

SUPPORTING AT-RISK YOUTH

LOCAL ACTION PLAN 2020–2025

Assessment of the Gaps,
Needs, and Opportunities
in San Mateo County

San Mateo County
Probation Department

Juvenile Justice Coordinating
Council (JJCC)



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About the Researcher

Applied Survey Research (ASR) is a social research firm dedicated to helping people build better communities by collecting meaningful data, facilitating information-based planning, and developing custom strategies. The firm was founded on the principle that community improvement, initiative sustainability, and program success are closely tied to assessment needs, evaluation of community goals, and development of appropriate responses.

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Key Definitions of Risk

Understanding risk is an important part of youth and family support services, and this report considers several different aspects of risk. These aspects are described below and are meant to help readers understand the specific contexts of risk discussed in this report.

Risk factor

An attribute, behavior, or condition that contributes to an increased likelihood that a subsequent delinquency event will occur (e.g., lack of positive adult role models, lack of opportunities to engage in prosocial activities).

Risky behavior

Activities youth may engage in that may cause short or long-term harm (e.g., substance use, truancy).

At-risk

Being in danger of suffering negative occurrences based on circumstances or conditions (e.g., poverty, family or neighborhood factors).

Criminogenic risk factor

Refers to specific risk factors that are correlated with an increased likelihood of ongoing or repeated delinquent and/or criminal behaviors (e.g., age at first offense, antisocial peers and beliefs).

Risk level

Youth who enter the juvenile justice system with at least one police contact that has been referred to probation are assessed to estimate their likelihood of reoffending based on criminogenic risk factors. Youth are then assigned a risk level (low, moderate, moderate-high, high risk) for the purpose of helping probation determine the appropriate level of supervision.



Executive Summary

In 2000, the Juvenile Justice Crime Prevention Act (JJCPA) and the Juvenile Probation and Camp Funding Program (JPCF) were created to provide stable funding sources for local juvenile justice programs that have been proven effective in reducing crime among at-risk youth. The JJCPA and JPCF require the Juvenile Justice Coordinating Council (JJCC) to periodically develop, review and update a comprehensive local action plan (LAP) that documents the condition of the local juvenile justice system and outlines proposed efforts to fill identified service gaps for youth and their families. The last plan completed in 2015 highlighted needs that broadened the focus of needs from the *40 Developmental Assets* to include the effects of mental health, trauma, poverty, and family functioning.¹ This LAP reflects a view consistent with that of the last, while recognizing progress over the last five years as well as identifies new opportunities to help set funding priorities for the next five fiscal years (2020-2025) for two funding streams: JJCPA and JPCF.

In November 2019, the JJCC and Applied Survey Research (ASR) launched the planning process for this 2020-2025 LAP. ASR identified current gaps in resources in the community by three primary methods: key informant interviews (KIIs), focus groups, and a community survey completed by staff at community-based organizations, government agencies, and local education agencies. ASR used information gleaned through these methods to identify common needs in the community. In total, the community highlighted five areas of needs for youth and their families: Behavioral Health, Positive Pathways for Youth, Parent Education and Support, Access to Effective Services, and Alignment and Coordination of Systems.

This LAP will serve three purposes:

- *Highlight the gaps and needs within San Mateo County;*
- *Provide a sample of best practices to address such gaps; and*
- *Recommend future steps to be taken by the JJCC.*


The table on the next page provides a summary of the opportunities for improving juvenile justice outcomes for youth.



**Behavioral
Health**




**Positive
Pathways for
Youth**



**Parent
Education and
Support**



**Access to
Effective
Services**



**Alignment and
Coordination
of Systems**

¹ Refer to the Search Institute's Developmental Assets Framework. [See https://www.search-institute.org/our-research/development-assets/developmental-assets-framework/](https://www.search-institute.org/our-research/development-assets/developmental-assets-framework/)



Table 1: Summary of Priority Areas, Key Opportunities, & Potential Outcomes (*included in prior LAP)

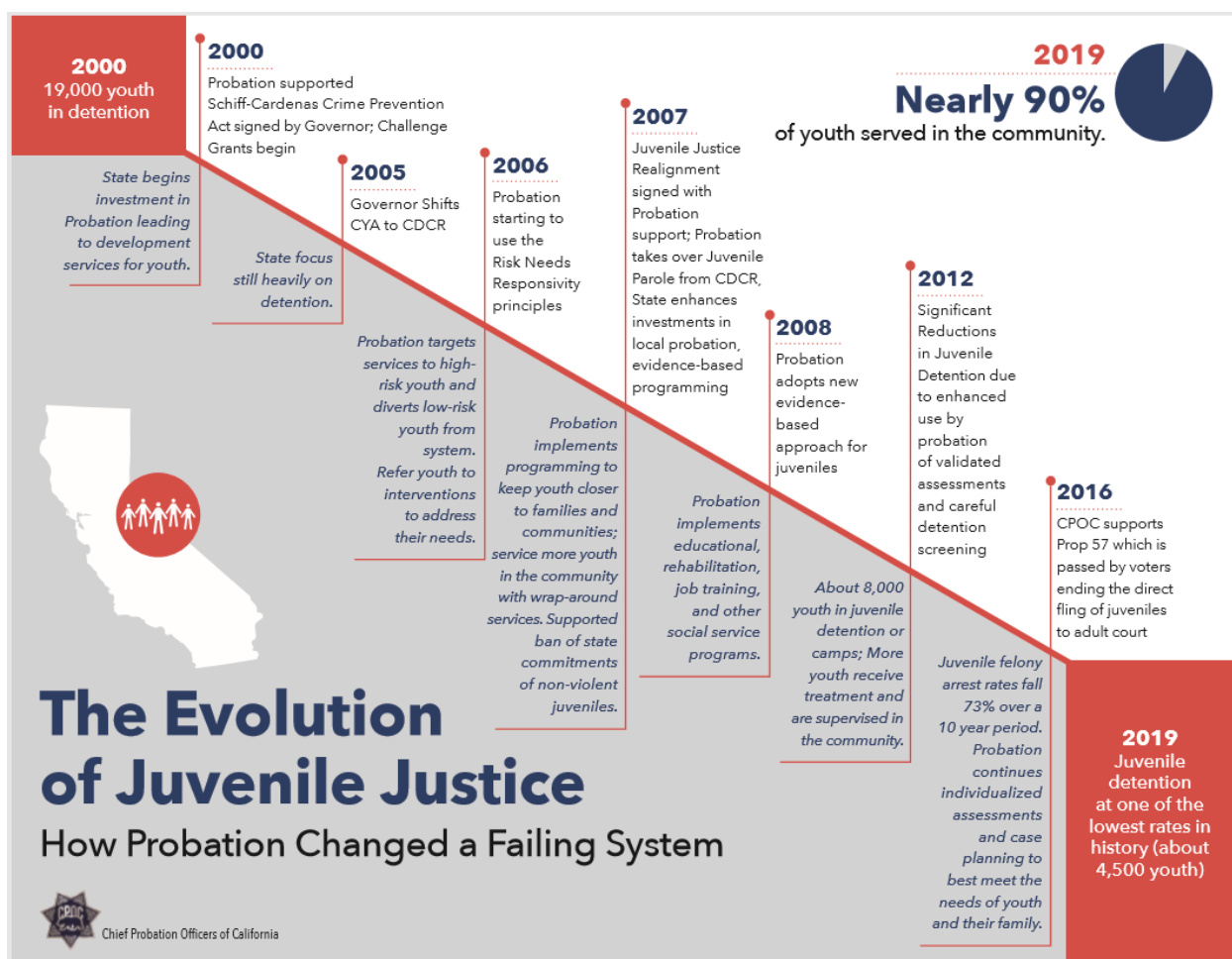
PRIORITY AREAS		KEY OPPORTUNITIES	POTENTIAL OUTCOMES
Behavioral Health			
Mental Health*	<i>Increase availability of treatment modalities that work for at-risk youth</i>		<i>Stronger engagement in services and improved treatment outcomes for youth</i>
Substance Use*	<i>Expand participation in addiction programs designed for youth</i>		<i>Increase in the number of youth in treatment and managing their substance use</i>
Trauma-specific	<i>Increase individualized services to mitigate the effects of trauma in youth's lives</i>		<i>Increase in the number of youth accessing services to address trauma; Increase in ability to cope with trauma-related stress</i>
School-based Counseling	<i>Increase capacity to provide mental health services and supports for youth at school</i>		<i>Increase in the number of youth accessing MH/BH services</i>
Family Therapy	<i>Provide evidence-based programs focused on strengthening family relationships and understanding of trauma</i>		<i>Increase in family functioning; Improved family communication</i>
Positive Pathways for Youth			
Prosocial Opportunities	<i>Increase asset building and leadership in 'hours of opportunity'</i>		<i>Youth strengthen developmental assets/protective factors; Increase self-efficacy; Decrease justice-involvement</i>
Mentorship*	<i>Connect youth with consistent and relatable mentors</i>		<i>Increase the number of youth who have at least one caring adult in their life; Increase the number of youth who stay on track</i>
School Engagement	<i>Increase opportunities and programs to reduce truancy and increase connection to school</i>		<i>Decrease school absenteeism and dropout rates</i>
Technical and Career Training*	<i>Seek partnership with local companies for training and internship opportunities</i>		<i>Increase youth's career skills and job opportunities with local companies</i>
Innovation in Juvenile Justice	<i>Collect data to evaluate the quality of implementation and impact of innovative programs</i>		<i>Understand the reach and impact of innovative programs in the short and longer term; Demonstrate decrease in arrest and recidivism rates</i>
Re-Entry Support*	<i>Increase capacity of psychiatric social workers and wraparound teams to keep youth on a positive path post-release; Warmer handoffs for greater continuity of pre to post-release services</i>		<i>Increase access to MH/BH and education services during re-entry; Decrease recidivism</i>

Parent Education and Support		
Family Engagement*	<i>Meet families where they are to connect them to community supports and other resources</i>	<i>Increase in the number of families accessing support; Family functioning and social supports increase</i>
Parenting Skills	<i>Engage families in services that support positive parenting skills</i>	<i>Increase in the number of families who learn the skills to provide the balance of structure and support youth need</i>
Access to Effective Services		
Barriers to Access Services	<i>Increase affordability for at-risk youth and families to access beneficial services</i>	<i>Increase in the number of families who overcome financial barriers to access services</i>
Culturally & Linguistically Responsive Services*	<i>Increase cultural sensitivity of materials and services; Increase availability of services in home languages (e.g., MH services in Spanish)</i>	<i>Increase in the number of youth and families who access and benefit from services</i>
Program Quality & Sustainability	<i>Increase funding for quality programs that benefit at-risk youth</i>	<i>Increase in funding to sustain innovation and programs with demonstrated effectiveness; Increase in the number of youth who stay connected to programs and services that help them</i>
Alignment and Coordination of Systems		
Align and Coordinate Services	<i>Outreach to understand the communication needs of providers and develop methods to meet those needs (e.g., reestablish multidisciplinary provider teams for incarcerated youth)</i>	<i>Increase in communication among providers; Increase in the number of youths whose needs are addressed in a more coordinated way</i>
Prevention & Early Intervention System	<i>Coordinate cross-sector PEI early warning partnership to identify and address risk at onset</i>	<i>Increase in the number of children and youth who improve behavior and coping skills that decrease their likelihood of entry into the justice system</i>
Trauma-Informed*	<i>Reinvest in comprehensive cross-sector trauma-informed training and community of practice</i>	<i>Providers and educators better understand trauma and how to respond to trauma-based behavior in children and youth</i>

Background

TWO DECADES OF CHANGE IN JUVENILE JUSTICE IN CALIFORNIA

According to Chief Probation Officers of California (CPOC), California experienced nothing short of a historic evolution over the last two decades when it comes to how youth referred to the justice system are served. Specifically, a focus on becoming a more innovative and responsive system to serve youth led to nearly 90% of involved youth being served in community settings in 2019.² The implementation of juvenile justice reforms as described in the figure below also led to a marked decrease in the number of youth in detention estimated from 19,000 in 2000 to about 4,500 in 2019, and a 73% drop in the juvenile arrest rate since 2007. Additionally, CPOC believes that the drop is in large part driven by investment in prevention and early intervention services and the implementation of research and evidence-based therapeutic approaches to risk reduction and rehabilitation.



² <https://www.cpoc.org/post/californias-historic-juvenile-justice-evolution-2>

OVERVIEW OF THE JUVENILE JUSTICE COORDINATING COUNCIL & RELATED FUNDING STREAMS

JUVENILE JUSTICE COORDINATING COUNCIL

In order to receive state funds, the Juvenile Justice Crime Prevention Act (JJCPA) and the Juvenile Probation and Camp Funding Program (JPCF) require counties to establish and maintain a multi-agency council that shall develop and implement a continuum of county-based responses to juvenile crime. The coordinating councils shall, at a minimum, include the chief probation officer, as chair, and one representative each from the district attorney's office, the public defender's office, the sheriff's department, the board of supervisors, the department of social services, the department of mental health, a community-based drug and alcohol program, a city police department, the county office of education or a school district, an at-large community representative, and representatives from nonprofit community-based organizations (CBOs) providing services to minors.³ The council must develop, review, and update a comprehensive local action plan (LAP) that documents the condition of the local juvenile justice system and outlines proposed efforts to fill identified service gaps.

In May 2009, the JPCF and Temporary Assistance for Needy Families (TANF) Planning Council disbanded and merged with the JJCPA council to form the San Mateo Juvenile Justice Coordinating Council (JJCC), which oversees funds from JJCPA and JPCF. This was done to allow voting members a wider perspective into the use of state resources for services for at-risk and probation youth and the ability to coordinate efforts with a larger team to optimize the use of those funds. As there was some overlap in membership, the merging of the two councils into the JJCC also reduced excess administrative coordination and meeting time.



The local decision in 2009 to merge JJCPA and JPCF oversight under one umbrella council permits consideration and discussion of needs and gaps in the continuum of services offered to youth. The JJCPA and JPCF have different origins, funding emphases, and reporting requirements. Counties have the discretion to decide how they wish to allocate JJCPA and JPCF funds within the defined service areas. San Mateo County chooses to use some of these funds for supporting youth in the institutions (juvenile hall), some for inter-agency services such as Behavioral Health and Recovery Services (BHRS) or Human Services Agency (HSA), and the remaining amount for services provided by CBOs. The blend of supervision, case management, referrals to community programs and direct services provides a comprehensive and coordinated array of supports for youth and their families with the goal of reducing initial or repeat involvement with the juvenile justice system. The recommendations generated from this report do not alter this general distribution of funding between San Mateo County and CBO recipients.

³ California Welfare and Institutions Code Section 749.22.

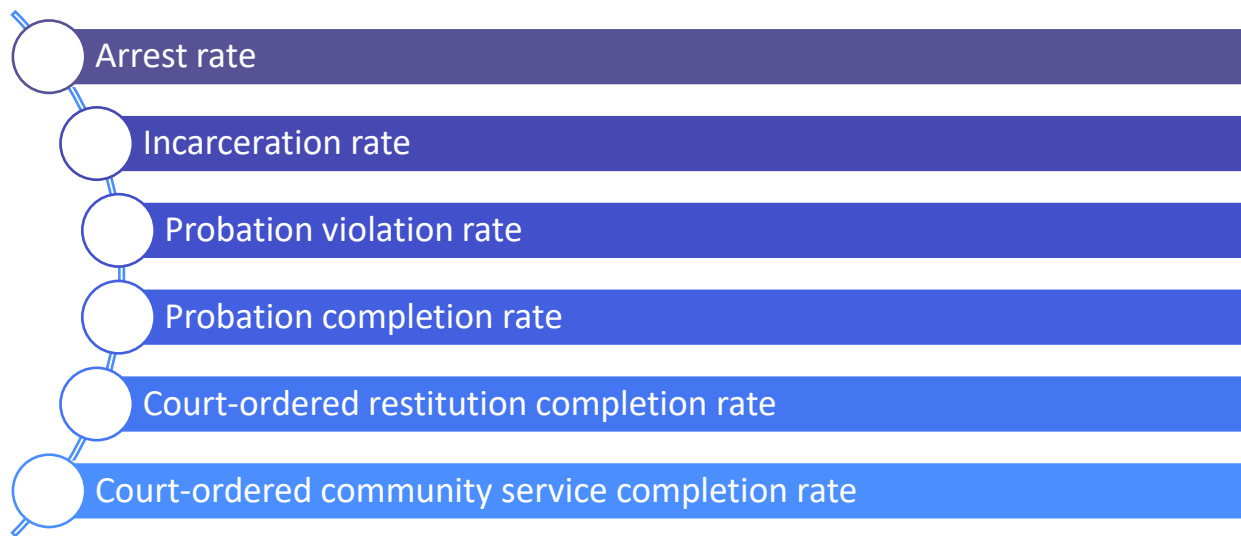


JUVENILE JUSTICE CRIME PREVENTION ACT (JJCPA)

In September 2000, the California Legislature passed AB1913, the Schiff-Cardenas Crime Prevention Act, which authorized funding for county juvenile justice programs. A 2001 senate bill extended the funding and changed the program's name to the Juvenile Justice Crime Prevention Act (JJCPA). This effort was designed to provide a stable funding source to counties for juvenile programs that have been proven effective in reducing crime among at-risk and young offenders.

Counties are required by statute to collect data at program entry and report data in the following six categories at 180 days post-entry:

Figure 1: JJCPA Mandated Data Reporting Requirements



The probation case management system is the primary source of data to respond to the mandated JJCPA reporting requirements. In addition to the mandated outcomes, many counties track and report on local outcomes specific to their individual programs. For example, some local outcomes relate to academic progress, including school attendance, grade point average and school behaviors or behavioral health issues, such as substance use, trauma and anti-social attitudes.



In FY 2018-19, the JJCPA allocation granted San Mateo County Probation \$2,081,438, and San Mateo Probation distributed the funds as follows: approximately 86% of funding to San Mateo County Probation programs, specifically the Assessment Center and Family Preservation Program as well as BHRS and HSA to assess, triage, and provide appropriate levels of case management, supervision, and treatment for probation youth, approximately 14% to CBOs to provide direct services to probation youth, and 1% for program evaluation.

JUVENILE PROBATION & CAMP FUNDING (JPCF)

The Juvenile Probation and Camp Funding Program was developed in response to legislation signed by former California Governor Schwarzenegger in July 2005 (AB 139, Chapter 74). This legislation appropriated state funds to support a broad spectrum of county probation services targeting at-risk youth, juvenile offenders (those on probation as well as those detained in local juvenile facilities), and their families. The JPCF Program, in effect, replaced the Comprehensive Youth Services Act, which

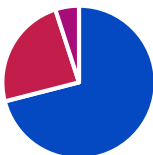
provided federal dollars to county probation departments from 1997 to 2004, through the Temporary Assistance for Needy Families (TANF) program.

All funds allocated to counties through the JPCF Program are intended to support the delivery of services authorized by the enabling legislation. Twenty-three categories of services are eligible for expenditures. These are:

CATEGORIES OF SERVICE ELIGIBLE FOR JPCF PROGRAM FUNDING

- | | |
|--|---|
| • <i>Educational Advocacy/ Attendance Monitoring</i> | • <i>Respite Care</i> |
| • <i>Mental Health Assessment/Counseling</i> | • <i>Counseling, Monitoring, & Treatment</i> |
| • <i>Home Detention</i> | • <i>Gang Intervention</i> |
| • <i>Social Responsibility Training</i> | • <i>Sex and Health Education</i> |
| • <i>Family Mentoring</i> | • <i>Anger Management, Violence Prevention, Conflict Resolution</i> |
| • <i>Parent Peer Support</i> | • <i>Aftercare Services</i> |
| • <i>Life Skills Counseling</i> | • <i>Information/Referral-Community Services</i> |
| • <i>Prevocational/Vocational Training</i> | • <i>Case Management</i> |
| • <i>Family Crisis Intervention</i> | • <i>Therapeutic Day Treatment</i> |
| • <i>Individual, Family, & Group Counseling</i> | • <i>Transportation Services</i> |
| • <i>Parenting Skills Development</i> | • <i>Emergency and Temporary Shelter</i> |
| • <i>Drug and Alcohol Education</i> | |

The state does not require program outcome reporting; however, counties must report on the following measures twice a year: number of individuals who enter a program, the number who exit, reason for exit, and number of additional family members served. JPCF states that a local evaluation is optimal, though not required. San Mateo County Probation values data-driven decision making and has opted to conduct annual evaluation of those programs that receive funding in order to ensure quality of services provided.



In FY 2018-19, San Mateo County Probation received \$2,881,012 in JPCF funds and distributed them as follows: 71% of the funds to support mandated supervision and services of institutionalized youth, 24% of the funds supported CBOs providing direct services to probation and at-risk youth, and 5% of the funds to probation case management and direct parenting interventions.

Services to youth supported by both JJCPA and JPCF streams of funding are noted in Table 2.

Table 2: Services by Funding Stream in FY2019-20

JJCPA	
ACKNOWLEDGE ALLIANCE	Provides mental health counseling for youth attending San Mateo County Court and Community Schools
FRESH LIFELINES FOR YOUTH	Provides law-related education, mentoring, leadership training, and case management for youth on probation
PROBATION DEPARTMENT FAMILY PRESERVATION PROGRAM	Probation program that provides multidisciplinary team risk/needs assessments to youth who meet the juvenile justice system. Works collaboratively with BHRS, Child and Family Services, schools, and other strength-based collateral agencies to provide therapeutic services for youth and their families.
PROBATION DEPARTMENT JUVENILE ASSESSMENT CENTER	Probation program that provides case management and supervision of youth with significant mental health, substance abuse, and other significant issues or risk factors, in partnership with other county agencies such as Behavioral Health and Recovery Services (BHRS) and the Human Services Agency (HSA) as well as oversight of the Diversion Program.
STARVISTA INSIGHTS	Provides substance use treatment and family counseling for youth on probation
STARVISTA VICTIM IMPACT AWARENESS PROGRAM (VIA)	Provides assistance to offenders in understanding the impact that their actions have on victims, their loved ones, themselves, and the wider community.
JPCF	
BOYS AND GIRLS CLUB OF THE PENINSULA	Provides mentoring services and enrichment activities to at-risk youth
COMMUNITY LEGAL SERVICES IN EAST PALO ALTO	Provides legal consultation/representation for youth and families
FRESH LIFELINES FOR YOUTH	Provides law-related education, mentoring, leadership training, and case management for youth on probation
PROBATION DEPARTMENT PARENT PROGRAMS ⁴	Probation programs that provide parenting education to parents of youth on probation
STARVISTA STRENGTHEN OUR YOUTH	Provides group and individual counseling to at-risk middle and high school students. Provides parenting workshops
YMCA – YOUTH SERVICES BUREAU	Provides school safety advocates to create safe environments at designated middle school campuses
YMCA – YOUTH SERVICES BUREAU VIA	Provides assistance to offenders in understanding the impact that their actions have on victims, their loved ones, themselves, and the wider community.

⁴ Probation Parent Programs were discontinued after 9/7/19.

PURPOSE OF THE LOCAL ACTION PLAN

The LAP created in 2011 set the blueprint for a strategic program design framed around the Search Institute's *40 Developmental Assets*. More recently, the LAP created in 2015 reflected a shift as the department and other partners became increasingly concerned about several issues not explicitly addressed with JJCPA and JPCF funds including effects of mental health, trauma, poverty, and family functioning. This current LAP reflects similar priorities as the last LAP with specific focus on the current conditions in the county. Therefore, this LAP reflects a similar but fresh perspective on the current needs of youth and their families and, as such, will help set funding priorities for the next five years (2020-2025) for JJCPA and JPCF funding streams. This plan presents:

- *Unmet needs, priority populations, and desired outcomes;*
- *Recommended strategies and interventions; and*
- *Measurement plan including indicators and the potential impact of these changes.*

The LAP is intended to be a five-year plan. As such, while it considers the current fiscal environment, the plan does not make assumptions about any increases or decreases in funding. In addition, the LAP does not identify specific programs or organizations to be funded. It does, however, establish priorities and strategies to be considered given the funds available at any particular time. The goal in preparing the LAP is to be flexible, yet realistic, about the funding horizon. Stakeholders have identified more needs than can be fully funded. However, the hope is that the data that have been collected about the needs of youth and families in San Mateo County can be used to leverage additional resources to supplement these funds when available.

DATA COLLECTION AND ANALYSIS

This LAP is the product of an extensive data collection and analysis process. Mirroring the last LAP process, ASR followed a scaffolded and sequenced design, in which information collected at each stage informed the content of the next. Data gathering included key informant interviews, focus groups, community survey (online), and a literature review. This variety of methods allowed for a broad spectrum of consideration for the LAP and resulted in a refined, well-vetted set of recommended outcomes and strategies.

The process for conducting this LAP included four main phases of inquiry. First, **stage setting** for the LAP consisted of document review of past reports and initial meetings with three stakeholder groups including the Probation Department, CBOs currently funded by the Probation Department, and the JJCC. This provided an initial overview and multifocal lens on the current needs of at-risk youth and their families and the providers and systems that serve youth in San Mateo County. Following these initial meetings, a set of **focus groups and key informant interviews** (KIIs) with stakeholders delved deeper into the needs and potential mechanisms of change to improve outcomes for youth in the county. Simultaneous to this work was the launch of an **online survey** to gather additional data on stakeholder concerns and priorities for the next five years. Based on the feedback from all stakeholders, the last phase entailed conducting a **literature review** of the mechanisms and evidence-based practices in order to refine recommendations for how to support youth in the identified areas of need. ASR gathered input through these methods and a summary of the range of sector and agency representation in stakeholder feedback is outlined in Figure 2 and further described below.



Figure 2: Sources of Stakeholder Feedback Gathered for LAP

3 STAGE SETTING MEETINGS	6 FOCUS GROUPS	10 KEY INFORMANT INTERVIEWS	COMMUNITY STAKEHOLDER SURVEY
Probation Department staff (5) CBOs (15) JJCC (22)	School Resource Officers (7) Deputy Probation Officers (6) Incarcerated Youth (6) At-Risk Youth in Diversion Program (10) Project Change, College of San Mateo (4) Hillcrest School at Youth Services Center (5)	County Office of Education Behavioral Health and Recovery Services District Attorney's Office Two Probation Services Managers Two CBOs who serve Spanish Language and Polynesian Communities Three Parents of At- Risk Youth	Youth and Family Advocates CBOs Education-related providers Human Services Organizations Law Enforcement Probation Department Substance Use/Mental Health Providers Local Government

Note: The number in parentheses are the number of attendees at each meeting or focus group.

PRIMARY DATA COLLECTION

STAGE SETTING

The JJCPA and JPCF 2018-19 annual evaluation reports provided critical information for the LAP process. These evaluations contribute to a foundation of knowledge about what is occurring within existing services under the JJCPA and JPCF funding streams. These reports provided a history of youth demographics, behavioral health issues, and outcomes. Additionally, four Neighborhood Action Plans created by the Community Collaboration for Children's Success (CCCS) in 2019 for high need areas of North Fair Oaks/Redwood City, South San Francisco, East Palo Alto, and Daly City provided additional context. In addition to the data obtained from the annual reports, qualitative data provided additional insights on needs/gaps for youth, families, and systems and the possible strategies to better serve youth and families. An initial kickoff meeting in early December 2019 with San Mateo Probation juvenile services and institutions directors, the Deputy Chief Probation Officer, the Quality Assurance Manager, and a Management Analyst solidified the objectives, timeline, and activities for completion, as well as identified needs of youth and insights on potential strategies to reduce these gaps. In addition, meetings with current CBO partners in January 2020 and the JJCC in February 2020 contributed additional perspectives to refine the initial set of needs and potential strategies to address the identified gaps in services and support.

FOCUS GROUPS AND KIIs

ASR held six focus groups with individuals including school resource officers (SROs), deputy probation officers (DPOs), at-risk youth, incarcerated youth, faculty and staff affiliated with Project Change through the College of San Mateo, and correctional education faculty and staff working with youth at

Hillcrest school. Focus groups provided a high level of detail on the needs of youth, optimal strategies for addressing those needs and desired outcomes to address and measure. Each focus group took approximately 60 minutes to conduct.

ASR conducted KIs with ten leaders in the county selected for their ability to provide comprehensive 'big picture' perspectives on the needs of youth. The list of interviewees was developed using feedback from probation, the JJCC, community members, and included representation from probation, BHRS, law enforcement, County Office of Education, community leaders, and parents of at-risk youth. Each interview took approximately one hour, except for the three interviews with parents who responded to a shorter informant protocol lasting approximately 20 minutes. The three parent interviews were conducted with parents of at-risk youth served by a community-based organization. Two interviews were conducted in Spanish and one interview was conducted in English.

ASR developed focus group and interview protocols that asked cross-cutting questions in predetermined domains to ensure consistency (see Appendix A). Some questions were also tailored to specific respondents (parents and youth) as found in the appendix. The majority of focus group participants and the key informants answered the following set of questions:

- *What are the top unmet needs for:*
 - *At-risk youth in San Mateo County?*
 - *Parents/caregivers of these youth?*
 - *For systems and service providers that serve youth?*
- *For each need mentioned above, what are the best strategies to address each need? Why are these the best strategies?*
- *What areas of the county (geographically or population-wise) are in greatest need? Please tell us about specific service gaps.*
- *What changes within your organization/unit/department might improve your ability to positively impact the lives and futures of the youth you serve?*
- *What system-wide or community-wide changes might improve the lives and futures of youth in the community at-large?*

ONLINE SURVEY

By utilizing an online community survey, ASR sought to assess how the needs and priorities elicited through the KIs and focus groups aligned with the priorities identified by a broader set of stakeholders. The survey instructed respondents to, based on their experience, rate the importance of each item in lists of needs, outcomes, strategies, and barriers for at-risk youth, their parents and families, and the larger system that serves them. ASR disseminated the survey link to a list provided by Probation of 115 individuals throughout the county. Survey respondents were asked to reply to the survey only once and to forward the link to other individuals who had experience working with youth at-risk of or involved with the juvenile justice system in San Mateo County. The survey remained open for one month, during which a total of 74 individuals completed the survey. A complete list of survey items and results are presented in Appendix B.



