juvenile Hall
FY02-04

Program	Percent Successful	Percent Unsuccessful
Community Release/ House Arrest	72.7%	27.3%
House Arrest w Electronic Monitoring	74.5%	25.5%

Source: Santa Clara County Probation Department Research Unit.

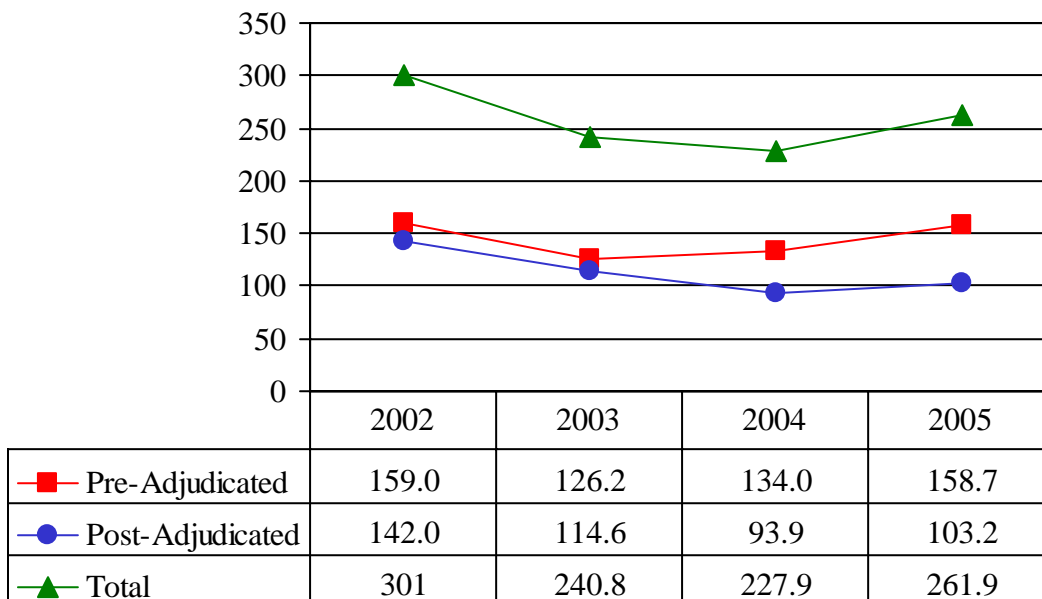
Note: Successful completion is defined as completion of court orders, no technical violations and no new charges. The outcome data is based on discharges from each of these interventions.

The Probation Department currently operates programs that could serve as an alternative to the Juvenile Hall for pre-adjudicated minors but they are excluded due to current eligibility criteria. For example, pre-adjudicated minors pending disposition are excluded from being served on the mental health, substance abuse, and domestic abuse specialized caseloads. Based on the results of the Multi-agency Assessments conducted on minors in detention, the Department is aware of the minors who have psychiatric disorders, who are charged with domestic violence offenses and who have substance abuse problems. Permitting these youth to volunteer to be placed on one of these caseloads not only expedites the treatment process, but it would provide necessary services to families, reduce reoffending and reduce detention populations. Other jurisdictions demonstrate that minors who are successful on pre-adjudicated community supervision have a higher likelihood of receiving probation rather than custody at the dispositional hearing.

III.3.1 Use of Juvenile Hall

Figure 6 illustrates that the number of minors confined in the Juvenile Hall declined at an average annual rate of 3.5 percent during FY02-05. The greatest decline was in the number of adjudicated minors committed to the Juvenile Hall and those waiting for probation violation hearings. This decline reflects a commitment by Probation officials to juvenile detention reform.

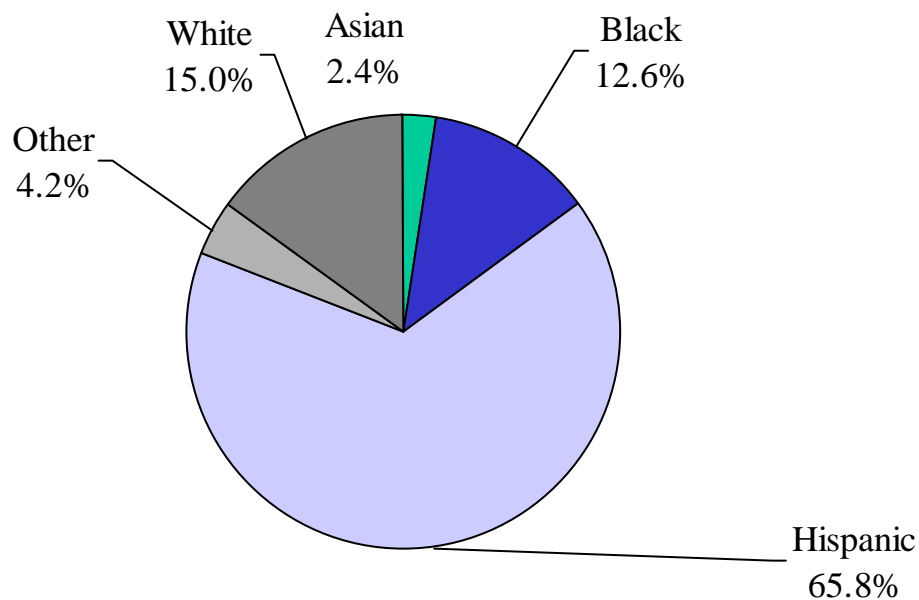
Figure 6
Santa Clara, CA Juvenile Hall
Average Daily Population (ADP)
Pre- vs. Post-Adjudicated Youth
FY02-FY05



Source: Santa Clara County Probation Department

The following figure breaks out the detained population by race/ethnicity demonstrating that Hispanic youth represent two-thirds of the Juvenile Hall population. Hispanic youth represent 15.2 percent of the general population of 10-17 year olds in the County but 65.8 percent of the detained population.

Figure 7
Santa Clara, CA
Juvenile Hall Offenses by Ethnicity
July 1, 2005 – August 30, 2005



Source: Santa Clara County Probation Department

According to the Department's Annual Report (2004), 69 percent of the minors referred to detention are detained which exceeds other jurisdictions and national data. For example, in Multnomah County, OR, 22 percent of the minors admitted to detention are detained⁷. The Risk Assessment Instrument is overridden 21 percent of the time when national standards recommend no more than 15 percent. This means that probation officers are choosing to ignore the findings of the Risk Assessment Instrument.

The overall length of stay in the Santa Clara County Juvenile Hall exceeds statewide average (37.3 days in Santa Clara County vs. 27 day average statewide)⁸. No data were available to determine the length of stay for pre versus post adjudicated minors in the Juvenile Hall. Minors waiting adult court increase the overall length of stay.

⁷ Multnomah County Department of Community Justice Juvenile Detention Reform. 1999

⁸ Huskey, Bobbie. *Final Report on County of Education MOU*. 2005. Steinhart, David and Jeffrey A. Butts. *Youth Corrections in California*. Urban Institute. July 2002.

Even though officials have reduced the use of the Juvenile Hall, these findings suggest:

1. More pre-adjudicated minors could be released to alternatives if additional options were available to them such as evening reporting, specialized caseloads, and wraparound services.
2. More minors could be released if the number of overrides were reduced.
3. More minors could be stepped down to alternatives to reduce length of stay if the detained population were reviewed weekly to determine who could be eligible for alternative programs.

III.4 Options for Adjudicated Minors

As Figure 8 demonstrates, there are many more options for post-adjudicated minors than for pre-adjudicated youth.

Figure 8
Santa Clara County, CA Probation Department
Continuum of Existing Probation & Graduated Sanctions for Adjudicated Offenders

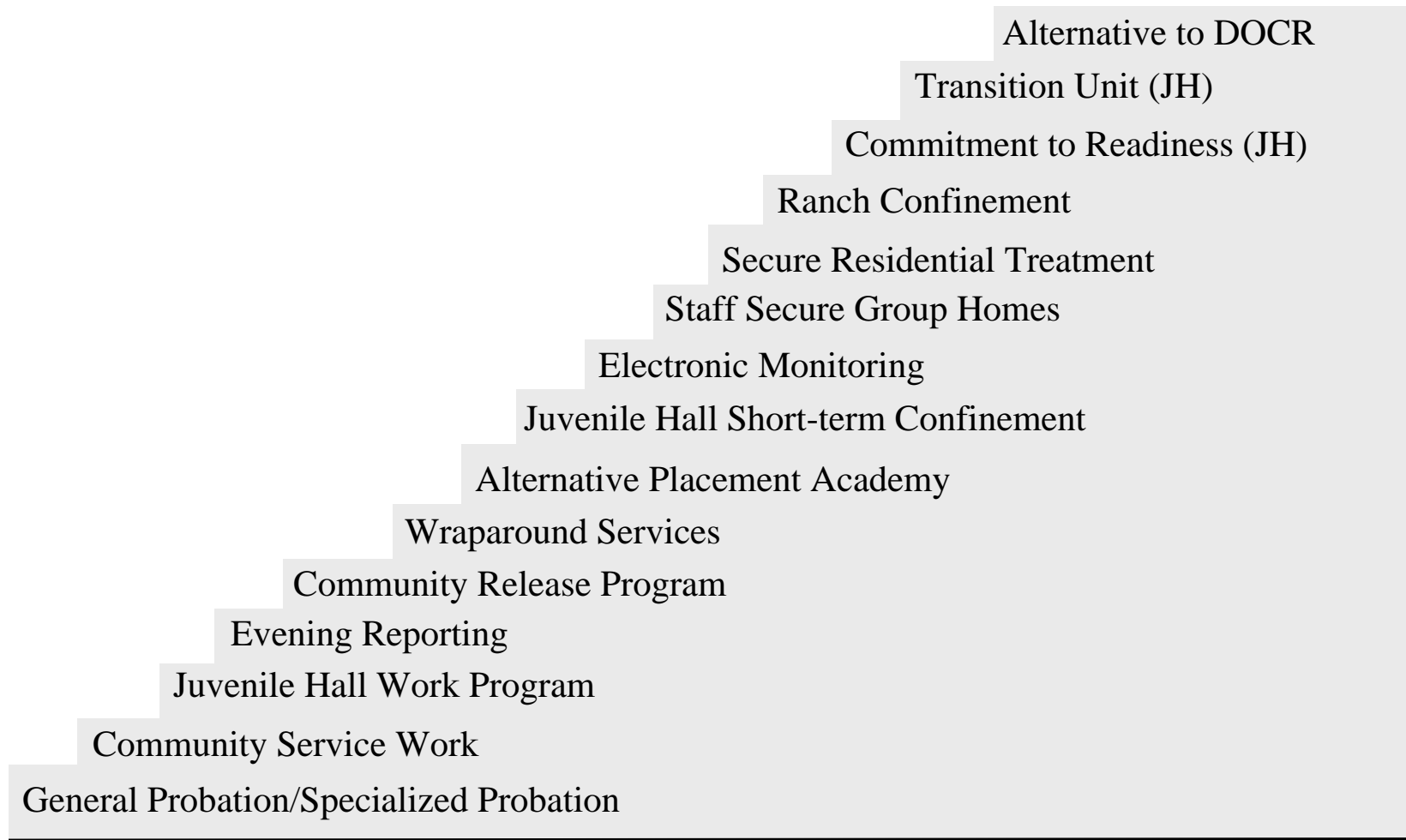


Table 9
Inventory of Existing Options
Operated by and Directly Available to Santa Clara County Probation Department
For Adjudicated Youth

Name of Option	Category of Program	Target Population	Program Goal	Supervision Provided	Services Provided
		Low-Moderate Public Safety Risk			
Regular Probation/	Intermediate Sanctions	Youth adjudicated for serious misdemeanor and felony offenders (Low-Moderate Public Safety Risk)	Provides information to the Juvenile Court at detention, adjudication and disposition hearings, referrals to community services and ensures compliance with court-ordered conditions.	Comprehensive assessment of risk and needs; provides case management; work collaboratively with community service providers to ensure services are provided in accordance with the case plan; ensures compliance with court-ordered conditions. Maximum: 2x a	Provides individual casework, makes referrals for specialized services to community providers for substance abuse treatment, individual/family counseling, domestic violence counseling, experiential education, truancy intervention, mental health treatment, law-related education, mentoring, victim-offender meetings and community service work.

Name of Option	Category of Program	Target Population	Program Goal	Supervision Provided	Services Provided
				<p>month face-to-face contact/2x collateral contacts per month. Medium: 1 face-to-face once per month/2 collateral contacts per month. Minimum: 1 face to face every other month. Youth on specialized caseloads are on maximum supervision.</p>	
Community Service Work	Intermediate Sanctions	High functioning youth on probation who are required to repair the harm to the community through community service work, while instilling accountability and empathy.	Provide additional sanction to those on probation.	Coordinates with community agencies and monitors successful completion of community service work. Youth is on a caseload of	Referrals to Sentencing Alternatives Program who provide supervision of work sites.

Name of Option	Category of Program	Target Population	Program Goal	Supervision Provided	Services Provided
		(Low Public Safety Risk)		minimum, medium or maximum supervision depending on the results of the risk and needs.	
Specialized Mental Health Caseload	Treatment Intervention & Intermediate Sanctions	CITA accepts youth with genetic brain disorders and excludes 707B felony offenses. (Moderate Public Safety Risk)	Triage, comprehensive assessment, promotes stabilization, attempts to prevent decompensation, and ensures compliance with court-ordered conditions.	Multidisciplinary Team meets 2x a week, youth and family are seen face-to-face on a weekly basis; provide case management; youth is supervised on a maximum caseload.	Specialized Probation Officers refer youth to outpatient mental health and substance abuse treatment.
Specialized Substance Abuse Caseload	Treatment Intervention & Intermediate Sanctions	Juvenile Treatment Court accepts youth with substance abuse addiction issues. (Moderate Public Safety Risk)	Assess, educate and treat substance abusing youth, reduce substance use and abuse and ensure compliance with court-ordered conditions.	Provides case management; youth is supervised on a maximum caseload.	Specialized Probation Officers refer youth to both inpatient and outpatient substance abuse providers.

Name of Option	Category of Program	Target Population	Program Goal	Supervision Provided	Services Provided
Domestic Violence Specialized Caseload	Treatment Intervention & Intermediate Sanctions	Domestic Violence Court accepts youth committed for domestic violence offenses. (Moderate Public Safety Risk)	Assess, educate and treat youth who physically and emotionally abuse their significant others, reduces future victims and ensures compliance with court-ordered conditions.	Provide case management; youth is supervision on maximum supervision.	Specialized Probation Officers refer youth to a 26-week Batterer's Education Program.
Evening Reporting	Intermediate Sanctions & Alternative to Detention	Youth that have violated their probation and would otherwise be in detention if not in Evening Reporting. Alternative to secure detention. (Moderate Public Safety Risk)	Reduce Juvenile Hall population, provide immediate consequence, and monitor minor's behavior closely while they wait for their probation violation hearing. may avoid formal violation after successful completion.	Daily activities are closely monitored for five days a week.	Assessment on risk, need and responsivity; cognitive behavioral skills training; tutoring; substance abuse treatment.
Gang Violence Suppression Specialized	Intermediate Sanctions	Offenders with gang involvement.	Contain gang participation and violence and ensure	Provide case management; youth is	No formal specialized intervention or specialized treatment program..

Name of Option	Category of Program	Target Population	Program Goal	Supervision Provided	Services Provided
Caseload		(High Moderate Public Safety Risk)	compliance with court-ordered conditions.	supervised on maximum supervision, work with police, schools, citizen groups and community providers to reduce gang influence in communities.	
Community Release	Intermediate Sanctions Alternative to Detention	Youth who require intensive supervision to ensure their appearance in court. (Moderate Public Safety Risk)	Provide intensive supervision pending court and alternative to detention	Community and home contacts 2-3 times a week; family visits, school visits, searches, drug testing.	Supervision provided by Program Group Counselors. Referrals to community based service providers but no formal relationship with providers.
Wraparound Services	Alternative to Placement & Alternative to Detention	Youth who are involved in more than one service delivery system and who require services from more than one agency. (High-Moderate Public Safety Risk)	Keep youth out of placement while providing intensive support services to the youth and the family.	20-30 hours a week of on-site supervision by a caseworker.	Wide variety of support services to the family including counseling, housing assistance, federal assistance advocacy, job referrals, arrangements with substance abuse and mental health treatment services.

Name of Option	Category of Program	Target Population	Program Goal	Supervision Provided	Services Provided
		Moderate-High Public Safety Risk			
Sex Offender Specialized Caseload	Intermediate Sanctions	Felony offenders adjudicated on sex offenses. (Moderate-High Public Safety Risk)	Reduce more victims, provide information to the Juvenile Court at detention, adjudication and disposition hearings, referrals to community services and ensure compliance with court-ordered conditions.	Provide case management; youth is supervised on maximum caseload.	No formal intervention or specialized treatment program.
Work Program	Intermediate Sanctions & Alternative to Detention	Youth on probation who are showing signs of violating. (Moderate-High Public Safety Risk)	Provide alternative to detention, immediate consequence.	Youth reports to the Juvenile Hall two days a week, JH staff take the youth in work crews to municipal agencies and returns them to the JH but does not involved custody.	Referrals are made to community providers No formal intervention or specialized treatment program.

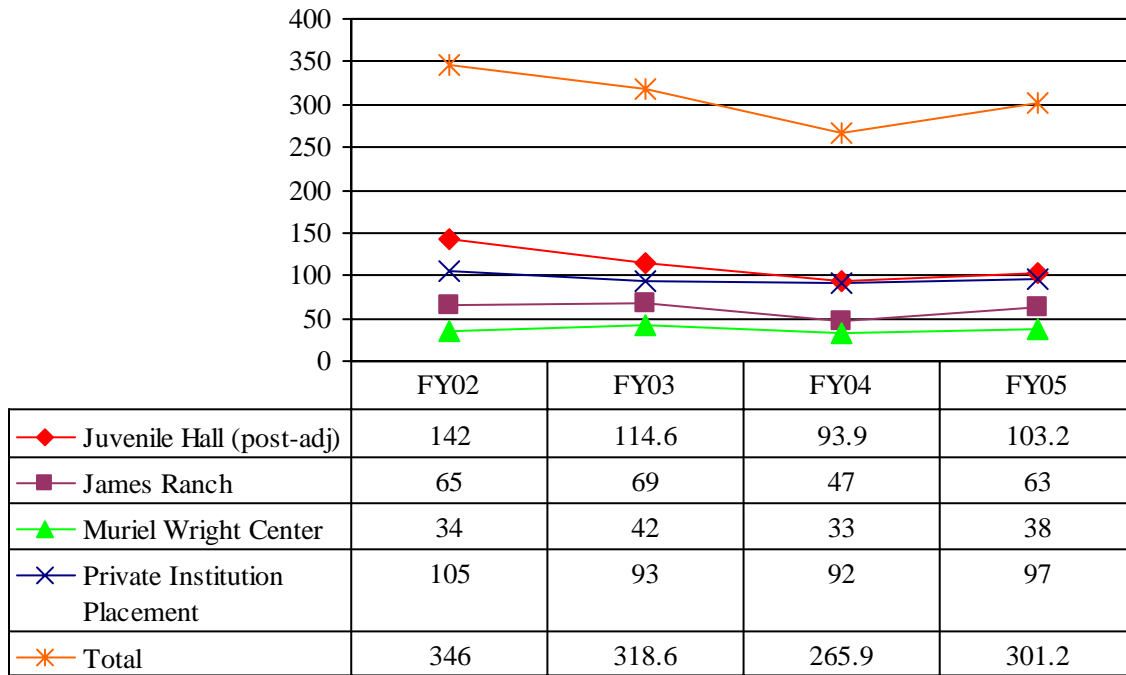
Name of Option	Category of Program	Target Population	Program Goal	Supervision Provided	Services Provided
Alternative Placement Academy	Intermediate Sanctions & Alternative to Placement	No sex offenders, no arsons, no weapons charges. (High Moderate Public Safety Risk)	Facilitate the youth toward obtaining their high school diploma.	First 30 days the minor is on EMP; program is five days a week between 8:30-4:30 p.m. for 9-14 months.	Program is a partnership between Probation, Department of Alcohol and Drug Services, County Office of Education, National Guard, California Youth Outreach and Fresh Lifelines for Youth. CYO provides anger management and National Guard facilitate physical fitness.
Short-term Juvenile Hall Consequences	Intermediate Sanctions & Alternative to Placement	No formal criteria. (High Moderate Public Safety Risk)	Immediate consequences, restrict liberty, separate youth from negative or dangerous environment.	Maximum security confinement.	Minors participate in MAAP program services, cognitive based program services provided by the CBOs.
House Arrest with Electronic Monitoring	Intermediate Sanctions Alternative to Detention	No formal criteria except no 707B offenses. (High-Moderate Public Safety Risk)	Protect public safety by providing intensive supervision pending court or as a Court disposition; alternative to detention	Community and home contacts 2-3 times a week; 24/7 monitoring via anklet bracelet to restrict movement; family visits, school visits, drug testing.	Supervision is provided by Program Group Counselors. Referrals to community based service providers but no contractual relationship with providers.
Placement	Non-secure,	Youth who require	Stabilize, treat and	24-hour	Shelter, foster and group home

Name of Option	Category of Program	Target Population	Program Goal	Supervision Provided	Services Provided
Facilities	Minimum secure and Secure Residential Treatment Alternative to Secure Corrections Confinement	separation from the home; who are not suitable for in-home services. Can be in a non-secure shelter, foster or group home, private institution or a secure residential treatment facility. (High Moderate Public Safety Risk)	reunify the minor with their family.	supervision in a non-secure or a secure treatment facility.	provide 24-hour supervision and the minor attends their community school and goes off site for treatment services. Secure residential treatment facility provides 24-hour supervision, a school and all treatment services on site.
Juvenile Rehabilitation Facilities	Minimum Secure Confinement	Youth who require greater structure than probation and non-residential graduated sanctions and a community group home but less than secure confinement at the Juvenile Hall or state commitment. (High Moderate Public Safety Risk)	Protect public safety from minors who pose a risk to the community; alter pro-criminal thinking and behavior patterns; positive behavioral change.	24-hour supervision in a minimum security facility. Commitment is currently 120-150 days.	Program includes yearly general and special education instruction on site; mental health and substance abuse treatment programs; cognitive behavioral skills programming; individual and group counseling; medical; religious services support; physical fitness, vocational education instruction in welding, auto and construction.
Commitment to Readiness JH	Secure Confinement	No formal criteria. In practice, failures from	Protect public safety from minors who	24-hour supervision in a	Program includes job readiness training, trips to potential

Name of Option	Category of Program	Target Population	Program Goal	Supervision Provided	Services Provided
Commitment		the Ranch; youth who are high risk of escaping. (High Public Safety Risk)	are dangerous to the community.	maximum security facility. Commitment of 15-30 days and up to 60 days.	employers and employment.
Transition Unit in Juvenile Hall	Secure Confinement	Youth with a psychiatric disorder, receiving counseling from the Department of Mental Health, has a placement order and waiting for a bed in a non-secure or a secure residential treatment facility to open up. (High-Public Safety Risk)	Protect vulnerable youth from being victimized while in the Juvenile Hall; provide mental health services while waiting for a residential treatment facility to be available.	24-hour supervision in a maximum security facility.	Each minor has a Multidisciplinary Team, a coordinated Case Plan and mental health services by the Clinic.
Department of Rehabilitation and Corrections	Secure Confinement	Youth considered a serious risk of flight; seriously non-compliant; a serious risk to the community out of control. (High Public Safety Risk)	Reduce risk to public safety, maintain youth in a controlled environment.	24-hour supervision in a maximum security facility.	Academic, health, mental health, social skills, and vocational skills.

Figure 9 illustrates a 12.9 percent decline in the use of total residential care for minors on probation between FY02 and FY05, or an overall average decline of 3.7 percent.

Figure 9
Santa Clara, CA Juvenile Probation
Average Daily Population in Residential Care
FY02-FY05

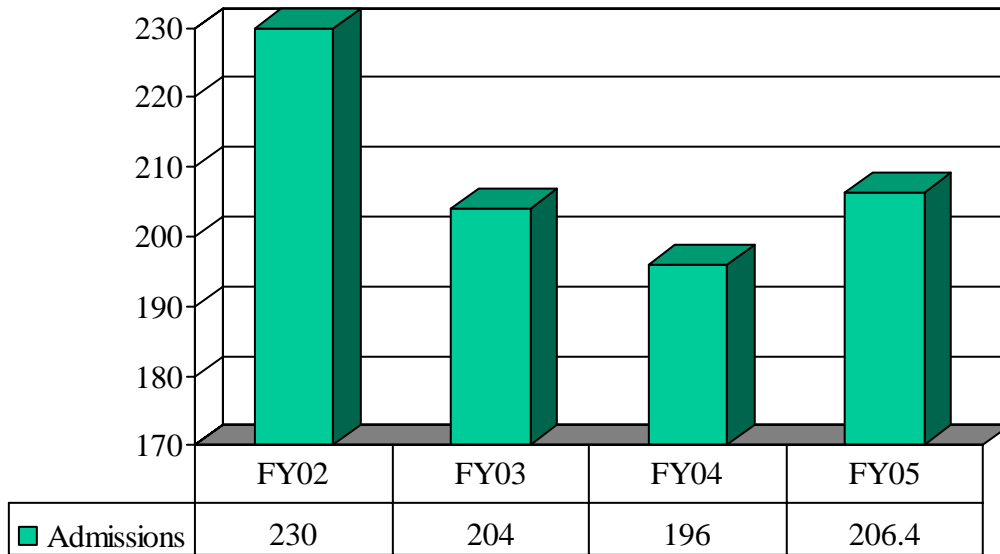


Note: Muriel Wright Center includes females and males. Juvenile Hall data represents post-adjudicated minors only. Private institution placement represents an extrapolation based on the number of actual number of minors in placement x average length of stay of 304 days/365.