ANALYTIC STRATEGY

A methodical analysis that merged quantitative and qualitative data across the data sources described above determined the set of five prioritized needs areas and accompanying strategies presented in this LAP. ASR coded all the qualitative data gathered during the initial meetings, focus groups, and interviews and plotted the responses to each question in a grid. ASR then grouped related content together to identify the predominant crosscutting themes about the needs, gaps, and strategies to best address the issues identified for youth, families, and the systems serving youth.

At the same time, ASR rank-ordered the quantitative online survey responses to highlight areas of shared concern or priority based on 1) current need/priority, or 2) an increased need/priority over the last five years. The 74 survey respondents represented three main groups that included: 1) probation and law enforcement agencies (n=43, 58%), 2) substance use and mental health agencies (n=12, 16%), and 3) education-related agencies and other CBOs (n=19, 26%). Seventy-four percent of those surveyed identified themselves as primarily serving youth, while 19% served families (youth and parents). In relation to their role within their organizations, respondents mostly identified as managers/supervisors (37%) and probation officers (22%). ASR analyzed the results of the survey in several ways including mean scores and percent of respondents who score the item as high/extreme issue or priority. The data were further summed for each of the three stakeholder groups noted above, to ensure feedback from these major groups were equally represented.

The top items from the rank ordering of survey items were compared with the focus group/KII qualitative themes to identify the need areas and prioritized items which aligned strongly with the last LAP. ASR then conducted a literature review of frameworks, evidence-based practices and strategies to address the prioritized needs within each of the five areas. Together, these findings combined with that of the data collection process were used to finalize and organize recommendations made in this report.

In addition, secondary data were gathered from the California Department of Justice, California Department of Finance, and the San Mateo County Probation Department to complete the demographic and criminal profiles of youth in the county.



The Landscape of Youth in San Mateo County

Secondary data were analyzed from the California Department of Justice, California Department of Finance, and the San Mateo County Probation Department to understand the youth arrest rates in San Mateo County. A demographic profile of youth on probation in San Mateo County is also provided for the fiscal year 2018-2019.

JUVENILE ARRESTS

For the calendar year 2018, there were 749 total arrests of juveniles aged 10 – 17 years (see Table 3). This resulted in an arrest rate of 1,003 per 100,000 youth in San Mateo County, based on data obtained from the California Department of Justice and California Department of Finance. San Mateo County ranks slightly below the state averages for all offenses, with the exception of status offense rates which were well below the state average (58 vs. 117 per 100,000, respectively).

Table 3: Arrest Rates per 100,000 of Juveniles Aged 10 through 17 in 2018

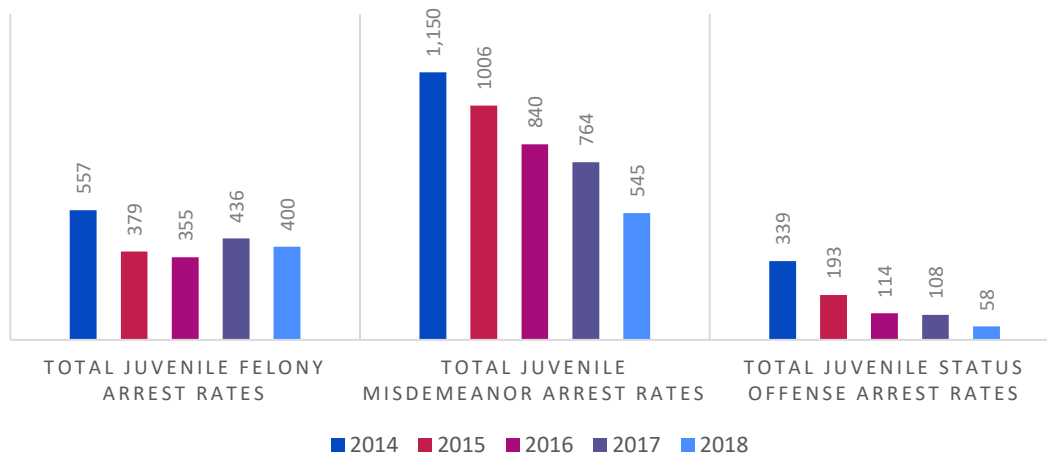
	SAN MATEO COUNTY	CALIFORNIA
POPULATION AGED 10-17	74,693	4,229,746
TOTAL JUVENILE ARRESTS (RATE)	749 (1,003)	46,423 (1,098)
<i>JUVENILE FELONY ARRESTS (RATE)</i>	299 (400)	17,265 (408)
<i>JUVENILE MISDEMEANOR ARRESTS (RATE)</i>	407 (545)	24,223 (573)
<i>JUVENILE STATUS OFFENSE ARRESTS (RATE)</i>	43 (58)	4,935 (117)

Source: California Department of Justice, California Department of Finance. Note: Arrest rates are calculated per 100,000 youth.

From 2014 to 2018, juvenile arrest rates decreased across misdemeanor and status offense types. In general, arrest rates decreased for felonies from 2014-2016, with an increase in 2017, and then a decline in 2018 (see Figure 3).



Figure 3: San Mateo County Juvenile Arrest Rates 2014-2018



Source: California Department of Justice, California Department of Finance. Note: Arrest rates are calculated per 100,000 youth.

Respondents in the key informant interviews, focus groups, and the online survey identified geographic areas with the highest need within San Mateo County. The areas mentioned by at least 30% of respondents resulted in the identification of six geographic areas: Redwood City, City of San Mateo, Daly City, East Palo Alto, South San Francisco, and Coastsides.

In FY 18-19, there were 244 unique youth on probation.⁵ Of the 237 with zip code information, a total of 63 unique zip codes were identified with 15 zip codes accounting for 136 (57%) youth on probation residing in the six geographic areas within San Mateo County as shown in Table 4.

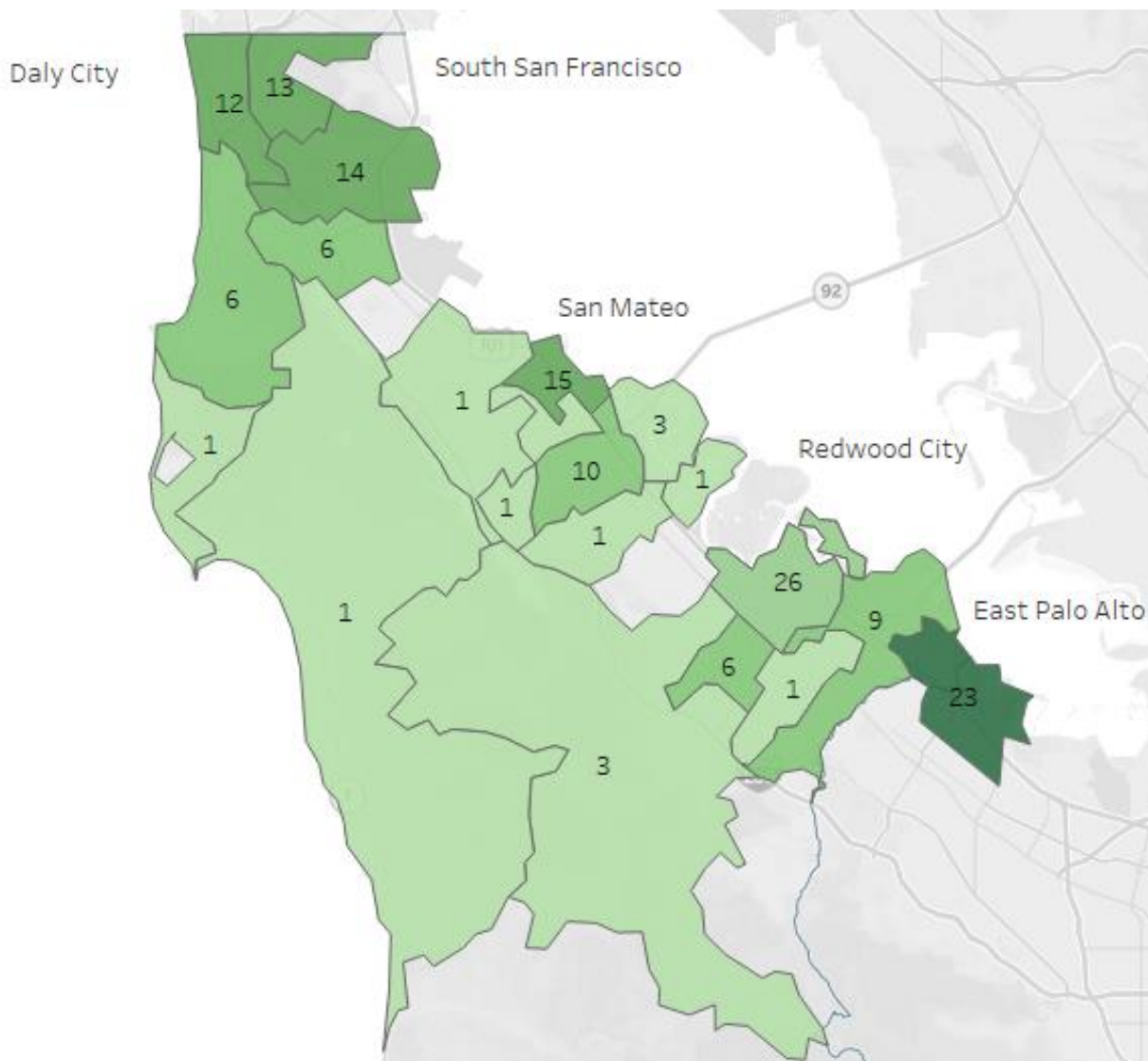
Table 4: Zip Codes of Most Represented Cities For Youth on Probation in San Mateo County in FY2018-19

ZIP CODE	CITY	PERCENT OF YOUTH ON PROBATION (N)
94061, 94062, 94063, 94065	Redwood City	16% (37)
94401, 94402, 94403, 94404	City of San Mateo	12% (29)
94014, 94015	Daly City	11% (25)
94303	East Palo Alto	10% (23)
94080	South San Francisco	6% (14)
94044, 94038, 94019	Coastsides	3% (8)

⁵ Based on data provided by San Mateo Probation. Seven of these records were sealed and therefore excluded from further analyses.

Figure 4 represents the map of the areas within San Mateo County where youth resided in FY2018-19. The darker the green color, the greater the number of youth who were located in the respective zip code.

Figure 4: Mapped Locations of Youth on Probation in FY2018-19

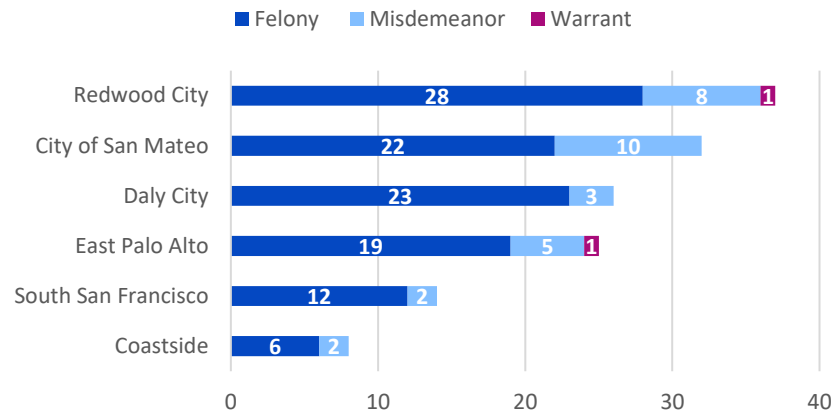


Note: N=237. The numbers on the map represent total number of youth who reside in each zip code area.

The number of juvenile arrests between August 1, 2018 – July 31, 2019 in the six geographic areas are shown in Figure 4.⁶ Overall, these areas accounted for 59% of felony arrests and 60% of misdemeanor arrests in San Mateo County. Redwood City and East Palo Alto accounted for 18% of warrant arrests in San Mateo County. Overall, the six areas accounted for 57% of the total arrests in San Mateo County.

⁶ Seven youth on probation had sealed cases with unavailable zip codes, therefore, they were excluded from analyses.

Figure 5: Juvenile Arrest Rates in High Need Areas in San Mateo County, Aug 2018- July 2019



Source: San Mateo Probation Department. Note: Coastsides represents data from cities of Half Moon Bay, Pacifica and Moss Beach.

DEMOGRAPHICS OF AT-RISK YOUTH SERVED BY PROBATION

AGE AND GENDER

For FY 2018-19, youth on probation ranged in age from 12 to 18 years old (n = 239; mean age = 15.6). Most of the youth on probation (n = 243) were male (n = 195; 80%). Youth served by JJCPA funding were slightly older, while youth served by JPCF funding were slightly younger than youth on probation. A higher percentage of females were served through JJCPA and JPCF funding streams

Table 5: Gender and Age Profile of At-risk Youth on Probation or served by JJCPA and JPCF

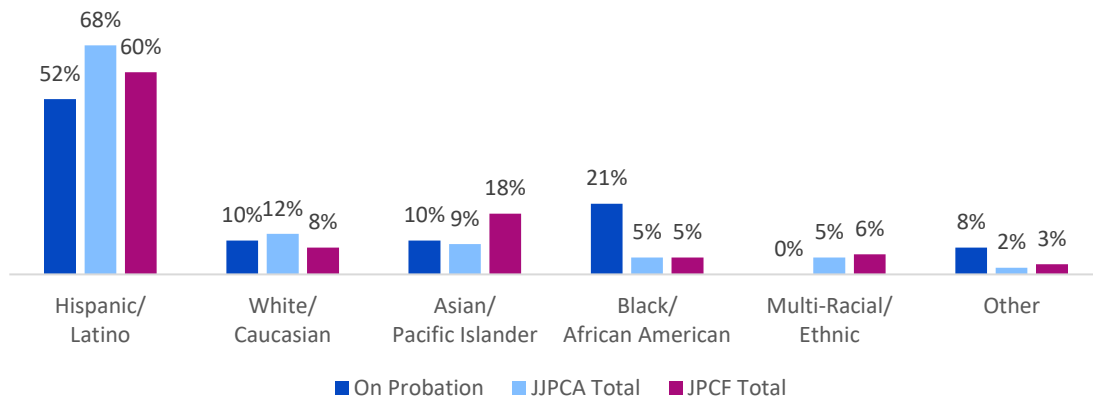
	AVERAGE AGE OF YOUTH	MALE	FEMALE	TRANSGENDER/ OTHER
ON PROBATION	15.6	80%	20%	-
JJCPA FUNDING	16.3	64%	36%	1%
JPCF FUNDING	15.0	52%	47%	1%

Note: JJCPA total n = 501-503; JPCF total = 945-1000.

RACE/ETHNICITY

For FY2018-19, a majority of youth on probation or served by JJCPA or JPCF funding sources identified as Hispanic/Latino (n = 126; 52%, see Figure 6).

Figure 6: Race/Ethnicity Profile of Clients Served by JJCPA and JPCF



Note: Youth on probation total n = 243; JJCPA total n = 487; JPCF total n = 756

Synthesis of Findings

The primary data collected in this planning process have been the basis for the outcomes and strategies proposed later, with the assumption that local stakeholders drew upon similar frames of reference when they provided their input (e.g., their own experience, recent assessments, their understanding of the literature and research).

After the data collection process ended and the information was analyzed, many areas of gaps or needs that influence youth's involvement in and experience with the juvenile justice system within San Mateo County emerged. Addressing these gaps and needs will require changes within the juvenile probation system, surrounding systems, and the overall community in upcoming years. In order to have a clear sense of these gaps and needs, ASR organized the findings into five global **priority areas**: Behavioral Health, Positive Pathways for Youth, Parent Education and Support, Access to Effective Services, and Alignment and Coordination of Systems.

The following sections detail each of these five priority areas. For each priority area, a summary of the feedback from stakeholders and/or any relevant data is provided. After the summary of feedback, each major gap or need within that priority area is discussed and examples of recommended strategies are provided. It is important to note that the example strategies are not a comprehensive list. Rather, it presents a list of sample programs that can address each particular gap or need.



Behavioral
Health




Positive
Pathways for
Youth



Parent
Education and
Support



Access to
Effective
Services



Alignment and
Coordination of
Systems



PRIORITY AREA 1: BEHAVIORAL HEALTH



SUMMARY OF FINDINGS

Similar to the last LAP, the most pressing priority identified by stakeholders in focus groups, KIs, and the online survey is the **behavioral health** of at-risk youth. Approximately 70% of youth in the juvenile justice system are diagnosed with a mental health disorder.⁷ In part due to the systemic changes, including state legislation, in reducing the number of youth who are incarcerated, those who enter Juvenile Hall are more likely to have committed a more serious offense or have higher or more complex needs than in past years. Thus, there is a prevalent and pressing need to offer more and high-quality evidence-based treatment services for mental health and behavioral issues that are easy for youth to access, that target the more complex needs of the youth, and improve the problems associated with their disorders. These changes include increases in **mental health** supports, **substance use treatment**, **trauma-specific** treatment services, **school-based counseling**, and **family therapy**.

The highest priority identified by stakeholders was to support the **mental health and behavioral health (MH/BH)** of youth as well as parents, including two-thirds (68%) of survey respondents indicating that this need in the county has somewhat or greatly increased over the past five years, and three out of five (61%) of survey respondents identifying this as one of their top focus areas for improvement in the next five years. In focus groups and KIs, stakeholders highlighted that there are significant barriers in accessing mental health treatments for at-risk youth. Mental health providers need to consider alternatives to the traditional “talk therapy” model since conventional therapy can be stigmatizing and not amenable to all individuals, particularly if the therapist does not share a similar lived experience. Even if youth receive a diagnosis and express desire for treatment, services in the county are reported to be hard to access, particularly in Spanish, or when a youth does not have a DSM diagnosis to charge for services.⁸ Lack of access or delays in treatment can make youth more vulnerable to engaging in behaviors that brought them in contact with the juvenile system.⁹

Respondents identified **drug/alcohol treatment** and rehabilitation as a high need area for all youth. Some stakeholders expressed frustration with the change in legal practices with youth, in that fewer youth are arrested for drug offenses and therefore fewer are court-mandated to treatment. Providers no longer can lean on the mandate to get youth into services and youth are saying “no”. Thus, youth who are not incarcerated have the highest need for additional support and treatment options that are amenable to youth. Many stakeholders identified the benefits of accessing more evidence-based substance use treatment programs to modify the behaviors and attitudes of youth regarding drug use.

⁷ Meservey, F., & Skowrya, L.K.R. (2015, May). *Caring for youth with mental health needs in the juvenile justice system: Improving knowledge and skills*. Research and Program Brief. National Center for Mental Health and Juvenile Justice. <https://www.ncmhjj.com/wp-content/uploads/2015/05/OJJDP-508-050415-FINAL.pdf>

⁸ The Diagnostic and Statistical Manual (DSM) of Mental Disorders is used as a guide to diagnose psychiatric illnesses, make treatment recommendations, and help with insurance coverage purposes.

⁹ Hammond, S. (2007). *Mental health needs of juvenile offenders*. Denver, CO: National Conference of State Legislators. <https://www.ncsl.org/documents/cj/jjguidebook-mental.pdf>

For example, some stakeholders mentioned the need for more mindfulness-based programs that would provide intensive care and support youth with substance use problems.

One specific behavioral health treatment modality of particular need is support of **trauma-specific interventions** that recognize the interrelation between trauma and mental health/substance use and are designed to address the effects of trauma in the lives of youth. Stakeholders believe that there is a great need to understand youth's trauma histories and experiences of feeling stigmatized/criminalized in society, and to help youth resolve trauma-related stress to cope more effectively in the present.

Another area of significant need is for **school-based counseling** for youth, which could aid in early intervention and reduce barriers to mental health treatment. Many stakeholders voiced that mental health clinicians and therapists need to be more accessible, financially and geographically, and schools are a place that youth are already spending their time so transportation and other barriers may be easier to overcome for youth. For these reasons, the data support increases in school-based counseling and on-site school supports.

Last, a strong need emerged to focus more resources on evidence-based approaches to mental health counseling within a family setting, also known as **family therapy**. At-risk or incarcerated youth are often embedded in families that are stressed with maladaptive communication patterns that are said to exacerbate issues for youth. Family therapy can be a viable intervention to address mental health needs of youth as it recognizes the ways that the interactions among youth and their families can contribute to maladaptive behavior and coping strategies that bring them in contact with the justice system. Working as a family unit can help the youth to address family dysfunction including family violence and to bolster the family's ability to effectively support youth.



GAPS, NEEDS, AND OPPORTUNITIES WITH EXAMPLE STRATEGIES

MENTAL HEALTH

The mental health treatment for youth was a high priority for stakeholders and remains a top priority for the current LAP. There are many systemic reasons why the demand remains high for services. First, youth involved in the justice system experience much higher rates of mental health disorders than average. The National Survey on Drug Use and Health (2018) found that 14.4% of 12-17-year-olds had a major depressive episode in the past year, and 3.7% had a substance use disorder.¹⁰ In comparison, an estimated 70% of youth in the juvenile justice system are diagnosed with a mental

¹⁰Mental Health Services Administration. (2018). *Key substance use and mental health indicators in the United States: Results from the 2018 National Survey on Drug Use and Health*. Rockville, MD: Center for Behavioral Health Statistics and Quality. Substance Abuse and Mental Health Services Administration.
<https://www.samhsa.gov/data/>

health disorder.¹¹ The Pathways to Desistance Study (2014) found that approximately 44% of serious youth offenders had a substance abuse disorder, 19% had high anxiety, 11% had attention-deficit/hyperactivity disorder (ADHD), 6% had posttraumatic stress disorder (PTSD) and major depression, and 4% had mania.¹²

In addition, existing mental health problems can be exacerbated with institutionalization.¹³ Mental health issues can get worse due to trauma, delayed access to treatments, or separation from family and their support systems.

It is important to connect youth to mental health services for more than symptom relief. A growing body of evidence suggests that mental health difficulties in justice-involved youth are associated with a greater likelihood of committing later offenses.¹⁴ Specifically, there is evidence that youth have a higher likelihood of reoffending if juveniles are diagnosed with mental illnesses like conduct problems, stress, and anxiety.¹⁵ Thus, it is imperative to effectively address mental health issues in justice-involved youth to improve the health and future livelihood of the youth and the safety of the community at large.

Behavioral health is chronically underfunded and understaffed, with reports that youth remain on waitlists for months before accessing vital services, particularly youth requiring services in Spanish or languages other than English. In addition, providers who serve youth without diagnoses are not able to receive reimbursement for services, closing off access for youth who are seeking help. Mirroring these concerns, stakeholders voiced for greater access to evidence-based approaches that can meet youth where they are to address their mental health needs and improve mental health outcomes. Stigma around mental health issues was mentioned as a barrier, as were some cultural beliefs that problems should not be discussed with strangers or those outside the cultural-bound family circle, as was reported for by some Pacific Islanders.

Strategies to address the need for individual therapy included hiring more practitioners who speak Spanish and offering high quality services and alternatives to “talk therapy” such as peer to peer mental health services that may be more relatable and help normalize the experience instead of stigmatize the process of acknowledging mental health issues and treating them. Additionally, stakeholders voiced the need to have more mental health support and counseling to address parents’

¹¹ Meservey, F., & Skowrya, L.K.R. (2015, May). *Caring for youth with mental health needs in the juvenile justice system: Improving knowledge and skills*. Research and Program Brief. National Center for Mental Health and Juvenile Justice. <https://www.ncmhjj.com/wp-content/uploads/2015/05/OJJDP-508-050415-FINAL.pdf>

¹² Schubert, C. A., & Mulvey, E. P. (2014, June). *Behavioral health problems, treatment, and outcomes in serious youthful offenders*. US Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention. <https://ojjdp.ojp.gov/sites/g/files/xyckuh176/files/pubs/242440.pdf>

¹³ Development Services Group, Inc. (2017, July). *Intersection between mental health and the juvenile justice system*. Washington, DC: Office of Juvenile Justice and Delinquency Prevention. <https://www.ojjdp.gov/mpg/litreviews/Intersection-Mental-Health-Juvenile-Justice.pdf>

¹⁴ Heilbrun K., Lee R., Cottle C. (2005). Risk factors and intervention outcomes: Meta-analyses of juvenile offending. In Heilbrun K., Goldstein N., Redding R. (Eds.). *Juvenile delinquency: Prevention, assessment, and treatment*. (pp. 111 – 133). Oxford University Press.

¹⁵ Heilbrun K., Lee R., Cottle C. (2005). Risk factors and intervention outcomes: Meta-analyses of juvenile offending. In Heilbrun K., Goldstein N., Redding R. (Eds.). *Juvenile delinquency: Prevention, assessment, and treatment*. (pp. 111 – 133). Oxford University Press.

mental health. Mental health services need to be expanded and be easily available to parents to address their own individual mental health issues.

Below are some evidence-based approaches with demonstrated outcomes for youth and parents struggling with mental health difficulties:

Individual Cognitive Behavioral Therapy (CBT): Individual CBT focuses on the relationship between thoughts, feelings, and behaviors. The goal of CBT is to change thought patterns that lead to self-destructive actions and encourage people to develop thinking that would produce healthier behaviors. Thus, the core principle is to restructure negative thoughts with more positive thoughts. Studies have shown that CBT is a practical, evidence-based approach to treating mental illnesses. CBT is appropriate for children, adolescents, and adults.¹⁶ However, some evidence suggests that CBT does not produce as significant of results for youth in institutions or who are court-involved.¹⁷

Dialectical Behavior Therapy (DBT): This is a form of CBT used for complex mental disorders involving a combination of rehabilitative and therapeutic interventions focused on interpersonal effectiveness, emotion regulation, distress tolerance, and mindfulness. In DBT therapy, individuals are asked to accept uncomfortable thoughts, feelings, and behaviors and find a balance between accepting and changing them. In individual DBT sessions, clinicians ensure that the individual's needs are met, and DBT in a group setting is to ensure that participants learn and practice their skills.¹⁸

Aggression Replacement Training® (ART®) (<http://www.episcenter.psu.edu/ebp/ART>): This evidence-based cognitive and behavioral therapy intervention promotes prosocial behaviors for chronically aggressive adolescents aged 12-17. It has been implemented in schools and juvenile delinquency programs across the country and internationally. Youth improve social skills development, conflict resolution and reduce aggressive behavior through a 10-week program that runs for 30 sessions covering three domains - social skills training, anger-control training, and training in moral reasoning. Youth attend a one-hour session in each component.

TRAUMA-SPECIFIC INTERVENTIONS

SAMHSA (2014) describes traumatic events as experiences that can be emotionally and physically harmful to an individual, making them feel unsafe and stressed.¹⁹ Several studies have found the debilitating effects of childhood traumatic experiences on poor early childhood mental health outcomes and chronic medical conditions, and social development in children.²⁰ Approximately 93% of detained youth, in general, were estimated to have experienced at least one of eight traumatic experiences including having seen or heard someone get badly hurt or killed, having been threatened

¹⁶ National Alliance on Mental Illness. (n.d.). *Psychotherapy*. <https://www.nami.org/About-Mental-Illness/Treatments/Psychotherapy>

¹⁷ <http://www.wsipp.wa.gov/BenefitCost/Program/964>

¹⁸ National Alliance on Mental Illness. (n.d.). *Psychotherapy*. <https://www.nami.org/About-Mental-Illness/Treatments/Psychotherapy>

¹⁹ Substance Abuse and Mental Health Services Administration. (2014, July). *SAMHSA's concept of trauma and guidance for a trauma-informed approach*. Rockville, MD: Substance Abuse and Mental Health Services Administration. https://ncsacw.samhsa.gov/userfiles/files/SAMHSA_Trauma.pdf

²⁰ Kerker, B. D., Zhang, J., Nadeem, E., Stein, R. E., Hurlburt, M. S., Heneghan, A., ... & Horwitz, S. M. (2015). Adverse childhood experiences and mental health, chronic medical conditions, and development in young children. *Academic Pediatrics*, 15(5), 510-517.

with a weapon, and being in a situation where they thought they or someone close to them was going to be badly hurt or die.²¹ Likewise, a study of adverse childhood experiences (ACEs) in juvenile offenders in Florida (2014) found that half of the youth reported four or more ACEs compared to 13% in the CDC's ACE's study of Kaiser patients indicating high exposure to toxic levels of stress.²² Justice-involved and at-risk youth are acting out in response to unaddressed early onset, persistent, and highly dysregulating trauma in their lives. The after-effects of cumulative traumatic experiences show up as persistent, post-traumatic stress responses. Being stuck in this 'survival mode' is akin to being in an active war zone, with symptoms of increased stress reactivity, anger, and impulsivity and reductions in self-regulation skills.²³ Thus, it is critical for the health and well-being of children, youth, and adults to mitigate the effects of traumatic experiences such as these to support greater resilience and coping. KILLS voiced that there unequivocally needs to be increased mental health services and counseling for youth specific to addressing the origins and effects of trauma in youth's lives and to recognize the many ways that youth are retraumatized. This topic is taken up in Priority Area 5.



²¹ Abram, K. M., Teplin, L. A., King, D. C., Longworth, S. L., Emanuel, K. M., Romero, E. G., & Olson, N. D. (2013, June). *PTSD, trauma, and comorbid psychiatric disorders in detained youth*. Washington, DC: US Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.

²² <https://ojjdp.ojp.gov/sites/g/files/xyckuh176/files/pubs/239603.pdf>
²² <https://acestoohigh.com/2014/08/20/florida-study-confirms-link-between-juvenile-offenders-aces-rates-much-higher-than-cdcs-ace-study/>

²³ Teicher, M., & Samson, J. (2013). Childhood maltreatment and psychopathology: A case for ecophenotypic variants as clinically and neurobiologically distinct subtypes. *American Journal of Psychiatry*, 170 (10), 1114-1133.

Psychiatric social workers are currently conducting outreach to youth in homes, but the need is too great to keep up with demand. Again, informants called for creative, individual solutions to meet the unique needs of the youth. Other informants report that sensory/experiential or neural-based therapies show promise as described below. Also, stakeholders mentioned that it is essential to not only increase on-site school counselors but also help teachers become better equipped to address the mental health needs of youth and to take steps to prevent problems from escalating further down the road when the consequences can become more severe.

Some evidence-based and promising interventions specific to addressing trauma include:

Neurosequential Model of Therapeutics (NMT): This is an evidence-based approach that centers on creating a developmentally appropriate and trauma-informed profile using NMT Clinical Practice Tools, a structured assessment of the developmental history of adverse experiences, and relational health. The primary goal of the NMT model is for professionals to consider developmental factors such as past and current experiences within the neurological framework and how these factors combine to influence the current functioning of the youth. The NMT model is meant to complement other assessments (e.g., Child and Adolescent Needs and Strengths (CANS), Weschler Intelligence Scale for Children (WISC), etc.) used by clinicians rather than act as a replacement for those metrics. Clinicians use the NMT metrics along with other various assessments to create a brain map of the individual. This mapping process helps identify the individual's strengths and deficiencies based on areas of the brain that have functional or developmental problems in the four domains of sensory integration, self-regulation, relational, and cognitive. This information is plotted on maps to create a risk assessment for the individual and then compared with a "normal" individual to highlight the focus areas. This process helps inform age-appropriate interventions. The interventions are supposed to first address the lowest functioning part of the brain (e.g., the brainstem), make improvements, and then progress to higher-functioning areas. NMT is based on the sequential development of the brain, i.e., healthy functioning of higher-order brain structures is dependent upon the healthy development of the lower neural networks. Based on this approach, clinicians create individualized interventions to meet the individual's needs.^{24, 25}

Trauma-Focused Cognitive Behavioral Therapy (TF-CBT): TF-CBT targets youth ages 3-18 and their caregivers who have been impacted by traumatic experiences. It is a short-term treatment program, ranging from 12-18 weeks, that helps youth develop coping strategies for their traumatic stress and reduce depression and anxiety symptoms, and enhance parent-child communication and attachment. The TF-CBT core components include psycho-education and parenting skills, relaxation techniques, emotional regulation, cognitive coping, trauma processing, in vivo exposure, conjoined parent/child sessions, and enhancing safety. One of the goals in treatment is to converse about their trauma in a supportive environment and replace those traumatic thoughts with more helpful and

²⁴ Perry, B. D. (2019). The neurosequential model: A developmentally sensitive, neuroscience-informed approach to clinical problem-solving. In Tucci, J., Mitchell, J., & Tronick, E. (Eds.) *The handbook of therapeutic care for children: Evidence-informed approaches to working with traumatized children and adolescents in foster, kinship and adoptive care* (pp. 136-158). Jessica Kingsley Publishers.

²⁵ Barfield, S., Dobson, C., Gaskill, R., & Perry, B. D. (2012). Neurosequential model of therapeutics in a therapeutic preschool: Implications for work with children with complex neuropsychiatric problems. *International Journal of Play Therapy*, 21(1), 30.



positive thoughts. TF-CBT is one of the most effective evidence-based interventions for trauma-related symptoms.²⁶

Seeking Safety (SS): SS is a counseling program that addresses trauma in both individual and group formats separately for females and males to help individuals feel safe to work through their trauma. The program aims to increase coping in relationships, thinking, behavior, and emotions and overall reduce the trauma symptoms. SS is meant to be a flexible program designed to fit the needs of the group with sessions ranging from 1 – 1.5 hours twice a week.²⁷

Trauma Affect Regulation: A Guide for Education and Therapy for Adolescents (TARGET-A):

TARGET-A is a prevention program to primarily treat PTSD in adolescents. The goal of TARGET-A is to focus on seven skills (focus, recognize triggers, emotional self-check, evaluate thoughts, define goals, options, and contribute) to help adolescents identify their strengths, and regulate their emotional states and memories. TARGET-A can be used with youth ages 10 – 18+ in weekly 50-minute sessions and is meant for both youth and caregivers experiencing trauma.²⁸

Eye Movement Desensitization and Reprocessing (EMDR) (<https://www.emdr.com/what-is-emdr/>): EMDR is a form of psychotherapy that is used to reduce trauma-related thoughts and emotions that are embedded in neurological response systems and processes. In EMDR, the therapist moves through eight phases to learn about the client's history of trauma, teach them tools to deal with their traumatic symptoms, do assessments to understand how clients feel about themselves, and then lead them through eye movements to release emotional blocks that lead to problematic feelings and responses. Clinicians work to replace the harmful thoughts and feelings with ones that are more likely to strengthen and create greater resilience. EMDR sessions are typically completed in a 50-60-minute therapy session but can last up to 90 minutes.²⁹

DRUG & ALCOHOL TREATMENT

According to the Department of Justice's (DOJ) Bureau of Justice Statistics (BJS), 12% of the juvenile arrests nationally were for drug use and 5% of juvenile arrests were for drunkenness or liquor law violation in 2017.³⁰ When substance abuse problems go untreated, recidivism rates increase, including violent, severe, and chronic offending.³¹ Though there has been an increase in substance use treatments, there are barriers to accessing these services among justice-involved youth.³² Focus

²⁶ California Evidence-Based Clearinghouse for Child Welfare (CEBC). (2006-2020).

<https://www.cebc4cw.org/program/trauma-focused-cognitive-behavioral-therapy/>

²⁷ California Evidence-Based Clearinghouse for Child Welfare (CEBC). (2006-2020).

<https://www.cebc4cw.org/program/seeking-safety-for-adolescents/>

²⁸ California Evidence-Based Clearinghouse for Child Welfare (CEBC). (2006-2020).

<https://www.cebc4cw.org/program/trauma-affect-regulation-guide-for-education-and-therapy-adolescents/>

²⁹ National Alliance on Mental Illness. (n.d.). *Psychotherapy*. <https://www.nami.org/About-Mental-Illness/Treatments/Psychotherapy>.

³⁰ Puzzanchera, C. (2019, August). *Juvenile arrests, 2017*. Juvenile Justice Bulletin. Office of Juvenile Justice and Delinquency Prevention. <https://ojjdp.ojp.gov/sites/g/files/xyckuh176/files/pubs/252713.pdf>

³¹ Chassin, L., Mansion, A., Nichter, B., & Losoya, S. (2014). *To decrease juvenile offending, make effective drug treatment a priority*. Research on Pathways to Desistance.

<https://www.pathwaysstudy.pitt.edu/documents/MacArthur%20Brief%20Make%20Effective%20Drug%20Treatment%20a%20Priority.pdf>

³² Abram, K. M., Paskar, L. D., Washburn, J. J., Teplin, L. A., Zwecker, N. A., & Azores-Gococo, N. M. (2015, September). *Perceived barriers to mental health services among detained youth*. Juvenile Justice Bulletin. Office of

group respondents and other informants voiced that due to changes in marijuana laws and thresholds of arrest, fewer youth have mandated drug treatment, which reduces the number of youth who are receiving treatment who would likely benefit. Others indicated that due to closure of drug courts in the county, youth are less likely to receive treatment, and service providers do not have the legal authority to place youth into treatment. Drug courts allowed youth with substance use problems an opportunity to enter a substance abuse treatment program rather than face jail time. Drug courts are designed for nonviolent drug offenders and oversight is generally maintained via a team of probation officers, a judge, prosecutors, defense attorneys, and treatment professionals.³³ Drug courts have been effective in reducing recidivism rates for offenders with substance use problems; however, the evidence is mixed on lower crime and managing addiction.^{34,35}

Traditional 12-step models are not a good fit for youth according to informants, as youth tend not to connect with the programing or identify with other participants in the group. Alternative options presented included mindfulness-based interventions that have demonstrated effectiveness in reducing substance use as well as cravings.³⁶ “Mindfulness” refers to one being aware of their thoughts, feelings, and environment moment-by-moment.³⁷ Mindfulness practices aim to raise an individual’s awareness of their cravings and substance seeking behaviors and enables youth to interrupt the cognitive and emotional cycle of addiction through their positive coping strategies.³⁸ It was said that there is no “one size fits all” approach and that the more options that are available the better, including residential treatment.

Below are two mindfulness programs to target substance use along with other approaches to addressing drug and alcohol dependence:

Mindfulness-Based Substance Abuse Treatment for Incarcerated Youth (MBSAT): This evidence-based approach developed by Dr. Sam Himelstein in Oakland, California is a group-based treatment that includes mindfulness practices (meditation), drug education (learning about drug categories and the consequences of mixing drugs, etc.), experiential exercises (mindfulness meditation or mindful check-in), and group discussions.³⁹ In this practice, the group facilitator takes the primary role in administering the curriculum to the incarcerated or high-risk youth. The facilitator needs to hold three important qualities, being their true/natural self while working with this population, building a trusting relationship with the population so participants can feel comfortable in self-disclosure, and not forcing

Juvenile Justice and Delinquency Prevention.

<https://ojjdp.ojp.gov/sites/g/files/xyckuh176/files/pubs/248522.pdf>

³³ County of San Mateo Probation. (n.d.). *Drug Court*. <https://probation.smcgov.org/drug-court>

³⁴ Gallagher, J. R., Nordberg, A., Deranek, M. S., Ivory, E., Carlton, J., & Miller, J. W. (2015). Predicting termination from drug court and comparing recidivism patterns: Treating substance use disorders in criminal justice settings. *Alcoholism Treatment Quarterly*, 33(1), 28-43.

³⁵ <http://www.wsipp.wa.gov/BenefitCost/Program/44>

³⁶ Chiesa, A., & Serretti, A. (2014). Are mindfulness-based interventions effective for substance use disorders? A systematic review of the evidence. *Substance Use & Misuse*, 49(5), 492-512.

³⁷ Kabat - Zinn, J. (2003). Mindfulness-based interventions in context: past, present, and future. *Clinical Psychology: Science and Practice*, 10(2), 144-156.

³⁸ Witkiewitz, K., Bowen, S., Harrop, E. N., Douglas, H., Enkema, M., & Sedgwick, C. (2014). Mindfulness-based treatment to prevent addictive behavior relapse: Theoretical models and hypothesized mechanisms of change. *Substance Use & Misuse*, 49(5), 513-524.

³⁹ <https://samhimelstein.com/>



a change in the participants but instead giving them that choice. The effectiveness of this treatment was examined in an 8-week program, one session per week lasting for 1.5 hours, with 60 incarcerated youth who self-reported impulsiveness, drug risk, and self-regulation pre and post the intervention. The results showed a decrease in impulsiveness and an increase in perceived risk of drug use after the intervention indicating that this is a promising intervention for high-risk or incarcerated youth.⁴⁰ Similarly, in another study with 35 incarcerated youth from a juvenile detention camp in the San Francisco Bay Area, participants were given a mindfulness training with psychotherapy in an 8-12 week program. Results showed that there were significant increases in self-esteem, and the staff rated the juveniles' behavior as good.⁴¹



Mindfulness-Based Relapse Prevention (MBRP): The MBRP approach was developed for individuals recovering from addictive behaviors. The goal of MBRP is to become aware of triggers, learn strategies to pause and reassess choices, learn to recognize challenging experiences and find appropriate responses to them, approach experiences in a nonjudgmental manner, and build a lifestyle around mindfulness practice. MBRP is meant for individuals who have already had an initial treatment and who want to prevent a relapse. MBRP consists of 8 sessions that can be conducted in both individual and group formats.⁴²

Motivational Interviewing (MI): Motivational Interviewing is a technique often used to treat substance use in adolescents who are not yet intrinsically motivated to change their behavior. This is a client-centered counseling approach to reinforce adolescents' motivation to change and help them commit to that change. The goal of MI is to change substance use behavior into healthier habits and choices in adolescents via a short intervention where the counselor and client meet one to four times for one hour each session.⁴³ MI is also appropriate for youth who are angry or hostile.

Motivational Enhancement Therapy (MET): MET is a structured intervention approach that aims to change chronic alcoholics using motivational interviewing techniques with assessment feedback. The core element is that an individual should have an intrinsic motivation to change their lives. Other MET principles include expressing empathy, supporting self-efficacy, developing discrepancy, avoiding argumentation, and rolling with resistance. This treatment is not a step-by-step recovery process, but rather the motivational strategies are applied rapidly to change the behavior. MET requires few counselor-directed sessions and client assessment feedback is given to the client at the end of the sessions.⁴⁴

⁴⁰ Himmelstein, S. (2011). Mindfulness-based substance abuse treatment for incarcerated youth: A mixed method pilot study. *International Journal of Transpersonal Studies*, 30(1-2), 1-10.

⁴¹ Himmelstein, S., Saul, S., & Garcia-Romeu, A. (2015). Does mindfulness meditation increase effectiveness of substance abuse treatment with incarcerated youth? A pilot randomized controlled trial. *Mindfulness*, 6(6), 1472–1480.

⁴² Chawla, N., Collins, S., Bowen, S., Hsu, S., Grow, J., Douglass, A., & Marlatt, G. A. (2010). The mindfulness-based relapse prevention adherence and competence scale: Development, interrater reliability, and validity. *Psychotherapy Research*, 20(4), 388-397.

⁴³ <https://www.crimesolutions.gov/PracticeDetails.aspx?ID=31>

⁴⁴ Miller, W. R., Zweben, A., DiClemente, C.C., Rychtarik, R.G. (1995). *Motivational enhancement therapy manual: A clinical research guide for therapists treating individuals with alcohol abuse and dependence*. US Department of

Adolescent Community Reinforcement Approach (A-CRA) and Assertive Continuing Care (ACC): A-CRA is an intervention approach that involves the adolescent and their family and other social reinforcers to support their substance abuse recovery. The sessions can include the adolescent, the caregiver, or a conjoined session with both. After assessing the initial needs, the therapist chooses from 17 A-CRA procedures to address stressors, communication skills, and engagement in positive recreational activities. A-CRA can be conducted once per week for 50-90 minutes.⁴⁵ Post-A-CRA, the ACC, is a home-based approach to prevent the individual from relapsing. ACC takes place after the individual is discharged and is used in conjunction with A-CRA to stay compliant with a drug-free lifestyle.

The Seven Challenges® (7c): The goal of 7c is to help adolescents with their drug problems and help them think through their decisions about their lives and their drug use. Counselors and adolescents identify their most pressing issues at the present moment while the counselor integrates the seven challenges. The 7c include: (1) talking honestly; (2) looking at what they like about alcohol and other drugs; (3) looking at the impact of drugs on their lives; (4) looking at their responsibility for their problems; (5) thinking about their future direction; (6) making thoughtful decisions; (7) following through on those decisions.⁴⁶

SCHOOL-BASED COUNSELING

Stakeholders in San Mateo identified school-based counseling services as an important need in the county to more effectively address the high demand for access to mental health services and supports for youth. Often, youth with mental health disorders do not receive services due to lack of affordability, scarcity of clinicians or therapists, or geographic access to mental health services.^{47,48} In fact, it is estimated that 49.4% percent of youth under the age of 18 years fail to receive mental health treatment.⁴⁹ School-based counseling is one viable solution to address the financial and geographic barriers to mental health services that at-risk youth can face. School-based counseling is an ideal environment to offer support as it is localized to where the youth should be spending his or her time and can be accessible to students with or without health insurance. Also, stakeholders mentioned that it is essential to not only increase on-site school counselors but also help teachers become better equipped to address the mental health needs of youth and to take steps to prevent problems from escalating further down the road when the consequences can become more severe.

Health and Human Services, Public Health Service, National Institutes of Health, National Institute on Alcohol Abuse and Alcoholism. <https://pubs.niaaa.nih.gov/publications/projectmatch/match02.pdf>

⁴⁵ California Evidence-Based Clearinghouse for Child Welfare (CEBC). (2006-2020).

<https://www.cebc4cw.org/program/adolescent-community-reinforcement-approach/>

⁴⁶ California Evidence-Based Clearinghouse for Child Welfare (CEBC). (2006-2020).

<https://www.cebc4cw.org/program/the-seven-challenges/>

⁴⁷ Blais, R., Breton, J. J., Fournier, M., St-Georges, M., & Berthiaume, C. (2003). Are mental health services for children distributed according to needs? *The Canadian Journal of Psychiatry*, 48(3), 176-186.

⁴⁸ Murphey, D., Vaughn, B., Barry, M. (2013, January). *Adolescent health highlight: Access to mental health care*. Child Trends. https://www.childtrends.org/wp-content/uploads/2013/04/Child_Trends-2013_01_01_AHH_MHAccessl.pdf

⁴⁹ Whitney, D. G., & Peterson, M. D. (2019). US national and state-level prevalence of mental health disorders and disparities of mental health care use in children. *JAMA Pediatrics*, 173(4), 389-391.





A recent meta-analysis of school-based mental health interventions showed that there is moderate to strong evidence that mental health interventions are effective in improving mental health outcomes in addition to increasing reading scores, lowering school suspensions, reducing anxiety, and lowering rates of substance abuse in young adults.⁵⁰ An example program is the Safe Schools/Healthy Students Initiative which provided teachers, counselors, parents, and nurses mental health training, assessment documents, and increased access to mental health professionals. The primary impact of the SS/HS initiative was that it helped to detect mental health problems and helped schools reduce alcohol and drug use.⁵¹ Support of these types of initiatives can provide a continuum of care, including prevention, early intervention, and treatment of mental health problems (see Priority Area 5 for further discussion and examples).

FAMILY THERAPY

Stakeholders of this LAP identified family therapy as a high need area. Families can create bidirectional, mutually reinforcing disordered thinking and behavior patterns. Research shows that youth with behavior disorders have parents who display substantially higher rates of depressive symptoms.⁵² In addition, children of parents with depression have a higher risk of developing emotional and behavioral problems compared to children of parents with no mental health disorders.⁵³ Due to this bidirectional relationship between parent and child mental health and the importance of family relationships, there is a growing need to address mental health treatment within a family setting, particularly for at-risk youth.

Previous studies have shown that involving family members in treatment is a useful component of interventions that target youths in a juvenile justice setting.⁵⁴ The Family Preservation Program (FPP) currently in place is one context where family issues are addressed. FPP is an intensive probation supervision program entailing a collaboration of BHRS and community-based organizations, where youth are court-ordered to participate in FPP to avoid out-of-home placement order. The program is a home-based program for juveniles and their families struggling with mental health, family, and emotional issues. The Deputy Probation Officer (DPO) works in conjunction with BHRS, HSA, schools, community-based organizations, and other agencies to provide intense supervision and resources to deescalate the problems and crises in the family unit and help them resolve their issues. The mental health therapists provide several services to the individuals in the family. Families and juveniles face consequences such as loss of home privileges, home restriction, community service to short-term bookings if there is a violation of the court order. A review is submitted to Court every 90 days, and the DPO can make a recommendation as to whether the family's and juvenile's needs were met and if

⁵⁰ Murphy, J. M., Abel, M. R., Hoover, S., Jellinek, M., & Fazel, M. (2017). Scope, scale, and dose of the world's largest school-based mental health programs. *Harvard Review of Psychiatry*, 25(5), 218-228.

⁵¹ Substance Abuse and Mental Health Services Administration. (2013). *The Safe Schools/Healthy Students initiative: A legacy of success*. Rockville, MD: Substance Abuse and Mental Health Services Administration.

⁵² Gopalan, G., Dean-Assael, K., Klingenstein, K., Chacko, A., & McKay, M. M. (2011). Caregiver depression and youth disruptive behavior difficulties. *Social Work in Mental Health*, 9(1), 56-70.

⁵³ Riley, A. W., Coiro, M. J., Broitman, M., Colantuoni, E., Hurley, K. M., Bandeen-Roche, K., & Miranda, J. (2009). Mental health of children of low-income depressed mothers: Influences of parenting, family environment, and raters. *Psychiatric Services*, 60(3), 329-336.

⁵⁴ Sexton, T., & Turner, C. W. (2010). The effectiveness of functional family therapy for youth with behavioral problems in a community practice setting. *Journal of Family Psychology*, 24(3), 339.

the service is still needed to address their needs. It was noted that there are not enough psychiatric social workers to meet the growing needs of youth in the re-entry program.

Incarcerated youth in the focus group recognize the importance of family bonds, expressing a desire for more opportunities to be with their families. It is possible that some incarcerated youth have a new appreciation of family which may open opportunities to improve parent-child relationships at this time. Caregivers and youth who have experienced trauma or who have endured family violence need access to mental health and family functioning supports within nonjudgmental spaces. Age gaps between youth and parents, and even youth and grandparents, for example, may not be that large. Family dynamics within intergenerational households may also require more individualized supports to help parents feel supported in caring for their youth.



Together, this indicates that parent and child mental health treatment services can be a viable intervention to address family dysfunction and support more comprehensive, longer-lasting therapeutic benefits.

Specific family therapy evidence-based and promising approaches include:

Cognitive Behavioral Therapy with Parents: CBT with parents is used in conjunction with CBT treatment of anxiety disorders in youth where parents are trained and heavily involved in the treatment of their youth. In this treatment, effective techniques are taught to parents on how to handle anxious youth, including therapy, caregiver coping skills, and parent training techniques to prevent them from using coercive parenting strategies. In this form of CBT, parents must learn to be less intrusive and allow their youth to learn by trial and error and use nonviolent problem-solving and conflict resolution skills to manage their youth's behaviors. The hope of this form of parent-training sessions is to improve parents' coping and parenting skills and for youth to improve their self-help skills.⁵⁵

Functional Family Therapy (FFT): This is a family-based prevention and intervention program to help youth between the ages of 11-18 with behavioral problems. In FFT, there are 12-14 one-hour sessions over three to four months at home or an outpatient clinic and includes the five phases of engagement, motivation, assessment, behavior change, and generalization. The therapist works with family members to build on skills that would improve family relationships, improve prosocial behaviors, and reduce risk factors.⁵⁶

Multidimensional Family Therapy (MDFT): This is a family-centered treatment program that addresses a range of behaviors, including mental health and substance use problems. The goal of MDFT is to improve the problem-solving and decision-making skills of youth and improve family functioning. Sessions can range from one to three a week over three to six months at home or in the clinic. MDFT creates an environment where the youth and parents feel respected and build therapeutic

⁵⁵ California Evidence-Based Clearinghouse for Child Welfare (CEBC). (2006-2020).

<https://www.cebc4cw.org/program/combined-parent-child-cognitive-behavioral-therapy-cpc-cbt/detailed>

⁵⁶ California Evidence-Based Clearinghouse for Child Welfare (CEBC). (2006-2020).

<https://www.cebc4cw.org/program/functional-family-therapy/>

relationships between them. MDFT helps to improve and stabilize mental health problems in youth and strengthen the family unit.⁵⁷

Multisystemic Therapy (MST): MST is an intensive family treatment program that impacts high-risk youth and juvenile offenders, between 12 and 17 years, and their families. The goal of MST is to eliminate or reduce the youth's antisocial and problem behaviors by treating them in the natural environment that triggers their problematic behaviors. MST helps them associate their natural environment with more positive thoughts. This is a home-based model in which therapists provide services to the family when it is the most convenient for them. The treatment spans three to five months, with multiple sessions per week. The aim of MST is to empower parents by identifying their strengths and removing barriers such as parental substance abuse, high stress, etc.⁵⁸

Parenting with Love and Limits (PLL; <https://gopll.com>): This evidence-based group and family therapy treatment model has been statistically proven to lower recidivism rates, improve family communication and functioning, reduce costs of care, and improvements in child internalizing and externalizing emotional and behavioral problems. This therapeutic community intervention is designed for youth aged 10-18.⁵⁹

⁵⁷ California Evidence-Based Clearinghouse for Child Welfare (CEBC). (2006-2020).

<https://www.cebc4cw.org/program/multidimensional-family-therapy/>

⁵⁸ California Evidence-Based Clearinghouse for Child Welfare (CEBC). (2006-2020).

<https://www.cebc4cw.org/program/multisystemic-therapy/>

⁵⁹ <https://www.wsipp.wa.gov/BenefitCost/Program/564>



PRIORITY AREA 2: POSITIVE PATHWAYS FOR YOUTH



SUMMARY OF FINDINGS

Stakeholders, focus group participants, survey respondents, and key informants consistently identified creating and sustaining positive pathways or outlets for at-risk youth to forge strong futures to be among the most pressing needs and priorities for the next five years. The ability for youth to access, create, and sustain their own positive pathway into adulthood can provide youth key opportunities to exercise leadership skills, feel a sense of belonging, and assert individual agency to improve decision-making and divert them from engaging in risky behaviors or involvement with the juvenile justice system. Specific areas of need voiced by informants included increased **prosocial activities**, particularly after school, increased **mentorship** opportunities, increased **school engagement**, and continued pursuance of **innovation** in programs and services available to youth to get them on their personal path to greater well-being.

Participation in **prosocial opportunities** emerged as a clear need for at-risk youth, particularly for youth who are not interested in or importantly, not eligible to participate in extracurricular activities such as art, drama, or sports. In addition, youth access to **mentorship** including having at least one caring, consistent adult or peer mentor in a youth's life, as noted by almost all participants and key informants, greatly improves youth's sense of social connection and encourages the creation of healthy, trusting relationships with stable adults. Further, creating abundant, rewarding opportunities to engage in prosocial activities, as noted by stakeholders, will influence positive values and has been shown to in turn reduce the likelihood of gang involvement, which was of moderate concern for the informants of this LAP.⁶⁰

Relatedly, **school engagement** and opportunities to feel socially connected to positive peer groups and activities play an important role in keeping youth on positive developmental pathways. Some informants specifically noted that schools, in applying less punitive disciplinary measures, not only reduce youth's experiences of being stigmatized, demoralized, and criminalized by school staff and peers, but also disrupt the school-to-prison pipeline which has over time disproportionately impacted communities of color. The ease in which truant youth are not held accountable for missing school was a concern voiced by several informants who would like to see more support to reengage youth in school and bring in support or structure as needed to address the barriers to engagement.

The landscape of juvenile justice is changing rapidly, and the many systems and communities serving youth, as suggested in the qualitative and survey findings, need to be equipped to serve the needs of youth who have criminogenic risk or were formerly incarcerated. **Innovation** in juvenile justice and related services, thus emerged as a recurrent theme. Stakeholders emphasized adopting innovative approaches such as the use of diversion programs that are culturally competent whole-family approaches, employing less punitive strategies while meeting individual youth needs and law

⁶⁰ Bishop, A. S., Hill, K. G., Gilman, A. B., Howell, J. C., Catalano, R. F., & Hawkins, J. D. (2017). Developmental pathways of youth gang membership: A structural test of the social development model. *Journal of Crime and Justice*, 40(3), 275–296.

enforcement goals including reducing crime and protecting public safety, and including community and youth voice to strengthen the partnership between police and the public with movement toward more restorative policing.

Other needs promoting self-sufficiency including **job skills and career preparation** emerged as significant needs in this current LAP as well as viable housing options for youth. Some findings from interviews suggest that collaboration with Bay Area and San Mateo County businesses, for example, that work in emerging fields and technologies, could provide opportunities for youth to acquire on-the-job skills and earn stipends or paid internships for youth who may not otherwise access these experiences. Additionally, per the need for vocational training and upskilling, informants and focus group participants echoed that job training and skills prep should be in trades or areas that can offer fast career growth and a livable wage.

Lastly, support of youth particularly during the 6 to 12 months post-incarceration transition period is critical to ensuring that steps toward personal goals are well-supported. For example, wraparound **re-entry supports** as identified by informants, can help provide the support and structure for the youth and family to help youth successfully navigate the challenges to stay on a positive path and limit the likelihood of reengaging in delinquent behaviors and reoffending. The topic of continuity of services during the re-entry period is discussed further in Priority Area 5.

GAPS, NEEDS, AND OPPORTUNITIES WITH EXAMPLE STRATEGIES

PROSOCIAL OPPORTUNITIES

There is evidence that young adolescents who access a variety of opportunities for positive encounters may be less likely to engage in risky behaviors and have better social and emotional outcomes⁶¹. Stakeholders acknowledge a lack of outlets and alternative spaces for youth to feel a sense of belonging, and overwhelmingly agree that prosocial activities such as being involved in clubs, sports, faith communities, for example, could help connect youth to their communities, improve positive youth outcomes and deter youth from engaging in risky or delinquent behaviors. Youth disconnected from school, disinterested in or not eligible to participate in activities, require more access to alternative opportunities to participate in experiential service-learning projects or community-based volunteering to build youth leadership, feel empowered, and express themselves. The 'hours of opportunity' after school ends each day was identified as particularly important for youth to fill with purpose and fulfillment.



Currently incarcerated youth from focus groups favored therapeutic programs that provided creative outlets for expression, such as creating content for The Beat Within magazine, Art of Yoga, Mind Body Awareness and life skills classes. Art based programs and therapies for at-risk youth are demonstrated to provide creative outlets to process emotional problems and trauma.⁶²

⁶¹ <https://youth.gov/youth-topics/effectiveness-positive-youth-development-programs>

⁶² <https://www.ojjdp.gov/mpg/litreviews/Arts-Based-Programs-for-Youth.pdf>

Outdoor opportunities appear to be a favored activity for some justice-involved youth; caregivers and youth expressed positive feedback about field trips and recreational opportunities while participating in diversion programs. A systematic review of outdoor adventure practices in connection to child and youth care shows that applications of wilderness and adventure therapy have been building a credible evidence base and yielding positive outcomes for some youth.⁶³ Therapeutic camps and models have historically been used for work with youth care, and youth focused organizations like YMCA and Outward Bound continue to adopt these models.⁶⁴ While research has been mixed, wilderness programs have been shown to be effective in improving overall youth functioning, reduced substance abuse, increased youth motivation to change, and improved outcomes for young offenders. Wilderness programs have also shown promise as a predictor of reduced recidivism, with strong evidence in a pilot study of young males in a residential setting using an adventure-based Behavior Management through Adventure (BMtA) approach.⁶⁵ Participants showed a significant decrease in re-arrest rates when compared to control groups over a one, two, and three-year period. However, limitations of adventure therapy programs include lack of oversight, limited documentation of program models, and use of more rigorous methods.^{66,67}

Programs that follow ecological frameworks that focus on Positive Youth Development (PYD), including the *40 Developmental Assets* developed by the Search Institute, are well-established frameworks to support youth prosocially to overcome adversity. PYD is:

“An intentional, prosocial approach that engages youth within their communities, schools, organizations, peer groups, and families in a manner that is productive and constructive; recognizes, utilizes, and enhances young people’s strengths; and promotes positive outcomes for young people by providing opportunities, fostering positive relationships, and furnishing the support needed to build on their leadership strengths.”⁶⁸

These frameworks are intended to support youth to not only to overcome adversity, but to thrive and flourish as they build their futures. Programs based on the PYD framework rely on prosocial approaches to improve youth positive asset building and protective factors in order to experience more positive outcomes.⁶⁹ PYD programs focus on youth’s potential and engage adolescents in intentional and productive ways to foster positive relationships.