The average daily population for both Probation Rehabilitation Facilities increased--the James Ranch increased 2.8 percent and the Muriel Wright Center increased 5.8 percent during these three years. The other facilities declined (9.2 percent decline in the Juvenile Hall and a 3.7 percent decline in Private Institutional Placements).

Figure 10 shows that total admissions to private institutional placement dropped an average of 3.3 percent per year during FY02-FY05. This data represents the total number of minors in placement and those waiting placement. These findings demonstrate a higher decline in overall admissions to placement than the decline in average daily population due to children staying longer in these placements.

Figure 10
Santa Clara, CA
Private Institution Placement Admissions
FY02-FY05



Source: Santa Clara County Probation Department

Note: Admissions include kids in placement and those awaiting placement.

These findings indicate a downward trend away from residential care toward the greater use of non-custodial options. As non-custodial options increase, so should the level of treatment services to minors and families.

III.4.1 Specialized Courts and Caseloads for Special Need Youth

Santa Clara Juvenile Court, Probation and the County have demonstrated statewide and national leadership in implementing innovative specialized courts for minors with special needs. Santa Clara County operates a Juvenile Drug Court and is the first County in the nation to operate a Youth Mental Health Court and a Youth Domestic Violence Court. It is commendable to focus on these special need offenders.

To date, with the exception of the Juvenile Drug Court, the other court programs have not yet been fully maximized because they serve very few youth. For example, more than 60 percent of the youth in detention have a diagnosed psychiatric disorder but probation's Mental Health Caseload reports an average daily caseload of 15 youth. Similarly, the Domestic Violence, Drug and Sex Offender caseloads report an average of 15 cases. On the other hand, the Juvenile Drug Court operates at capacity.

These caseloads deal with post-adjudicated minors exclusively thus eliminating any opportunity for early intervention with pre-adjudicated youth who have been determined at the Multi-agency Assessment Center to be mentally ill, a substance abuser or a domestic abuser.

Additionally, there are no formal contracts with community based organizations to fulfill gaps in services for minors on the Drug, Sex Offender and Gang caseloads.

III.4.2 Wraparound Program

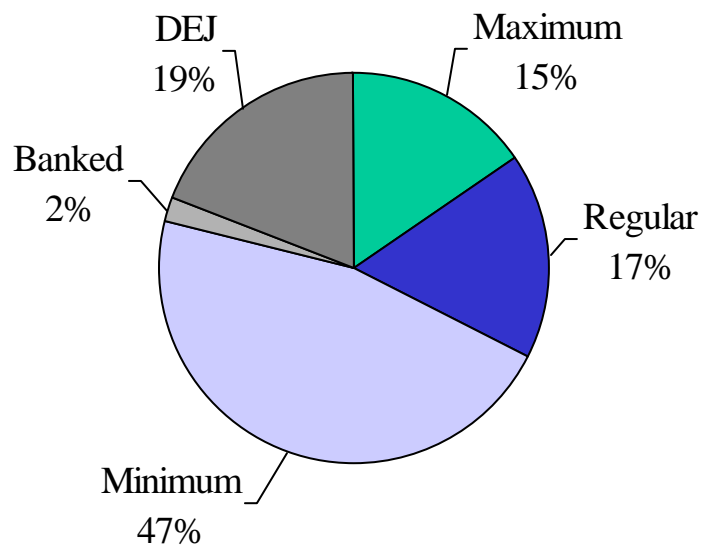
Likewise, the number of minors referred to the County's Wraparound Program has been less than 20 on any given day. This Wraparound Program serves referrals from the Juvenile Probation Department, Department of Social Services and the Department of Mental Health. The program targets minors who have serious mental health problems, who would otherwise be housed in a Level 10 or a Level 11-14 private institutional placement, and who are involved with multiple service delivery systems. Currently, two agencies provide wraparound services—EMQ and Rebecca. These agencies report very few referrals from the Probation Department even though these services are available at no direct cost to the Probation Department.

As currently designed, the Wraparound Program has not fully incorporated the Juvenile Court's expectations for the juveniles involved in the juvenile justice system. It is the opinion of the consultant team, that some of the juveniles who are involved in the Juvenile Mental Health Court, Domestic Violence Court, Juvenile Treatment Court, on probation, who are in the Transition Unit and who are sent to private institutional placements would be suitable for this Wraparound Program. Issues identified through our interviews suggest that these can be resolved through a Memorandum of Understanding.

III.4.3 Service Delivery Method for Probationers

Figure 11 shows that almost one-half of the average number of cases under supervision are minimum risk according to the existing instrument.

Figure 11
Santa Clara, CA Probation Department
Juvenile Services Special Programs
Average Number of Supervision Cases by Type
FY03-FY04
N=2,512

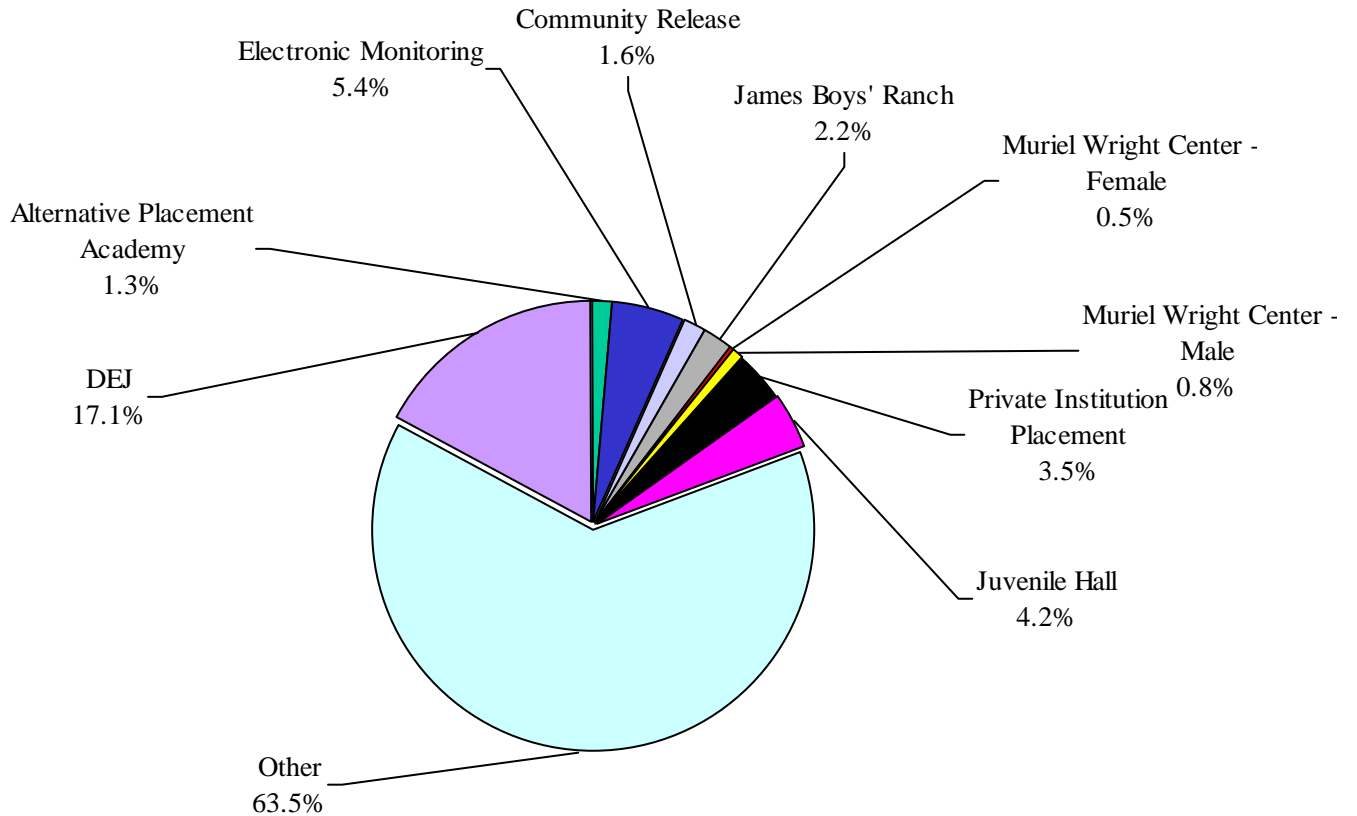


Source: Santa Clara County Probation Department. JDR Monitoring Report

Since nearly one-half of the cases on probation are assessed as minimum risk, it does not seem to be the best use of existing resources to handle these cases in traditional ways. Alternative strategies such as interactive kiosks for monetary offenders and services provided in groups could be explored thus freeing up the probation officer to spend more of their time with the higher risk minor and their family. If community based organizations were contracted with for group counseling for youth and their parents, this would supplement the services provided by the Probation Department.

Figure 12 documents that electronic monitoring is the most frequently used graduated sanction. This finding suggests that some probation officers use electronic monitoring as a regular condition rather than as a graduated sanction for probation violators.

Figure 12
Santa Clara, CA
Active Probation Cases by Supervision Type
Average Daily Population (N=2,768)
FY02-FY04



Source: Santa Clara County Probation Department

Note: Other includes IS (court IS and PO IS), NonWard, special supervision, and general supervision

Electronic monitoring should be used selectively--for the highest risk case as an alternative to detention.

III.4.4 Treatment Provision

There is limited treatment services provided to minors and their families while on non-custodial probation. There is no specialized treatment provided directly by the probation officer or by service providers under contract for youth on the Sex Offender Caseload, Gang Intervention caseload, Community Release or Electronic Monitoring caseloads. Petersilia and Turner (1993) documented from their studies of probationers in Los Angeles, CA. that probation surveillance without treatment was ineffective. On the other hand, they found that when treatment and surveillance were provided together, there was a 20-30 percent reduction in recidivism. They also documented that mandated treatment was just as effective as when someone sought treatment.⁹

III.4.5 Objective Assessment

The assessment instrument currently being used by the Probation Department is one that was developed internally eight years ago. The demographics of the youth have clearly become more mentally ill, addicted to substances, gang involved, criminogenic in their thinking patterns, and learning disabled. Evidence shows that families have also become more ill equipped to deal with these multiple need minors. Many do not have the emotional strength, skills or time to deal with these children.

The use of objective assessment instruments in assessing risk, need and responsivity have become more widely accepted throughout the nation. Interviews indicated some reluctance on the part of probation officers to embrace an objective assessment as a supplemental tool to their professional judgment. This is not unusual with probation staff that has been on the job for a long time. The juvenile justice field has become better at diagnostics and has embraced objective assessment-driven case planning.

Objective assessments could help the Probation Department reallocate services to the highest risk offenders.

No secondary assessment instruments are used to assess special need domains that have been identified during the initial assessment such as mental health, substance abuse or family dysfunction. Interviews with probation officers and service providers indicate that once it is determined that a referral will be made, service providers do not receive the Multi-Agency Assessment Results or the MAYSI results nor are they sent a copy of the child's Case Plan along with the referral. The P.O.'s Case Plan lays out the goals the child and the family should achieve during the period of supervision but this is not shared with the service provider. Discussion with the Probation Department indicates that they do not have the authority to share this information. Experience in other jurisdictions demonstrates that the Probation Department can share this information with treatment providers on a "need to know" basis. In our opinion, if this information is not shared, it reduces the overall effectiveness of probation and the community based service.

⁹ Petersilia, J. & Turner, S. (1993). *Intensive Probation and Parole*. In Michael Tonry, ed. *Crime and Justice: An Annual Review of Research*, Chicago, IL: University of Chicago Press.

III.4.6 Neighborhood Probation

The Probation Department is commended for decentralizing its services to the zip codes having the highest referrals to probation. This approach is evidence-based and will provide needed services to all geographical areas of the County.

III.4.7 Performance Outcomes

The outcome data on some of these options indicate that the Probation Department is operating successful programs that pose minimal risk to the community.

Table 10
Performance Outcomes for Supervision Programs for Adjudicated Minors
FY02-04

Supervision Program	Percent Successful	Percent Unsuccessful
Probation	78.2%	21.8%
Community Release	82.5%	17.5%
House Arrest w Electronic Monitoring	77.4%	22.6%
Juvenile Hall Work Program	63.8%	36.2%
Ranches	68.0%	32.0%

Source: Santa Clara County Probation Department, Research Unit.

Note: Successful completion is defined as completion of court orders, no technical violations and no new charges. The outcome data is based on discharges from each of these interventions.

The Probation Reinventing Council recommends 90 percent success rate for probation.¹⁰ While Santa Clara County's failure rate is less than this goal, it is clearly closer to this national goal than most departments are. (Langan and Cunniff 1992 found that 43 percent of probationers were rearrested within three years of receiving a probation sentence)¹¹.

¹⁰ Probation Reinventing Council. 2000. Transforming Probation Through Leadership: The "Broken Windows" Model. Manhattan Institute for Policy Research. Center for Civic Innovation and the Robert A. Fox Leadership Program at the University of Pennsylvania in conjunction with American Probation and Parole Association and National Association of Probation Executives.

¹¹ Langan, P.A. and M.A. Cunniff. 1992 *Recidivism of Felons on probation, 1986-1989*. Washington, DC: Bureau of Justice Statistics. No data were available in Santa Clara County to determine the recidivism rate three years following discharge.

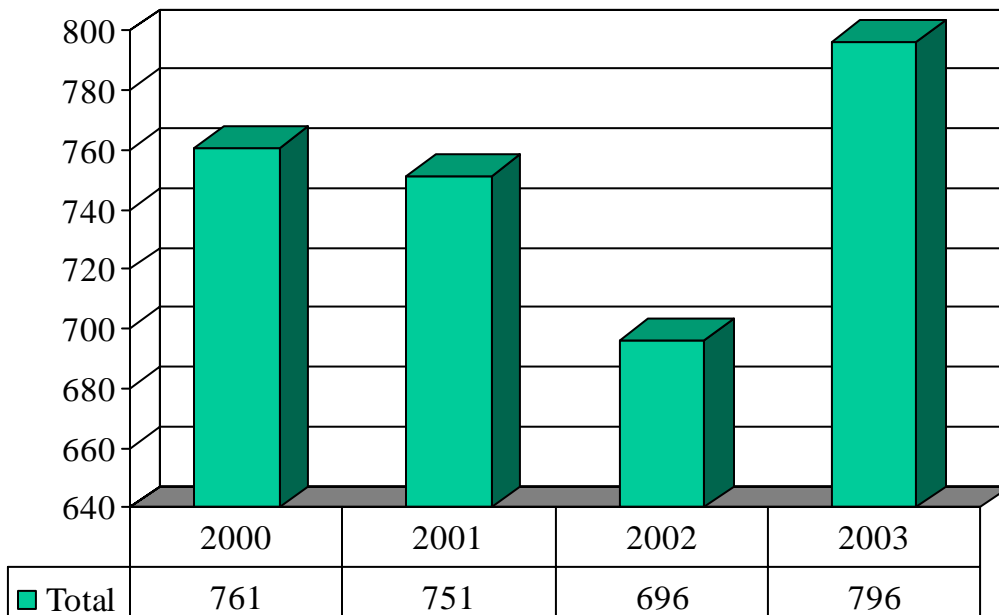
Additionally, Lipsey’s meta-analysis of programs serving the high-risk offender¹² indicates an average of 30 percent failure. Since the Community Release and electronic monitoring programs produce failure rates of 17.5-22.6 percent, these findings suggest that there may be some “creaming” going on by some probation officers, and that more minors could be referred to these alternatives thus freeing up beds in the Juvenile Hall. It is difficult to be definitive without an objective instrument to help guide this process.

III.4.8 Violations of Probation

Violations of probation have been a concern of the Juvenile Court, the Probation Department, and the Post-Dispositional Workgroup. The project team attempted to gather new data on violations of probation by technical versus new offenses but data were unavailable.

Based on information from the Juvenile Justice Action Plan Update completed by the Community Crime Prevention Associates, technical violations have grown an average of 1.9 percent during 2000-2003. Figure 12 shows the growth of technical violations (non-lawful violations).

Figure 13
Santa Clara, CA
Number of Violations of Probation
2000-2003



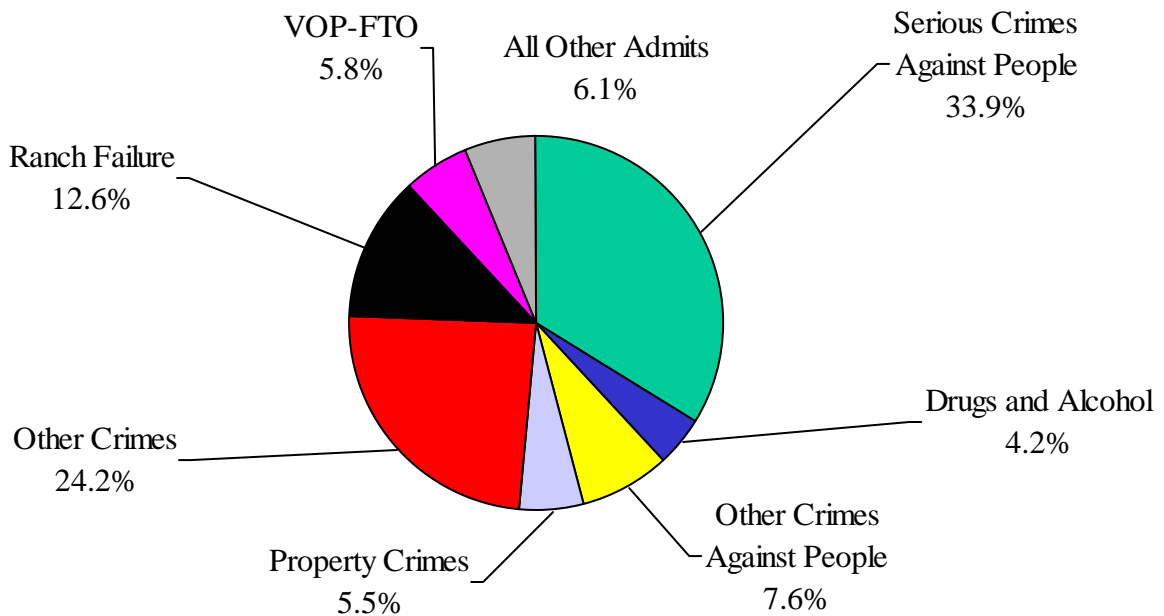
Source: Community Crime Prevention Associates. *Juvenile Justice Action Plan Update* (February 2004); Table 19

¹² Lipsey, Mark W. (1995). *What do we learn from 400 research studies on the effectiveness of treatment with juvenile delinquents*. In J. McGuire (ed.) *What Works: Reducing Reoffending*. Chichester: John Wiley.

The Juvenile Justice Action Plan Update also documented that African American and Latino youth had the highest rate of violations of probation. It also found that minors in East San Jose, South County and in Central San Jose had higher rates of violations of probation than any of the other regions.¹³

Figure 14 shows that violations of probation and failures to appear represent 5.8 percent of the total minors confined in the Juvenile Hall during July 1-August 30, 2005.

Figure 14
Santa Clara, CA
Minors Confined in Juvenile Hall by Type of Offense
N=380
July 1, 2005 – August 30, 2005



Source: Santa Clara County Probation Department

¹³ Community Crime Prevention Associates. *Juvenile Justice Action Plan Update*. February 2004.

III. 5 Aftercare Options

The Department operates an Aftercare Program for youth who are released from the Probation-operated facilities and for youth who spend at a minimum of 40 days in the Commitment Unit in the Juvenile Hall.

Table 11
Inventory of Existing Aftercare Options
Operated by and Directly Available to Santa Clara County Probation Department
For Youth Released from Institutional Care

Name of Option	Category of Program	Target Population	Program Goal	Supervision Provided	Services Provided
		Moderate-high Public Safety Risk			
Community Based Aftercare	Reentry	Youth released from one of the Probation Facilities and the youth who stay 40 days or more in the Juvenile Hall Commitment Program. (Moderate-High Public Safety Risk)	Reduce relapse and future reoffending by providing continuing support to youth 6 months following discharge from Probation Facilities.	Youth is supervised on a maximum caseload and seen by a P.O. twice a month.	P.O. provides individual casework, regular home visits, makes referrals to service providers for case management, substance abuse treatment, mental health treatment, individual and group counseling, dual diagnosis treatment, education counselor.
Bridge	School based Reentry	Youth released from the Juvenile Hall and the Ranch who cannot return to their home school. (Low Public Safety Risk)	Return the youth to their public school through a gradual program with additional support services to prevent relapse and future reoffending.	P.O. provides regular aftercare supervision based on their level of risk and need.	Collaboration between the Probation Department and the County Office of Education.

The Aftercare Program is intense and the minors interviewed indicated that many fail the program because it is a rigorous program.

No performance outcome data was available at the time of this report.

The other transition program available that the Probation Department participates in is the Bridge Program, administered by the County Office of Education. Juvenile Hall and Probation Facility minors who can not return to their home school are referred to this program for continued educational assistance. No outcome data were available on this program.

III.6 Continuum of Services by Category

The previous review of programs focused on those operated by the Probation Department. The following inventory identifies the type of services provided by the Probation Department and by community-based agencies under contract with the Probation Department in three categories:

- Prevention/early intervention
- Immediate sanctions
- Intermediate sanctions

The following are definitions of each of the categories.

Prevention

Definition: Prevention options intervene in a child/family's life before a crime has been committed. These interventions are used prior to a child committing a 601 or 602 offense, when a 601 offense is committed and prior to a formal violation when a child is on probation and demonstrates signs of non-compliance.

Immediate Sanctions

Definition: Immediate sanctions are consequences that do not involve formal court processing. These may be applied to youth who demonstrate incorrigible behavior, first time minor misdemeanor offenders, selected non-violent felony offenders or to minors on probation who are charged with minor offenses. These sanctions are used to modify the behavior of offenders who commit petty offenses, to divert them from formal court processing and to reduce the court docket of cases that have a high likelihood of being dismissed at some stage of the process.

Intermediate Sanctions

Definition: Intermediate sanctions are primarily non-residential supervision options for pre and post-adjudicated youth who have been petitioned for a 602 offense. These options can be used as an alternative to the Juvenile Hall, as an alternative to placement, as an alternative to Santa Clara County's Juvenile Rehabilitation Facilities or as an alternative to the State Department of Corrections and Rehabilitation.

Staff Secure Residential Programs

Definition: Staff secure residential programs are used for pre and post adjudicated youth who require a safe place to live temporarily until a longer placement is located, for youth who have special treatment needs that can not be met while living at home and for youth who fail non-residential sanctions. Staff secure facilities are group homes that serve 5-15 low-moderate risk youth in a home-like setting.

Secure Residential Programs

Definition: Secure residential programs are used for serious, chronic offenders who pose a risk to public safety, for youth who are not suitable for group homes and for offenders with special treatment needs whose needs can not be met while living at home. Based on risk and needs assessment, a determination is made whether the youth's needs should be addressed through intensive treatment in a residential setting or whether their criminogenic patterns are so entrenched that they require a more correctional setting. Even in secure correctional facilities, treatment is provided to stabilize and change behavior.

Reentry/Aftercare

Definition: Reentry programs prepare youth released from staff secure and secure facilities by initiating planning at intake, refining reentry plans prior to release and by providing aftercare support after discharge for a minimum of 6 months.

The following Table presents the services provided by the Probation Department and under contract between the Department and service providers as of FY05-06. Data were not available to verify the contracts for services by other County departments (e.g. Department of Social Services, Department of Mental Health, Department of Alcohol and Drug Services). Services in the first column can serve minors in the other columns.