Some example programs and services that expand prosocial opportunities include:

Promise Neighborhoods (<https://youth.gov/federal-links/promise-neighborhoods>): The purpose of Promise Neighborhoods is to improve educational and developmental outcomes of all youth in

⁶³ Harper, N. (2017). Wilderness therapy, therapeutic camping and adventure education in child and youth care literature: A scoping review. *Children and Youth Services Review*, 83, 68-79

⁶⁴ Harper, N. (2017). Wilderness therapy, therapeutic camping and adventure education in child and youth care literature: A scoping review. *Children and Youth Services Review*, 83, 68-79

⁶⁵ Norton, C. L., Tucker, A., Russell, K. C., Bettmann, J. E., Gass, M. A., Gillis, H. L. “Lee,” & Behrens, E. (2014). Adventure therapy with youth. *Journal of Experiential Education*, 37(1), 46–59.

⁶⁶ Norton, C. L., Tucker, A., Russell, K. C., Bettmann, J. E., Gass, M. A., Gillis, H. L. “Lee,” & Behrens, E. (2014). Adventure therapy with youth. *Journal of Experiential Education*, 37(1), 46–59.

⁶⁷ Gillis, H. L., Gass, M. A., Russell, K. C. (2008). The effectiveness of project adventure’s behavior management programs for male offenders in residential treatment. *Residential Treatment for Children & Youth*, 25, 227-247.

⁶⁸ <https://youth.gov/youth-topics/positive-youth-development>

⁶⁹ <https://youth.gov/youth-topics/positive-youth-development>

communities of concentrated poverty. Grantees and partner organizations provide a continuum of services covering early learning, college, and career. Promise Neighborhoods are implemented in 20 states and the District of Columbia.

4-H Youth Development Program (<https://4-h.org/parents/programs-at-a-glance/>): The 4-H Youth Development Program is a national organization federally mandated to conduct positive youth development programs and is administered by the National Institute of Food and Agriculture and the U.S. Department of Agriculture. 4-H (Heads, Hearts, Hands, and Health) connects youth to their communities and improves youth knowledge through hands-on learning and provides programs in science, healthy living, and civic engagement. In addition, 4-H has a Youth Voices program. A longitudinal evaluation of local 4-H programs found that youth who consistently engaged in 4-H showed a lower risk of having behavioral and social problems, contribute to communities, more likely to be civically active, make healthier choices, and more likely to participate in science and computer programs during out-of-school time.⁷⁰

Camp LEAD (<https://www.realmattersinc.com/>): Camp LEAD (Leadership, Equity, Access, and Diversity), a program through Real Matters, Inc., has been shown to improve academic achievement, attendance, behavioral outcomes, socio-emotional skills, student connectedness, and improve law enforcement and youth relationships. It is implemented as an experiential residential high school program held over three days and two nights and has been held across San Diego County area high schools for over 15 years. Community stakeholders that include law enforcement, mental health providers, and non-profit organizations are integrated into Camp LEAD and students participate in activities that foster leadership and relationship building through focused dialog, experiential learning, and self-reflection.

Artistic Noise (<https://www.artisticnoise.org/our-programs>): Artistic Noise is one example of an organization that uses arts for social justice change and works with incarcerated youth in three programs: 1) Studio Arts Workshops on Rikers Island - weekly workshops where Teaching Artists provide incarcerated youth with the means to process their stories through art; 2) Art therapy - weekly workshops to probation youth through making art to cultivate greater self-awareness and developing coping, emotional self-regulation, and communication skills; and 3) Art, Entrepreneurship and Curatorial Program (A&E) - intensive program enabling participants to learn different artistic techniques and mediums, learn about artists working with social justice issues, and gain knowledge about branding and marketing. Participants earn a microgrant to develop and implement an idea or product that they can sell.

MENTORSHIP

Focus groups and KIIs reinforced the importance of caring mentors to guide youth on positive pathways. Peer mentors and non-caregiver mentors, preferred by some youth in focus groups, rose as an important unmet need across all qualitative feedback; peers who were formerly justice-involved, who have a similar background with youth, and importantly found success away from criminal delinquency could speak to youth about experiences achieving self-sufficiency, building independence, finding stability, and keeping on positive paths.

⁷⁰ <https://youth.gov/youth-topics/effectiveness-positive-youth-development-programs>





The National Mentoring Resource Center, a program of the Office of Juvenile Justice and Delinquency Prevention, reports that substantial investments have been made on providing mentoring supports for youth in re-entry and diversion and notes the potential impacts mentoring may yield in reducing recidivism and juvenile delinquency. Research on mentoring for juvenile offenders suggest the import of both structured and informal mentoring to ease youth's transition after re-entry, with some indication that natural mentors may show effectiveness in reducing recidivism.⁷¹ Findings from structured mentoring programs are promising, but not strong, noting few differences between mentored and non-mentored offenders after improving youth outcomes.⁷² The two mentoring programs below, however, offer promise for the community-based approaches in which mentors are selectively recruited to optimize natural mentoring relationships with youth.

Some mentoring programs and services with good outcomes include:

Youth Advocate Programs, Inc. (YAP)⁷³: YAP employs a wraparound-advocacy model in its community-based programs for justice-involved youth in the northeast region of the country. YAP recruits advocates who share youth's cultural and ethnic backgrounds and are hired directly from the communities served; youth and families are involved in setting goals and planning individualized services and are served by a community support team that connects youth and families with stakeholders from systems, providers, and communities, and who work in partnership to help youth and families achieve their goals. The YAP service model is intensive, providing structure, supervision, and frequent contact with youth at home, school, and the community. An evaluation of YAP's advocacy-based mentoring, as noted in an Office of Juvenile Justice and Delinquency Prevention (OJJDP) research brief, found that youth participants reported feeling more connected to school, actively sought employment in the time from program entry to discharge, and reported decreased engagement with delinquency and crime during the intervention duration and in the 12-month period after leaving the program.⁷⁴

Credible Messengers Mentoring Program⁷⁵: Credible messenger (CM) programs adopt a transformative mentoring intervention model grounded in positive youth development, uses an evidence-based interactive journaling curriculum and utilizes government-community partnership.⁷⁶ CM programs are made to be locally adaptive, scalable, and are modeled from the Arches Transformative Mentoring (Arches) program. Youth under probation supervision are paired with

⁷¹ Chan, W. Y., & Henry, D. B. (2013). Juvenile offenders. In Dubois, D. L & Karcher, M. J. (Eds.), *Handbook of youth mentoring* (2nd ed., pp. 315-324). SAGE Publications.

⁷² National Mentoring Resource Center. (n.d.) *Mentoring for youth who have been arrested or incarcerated*. <https://nationalmentoringresourcecenter.org/index.php/what-works-in-mentoring/key-topics.html?layout=edit&id=173>

⁷³ Youth Advocate Programs, Inc. (n.d.) *Juvenile justice programs*. [http://www.yapinc.org/Portals/0/Documents/Fact%20Sheets/JJ%20Fact%20Sheet%20\(national-expansion\).pdf](http://www.yapinc.org/Portals/0/Documents/Fact%20Sheets/JJ%20Fact%20Sheet%20(national-expansion).pdf)

⁷⁴ Advocacy-based Mentoring Evaluation. (2017, September). Office of Juvenile Justice and Delinquency Prevention. <https://www.ncjrs.gov/pdffiles1/ojjdp/grants/251116.pdf>

⁷⁵ https://www.urban.org/sites/default/files/publication/96601/arches_transformative_mentoring_program_0.pdf

⁷⁶ https://cmjcenter.org/documents/arches_findings_at_a_glance.pdf

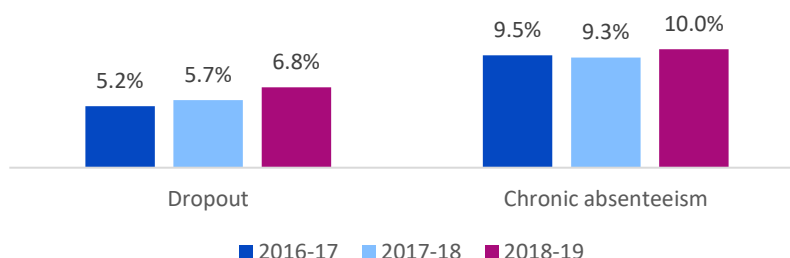


trained and certified “Credible Messengers” with prior lived experience in the justice system. Credible Messengers provide one-on-one support, conduct group sessions utilizing cognitive-behavioral intervention, and work alongside probation officers to help youth improve decision making, set and pursue goals, improve family relationships, and connect to educational, career readiness, and employment opportunities.⁷⁷ Participants typically take 6-12 months to complete the program. Mentorship has been demonstrated to transform attitudes and behaviors around violence, build confidence, and provide academic, social, and career guidance.

SCHOOL ENGAGEMENT

Students who are not engaged or attending school have a greater opportunity to engage in unlawful behavior and are more likely to face economic hardships such as decreased social mobility and a cycle of economic inequality. Residents of poorer neighborhoods tend to be placed in lower-performing neighborhood schools with higher dropout rates which leads to fewer economic opportunities to attain economic stability. While dropout rates for San Mateo County public high school students are lower than that of the state (6.8% compared to 9%, respectively, for the 2018-19 four-year adjusted cohort outcomes), cohort dropout rates have slightly increased from 5.2% in 2016-17 and chronic absenteeism rates have also slightly increased, from 9.5% in 2016-17 to 10% in 2018-19 (see Figure 7).^{78,79}

Figure 7: San Mateo County Dropout and Chronic Absenteeism Rates, 2016-2018



Source: CA Department of Education. Note: Data are presented for the academic year.

Youth who dropout face increased economic uncertainty and greatly diminished self-sufficiency, noted by several focus group participants. For non-justice-involved youth who are disconnected, who are neither working nor in school are missing key educational and employment experiences and are

⁷⁷ <https://cmjcenter.org/archesimpact/>

⁷⁸ California Department of Education, Dataquest (n.d.) *Four-year adjusted cohort outcome*, 2018-19 [data file]. Available from <https://dq.cde.ca.gov/dataquest/dqcensus/CohOutcome.aspx?aggllevel=county&year=2018-19&cds=41>

⁷⁹ California Department of Education, Dataquest (n.d.) *Chronic absenteeism rate*, 2018-19 [data file]. Available from <https://dq.cde.ca.gov/dataquest/DQCensus/AttChrAbsRate.aspx?cde=41&aggllevel=county&year=2018-19&initrow=Eth&ro=y>

at increased risk for a host of negative outcomes including long spells of unemployment, poverty, criminal behavior, substance abuse, and incarceration.⁸⁰ Truancy reduction programs are one way of reengaging youth in school and reducing the social and economic impacts on “lost” youth who do not complete their high school education. Other programs are designed to strengthen the school climate and opportunities for belonging through participation in extracurricular programs which can increase youth connection to school and thus lower truancy and dropout rates.

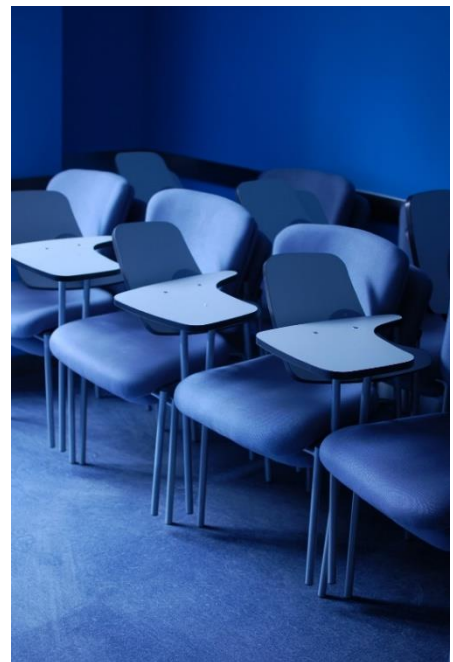
Some example programs and services that improve school engagement include:

Check and Connect (C&C) (<http://checkandconnect.umn.edu>): This intervention is used in K-12 for students at risk of dropping out who show signs of school disengagement, including poor attendance, behavioral issues, and low grades. Caring mentors work with students and families; mentors “check” student measures such as grades, absences, and behavioral referrals, and “connect” using interventions to build student skills, enhance problem-solving skills, and help build constructive relationships between families and schools. Demonstrated outcomes for C&C students show improvements in school engagement, including increases in attendance, persistence in school, accrued school credits, and school completion rates; decreases have been shown in truancy, tardies, behavioral referrals, and dropout rates.

Truancy Assessment and Resource Center (TARC) (<https://www.ymcasf.org/locations/urban-services-ymca/affiliate-locations/truancy-assessment-resource-center-tarc>): TARC delivers truancy intervention services through case management to habitually or chronically truant students in middle and high school students in San Francisco Unified School District. TARC works in partnership and receives referrals from SFUSD administrators, CBOs, SF Police and Sheriff Offices, District Attorney’s Office, and parents/caregivers. TARC also provides educational advocacy to help identify student areas of need. TARC aims to reconnect and reengage students by improving daily attendance and help set students on the path to high school graduation.

Olweus Bullying Prevention Program (OBPP) (<https://olweus.sites.clemson.edu>): This intervention for reducing and preventing bullying in school settings is designed for use in K-12 grades with school staff as primary implementers. Schools establish a Bullying Prevention Coordinating Committee and members receive a 2-day training provided by OBPP Certified Trainers-Consultants. The program is designed to create safe and positive school climates and has been shown to reduce bullying, improve classroom climates, and reduce antisocial behaviors, including vandalism and truancy. OBPP has been implemented in thousands of schools in the United States and over a dozen countries.

Project Broader Urban Involvement and Leadership Development (Project BUILD): Project BUILD is a promising violence prevention program implemented in Chicago to overcome problems such as gang, crime, and drugs. The



⁸⁰ Belfield, C.R., Levin, H.M., & Rosen, R. (2012). *The economic value of opportunity youth*. Washington: Civic Enterprises.



program's goal is to reduce the chances of youth becoming adult offenders by ensuring that youth enroll in school, engage in afterschool sports programs, and get career training. The program focuses on enhancing youth's self-esteem, improving communication skills, developing problem-solving tools, and helping youth make positive decisions. Research has found that youth who were enrolled in Project BUILD had reduced delinquency and risky behavior.⁸¹

21st Century Community Learning Centers (<https://youth.gov/federal-links/21st-century-community-learning-centers>): This program supports the creation of community learning centers to provide academic enrichment for students attending high-poverty, low performing schools. Students receive academic support to meet state and local standards, utilize academic enrichment, and access literacy and other educational services for families.

TECHNICAL AND CAREER TRAINING

Technical and career opportunities were a focal point of the last LAP and continue to be a high priority for youth and providers in the county. In the adult justice system, career and technical education during incarceration have been found to correlate with positive outcomes such as lower recidivism rates and better post-release employment patterns.⁸² Research universally demonstrates the positive effect educational and vocational programs have on juvenile justice-involved youth.⁸³ For example, a study in Oregon looked at 531 formerly incarcerated youth and their transition back into the community.⁸⁴ It showed that youth who were engaged in work or school 6 months post-incarceration fared better 12 months later compared to their non-engaged peers, indicating that intervention programs for incarcerated youth around school achievement and job skills could reduce recidivism rates. Another study by the same group of researchers pointed out that while employment training is an important part of the support model for incarcerated youth, they also need educational and social support. The study highlighted that incarcerated youth are not homogenous in regard to their employment outcomes; different subgroups may need different types of vocational and educational support.⁸⁵



Incarcerated youth interested in working toward earning college credits in Project Change expressed pragmatism in making the most of the supports and resources while incarcerated. At the same time, however, youth and non-youth stakeholders also shared that not every individual is college ready or

⁸¹ Parker, M. M., Wilson, G., & Thomas, C. (2014). An empirical evaluation of the Project BUILD gang intervention program. *Journal of Gang Research*, 22(1), 13-24.

⁸² Ward, S. (2009). Career and technical education in the United States prisons: What have we learned? *Journal of Correctional Education*, 60, 191-200

⁸³ Wilson, D. B., Gallagher, C. A., & MacKenzie, D. L. (2000). A meta-analysis of corrections-based education, vocation, and work programs for adult offenders. *The Journal of Research in Crime and Delinquency*, 37, 347-368.

⁸⁴ Bullis, M., Yovanoff, P., & Havel, E. (2004). The importance of getting started right: Further examination of the facility-to-community transition of formerly incarcerated youth. *Journal of Special Education*, 38, 80-94.

⁸⁵ Bullis, M. & Yovanoff, P. (2006). Idle hands: Community employment experiences of formerly incarcerated youth. *Journal of Emotional and Behavioral Disorders*, 14, 71-85.

has interest in college. They urged for more vocational learning opportunities, career exploration, and job training skills. Incarcerated youth voiced interest in gaining practical work experience and life skills while in the Hall; they expressed that these opportunities could help them develop self-confidence, become self-sufficient, learn life skills (how to pay bills, file taxes, how to access housing supports, for example), and gain other work relevant experiences in doing laundry, gardening, and food preparation while incarcerated. Promising occupations, as some stakeholders expressed, should provide a realistic career growth path and be in an emerging field. Examples of promising careers include opportunities in health care (pharmacy technicians, massage therapists, dental assistants) with moderate on-the-job training and requisite education credentials, as well as in construction (boilermakers, brick masons, electricians, plumbers) with apprenticeships for on-the-job training.⁸⁶

Youth who are justice-involved have more complex needs which include becoming career and college ready.⁸⁷ For example, career programs in juvenile justice settings should consider the different developmental needs of younger adolescents and older teenage youth offenders; for example, a focus on pre-employment skills and career exploration is more appropriate for younger adolescents while vocational training and work experience would be more appropriate for older youth.⁸⁸

Several key elements to a successful vocational training program have been identified:^{89,90}

- *Timing of career intervention is important with fundamental workforce readiness and pre-vocational skills taught in existing academic skills curricula.*
- *Vocational programs may need to be adapted for youth requiring concurrent mental health services such as individual counseling, social skills training, and behavioral modification programs.*
- *Career counselors, career educators, and vocational trainers who work with detained youth must be carefully selected and trained. They should possess the cultural competence (awareness, knowledge, and skills) to deal effectively with ages, races/ethnicities, and social classes represented.*

There are several local programs that support the employment of at-risk youth in San Mateo County including: JobTrain, Able Works, One East Palo Alto, NOVA Young Adult Employment Program, and Jobs for Youth. JobTrain, funded under the Youth Workforce Innovation Opportunity Act (WIOA), is San Mateo County's Youth WIOA provider.⁹¹ Career development services are expansive and offer qualifying out-of-school youth aged 17-24 opportunities to acquire paid work experience, improve

⁸⁶ https://www.acf.hhs.gov/sites/default/files/opre/connect_at_risk.pdf

⁸⁷ Osborn, D. S. & Belle, J. G. (2019). Preparing juvenile offenders for college and career readiness: A cognitive information processing approach. *Journal of Educational and Psychological Consultation*, 29(3), 283-313.

⁸⁸ Davis, M., Sheidow, A. J., McCart, M. R., & Perrault, R. T. (2018). Vocational coaches for justice-involved emerging adults. *Psychiatric Rehabilitation Journal*, 41(4), 266-276.

⁸⁹ Ameen, E. J., & Lee, D. L. (2012). Vocational training in juvenile detention: A call for action. *The Career Development Quarterly*, 60, 98-108.

⁹⁰ Lipsey, M. W., Wilson, D. B., & Cothem, L. (2000, April). *Effective intervention for serious juvenile offenders*. Juvenile Justice Bulletin (No. 181201). <https://www.ncjrs.gov/pdffiles1/ojdp/181201.pdf>

⁹¹ <https://www.jobtrainworks.org/youth-services/>

basic academic skills, increase professional development, attain high school equivalency, and pursue higher education. Career training in different fields, such as information technology support, carpentry, culinary arts, and medical assistant training, is also offered.

Able Works connects individuals with resources and opportunities in Silicon Valley. In addition, they provide a curriculum to high school students focused on financial literacy, life skills, and professional skills. One East Palo Alto is the Sponsored Employment Program (SEP). The SEP connects youth in East Palo Alto with employment. In recent years the SEP has connected 100 high-risk youth per year in East Palo Alto with both nonprofit and private sector employment opportunities. The NOVA Young Adult Employment Program provides a full suite of career guidance services to youth aged 17-24, including individualized support and mentorship, work experience programs, and training. Lastly, Jobs for Youth within San Mateo County Human Resource Department serves youth 14-21 and provides job skills workshops and access to employment and scholarship opportunities. Jobs for Youth also offers information via a mobile app.

Other successful job training programs and supports include:

Operation Outward Reach (OOR): OOR engages individuals in roofing, siding, porches, and other home-repair tasks with most of the projects benefiting low-income senior citizens and low-income families. In the early 1990s, OOR received a demonstration grant from the U.S. Department of Education, part of which required a third-party evaluation. Part of the evaluation compared two cohorts of OOR completers with control groups, yielding findings that indicate that the program lowered rates of recidivism. The OOR program saved the State approximately 1.6 times the total cost of the OOR program.

One Summer Plus Program: Chicago's One Summer Plus program offers eight weeks of part-time summer employment at Illinois minimum wage and an adult job mentor to help youth manage barriers to employment. The study randomly assigned 1,634 students from 13 high-violence Chicago neighborhoods to one of three groups: summer jobs, summer jobs plus a social-emotional learning component, or the control group. Youth in the jobs-only group were offered 25 hours per week of paid employment. Youth in the job plus social-emotional learning group were paid for 15 hours of work and 10 hours of social-emotional learning that is based on cognitive behavioral therapy principles. The goal is to help youth understand and manage thoughts, emotions, and behavior that might interfere with employment. The control group youth were not offered jobs through One Summer Plus but were free to pursue other jobs or summer activities provided by the city or local nonprofits. Both the jobs and the jobs plus social-emotional learning were equally effective in reducing violent crime arrests by about 43 percent compared to the control group.⁹²

Customized Employment Supports (CES): Customized Employment Supports (CES) was developed to help individuals who are likely to have irregular work histories attain rapid placement in paid jobs and increase their legitimate earnings. CES counselors work intensively with a small caseload of unemployed and underemployed individuals to help them overcome the barriers that hinder their employment. CES has six stages of service delivery: assessment, engagement, enhancement of self-efficacy to reduce barriers, focused employment skills teaching, preparation for interviewing, and job retention. CES is implemented in two settings: first in the program/clinic to practice interviewing and prepare a resume, and then in the community to help the individual secure and retain a job. Sessions

⁹² Heller, S. (2014). Summer jobs reduce violence among disadvantaged youth. *Science*, 346, 1219-1223.



in the community involve active engagement techniques to build a therapeutic alliance with the patient. Vocationally relevant learning activities take place in the community on "neutral turf" to promote the development of trust and openness. Masters-level vocational rehabilitation counselors meet with patients individually up to three times per week during an intensive phase of up to 6 months until employment is obtained, followed by continuing job retention support.⁹³

INNOVATION IN JUVENILE JUSTICE

Nationally, juvenile arrests have trended down over the last decade, showing a 60% decrease from 2009 to 2018.⁹⁴ Additionally, delinquency cases in juvenile courts have also reflected a decline in the past decade, with a roughly 51% decrease from 2005 to 2017.⁹⁵ These downward trends and shift to alternatives to incarceration allow for youth who have committed minor offenses to remain in their communities for formal or informal diversion. Thus, programs and services and families and those outside of probation are taking on a larger portion of shared responsibility for a youth's rehabilitation. The ability to innovate is critical to juvenile justice reform, and the place for innovation is at the forefront of programs and services that leverage evidence from both research and practice and customize it to meet local needs.



At a policy level, informant feedback affirmed the importance of culture, context, and meaningfully including youth voice, youth choice, and youth leadership in designing innovation in juvenile justice. In particular, recommendations noted to continue adopting restorative justice practices in schools and in juvenile justice settings and centering youth voices in discussions of intervention, diversion, and policy change in their communities.

The move toward more rehabilitative approaches, as implemented in San Mateo County and across juvenile diversion programs, redirect youthful offenders who commit minor offenses away from the juvenile justice system, offering programming, supervision, and support to keep youth from traditional incarceration experiences when possible.⁹⁶ Diversion, whether informal or formal, rehabilitate youth and keep young persons out of sentencing and formal court processing. Arguments supporting diversion posit that diversion is a productive way to prevent future delinquency, with a focus on community-based treatment and supports that are more appropriate than incarceration, and a way to keep youth from engaging in further delinquency as a result of being labeled and exposed to potentially harm-inducing circumstances in correctional settings.⁹⁷ Typical services for youth and families through diversion programs can be implemented in various ways with different interventions including: screening and assessment; education and job skills supports; service learning and

⁹³ Magura, S., Blankertz, L., Madison, E. M., Friedman, E., & Gomez, A. (2007). An innovative job placement model for unemployed methadone patients: A randomized clinical trial. *Substance Use and Misuse*, 42(5), 811-828.

⁹⁴ *OJJDP Statistical Briefing Book*. Online. Available at

<https://www.ojjdp.gov/ojstatbb/crime/qa05101.asp?qaDate=2018>. Released on October 31, 2019.

⁹⁵ Hockenberry, S. (2019, October). *Delinquency cases in juvenile courts, 2017*. Fact sheet. Washington, DC: US Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.

<https://ojjdp.ojp.gov/sites/g/files/xyckuh176/files/media/document/253105.pdf>

⁹⁶ <https://youth.gov/youth-topics/juvenile-justice/diversion-programs>

⁹⁷ Shelden, R. (1999). *Detention diversion advocacy: An evaluation* (NCJ No. 171155). Washington, DC: U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention.

organized sports programs; victim awareness classes and activities, parenting skill development and family counseling; substance use education and counseling, among other specialized services.^{98,99}

The San Mateo County Diversion Program, in partnership with the City of San Mateo Police Activities League (PAL) and YMCA, began operation in 2018 and serves up to 20 youth at a time. At-risk youth aged 11-17 years old are referred to the program from schools, law enforcement, and families. Parents of youth take parenting classes to learn strategies and skills to improve family functioning. Youth who are eligible participate in a six-month program that connects the youth with a multidisciplinary team (a Deputy Probation Officer, a juvenile detective, a YMCA clinician, and a YMCA case manager) that works with the youth to develop an individualized plan to address the youth's delinquent behaviors. Youth participate in 10 therapy sessions and engage in weekly activities intended to educate the youth about family engagement, community awareness, delinquency and truancy, and relations with law enforcement. PAL sponsored activities also enable the youth to participate in prosocial activities and contribute to communities through park clean-ups and family nights, for example. Programs like this one can address complex needs through collaborative solutions determined by a youth's personal and professional support teams.

Other diversion programs currently funded in San Mateo County and mentioned in interviews and focus groups include those provided by youth-focused CBOs such as StarVista and Fresh Lifelines for Youth (FLY).

Some other juvenile diversion programs are noted below:

Adolescent Diversion Project (ADP):¹⁰⁰ This evidence-based program is a strength-based, university led-program that diverts arrested youth from formal processing and provides community-based services. The program goal is to prevent future delinquency by strengthening youth's prosocial relationships with family and peers, increase access to community resources, and keep youth out of potentially stigmatizing contexts. When evaluated for evaluation outcomes, the program showed a significant reduction in official delinquency rates when compared to that of juveniles formally processed in the system. However, no significant differences were found for self-reported delinquency in two studies.

Indianapolis (Ind.) Family Group Conferencing Experiment:¹⁰¹ This promising program of restorative justice conferencing, also known as the Indianapolis Restorative Justice Conference Project, is intended for first time offenders not older than 14 years old with the aim to help young offenders break the cycle of reaching the stage of repeat offending. A conference coordinator brings together the offender, the young offender's parents, the victim, and supporters, with questions designed to help the youth offender understand how his or her behavior has impacted the victim, families, and the community. In a study that looked at youth in the two-year period following their first date of arrest, youth in the treatment group had fewer arrests in the two-year follow up after the first day of arrest.

⁹⁸ <https://youth.gov/youth-topics/juvenile-justice/diversion-programs>

⁹⁹ Shelden, R. (1999). *Detention diversion advocacy: An evaluation* (NCJ No. 171155). Washington, DC: U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention.

¹⁰⁰ <https://www.crimesolutions.gov/ProgramDetails.aspx?ID=332>

¹⁰¹ <https://youth.gov/content/indianapolis-ind-family-group-conferencing-experiment>



Reading for Life (RFL):¹⁰² Youth in this Indiana-based diversion program for youth 13-18 study works of literature and classic virtue theory in small reading groups, led by trained volunteer mentors, with the goal to foster youth's moral development and reduce rates of recidivism. Youth utilize journaling, participate in facilitated discussions, and reflect on personal experiences. Youth complete a one-day community service project premised on reconciliation and community engagement and create a final presentation to parents and program staff. Outcomes from a randomized controlled trial that looked at RFL participants after two years found statistically significant reductions in future arrests for participants most likely to reoffend.¹⁰³

REENTRY SUPPORT

Nationally from 2005 to 2010, rearrests within three years of release stands at 76% for youth under the age of 24, with 84% recidivating within five years.¹⁰⁴ Thus, it is crucial to consider how to better support youth, particularly post-release. As identified in the last LAP, re-entry is a critical point in time when incarcerated youth take steps to rejoin society and ideally create a life without future justice-involvement. Although progress has been made, focus group and key informant feedback suggest that there is room for improvement to better prepare youth for this time of uncertainty. Youth in the Hall who attend court and community schools, for example, adhere to strict routines and structures, with predictable sanctions which are lost when exiting the system. Inputs from qualitative interviews suggest that the relative safety and stability afforded to youth while incarcerated, for example, may sometimes be better than the circumstances that some youth return to after completing their time in the Hall. Group home arrangements, lack of access to basic needs such as regular meals, stable housing, and school systems not equipped to provide appropriate guidance and additional supports to probation youth with the presence of special needs, such as IEP or 504 plans, can exacerbate the difficulty of the re-entry and transition period. Furthermore, instances of youth who reoffend in order to return to the justice system, as noted in the qualitative findings, highlight the complex nature of rehabilitation for youth in transition whose needs require more follow-up and supportive re-entry services. Improving family systems takes time and sometimes problems are beyond immediate repair, particularly when trauma is deeply embedded in the family setting. A toxic, cramped home environment can present obstacles to a youth's efforts toward rehabilitation. Some incarcerated youth noted that they would like an alternative to returning to their prior living situation, but there is currently no support to help house older youth who would benefit from a more supportive or therapeutic living situation.



¹⁰² <https://www.crimesolutions.gov/ProgramDetails.aspx?ID=464>

¹⁰³ Seroczynski, A., Evans, W., Jobst, A., Horvath, L., & Carozza, G. (2016). Reading for life and adolescent re-arrest: evaluating a unique juvenile diversion program. *Journal of Policy Analysis and Management*, 35(3), 662–682.

¹⁰⁴ Durose, M. R., Cooper, A. D., & Snyder, H. N. (2014). *Recidivism of prisoners released in 30 states in 2005: Patterns from 2005 to 2010*. Washington, DC: US Department of Justice, Office of Justice Programs, Bureau of Justice Statistics. <https://www.bjs.gov/content/pub/pdf/rprts05p0510.pdf>

Youth informants called out the usefulness of the Phoenix Re-Entry Program (PREP) within the San Mateo County Probation Department to help provide transition supports to connect back to their communities, using case management to help connect youth to services over a period of six months.¹⁰⁵ However, educational sector informants report that youth must initiate contact with providers once they are out of the Hall, which may entail going to a website to register for services or dialing a number to make contact for services. Stakeholders voiced concern given that this is a highly vulnerable point for the youth. From a system's perspective, this discontinuity creates a gap that even good re-entry planning may not overcome. Warm handoffs and introductions prior to release can improve the success of connections and progress is uninterrupted.

Example re-entry support programs include:

Multisystemic Therapy-Family Integrated Transitions (MST-FIT): The MST-FIT approach provides services to youth with co-occurring substance abuse and mental health disorders, using an integrated individual and family approach. The goal of this program is to reduce recidivism in the community by providing appropriate treatments during the transition period post the juvenile's release. Families and youth are also connected to support services in their communities to improve mental health, reduce drug use, and increase youth's prosocial behavior. Research has found that juveniles who participated in this program had a 30% reduction in felony recidivism than juveniles in the control group.¹⁰⁶

Operation New Hope: This program is considered promising and targets high-risk juveniles to help them reintegrate into their communities using a curriculum-based treatment plan. The plan focuses on lifestyle changes and life-skill treatment into an educational approach that supports healthy decision-making. Research has found that juveniles who participated in this program had lower arrest and drug use rates, were more likely to be employed, and showed improvements in prosocial behavior.¹⁰⁷

Homecoming Project (<https://impactjustice.org/impact/homecoming-project/>): The Homecoming Project supports successful re-entry by providing safe and stable housing to individuals returning home from prison. Homeowners are subsidized and are able to rent out a room at an affordable rate and the screening and matching process provides continuous supports for collaboration skills, decision making, and coaching to returnees and hosts. The pilot program provides transitional housing support using a shared housing model.

¹⁰⁵ <https://performance.smcgov.org/stories/s/Probation-Institutions-Services-3283P-/e9bn-iyqp/>

¹⁰⁶ Trupin, E. J., Kerns, S. E., Walker, S. C., DeRobertis, M. T., & Stewart, D. G. (2011). Family integrated transitions: A promising program for juvenile offenders with co-occurring disorders. *Journal of Child & Adolescent Substance Abuse*, 20(5), 421-436.

¹⁰⁷ Josi, D. A., & Sechrest, D. K. (1999). A pragmatic approach to parole aftercare: Evaluation of a community reintegration program for high-risk youthful offenders. *Justice Quarterly*, 16(1), 51-80.



PRIORITY AREA 3: PARENT EDUCATION AND SUPPORT



SUMMARY OF FINDINGS

Parent engagement, parenting skills education, and approaches to service provision that are culturally competent, emerged as the most pressing needs for caregivers and parents of youth at risk of or involved with the justice system. Stakeholders consistently prioritized **family engagement** in services and **parenting skills** and supports.

Stakeholders' concern around parent's being informed about youth's needs, their changing worlds, and social norms within and outside of mainstream cultures illuminate the need for improved **family engagement**. Stakeholders emphasized the presence of economic stressors and barriers faced by a large proportion of families and youth served. Competing demands on caregiver time and limited resources, as emerged in the informant feedback, reinforce the importance of systems and service providers to meet families where they are at, including increased mentorship/advocacy services. Informants and stakeholders also urged appropriate dissemination of information, referrals, and supports to help navigate their child's journey through the juvenile justice system through community outlets, languages, and formats to overcome trust, language and technology barriers in accessing information and engaging with resources. Stakeholders also drew attention to the need to better connect caregivers to childcare; in some cases, school-age siblings are performing primary childcare responsibilities for their younger siblings, at the cost of attending programs or services that can further their rehabilitation or development.

Finally, some informants, noting the marginal spaces occupied by communities of color, advocate for delivering **parent education** in nontraditional learning spaces, in appropriate languages, and with helpful incentives such as onsite childcare and meals. Core areas of focus included setting appropriate boundaries with youth, improved parent-child communication, and understanding and mitigating negative effects of youth culture and social media.



GAPS, NEEDS, AND OPPORTUNITIES WITH EXAMPLE STRATEGIES

FAMILY ENGAGEMENT

Financial hardship and lack of basic needs consistently emerged across the survey, interviews, and focus group meetings as substantial barriers to parental engagement. Stakeholders called for better efforts to help mitigate the effects of poverty by addressing basic needs related to housing; transportation; food security; employment; education; technology, health and mental and behavioral health supports, and afterschool and childcare supports, as these are all factors that impact a parent's level of involvement with their youth and the juvenile justice system if applicable.

Families with fewer resources and protective factors, as suggested in the qualitative findings, often have fewer opportunities for engagement in their children's lives and large barriers to engagement. Families residing in low-income housing areas, those who are first-generation immigrants, and



working class and hard labor communities face multiple competing demands of their time out of necessity to provide a roof over their head and food on the table. Caregivers may be working multiple jobs, as echoed by several informants, and thus physically unable or too emotionally overwhelmed to be present to attend meetings, practice new parenting skills or to monitor their youth's activities.

Despite the challenges, it is important to keep caregivers actively engaged, as caregiver engagement and monitoring of activities throughout a child's development and caregiver support during adolescence and young adulthood are protective and associated with lower levels of criminal offending.¹⁰⁸ Recommendations that emerged from the interviews and focus groups indicated that caregivers would likely benefit from increased efforts to involve and engage families with their schools and within their social and cultural communities. Due to constraints on caregiver time and resources, family engagement should take place at times and locations amenable to parents and outreach about events ought to be from trusted members of their identified community. To this end, stakeholders also noted the importance of fostering healthy relationships with law enforcement and probation, in addition to developing better understanding of systems that serve youth and families. Events to bolster family engagement appear to be more well-attended when incentives are provided, such as onsite childcare, free meals or cash payment, and be designed to be culturally and linguistically appropriate. Above all, stakeholders report that parents want safe and familiar places and people to work through their problems, thus supporting and working through existing social networks, and connecting families without social support to those networks, will likely improve engagement. Parent events held by San Mateo Police Activities League and Boys and Girls Club of the Peninsula, and parent nights and parent action meetings such as those held by the Siena Youth Center were reported to be good models of family engagement efforts in the county.

In considering caregiver interactions along with inputs from focus groups and other key informant interviews, it is clear that understanding how to access information, resources, and how to effectively navigate the juvenile justice system is critical to ensure families feel supported and knowledgeable about what is available and how to connect to resources. Given the challenges parents face, mechanisms need to be in place to follow-up with parents about their needs and connections to



services. Stakeholders recommended that parents be availed to advocacy services similar to Court Appointed Special Advocates (CASAs) with case management and wraparound services. Other qualitative feedback recommended using a peer-to-peer model, similar to the promotora model more commonly utilized in community health education settings, where promotoras provide outreach to communities in which they are socially connected. Finally, more effort is needed to ensure that

¹⁰⁸ Johnson, W., Giordano, P., Manning, W., & Longmore, M. (2011). Parent-child relations and offending during young adulthood. *Journal of Youth Adolescence*, 40, 786-799.



outreach and dissemination efforts reach families and are made available in formats and languages preferred by caregivers.

A recent literature review by the Office of Juvenile Justice and Delinquency Prevention found that family engagement strategies should include: 1) policies that encourage family engagement; 2) materials that help families to understand the juvenile justice process; and 3) programs and practices including family visitation, parent training and family therapy.¹⁰⁹ In utilizing community-based peer advocates such as promotoras or CASAs for parents, as emerged in the stakeholder recommendations, families could become more engaged and better positioned to access resources and navigate justice system supports.

PARENTING SKILLS

Almost half (43%) of survey respondents ranked improvement in parenting skills and parent-child communication as a high priority. A majority of respondents indicated the need to boost parenting skills to better enforce boundaries, consequences, and accountability. In some cases, misinformation about laws regarding child welfare, for example, and intimidation perpetrated by youth who threaten to report their caregivers to Child Protection Services or Immigration and Customs Enforcement, contribute to inconsistent enforcement of healthy boundaries, fear of participating in systems, and higher levels of conflict within the parent-child relationship. Offering some perspectives on why family cohesion appears to be eroding, stakeholders suggest that parents sometimes lack understanding of the complex pressures that youth face today, including from social media, peer pressure, bullying, harassment, and microaggressions that differ from their own experience as emerging adults. Some informants shared that parental experiences of schooling in different cultural contexts may cause some parents to not fully understand their child's schooling experience in the U.S. context. Rather, it is not that parents do not care about youth's educational attainment or career prospects, as stakeholders emphasized, but more likely that parents/caregivers may not be well informed about the American public school system. In addition, many youth defy their parents' more traditional beliefs regarding parental authority and cultural expectations which contribute to family discord and the need for parenting programs and/or family therapy.

Opportunities to strengthen parenting skills can improve parenting self-efficacy, help set appropriate boundaries with youth, and bridge communication gaps to strengthen understanding of behavior and ways to better support youth in their journey. The recently discontinued parent education program called the Parent Program formerly held at the YSC and in local communities provided parenting skills/knowledge to help families understand and navigate challenging behavior. Parenting skills support can be successfully embedded within diversion, re-entry or other programs and services, however, prevention and early intervention programs can help mitigate problems and avoid justice involvement. These programs should be evidence-based, easily accessible, and adapt to parent needs, such as by offering drop-in services or onsite childcare support.

Parent education programs and services include:

Parenting Through Change (PTC; GenerationPMTO Group; <https://www.generationpmto.org>): This evidence-based parenting intervention is designed to strengthen families and produce positive outcomes for youth and caregivers, including reductions in depression and arrests for both youth and

¹⁰⁹ <https://www.ojjdp.gov/mpg/litreviews/Family-Engagement-in-Juvenile-Justice.pdf>



mothers, decreases in delinquency, deviant peer association, and increased academic and social skills. Studies have also shown improvements in income, financial stress, and marital satisfaction. The program is for parents of youth aged 2-18 who present with or are at risk of behavior problems. The program runs weekly parent group sessions to introduce parenting practices, including skill encouragement, limit setting, monitoring, and positive involvement as well as supporting practices such as active communication, emotion regulation, and academic promotion.¹¹⁰ Group facilitators use role-play and related experiential activities to practice skills.

Family Check-Up (<https://reachinstitute.asu.edu/programs/family-check-up>): This evidenced-based family-centered intervention program promotes positive family management and through reductions in coercive and negative parenting, and increases positive parenting. The program model goals are to improve children's socioemotional adjustment, reduce parent-adolescent conflict, reduce antisocial behavior and delinquent activity, improve academic outcomes, including school readiness, and improve parent monitoring. The model employs motivational interviewing and assessments. The program serves parents of youth aged 2-17. The program can be integrated in settings including public schools and community mental health settings.

Tuning in to Teens™ (TINT): This program targets parents of children aged 10-18 years of age and is designed to help parents establish better relationships with their children; TINT provides emotion coaching skills and shows parents how to notice, name, and show empathy for youth's emotion. The program teaches connecting and calming before talking with youth about what to do next. The program aims to promote emotional competence and reduce and treat emotional and behavioral functioning problems in adolescents.¹¹¹

Common Sense Parenting (CSP) ©: This group-based parent-training class is developed for parents of youth aged 6-16 with significant behavior and emotional problems. The program objective teaches positive parenting techniques and behavior management and strategies to model appropriate behavior and increase positive behavior and decrease negative behavior. CSP classes use experiential learning and parents review skills and practice how to use them in simulated role play. Parents learn skills, including clear communication, positive reinforcements and problem solving.¹¹²

Triple P Positive Parenting Program (<https://www.triplep.net/glo-en/the-triple-p-system-at-work/evidence-based/>): This evidenced-based parenting program designed to equip parents with skills to manage family issues and supports parents of children up to 16 years old. Triple P programs are developmentally appropriate and specialized, including its Teen Triple P program. Families complete an assessment and set goals and learn how to encourage positive behaviors and teach their teens problem solving, conflict resolution, and self-regulation. Parents also learn how to apply appropriate consequences for problem behaviors. The program is held for ten weekly sessions.

Parenting Adolescents Wisely (PAW) Program: The PAW program was designed to improve the parenting behaviors of parents of young adolescents. The program is a computer-based intervention that includes a series of short video vignettes of problematic child behaviors (such as a child not doing his homework) and allows parents to interact with these vignettes by choosing a possible solution from a list. The parent's chosen solution is then played out and the parent can see how well or poorly

¹¹⁰ <https://www.cebc4cw.org/program/parenting-through-change/detailed>

¹¹¹ <https://www.cebc4cw.org/program/tuning-in-to-teens-tint/detailed>

¹¹² <https://youth.gov/content/common-sense-parenting>



the chosen solution worked. This program was developed at the University of Ohio and its effectiveness has been studied with different populations and study designs. It was designed to reduce barriers of cost, transportation, provider training, and social stigma for families, while providing a family-focused intervention. In general, the PAW program has been found to reduce problematic child behaviors.^{113,114}

¹¹³ Kacir, C. D., & Gylys, J. (2003). Development and evaluation of a parenting intervention program: Integration of scientific and practical approaches. *International Journal of Human-Computer Interaction*, 15, 453-467.

¹¹⁴ Lagges, A.M. & Gordon, D.A. (1999). Use of an interactive laserdisc parent training program with teenage parents. *Child and Family Behavior Therapy*, 21, 19-37.



PRIORITY AREA 4: ACCESS TO EFFECTIVE SERVICES

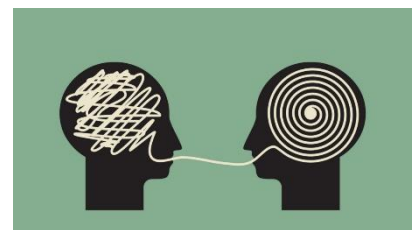


SUMMARY OF FINDINGS

At-risk youth are vulnerable to multiple problems and are more likely to live in vulnerable communities; thus, many respondents emphasized the importance of **access to effective services**. There are many barriers that can impede youth and their families' access to quality programs; hence, it is crucial to bring changes to reduce their barriers to seek help from programs that are well-positioned to provide the best possible care and support. Specifically, emphasis should be placed on **high-quality**, sustainable, evidence-based or promising practices that demonstrate success, make all services **culturally and linguistically appropriate**, and seek sustained and long-term **funding** to maintain quality and accessibility of services.

Financial hardship can be the root cause of many **barriers to accessing services**, including afterschool program eligibility, mental health support, transportation, and legal concerns. Stakeholders voiced that financial hardship prevents youth from accessing afterschool programs and prosocial activities. This lack of access to programs gives youth more free time after school to engage in problematic behaviors. Another barrier is access to mental health support due to health care costs. In addition, focus groups and KIs consistently mentioned that transportation schedules are not ideal, inaccessible in specific neighborhoods, and are difficult to connect to when traveling to/from services, especially when visiting youth. At the same time, unease in seeking supports, as suggested in the qualitative feedback, stems from fear and distrust of systems. Negative personal experiences, apprehension in seeking help due to legal status, misinformation about laws, or lack of access to free or affordable legal consultation present additional barriers for caregivers. This highlights the critical opportunities to build trust, encourage law enforcement to cultivate healthy relationships in partnership with communities while acknowledging past impacts of community policing and move toward more restorative practices to better serve disenfranchised communities.

Lastly, stakeholders emphasized the need to offer more **cultural and linguistically appropriate services** to the diverse communities to make services more accessible to them. Specifically, there should be more language support and translation services that cater to the needs of the Spanish-speaking communities and other languages such as Tongan, Arabic, Mandarin, etc. More diverse services would help families navigate within and across the juvenile justice system and increase engagement in services.



Respondents indicate that there is an increased need for **sustained and long-term funding** for quality programs that benefit at-risk youth and their positive development. In general, stakeholders desired more funding to continue offering programs as intended. For example, CBO staff turnover was raised as a challenge for building trust with youth, and given that many services take a relationship-based approach, turnover that is due to low pay may result in youth becoming disconnected from services or not reaping the full benefits of engagement according to informants.

GAPS, NEEDS, AND OPPORTUNITIES WITH EXAMPLE STRATEGIES

BARRIERS TO ACCESS SERVICES

Focus groups and KIs highlighted the need to address barriers to accessing quality services as a result of financial hardship. First, LAP respondents voiced the need to have free/low cost programs and afterschool activities for youth. Many families do not have the financial means to afford afterschool activities and prosocial programs to keep youth busy which leads them to having a lot of unstructured free time after school. Second, stakeholders desired free/reduced cost mental health supports and resources to be expanded. Third, there is a high need to address transportation barriers, which consistently came up in focus groups and KIs and seems to be one of the biggest challenges faced by youth and their families.

Some data indicate that 11.3 million children were without supervision between the hours of 3pm and 6pm in 2014.¹¹⁵ While the need to participate in afterschool programs has increased in the past few years, there are many barriers to accessing afterschool programs. According to a survey conducted in 2014, cost and safety of children to get to and come from afterschool programs was identified as a barrier by low-income families, African American families, and Hispanic families. Specifically, 56% of low-income households reported that the cost of an afterschool program was a barrier in enrolling their child compared to 48% of higher-income households.¹¹⁶ Some recommended strategies to improve access to afterschool programs for low-income families are (1) cut costs of transportation, materials, and program space by partnering with schools and CBOs; (2) offer programs in the neighborhoods of the youth served; and (3) consider partnerships with businesses and other organizations that might be able to offer material, financial, and volunteer resources to the afterschool program.¹¹⁷

In terms of mental health, a survey conducted in 2016 by National Alliance on Mental Illness (NAMI) found that even people with insurance (private or a public health plan) had difficulties accessing mental health care due to the costs. People ended with extremely high out-of-pocket costs for mental health services compared to other types of medical care. Out of all survey respondents, 56% mentioned that their insurance plan was not accepted by a psychiatrist.¹¹⁸ Thus, people with mental illnesses do not get treatment even with health insurance. Some of the strategies provided by NAMI to address the mental health care costs are: (a) find a sliding scale provider so clients can pay what they can afford; (2) find online therapy which charges a lower fee than traditional therapists; (3) engage in group therapy which is more affordable and can be effective; (4) seek counseling from a

¹¹⁵ Alliance, A. (2014). *America after 3PM: Afterschool programs in demand*. Washington, DC: Afterschool Alliance. <https://www.wallacefoundation.org/knowledge-center/Documents/America-After-3PM-Afterschool-Programs-in-Demand.pdf>

¹¹⁶ Alliance, A. (2014). *America after 3PM: Afterschool programs in demand*. Washington, DC: Afterschool Alliance. <https://www.wallacefoundation.org/knowledge-center/Documents/America-After-3PM-Afterschool-Programs-in-Demand.pdf>

¹¹⁷ Kennedy, E., Wilson, B., Valladares, S., & Bronte-Tinkew, J. (2007, June). *Improving attendance and retention in out-of-school time programs*. Research-to-Results Practitioner Insights Child Trends. <https://www.nova.edu/projectrise/forms/improving-attendance-retention.pdf>

¹¹⁸ National Alliance on Mental Illness. (2017, November). *The doctor is out: Continuing disparities in access to mental and physical health care*. <https://www.nami.org/Support-Education/Publications-Reports/Public-Policy-Reports/The-Doctor-is-Out/DoctorsOut>



college/clinic/school which offers low-cost therapy and would be lower out-of-pocket costs; and (5) get a prescription discount card.¹¹⁹

Many low-income families have difficulty accessing jobs, childcare, and other services because of transportation costs among other transit-related barriers. Due to these families holding minimum wage jobs that require working during evening and weekend hours, transportation times end up not being ideal.¹²⁰ In 2012, San Mateo County devised a transportation plan for low-income populations and recommended a few community-based solutions to address the transit problem. These solutions were: (a) better timed connections between agencies; (b) free transfers; (c) later service; (d) weekend service; (e) student/senior discount pass; (f) cheaper monthly pass; (g) summer youth pass; (h) low-income resident discount pass. Despite these improvements, a need persists for more information in other languages such as Spanish and Russian and more education about public transit, cost and distance to bus stops for low-income families,¹²¹ as well as more equitable access to transportation to the places parents need to go, especially to visit incarcerated youth.

Last, providers and stakeholders mentioned the lack of free or affordable legal consultation and the need for services to address legal status. For youth and families who are not documented, stakeholders voiced two primary concerns: parents hold a lack of understanding about the juvenile justice system, but because they are undocumented, they do not feel empowered to advocate for their children. In addition, parents have concerns about seeking out services to aid their children and/or family because they are not documented. It is advisable to incorporate legal rights as a part of family support services to inform and resource parents of their legal rights, particularly as they pertain to their youth.

CULTURALLY AND LINGUISTICALLY APPROPRIATE SERVICES

Stakeholders emphasized the need to have linguistically and culturally appropriate services to address the needs of the diverse communities that providers are serving. Specifically, stakeholders mentioned that even though translation services are provided in the county and are available for court-referred youth and their families, there is still a need for more translation services for the Spanish-speaking families and other various languages such as Mandarin, Tagalog, Russian, Samoan, and Middle Eastern languages. Youth and their families at intake may be put on long waiting lists for Spanish speaking mental health clinicians, for example, or while interpreters at court may be available, there may be culturally informed nuances that impede communication. Additionally, KIIs added that there needs to be more cultural competency within the juvenile justice programs. There is a strong emphasis on cultural and linguistically appropriate services because the youth on probation in San Mateo County



¹¹⁹ National Alliance on Mental Illness. (2020, April). *Strategies to afford mental health treatment*.

<https://www.nami.org/Blogs/NAMI-Blog/April-2020/Strategies-to-Afford-Mental-Health-Treatment>

¹²⁰ Criden, M. (2008). *The stranded poor: Recognizing the importance of public transportation for low-income households*. Washington DC: National Association for State Community Services Program. <https://nascsp.org/wp-content/uploads/2018/02/issuebrief-benefitsofruralpublictransportation.pdf>

¹²¹ San Mateo County transportation plan for low-income populations. (2012, February). *Existing conditions report: Countywide transportation plan for low-income populations*. City/County Association of Governments of San Mateo County. https://ccag.ca.gov/wp-content/uploads/2014/05/FINAL_CountywideLowIncomeTransportationPlan_Appendices.pdf

for FY 2018-2019 are very diverse with 52% of youth identifying as Hispanic/Latino and 21% identifying as Black/African American (see Figure 6 at the beginning of the report).

Research has shown the benefits of linguistically and culturally appropriate services. For example, when the ethnicity and language of the client and the service provider match, it leads to increased length of treatment and improved outcomes.¹²² Additionally, studies report that clients themselves report that it is important to have therapists of the same racial background in their treatment process.¹²³ Thus, attention should be given to services to make them more culturally competent and linguistically appropriate to enhance service delivery.

Strategies to increase culturally and linguistically appropriate services include hiring from within communities represented in the justice system whenever possible, recruiting and hiring bilingual staff, broadening access to translators for free if staff do not speak the family's preferred language, and provide written materials in the client's native language.¹²⁴ It may be beneficial to have all staff, not just probation officers, receive training on cultural diversity to bridge the gap between minority and mainstream culture and how these differences impact how to effectively outreach and connect with families.

PROGRAM QUALITY AND SUSTAINABILITY

Given limited funding and high need, investment in programs needs to be highly strategic with substantial evidence of effectiveness and cost benefits, when possible. Evidence-based practices (EBPs) are important because they have shown experimental evidence regarding what treatments are effective in improving outcomes for clients. According to the National Center for Mental Health and Juvenile Justice (2016), EBPs have reduced rates of re-arrest, improved family functioning, reduced rates of out-of-home placements, decreased drug use and mental illness symptoms, and improved public safety.¹²⁵ Therefore, there are several reasons to implement EBPs in treatments including: (1) they improve the quality of care; (2) they increase the likelihood of desired outcomes; (3) they are an efficient way to use funding/resources and increase accountability; and (4) they facilitate consistency in practice.¹²⁶ However, it is not sufficient to offer EBPs if the implementation lacks fidelity to the program model. High fidelity is important for EBPs to increase the



¹²² Sue, S., Fujino, D. C., Hu, L. T., Takeuchi, D. T., & Zane, N. W. (1991). Community mental health services for ethnic minority groups: a test of the cultural responsiveness hypothesis. *Journal of Consulting and Clinical Psychology*, 59(4), 533.

¹²³ Meyer, O. L., & Zane, N. (2013). The influence of race and ethnicity in client's experiences of mental health treatment. *Journal of Community Psychology*, 41(7), 884-901.

¹²⁴ Osher, T. W., & Huff, B. (2006). *Working with families of children in the juvenile justice and corrections systems: A guide for education program leaders, principals, and building administrators*. Washington, DC: National Evaluation and Technical Assistance Center for the Education of Children and Youth Who Are Neglected, Delinquent, or At-Risk, American Institutes for Research.

¹²⁵ Mental Health and Juvenile Justice Collaboration for Change (NCMHJJ). (2013). Delmar, NY: National Center for Mental Health and Juvenile Justice. <https://www.ncmhjj.com/wp-content/uploads/2016/09/Implementing-Evidence-Based-Practices-for-WEBSITE.pdf>

¹²⁶ Glasner-Edwards, S., & Rawson, R. (2010). Evidence-based practices in addiction treatment: Review and recommendations for public policy. *Health Policy*, 97(2-3), 93-104.



likelihood of achieving the desired outcomes. Therefore, stakeholders placed a strong emphasis on the need to implement EBPs or high-quality programs that have demonstrated program efficacy.

Given the current funding climate, there was interest in promoting EBPs to maximize the likelihood that treatments and services will produce desired outcomes. Methods for understanding the effectiveness of programs, and for whom, are described in the last section of this report.

Furthermore, stakeholders believe that long-term, sustained funding for programs and services is vital for the county to best serve at-risk youth, and JJCPA and YOBG funding streams provide both stability and flexibility to pursue strategies that have the potential for long-term investment. In San Mateo, the percentage of funds to CBOs increased slightly from FY2015-16 to FY2018-19 indicating a small shift in funding priorities in support of community-based services compared to other needs.¹²⁷

Given the decline in juvenile arrests and opportunity for significant reinvestment through these funding streams, a consideration of how justice reinvestment funds may be allocated is warranted.^{128,129} It has been shown that well-designed community-based programs are more effective in reducing recidivism than institutional confinement¹³⁰ and the policies of the juvenile justice system in California have shifted to reflect a greater reliance on county-level services to support the rehabilitation of youth. Community-based programs grounded in positive youth development, strength-building, and cognitive-behavioral techniques have shown to reduce recidivism more effectively.¹³¹ On the other hand, incarceration has many detrimental effects, such as higher chances of reoffending, and short-term decline in the ability to curb impulsive and aggressive behavior and the reduced ability to function autonomously.^{132,133}

In addition, policymakers have shown that community-based services are more cost-effective compared to detention and out-of-home placements, and youth's needs are best served through

¹²⁷ Menart, R., Goldstein, B. (2018, May). *An opportunity for reinvestment: California state juvenile justice funding in five bay areas*. Center on Juvenile and Criminal Justice.

http://www.cjcj.org/uploads/cjcj/documents/california_state_juvenile_justice_funding_in_five_bay_area_counties.pdf

¹²⁸ Menart, R., Goldstein, B. (2018, May). *An opportunity for reinvestment: California state juvenile justice funding in five bay areas*. Center on Juvenile and Criminal Justice.

http://www.cjcj.org/uploads/cjcj/documents/california_state_juvenile_justice_funding_in_five_bay_area_counties.pdf

¹²⁹ Males, M. (2020). *California's arrest rate falls to record low in justice reform era (2011-2018)*. Fact Sheet. Center on Juvenile and Criminal Justice.

http://www.cjcj.org/uploads/cjcj/documents/california_arrest_rate_falls_to_record_low_in_justice_reform_era.pdf

¹³⁰ NRC (National Research Council). (2013). *Reforming juvenile justice: A developmental approach*. Bonnie, R.J., Johnson, R.L., Chemers, B.M., and Schuck, J.A. (Eds.). Washington, DC: National Academies Press.