Table 12
Existing Continuum of Services
Santa Clara County Probation Department & Contracted Agencies
July 2005-June 2006

PREVENTION/EARLY INTERVENTION	IMMEDIATE SANCTIONS	INTERMEDIATE SANCTIONS
<p><u>Operated by Probation Department</u></p> <ul style="list-style-type: none"> • Screening Intake Services(Family Reunification & mental health services through community-based services) • Truancy Abatement/Burglary Suppression <p><u>Under Contract with Probation Department</u></p> <p><i>Truancy Reduction</i></p> <ul style="list-style-type: none"> • Alum Rock Counseling (Non-probation youth) • California Youth Outreach (Non-probation youth) 	<p><u>Operated by Probation Department</u></p> <ul style="list-style-type: none"> • Restorative Justice Program • Settled At Intake • Traffic/Informal Hearing • Informal Supervision • 6-Month Probation w/o Wardship • Deferred Entry of Judgment • Community Release Program • Electronic Monitoring Program 	<p><u>Operated by Probation Department</u></p> <ul style="list-style-type: none"> • General Probation • Domestic Violence Caseload • Drug Caseload • Gang Specialized Caseload • Sex Offender Caseload • Community Service Work • Juvenile Hall Work Program • Evening Reporting • Community Release Program • Electronic Monitoring Program • Alternative Placement Academy

<p style="text-align: center;">PREVENTION/EARLY INTERVENTION</p>	<p style="text-align: center;">IMMEDIATE SANCTIONS</p>	<p style="text-align: center;">INTERMEDIATE SANCTIONS</p>
<p><u>Under Contract with Probation Department</u></p> <p><i>Individual/Family Group Counseling Services</i></p> <ul style="list-style-type: none"> • Alum Rock Counseling (Truancy Program) • California Youth Outreach (Restorative Justice Program) • Community Health Awareness Council (Restorative Justice Program) • Community Solutions (Restorative Justice Program) • Mexican American Community Services (Personal Enhancement Program-60% of the services to be provided to youth on probation & Juvenile Hall) 	<p><u>Under Contract with Probation Department</u></p> <p><i>Gang Intervention</i></p> <ul style="list-style-type: none"> • Asian American Recovery Services (Juvenile Hall) • Bill Wilson Center (Restorative Justice Program) • California Youth Outreach (Juvenile Hall) • Friends Outside (Ranches) • Fresh Lifelines for Youth (Juvenile Hall) • Gardner Family Care (Juvenile Hall) • Mexican American Community Services (Juvenile Hall) <p><i>Diversion/Restorative Justice Program</i></p> <ul style="list-style-type: none"> • Bill Wilson Center • California Youth Outreach • Community Health Awareness Council • Community Solutions 	<p><u>Under Contract with Probation Department</u></p> <p><i>Community Service Work Program</i></p> <ul style="list-style-type: none"> • Sentencing Alternatives Program (Probation Youth)

<p style="text-align: center;">PREVENTION/EARLY INTERVENTION</p>	<p style="text-align: center;">IMMEDIATE SANCTIONS</p>	<p style="text-align: center;">INTERMEDIATE SANCTIONS</p>
<p><u>Under Contract with Probation Department</u></p> <p><i>Competency Skills Development (Cognitive Behavioral Skills)</i></p> <ul style="list-style-type: none"> • Asian American Recovery Services (Juvenile Hall) • Bill Wilson Center (Restorative Justice Program) • California Youth Outreach (Restorative Justice Program/Juvenile Hall) • Community Health Awareness Council (Restorative Justice Program) • Community Solutions (Restorative Justice Program) • Fresh Lifelines for Youth (Juvenile Hall) • Gardner Family Care Corporation (Juvenile Hall) • Mexican American Community Services (Juvenile Hall) 	<p><u>Under Contract with Probation Department</u></p> <p><i>Juvenile Treatment Court</i></p> <p>Fresh Lifelines for Youth</p>	<p><u>Under Contract with Probation Department</u></p> <p><i>Alternative Placement Academy</i></p> <ul style="list-style-type: none"> • Alum Rock Counseling Center • California Youth Outreach • Challenge Learning Center • Fresh Lifelines for Youth <p><i>DSS Contracted Wraparound Services for Probation Youth</i></p> <ul style="list-style-type: none"> • EMQ • Rebecca <p><i>DADS Contracted Substance Abuse Services for Probation Youth</i></p> <ul style="list-style-type: none"> • Treatment Services to Juvenile Hall, James Ranch, Muriel Wright Center and Aftercare Youth • Teens in Transition (Aftercare Youth)- Partnership between DADS, Probation, Advent Group Ministries, Pathway and

PREVENTION/EARLY INTERVENTION	IMMEDIATE SANCTIONS	INTERMEDIATE SANCTIONS
		Juvenile Courts
		<p><u>Under Contract with Probation Department</u></p> <p><i>Sex Offender Treatment</i></p> <ul style="list-style-type: none"> • Gardner Family Care Corporation (James Ranch/Muriel Wright Center)
<p><u>Under Contract with Probation Department</u></p> <p><i>Special Education Assistance</i></p> <ul style="list-style-type: none"> • Law Foundation of Silicon Valley (Probation Youth) • Morrissey-Compton Educational Center (Probation Youth) 		
<p><u>Under Contract with Probation Department</u></p> <p><i>Mentoring</i></p>		

<p>PREVENTION/EARLY INTERVENTION</p>	<p>IMMEDIATE SANCTIONS</p>	<p>INTERMEDIATE SANCTIONS</p>
<ul style="list-style-type: none"> • California Youth Outreach (Restorative Justice Program/Probation Youth) 		
<p><u>Under Contract with Probation Department</u></p> <p><i>Substance Abuse Services</i></p> <ul style="list-style-type: none"> • Asian American Recovery Services, Inc. (Juvenile Hall) • Bill Wilson Center (Restorative Justice Program) • California Youth Outreach (Restorative Justice Program) • Community Health Awareness Council (Restorative Justice Program) • Community Solutions (Restorative Justice Program) • Pathways (James Ranch/ Muriel Wright Center) 		
<p><u>Under Contract with Probation Department</u></p> <p><i>Domestic Violence</i></p> <ul style="list-style-type: none"> • Asian American Recovery Services (Juvenile 		

<p>PREVENTION/EARLY INTERVENTION</p>	<p>IMMEDIATE SANCTIONS</p>	<p>INTERMEDIATE SANCTIONS</p>
<p>Hall)</p> <ul style="list-style-type: none"> • Bill Wilson Center (Restorative Justice Program) • California Youth Outreach (Juvenile Hall) • Center for Healthy Development (Probation Youth) • Friends Outside (James Ranch/Muriel Wright) • Fresh Lifelines for Youth (Juvenile Hall) • Mexican American Community Services (Juvenile Hall) 		
<p><u>Under Contract with Probation Department</u></p> <p><i>Religious Support</i></p> <ul style="list-style-type: none"> • CIC Ministries (Juvenile Hall/James Ranch/Muriel Wright Center) 		

STAFF SECURE	SECURE RESIDENTIAL
<p><i>DSS Contracted Group Homes For Probation Youth</i></p> <ul style="list-style-type: none"> • Unity Care • Advent Group Ministries • EE 	<p><u>Operated by Probation Department</u></p> <p><i>Secure Correctional Facilities</i></p> <ul style="list-style-type: none"> • Juvenile Hall Short-term Confinement • Juvenile Rehabilitation Facilities • Commitment to Readiness (Juvenile Hall Commitment) <p><u>Under Contract with Probation Department</u></p> <ul style="list-style-type: none"> • Catholic Charities Foster Grandparent Program (Juvenile Hall) <p><i>DSS Contracted Secure Resident for Probation Youth</i></p> <ul style="list-style-type: none"> • Starlight

REENTRY/AFTERCARE
<p><u>Operated by Probation Department</u></p> <ul style="list-style-type: none"> • Community-Based Aftercare <p><u>Under Contract with Probation Department</u></p> <ul style="list-style-type: none"> • California Youth Outreach (Juvenile Aftercare from James Ranch & Juvenile Hall)

- Fresh Lifelines for Youth (Juvenile Aftercare from James Ranch & Juvenile Hall)
- Gardner Family Care Corp (Juvenile Aftercare from James Ranch & Juvenile Hall)

An analysis of this Continuum of Services indicates that Santa Clara County Probation Department has the following gaps in services:

Prevention/Early Intervention

The following prevention/early intervention services have been identified to date as limited and uneven throughout the zip codes with greatest need:

- Educational assistance and tutoring programs
- Truancy reduction programs
- Alternative school programs for delinquents
- Family counseling for youth on field probation and in custody
- Cognitive behavioral skills development
- Job readiness and youth employment services for the older youth
- Independent living services for the older youth
- Emancipation services for the older youth
- Mentoring services
- Substance abuse treatment and funding options such as EPSDT, MediCal and TANF
- Mental health services
- Culturally relevant services
- Gender specific programming
- Underutilization of wraparound services for youth throughout all stages
- Services to minors with post-traumatic stress syndrome (PTS)

Immediate Sanctions

The following immediate sanctions have been identified to date as limited and uneven throughout the zip codes with greatest need:

- Evidence-based gang intervention programs under contract
- Dually diagnosed youth (mentally ill and substance abuser)
- Family counseling and support
- Underutilization of wraparound services
- Substance abuse treatment
- Services to minors with PTS

Intermediate Sanctions

The following intermediate sanctions have been identified to date as limited and uneven throughout the zip codes with greatest need:

- Underutilization of wraparound programs
- Sexual offender treatment programs
- Family counseling and support
- Substance abuse treatment

- Services to minors with PTS

Aftercare Support

The following aftercare services have been identified as limited and uneven:

- Substance abuse treatment
- Emancipation services
- Transitional jobs
- Job readiness, job placement and job retention
- Family counseling and support

III.7 Cost of Santa Clara County Probation Programs

The project team analyzed the cost data on each of the Probation Department’s programs where there was available data. The “net” cost factored in the total actual cost minus the revenues. The net cost was compared with incarceration in the Juvenile Hall or in the California Department of Corrections and Rehabilitation.

**Table 17
Santa Clara Probation Department
Cost Avoidance and Cost-Benefit
FY04**

Program	Net Cost per Youth per Day (FY2004)	Success Rate (FY02-04)	Cost/Day Confinement	Proposed Cost Avoidance/Day/Child
General Probation	N/A	78.2%	N/A	
Restorative Justice	\$11.34	77.8%	N/A	
Probation w/Wardship	N/A	60.2%	N/A	
Deferred Entry of Judgment	N/A	66.4%	N/A	
Informal Supervision	N/A	85.8%	N/A	
Electronic Monitoring	\$6.12	76.0%	\$227.02	\$220.90
Community Release Program	\$33.16	78.0%	\$227.02	\$193.86
James Ranch	\$209.89	68.0%	\$227.02	\$17.13
Muriel Wright Center	\$138.03	68.0%	\$227.02	\$89.00
Alternative Placement Academy	\$59.22	N/A	\$227.02	\$167.80
Private Institutional Placements	\$90.26	N/A	\$196.43	\$106.17

Source: Santa Clara County Probation Department; California Department of Corrections and Rehabilitation Public Information Office.

These findings show that the Electronic Monitoring has the lowest cost to the County and the Juvenile Hall has the highest cost. Likewise, the Electronic Monitoring Program demonstrated the highest cost avoidance to the County with \$220.90 savings per day as it assumed that at a minimum, pre-adjudicated minors would likely be confined in the Juvenile Hall if EM were not available. The least cost avoidance is the James Ranch with only \$17.13 savings per day.

The following table shows the total cost savings by using the Probation Department's Programs in lieu of Juvenile Hall confinement.

Table 18
Total Cost Savings By Using Alternatives in lieu of Juvenile Hall

Cost Savings of Probation Programs FY04	Utilization Days	Cost	Total Cost	Cost Savings*
Electronic Monitoring	52,861	\$ 6.12	\$ 323,509	\$11,676,995
Community Release Program	14,789	\$ 33.16	\$ 490,403	\$ 2,866,996
James Ranch	17,238	\$209.89	\$3,618,084	\$ 295,287
Muriel Wright Center	12,390	\$138.03	\$1,710,192	\$ 1,102,586
Alternative Placement Academy	10,950	\$ 59.22	\$ 648,459	\$ 1,837,410

*Cost Savings compared to Juvenile Hall (\$227.02/day) for Electronic Monitoring, Community Release Ranch, James Ranch, Muriel Wright Center and Alternative Placement Academy.

The Probation Department avoided \$11.7 million for the County in FY04 by using Electronic Monitoring alone in lieu of the Juvenile Hall. Similarly, the Community Release Program, James Ranch, Muriel Wright Center and the Alternative Placement Academy avoided another \$6.1 million by using these programs instead of the Juvenile Hall. Non-residential programs yield the greatest cost avoidance due to the fact that it is not a 24-7 hour operation.

This analysis shows that non-residential options should be used wherever feasible due to the lower cost to the County.

IV. RECOMMENDATIONS

The following recommendations are intended to assist the Santa Clara County Probation Department meet its goal of becoming more evidence-based in the way it delivers probation services. These recommendations are intended to enhance the Continuum of Services by targeting the criminogenic factors that contribute to offending and by incorporating evidence-based programs to fulfill gaps in the Continuum.

Recommendations are provided with a rationale for each.

IV.1 Assessment

Recommendation IV.1.1: Adopt an objective risk and needs assessment instrument for youth referred to probation supervision to assist probation officers in their recommendation to the Juvenile Court. Validate this instrument on the characteristics of the youth in Santa Clara County's juvenile justice system.

Rationale: The first principle guiding evidence-based practices is to clearly define risk, criminality and need as the basis for the Case Plan. This information shapes the level of supervision and the degree of criminogenic factors that contribute to the child's delinquent behavior. The benefits of objective diagnostic tools are:

- Statistically determines the factors for reoffending based on local offenders and measures them against thousands of similar cases.
- Match the right intervention with risk level and criminogenic needs. One-size-fit all programs are not effective because not all youth require the same level of intervention.
- Supplements subjective evaluation with objective information validated on thousands of cases. Professional overrides should be no higher than 5 percent.
- Provides objective measurements to track the youth's progress.

The Case Plan should be based on an objective diagnostic instrument combined with the professional experience of probation officers and with service providers as partners in the treatment process.

The following objective assessment instruments can be administered by trained probation officers:

Risk and Criminality

- Youth Level of Service Inventory (YLSI-R)
- Jessness Inventory

Level of Criminal Thinking

- How I Think Questionnaire (HIT)
- Pride in Delinquency Scale
- Criminal Sentiments Scale (CSM)

Referrals to treatment should be driven by an objective needs assessment and the Case Plan goals should be shared with the treatment provider so the provider can support these goals in their treatment with the youth and the family.

Recommendation IV.1.2: Secondary assessments should be completed on those areas that have been identified within the initial assessment.

Rationale: Secondary assessments are designed to identify specific degrees of impairment and the areas that should be addressed in treatment.

The following secondary objective assessments can be administered by treatment providers with special training:

Table 13
Secondary Assessment Instruments

Area of Need	Examples of Assessment Instruments
Substance Abuser	<ul style="list-style-type: none"> • Comprehensive Addiction Severity Index for Adolescents (CASI-A) • ASAM* <ul style="list-style-type: none"> – Level of Care Index – Level I: Outpatient – Level II: Intensive Outpatient – Level III: Residential Treatment – Level IV: Medically Managed In-patient
Mentally Ill	<ul style="list-style-type: none"> • Becks’s Depression Inventory-II • Adolescent Anger Rating Scale • State Trait Anger Expression Inventory
Sex Offender	<ul style="list-style-type: none"> • Juvenile Sex Offender Assessment Protocol (J-SOAP)
Family Cohesion	<ul style="list-style-type: none"> • Family Adaptability and Cohesion Evaluation Scales-II
Career Interest Inventory	<ul style="list-style-type: none"> • Career Assessment Inventory (CAI-V)

Huskey & Associates

Note: ASAM provides criteria for various levels of patient care.

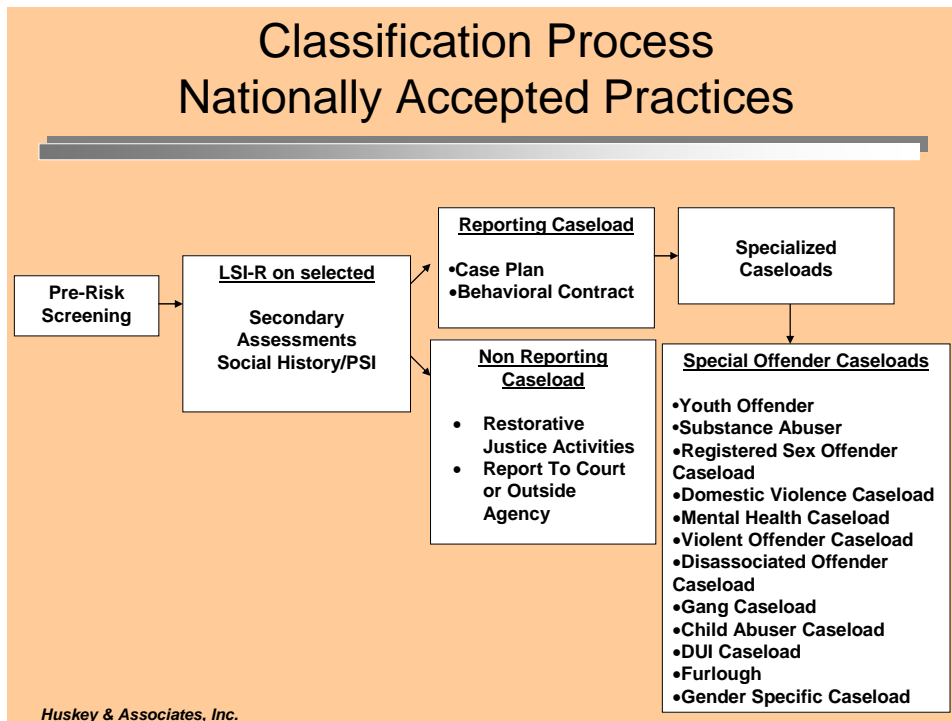
Treatment providers should use secondary assessments prior to treatment, as the basis of the Treatment Plan and to measure the behavior change and improvement in functioning during treatment.

IV.2 Case Classification

Recommendation IV.2.1: Using a risk and need focused approach, cases screened as low-risk should either be eliminated from formal supervision or be reallocated to a written reporting or to an interactive kiosk reporting system. If the scores indicate that they should be on formal reporting probation, they should receive a complete assessment.

Rationale: Based on the risk principle, cases that are low-risk for future criminality should be omitted from formal probation supervision and be delegated to restorative justice activities such as victim restitution, apology letters, and community service. They should report directly to an outside agency and/or to the Juvenile Court via written reporting or to an interactive kiosk. Figure 15 shows a classification process based on nationally accepted practices.

Figure 15
Classification Process
Nationally Accepted Practices



The youth who are assigned to informal supervision, six months without wardship, deferred entry of judgment, and restorative justice should be examined and reallocated to a written or kiosk reporting mechanism and services provided in groups.

IV.3 Delivery of Probation Services

Recommendation IV.3.1: Conduct an analysis of the functions within the Probation Department that can be delivered in groups, identify a core group of volunteers within the Probation Department who would be interested in learning new groupwork skills and develop partnerships with community based organizations to provide these services together as a team. Implement a plan of group intervention with community based organizations beginning in January 2006.

Rationale: There is an emerging trend within probation departments across the country to deliver some probation services in groups and to collaborate with community based organizations to conduct this intervention. Orientation, policy changes and cognitive behavioral skills training, group counseling, family counseling can be delivered in groups of probationers. The benefits of collaborating with community based organizations to deliver these services are:

- Department can reach more offenders at one time thus freeing probation officers time to spend with high risk offenders
- Probation officers gain new knowledge and skills to assist them in their career
- Probation officers are given new opportunities for advancement
- Facilitates greater collaboration with community based treatment providers thus enhancing the services to minors and their families.

Not all probation officers will be suited to be group facilitators. However, probation officers who have advanced training and experience in group dynamics or wish to learn these skills will be good candidates.

Recommendation IV.3.2: Conduct a time/workload study to determine the time that it takes to meet standards of supervision for minimum, medium, maximum, intensive, and specialized caseloads. Develop new supervision standards based on an analysis of workload, risk and need. Explore the use of alternative ways of reporting to the Court for minimum cases (interactive kiosks, direct reporting to the Court, direct reporting to a community service agency).

Rationale: The Department's current supervision standards are not consistent with nationally accepted best practices and these existing standards have not been developed based on a workload measure. The California Probation Task Force recommends that all probation departments examine their existing supervision standards based on a workload measurement system.

IV.4 Cognitive Behavioral Interventions

Recommendation IV.4.1: The Department should continue to implement the cognitive behavioral and social learning models for promoting behavioral change and it

should provide special training on these models and the *Stages of Change* model to probation officers, service providers and the Juvenile Court.

Cognitive behavioral interventions assist offenders to change the way they think by providing facts to alter distorted values and thinking patterns and by teaching them skills that result in positive behavioral change. These interventions are based on the established theories of Albert Ellis, Aaron Beck, Alfred Adler and James Prochaska¹⁴. These psychologists and psychotherapists found that when their patients changed the way they thought, they changed their condition. The core areas to be addressed that will result in positive behavioral change are:

- Identify the minor's distorted thinking errors and demonstrate pro-social thinking patterns
- Problem solving/decision making skills
- Social and communication skills
- Anger management
- Stages of Change

Probation Officer and Therapist's Role

- Fully understand the principles
- Incorporate CBT goals in Case Plan
- Educate the probationer about the model and of the Stages of Change
- Role model the principles
- Reinforce the principles

Rationale: There is evidence that these theoretical models produce a reduction in risk and criminality among adolescents by 10%-30%.¹⁵

IV.5 Reduce Probation Violations

Recommendation IV.5.1: The Department should develop a formal protocol regarding violations that emphasize the use of interventions and administrative review prior to violation of probation. The principles that should be used to guide the use of options for non-law violations are:

- Service interventions with the youth and their family should be exhausted prior to violating a youth on probation. Examples of interventions are:

¹⁴ Ellis, Albert. 1994. *The Essence of Rational Emotive Behavior Therapy*. The Albert Ellis Institute. New York. Prochaska, J.O. & DiClemente, C.C. 1982. *Transtheoretical therapy : toward a more integrative model of change*. Psychotherapy: Theory, Research and Practice. 19.

¹⁵ Lipsey, Mark W. (1995). *What do we learn from 400 research studies on the effectiveness of treatment with juvenile delinquents*. In J. McGuire (ed.) *What Works: Reducing Reoffending*. Chichester: John Wiley.

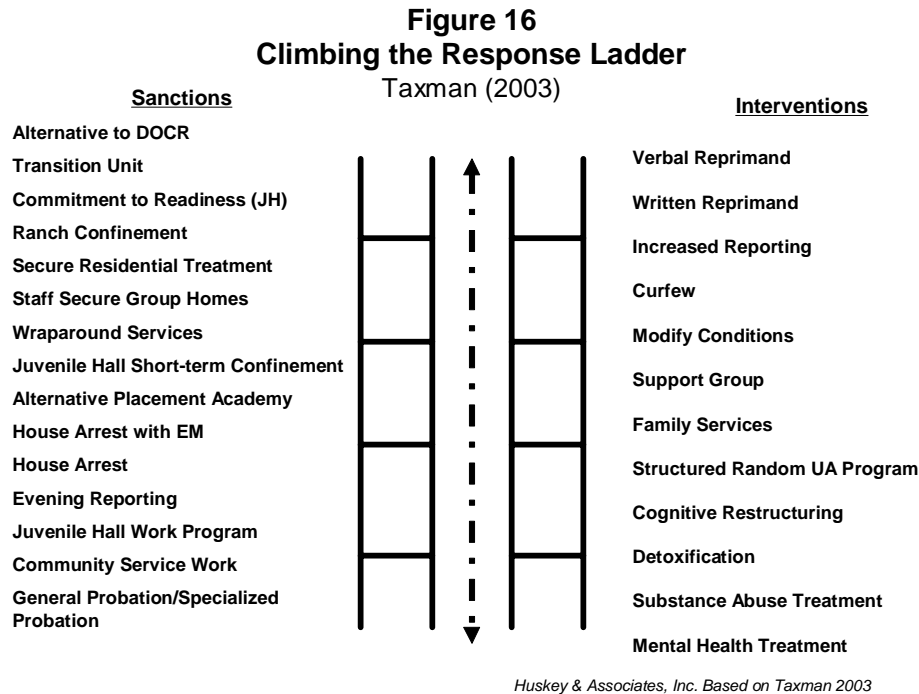
- Verbal Reprimand
- Written Reprimand
- Increased Reporting
- Curfew
- Modify Conditions
- Support Group
- Family Services
- Structured Random UA Program
- Cognitive Restructuring
- Detoxification
- Substance Abuse Treatment
- Mental Health Treatment

Best practices recommends a ratio of 4 positives for every 1 negative¹⁶.

- Non-custodial sanctions should be the presumptive response for a non-lawful violation of probation (e.g. curfew violation, missing treatment appointment). There is no evidence in the literature that committing a technical violation escalates to a new offense violation.
- Interventions and intermediate sanctions should be used together to enforce non-compliance.

¹⁶ Lowenkamp, Christopher, Edward J. Latessa. 2004. Increasing the Effectiveness of Correctional Programming Through The Risk Principle: Identifying Offenders For Residential Placement. *Journal of Criminology and Public Policy*. Volume 4, No.1

Figure 16 illustrates that interventions and sanctions must be used together. This response ladder demonstrates the use of interventions and sanctions together from least restrictive to most restrictive. It promotes the use of a greater number of interventions than sanctions to ensure compliance.



- Interventions and intermediate sanctions should be progressive, beginning with the least restrictive used first followed by increasingly restrictive measures if non-compliance continues.
- Substance abuse relapse is to be expected and should not be the solitary reason for violating a youth.

Rationale: As of July 1, 2005-August 30, 2005, there were 22 minors charged with violations of probation detained in the Juvenile Hall, or 5.8 percent of the minors confined. Technical violations have grown an average of 1.9 percent annually in the last three years. Interviews with Juvenile Court officials indicated dissatisfaction with the inconsistency among probation officers regarding the factors for violating a minor. They observed frequent use of custodial sanctions before exhausting non-residential sanctions and the lack of congruence between the behavior and the sanctions employed. Interviews with minors suggest that few interventions are applied prior to a violation and commitment to custody.

If the primary way of measuring probation effectiveness is reduced recidivism, it would suggest that the probation officer should incorporate greater interventions to achieve the 90 percent success measure recommended by the national Probation Reinventing

Council. Additionally, these minors should be monitored 6, 12 and 18 months following discharge from probation to document their recidivism rate. This will require modification in the management information system of the Probation Department and the cooperation of community based providers to provide information to track success.

A working session should be held with the Juvenile Court and service providers to develop performance measurements that define successful probation and that identify performance indicators that will be collected and monitored to ensure that probation remains an effective service in the County.

Recommendation IV.5.2: Reserve the use of electronic monitoring for those minors who pose the highest risk of flight and to public safety and for those who otherwise would be detained in the Juvenile Hall if this option were not available.

Rationale: Electronic monitoring is another graduated sanction for the probation officers to use with minors who violate probation conditions, and it should be reserved for the highest risk youth. This level of restriction on low and moderate minors risk is not only unnecessary, but it is inefficient and can be harmful. This recommendation does not contradict the current Risk Assessment Instrument Guideline that releases a minor from the Juvenile Hall if they score between 7-9.

IV.6 Evening Reporting Center

Recommendation IV.6.1: For the evening reporting center to be fully maximized within Santa Clara County's Continuum of Services, it is recommended that the target population be broadened to include pre-adjudicated youth.

Recommendation IV.6.2: Permit Probation Officers to use this option as an intervention (and an alternative to Juvenile Hall and placement) for youth who show signs of non-compliance prior to violation.

Rationale: Limiting the target population of the ERC to youth who are only probation violators will increase the number of violations rather than reduce them. This does not appear to be in the best interest of the youth or the Probation Department.

Recommendation IV.6.3: The service provider selected to operate this program should measure the degree of criminal thinking at intake and once again at discharge to determine the change in this pattern of thinking.

Rationale: By building in objective measurements, the provider will be able to demonstrate change in criminal thinking and behavior and the Probation Department will know whether the program is effective.

Recommendation IV.6.4: The provider and the Probation Department should develop both *intermediate and post-discharge performance measurements* to measure the success of the program. Examples of intermediate performance measurements are:

- Reduction in drug use as evidenced by negative drug tests.
- Reduction in risk and need from intake and discharge.
- No new felony offense violations during program participation.

An example of post-discharge performance measurements are:

- No new felony arrests, convictions or return to the Juvenile Hall 6, 12 and 18 months following discharge.

IV.7 Program Recommendations

Program recommendations are presented in the attached matrix. These recommendations are based on an analysis of trends and outcomes of existing programs, interviews with local officials, service providers, minors and their parents. All the program models found in this matrix are backed by research.

Table 14
Proposed Evidence-based Program Strategies
Santa Clara County Probation Department

PREVENTION/EARLY INTERVENTION	IMMEDIATE SANCTIONS	INTERMEDIATE SANCTIONS
<p><u>Adopt a Coordinated School Health Program</u></p> <p>The National Center for Chronic Disease Prevention and Health Promotion, Division of Adolescent and School Health and the <i>Building Infrastructure for Coordinated School Health: California's Blueprint</i> promotes the coordinated school health program (CSHP) model consisting of 8 components-health education, physical education, health services, nutrition services, counseling and psychological services, healthy school environment, health promotion for staff, and family/community involvement. Each school calculates their School Health Index to assess their health and safety policies and programs. Example: Alameda County Department of Health and Human Services and 11 school districts operate School-based Health Centers.</p>	<p><u>Continue to Develop the Neighborhood Probation Model</u></p> <p>California Probation Task Force Report recommends that probation departments implement a community collaborative model balanced with the needs of the victim, offender and community. National trend in probation is to decentralize services to neighborhoods, increase visibility of probation in underserved neighborhoods, enhance access of services to offenders, victims and enhance quality of life in neighborhoods.</p> <p><u>Recommendation:</u> Establish Family Resource Centers in underserved neighborhoods that have the highest referrals to probation. Example: Sacramento County Probation operates 3 Neighborhood Service Centers for minors on informal supervision. The Centers provide</p>	<p><u>Implement Evening Reporting Center For Pre and Post Adjudicated Minors</u></p> <p><u>Implement Functional Family Therapy</u> (see prior description)</p> <p><u>Implement Multi-systemic Family Therapy</u> (see prior description)</p> <p><u>Implement Redesigned Wraparound Program</u> (see prior description)</p>

¹⁷ EdSource, Inc. *The Evolution of Career and Technical Education in California*. June 2005.

¹⁸ Marin County Office of Education.

<p style="text-align: center;">PREVENTION/EARLY INTERVENTION</p>	<p style="text-align: center;">IMMEDIATE SANCTIONS</p>	<p style="text-align: center;">INTERMEDIATE SANCTIONS</p>
<p><u>Expand Career Technology Academies in the School Districts and in the Probation Facilities</u></p> <p>The California Department of Education has developed <i>Career and Technical Education Standards</i> to guide the further development of 1) Career Computer Academies 2) Tech Prep Programs and 3) School-to-Career Programs.¹⁷ Students in these programs spend one half of the school day in academics and the other half in information technology/business/industrial/technology education.</p> <p><u>Recommendation:</u> Develop and implement Career Academies on computer technology with local technology companies in Santa Clara County. For students in school districts, the Career Academy can be implemented either on site at the school or off site at a regional center or a computer company. For students in Probation Facilities, the Career Academy will be provided onsite and should be taught by industry volunteers from local computer companies. Example: all Marin County school districts have school to career</p>	<p>multi-disciplinary teams, wraparound services through CBOs.¹⁹</p> <p><u>Recommendation:</u> Increase the visibility of Probation Officers in housing projects that have the highest rate of referrals. Examples include: P.O. work with residents to identify and board up abandoned houses used for drug activity; P.O. collaborate with the District Attorney’s Office Community Prosecutor to determine the areas of community need; P.O. arranges for subsidized clean up projects with local employers; P.O. work with residents to develop structured afterschool recreation and education activities.</p> <p><u>Develop volunteer-led Restorative Justice Boards (RJB)</u></p> <p><u>Recommendation:</u> Develop skills among volunteers residing in neighborhoods and phase out providing high level of direct services by probation officers in Restorative Justice programs. The concept of the RJB should be to develop the capacity among community residents to dispose of minor disputes among youth and local residents themselves. The RJB should target first-time offenders charged with non-violent</p>	<p><u>Develop and Provide a Cognitive Behavioral Sanctions Program For Youth Who Sexually Act Out</u></p> <p>Cognitive Behavioral Therapy for Child Sexual Abuse (CBT-CSA) is a program that targets minors who are victims of sexual abuse and who display inappropriate sexual behaviors related to posttraumatic stress, depression, fears, and social isolation. Treatment is delivered in 12 sessions and in group and family therapy formats. The specific components of treatment for both the child and parent include:</p> <ul style="list-style-type: none"> • Education about child sexual abuse and healthy sexuality • Coping skills training, including relaxation, emotional expression, and cognitive coping • Gradual exposure and processing of traumatic memories and reminders

¹⁹ Sacramento County Probation Department.

²⁰ Ibid. Florida Department of Juvenile Justice.

²¹ Fisher, Margaret. (1995). *Youth Courts: Young People Delivering Justice*. American Bar Association in association with the Office of Juvenile Justice and Delinquency Prevention. U.S. Department of Justice.

²² State of California Board of Corrections. 2002. *Repeat Offender Prevention Program: Final Report*. Sacramento, Calif.: Development Services Group, Inc.

<p style="text-align: center;">PREVENTION/EARLY INTERVENTION</p>	<p style="text-align: center;">IMMEDIATE SANCTIONS</p>	<p style="text-align: center;">INTERMEDIATE SANCTIONS</p>
<p>programs under development and 1,500 students participated in 2004.¹⁸</p> <p><u>Maximize Use of the School Districts Community Day Schools for Probationers</u></p> <p>To date, almost twenty school districts in Santa Clara County operate Community Day Schools that could serve minors on probation who are at risk of expulsion or who have already dropped out of school.</p> <p><u>Recommendation:</u> The Probation Department should evaluate the use of Community Day Schools for its minors and ensure that those minors that are eligible are accepted.</p> <p><u>Adapt Family and Schools Together Model to SCC Families</u></p> <p>Families And Schools Together (FAST) is a multifamily group intervention designed to build protective factors for children (4 to 12 years old) and empower parents to prevent school issues before they become problems. The overall goal of the FAST program is to intervene early to help at-risk youths succeed in school, at home, and in their home. The FAST process uses the existing strengths of families, schools, and communities in creative partnerships. FAST offers minors structured opportunities for involvement in consistent relationship-building interactions with the primary caretaking parent/guardian, other family members, peers, school representatives, and</p>	<p>misdemeanor offenses. Cases should be presented to the volunteer-led RJB as they are now. The Probation Officer should provide training, support, technical assistance and monitor operation. This model will empower the community while at the same time free up probation officers to supervise higher risk offenders and their families. <u>Examples:</u> Sacramento Probation Department has trained 150 volunteers who conduct panel hearings and guide the implementation of their neighborhood boards; State of Florida uses citizen volunteers to hold offenders accountable and monitor contracts between the board, the minor and the family.²⁰</p> <p><u>Collaborate with County Office of Education and develop a High Risk First Time Offender Program and a Transitioning High Risk Youth Program</u></p> <p>The High Risk Youth Education and Public Safety Program serves minors on probation who are first-time offenders aged 16 and youth who are sentenced to a facility for 6 months and have served 90 days. It is funded by the California Department of Education and operated by the County Office of Education or a School District. <u>Example:</u> The Alameda County COE operates both programs. They partner with the Probation Department and 13 community based agencies to provide violence reduction, gang abatement, conflict resolution, peer mediation,</p>	<ul style="list-style-type: none"> • Personal body safety skills training • Cognitive behavioral methods are used to help parents learn to cope with their own distress and respond effectively to their children's behavioral difficulties. <p>The program emphasizes the support and involvement of reoffending parents or primary caretakers and encourages effective parent-child communication.</p> <ul style="list-style-type: none"> • <u>Outcomes:</u> Success has been demonstrated with Black/African American, Hispanic/Latino, and White children from all socioeconomic backgrounds. <p><u>Implement Contracted Services with Electronic Monitoring and Community Release Programs</u></p> <p><u>Develop and Implement a Gender Specific Program as an Alternative to the Ranch</u></p>

<p style="text-align: center;">PREVENTION/EARLY INTERVENTION</p>	<p style="text-align: center;">IMMEDIATE SANCTIONS</p>	<p style="text-align: center;">INTERMEDIATE SANCTIONS</p>
<p>community representatives. <u>Outcome:</u> The FAST experimental studies across populations and sites show statistically significant reductions in childhood aggression and anxiety and increases in academic competence and social skills, as rated by either teachers or parents at 1- or 2-year follow-up.</p> <p><u>Provide Family Effectiveness Training</u></p> <p>Family Effectiveness Training (FET) is a culturally specific 13-week family-based program for Hispanic families that target family factors known to place children at risk. FET helps Hispanic immigrant families with children ages 6 to 12, particularly when the child is exhibiting behavior problems, associating with deviant peers, or experiencing parent and child communication problems. FET uses two primary strategies to initiate change: 1) didactic lessons and participatory activities that help parents master effective family management skills and 2) organized discussions in which the therapist/facilitator intervenes to correct dysfunctional communications between or among family members. Brief Strategic Family Therapy is the family therapy model used in this program. <u>Outcome:</u> After 13 weeks, parents found that the FET improved family functioning, reduced children’s conduct problems, promoted maturity, reduced personality problems, and improved children’s self-concept.</p>	<p>counseling and community services.</p> <p><u>Develop Teen Court</u></p> <p>Teen/Youth Courts target first-time minor offenders, offenders are presented to a jury of their peers and they are involved in support services for 4-6 months. <u>Outcomes:</u> These courts have found to reduce court caseloads of minor cases, reduce future reoffending and enhance the competency skills of youth. OJJDP evaluation documented diversions from the juvenile justice system and lower recidivism rates than traditional processing.²¹ <u>Example:</u> McCullum Youth Court in Oakland, CA documented positive changes in youth participating in the Youth Court and received a score of 594 on the Baldrige National Quality Award.</p> <p><u>Continue to Pursue the Comprehensive Gang Model with the Mayor’s Gang Task</u></p> <p>The Comprehensive Gang Model (Spergel model) involves providing five core strategies through an integrated and team-oriented problem-solving approach: 1) mobilizing community residents; 2) the provision of academic, economic, and social opportunities where special school training and job programs are provided to encourage gang members to desist or decrease participation in criminal gang activity; 3) social intervention using street outreach workers to engage gang-involved youths; 4) gang</p>	<p><u>Redesign the Juvenile Commitment Unit to Target Serious, Violent Youth who Would Otherwise Be Sent to State Commitment</u></p>

<p style="text-align: center;">PREVENTION/EARLY INTERVENTION</p>	<p style="text-align: center;">IMMEDIATE SANCTIONS</p>	<p style="text-align: center;">INTERMEDIATE SANCTIONS</p>
<p><u>Provide Positive Adolescent Choices Training</u></p> <p>Positive Adolescent Choices Training (PACT) is a culturally specific social skills training program tailored to the needs of African-American youths and other youths with school problems. PACT builds on existing research that shows primary and secondary prevention programs are most successful with economically disadvantaged and minority youths when developed with sensitivity to racial, ethnic, and cultural issues. The program is based on the rationale that adolescents who lack skills in communication, negotiation, and problem-solving have a limited range of alternatives with which to address interpersonal conflicts. Culturally sensitive to African-American youths, the program uses videotaped training vignettes featuring contemporary young African-Americans to educate participants on how to give positive and negative feedback, resist peer pressure, and problem-solve effectively. The PACT approach blends well-established cognitive methods and uses training materials that address the problem of interpersonal violence.</p> <p><u>Outcome:</u> Minors completing the PACT program showed 50 percent lower rates of physical aggression at school and violence-related court charges, compared with those who had not completed the program.</p>	<p>suppression activities that include formal and informal social control procedures by law enforcement and probation departments; and 5) organizational change and development of the involved agencies.</p> <p><u>Examples:</u> The Gang Violence Reduction Program is administered by the Chicago Police Department and the Cook County Probation Department in the Little Village neighborhood of Chicago, a community that is 90 percent Mexican American. Services were provided to individual youth rather than to the gangs themselves. The comprehensive model involves gang suppression by the Probation Department and Police Departments, outreach workers and a wide range of social services such as education, jobs, job training, family support and brief counseling. Similar programs are in operation in Riverside, CA, Tucson and in Mesa, Arizona.</p> <p><u>Outcome:</u> Spergel found that the coordinated project approach, using a combination of suppression, service interventions, outreach workers and mobilization of community leaders resulted in fewer arrests for gang crimes and was effective with more violent youths. However, the project did not appear to be effective with younger youths. Finally, residents of the target area reported significantly greater improvement in community conditions, perceptions of gang crime, and police effectiveness in dealing with that crime.</p> <p><u>Implement Multi-systemic Family Therapy</u></p>	

<p style="text-align: center;">PREVENTION/EARLY INTERVENTION</p>	<p style="text-align: center;">IMMEDIATE SANCTIONS</p>	<p style="text-align: center;">INTERMEDIATE SANCTIONS</p>
<p><u>Expand Afterschool Programs</u></p> <p>The National League of Cities, Institute for Youth, Education, and Families promotes continued learning experiences after school. Recommended policy strategies include: addressing access to services in underserved neighborhoods, improving quality of services by creating standards, raising awareness and building public will, alleviating turf battles and competition through partnerships and collaboration, developing governance and finance structures to sustain programs and engaging youth in program development. Program examples include: mobile services in underserved neighborhoods, week-long afterschool programs at elementary schools, increased opportunities for parents and children to engage after school, community learning centers, engaging minors in identifying the resources that exist or don't exist in their community. <u>Example:</u> The BEST Program in Los Angeles operates an academic and recreational enrichment program in an area that has low graduation rates. <u>Outcome:</u> The evaluators found that program participants demonstrated positive achievement on standardized test scores of mathematics and reading and language arts and better school attendance. When compared with non-participants, BEST participants had better language redesignation rates and significantly fewer absences.</p>	<p>Multi-systemic Therapy (MST) is an intensive, in-home service to help families deal with juveniles with multiple problems. Therapists have small caseloads of four to six families; work as a team; are available 24 hours a day, 7 days a week; and provide services at times convenient to the family. The average treatment involves about 60 hours of contact during a 4-month period. MST therapists concentrate on empowering parents and improving their effectiveness by identifying strengths and developing natural support systems (e.g., extended family, neighbors, friends, church members) and removing barriers (e.g., parental substance abuse, high stress, poor relationships between partners). <u>Outcomes:</u> Results from a 4-year follow-up of recidivism showed that youths who received MST were significantly less likely to be rearrested than youths who received individual therapy (MST completers had 22.1 percent recidivism rate compared to MST dropouts (46.6 percent), and 71.4 percent for individual therapy completers. Families receiving MST reported more cohesion than those families receiving traditional brokered services.</p> <p><u>Provide Brief Strategic Family Therapy to Substance Abusing Delinquents</u></p> <p>Brief Strategic Family Therapy (BSFT) is cited as a model family intervention program by the Substance Abuse and Mental Health Services Administration specifically for substance abusing delinquents</p>	

PREVENTION/EARLY INTERVENTION	IMMEDIATE SANCTIONS	INTERMEDIATE SANCTIONS
	<p>(modelprograms.samhsa.gov). This program was tested and proven in Hispanic families and adapted and tested with African-American families. BSFT is delivered in 8 to 12 weekly 1 to 1.5 hour sessions. The model decreases the risk factors that contribute to conduct problems, associations with anti-social peers, early substance use and problematic family relations. The program fosters parental leadership, appropriate parental involvement, mutual support among parenting figures, family communication, problem solving, clear rules and consequences, nurturing, and shared responsibility for family problems. <u>Outcomes:</u> 44 percent decline in conduct problems, 75 percent reduction in marijuana use, 58 percent decline in association with anti-social peers.</p> <p><u>Redesign Existing Wraparound Program to Better Fit Juvenile Justice Populations</u></p> <p><u>Recommendation:</u> Target juveniles on probation with mental health issues, who are involved with the Juvenile Mental Health Court, who have a placement order to a psychiatric facility and who are involved in more than one service delivery system. This program should serve as an alternative to private institutional placement. Nationally, successful wraparound programs have the following core elements:</p> <ul style="list-style-type: none"> • A collaborative, community-based interagency team that is responsible for 	

PREVENTION/EARLY INTERVENTION	IMMEDIATE SANCTIONS	INTERMEDIATE SANCTIONS
	<p>designing, implementing, and overseeing the wraparound program. This team should involve the Juvenile Probation Department in developing the plan and participating in ongoing case reviews. One agency is designated the lead agency in coordinating the case plan depending on the needs of the family. The Care Coordinator from the lead agency is responsible for implementing the customized treatment program developed by the team and for guiding youth and their families through the system of care.</p> <ul style="list-style-type: none"> • A formal interagency agreement that documents the expectations of each agency, parent and minor. At a minimum, a Memorandum of Understanding should specify the screening criteria to guide DPOs how the juvenile will be enrolled in the program; how services will be delivered and paid for; what roles the Probation Department and other agencies and individuals will play; and what resources will be provided by various groups. • Child and family teams are developed that consist of family members, Juvenile Probation, non-profit service providers, and community members (such as teachers and mentors), who know the youth under treatment and are familiar with his or her changing needs. Assembled and led by the care coordinator, these teams work together to 	

<p>PREVENTION/EARLY INTERVENTION</p>	<p>IMMEDIATE SANCTIONS</p>	<p>INTERMEDIATE SANCTIONS</p>
	<p>ensure that the individual child’s needs are being met across all domains—in the home, at school, and in the community.</p> <ul style="list-style-type: none"> • A unified plan of care developed and updated collectively by all the members of the child and family team. • Systematic, outcome-based services. Clearly defined performance measures are used to track the progress of the wraparound initiative and guide its evolution over time. <p>Most wraparound initiatives focus on youth with mental health needs as an alternative to residential care; however these approaches are promising with juveniles without serious mental health problems but with multiple needs. The National Mental Health Association and the SAMHSA’s Center for Mental Health Services (CMHS) have endorsed the wraparound approach. <u>Examples:</u> Wraparound Milwaukee targets juveniles with serious psychiatric disorders who are at risk of being hospitalized. <u>Outcome:</u> 1) Wraparound Milwaukee documented a 65% reduction in the use of residential treatment placements, reduced inpatient psychiatric treatment by 80%, increased average number of school days attended from under 60% to nearly 85%, reduction in the number of juveniles referred for felonies and misdemeanors. 2) The 8% Repeat Offender Prevention Programs were evaluated using a randomized trial with approximately half assigned to the treatment group and the other half receiving traditional probation services.</p>	

<p>PREVENTION/EARLY INTERVENTION</p>	<p>IMMEDIATE SANCTIONS</p>	<p>INTERMEDIATE SANCTIONS</p>
	<p>The ROPP juveniles 1) attended significantly more days of school, 2) made more immediate improvements in grade point average, 3) were less likely to fall below grade level, 4) significantly increased their completion of court-ordered obligations for restitution, work, and community service, 5) significantly reduced their percentage of positive drug tests, 6) had significantly fewer sustained petitions for new offenses, and 7) absconded at a significantly lower rate.²²</p> <p><u>Implement Functional Family Therapy</u></p> <p>Functional Family Therapy (FFT) is a family-based prevention and intervention program for mildly dysfunctional juveniles and families. The model includes five phases, including engagement, motivation, assessment, behavior change, and generalization and completed in 12 sessions.</p> <p><u>Outcome:</u> FFT can reduce adolescent rearrests by 20-60 percent. Randomized trials and comparison group studies (Alexander et al., 2000) show that FFT significantly reduces recidivism for a wide range of juvenile offense patterns. In addition, studies have found that FFT dramatically reduces the cost of treatment. A Washington State study (Aos, Barnoski, and Lieb, 1998) documents savings of up to \$14,000 per family. FFT also significantly reduces new offending for siblings of treated adolescents (Klein, Alexander, and Parsons, 1977).</p>	

PREVENTION/EARLY INTERVENTION	IMMEDIATE SANCTIONS	INTERMEDIATE SANCTIONS
	<p><u>Develop and Implement an Emancipation Program for Older Youth Aging out of Probation</u></p> <p>The John H. Chafee Foster Care Independence Program should be tapped to develop a program for older minors (ages 16-21) on probation to help them achieve self-sufficiency after discharged from the Juvenile Hall, from non-custodial probation, from the Probation Facilities and from privately-operated residential placement. <u>Examples:</u> Alameda County Department of Social Services (www.alamedacountyilsp.org) administers an Independent Living Skills Program for these youth and provides them weekly emancipation classes, housing support, education support, employment support, childcare subsidies, emergency utilities payments, case management, bus transportation, and case management at no cost to the Probation Department. Loudoun County, VA Department of Human Services operates a Young Adult Program (www.co.loudoun.va.us/news/human.htm) for minors ages 16-21 involving vocational education, academic instruction, cognitive skills, parenting and a paid stipend for participating in community service followed by employment. Sixty percent of the youth successfully complete.</p>	

<p>PREVENTION/EARLY INTERVENTION</p>	<p>IMMEDIATE SANCTIONS</p>	<p>INTERMEDIATE SANCTIONS</p>
	<p><u>Develop Transitional Jobs Program for Older Youth</u></p> <p>Some youth on probation may require a transitional job to prepare them for full-time employment when they become old enough to support themselves. The Transitional Jobs concept provides subsidized employment to young people who are unemployed. To date, there is no known Transitional Job Program (TJP) in Santa Clara County. <u>Example:</u> The Transitional Job Network (www.transitionaljob.net) has identified TJP in San Francisco, Fresno and Los Angeles. The TJP Program in San Francisco is a collaborative effort between Goodwill, Asian Neighborhood Design, the San Francisco Department of Human Services, and the Private Industry Council. These agencies partner to provide CalWORKs recipients 32 hours per week of full-time employment after they have completed their wage-based community service program. Participants spend 6-9 months at a nonprofit or government agency in a position designed to enhance their marketability. During this phase of the program they receive intensive case management services to support them in this position. Following the completion of their community service job, participants receive placement assistance and retention services for the first year of full-time employment.</p>	

IV.8 Cost Benefit of Evidence-Based Programs

Experience shows that implementing evidence based programs are cost beneficial. The most comprehensive study of the cost benefits of evidence-based programs has been completed by the Washington State Institute for Public Policy. Based on national studies and the implementation of Functional Family Therapy and Aggression Replacement Therapy in Washington State, they recorded the cost per program per participant, the recidivism reduction and the estimated reduction in court processing and crime reduction.

The Institute estimated the benefit-to-cost ratio of one dollar spent on each program to taxpayers and victims. They evaluated the benefit a program is expected to produce in terms of future crime reduction, reduced case processing minus the costs of the program. They measured the taxpayer’s benefit as a dollar spent now will save taxpayers more in the years ahead. Finally, they evaluated the crime victim’s benefit as a reduction in rates of reoffending thereby resulting in fewer victims.

Table 15 shows the cost benefit for every dollar spent on various evidence-based programs.

**Table 15
Cost Benefit of Community Based Services
National Data**

Type of Program	Recidivism Effect	Cost Per Participant	Benefit to Cost Ratio for Every Dollar Spent
Diversion Services to First Time Minors	-. 05	\$- 127	\$63.10*
Functional Family Therapy	-.38.1	\$2,100	\$10.69
Multi-systemic Therapy	-.33.0	\$4,743	\$28.33
Aggression Replacement Training	-.24.2	\$ 745	\$11.66
Multi-dimensional Treatment Foster Care	-.37.0	\$2,052	\$43.70
Adolescent Diversion Project	-27.0	\$1,138	\$24.91
Intensive Supervision with services	-. 05	\$2,500	\$ 4.00
Mentoring Services	-. 04	\$1,054	\$ 5.29
Sex Offender Treatment	-.12	\$9,920	\$ 3.38

Source: Washington State Institute for Public Policy, 2004 and May 2001.

*Based on a 90 day stay. The cost of diversion services is less than the cost of normal court processing.

For example, in Washington State, the Functional Family Therapy program resulted in a 38 percent reduction in recidivism compared to traditional services, it cost \$2,100 per participant and the benefit to taxpayers from reduced court processing and fewer victims results in a \$10.69 cost-benefit ratio of cost to benefits based on a calculation that says for every one dollar spent, taxpayers, victims and the community receive \$10.69 in cost avoidance.

On the other hand, the Institute profiled programs that did not work, including the following:

Table 16
Cost Benefit of Community Based Services

Type of Program	Recidivism Effect	Cost Per Participant	Benefit to Cost Ratio for Every Dollar Spent
Juvenile Boot Camp	+.10	\$15,424	\$-3,587
Scared Straight	+.08	\$ 51.00	-\$24,531

Source: Washington State Institute for Public Policy, 2004 and May 2001.

Unlike the other programs, these programs increased recidivism and have a negative cost.

It is in Santa Clara County's best interest to implement programs that are backed by research and are cost effective.