¹³¹ Harvell, S., Love, H., Pelletier, E., Warnberg, C., Derrick-Mills, T., Gaddy, M., ... & Hull, C. (2018). *Bridging research and practice in juvenile probation: Rethinking strategies to promote long-term change*. Urban Institute. https://www.urban.org/sites/default/files/publication/99223/bridging_research_and_practice_in_juvenile_probation_8.pdf

¹³² Harding, D. J., Morenoff, J. D., Nguyen, A. P., & Bushway, S. D. (2017). Short-and long-term effects of imprisonment on future felony convictions and prison admissions. *Proceedings of the National Academy of Sciences*, 114(42), 11103-11108.

¹³³ Dmitrieva, J., Monahan, K. C., Cauffman, E., & Steinberg, L. (2012). Arrested development: The effects of incarceration on the development of psychosocial maturity. *Development and Psychopathology*, 24(3), 1073-1090.



rehabilitation in the community.¹³⁴ However, according to informants, a shift in focus toward more community-based services in the county has not resulted in significant monetary increases for CBOs. KILs and focus groups mentioned CBO staff turnover in part driven by low wages can impact the quality and continuity of care. According to the 2016 National Employment Practices Survey, yearly turnover rates stand at 19% for nonprofits overall.¹³⁵ The implications of CBO staff turnover are significant as research shows that higher staff consistency (time without staff turnover) leads to an improvement in treatment quality.¹³⁶

SAMHSA recommends several strategies to increase staff retention rates in behavioral settings. Some of their recommendations include providing vacation time, providing paid sick time, allowing for program input, offering group health insurance, providing ongoing training, cultivating a supportive facility culture, providing better management and supervision, reducing paperwork burden, assigning smaller caseloads, offering promotion opportunities and higher salaries, creating healthy work/life balance, offering paid educational assistance, and offering retirement plans.¹³⁷ These strategies meant to entice workers to positions and stay almost all require more funding, which is reported as the biggest challenge to overcome in San Mateo and most other Bay Area counties. Thus, consideration of this reality for CBOs, including making a clear transition plan to collect required data elements, is recommended in order to minimize the impact of staff turnover on direct service.

There are tremendous funding pressures and considerations behind funding decisions, so the role of the LAP is to raise awareness of the issue and recommend further dialogue to determine what is feasible for San Mateo County.

¹³⁴ McCarthy, P., Schiraldi, V., & Shark, M. (2016). *The future of youth justice: A community-based alternative to the youth prison model*. US Department of Justice, Office of Justice Programs, National Institute of Justice. <https://www.ncjrs.gov/pdffiles1/nij/250142.pdf>

¹³⁵ Nonprofit, H. R. (2016). *The 2016 Nonprofit Employment Practices Survey™*. Washington, DC. <https://www.nonprofithr.com/wp-content/uploads/2016/04/2016NEPSurvey-final.pdf>

¹³⁶ Brandt, W. A., Bielitz, C. J., & Georgi, A. (2016). The impact of staff turnover and staff density on treatment quality in a psychiatric clinic. *Frontiers in Psychology*, 7, 457.

¹³⁷ Ryan, O., Murphy, D., & Krom, L. (2012). *Vital signs: Taking the pulse of the addiction treatment workforce*. A National Report (version 1). Kansas City, MO: Addiction Technology Transfer Center National Office in residence at the University of Missouri-Kansas City. <https://www.integration.samhsa.gov/workforce/VitalSignsReport.pdf>



PRIORITY AREA 5: ALIGNMENT AND COORDINATION OF SYSTEMS



SUMMARY OF FINDINGS

The last cross-cutting priority area identified pertains to the need to break down silos within and across systems to better **identify and mitigate criminogenic risk** and to **coordinate** the services and supports of at-risk and justice-involved youth. This includes continuing investment in **prevention and early intervention (PEI) services** for children and youth who have a higher risk of entry into public systems and well as providing services within a **trauma-informed** system lens.

Juvenile justice systems in California and in San Mateo County have undergone huge shifts in the last 10 plus years as demonstrated in the *evolution of juvenile justice* graphic presented at the beginning of this report. The reverberations from these shifts were echoed in the system-level feedback from the LAP informants. The evolution of change in San Mateo created organizational opportunities to serve youth in new ways as well as precipitated organizational growing pains and misalignment in enacting new rules and practices. For San Mateo, system improvements are most needed to improve communication among partners working with incarcerated youth and with the **coordination** of efforts, particularly among probation staff, behavioral health, and educators. It was felt that more cross-agency sharing of information on youth would help to more quickly and effectively address emergent needs. It was noted that holding multidisciplinary meetings to discuss institutionalized youths' needs and identify strategies, resources, and supports to further personal growth and rehabilitation were very helpful.

Reinvestment in the ways probation departments serve youth demands greater **cross-sector collaboration and coordination** to address the multifaceted issues and complex lived experiences of vulnerable children and youth, such as by strengthening early warning systems in schools, increased trauma-informed practices in the county, and ensure services with the best fit are provided and monitored by feedback systems that signal providers when the current level or type of support is not sufficient to address the identified needs of youth. LAP survey-takers identified **prevention and early identification (PEI)** as a top priority for the next five years which requires cross-system collaboration to help mitigate the risk of justice involvement for children and youth. Addressing issues early on can more easily mitigate issues that, if left untreated, can become more severe, trauma-inducing, and debilitating. School resource officers (SROs) are well-positioned to engage in PEI outreach programs with young children, however they report frequent calls to manage crises in middle and high schools which draws down their capacity to engage in prevention efforts.

Many stakeholders including nearly a third of online survey respondents expressed the need to take further steps in becoming a **trauma-informed system** of care for youth, especially schools where youth spend a majority of their out-of-home time. A need was identified for teachers to access training to better identify signs of trauma-based behavior and respond in ways that are more likely to resolve difficult situations without retraumatizing youth. School staff need to have the tools to recognize the impact of trauma on youth and how a youth's trauma and experiences of being criminalized and demoralized at school or by the justice system impact their behavior.

GAPS, NEEDS, AND OPPORTUNITIES WITH EXAMPLE STRATEGIES

COORDINATE SYSTEMS AND SERVICES

The demand for greater coordination among the providers who are serving incarcerated or at-risk youth is significant. Communication pathways that aided the coordination of services with incarcerated youth were reported to be discontinued, leaving some providers lacking information about what a youth may need on any given day. To address the gap in the coordination of services expressed by service providers, informants identified strategies such as reassembling multidisciplinary teams of DPOs, educators, behavioral health specialists, and other providers working with the youth to better understand the youth's struggles, identify assets, and "be on the same page" in understanding treatment plans, goals, and progress. Wraparound services for post-release youth were mentioned in several instances which serve a similar purpose with family members and other providers. The San Mateo Diversion Program, starting in 2018, incorporates a team approach for justice-involved out-of-custody youth as well as use a wraparound approach in Probation's own re-entry program, PREP. An exploration of these communication gaps, particularly with educators and CBOs, would be beneficial.

A true transformation of the ways in which the needs of youth in the county are addressed will likely require breaking down sector silos and working across systems. This is no easy feat for systems that are chronically stretched beyond capacity and with limited funding.

Large-scale social change requires broad cross-sector coordination, yet the social sector remains focused on the isolated intervention of individual organizations.

However, the literature on Collective Impact initiatives such as the Big Lift in San Mateo County and work by the New York State juvenile justice system from 2010-2013 demonstrate that systemic change to address major social issues can and does happen through collaboration.¹³⁸ Successful collective impact initiatives have five conditions that together produce alignment and lead to powerful results: 1) a common agenda, 2) shared measurement systems, 3) mutually reinforcing activities, 4) continuous communication, and 5) backbone support organizations.¹³⁹ Results reported from the New York State initiative included:

- New and stronger relationships across the system;
- Deeper knowledge of programs and services;
- Two new policy changes: Close to Home and Raise the Age;
- Commitment to data-driven decision-making;
- Engagement of local communities;
- Empowerment of new stakeholders; and
- Exponential leverage of original investment.

¹³⁸ <https://www.fsg.org/publications/new-york-state-juvenile-justice#download-area>

¹³⁹ https://ssir.org/articles/entry/collective_impact



PREVENTION AND EARLY INTERVENTION SYSTEM

According to research, there are two general periods of onset of antisocial behavior and thus increased risk of juvenile justice involvement: 1) early in childhood, and 2) the start of adolescence.¹⁴⁰ It is also evident that it is cost-effective to provide prevention services to either avoid onset of problem behavior or to intervene at the time that problem behaviors first emerge. San Mateo Probation has invested primarily in supporting youth who demonstrate risk factors for justice involvement, but in many ways, as expressed by LAP informants, these efforts are still not early enough.

Stakeholders expressed interest in a more comprehensive 'early warning system' in schools to enable the early identification of need and the provision of services and intensive support for higher risk children and youth (aggression, antisocial or acting out behavior, victimizing, or other "red flag" behaviors of concern). Of note, caution has been raised concerning the use of checklists to decide what action to take when a red flag event occurs. A



recommended method is to determine a process and set of questions to ask schools, law enforcement, and other providers to evaluate the individual circumstance at hand and to make note of recent changes in behavior or new behavior of concern.¹⁴¹ Assessment and the provision of services from a county partner (e.g., Human Services, Probation, Public Health, or Behavioral Health) can occur before the problem has a chance to escalate. The positive youth development model described in Priority Area 2 provides examples of approaches that can be used for prevention or early intervention and are shown to support the growth of developmental assets and resilience in children and youth that act as a buffer to juvenile justice involvement.

Examples of other school-based PEI efforts include:

Positive Behavior Intervention and Supports (PBIS): is a research-based framework focusing on positive behavioral support for all students in K-12 via a three-tiered prevention model to improve social and educational outcomes. The three tiers include: (a) *universal prevention* which emphasizes prosocial skills and appropriate school-wide behavioral expectations for all students before problematic behaviors develop; (b) *targeted prevention* for some students who are at risk of developing more serious behavioral issues using frequent and overt positive recognition and providing more training on self-regulation skills; and (c) *intensive and individualized prevention* for students with ongoing behavioral concern to improve their behavioral and academic outcomes using individualized support plans and assessments.¹⁴²

Promoting Alternative Thinking Strategies (PATHS): PATHS curriculum is an early intervention strategy implemented in elementary school to promote emotional and social competencies and reduce behavioral problems. The program relies on the ABCD (affective-behavioral-cognitive-dynamic) model and tries to improve self-control, emotional regulation, social skills, and problem-solving skills.

¹⁴⁰ <https://youth.gov/youth-topics/juvenile-justice/prevention-and-early-intervention>

¹⁴¹ <https://www.schoolsecurity.org/trends/warning-signs-of-youth-violence/>

¹⁴² Horner, R. H., & Sugai, G. (2015). School-wide PBIS: An example of applied behavior analysis implemented at a scale of social importance. *Behavior Analysis in Practice*, 8(1), 80-85.

PATHS can be implemented by both teachers and mental health professionals at school and is suggested to start at the beginning of schooling (Pre-K) and continue through 6th grade in 20-30-minute sessions.¹⁴³

Positive Action: This is a school program that improves academics, behavior, and character in children and youth from K-12. The program is grounded in positive psychology and emphasizes the cycle of behavior, which is thoughts lead to actions, actions lead to feelings, and feelings lead to thoughts.¹⁴⁴ Teachers highlight the concept of a healthy mind and body, self-control skills, healthy relationships, self-awareness, character building, and mental health. Studies have shown positive effects of this program with improvements in student behavior, school involvement, and academic achievement.¹⁴⁵

MindMatters: MindMatters is a mental health whole-school approach program that integrates mental health education, intervention, and initiatives and focuses on promoting coping skills, bullying, and resiliency. The objective is to enhance resilience via communication skills and team building, stress management and coping, teaching students to deal with bullying and harassment, increasing students' understanding of mental illnesses and increasing awareness of the connection between loss and depression.¹⁴⁶

Good Behavior Game (GBG): This program is designed to decrease aggressive/disruptive behaviors in the classroom. The game is used as a classroom behavior management technique where children are awarded for displaying appropriate and acceptable behaviors in the classroom. It is administered to all children but mainly focuses on primary school children. Follow-up studies done 10+ years have shown that children reduced disruptive behaviors and increased self-control and had lower rates of drug and alcohol use disorders, antisocial personality disorder, and incarceration for violent crimes at ages 19-21.¹⁴⁷

TRAUMA-INFORMED SYSTEM

According to SAMHSA (2014), a program or system is trauma-informed if it:

- 1) **Realizes** the widespread impact of trauma and understands potential paths for recovery;
- 2) **Recognizes** the signs and symptoms of trauma in clients, families, staff, and others involved with the system; and

¹⁴³ California Evidence-Based Clearinghouse for Child Welfare (CEBC). (2006-2020).

<https://www.cebc4cw.org/program/promoting-alternative-thinking-strategies/>

¹⁴⁴ <https://youth.gov/content/positive-action>

¹⁴⁵ Flay, B. R., & Allred, C. G. (2003). Long-term effects of the Positive Action® program. *American Journal of Health Behavior*, 27(1), S6-S21.

¹⁴⁶ Evans, S. W., Mullett, E., Weist, M. D., & Franz, K. (2005). Feasibility of the MindMatters school mental health promotion program in American schools. *Journal of Youth and Adolescence*, 34(1), 51-58.

¹⁴⁷ Kellam, S. G., Mackenzie, A. C., Brown, C. H., Poduska, J. M., Wang, W., Petras, H., & Wilcox, H. C. (2011). The good behavior game and the future of prevention and treatment. *Addiction Science & Clinical Practice*, 6(1), 73-84.



- 3) **Responds** by fully integrating knowledge about trauma into policies, procedures, and practices and seeks to actively resist re-traumatization.”¹⁴⁸

Trauma-informed approaches are also grounded in the six fundamental principles of **safety, trustworthiness and transparency, peer support, collaboration and mutuality, empowerment, voice and choice, and cultural, historical, and gender issues**, which should be implemented throughout the system.¹⁴⁹

Similar to the last LAP, stakeholders identified a significant need for trauma-informed systems and approaches to be implemented across schools, law enforcement, and CBOs and CBO partners in order for the whole community to have a foundation of basic understanding of the psychological, neurological, biological, and social impact that trauma and violence have on youth. Additionally, teachers and other providers would benefit with knowing their essential role in the lives of traumatized children and use a trauma-informed lens to prevent and deescalate problematic behaviors.¹⁵⁰ This way of supporting young people can positively influence students’ emotional, academic, and justice outcomes. Stakeholders of the LAP further noted that being trauma-informed includes recognizing that children of all ages need time to process their experiences and have outlets for safe expression. Informants noted that progress has been made in the county, however gaps in knowledge and understanding exist.

The well-regarded organization T² Trauma Transformed has worked in San Mateo County as early as 2014 through the Bay Area Trauma Informed Regional Collaborative. This organization maintains a Trauma Informed Center and set of Trauma Informed System (TIS) trainings for organizations.

Below is one exemplar multi-system, comprehensive, school-based PEI and treatment model recommended by The National Child Traumatic Stress Network to address trauma.

Multi-tiered system of support (MTSS) and Positive Behavioral Intervention and Supports (PBIS):

One evidence-based, trauma prevention model is MTSS in conjunction with PBIS for schools to address trauma and increase social, emotional, and academic success for students. This model has been implemented with success by the Colorado and Wisconsin Departments of Education.^{151, 152}

- *Tier 1 includes universal support for all children regardless of problematic behaviors and creating and supporting a trauma-informed school community. Key strategies include promoting positive social climate, having emergency management, bullying prevention, and general wellness and support.*

¹⁴⁸ Substance Abuse and Mental Health Services Administration. (2014, July). *SAMHSA’s concept of trauma and guidance for a trauma-informed approach*. Rockville, MD: Substance Abuse and Mental Health Services Administration. https://ncsacw.samhsa.gov/userfiles/files/SAMHSA_Trauma.pdf

¹⁴⁹ Substance Abuse and Mental Health Services Administration. (2014, July). *SAMHSA’s concept of trauma and guidance for a trauma-informed approach*. Rockville, MD: Substance Abuse and Mental Health Services Administration. https://ncsacw.samhsa.gov/userfiles/files/SAMHSA_Trauma.pdf

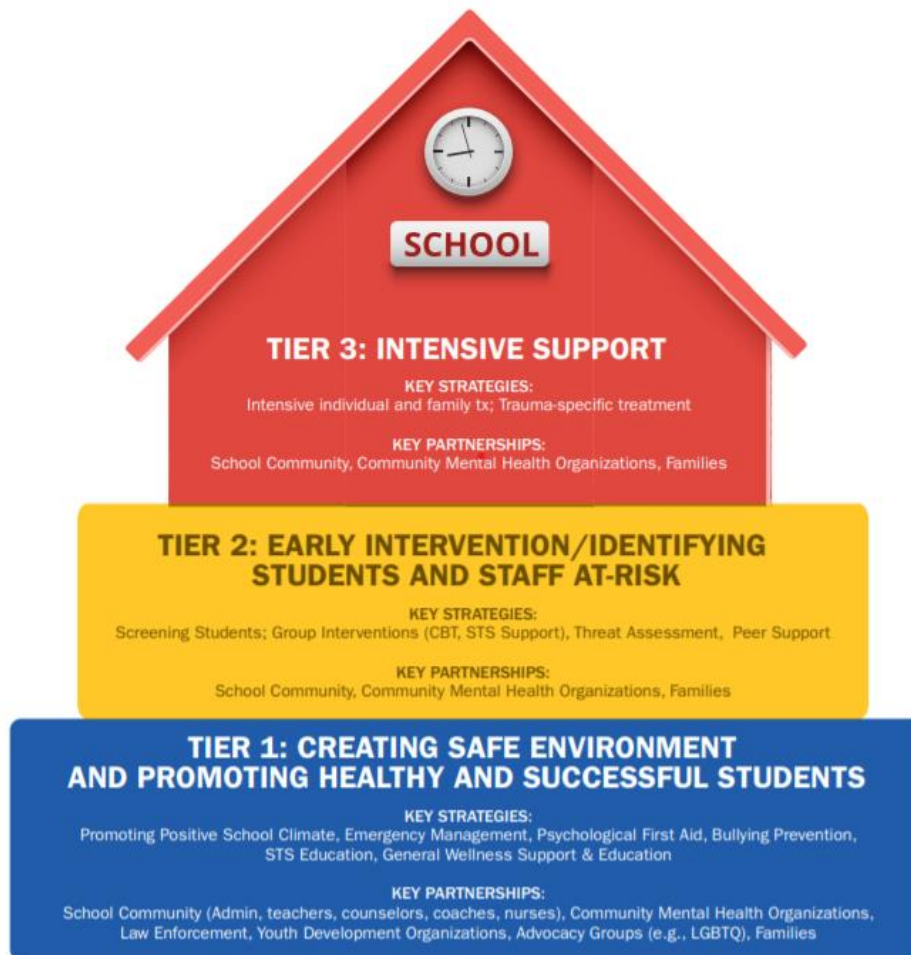
¹⁵⁰ Lang, J.M., Campbell, K., & Vanderploeg, J.J. (2015). *Advancing trauma-informed systems for children*. Farmington, CT: Child Health and Development Institute.

<https://assets.documentcloud.org/documents/2428793/chdi-report-on-trauma.pdf>

¹⁵¹ <https://www.cde.state.co.us/pbis/traumainformedapproachesarticle>

¹⁵² National Child Traumatic Stress Network, Schools Committee. (2017). *Creating, supporting, and sustaining trauma-informed schools: A system framework*. Los Angeles, CA: National Center for Child Traumatic Stress. <https://www.nctsn.org/resources/creating-supporting-and-sustaining-trauma-informed-schools-system-framework>

- *Tier 2 focuses on targeted prevention for some students who show early signs of emotional and behavioral concerns. Key strategies include early interventions that are trauma-informed and evidence-based such as CBT or mindfulness. Moreover, school staff can create an Individualized Education Plan (IEP) which would incorporate an understanding of trauma, and evidence-based practices for supporting children experiencing trauma.*
- *Tier 3 focuses on individualized services for the few students with significant behavioral problems and creates intensive interventions to meet their personal needs. Supports include trauma-specific treatments, engaging both youth and families in intensive treatment, creating safe spaces for children outside of the classroom, etc.*



Summary & Additional Information

SUMMARY RECOMMENDATIONS

The LAP process identified five main areas of need:

- Behavioral Health
- Positive Pathways for Youth
- Parent Education and Support
- Access to Effective Services
- Alignment and Coordination of Systems

The strategies outlined are organized according to which are primarily youth-centered, family-centered, or system-centered. It is possible to combine many of these approaches into a multi-strategy program, and many of these strategies target more than one of the identified needs areas already. It is an extensive list meant to provide options to help the department prioritize based on available department funding and opportunity.

Table 5: Summary of Priority Areas

NEEDS IDENTIFIED IN LAP PROCESS	
YOUTH CENTERED APPROACHES	<ul style="list-style-type: none"> » Mental Health » Substance Use » Trauma-Specific » Prosocial Opportunities » Mentorship » School Engagement » Re-entry Support » Technical and Career Training
FAMILY CENTERED APPROACHES	<ul style="list-style-type: none"> » Family Therapy » Family Engagement » Parenting Skills
SYSTEM CENTERED APPROACHES	<ul style="list-style-type: none"> » School-based Counseling » Innovation in Juvenile Justice » Culturally/Linguistically Responsive Services » Accessibility of Services » Align and Coordinate Services » Prevention and Early Intervention System » Trauma-Informed » Funding



RECOMMENDATIONS FROM OTHER NEEDS ASSESSMENTS IN SAN MATEO COUNTY

Neighborhood action plans developed for the Community Collaboration for Children’s Success (CCCS) in four targeted neighborhoods in San Mateo County (in Daly City, North Fair Oaks/Redwood City, South San Francisco, and East Palo Alto) drew out key goals, outcomes, and strategies to create better futures for children and families identified as having high need.¹⁵³ Recommended strategies from the CCCS neighborhood plans can help inform how Juvenile Justice can work to address identified challenges to parent and youth engagement as identified in LAP focus groups, interviews, and online survey. Although just an abbreviated list, some of the major recommendations around basic needs from the CCCS plans are included below:

Housing

- Increase the amount of housing affordable to low-income residents
- Adopt a ‘housing first’ approach to keep vulnerable families housed

Employment

- Expand living wage job opportunities through policies and programs

Education, engagement, and student supports

- Expand connections between school staff, students, and parents/caregivers
- Expand proactive screening for children/youth for special education eligibility, developmental milestones, and ACEs

Connection to childcare

- Expand subsidized childcare for low-income families outside of nontraditional hours and serving infants and toddlers

Prosocial afterschool activities

- Expand affordable/free out-of-school time activities for low-income children and youth including for arts and cultural activities for mentors

¹⁵³ See the Community Collaboration for Children’s Success Neighborhood Action Plans developed for 2019-2024 for Daly City, North Fair Oak-Redwood City, South San Francisco, and East Palo Alto).
<http://www.getthehealthsmc.org/cccs-planning>



GENERAL RECOMMENDED APPROACH TO SUGGESTED STRATEGIES & INTERVENTIONS

While each outcome presented in this report has its own unique findings and examples of recommended strategies, theory should guide the ultimate selection of ways to address each outcome. In addition, the department should give preference to programs that are evidence-based (or show clear movement towards evidence-based called promising practices). Outlets to identify evidence-based programs are outlined below.

USE OF EVIDENCE-BASED PRACTICES

Where available, use of evidence-based programs is encouraged. The Campbell Crime and Justice Coordinating Group (<https://campbellcollaboration.org/better-evidence.html>) conducts and disseminates reviews of research on methods to reduce crime and delinquency. For example, these reviews have found that cognitive behavioral therapies can reduce recidivism and early parent training to help parents deal with children's behavioral problems can prevent later delinquency. In addition, Washington State Institute for Public Policy (WSIPP, <http://www.wsipp.wa.gov/>) maintains a continuously updated inventory of prevention and interventions and notes them as evidence-based, research-based, and promising programs for child welfare, juvenile justice, and mental health systems. This institute also conducts benefit-cost analysis for the evaluated programs. Other resources for identifying evidence-based programs include:

OJJDP Model Program Guide

<http://www.ojjdp.gov/mpg/>

Evidence-Based Practices Resource Center, Substance Abuse and Mental Health Services Administration (SAMHSA)

<https://www.samhsa.gov/ebp-resource-center>

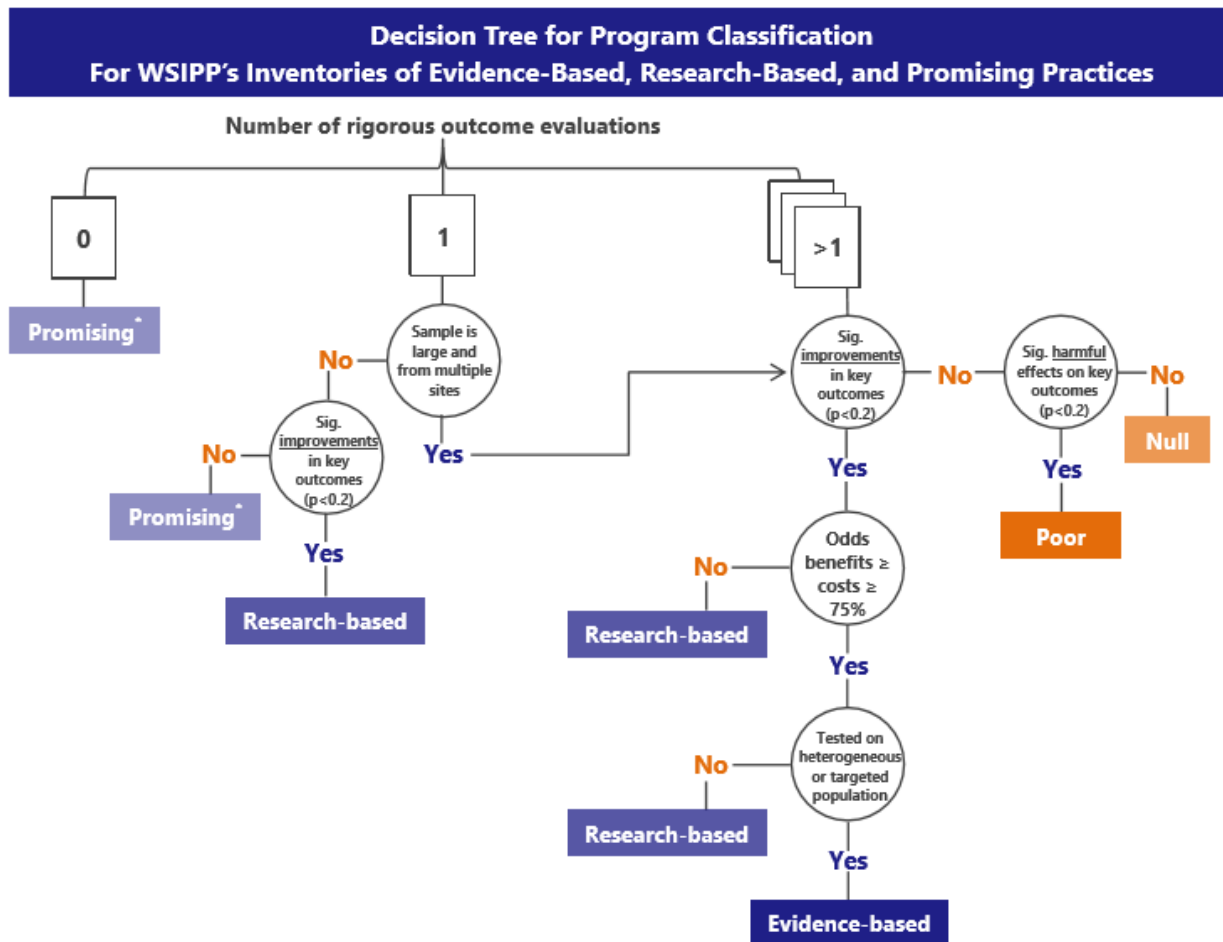
What Works Clearinghouse, U.S. Department of Education

<http://ies.ed.gov/ncee/wwc/>

Providers, managers, and policy-makers alike often have questions regarding the criteria in which prevention, early intervention, and treatment programs and practices are rated and categorized. The following figure displays the decision flow chart used by WSIPP which contains their criteria for rating the evidence base of effectiveness for each program/practice. Although there are many shared criteria used across these sites to evaluate effectiveness, each clearinghouse, guide, or registry uses their own set of criteria.



Figure 8: WSIPP's Decision Tree for Program Classification



FIDELITY TO THE MODEL

Fidelity is the extent to which an intervention, as implemented, is “faithful” to the pre-stated intervention model. Maintaining a high level of fidelity to the model of an evidence-based intervention is critical if one seeks to observe outcomes demonstrated in the research conducted in the development of that model. Programs should self-assess and be prepared to report on their adherence to a model. In addition, the evaluation should incorporate fidelity assessments of programs in its design. There are situations in which modifications to a model program based on population or community needs are necessary. These changes should be documented, communicated with probation, and evaluated for their impact on outcomes. Some models require extensive and expensive training and this factor should be considered in their selection. Validated assessment and evaluation tools should be identified and considered as well. Tools that can both meet clinical needs and assess change in outcomes should receive priority. Figure 8 is an example of how failure to implement a program to fidelity can cause more harm than good.¹⁵⁴

¹⁵⁴ Barnoski, R. & Aos, L. R. (2003). Recommended quality control standards: Washington state research-based juvenile offender programs. <http://www.wsipp.wa.gov/ReportFile/849>

RFP DEVELOPMENT & SELECTION

Although included in the last LAP, this information continues to be relevant. The following are characteristics of a high-quality grantee and program that can be used to guide request for proposals (RFPs), criteria for selection for funding, and performance measure development for program accountability:

WHAT MAKES A GOOD GRANTEE?