IV.9 Funding Sources

IV.9.1. Introduction

The following summary provides recommendations for funding the program recommendations found within this report. It highlights federal, state and private foundation funding sources that can be granted to the County Probation Department, County Office of Education, Department of Alcohol and Drug Services, Department of Social Services, Department of Housing and private community-based organizations located in Santa Clara County who serve court wards.

Not all the funding sources listed are available directly to the Probation Department. Other County agencies and community-based service organizations will be eligible for some of the funding sources and the Probation Department. However, the Department can leverage funding for court wards through *Memoranda of Understanding* between the Probation Department and the agency and through *Blended Funding* mechanisms (California Institute for Mental Health has developed a manual to assist SCC in the expansion of this concept).²³ Santa Clara County has already implemented *Blended Funding* with the Wraparound Program and the County should expand this concept with other programs as well.

Federal Funds

Department of Justice

Juvenile Mentoring Formula Grant Program

The Juvenile Mentoring Program, known as JUMP, supports one-to-one mentoring projects for youth at risk of failing in school, dropping out of school, or becoming involved in delinquent behavior, including gang activity and substance abuse. The office administering this grant program is the Office of Juvenile Justice and Delinquency Prevention (OJJDP). JUMP web site is www.ojjdp.ncjrs.org/jump. In its 2002 grant application solicitation, OJJDP provided the following eligibility information:

- Nonprofit organizations, including faith-based organizations, are eligible.
- Applicants must demonstrate knowledge of and/or experience with mentoring programs, volunteers, and at-risk youth.
- National organizations (i.e., those that service a population that extended across the country) were not eligible to receive JUMP funds. Entities that had received JUMP funds previously were not eligible to compete for funding through the 2002 solicitation.

Applications estimated available in March.

²³ Edelman, Susan. 1998. *Developing Blended Funding Programs for Children's Mental Health Care Systems*. California Institute for Mental Health.

Contact: Office of Juvenile Justice and Delinquency Prevention, 810 Seventh Street NW., Washington, DC 20531, (202) 307-5914, Fax (202) 514-6382, CFDA: 16.726

Drug-Free Communities Support Program

This program, established by the Drug-Free Communities Act of 1997, awards grants to community coalitions for amounts up to \$100,000 through a competitive process. The focus of the program is on community coalitions that have been in existence for a minimum of 6 months, coalitions that have 5-year strategic plans aimed at reducing substance abuse among youth, and over time, among adults, and coalitions that have provided an equal match for the awarded funds. These coalitions are to collaborate with entities in the community including government agencies to coordinate and strengthen efforts to reduce substance abuse. The program aims to disseminate timely state-of-the-art information on practices and initiatives that have proven effective in reducing substance abuse.

This grant program is managed by OJP's Office of Juvenile Justice and Delinquency Prevention (OJJDP).

Contact: Office of Juvenile Justice and Delinquency Prevention, Office of Justice Programs, 810 Seventh Street, NW, Washington, DC 20531, Phone (202) 616-8988, CFDA: 16.729

Part D: Gang-Free Schools and Communities: Community-Based Gang Intervention

The purpose of this program is to make grants to, or enter into contracts with, public agencies (including local educational agencies) and private nonprofit agencies, organizations, and institutions to establish and support programs and activities that involve families and communities. These grants are designed to prevent and reduce the participation of juveniles in gang-related activities and to provide assistance to juveniles and their families.

OJJDP may fund applications submitted by public, private, and non-profit organizations.

The Gang-Free School and Communities initiative is divided into various subprograms. Some of these programs do not permit FBOs/CBOs to apply directly.

Applications estimated available in March.

Contact: Office of Juvenile Justice and Delinquency Prevention, 810 Seventh Street NW., Washington, DC 20531, (202) 307-5914, Fax (202) 514-6382, CFDA: 16.544

Reduction and Prevention of Children's Exposure to Violence

The purpose of this program is to prevent and reduce the impact of family and community violence on young children-birth to age six-by helping communities to expand existing partnerships between law enforcement, health professionals, and others within the community.

The lead applicant for the grant must be a public agency. However, co-applicants and collaborative partners may be public, private and non-profit organizations.

Applications estimated in March.

Contact: Office of Juvenile Justice and Delinquency Prevention, 810 Seventh Street NW., Washington, DC 20531, (202) 307-5914, Fax (202) 514-6382, CFDA: 16.730

Alien Unaccompanied Minors Shelter Care Program

Annually, more than 4,500 unaccompanied juveniles come into the care and custody of the Immigration and Naturalization Service. INS places these unaccompanied juveniles in either non-secure care facilities, group homes, secure juvenile detention facilities, or foster homes, as appropriate, and ensures that the juveniles are provided with the following services: food, clothing, shelter, routine and emergency medical and mental health services, educational classes, recreational programs, individual and group counseling, and access to free legal services.

Currently, INS places juveniles in eleven shelters. Five of the eleven shelters are run by faith-based organizations.

INS primarily uses cooperative agreements to award juvenile care funds. Both for-profit and non-profit organizations are eligible to apply. The last award for this program was made in FY 2001. New awards are made when need exceeds capacity.

Contact: Visit, www.fedbizopps.gov to see whether or not any opportunities exist for this program., CFDA: 16.201

Department of Health and Human Services

Early Periodic Screening Diagnostic and Treatment Services (EPSDT)

Early Periodic Screening Diagnostic and Treatment Services (EPSDT) Early Periodic Screening Diagnostic and Treatment Services (EPSDT) is a California-mandated program within its Medi-Cal Program. Physical and mental health services are

provided under EPSDT for full-scope Medi-Cal beneficiaries less than 21 years of age. It is intended to maintain and enhance the health and development of Medicaid eligible children and adolescents. Basic benefits under EPSDT are screening (e.g., medical history, physical exam, tests), vision, dental and hearing services, and other necessary health care occupational and speech therapy, respiratory care, personal care services, mental health and substance abuse services. All Medicaid eligible children, including the Title IV-E special needs adoptee are eligible for services. Once physical or mental health conditions are discovered, the EPSDT benefit covers necessary health services to correct or ameliorate them, whether or not these services are otherwise covered by the state's Medicaid program.

Alameda County, CA provides mental health and substance abuse services to private providers who serve juvenile court wards through EPSDT.

Grants for the Integration of Schools and Mental Health Systems

Statutory Authority Section 5541 of the Elementary and Secondary Education Act of 1965, as amended by the No Child Left Behind Act of 2001, 20 U.S.C. § 7269 Federal Agency Office of Safe and Drug-Free Schools, Department of Education Program Type Discretionary grant Eligibility, General State education agencies or local education agencies (LEAs) and Indian tribes may apply. However, LEAs or consortia of LEAs that have ever received funds under the Safe Schools/Healthy Students Initiative (or will receive funds in FY 2005) are not eligible. States must use funds to supplement (not supplant) existing mental health services.

Eligibility, Age School-age children and youth

Youth in Transition Youth in elementary and secondary schools would benefit from these linkages, which are designed to increase access to services. The program does not establish criteria for beneficiaries.

Services Covered Grants are intended to support innovative approaches linking school systems with local mental health systems. Funded programs must develop, enhance and/or improve collaborative efforts between school and mental health service systems for prevention, diagnosis, treatment, crisis intervention and referral services.

Programs must also provide:

- _ training for school and mental health personnel;
- _ technical assistance and consultation to schools, mental health agencies and families;
- _ culturally competent and linguistically appropriate services; and
- _ an evaluation of the program's effectiveness in increasing student access.

Recipients of awards must coordinate with Mental Health Transformation State Infrastructure Grants from the Substance Abuse and Mental Health Services Administration if the state receives such an award. In addition, parents of students who will receive services under the program must be involved in the design and implementation of services.

Funding FY 2005, \$4.9 million; FY 2006 budget request, \$ 0

In FY 2005, the department anticipates awarding approximately 20 grants in the

\$150,000 to \$350,000 range.

Evaluation Grantees must submit a progress report nine months after the award date. At the end of the project period, grantees must submit a final performance report that includes an assessment of key outcomes. Programs must collect and report on data that show the program's success in having detailed linkage protocols in place and in having an increase in the percentage of school personnel trained to make appropriate referrals to mental health services.

Comprehensive Community Mental Health Services for Children and Their Families

Statutory Authority Section 565 of the Public Health Service Act, 42 U.S.C. § 300x-1 Federal Agency Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, Department of Health and Human Services Program Type Discretionary grants run six years with decreasing federal match.

Eligibility, General Grants are awarded to public entities (states, political subdivisions of a state, Indian tribes or tribal organizations) to provide comprehensive community mental health services to children with a serious emotional disturbance. These public entities may make grants or enter into contracts with public and nonprofit private entities to establish and operate the systems of care.

Eligibility, Age Children from birth to age 21

Eligibility, Severity of Condition

The term serious emotional disturbance includes any child who has a serious emotional disorder, a serious behavioral disorder or a serious mental disorder.

Youth in Transition Although the program is not targeted to youth in transition, one of the guiding principles of the system of care is to ensure a smooth transition to the adult service system for children with an emotional disturbance as they reach maturity.

Furthermore, transitional services are among the mental health services that grantees must provide. Some sites have specialized programs for transition-age youth, although services funded by these grants must end at age 21.

Services A range of services must be provided, including:

- _ transitional services;
- _ diagnosis and evaluation;
- _ individualized service planning;
- _ case management;
- _ outpatient services (provided in a clinic, office, school or other appropriate location, including individual, group and family counseling services, professional consultation, and review and management of medications);
- _ emergency services (available 24 hours a day, 7 days a week);
- _ intensive home-based services for children and their families when the child is at imminent risk of out-of-home placement;
- _ intensive day-treatment services;
- _ respite care; and
- _ therapeutic foster care services and services in therapeutic foster family homes or individual therapeutic residential homes, and groups homes caring for not more

than 10 children.

Activities Funded Grantees are required to collaborate with local public entities that provide human services in the community, such as mental health, education, child welfare and juvenile justice. An individualized plan of services must be provided for each child. The plan must be carried out with the family's participation, unless clinically inappropriate.

Compassion Capital Fund

The U.S. Department of Health and Human Services (HHS) awarded \$49 million to Intermediary Organizations through the Compassion Capital Fund (CCF) in September 2005 for community based organization capacity building. The awards are designed to help grass roots, faith-based and community organizations enhance their ability to provide a wide range of social services to those in need including the homeless, at-risk youth, rural communities, the elderly and families transitioning from welfare to work.

Eligible entities as Intermediary Organizations: County governments, City or township governments, Community Based Organizations, Faith-based Entities.

Matching/Cost-Sharing: Grantees must provide at least 20 percent of the total approved cost of the project. The total approved cost of the project is the sum of the ACF share and the non-Federal share.

Description: Intermediary organizations will assist faith-based and community organizations with capacity-building activities in five critical areas: (1) Leadership development, (2) organizational development, (3) programs and services, (4) funding, and (5) community engagement. Capacity-building activities are designed to increase an organization's sustainability and effectiveness, enhance its ability to provide social services, diversify its funding sources, and create collaborations to better serve those most in need.

The goal of the Compassion Capital Fund (CCF) Demonstration Program is to help grassroots faith-based and community organizations maximize their social impact as they provide services to those most in need including the homeless, prisoners reentering the community, children of prisoners, at-risk youth, addicts, elders in need, families in transition from welfare to work and couples who choose marriage for themselves, to develop the skills and knowledge to form and sustain healthy marriages.

The CCF Demonstration Program provides funding for intermediary organizations in well-defined geographic locations with a proven track record of community involvement and experience in providing training and technical assistance to smaller faith- and community-based organizations in their communities. These intermediary organizations serve as a bridge between the Federal government and the grassroots faith-based and community organizations that the CCF Demonstration Program is designed to assist.

The CCF Demonstration Program does not fund direct social service provision. Rather, the CCF Demonstration Program funds capacity-building activities that produce measurable impact resulting in more sustainable organizations. By addressing issues that are critical to the long-term viability of non-profit organizations, faith-based and

community organizations are better prepared and positioned to understand and meet the needs of their communities. ACF encourages applications from organizations that propose to work with and have experience working with faith-based and community organizations that historically have not been supported by governmental funds. Intermediaries must be established organizations with well-developed connections to and working relationships with the non-profit community in the geographic area they propose to serve. In most cases, intermediaries or their partners will be physically located in the geographic area they propose to serve. In addition, for an intermediary organization to provide effective training and technical assistance in capacity building, they should demonstrate a cultural sensitivity that establishes credibility with their target audience of faith-based and community organizations in the geographic area they select. Intermediary organizations will provide two services within their communities: 1. Capacity-building training and technical assistance to faith-based and community organizations; and 2. Financial support--through sub-awards--to some subset of the organizations receiving training and technical assistance.

ACF seeks intermediary organizations with demonstrated ability to provide training and technical assistance to faith-based and community organizations in five critical areas of capacity building: (1) Leadership development, (2) organizational development, (3) programs/services, (4) funding, and (5) community engagement. Applicants must demonstrate the ability to provide training and technical assistance in all five areas of capacity building. This may be accomplished by a single organization, or through partnerships among several organizations. If organizations propose to collaborate to provide CCF intermediary services, they must have a well-developed working relationship and a history of working together prior to announcement of this funding opportunity.

Through the Basic Center Program, the Family and Youth Services Bureau (FYSB) provides financial assistance to establish and strengthen community based programs that address the immediate needs of runaway and homeless youth and their families. The central purpose of these programs is to provide youth with emergency shelter, food, clothing counseling, and referrals for health care. The Basic Centers seek to reunite young people with their families whenever possible, or to locate appropriate alternative placements.

Eligible Applicants: States, localities, private nonprofit community and faith based entities, and coordinated networks of such entities are eligible to apply for a Runaway and Homeless Youth Program grant unless they are part of the law enforcement structure or the juvenile justice system.

Contact: Curtis O. Porter, Acting Deputy Associate Commissioner (202) 205-8102
cporter@acf.hhs.gov, CFDA 93.550

Street Runaway and Homeless Youth Outreach

The Street Outreach Program is part of the Family and Youth Services Bureau's (FYSB) Runaway and Homeless Youth Program; FYSB awards grants to private nonprofit community and faith based agencies to conduct outreach designed to build relationships between grantee staff and street youth. The goal of these efforts is to help young people leave the streets. The local grantees provide a range of services directly or through collaboration with other agencies, specifically those working to protect and treat young people who have been, or who are at risk of being, subjected to sexual abuse or exploitation.

Eligible Applicants: Private nonprofit community and faith based entities, and coordinated networks of such entities are eligible to apply for the Street Outreach Program grant unless they are part of the law enforcement structure or the juvenile justice system.

Contact: Curtis O. Porter, Acting Deputy Associate Commissioner, (202) 205-8102, cporter@acf.hhs.gov, CFDA 93.550

Transitional Living Program for Homeless Youth (TLP)

Through the Transitional Living Program (TLP), the Family and Youth Services Bureau (FYSB) supports projects that provide longer term residential services to homeless youth ages 16-21 for up to 18 months. These services are designed to help youth that are homeless make a successful transition to self-sufficient living.

TLP grantees are required to provide youth with stable, safe living accommodations and services that help them develop the skills necessary to move to independence. Living accommodations may be host family homes, group homes, or supervised apartments. (Supervised apartments are either agency-owned apartment buildings or scattered site apartments, which are single-occupancy apartments rented directly by young people with support from the agency.)

Eligible Applicants: States, localities, private nonprofit community and faith based entities, and coordinated networks of such entities are eligible to apply for a Transitional Living Program grant unless they are part of the law enforcement structure or the juvenile justice system.

Contact: Curtis O. Porter, Acting Deputy Associate Commissioner, (202) 205-8102, cporter@acf.hhs.gov, CFDA 93.550

Mentoring Children of Prisoners Program

The Mentoring Children of Prisoners Program is a new program that is designed to make competitive grants to applicants in areas with substantial numbers of children of incarcerated parents, and to support the establishment or expansion and operation of

programs using a network of public and private community entities to provide mentoring services for children of prisoners.

Eligible Applicants: States, localities, private nonprofit community and faith based entities, and coordinated networks of such entities are eligible to apply for a Transitional Living Program grant unless they are part of the law enforcement structure or the juvenile justice system.

Contact: Curtis O. Porter, Acting Deputy Associate Commissioner, (202) 205-8102, cporter@acf.hhs.gov, CFDA (Not yet established)

Community-Based Family Resource and Support Program (CBFRS)

This program assists States to develop and implement, or expand and enhance, a comprehensive, statewide system of community-based family resource and support services, to prevent child abuse and neglect.

This is a formula grant program. Funds are distributed to the States, which in turn deploy the resources to address the program objectives.

Contact: Catherine Nolan, 202-260-5140, cnolan@acf.hhs.gov, CFDA: 93.590

Family Violence/ Grants for Battered Women's Shelters

The purpose of this program is to assist States and Indian Tribes in the prevention of family violence and the provision of immediate shelter and related assistance for victims of family violence and their dependents. States must give special emphasis to the support of community-based projects of demonstrated effectiveness carried out by nonprofit private organizations, particularly those projects where the primary purpose is to operate shelters for victims of family violence, and those which provide counseling, advocacy, and self-help services to victims and their children. This is a formula grant program. States make grants to local public and nonprofit private agencies to carry out the purpose of the program.

Contact: William Riley, 202.401.5529, wriley@acf.hhs.gov, CFDA: 93.671

Department of Labor

WIA Youth Programs

This is a formula grant program. Grants are made to States, and the States in turn allocate funds to approximately 600 local Workforce Investment Boards.

The Workforce Investment Act (WIA) authorizes funds to state and local communities to support workforce training and related activities for youth 14-21 years old, low income, deficient, a school dropout, homeless, a parent or parenting, offender, or individuals including disabled youth that require additional assistance to complete educational program or hold employment.

Local Workforce Investment Boards (WIBs) must provide youth with tutoring, study skills training, dropout prevention strategies, alternative secondary school services, summer employment opportunities, paid and unpaid work experiences, and occupational skill training. Community and faith-based organizations can play an integral role in the delivery of training services under WIA.

The amount of funding available to State and local areas is determined by the number of unemployed individuals in areas of substantial unemployment. Due dates vary from State to State.

Contact: Haskel Lowery, hlowery@doleta.gov, US Department of Labor, Office of Youth Opportunities, 200 Constitution Avenue NW, Room N4464, Washington, DC 20210, (202) 693-3036, Fax (202) 693-3532, CFDA: 17.259

Youth Opportunity Grants (YOG)

The Workforce Investment Act of 1998 authorized \$250,000,000 for the YOG program to increase the high school graduation rate, college enrollment rate, and employment rate of youth living in high-poverty communities. The program targets any youth, 14-21, regardless of income, who lives in federally designated empowerment zones, enterprise communities, and other high-poverty areas.

Highlights of the program include: the emphasis on youth development; operation of youth centers in the target community; MIS performance system; and the two-year required follow-up period for serving youth. DOL encourages linkages with faith-based organizations in these Youth Opportunity Grants, and Faith-based organizations have a prominent role in many of these projects.

This is a discretionary grant administered by the Office of Youth Opportunities at the United States Department of Labor.

Eligible applicants: Local educational agencies, community colleges, community-based organizations, local foundations and private businesses.

Contact: David Lah, dlah@doleta.gov, US Department of Labor, Office of Youth Opportunities, 200 Constitution Avenue NW N4459, Washington

Department of Housing and Urban Development

Youthbuild

Youthbuild is designed to help young high school dropouts obtain education, employment skills, and meaningful work experience to help them obtain jobs that pay well and achieve self-sufficiency.

The funding is used to implement housing construction/rehabilitation training programs for very low-income high school dropouts ages 16 to 24. Youthbuild programs offer educational and job training services, counseling and other support activities, and onsite paid training in housing rehabilitation or construction work. At least 50 percent of each participant's time is spent in classroom training.

Youthbuild provides funds to nonprofit organizations, State and local housing agencies, State and local governments, and other organizations eligible to provide education and employment training under Federal employment training programs.

Application estimated available in February or March.

Contact: (800) 483-8929 (voice), (800) 483-2209 (TTY), CFDA: 14.243

Department of Education

Community Technology Centers

The purpose of this program is to create or expand community technology centers that provide disadvantaged residents of economically distressed urban and rural communities with access to information technology and training on how to use it.

Organizations such as foundations, museums, libraries, private non-profit organizations, including faith-based organizations that have the capacity to significantly expand access to computers and related services for disadvantaged residents of economically distressed communities are eligible to apply provided they meet all statutory and regulatory requirements.

This is a discretionary grant administered by the Office of Vocational and Adult Education at the U.S. Department of Education.

The controlling law is the No Child Left Behind Act Section 5511 and following.
<http://www.ed.gov/legislation/ESEA02/pg76.html>

Contact: Charles Talbert, (202) 205-9379, CFDA: 84.341

Digital High School Grant Program

The Digital High School Program provides assistance to schools serving students in grades 9-12 so that these schools may install and support technology, as well as provide staff training. The installation support is provided through the Technology Installation Grant, a one-time \$300 per student amount. Following the Technology Installation Grant, schools must submit a final report and a Certification of Completion of the Installation Grant. Schools that submit this certification are eligible to receive a Technology Support and Staff Training Grant in the second fiscal year following the year in which they were selected for the Technology Installation Grant. The Technology Support and Staff Training Grant is an ongoing \$45 per student per year. All of the above funding is contingent upon the local education agency providing an equivalent local match and the funds being appropriated each year.

Two of the most important outcomes of the Digital High School Program are: (1) every classroom will be connected to the Internet by the end of the Technology Installation Grant and (2) technology will be integrated into the curriculum to enhance teaching and learning.

Contact: *CDE Education Technology*(<http://www.cde.ca.gov/ls/et/st/dhsmain.as>)

21st Century Community Learning Centers

The purpose of this program is to establish or expand community learning centers that provide students academic enrichment, tutorial services, youth development activities, drug and violence prevention, art, music, and recreation programs, technology education programs and character programs and to provide families of students opportunities for literacy and related educational development.

Community-based organizations, including faith-based organizations, are eligible to apply provided they meet all statutory and regulatory requirements. Local educational agencies may also apply and are strongly encouraged to partner with community-based organizations including faith-based organizations.

This is a formula grant program to States. States provide competitive awards to local entities.

The due date for grant applications to States varies from State to State. Faith-based and community organizations should contact local public school to discuss partnership opportunities.

Contact: Carol J. Mitchell, Carolj.mitchell@ed.gov, U.S. Department of Education OESE, 21st-Century Community Learning Centers, 400 Maryland Ave., S.W., Washington, DC 20202-6100, (202) 260-0919, Fax (202) 260-3420, CFDA: 84.287

Even Start Family Literacy Program

The purpose of this program is to break the cycle of poverty and illiteracy by integrating early childhood education, adult literacy, interactive literacy activities between parents and children, and parenting education into a unified family literacy program.

Partnerships consisting of one or more local educational agency and one or more nonprofit community-based organization may apply for funding under this program. Nonprofit community-based organizations include faith-based organizations.

This is a formula grant program administered by the Office of Elementary and Secondary Education, Compensatory Education Programs. Eligible applicants, as described above, apply for funding to the appropriate State agency

The due date for grant applications to States varies from State to State. Faith-based and community organizations should contact local public school to discuss partnership opportunities.

Contact: Laura Lazo, laura.lazo@ed.gov, U.S. Department of Education OESE, Compensatory Education Programs, 400 Maryland Ave., S.W., Washington DC 20202, (202) 260-0826, Fax (202) 260-7764, CFDA: 84.314

Safe and Drug Free Schools — Mentoring Programs

The purpose of this program is to support the establishment of programs for mentoring of at-risk children to improve academic achievement and reduce the dropout rate. Non-profit, community-based organizations, including faith-based organizations, are among the entities that are eligible to apply provided that they meet all statutory and regulatory requirements.

This is a discretionary grant administered by the Office of Elementary and Secondary Education, Safe and Drug-Free Schools Program at the U.S. Department of Education.

The governing statute is the No Child Left Behind Act Section 4130 and following. <http://www.ed.gov/legislation/ESEA02/>

Contact: Bryan Williams, Bryan.Williams@ed.gov, U.S. Department of Education, Office of Elementary and Secondary Education, 400 Maryland Ave. SW, Washington, D.C. 20202, (202) 260-2391, Fax (202) 260-7767, CFDA: 84.184

Carol M. White Physical Education Program

The purpose of this program is to initiate, expand, and improve physical education programs for kindergarten through 12th grade students by providing equipment and support and staff and teacher training.

Local educational agencies and public and private non-profit community-based organizations, including faith-based organizations, are eligible to apply provided they meet all statutory and regulatory requirements.

This is a discretionary grant program administered by the Office of Elementary and Secondary Education, Safe and Drug-Free Schools Program.

The controlling law is the No Child Left Behind Act Title V, Part D, Subpart 10 <http://www.ed.gov/legislation/ESEA02/pg76.html#sec5501>

Contact: Ethel Jackson, Ethel.Jackson@ed.gov, U.S. Department of Education, OESE, Safe and Drug-Free Schools Program, 400 Maryland Ave., S.W., Washington, DC 20202, (202) 260-2812, Fax (202) 260-7767, CFDA: 84.215F

Supplemental Educational Services **Department of Education**

Supplemental Educational Services are additional academic instruction designed to increase the academic achievement of students in low-performing schools. Services must be provided outside of the regular school day and may include academic assistance such as tutoring, remediation, and other educational interventions. Each State Education Agency is required to identify organizations that qualify to provide these services and maintain a list that allow parents to have as many choices as possible.

Providers of supplemental educational services may include non-profit entities, for-profit entities, local educational agencies, public schools, public charter schools, private schools, public or private institutions of higher education, and faith-based organizations. Entities that would like to be included on the list of eligible providers must contact their state education agency and meet the criteria established by the state to be considered for the list of eligible providers.

Eligible students are all students from low-income families who attend Title I schools that are in their second year of school improvement, in corrective action, or in restructuring.

This is not a grant program. The Local Education Agency must use funds from Title I, Part A allocation to fund the services provided to the eligible students.

The controlling law is the No Child Left Behind Act Title I, Part A, Subpart 1, Section 1116 (e): <http://www.ed.gov/legislation/ESEA02/pg2.html#sec1116>

Supplemental Educational Services Non-Regulatory Guidance can be found here [<http://www.ed.gov/offices/OESE/SASA/suppsvcsguid.pdf>]

Submit questions to david.downey@ed.gov, (202) 708-2077 or 1-800-USA-LEARN and ask for David Downey.

Carl D. Perkins Vocational & Technical Education

County-operated court and community schools are eligible to apply for Section 131 funds. Regional Occupation Centers and Programs and adult schools are eligible. Contact edtech@cde.ca.gov

Private Foundations

CISCO Foundation
Cisco Impact Grant Program

JEHT Grants
<http://www.jehtfoundation.org> or <http://philanthropy.com>

MacArthur Foundation
<http://www.macfound.org>

National Corp. for Community Service
<http://www.nationalservice.org/>

Open Society
<http://soros.org/crime>

Public Welfare Foundation Grant
<http://www.publicwelfare.org>

Robert Wood Johnson Foundation
LIFP program/ RWJ foundation
<http://www.lifp.org>

Community and Philanthropy

San Jose Impact Grant Program

The Cisco Impact Grant Program targets well-managed, innovative nonprofit organizations that align strongly with our values and criteria. Cash awards are made to qualified, selected community-based nonprofits operating within 50 miles of Cisco's San Jose headquarters.

UPDATED GUIDELINES: San Jose Impact grants are now awarded once per year. **Online grant application opens annually on February 1 and closes annually on March 1 at 11:59 PM PST.** Successful applicants can expect to receive grant funds in May.

Please note that we do not accept paper applications.

San Jose Impact Grants fund the following areas:

Access to Education: Cisco views education as a top priority in our philanthropic giving. We fund programs that create educational opportunity and foster classroom innovation.

- **K-12 Programs** that demonstrate educational benefits to underserved K-12 schools/students. Programs should enrich existing core curriculum at the school site itself and offer collaboration with teachers to insure that the program leverages California State curricular standards set for schools.

Note: public schools, private schools, charter schools, school districts, school foundations and parent/booster clubs are not eligible.

- **Adult Vocational Programs** that demonstrate benefit to underserved adults through technical training or other clearly defined work re-entry skills development.
- **Arts In Education** Programs that are implemented at a school site and directly integrated into K-12 Educational Enrichment as defined above in Access to Education, K-12 section.

Health: Programs that focus on children's health services and/or health education.

General Guidelines:

Organizations must be recognized by the IRS as tax-exempt under Internal Revenue Code Section 501(c)(3), and (2) classified as a public charity.

Organizations must serve the community at large, leveraging whenever possible their existing resources and resources available in their area of service.

As a rule, Cisco does not fund organizations or projects whose overhead expenses exceed 25%.

JEHT Grants

<http://www.jehtfoundation.org> or <http://philanthropy.com>

Contact for General Information:

120 Wooster Street

Second Floor

New York, NY 10012

212.965.0400 telephone

212.966.9606 fax

For general inquiry please send e-mail to info@jehtfoundation.org

For a list of previous grants awarded:

http://www.jehtfoundation.org/criminaljustice/barriers/barriers_overview.html

Grant Application Overview

Organizations wishing to be considered for funding by the JEHT Foundation should first carefully review the Foundation's program guidelines. The Foundation has no restrictions on the type of support it will consider so long as an organization's work is consistent with the Foundation's program interests and permissible under applicable U.S. charities law. The Foundation primarily makes grants to public charities classified as tax-exempt under section 501(c)(3) by the Internal Revenue Service, but will consider other organizations if their purposes are consistent with those established by the IRS for not-for-profit organizations and can meet a 501(c)(3) financial equivalency test. The Foundation does not make grants directly to individuals or consider requests outside its program areas. Its funds cannot be used for lobbying.

We require letters of inquiry from all organizations seeking grants from the Foundation for the first time, or from current grantees seeking funding for projects or programs we have not previously funded. There is no specific limit on the number of requests we will consider from a single organization or on the number of years we will fund an organization. Grant amounts are determined based on the scope of the project, the size of the applicant's budget, the likelihood that other support can be raised, and the JEHT Foundation's available financial resources in a given year. Our staff will carefully review all letters of inquiry. If a request fits within its program guidelines and the Foundation is interested in considering it further, you will be asked to submit a full proposal with supporting materials. Applicants will be notified if the Foundation will not be able to further consider the request.

When to Apply

The Foundation's staff reviews grant requests on an ongoing basis and makes recommendations to the Board of Trustees. Funding decisions are made three times a year. The Foundation will make every effort to consider grant requests at the earliest possible meeting after receipt of a proposal, and inform prospective grantees of grant decisions immediately following the meeting at which their proposal is discussed. Requests for funding may be turned down at any time.

Preparing a letter of Inquiry

Please send one copy of the letter of no more than three pages to:

JEHT Foundation
120 Wooster Street, 2nd Floor
New York, NY 10012
212.965.0400

And include the following information:

- Date
- Name and address of organization
- Executive Director and contact person(s); telephone and fax numbers; and, if available, email and Web addresses
- paragraph summarizing the organization's mission and work
- A paragraph summarizing the purpose of your request and activities to be supported
- A paragraph specifically identifying the issue area and approach of the proposal as described in the JEHT Foundation's program guidelines
- Total dollar amount requested and time period the prospective grant would cover
- Total dollar amount committed or requested from other funding sources and the names of those sources
- Total dollar amount of your organizational budget for the current fiscal year
- Total dollar amount of your actual organizational expenses for the most recently completed fiscal year
- Total dollar amount of the project budget for the current fiscal year, if applicable
- The tax-exempt status of your organization

Note: Please do not submit examples of past work, articles, reports, books, videos, CDs or other supporting materials with your letter of inquiry. The Foundation currently does not accept letters of inquiry electronically or by fax.

One copy of the proposal package should be sent to:

Mr. Steve Hawkins
JEHT Foundation
120 Wooster Street, 2nd Floor
New York, NY 10012

MacArthur Foundation
<http://www.macfound.org>

There are four main areas under which grants are awarded:
<http://www.macfound.org/programs/index.htm>

The [Program on Human and Community Development](#) supports the development of healthy individuals and effective communities. Grantmaking strategies focus on neighborhood development, regional policy, improving public education, early education and care, juvenile justice, mental health policy, and selected research topics related to program interests.

The Letter of Inquiry

The first step in learning if grant support from MacArthur is available is to thoroughly review the [grantmaking guidelines](#) that are posted on the Foundation's Web site. At the end of the description of each grantmaking area is a brief item about the availability of grants. If support is available, the next step is to submit a cover sheet and a letter of inquiry about the work being proposed. Send it by mail to the Office of Grants Management at the Foundation's Chicago address. The letter of inquiry can also be sent by e-mail to 4answers@macfound.org. Letters of inquiry about projects in India, Mexico, or Nigeria should be sent to the [MacArthur office in that country](#). Letters about work related to Russia may be sent to the Moscow office of the Chicago office.

Letter of Inquiry: Cover sheet

In order to expedite a letter of inquiry it is important that it include a cover sheet with the following information:

- Information regarding who will carry out the work
- Name of your organization (and acronym if commonly used)
- Name of parent organization, if any
- Name of chief executive officer or person holding similar position
- Organization's address (and courier address if different)
- Organization's phone number, fax number, and e-mail address, if any
- Name and title of the principal contact person, if different from the above
- Address (and courier address if different), phone number, fax number, and e-mail address, if any, of principal contact
- Web address, if any.

Letter of Inquiry: Format

There is no set format but letters of inquiry generally include the following:

- Name or topic of the proposed project or work to be done

- A brief statement (two or three sentences) of the purpose and nature of the proposed work
- The significance of the issue addressed by the project and how it relates to a stated MacArthur program strategy
- How the work will address the issue
- How the issue relates to your organization, and why your organization is qualified to undertake the project
- Geographic area or country where the work will take place
- Time period for which funding is requested
- Information about those who will be helped by and interested in the work and how you will communicate with them
- Amount of funding requested from MacArthur and total cost (estimates are acceptable).

The Foundation will send you an acknowledgment that your letter of inquiry was received, and we will direct it to the appropriate staff members for review. If as a result of that review the Foundation concludes that there is no prospect of Foundation funding, we will notify you promptly.

If the Foundation decides that your project might qualify for a grant, we will contact you to discuss next steps and what further information is required. As is now the case with most charities in the United States who make grants to organizations based outside the United States, the Foundation checks the names of foreign based grantees, and the principal officers and directors of such grantees, against one or more lists maintained by the U.S. government, the European Union, and the United Nations, which contain the names determined by such entities to be terrorist organizations or individual terrorists. This process is a result of legislation passed by the U.S. Congress, Executive Orders issued by the President, and suggested guidelines issued by the U.S. Department of the Treasury. A memorandum on this topic is available upon request.

All material submitted becomes the property of the MacArthur Foundation. The Foundation sometimes submits inquiries or proposals to confidential outside review.

Deadlines

With few exceptions, as noted elsewhere, there are no fixed deadlines.

What the Foundation does not support

Please note that the Foundation does not support political activities or attempts to influence action on specific legislation. We do not provide scholarships or tuition assistance for undergraduate, graduate, or postgraduate studies; nor do we support annual fundraising drives, institutional benefits, honorary functions, or similar projects.

If you have a question about any aspect of the Foundation or its programs, as well as any questions or comments about the website, send a message to: 4answers@macfound.org

National Corp. for Community Service

<http://www.nationalservice.org/>

Mr. David Eisner
Chief Executive Officer
Corporation for National and Community Service
1201 New York Avenue, NW
Washington, D.C. 20525

Public Welfare Foundation Grant

<http://www.publicwelfare.org>

Contact Info:

Review Committee, Public Welfare Foundation
1200 U Street, NW
Washington, DC 20009-4443
(202) 965-1800
e-mail: reviewcommittee@publicwelfare.org

All requests should be relative to the budget and needs of the organization applying; however, it would be unusual for us to make a very large (over \$50,000) grant to an organization we have not worked with before. It is also unlikely that a first-time grant would exceed half of the proposed budget.

Submitting Letter of Inquiry:

You can submit the letter of inquiry to the postal address below or you can submit it online: http://www.publicwelfare.org/first_time/online_application.asp
Even if you don't use the online form I think it would be very helpful to look at.

A Guide to Grant Requests

How to Apply

To determine if your request fits the Foundation's guidelines, visit our website at www.publicwelfare.org. The website provides information about [funding priorities](#), policies and procedures. It also includes a list of past grants and an online letter of inquiry form.

New Applications

New applications -- including both requests for first-time support and projects that have not received funding from the Foundation in the recent past -- should be submitted in the form of a three-part letter of inquiry in English (see below). If we determine that a letter of inquiry fits our funding priorities, and if resources are available, we will request a full

proposal.

The letter of inquiry must include:

1. Cover Sheet
2. (one page) with the following information:
 - Name and address of the organization.
 - Name of executive director and contact person(s), telephone and fax numbers, e-mail and web addresses.
 - One paragraph summary of the organization's mission.
 - One paragraph summary of the purpose of the request.
 - One sentence describing how the request fits the Foundation's funding priorities.
 - The organization's fiscal year.
 - Dollar total of project budget (if not general support).
 - Dollar amount being requested.
 - Dollar total committed from other funding sources.
 - Beginning and ending dates for which grant funds are requested.
 - Tax exempt status.
3. Narrative
(maximum of three pages) with the following:
 - The purpose of request.
 - The problem or need being addressed.
 - The population or community involved in the organization, and how it is involved in the design and implementation of your work.
 - How you will address the problem or need you have identified.
 - How your work promotes long-term change.
4. Financial Information
 - For project support requests, include a project budget detailing anticipated income and expenses and an organizational budget detailing anticipated income and expenses.
 - For general support requests, include an organizational budget detailing anticipated income and expenses.

You may submit your inquiry online at www.publicwelfare.org or send it to:

Review Committee
Public Welfare Foundation
1200 U Street, NW
Washington, DC 20009

Robert Wood Johnson Foundation

LIFP program/ RWJ foundation

<http://www.lifp.org>

For the LIFP program nonprofit organizations must be nominated by a local funder.

Call for Proposals: Local Initiative Funding Partners Program 2006

Background

Local funders are often the first to identify community-based initiatives that offer original solutions to difficult health and health care problems. Since 1988, The Robert Wood Johnson Foundation (RWJF) has awarded \$82 million in matching grants to partner with more than 1,200 local grantmakers through the Local Initiative Funding Partners (LIFP) program. Together they have funded 263 projects, including many that advanced new community solutions for emerging health issues of national significance.

The LIFP program reflects the priorities of local funders in concert with the Foundation's interest in improving health and health care for vulnerable populations. Through LIFP, local grantmakers may leverage funds from RWJF to implement projects that show fresh thinking about old problems, challenge established practices, and bring together nontraditional partners including organizations outside the health care field.

RWJF invites grantmaking organizations including, independent and private foundations, family and community foundations, and corporate and other philanthropies, to recommend projects for this funding partnership. RWJF supports promising ideas to address health and health care problems that intersect with social factors—such as poverty, race, education and housing—and affect society's most vulnerable people.

The first step for a nonprofit organization seeking funding through the LIFP program is to discuss its proposal with a local funder, who may then choose to nominate the project. Many community agencies with breakthrough ideas have been awarded grants through the LIFP program. The key to their long-term success often stems from their early approach to engage local funders in their work.

V. APPENDICES

Making Sense of Medicaid for Children with Serious Emotional Disturbance, Declaration by Chris Koyanagi, Policy Director of the Bazelon Center, September 2, 2005

http://www.bazelon.org/issues/children/Koyanagi_declaration.htm

“In 1999, the Bazelon Center released the report, *Making Sense of Medicaid for Children with Serious Emotional Disturbance*. I was the primary author of this report. As far as I am aware, this publication was the last comprehensive survey of funding for children’s mental health services under Medicaid. This report is attached as Exhibit 2 to this declaration.

The *Making Sense of Medicaid* publication was borne out of the Bazelon Center’s experience that some states were not defining in their Medicaid rules the full array of comprehensive mental health services that are required under Medicaid’s EPSDT mandate. As a result, the publication was produced with the goal of encouraging states to improve their Medicaid policies so that all children with mental health needs—and particularly, those children with serious mental or emotional disorders—had ready access to appropriate mental health care.

In order to study the nationwide use of Medicaid, the Bazelon Center conducted a survey to exhibit how states were using Medicaid to cover children’s mental health services. The intent of this survey was to identify federal funded mental health services that are specifically defined under Medicaid regulations, state or county requests for proposals and state or county contracts for managed care. Medicaid fee-for-service and managed care programs were identified in all 50 states and the District of Columbia. Our study included 39 fee-for-service Medicaid programs, 22 of the larger Medicaid managed care programs that provide benefits for children with extensive mental health needs, and seven managed care plans that provide acute mental health care benefits.

The *Making Sense of Medicaid* study was unique in that we based our report on the state’s actual Medicaid regulations and contract language, as well as expert opinion. Most other studies relied on expert opinion alone. Through this two-part review, we identified mental health services listed in 68 Medicaid programs.

For the first part of the review, which took place from March 1998 through June 1999, we examined state Medicaid regulations, provider manuals, state plans, managed care requests for proposals and contracts to identify the Medicaid-listed services. We collected these materials from the states’ own Medicaid agencies.

Out of our analysis of these documents, we then created standardized instruments (called “study categories”) for three discrete mental health service areas:

- i. Community-based services;

ii. Clinic services; and

iii. Institutional care services.

Programs and broad services were broken down into components to fit into these categories, particularly those in psychiatric/psychosocial rehabilitation services. For instance, if a state provides a community support program that includes family support, independent living skills and day treatment programs, then all four services were counted as listed services. Services not listed in the study categories were included in the “other” category.

For the second level of review, we sent a summary of the service definitions we had identified to each participating state’s Medicaid agency and its Children, Youth and Family Division Representative of the National Association of State Mental Health Program Directors. For one third of the programs, we received responses from the Medicaid program and the Children, Youth and Family Representative, submitted jointly or independently. For all but four of the remaining programs, we received one response from the Medicaid program or the Children, Youth and Family Representative.

After this two-step review, we then made determinations with regard to whether the state covered the study categories in the aforementioned service areas (Community Based, Clinic, and Institutional Care). See Exhibit 2, Tables 1-7.

Services were counted for purposes of the study only if language in a Medicaid regulation, contract or RFP identified it as a defined service. Medicaid regulations often had the most complete documentation.

For each defined service, a “+” was placed in the column and row corresponding to that study category and state. Thus, the table represents children’s mental health service required by regulation, policy, state plan or contract in each state, as confirmed by the state’s own officials.

Because the study covered states that had different federal waivers as well as those that did not, the results are useful in documenting which states provide community and other mental health services without regard to a special waiver. Many states use Medicaid funding to support a wide range of children’s mental health services, and receive federal financial participation for community-based services. Further, states need not have waiver programs to meet their obligation to fund community-based services under Medicaid. These states are designated as fee-for-service states and include approximately 39 states.

This *Making Sense of Medicaid* study was revealing in that it demonstrated that wraparound and therapeutic foster care can be covered by Medicaid. Specifically, we found that many states covered wraparound (either as a bundled package of services or by covering all of its component parts) and nearly half of the states covered therapeutic

foster care (either as a bundled package of services or by covering all of its component parts). Both of these points are discussed in greater detail below.

IV. States Routinely Receive Federal Financial Participation to Fund Wraparound and Therapeutic Foster Care.

A state's obligation to provide mental health services to Medicaid-eligible children arises if the medically necessary service covered is within one of the categories of service a state could elect to include in its Medicaid plan if it chose to do so, even if those services are not actually listed in the state plan. This is to say that in order to receive federal matching dollars (called Federal Financial Participation or "FFP"), the service must fit within one or more of the Medicaid "boxes," which are demarcated in the Medicaid statute. These categories range from hospitalization and laboratory testing, to case management and rehabilitative services. Early and Periodic Screening, Diagnosis, and Treatment ("EPSDT") is a mandate for children 21 years old and under to receive all Medicaid-covered services that are medically necessary to treat their condition.

Some of the categories in the Medicaid Act—including hospital stays—are considered "mandatory" and states must provide them to both adults and children, where medically necessary. Other services—including rehabilitative services—are optional services for adults; the state may elect to provide them to adults, or may elect to not provide those services. However, as noted above, children are entitled to both mandatory and optional services because the EPSDT mandate requires that a state provide all necessary categories of service.

Typically, the state's obligation to provide comprehensive community-based services arises under the EPSDT mandate, as the services typically fit within Medicaid categories. These categories include the "Rehabilitation Option," 42 U.S.C. § 1396d(a)(13); targeted case-management services, § 1396d(a)(19); physician services, § 1396d(a)(5)(A); home health care services, § 1396d(a)(7); and clinic services, § 1396d(a)(9).

What is at issue in the Katie A. lawsuit—wraparound and therapeutic foster care—fit within the Medicaid services categories and are regularly funded by Medicaid.

Some states fund wraparound as a bundle of services. For example, at the time of the publication of *Making Sense of Medicaid*, Nebraska's managed care contract funded wraparound per se, defining it as "intensive home-based services as well as resources and community supports tailored to the unique needs, strengths and priorities of the individual/family." It required that wraparound "be integrated with the comprehensive community-based system of care for individuals/families that includes local health and human services system" Other states cover all of the components of wraparound under Medicaid, as I discuss more fully below. This demonstrates that wraparound is clearly a Medicaid-covered services, and as a result, children in all states are entitled to wraparound under EPSDT.

Based upon my experience, and the Bazelon study of children’s mental health services, some states cover all of the components of wraparound as a mental health service under the following Medicaid categories:

a. **Engagement of the Child and Family:** This component, as defined in the Katie A. suit, is “an initial meeting with the child and family. During this meeting the coordinator engages the child and family, explains wraparound care services, and encourages the participation of additional family members and other natural supports. The engagement of the child and family continues throughout the provision of wraparound care services.” This process of engagement can be billed as case management or as family education on the child’s disorder through the Rehabilitation services category. (Case management services directed at managing Medicaid covered services may be covered as a component of any Medicaid service; when case management links the individual to non-Medicaid services and supports, targeted case management must be billed.)

b. **Immediate Crisis Stabilization:** This component is defined as “actions taken to address immediate concerns about safety and security. Before the first full team meeting, the wraparound coordinator and other team members might need to address safety issues related to medical needs, severe psychiatric symptoms, behaviors of a child that might place others in jeopardy, or issues related to a child living in an unsafe environment. In addition to the immediate relief of existing safety concerns, the wraparound coordinator attempts to predict potential areas of crisis and to clearly identify ways to resolve the crisis, should one occur.” Crisis intervention is a crucial mental health intervention and can be covered under the outpatient rehabilitative services option. (As of January 2004, 31 states covered crisis management/intervention for adults as part of the outpatient rehabilitative services option, but all are required to cover this service for children under the EPSDT mandate.)

c. **Strengths and Needs Assessment:** This component is defined as: “gathering information that identifies the unique skills, talents, interests, and resources of the child and family. This information is used to build a strength-based and individualized service plan.” Mental health assessments are an entitlement to children as a part of the EPSDT “screening” and often as part of a state’s Rehabilitation Option. The Rehabilitation Option includes diagnostic, screening, preventive, and rehabilitative services. Strength and need-based assessments are commonly provided to children with significant mental health needs.

d. **Wraparound Team Formation:** Within this component, the “wraparound coordinator contacts potential team members” who include “the child, the parent or guardian, and the wraparound coordinator” and often “friends, extended family, neighbors, members of the family’s faith community, teachers, social workers, therapists and co-workers” and “explain[s] the specific reasons they are needed on the team and coordinates the schedules of team members.” Again, as with “Engagement of the Child and Family,” engagement of other team members and any initial service planning that may occur as a team is forming, can be billed as either case management or as targeted case management. Further, there may be an assessment aspect to the team formation, which

could be billed as part of the EPSDT “screening” and often as part of a state’s Rehabilitation Option.

e. Wraparound Plan Development: Within this component, the “wraparound team works together to develop and adopt a wraparound plan. The service plan describes the needs, long-range vision and short-term objectives for the child and family, and the services that will best fit their needs.” Further, “[d]uring the wraparound team meetings, the wraparound facilitator will coordinate the assignment of tasks to team members. Deadlines for task completion are recorded.” This component will “secure services and supports, sometimes from formal networks of mental health supports, other times from other child-serving systems, and often from community and other informal sources” As discussed above, this is both a rehabilitative task and a case management task. The inclusion of family-voice and family-choice serves rehabilitative goals for the child. This encompasses two forms of case management. Case management services directed at managing Medicaid covered services may be covered as a component of rehabilitation services. Case managed services which are directed toward gaining access to and monitoring non-Medicaid services can be billed under the targeted case management. See, Memorandum from Christine Nye, HCFA Medicaid Bureau Director, to All Regional Administrators, Rehabilitation Services for the Mentally Ill (1992), attached as Exhibit 3 to this declaration. We found that 43 states specifically included targeted case management as an included service in its state plan, in our research for *Making Sense of Medicaid*.

f. Wraparound Service Plan Implementation: Wraparound services are, by definition, highly individualized, so the specific services, and the Medicaid categories in which they covered will also vary. However, as the plaintiffs’ definition notes, services “will consist of both natural and formal supports.” The “formal services that are provided may include (but are not limited to): diagnostic intellectual evaluations, comprehensive neurological evaluations, therapeutic behavioral support services, individual and family crisis planning and intervention services, parent coaching and education, medication monitoring, intensive in-home, individual, group, and family therapy services, interactive psychotherapy using play equipment, physical device, or other mechanisms of non-verbal communication, individual rehabilitation services, and day rehabilitation.” Each of these services is reimbursable under a variety of different Medicaid categories. For example, counseling and therapy can be covered under either the Clinic or the Rehabilitation services categories. Services directed toward the elimination of psychosocial barriers that impeded the development or modification of skills necessary for independent functioning in the community are Rehabilitation services. Further, contact with “collaterals” (i.e., family members, teachers) would also be included, so long as it were directly and exclusively to the effective treatment of the recipient. See, Memorandum from Christine Nye, HCFA Medicaid Bureau Director, to All Regional Administrators, Rehabilitation Services for the Mentally Ill (1992). The Rehabilitation Option also specifically provides that rehabilitation services may be furnished in a variety of community locations, including the child’s home, school, daycare program, or other natural setting.

Another example of a Medicaid-covered service that may be part of a wraparound implementation plan is therapeutic behavioral aide services. Therapeutic behavioral aides typically are experienced staff persons available on a one-on-one basis to work with a child with severe emotional or mental disabilities in his or her home and community. The services offered by these aides are aimed at assisting a beneficiary in improving, maintaining or restoring skills, and are offered through a mental health treatment plan with specific treatment goals. They are generally categorized as Rehabilitation services, and examples of these services include teaching the child appropriate problem-solving skills, anger management, and other social skills or engaging the child in constructive activities in the community.

g. Ongoing Crisis and Safety Planning: The long-term crisis planning that is envisioned under this component of wraparound is also a Medicaid reimbursable service, as is the initial crisis stabilization. This can be either a Clinic or a Rehabilitation service under Medicaid.

h. Tracking and Adapting the Wraparound Service Plan: In this component the “wraparound facilitator tracks assignment completion.” This is a case management task. Further, this component also includes the “modif[ication] of the wraparound plan when appropriate.” This component is Medicaid reimbursable in the same way as the “Wraparound Service Plan Development,” discussed above.

i. Transition: The last component of wraparound involves the “wraparound team ensur[ing] that children and families are appropriately transitioned from wraparound, either when the child leaves the children’s mental health system for the adult mental health system, or when the child and family no longer need formal supports.” Services to assist a child in transition are not generally different from other services furnished to a child, but are age-appropriate and focus on skills training that lead to independent living or success in work or higher education. These are rehabilitation services.