Data collection capacity

- The program has the capacity to collect, record and report complete and accurate data required by the Probation analyst and evaluator. Responses to the RFP should demonstrate that the appropriate level of staff time has been allocated to these tasks. Commitment to data collection and reflection on evaluation findings also demonstrates a dedication to quality improvement.

Qualified staff

- Staff providing services must be qualified in terms of education and experience appropriate to the position. Staff training plays an important role in creating qualified staff. Hiring staff who are a good fit for the position, paying a fair salary for the role, and providing support with training opportunities are a few of the ways programs can increase retention.

Stability

- The organization and program should have stable funding, be able to leverage other funding sources, and have a supportive and solid administration. Without this foundation a program may falter despite having probation funding and a dedicated staff.

Flexibility

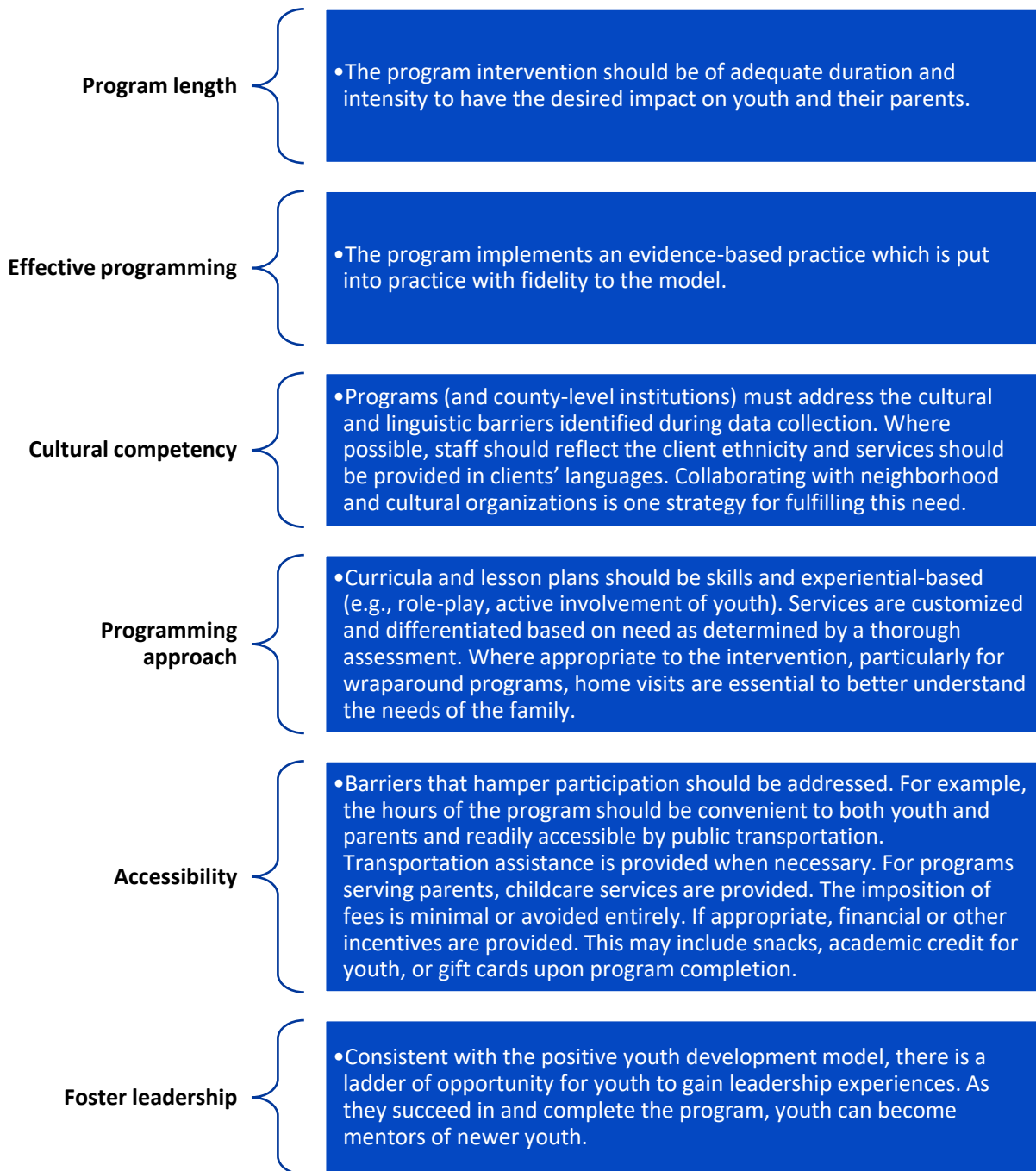
- Due to the source of JPCF and JJCPA funding from the State, this funding is inherently unstable. The possibility of future funding reductions must be recognized and acknowledged by grantees even when they apply for funds. Grantees must be prepared to be flexible and resilient in the face of a shifting funding base.

Good communication

- The program staff are prepared and able to share failures and setbacks as well as successes and progress with stakeholders, including the funder. They are prompt in communicating problems and changes in key staff.



WHAT MAKES A GOOD PROGRAM?



CONCLUSION

The LAP points to several areas the department can transform to enhance outcomes for youth and their families. As noted in the report, many stakeholders called attention to the high needs of the youth, the families, and the systems that serve them. The table below highlights key areas of growth for the department and potential outcomes. Evidence-based models are not noted in this table because while the use of such models is important, selecting one that can be successfully implemented by the department and CBOs is equally important. Evidence-based models have inherent strengths; however, these models can be costly to implement as they require training for staff. As noted above, staff turnover occurs frequently within CBOs, thus implementing evidence-based models may be unrealistic and present undue burden for CBOs to ensure fidelity to the models. The department should work in tandem with service providers to mutually agree on evidence-based models and practices that meet the needs identified by this LAP process while not over-extending the department or other CBOs. This LAP can be used to prioritize programmatic changes and potential outcomes that are grounded in both research and practice.



Table 6: Summary of Priority Areas, Key Opportunities, & Potential Outcomes (*included in prior LAP)

PRIORITY AREAS		KEY OPPORTUNITIES	POTENTIAL OUTCOMES
Behavioral Health			
Mental Health*	<i>Increase availability of treatment modalities that work for at-risk youth</i>		<i>Stronger engagement in services and improved treatment outcomes for youth</i>
Substance Use*	<i>Expand participation in addiction programs designed for youth</i>		<i>Increase in the number of youth in treatment and managing their substance use</i>
Trauma-specific	<i>Increase individualized services to mitigate the effects of trauma in youth's lives</i>		<i>Increase in the number of youth accessing services to address trauma; Increase in ability to cope with trauma-related stress</i>
School-based Counseling	<i>Increase capacity to provide mental health services and supports for youth at school</i>		<i>Increase in the number of youth accessing MH/BH services</i>
Family Therapy	<i>Provide evidence-based programs focused on strengthening family relationships and understanding of trauma</i>		<i>Increase in family functioning; Improved family communication</i>
Positive Pathways for Youth			
Prosocial Opportunities	<i>Increase asset building and leadership in 'hours of opportunity'</i>		<i>Youth strengthen developmental assets/protective factors; Increase self-efficacy; Decrease justice-involvement</i>
Mentorship*	<i>Connect youth with consistent and relatable mentors</i>		<i>Increase the number of youth who have at least one caring adult in their life; Increase the number of youth who stay on track</i>
School Engagement	<i>Increase opportunities and programs to reduce truancy and increase connection to school</i>		<i>Decrease school absenteeism and dropout rates</i>
Technical and Career Training*	<i>Seek partnership with local companies for training and internship opportunities</i>		<i>Increase youth's career skills and job opportunities with local companies</i>
Innovation in Juvenile Justice	<i>Collect data to evaluate the quality of implementation and impact of innovative programs</i>		<i>Understand the reach and impact of innovative programs in the short and longer term; Demonstrate decrease in arrest and recidivism rates</i>
Re-Entry Support*	<i>Increase capacity of psychiatric social workers and wraparound teams to keep youth on a positive path post-release; Warmer handoffs for greater continuity of pre to post-release services</i>		<i>Increase access to MH/BH and education services during re-entry; Decrease recidivism</i>

Parent Education and Support		
Family Engagement*	<i>Meet families where they are to connect them to community supports and other resources</i>	<i>Increase in the number of families accessing support; Family functioning and social supports increase</i>
Parenting Skills	<i>Engage families in services that support positive parenting skills</i>	<i>Increase in the number of families who learn the skills to provide the balance of structure and support youth need</i>
Access to Effective Services		
Barriers to Access Services	<i>Increase affordability for at-risk youth and families to access beneficial services</i>	<i>Increase in the number of families who overcome financial barriers to access services</i>
Culturally & Linguistically Responsive Services*	<i>Increase cultural sensitivity of materials and services; Increase availability of services in home languages (e.g., MH services in Spanish)</i>	<i>Increase in the number of youth and families who access and benefit from services</i>
Program Quality & Sustainability	<i>Increase funding for quality programs that benefit at-risk youth</i>	<i>Increase in funding to sustain innovation and programs with demonstrated effectiveness; Increase in the number of youth who stay connected to programs and services that help them</i>
Alignment and Coordination of Systems		
Align and Coordinate Services	<i>Outreach to understand the communication needs of providers and develop methods to meet those needs (e.g., reestablish multidisciplinary provider teams for incarcerated youth)</i>	<i>Increase in communication among providers; Increase in the number of youths whose needs are addressed in a more coordinated way</i>
Prevention & Early Intervention System	<i>Coordinate cross-sector PEI early warning partnership to identify and address risk at onset</i>	<i>Increase in the number of children and youth who improve behavior and coping skills that decrease their likelihood of entry into the justice system</i>
Trauma-Informed*	<i>Reinvest in comprehensive cross-sector trauma-informed training and community of practice</i>	<i>Providers and educators better understand trauma and how to respond to trauma-based behavior in children and youth</i>

Appendices

APPENDIX A: INTERVIEW PROTOCOLS

With the exception of youth and parents, the majority of focus group participants and the key informants answered the following set of questions:

- *What are the top unmet needs for:*
 - *At-risk youth in San Mateo County?*
 - *Parents/caregivers of these youth?*
 - *For systems and service providers that serve youth?*
- *For each need mentioned above, what are the best strategies to address each need? Why are these the best strategies?*
- *What areas of the county (geographically or population-wise) are in greatest need? Please tell us about specific service gaps.*
- *What changes within your organization/unit/department might improve your ability to positively impact the lives and futures of the youth you serve?*
- *What system-wide or community-wide changes might improve the lives and futures of youth in the community at-large?*

Youth participating in the focus group conducted in the Hall were guided through the following questions about what has helped them and what challenges they perceive to staying on track in and outside of the Hall:

- *What do you think has helped you the most here in juvenile hall? [including specific programs and services and relationships with staff and peers, visitation, free time activities, the facilities]*
- *What are some of the most difficult things about being in juvenile hall?*
- *How would you improve the experience for youth who come here in the future?*
- *When you think of leaving the Hall and moving back into your community, what do you think will be the hardest part? What concerns you the most?*
- *What do you think might make it hard to stay on track once you leave the hall?*
- *What kind of support do you think would help you to stay on track? Why do you think this will help?*

At-risk youth in the diversion program focus group were asked these questions about their successes and challenges:

- *When you think of youth who “stay on track” to graduate high school and avoid trouble with law enforcement in San Mateo County, what do you think helped them (including yourself) do this?*

- *Were there any specific programs, activities or mentors that seemed to make a difference?*
- *Staying on track is not easy! What are some of the biggest challenges that make it hard for youth to stay on track?*
- *For the challenges you noted above:*
 - *How can parents, caregivers, and mentors help youth to overcome these and stay on track?*
 - *How can schools help youth?*
 - *How can service providers and other members of the community help youth?*
- *Is there anything else that you think we should know about what youth need to stay on track in school and avoid trouble with the law?*

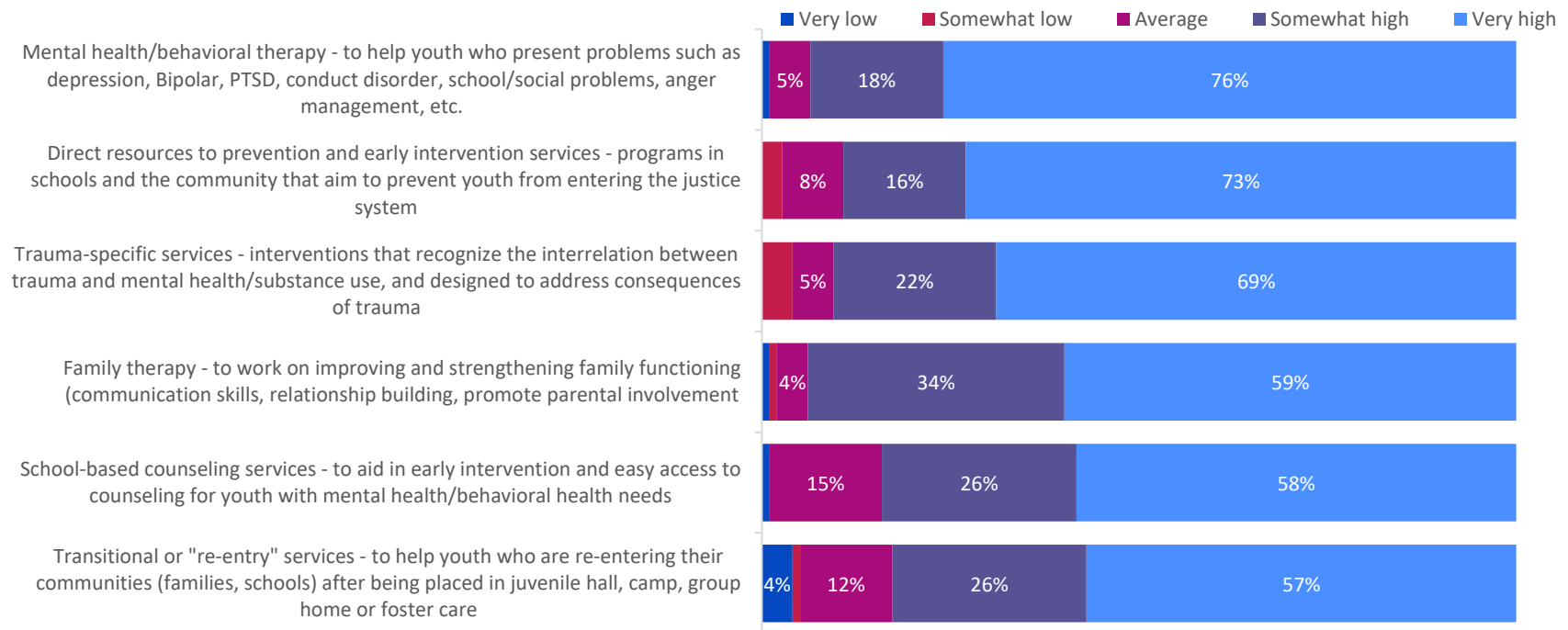
Interviews with parents asked about what has helped their children get back on track and what additional supports would be helpful or needed for their child or family. The questions were as follows:

- *What seems to help your child the most to stay on a positive path and away from Juvenile Probation? Are there programs and services for your child that you would recommend to others? Which ones? What was good about them?*
- *What support do you wish your child had more of?*
- *If your child was offered a program or service but did not go, what were some of the reasons or barriers to your child getting that service?*
- *What do you think makes it hard for your child to stay on a positive path?*
- *When your child started having trouble, what helped you the most to make it through difficult times? Are there programs or services for caregivers and families that you would recommend to others? Which ones? What was good about them?*
- *What kind of support do you wish you had to help you or your family?*
- *If you were offered a program or service but didn't go, what made it hard for you to attend? If a service you wanted was offered, what would be a good time of the day or week for you?*

APPENDIX B: SMC PROBATION ONLINE COMMUNITY SURVEY

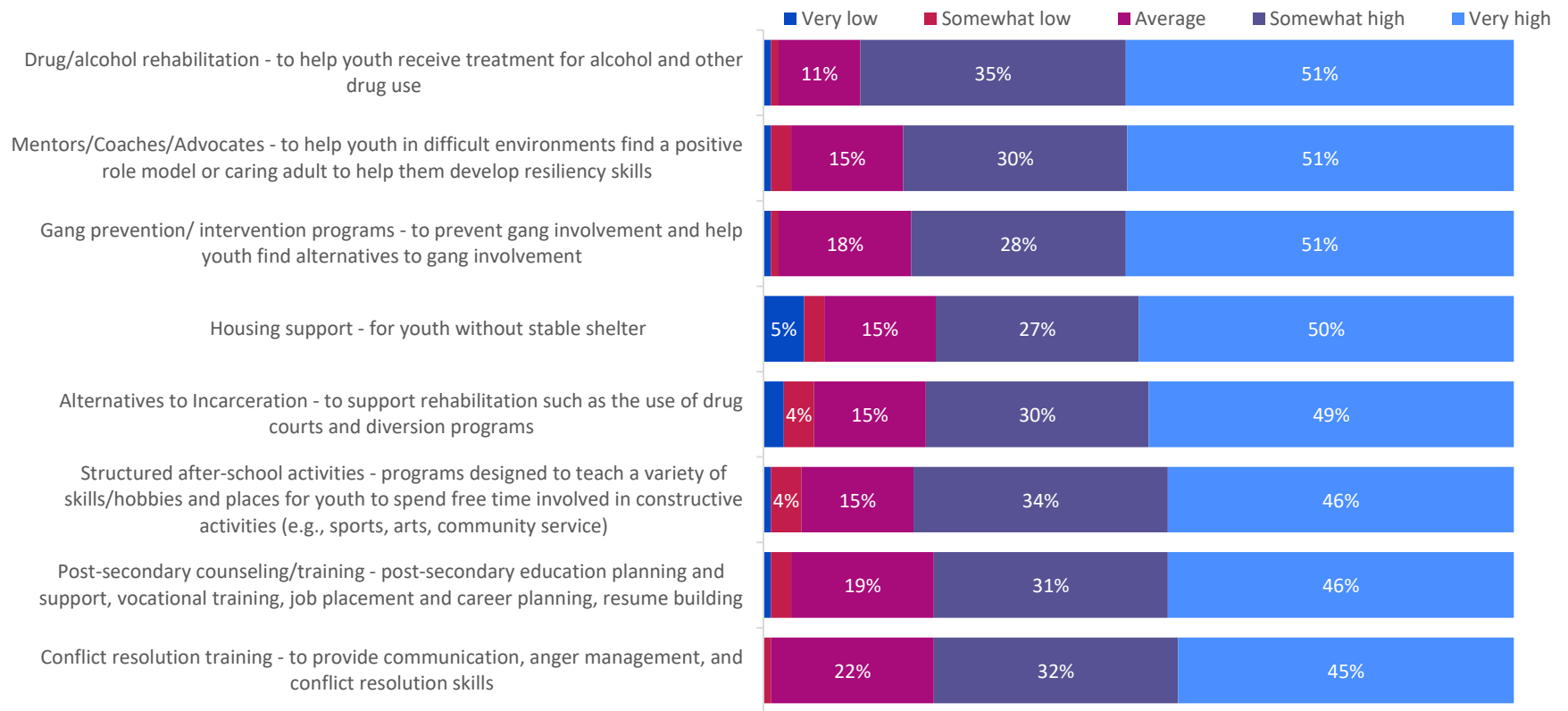
Applied Survey Research sent a survey to service providers and agencies involved in serving youth in San Mateo County. Responses were gathered in March 2020. Overall, 74 responses were received. Respondents were from probation services and law enforcement agencies (58%), substance use and mental health agencies (16%), and education-related agencies and other CBOs (26%). Seventy-four percent of those surveyed identified themselves as primarily serving youth, while 19% served families (youth and parents).

Question 1. Please indicate the importance of funding for each listed service for the youth you serve/represent/know of



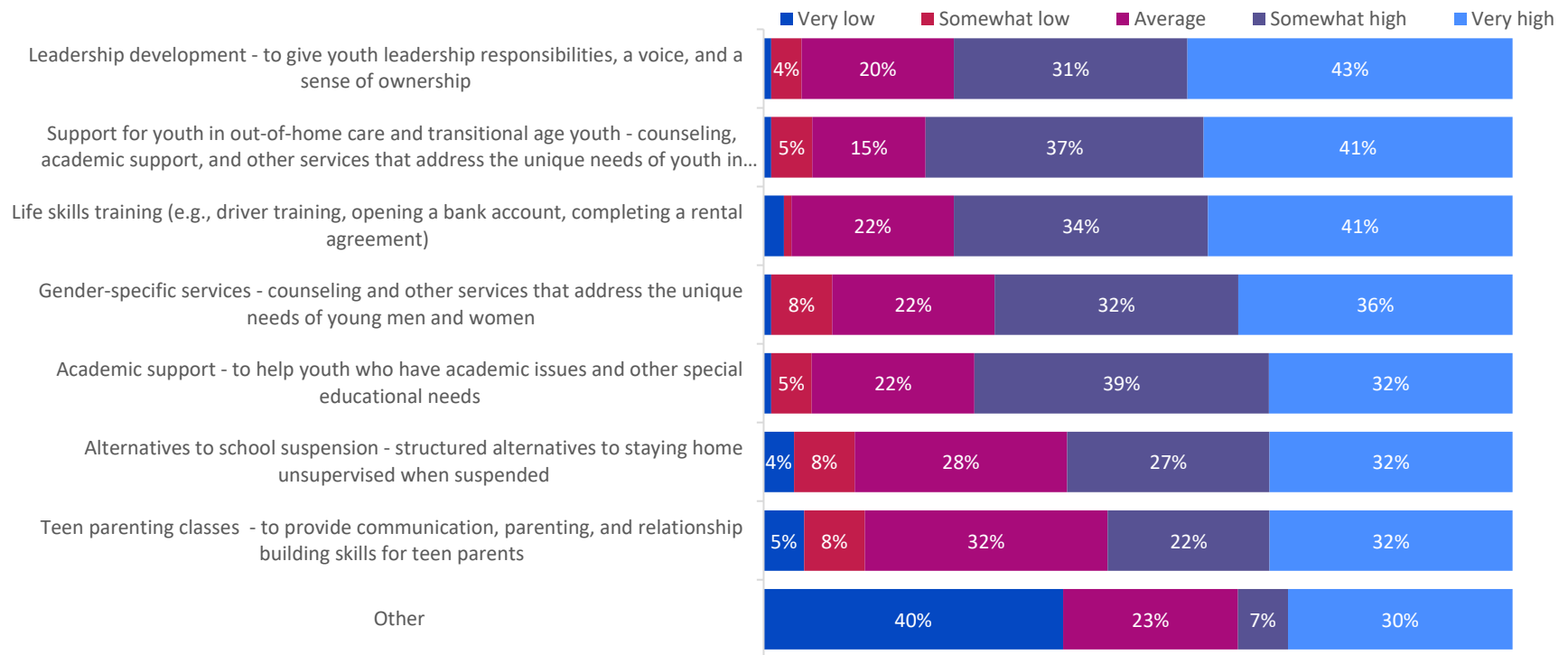
Note: n=30-74. Question 1 continues on next page. Percentages less than 4% are not labeled.

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Note: n=30-74. Question 1 continues on next page. Percentages less than 4% are not labeled.

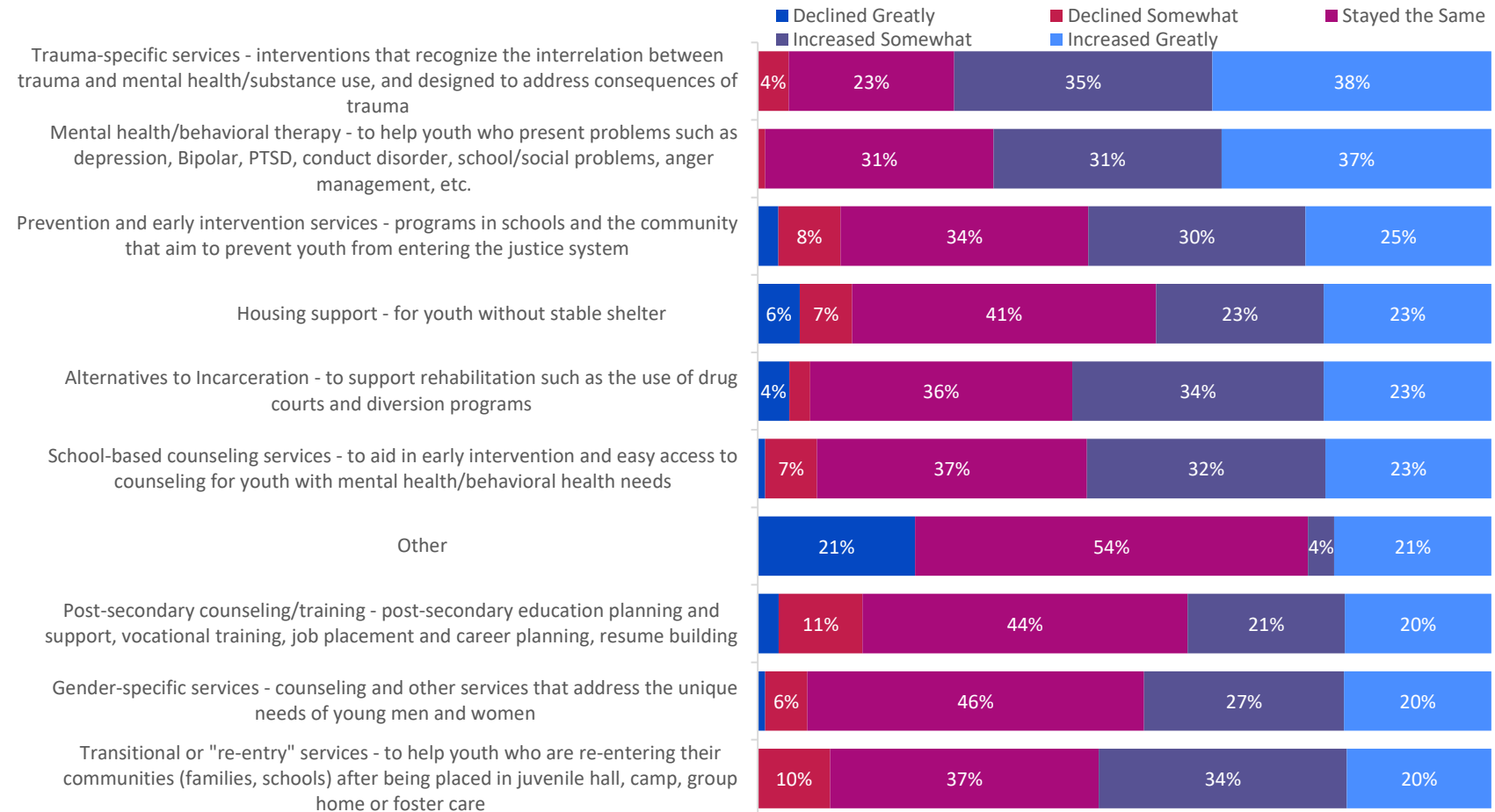
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Note: n=30-74. Other responses included bilingual services for all services mentioned above, mandated parenting classes to teach parents of their importance at home. Percentages less than 4% are not labeled.

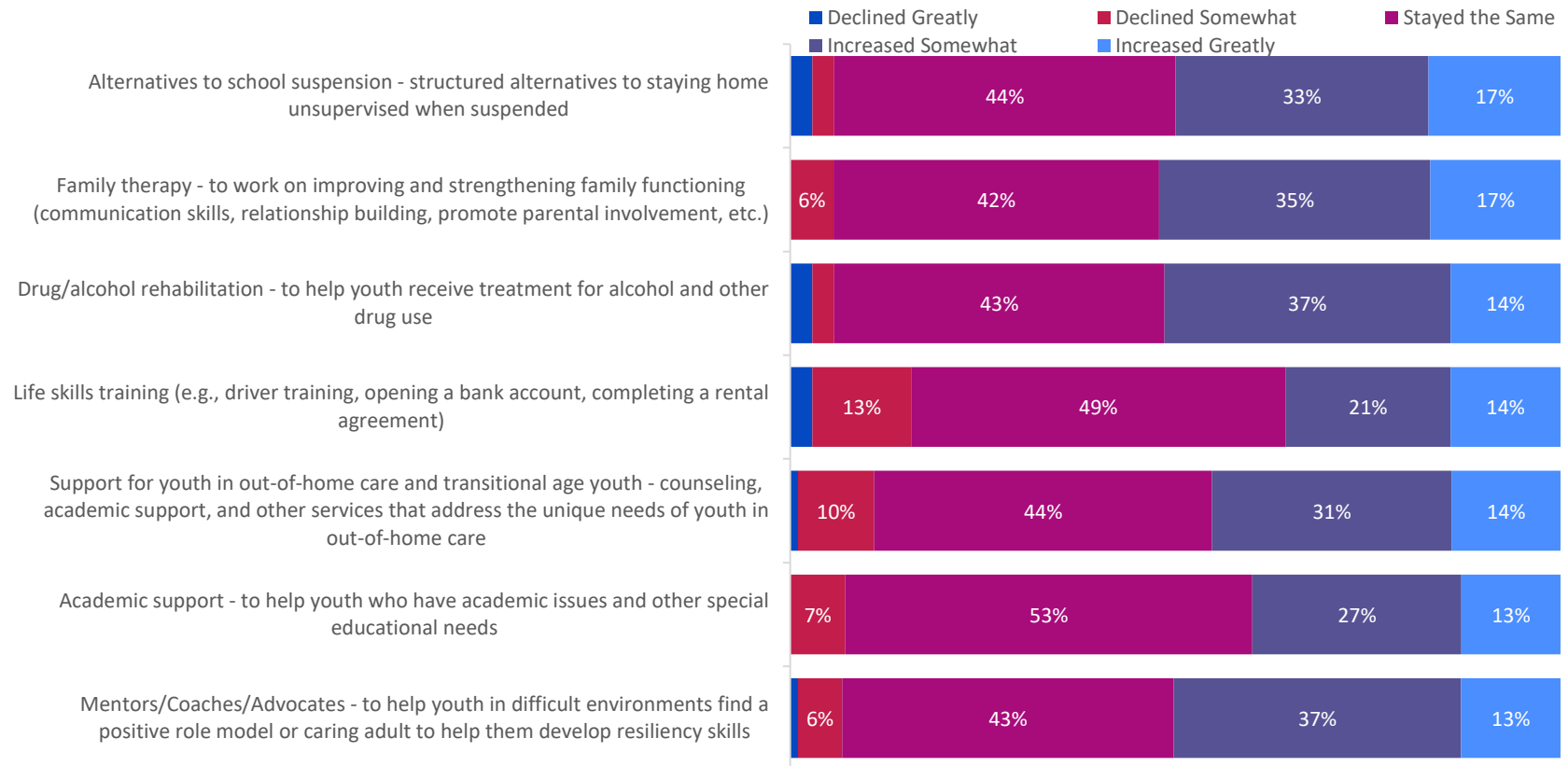
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Question 2. Since 2015, how have these needs changed? Has the need for the following services increased, declined, or stayed the same?