Therapeutic foster care (“TFC”) is a mental health service that is commonly billed under the Medicaid Rehabilitation category. Indeed, as discussed above, nearly half of the states covered therapeutic foster care as a Medicaid service. States, including Nevada, generally bill therapeutic foster care as a bundled package of services, where all of the components are billed in one case rate. I understand, however, that at least one state, Arizona, covers all of the component parts of the therapeutic foster care, but bill separately for those parts. I believe that it is highly preferable to bill therapeutic foster care as a bundled service. In either case, all of the components of therapeutic foster care are covered, and all of the human activities associated with therapeutic foster care are Medicaid reimbursable.[1] This demonstrates that therapeutic foster care is clearly a Medicaid-covered service, and as a result, children in all states are entitled to it under EPSDT.

Based upon my experience, and the Bazelon study of children’s mental health services, a state like Arizona that bills separately the components of therapeutic foster care could bill under the components following Medicaid categories:

a. **Recruitment and Matching:** This component, as defined in the Katie A. suit, is “the recruitment of families to serve as therapeutic foster parents, and then matching those families with children in need of a therapeutic foster home.” This process of recruitment can be billed as case management through the Rehabilitation services category. (Case management services directed at managing Medicaid covered services may be covered as a component of any Medicaid service; when case management links the individual to non-Medicaid services and supports, targeted case management must be billed.) In order to match a child with a family, it is likely that the child will need to be assessed, to determine both his strengths and needs, so that an appropriate placement can be made. Mental health assessments are an entitlement to children as a part of the EPSDT “diagnosis” and often as part of a state’s Rehabilitation Option. The Rehabilitation Option includes diagnostic, screening, preventive, and rehabilitative services. Strength and need-based assessments are commonly provided to children with significant mental health needs.

b. **Therapeutic Foster Parent Training:** This component involves the training of the foster parent before a child with mental health needs enters their home, during which “the foster parent is taught how to use behavior management strategies.” It also involves the “ongoing supervision and support, similar to that given to therapist trainees” provided to therapeutic foster parents. This process of training foster parents and providing ongoing support can be billed as case management or as family education on the child’s disorder through the Rehabilitation services category.

c. **Development of Treatment Plan:** The treatment planning process in therapeutic foster care, is described as developing a “treatment plan that is both standardized and individualized” and “focused on the individualized strengths and needs of the child” in order to “guide[] the foster parents to be specific in the way they reinforce progress and to be consistent in setting limits and consequences.” The treatment plans are created in team meetings, “during which the overall integrity of the child’s treatment plan is monitored and re-evaluated, and the sequencing and timing of interventions is planned.” The entire treatment planning process is billed in the same manner as “Wraparound Service Plan Development,” (i.e., as both a rehabilitative task and a case management task).

d. **Tracking and Adapting the Treatment Plan:** In this component, therapeutic foster care coordinators “provide intensive case monitoring, coordinate the efforts of the foster parents and the individual therapists.” They also “maintain contact with the child’s biological parents, teachers, employers, and other important members of the child’s community.” As discussed above, contact with the members of the child’s community would also be included, so long as it were directly and exclusively to the effective treatment of the recipient. See, Memorandum from Christine Nye, HCFA Medicaid Bureau Director, to All Regional Administrators, Rehabilitation Services for the Mentally Ill (1992). This process is billed as both rehabilitative and case management tasks.

e. **Plan Implementation—Individual Child Treatment:** Within this component, both the services provided by the therapeutic foster parent (and as the service description

notes, “On a day-to-day basis, the therapeutic foster parent is the primary agent who implements the child’s treatment plan”) and the formal services, which may include “diagnostic intellectual evaluations, comprehensive neurological evaluations, therapeutic behavioral support services, individual and family crisis planning and intervention services, parent coaching and education, medication monitoring, intensive in-home, individual, group, and family therapy services, interactive psychotherapy using play equipment, physical device, or other mechanisms of non-verbal communication, individual rehabilitation services, and day rehabilitation.” As with the “Wraparound Service Plan Implementation” these services are covered under a variety of categories. By way of example, the evaluations are an entitlement to children as a part of the EPSDT “diagnosis” and often as part of a state’s Rehabilitation Option. The Rehabilitation Option includes diagnostic, screening, preventive, and rehabilitative services. The counseling and therapy can be covered under either the Clinic or the Rehabilitation services categories. Services directed toward the elimination of psychosocial barriers that impeded the development or modification of skills necessary for independent functioning in the community are Rehabilitation services. Each of the formal services listed are considered Medicaid covered services. All of the human activities associated with the natural supports—for example, coordinating the provision of natural supports—are Medicaid covered services. As previously noted, case managed services which are directed toward gaining access to and monitoring non-Medicaid services can be billed under the targeted case management. See, Memorandum from Christine Nye, HCFA Medicaid Bureau Director, to All Regional Administrators, Rehabilitation Services for the Mentally Ill (1992).

f. Plan Implementation—Family Treatment: Within this component, and where appropriate, “family therapy is provided, and parents are taught how to use the behavioral management techniques used by the child’s therapeutic foster family.” The counseling and therapy services, where aimed directly and exclusively to the effective treatment of the child, are Medicaid covered services. This form of counseling and therapy can be covered under either the Clinic or the Rehabilitation services categories, depending on where it is provided.

g. Transition: The final component of therapeutic foster care is “ensur[ing] that children and families are appropriately transitioned from therapeutic foster care, either when the child and family no longer need therapeutic foster care, or when the child leaves the children’s mental health system for the adult mental health system.” Often this involves transitioning the child from therapeutic foster care, to wraparound care. Because wraparound is a Medicaid covered service, case management services may be covered as a component of any Medicaid service, and in this case, billed as Rehabilitative services. Further, the “family therapy continues after the child leaves care” and again, as long as this therapy is aimed directly and exclusively to the effective treatment of the child, it is covered under the Rehabilitative or Clinic service categories.

Sometimes there are instances when either wraparound teams or

therapeutic foster program go beyond providing mental health services. These costs are not necessarily covered under Medicaid. For example, occasionally a wraparound team or a therapeutic foster program will recommend buying one-time or occasional goods and/or services needed to support the child and their family through a crisis, such as purchasing clothes or a refrigerator or paying utility or rent bills. Or, a wraparound team or therapeutic foster care program may recommend school-related services, like a tutor, which are funded by the school system and not Medicaid. These costs are not Medicaid-covered services, nor are they central or core components of either wraparound or therapeutic foster care as mental health services.

VI. Conclusion

Wraparound and therapeutic foster care are covered Medicaid services, eligible for Federal Financial Participation.

The Making Sense of Medicaid publication demonstrated that wraparound and therapeutic foster care can be covered by Medicaid. Because wraparound and therapeutic foster care are clearly covered by Medicaid, as demonstrated by the states that cover those services under Medicaid, children in all states are entitled to those services under Medicaid's EPSDT mandate".

For Immediate Release: Mon. Jan. 24, 2005

Contact: Chris Burley, 202-467-5730 x 133

California Kids with Mental Illness Warehoused in Juvenile Detention

Washington, DC—Each night, hundreds of California children wait for community mental health services in juvenile detention, according to a report released today by a Congressional committee.

“It is sickening that so many California children are being punished for the state’s failure to provide adequate services,” said Ira Burnim, legal director at the Bazelon Center for Mental Health Law, a Washington, DC-based legal advocate for adults and children with mental disabilities.

“These kids need help, not jail time,” continued Burnim. “The only way to end this practice is to ensure that appropriate mental health services are readily available in the community.”

The report—prepared for Representative Henry Waxman (D-CA) by the minority staff of the Special Investigations Division of the U.S. House of Representatives Committee on Government Reform—found that:

- Most California juvenile detention facilities hold youth who are awaiting mental health services in the community. Some children are as young as eight years old. In four facilities, children with mental illness are held in detention centers without any charges against them.
- Over a six-month period, more than 750 incarcerated youth waited for community mental health services in California. Each night, more than 250 youth wait in detention for community mental health services. The average stay for youth in detention awaiting treatment is about twice as long as the average stay for all detainees.
- Nearly all the California juvenile detention facilities that hold youth waiting for community mental health services report that some youth have attempted to harm themselves or others while in juvenile detention. Yet over half of these facilities provide no mental health training for staff.
- California juvenile detention facilities spend an estimated \$10.8 million each year to house youth who are waiting for community mental health services.

In 2002, the Bazelon Center and a coalition of public interest organizations filed suit against the state of California to improve the availability of community-based mental health services for children with emotional and behavioral impairments.

“In California and elsewhere, children are bounced from agencies and placements,” said Burnim. “The buck has to stop somewhere and it shouldn’t be in juvenile detention.”

Today's report analyzes data from a national survey of juvenile detention facilities released last year by Rep. Waxman and Senator Susan Collins (R-ME). That national survey found that tens of millions of dollars are spent to warehouse youth with mental or emotional disorders in juvenile detention facilities across the country.

"This is a national problem that needs to be at the very top of Congress' priorities," said Burnim. "Juvenile detention can be an isolating and terrifying experience for a child with mental health needs. It is unconscionable to allow this practice to continue."

Both the national survey and the report on California are available online at: <http://www.democrats.reform.house.gov> .

**ASSESSMENT OF OVERALL RISK AND NEEDS
INITIAL SCREENING INSTRUMENT
Youth Level of Service-Revised (YLS/CMI)**

Report Title: “Case Classification for Juvenile Corrections: An Assessment of the Youth Level of Service/Case Management Inventory (YLS/CMI)”

Authors: Flores, Anthony W. M.S.; Latessa, Edward J. Ph.D.; Travis III, Lawrence F., Ph.D;

Source: Center for Criminal Justice Research
Division of Criminal Justice
P.O. Box 210389
University of Cincinnati
Cincinnati, OH 45221-0389

Report Summary:

The **Youthful Level of Service Inventory (Y-LSI)** determines overall risk of reoffending as well as specific criminogenic needs of youthful offenders that need to be addressed in treatment interventions. The YLSI/CMI is designed to aid juvenile justice professionals in assessing the risk and criminogenic needs of male and female offenders, white and non-white offenders. The instrument has been validated on males, females, Caucasian and African-American youth. The tool offers information that should be valuable to a correctional agency in case planning. YLS/CMI is a checklist that produces a survey of the risk and need factors of youth. It provides a linkage between those factors and a case plan.

This report provides confidence not only in the Y-LSI's overall predictive accuracy, but also in the Y-LSI as a general classification tool valid for males and females, white and nonwhite juvenile offenders. In addition to identifying youthful offender risk and need areas, the Y-LSI is a tool that can contribute to the development of additional or new programming.

The Y-LSI is an assessment tool that was validated on delinquents placed into three correctional settings in Ohio: correctional facility, residential programming, and probation supervision. The *Ohio Department of Youth Services (ODYS)* who serves 2,000 offenders in correctional facilities, *Butler County Juvenile Probation Department* who serves adjudicated delinquents in a 36-bed residential center and *Clermont County Juvenile Probation Department* who serves 1,500 on juvenile probation. Information from the Y-LSI assessment is used to assign cases to different levels of supervision intensity and to determine the provision of treatment services. In combination, these three agencies represent a continuum of correctional treatment for delinquent youth, from traditional probation supervision to secure, long term, institutional placement. In all three studies, the results revealed that the Y-LSI significantly predicted which youths were at a higher risk of recidivating using a number of different recidivism measures, including program. The Y-LSI was significantly related to all of the recidivism measures employed in the study.

The assessment takes approximately 30-40 minutes to administer. This is mainly used with youth aged 13-18 years, and some training is required yet no clinical experience.

The author's final comment is that assuming the Y-LSI is adopted, their research indicates that the agency should devote some effort to validating and norming the instrument on its specific population. Flores, Anthony W. M.S.; Latessa, Edward J. Ph.D.; Travis III, Lawrence F., Ph.D

This is an online report available from the National Criminal Justice Reference Service at:
<http://www.ncjrs.org/pdffiles1/nij/grants/204006.pdf>

Training should be provided to juvenile professionals on how to use and score this assessment tool. It can be delivered in two or three day formats and covers general principles of risk assessment, administration and scoring of the YOLS/CMI, and instruction on using information gathered through the assessment process as a means of reducing recidivism. A three day train-the-trainers session is also available to assist agencies in developing the resources to support the use of this instrument”.

The web site below offers a curriculum to train an internal staff member within the organization to be a trainer himself or herself.

<http://www.uc.edu/corrections/training.htm>

Multi-Health Systems, Inc.
908 Niagara Falls Blvd.
North Tonawanda, NY 14120-2060
1-800- 456-3003
For more information: <http://www.mhs.com/>

References:

Bonta, J. (1996). “Risk-Needs Assessment and Treatment.” In A. T. Harland (Ed.), *Choosing Correctional Interventions That Work: Defining the Demand and Evaluating the Supply*. Newbury Park, CA: Sage, pp. 18-32.

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Screening Instrument for Teenagers.” *Journal of Child and Adolescent Substance Abuse*, 3(4): 69-93.

Gendreau, P., C. Goggin, and M. Pappozzi. (1996). “Up to Speed- Principles of Effective Assessment for Community Corrections.” *Federal Probation*, 60(3): 64-70.

Jones, P. (1996). “Risk Prediction in Criminal Justice.” In A. T. Harland (ed.), *Choosing Correctional Interventions That Work: Defining the Demand and Evaluating the Supply*. Newbury Park, CA: Sage: 33-68.

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Adolescent Anger Rating Scale SECONDARY ASSESSMENT INSTRUMENT

Report Title: Initial Development and Score Validation of the Adolescent Anger Rating Scale

Authors: Mckinnie Burney, Deanna and Kromrey, Jeffrey

Source: Educational and Psychological Measurement, Vol. 61 No. 3, June 2001 446-460

Report Summary:

The AARS is a 41-item psychometrical instrument that assesses the intensity and frequency of anger expression in adolescents ages 11-19 years. The items are consistent with behaviors identified in the DSM-IV. Elevated AARS scores can help to identify adolescents who are at risk for diagnoses of Conduct Disorder (CD), Oppositional Defiant Disorder (ODD), or Attention-Deficit/Hyperactivity Disorder (ADHD). In this study, the authors investigated the construct validity of AARS scores. Seven hundred ninety-two 12- to 19-year-old adolescents in Grades 7 through 12 participated in the study from the state of Florida. Factor analysis yielded three factors: Instrumental Anger, Reactive Anger, and Anger Control. Moderate, test-retest reliability coefficients indicated that scores from the AARS are internally consistent and stable when measuring anger subtypes. Discriminant validity evidence supported the AARS scores ability to measure specific types of anger different from constructs of anger measured by the Multidimensional Anger Inventory (MAI). This study declares that extreme scores on the AARS can assist researchers and practitioners in identifying adolescents who are at risk for these diagnoses. This appears to be a useful tool in assessing specific types of anger in youth. This study does not include youth incarcerated, however this may be a tool that may be useful in that area.

Assessment tool: The Adolescent Anger Rating Scale can be found at:

Psychological Assessment Resources, Inc

<http://www.parinc.com/product.cfm?ProductID=504>

The materials on this site provide guidance for administering this assessment tool. It does not appear that any formal training besides the guide is needed for administering this tool.

The time needed to perform this tool is: 5-10 minutes for individuals' 10-20 minutes for groups.

References:

Nelson, W. M., Hart, K. J., & Finch, A. J. (1993). "Anger in children: A cognitive behavioral view of the assessment-therapy connection". *Journal of Rational-Emotive and Cognitive Behavior*, 11: 135-150.

Siegel, J. M. (1986). "The Multidimensional Anger Inventory". *Journal of Personality and Social Psychology*, 5(1): 191-200.

Spielberger, C. D., Jacobs, G. A., Russell, S., & Crane, R. S. (1985). "Assessment of anger: The State-Trait Anger Scale". In J. N. Butcher & C.D. Spielberger (Eds.), *Advances in personality assessment*. Vol. 2: 161-189. Hillsdale, NJ: Lawrence Erlbaum.

State Trait Anger Expression Inventory Secondary Assessment Instrument

Report Title: "Concise self-report measure of components of anger...State-Trait Anger Expression Inventory-2 (STAXI-2)".

Authors: The STAXI-2 was developed by Charles D. Spielberger, PhD, ABPP.

Source: Psychological Assessment Resources, Inc., <http://www.parinc.com/index.cfm>

Report Summary:

The State Trait Anger Expression Inventory-2 (STAXI-2) is used to assess individuals for their experience, expression, and control of anger. Designed for use with individuals age 16 and over, the test takes between five and ten minutes to administer and five minutes to score. The STAXI-2 requires a sixth grade reading level to complete, and can be administered to individuals or groups. It has been translated and adapted for international use, including Swedish (Lindqvist et al 2003), Czechoslovakian (Stuchlikova et al 1994) and Latin American (Moscoso 2000) populations. The STAXI-2 is validated for use with many groups, including Black Americans (Herrero-Taylor 1999), and Offender (Foley et al 2002) populations.

Assessment Tools:

The State Trait Anger Expression Inventory-2 is available: Psychological Assessment Resources, Inc., <http://www.parinc.com/index.cfm>

Citations:

[Foley, Pamela F](#); [Hartman, Bruce W](#); [Dunn, Adriana B](#); [Smith, John E](#); and Goldberg, David M. 2002. "The utility of the State-Trait Anger Expression Inventory with offenders". *International Journal of Offender Therapy and Comparative Criminology*. 46 (3): 364-378.

[Forgays, Deborah Kirby](#); [Spielberger, Charles D](#); [Ottaway, Scott A](#); and [Forgays, David G](#). 1998. "Factor structure of the State-Trait Anger Expression Inventory for middle-aged men and women". *Assessment*. 5 (2): 141-155.

[Garcia-Leon, Ana](#); [Reyes, Gustavo A](#); [Vila, Jaime](#); [Perez, Nieves](#); [Robles, Humbelina](#); and [Ramos, Manuel M](#). 2002. "The Aggression Questionnaire: A validation study in student samples". *Spanish Journal of Psychology*. 5 (1): 45-53.

[Herrero-Taylor, Teresa Cristina](#). 1999. "The structural and contextual analysis of anger in urban African-American adolescents". *Dissertation Abstracts International Section A: Humanities and Social Sciences*. 60(4-A): 1025.

[Lindqvist, Judit Krisztina](#); [Daderman, Anna Maria](#); and [Hellstrom, Ake](#). 2003. "Swedish adaptations of the Novaco Anger Scale-1998, the Provocation Inventory, and the State-Trait Anger Expression Inventory-2". *Social Behavior and Personality*. 31 (8): 773-788.

[Moscoso, Manolete S](#). 2000. "Factorial structure of the Multicultural Latin American Anger Expression Inventory/Estructura factorial del Inventario Multicultural Latinoamericano de la Expresion de la Colera y la Hostilidad". *Revista Latinoamericana de Psicologia*. 32 (2): 321-343.

[Stuchlikova, Iva](#); [Man, Frantisek](#); and [Spielberger, C D](#). 1994. "State anger and trait anger: Preliminary validation of the Czech version of Spielberger's "State Trait Anger Expression Inventory (STAXI)," developed by Spielberger (1988)/Hnev jako stav a jako rys: I. Skaly state

(stav), trait (rys). Predbezne sdeleni o vyvoji ceske verze Spielbergerova "State Trait Anger Expression Inventory (STAXI)". *Ceskoslovenska Psychologie*. 38 (3): 220-227.

Beck Depression Inventory Secondary Assessment Instrument

Report Title: "Construct validity of the Beck Depression Inventory in a depressive population".

Authors: C.K.W. Schotte, M. Maes, R. Cluydts, D. De Doncker , P. Cosyns

Source: *Journal of Affective Disorders* 46 (1997) 115–125

Report Summary:

This study investigates the construct validity of the Beck Depression Inventory (BDI) in a large population of DSM-III unipolar depressive inpatients. The present findings generally lend support to the construct validity of the BDI in depressive populations. Many studies are cited as demonstrating the validity and reliability of Beck's Depression Inventory, including: Beck et al, 1988; and Prud'homme and Baron, 1993.

Assessment Tools:

The Beck's Depression Inventory is available: through the Psychological Corporation, at www.psychcorp.com.

Citations:

Beck, A.T., Steer, R.A., Garbin, M.G., 1988. "Psychometric properties of the Beck Depression Inventory: twenty-five years of evaluation". *Clinical Psychology Review*. 8: 77–100.

Kendall, P.C., Hollon, S.D., Beck, A.T., Hammen, C.L., Ingram, R.E., 1987. "Issues and recommendations regarding use of the Beck Depression Inventory". *Cognitive Ther. Res.* 11: 289–299.

Oliver, J.M., Simmons, M.E., 1984. "Depression as measured by the DSM-III and the Beck Depression Inventory in a unselected adult population". *Journal of Consulting Clinical Psychology*. 52, 892–898.

Prud'homme, L., Baron, P., 1993. "Utility of the Beck Depression Inventory in clinical research: some additional data". *Rev. Eur. Psychol. Appl.* 43, 311–314.

Startup, M., Rees, A., Barkham, M., 1992. "Components of major depression examined via the Beck Depression Inventory". *Journal of Affective Disorders*. 26: 251–259.

Steer, R.A., Beck, A.T., Garrison, B., 1986. "Applications of the Beck Depression Inventory". In: Sartorius, N., Bann, T.A. (Eds.), *Assessment of Depression*. Springer-Verlag, Heidelberg, pp. 123–142.

Weckowitz, T.E., Muir, W., Crolepy, A.J., 1967. "A factor analysis of the Beck Inventory of Depression". *Journal of Consulting Psychology*. 31: 23–28.

Beck's Depression Inventory

Web Author: Web Copyright and created by: Professor Grant Devilly.
["http://www.swin.edu.au/bioscienceeng/neuropsych/devilly/"](http://www.swin.edu.au/bioscienceeng/neuropsych/devilly/). Last Edited: Friday
June 04, 2004.

Article Author: Ms. Linda Stinton, reviewed, edited and approved by Professor Devilly. All
information drawn from the BDI website of Professor Devilly.

Source: The Beck Depression Inventory is available through the Psychological
Corporation, located on the web at: ["http://www.psychcorp.com/"](http://www.psychcorp.com/)

Report Summary:

Beck created the BDI in 1961, a 21 item self-report rating inventory measuring characteristic attitudes and symptoms of depression. Internal consistency for the BDI ranges from .73 to .92 with a mean of .86. (Beck, Steer, & Garbin, 1988, as cited in Devilly, 2004). Similar reliabilities have been found for the 13-item short form (Groth-Marnat, 1990, as cited in Devilly, 2004). A meta-analysis of studies on the revised BDI's psychometric properties by Richter, Werner, Heerlim, Kraus, & Sauer (1998) report advantages with the revised BDI's high content validity, and validity in differentiating between depressed and non-depressed people (cited in Devilly, 2004).

Citations:

Beck, A. T., Steer, R..A., Garbin, M.. G. 1988 "Psychometric properties of the Beck Depression Inventory: Twenty-five years of evaluation". *Clinical Psychology Review* 8 (1), 77-100.

Groth-Marnat G. 1990. *The handbook of psychological assessment* (2nd ed.), John Wiley & Sons, New York.

Richter, P., Werner, J., Heerlien, A., Kraus, A., Sauer, H. 1998. "On the validity of the Beck Depression Inventory; A review". *Psychopathology* 31 (3), 160-168

SUBSTANCE ABUSE
Comprehensive Addiction Severity Index for Adolescents (CASI-A)
SECONDARY ASSESSMENT INSTRUMENT

Report Title: The Comprehensive Addiction Severity Index for Adolescents

Source: The **Comprehensive Addiction Severity Index for Adolescents (CASI-A)** is a The Comprehensive Addiction Severity Index for Adolescents (CASI-A) is an interview-based screening instrument designed to measure the severity of addiction and problems in other life areas. It is a structured interview developed by Kathleen Meyers of the University of Pennsylvania. This is a useful tool in ascertaining the level of an adolescent's addiction. The CASI-A covers several areas, including the following: education, substance use, use of free time, leisure activities, peer relationships, family (including family history and intra-familial abuse), psychiatric status, and legal history. This is a widely used assessment tool that is designed to gauge the severity of addiction in adolescents. It can be used with youth aged 12-18 years. It takes approximately 45-90 minutes to complete depending upon the amount of drugs/alcohol used by youth. In service training is required, no clinical experience is needed to administer this tool.

Assessment Tool: The Comprehensive Addiction Severity Index for Adolescents can be obtained from:

<http://adai.washington.edu/instruments/CASIAinfo.htm>

Alcohol and Drug Abuse Institute

For a copy of the instrument, call 1-800-238-2433.

For a copy of the source reference, contact:

Kathleen Meyers
Treatment Research Institute
2005 Market St.
One Commerce Square
Philadelphia, PA 19103

OR: Kathleen Meyers,
System Measures
P.O. Box 506
Spring Mount, PA 19478
1-610-287-4426

References:

Amoureux, M.P.S.R., Van den Hurk, A.A., Schippers, G.M., & Breteler, M.H.M. (1994). "The Addiction Severity Index in penitentiaries". *International Journal of Offender Therapy & Comparative Criminology*, 38(4): 309-318.

Dixon, L., Myers, P., Johnson, J., & Corty, E. (1996). "Screening for mental illness with the Addiction Severity Index". *American Journal on Addictions*, 5(4): 301-307.

Kaminer Y, , Plummer B, Wagner E et al.(1993) "Validation of the Teen Addiction Severity Index (T-ASI)". *American Journal of Addiction*; 2: 250-254

Jaeger JL; McLellan AT; Meyers K ; Pettinati HM.(1995) Development of the Comprehensive Addiction Severity Index for Adolescents (CASI-A): An interview for assessing multiple problems of adolescents. *Journal of Substance Abuse Treatment*;12(3):181-193

Kosten, T.R., Rounsaville, B., Kleber, H.D. (1983). "Concurrent Validity of the Addiction Severity Index ". *Journal of Nervous and Mental Disorders*, 171, 606-610.

Meyers, K., Jaeger, J., Metzger, D., & Sargiotto, P. (1989). "The Carrier Addiction Severity Index for Adolescents (CASI-A)". In L.S. Harris (Ed.), *Problems of Drug Dependence*, NIDA Research Monograph 95: 467-468. Rockville, MD: National Institute on Drug Abuse.

SEXUAL OFFENDERS
Juvenile Sex Offender Assessment Protocol (J-SOAP)-II
SECONDARY ASSESSMENT INSTRUMENT

Report Title: Juvenile Sex Offender Assessment Protocol (J-SOAP)-II- Manual

Source: Report available: <http://www.csom.org/pubs/JSOAP.pdf>

Report Summary: The Juvenile Sex Offender Assessment Protocol-II (J-SOAP-II) is a checklist whose purpose is to aid in the systematic review of risk factors that have been identified in the professional literature as being associated with sexual and criminal offending. It is designed to be used with boys in the age range of 12 to 18 who have been adjudicated for sexual offenses, as well as non-adjudicated youths with a history of sexually coercive behavior. It takes 15-30 minutes to administer this assessment tool. In-service training and/or clinical experience is needed to administer this tool. Prior to using J-SOAP II, users should have training and experience in assessing juveniles who commit sexual offenses and risk assessment in general, particularly as it pertains to juvenile sex offending. In addition, prior to using J-SOAP II, users should read the manual and be familiar with its contents. Before using the scale in any professional capacity, users should complete several practice cases and compare their scores with others who have scored the same case to identify and resolve any scoring difficulties. It is also recommended that J-SOAP-II users periodically consult with each other about their scoring and stay current with the evolving literature relevant for assessing with juveniles who sexually offend. This updated version is still in an experimental stage and should be used with other assessment tools to gauge a juvenile's level of psycho-pathology.

Assessment Tool: J-SOAP available from :

Robert Prentky, Ph.D.
P.O. Box 162
Accord, MA 02018-0162
Office: (508) 697-2744
Email: rprentky@attbi.com

Sue Righthand, Ph.D.
P.O. Box 1047
Rockland, Maine 04841
VM: (207) 594- 7880
Email: Rtnds@aol.com

References:

Hecker, J., Scoular, J., Righthand, S., & Nangle, D. (2002, October). *Predictive validity of the J-SOAP over 10-plus years: Implications for risk assessment*. Paper presented at the Annual Meeting of the Association for Treatment of Sexual Abusers, Montreal, Quebec, Canada.

Prentky, R. A., Harris, B., Frizzell, K., & Righthand, S. (2000). "An actuarial procedure for assessing risk with juvenile sex offenders". *Sexual Abuse: A Journal of research and Treatment*, 12(2), 71-93.

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proximal antecedents of J-SOAP risk domains. Paper presented at the Annual Meeting of the Association for Treatment of Sexual Abusers, Montreal, Quebec, Canada.

Righthand, S., Prentky, R. A., Knight, R. A., Carpenter, E., Hecker, J. E., & Nangle, D. (Manuscript in preparation). *Factor structure and validation of the Juvenile Sex Offender Assessment Protocol (J-SOAP).*

Career Interest Inventory INITIAL SCREENING INSTRUMENT

Report Title: "Career Assessment Inventory: Vocational Version"

Authors: Charles B. Johansson, PhD
Pearson Assessments, www.pearsonassessments.com

Source: Pearson Assessments, www.pearsonassessments.com

Report Summary:

The CAI-V is useful for advising individuals who are re-entering the workforce or considering a career change, screening job applicants, and providing career development assistance to displaced workers. The Vocational Version of the Career Assessment Inventory instrument is an interest inventory that helps identify occupational interests for individuals who plan to enter careers immediately after high school or community college. This version focuses on careers requiring less than two years of post-secondary training. The test is designed for those over fifteen with at least a 6th grade reading level. It is available either as a pencil and paper or online test, and takes approximately 30 minutes to complete. The CAI-V was tested for both men and women.

Assessment Tools:

Career Assessment Inventory: Vocational Version is available. See Pearson Assessments for pricing information: Pearson Assessments, www.pearsonassessments.com

Core Principles of Effective Programs
A National Summary²⁴

1. An assessment of risk and needs should be conducted on each youth at intake using a variety of standardized and valid assessment instruments. Assessment should address the risk factors in the child/family that contribute to delinquent behavior in the following areas:
 - a. Engaging in high-risk behaviors (see also Risk Factor research-Exhibit B):
 - b. Criminogenic risk factors such as the existence of:
 - Criminal attitudes, values, and beliefs
 - Cognitive distortions
 - Associating with criminal peers
 - Isolation from pro-social organizations, adults and peers
 - Having little to no supervision from caring adults and engaging in high-risk behaviors.
2. The goal of prevention/early intervention programs should be to reduce the criminogenic risk factors, increase family functioning and increase the number of protective factors in a child's life.
3. The assessment should result in a written plan of care that specifies goals to be achieved during program involvement.
4. Interventions should match the strengths and deficits of the child in multiple life domains (e.g. individual, community, family, peers, and school).
5. Interventions should be tailored to the learning style of the youth and family.
6. Programs should be based on a well-structured design and treatment protocols.
7. Positive behavioral change has a high likelihood of being achieved if the intervention is at least three-four months in duration and includes frequent contacts during the program duration. Programs should specify the duration, document the frequency of hours of service received, and extent of exposure to various interventions.
8. Programs are most effective when they are delivered through a variety of modalities including, individual, group, family counseling, and psycho-educational focus groups.
9. To ensure an effective transition, the process should begin at intake.
10. Treatment interventions should be cognitive-behavioral and instruct youth and families how to reduce their cognitive distortions, recognize their triggers for relapse, reduce their criminal thinking patterns and to develop their skills to deal with problems.
11. Treatment should be provided to the highest risk youth (status or delinquent) because they have a high likelihood of reoffending without the intervention. The greatest number of resources should be devoted to those youth who have the highest risk of reoffending.
12. A period of aftercare should follow discharge from the program (minimum of six months is encouraged).

²⁴ Gendreau, P., & Goggin, C. (1996). Principles of effective correctional programming. Forum on Correctional Research, Vol 8.

13. Treatment staff should have the qualifications and experience in the areas in which they practice, they must communicate a caring attitude, they should model pro-social behavior and they should demonstrate leadership.
14. Case management should document changes in the criminogenic risk and needs of the youth while participating in the program.
15. Post-program outcomes should be tracked at various intervals (at 6, 12 and 18 months is recommended) to determine where programs should modify their delivery methods.
16. An average reduction of 25%-30% in recidivism from treatment and control groups is expected in effective programs.

Aggression Replacement Training (ART)
2801 32nd Avenue SW,
Tumwater, WA 98512.
(360) 709-3131

Type of Program: Early Intervention

TANF-Eligible Service: Life Skills Training – Anger Management

Category of Service: Life Skills Training

Target Population: Delinquent offenders

Brief Description: The ART curriculum consists of three components: Structured Learning Training (The Behavior Component), Anger Control Training (The Emotional Component), and Moral Reasoning (The Values Component).

- Structured Learning Training - Is the teaching of a series of interpersonal skills that address various social situations and is an alternative to aggressive behavior.
- Anger Control Training - The focus is on teaching youth self-control in dealing with their anger.
- Moral Reasoning - This component is designed to help correct the youth's thinking errors and lead him or her to see there are other ways of acting in different situations. Throughout the group discussion, youth are exposed to the different perspectives of other group members.

Performance Measures used to Evaluate: ART is an intensive ten-week life-skills program in which the youth attends one-hour group sessions three times per week. In these sessions, participants gain tools that allow them to solve problems, make decisions, and interact positively in social situations. Each youth will role-play the skill in group and, with practice and feedback, will progress to using the skill outside the classroom and will be evaluated by observers.²⁵

Outcomes: Aggression replacement training has been shown to reduce recidivism among delinquent youth on parole. High level of anger management skill acquisition are revealed, and when adding together all of the components of ART, youth are shown to exhibit higher levels of transfer/maintenance anger effects.

In a North Dakota study of behavior management of aggressive youth, the Aggressive Replacement Training approach was used to serve youth who were at risk of becoming involved in the juvenile justice system.

Outcomes for youth who completed this program were as follows:

²⁵ As reported by the Juvenile Court – Probation Services, Thurston County, Washington

- 58% committed no other offenses during a three year follow-up period
- Of those who did commit another offense, 78% had no more than one offense per year
- 75% of participants said the program was life-changing or at least aided the youths in reducing their aggression

Information obtained through the Koch Crime Commission
www.kci.org/publication/juv_justice_resch/jjrsch5c.htm

Wraparound Milwaukee

Bruce Kamradt
Children's Mental Health Branch
Milwaukee County Division of Mental Health
9501 Watertown Plank Road
Milwaukee, Wisconsin 53226
(414) 257-6532

Type of Program: Early intervention

Category of Service: Life Skills Training

Target Population: Mentally ill youth involved in the mental health and juvenile justice systems.

Brief Description: Wraparound Milwaukee is a system of care for children who have serious emotional, behavioral, and mental health needs. Wraparound was designed to reduce the number of children sent to residential treatment centers and inpatient psychiatric hospitals while providing more services to the children in their homes and communities. The goal is to reduce placement in a mental health facility and to reduce future offending. This program utilizes a wraparound approach involving various agencies (including mental health, child welfare, school district, law enforcement, probation department and the family) that focuses on strength-based, individualized care. Program coordinators determine the needs and resources the child and family need and assist them in gaining access to services that will meet those needs.

Outcomes:

- Reduction in the number of juveniles referred for felonies and misdemeanors: in the three years prior to enrollment 56% of clients had been referred for felonies and 79% had been referred for misdemeanors. In the 3 years following enrollment, 33% of clients were referred for a felony and 43% for a misdemeanor.
- Reduction in the number of juveniles committing various offenses. All offense types dropped; the most dramatic reductions were seen in the following:
 - Property offenses dropped from 42% one year before enrollment to 24% during enrollment and 15% one year after enrollment.
 - Assaults declined from 20% in the year prior to enrollment to 10% during enrollment and then to 5% in the year following enrollment.
 - Weapons offenses were reduced from 11% in the year before enrollment to 4% in the year during enrollment and dropped again to 3% in the year following enrollment.
- Drop of 74% in the number of participants who committed two or more offenses between the year prior to enrollment to the year following enrollment.
- 65% reduction in the use of residential treatment placements.
- Reduced inpatient psychiatric treatment by 80%.
- Increase in the average number of school days attended from under 60% to nearly 85%.

Information for this page was gathered from the Wraparound Milwaukee website found at www.milwaukeecounty.org and from the Guiding Lights for Reform in Juvenile Justice at www.aypf.org

Multisystemic Therapy (MST)

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Type of Program: Early Intervention and Alternative to Placement

Category of Service: Formal Treatment – Family and Community based treatment

Target Population: Chronic, serious and violent offenders; mentally ill youth; dual diagnosis youth

Brief Description: MST is a family and community-based treatment approach that address multiple factors predisposing youth to antisocial behavior. It is implemented within a network of several connected systems that includes at least one of the following: individual, family, peer, school, and neighborhood. MST targets chronic, violent, or substance abusing juvenile offenders between the ages of 12 to 17 who are at high risk of out-of-home placement, and the families of those youth. The program addresses multiple factors that are related to delinquency. MST therapists strive to train parents in the necessary skills to raise teenagers and to teach youth to cope with family, peer, school, and neighborhood problems.

Performance Measures used to Evaluate: The therapist places appropriate demands on the adolescent and their families to make them responsible for their own behavior. Intervention strategies are integrated into four types of services which are delivered through a home-based model: strategic family therapy, structural family therapy, behavioral parent training, and cognitive-behavioral therapy. The average family receives 60 hours of direct services and can vary depending on the needs of the family.

Outcomes: Evaluations substantiate that:

- MST youth were half as likely as control youths to have been rearrested after one year.
- MST participants saw reductions in out-of-home placements between 47% and 64%.
- MST youth spent an average of 73 fewer days incarcerated in justice system facilities compared to control group youth.
- Decreased mental health problems for serious juvenile offenders.

This information was gathered from Blueprint Programs website:

www.colorado.edu/cspv/blueprints

**INTERVIEWS WITH MINORS
SEPTEMBER 7-8, 2005**

James Ranch

While in Custody

Question 1: When you arrived were you asked about the goals you should work toward accomplishing while you were at the Ranch and after release?

Answer: Mixed reviews. Some indicated that the counselor asked them about their plans during and after release from the Ranch program while others said that no one asked them about their plans but left it up to them. All boys indicated that the counselor assigned them to classes based on the problems identified in their case file. All indicated that they were required to repeat the classes if they had been at the Ranch previously.

Question 2: Were you given a written plan to help you remember the goals that you agreed to work on while you are at the Ranch?

Answer: None of the boys saw their plan and they reported that they indicated that they were not given on-going reports on how they were progressing.

Question 3: What programs have been the most helpful to you while you have been here at the Ranch?

Answer: Pathways, welding and the construction courses were identified as the best. All indicated that they could not see the linkage between the work they were required to perform and obtaining a marketable skill.

Question 4: What programs could improve?

Answer: The educational program was reported to be the greatest need, more teachers, more books, and greater challenging courses.

Question 5: Are there other programs that you think would help you that are currently not being offered?

Answer: Job readiness training, more counselors to help them with their problems.

Question 6: Have you been involved in any class that examined your way of thinking and how it has gotten you into trouble?

Answer: No youth indicated that their thinking patterns had been examined and one youth indicated that there has been no compelling reason given to date by any staff why they should change their lifestyle.

Field Supervision

Question 1: How many separate probation programs were you involved in before coming to the Ranch?

Answer: The three programs cited were house arrest, work furlough and California Youth Outreach.

Question 2: What type of support did you receive from the Probation Officer?

Answer: All youth indicated that they did not receive a lot of support from the Probation Officer. They indicated that the P.O. did not visit the home, meet with their parents, or recommend programs. They perceived the P.O. as a law enforcement officer to “lock you up”.

Question 3: Have you been involved in any class that examined your way of thinking and how it has gotten you into trouble?

Answer: No youth indicated that a P.O. challenged their thinking patterns.

Muriel Wright Center

Question 1: When you arrived were you asked about the goals you should work toward accomplishing while you were at the Center and after release?

Answer: None of the youth interviewed indicated that they were asked to discuss their goals to be achieved at the Center or when they leave the Center.

Question 2: Were you given a written plan to help you remember the goals that you agreed to work on while you are at the Center?

Answer: None of the youth interviewed reported that they saw their plan nor did they receive on-going progress reports on how they were progressing.

Question 3: What programs have been the most helpful to you while you have been here at the Center?

Answer: Pathways and Gang Awareness were cited as good programs.

Question 4: What programs could improve?

Answer: The math instruction, more committed teachers, tutoring, homework and longer anger management programming were cited as areas needing improvement.

Question 5: Are there other programs that you think would help you that are currently not being offered?

Answer: Tutoring and family contact.

Question 6: Have you been involved in any class that examined your way of thinking and how it has gotten you into trouble?

Answer: No youth indicated that their thinking patterns had been examined by staff.

Field Supervision

Question 1: How many separate probation programs were you involved in before coming to the Center?

Answer: One of four youth indicated that they were involved in programs such as anger management (attended once) and community service but that the P.O. did not ask for verification of hours performed. Another youth indicated that they were on house arrest and EM prior to violation.

Question 2: What type of support did you receive from the Probation Officer?

Answer: All youth indicated that their and their parents' contact with the Probation Officer was limited. They indicated that they had contact with the P.O. at intake, once at school and once at court in eight months supervision. No youth indicated that the P.O. involved their parents or visited their home.

Question 3: Have you been involved in any class that examined your way of thinking and how it has gotten you into trouble?

Answer: No youth indicated that their thinking patterns had been examined.

Juvenile Hall

While in Custody

Question 1: When you arrived were you asked about the goals you should work toward accomplishing at the Juvenile Hall and after you are released?

Answer: All minors reported that they were asked about the goals they wanted to accomplish while they were at the Juvenile Hall and after release.

Question 2: Were you given a written plan to help you remember the goals that you agreed to work on while you are at the Juvenile Hall?

Answer: One of the 10 youth interviewed reported that they saw their written plan.

Question 3: What programs have been the most helpful to you while you have been here at the Juvenile Hall?

Answer: The job readiness program and the substance abuse programs were cited as the most valuable.

Question 4: What programs could improve?

Answer: The counseling program was cited as a service that should be expanded.

Question 5: Are there other programs that you think would help you that are currently not being offered?

Answer: Parenting skills education was mentioned as many youth were already parents, formal anger management and family counseling were identified as programs that would help them prepare for release.

Field Supervision

Question 1: How many separate probation programs were you involved in before coming to the Juvenile Hall?

Answer: No programs were cited prior to violation.

Question 2: What type of support did you receive from the Probation Officer?

Answer: All youth indicated that the Probation Officer was not supportive or provided services. They reported that the P.O. did not look at the reasons why they became associated with gangs (e.g. have no family, do not have any role models, like the fame it gives). They indicated that the P.O. was not responsive to their parents even when their mothers called them numerous times.

They reported that the P.O. did not work with them but violated them on one FTA or they stack up technical violations so they could be violated and locked up.

Minors on Field Probation

Field Supervision

Question 1: How many separate probation programs have you been involved in?

Answer: House arrest, Alternative Placement Academy, Ranch.

Question 2: What type of support have you received from your Probation Officer?

Answer: Youth reported that the Probation Officer was not supportive nor did they arrange for counseling when they felt they needed it. They believed that the P.O. was interested in waiting for them to do something wrong so they could violate them rather than working with them to prevent them from violating.

Interviews with Parents Of Minors in the Juvenile Hall, James Ranch and Muriel Wright Center

While in Custody

Question 1: Were you involved in developing the goals that your child was supposed to achieve while he was in the facility?

Answer: None of the parents indicated that they were involved in developing the plan or that they had a copy of the plan that was developed for their child.

Question 2: How often are you informed of your child's progress?

Answer: None of the parents reported that they received progress reports.

Question 3: What do you believe have been the best elements of the facility's program?

Answer: Parents at the Juvenile Hall reported that the best element was the school program. Parents of youth at the James Ranch cited the vocational education like auto mechanics, electrical work, painting. Parents of youth at the Wright Center appreciated the home visits, the staff listened and treated them with respect.

Question 4: What suggestions do you have to improve the programs at the facility?

Answer: Parents at the Wright Center suggested that the kids should have light rail passes while they are on aftercare. Parents of youth at the James Ranch suggested that the staff needed to be more respectful of them and to keep them informed.

Service Provider Focus Group Results
Santa Clara County, CA
August 1, 2005

Question: In your knowledge, does the Probation Department use any assessment instrument to determine what service is needed by the youth and the family?

1. No objective assessment instrument is used
2. Probation Officers are not consistent in which service they use, it is entirely subjective and based on the personal relationship between the probation officer and the agency

Question: Does the service provider receive the results of the MAAC assessment?

1. No results from the assessments are shared with the service provider

Question: How does the lack of primary assessment information impact on the service provider?

1. Service provider has no clear reason why the Probation Officer has referred the youth to them
2. Service provider has to conduct more assessments than they would if the Probation Officer conducted a primary assessment
3. Service provider does not know what the Probation Officer's Case Plan is for the youth and the family and thus does not know how to support this Plan

Question: What do you believe are the factors for making referrals to service providers?

1. Court order
2. Under contract with the Probation Department
3. Geographical reasons
4. Tradition
5. Personal relationship with the provider

Question: How do the Probation Officers use service providers?

1. They use providers more as an intermediate sanction rather than a preventive measure to avoid violation. They want service providers to be another "eyes and ears" to catch the youth doing something that the Probation Officer can use to violate them
2. They don't use service providers for stabilization and behavior change

Question: What are the factors for not making referrals to service providers?

1. Some Probation Officers are not aware of the services we provide
2. There appears to be a philosophical conflict among some Probation Officers because they view treatment and service providers as being “soft” and thus inconsistent with the Probation Officer’s goal for accountability
3. There is a lack of confidence of some service providers
4. Probation Officers do not value/respect the services provided by service providers
5. Probation Officers do not want to pay for services because their budget has been reduced so much
6. Probation Department has reorganized and this has resulted in staff turnover which impacts on consistency of Probation Officer
7. The Probation Department leadership is supportive of service providers but this does not “trickle down” to the line Probation Officer level

Question: What mechanisms are in place to ensure that there is on-going communication between Probation Officer and the service provider?

1. Service providers provide Weekly Attendance, Incident Reports, and Monthly Reports
2. Probation Officers are invited to participate in the monthly Case Staffings but they do not attend
3. Probation Officer has not defined what they expect the service provider to accomplish with the child
4. Probation Department has not defined the performance measures for quality of care
5. There are no routine meetings held between the Probation Department and the service providers

Question: What are the gaps in the Continuum of Services from your perspective?

1. Make greater use of the existing services for youth on probation because referrals from the Probation Department do not keep pace with referrals from other county agencies (e.g. Department of Social Services, other county probation departments)
2. Greater use of Wraparound Services-Probation youth are rarely referred
3. Greater referrals to Project YEA-many youth are underserved
4. Greater referrals for aftercare support
5. Tutoring support for youth who are behind in their education plan
6. More services in the top 10 zipcodes that are the most distressed communities (e.g. particularly South County)
7. Reinststitute substance abuse treatment in the Juvenile Hall

Question: What are the principles that should drive a Continuum of Services in Santa Clara County?

1. Services must be matched with the level of risk and need

2. There should an objective, standardized initial assessment of needs to drive the development of the Supervision and Treatment Plan
3. There should be a protocol for reassessing the case to determine if the Case Plan should be modified
4. Services should be strengths-based while recognizing the deficits
5. Services should be aimed at changing criminal thinking and behavioral patterns
6. Services should be seamless and integrated so that youth and families can receive services based on needs rather than agency boundaries
7. Services should be well-coordinated with an overall Case Plan so that all professionals are guided by the plan
8. The Probation Officer and the service provider should work together to ensure that the Case Plan is implemented consistently—each is aware of the elements of the Plan and shares information about the case on a regular basis
9. Graduated system of consequences should be utilized first before a child is locked up; Juvenile Probation Officers appear to be too quick to use confinement

Service Provider Focus Group Results
Santa Clara County, CA
August 2, 2005

Question: In your knowledge, does the Probation Department use any assessment instrument to determine what service is needed by the youth and the family?

1. No objective assessment instrument is used
2. Results from MAYSI and the MAAC are not shared with the service provider

Question: How does the lack of primary assessment information impact on the service provider?

1. Service provider has to conduct both primary and secondary assessments
2. Service provider does not have clear goals for the youth and family

Question: What do you believe are the factors for making referrals to service providers?

1. Personal relationship between the Probation Officer and the agency

Question: How do the Probation Officers use service providers?

1. Restorative justice program works closely with providers
2. Probation Officers don't use therapeutic services such as mental health

Question: What are the factors for not making referrals to service providers?

1. Some Probation Officers believe that they know best and they don't view service providers as necessary
2. Santa Clara County has been identified as a model in so many areas that some Probation Officers believe that nothing else can be done to improve
3. They do not want to give us their scarce resources
4. Some Probation Officers will send youth to the Ranch instead of a group home because 1) they believe that the youth requires a correctional response 2) Probation Department operates this program 3) length of stay is shorter than some group home stays
5. The staff turnover results in building new relationships

Question: What mechanisms are in place to ensure that there is on-going communication between Probation Officer and the service provider?

6. There is no on-going communication between Probation Department and the service providers as a group to discuss operational issues and to develop strategies to improve

Question: What are the gaps in the Continuum of Services from your perspective?

1. For youth in custody at the Juvenile Hall, the following gaps were identified:
 - More one-on-one counseling
 - Substance abuse treatment
 - Formal transition planning for all youth
 - Lack of continuity of service provider due to too many contracted providers
 - Services to the youth waiting placement-appears to be dead time

2. For youth not in custody and on probation, the following gaps were identified:
 - Emancipation services for youth aging out of the juvenile justice system; these begin too late to be effective
 - Service underutilization in the following areas:
 - Out patient services
 - Wraparound services and System of Care services are underutilized
 - Group homes are underutilized (only 10-15% of the youth in these group homes are referrals from the Juvenile Probation Department)
 - No use of existing funds for outpatient services (e.g. EPSDT, MediCal, TANF)
 - Probation Officers do not appear to assess whether the family is eligible for various federal funding streams; while 25% of the youth at the Juvenile Hall have a MediCal card this does not mean that others are not also eligible
 - Family services to families on probation; these are provided to youth in Aftercare after they are released from the Ranch rather than before the Ranch
 - Services for adolescent sex offenders
 - Culturally relevant services for undocumented aliens
 - Educational support (e.g. tutoring, AB3236 mandated services)
 - Youth employment readiness services
 - Assessment-driven decision-making process
 - Creative use of the shelter

Question: What are the principles that should drive a Continuum of Services in Santa Clara County?

1. Use the least restrictive option prior to locking a kid up
2. Services must be matched with the level of risk and need after an assessment is conducted