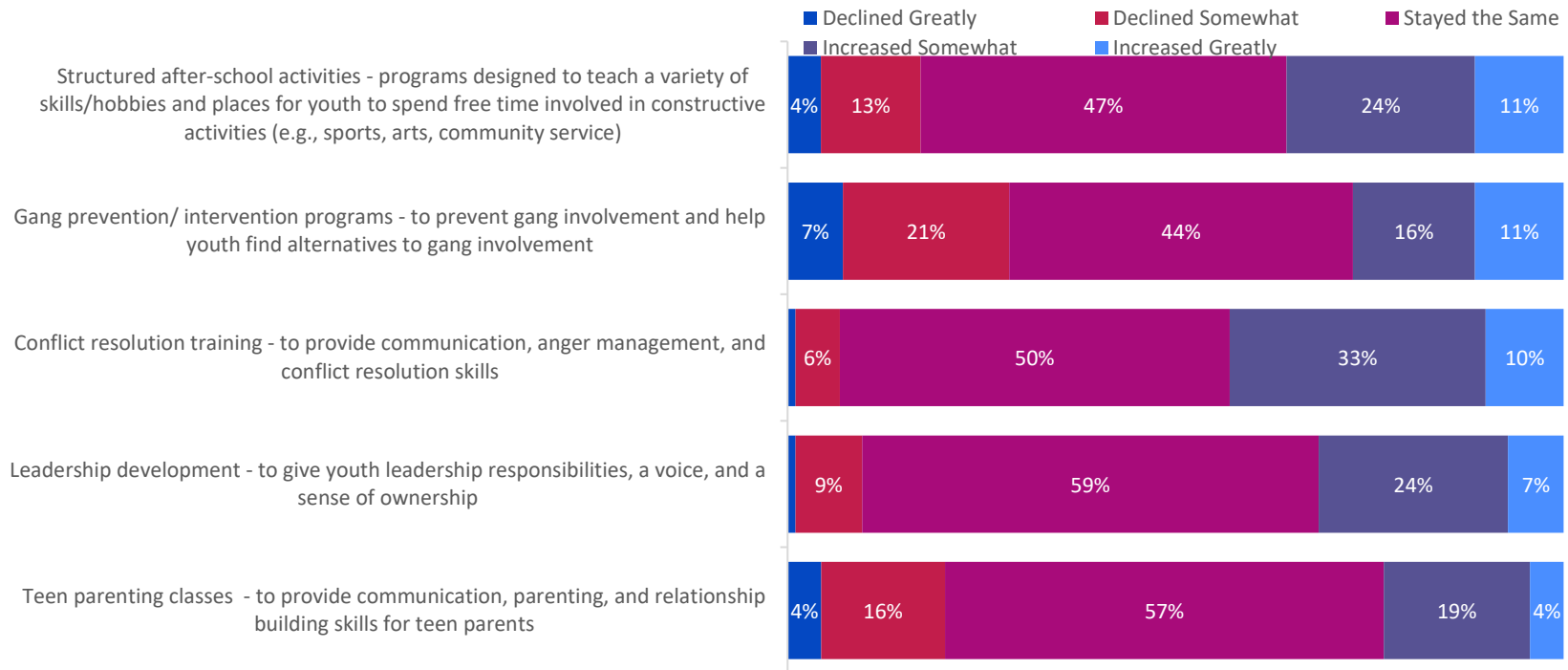
Note: n=28-71. Question 2 continues on next page. Percentages less than 4% are not labeled.

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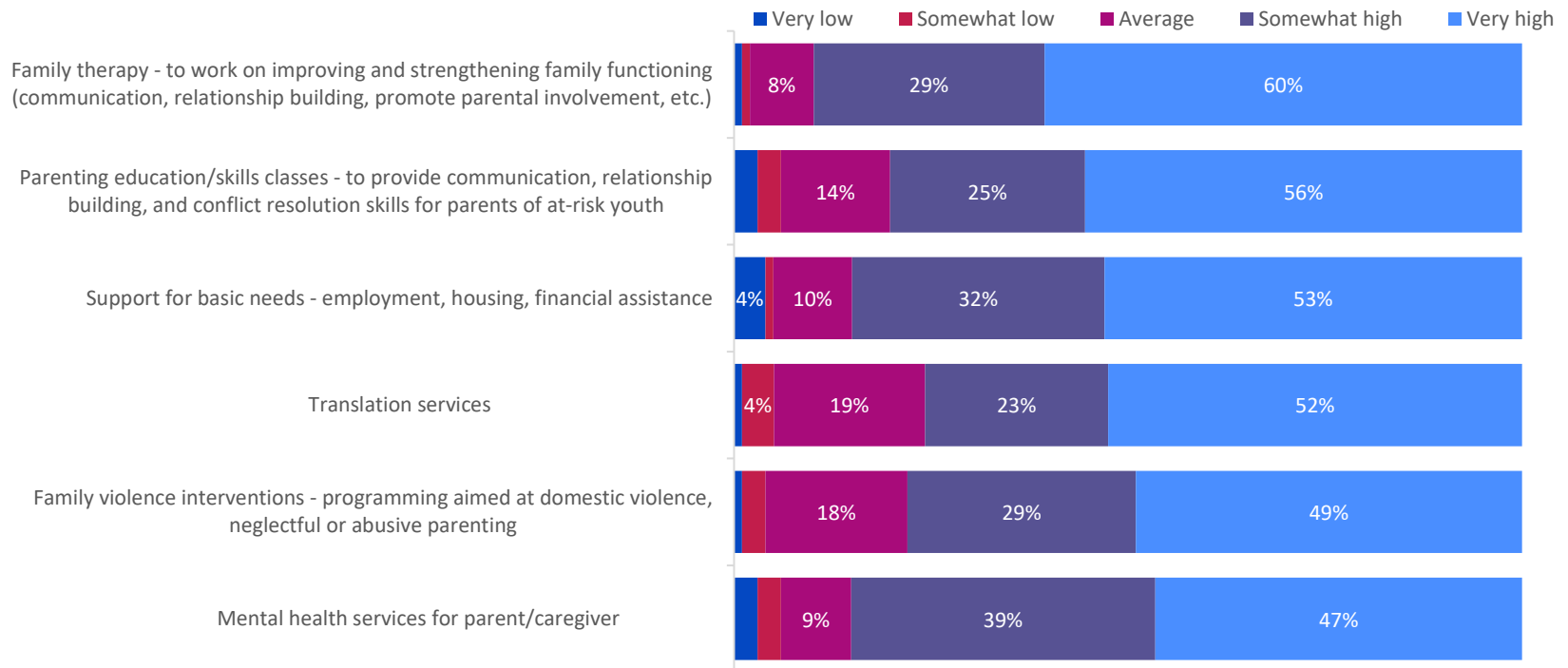
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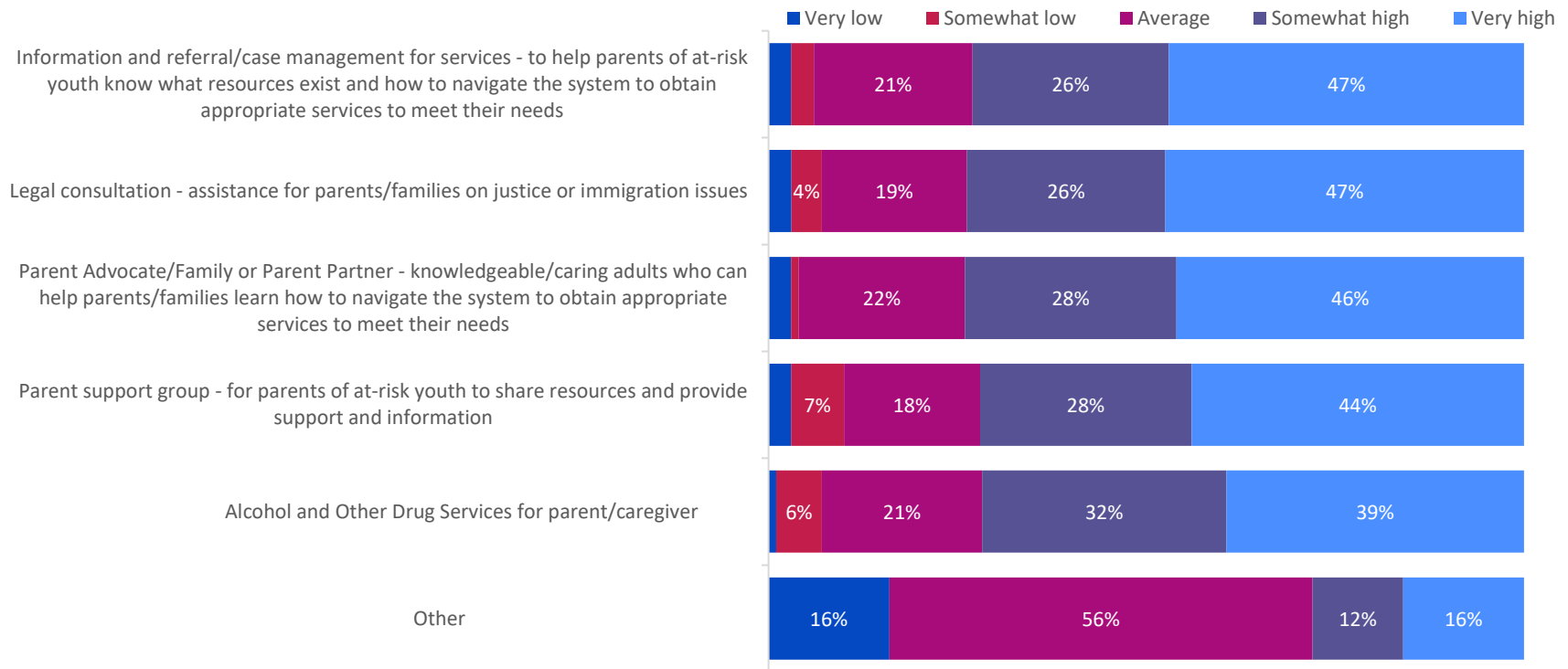
Note: n=28-71. Other responses included bilingual services for all services mentioned, girls' programs, mandated parenting classes for parents, alternatives to college education, more program options. Percentages less than 4% are not labeled.

Question 3. Please indicate the importance of each listed service for the parents/caregivers you serve/represent/know of



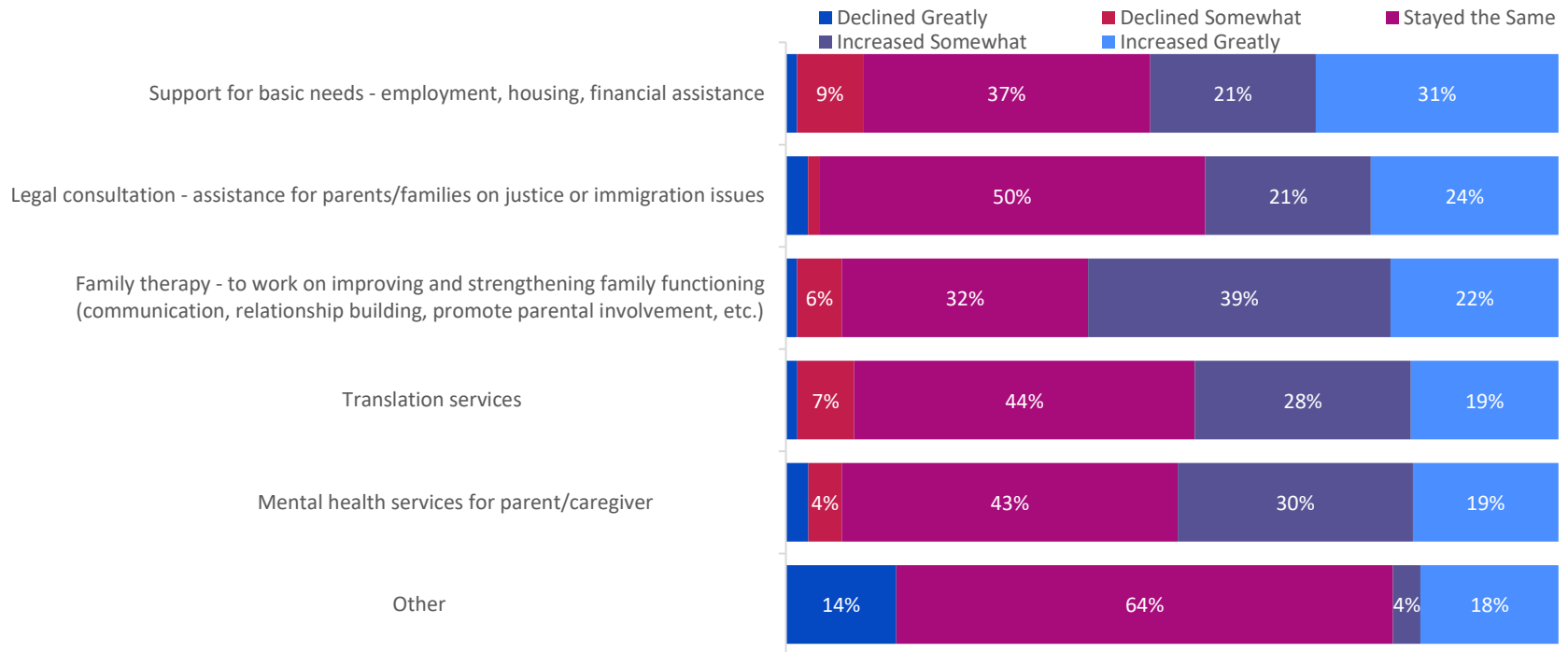
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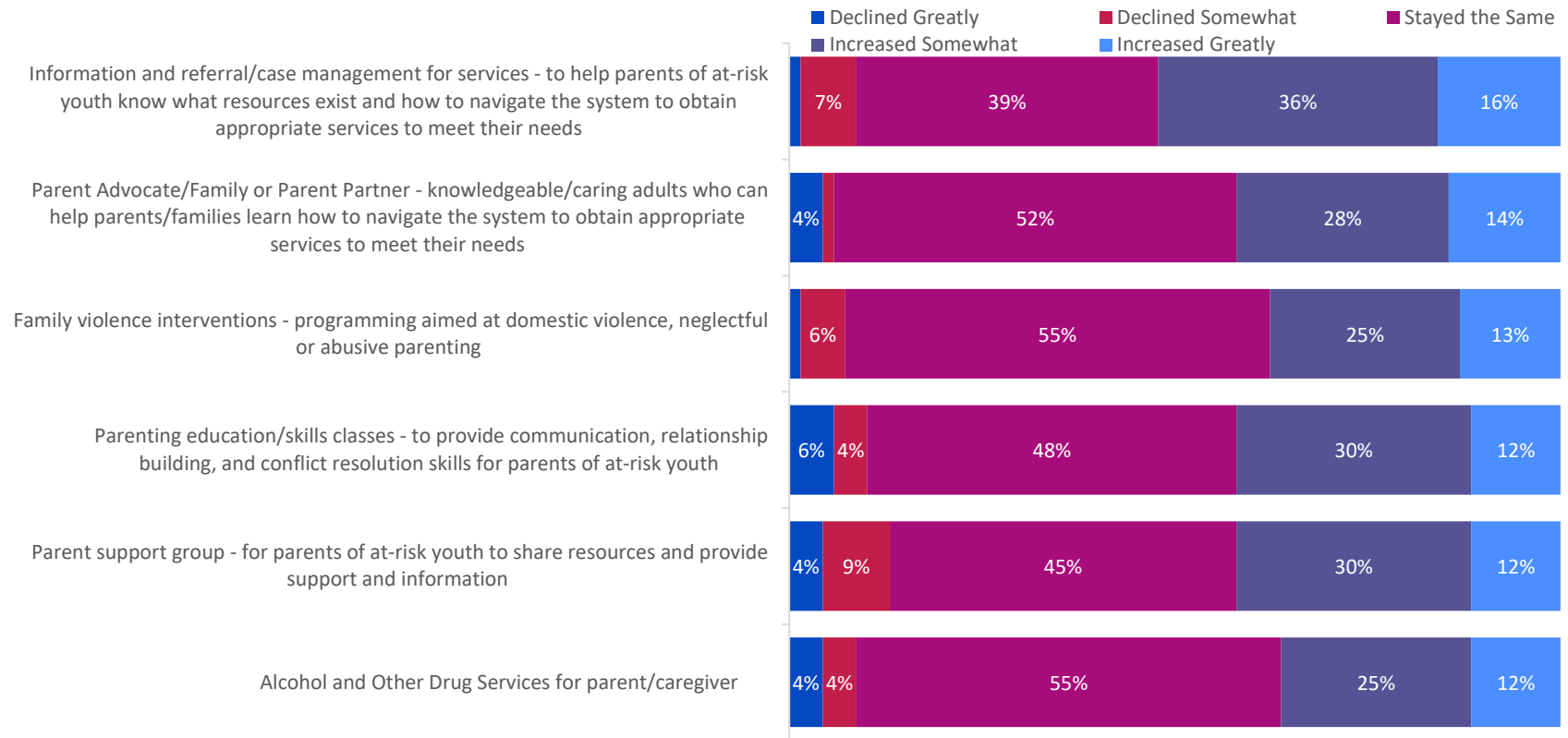
Note: n=25-72. Other responses included, transportation services, childcare assistance. Percentages less than 4% are not labeled.

Question 4. Since 2015, how have these needs changed? Has the need for the following services increased, declined, or stayed the same?



Note: n=28-70. Question 4 continues on next page. Percentages less than 4% are not labeled.

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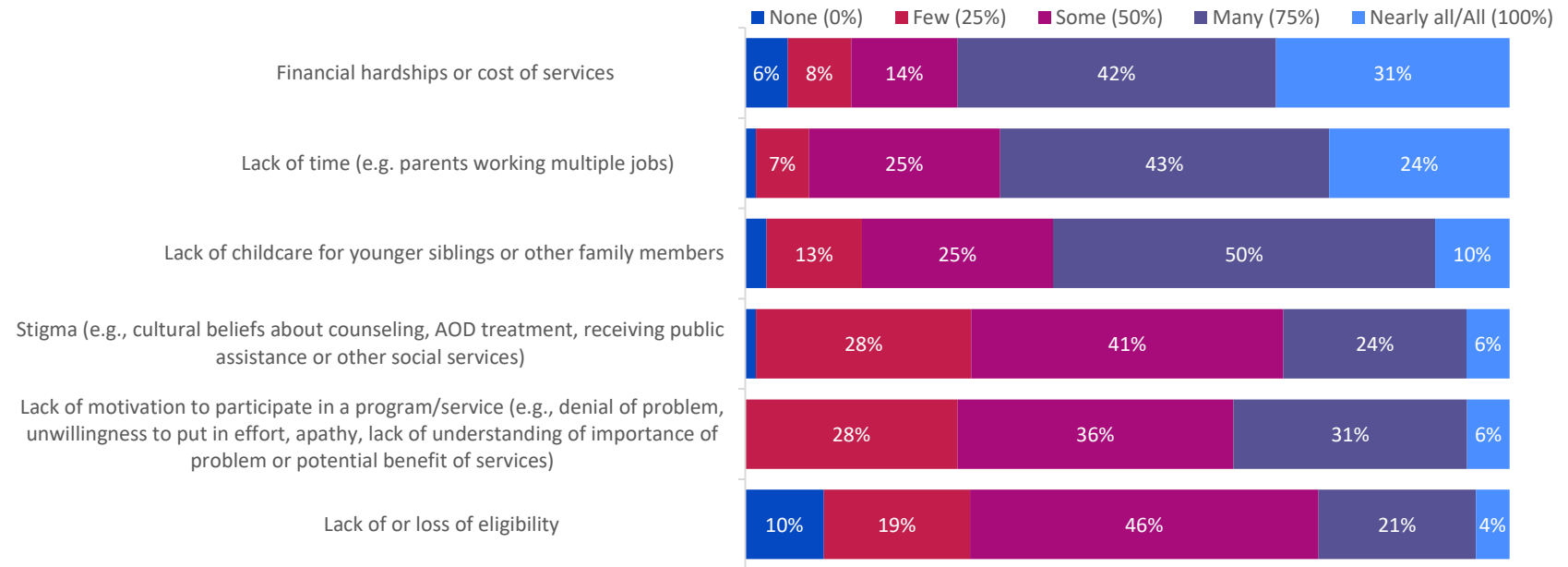


Note: n=28-70. Other responses included job training, transportation. Percentages less than 4% are not labeled.

Q5. ACCESS TO SERVICES – CITIES AND REGIONS, (N=74)											
CONSIDERING THE AVAILABILITY OF AFFORDABLE, ACCESSIBLE SERVICES, WHICH CITY/REGION BELOW WOULD BENEFIT THE MOST FROM TARGETED FUNDING?											
	EAST PALO ALTO	REDWOOD CITY	SOUTH SAN FRANCISCO	DALY CITY	CITY OF SAN MATEO	HALF MOON BAY	MENLO PARK	PACIFICA	PESCADERO	OTHER NORTH COUNTY	OTHER
Yes, would benefit from funding	74.3%	64.9%	50%	41.9%	29.7%	21.6%	21.6%	16.2%	14.9%	6.8%	2.8%
Other cities mentioned (N=2)	All Counties, San Bruno										
ACCESS TO SERVICES – POPULATIONS (N=38)											
CERTAIN POPULATIONS WITHIN THE COUNTY MAY ALSO NOT HAVE EQUAL ACCESS TO SERVICES TO SUPPORT YOUTH AND FAMILIES AT RISK OF INVOLVEMENT IN THE JUVENILE JUSTICE SYSTEM. PLEASE LIST ANY POPULATIONS (E.G., ETHNIC GROUPS, GENDERS, AGE GROUPS, YOUTH/FAMILIES WITH SPECIFIC RISK FACTORS, ETC.) THAT YOU FEEL LACK ACCESS TO NEEDED SERVICES.											
POPULATION									% WHO PROVIDE ANSWER		
Ethnicity (Latinx population, African American/Black, Asian Pacific Islanders, People of Color, Native American)									58%		
Family status (Undocumented families, low-income families, immigrant communities)									45%		
Special issues (no access to transportation, at-risk youth, single-parent households, etc.)									34%		
Language (Spanish-speaking families, Non-English-speaking families)									18%		
Special Population (LGBTQ+ communities, homeless)									16%		
Age group (12-19-year-old youth, children under 12)									11%		
Location (Coastside, South County)									8%		
Other populations mentioned once each: (Adapt access and service delivery to population needs, need to broadcast general knowledge to all families on the TV and radio)									3%		

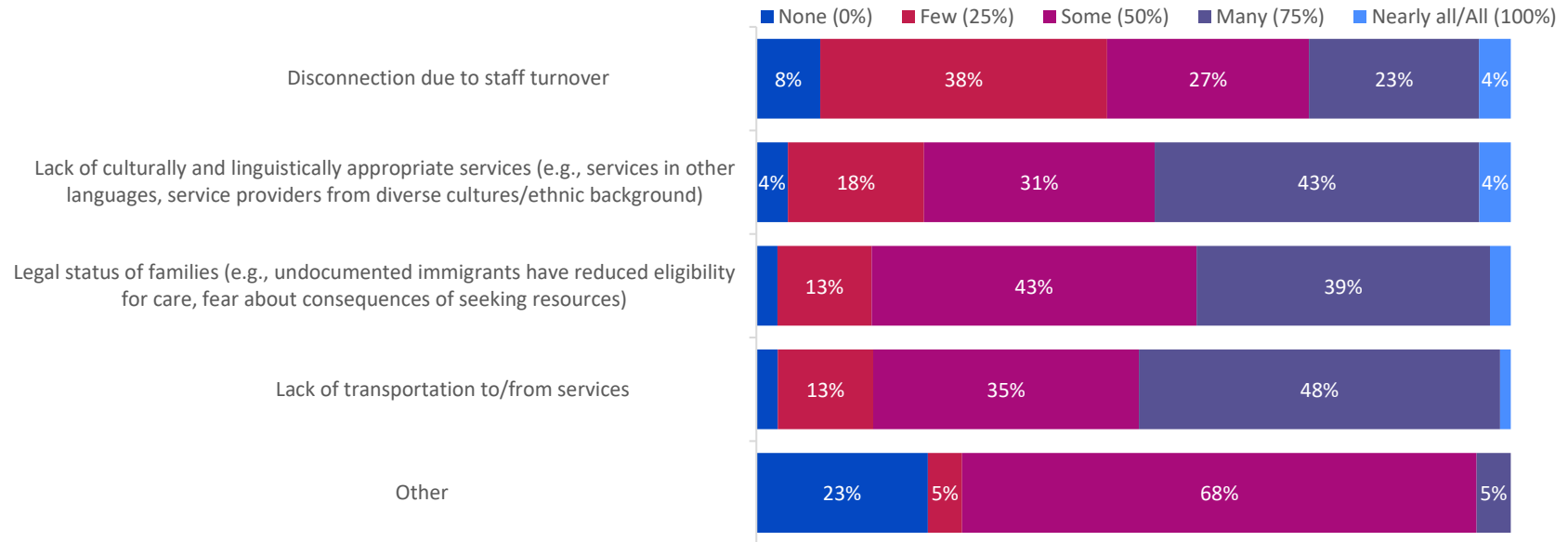
Appendices

Question 6. Listed below are some of the barriers or challenges that prevent youth and families from seeking help or fully engaging in services. In thinking about the families, you serve or represent, please indicate the proportion of your families who face each of the listed barriers



Note: n=22-72. Question 6 continues on next page. Percentages less than 4% are not labeled.

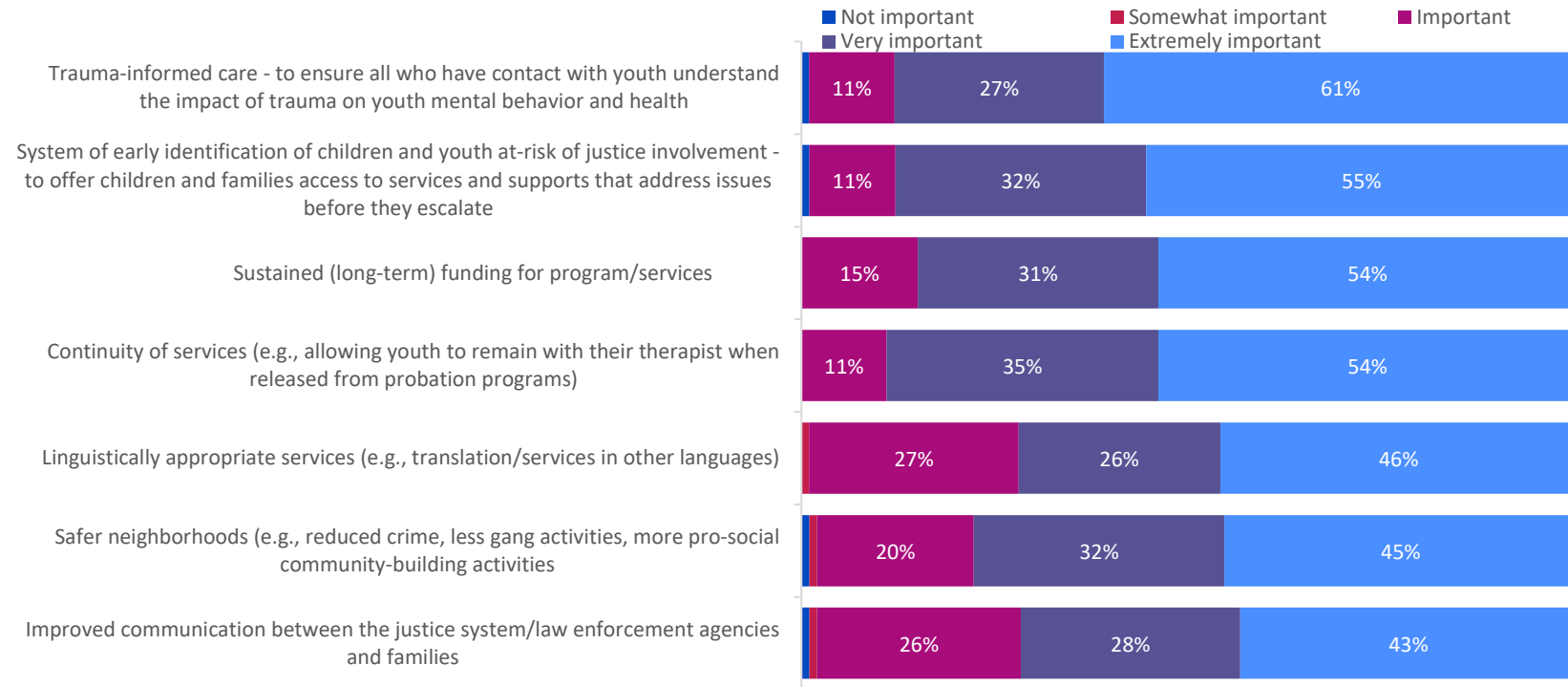
Appendices



Note: n=22-72. Other responses included lack of understanding/trust. Percentages less than 4% are not labeled.

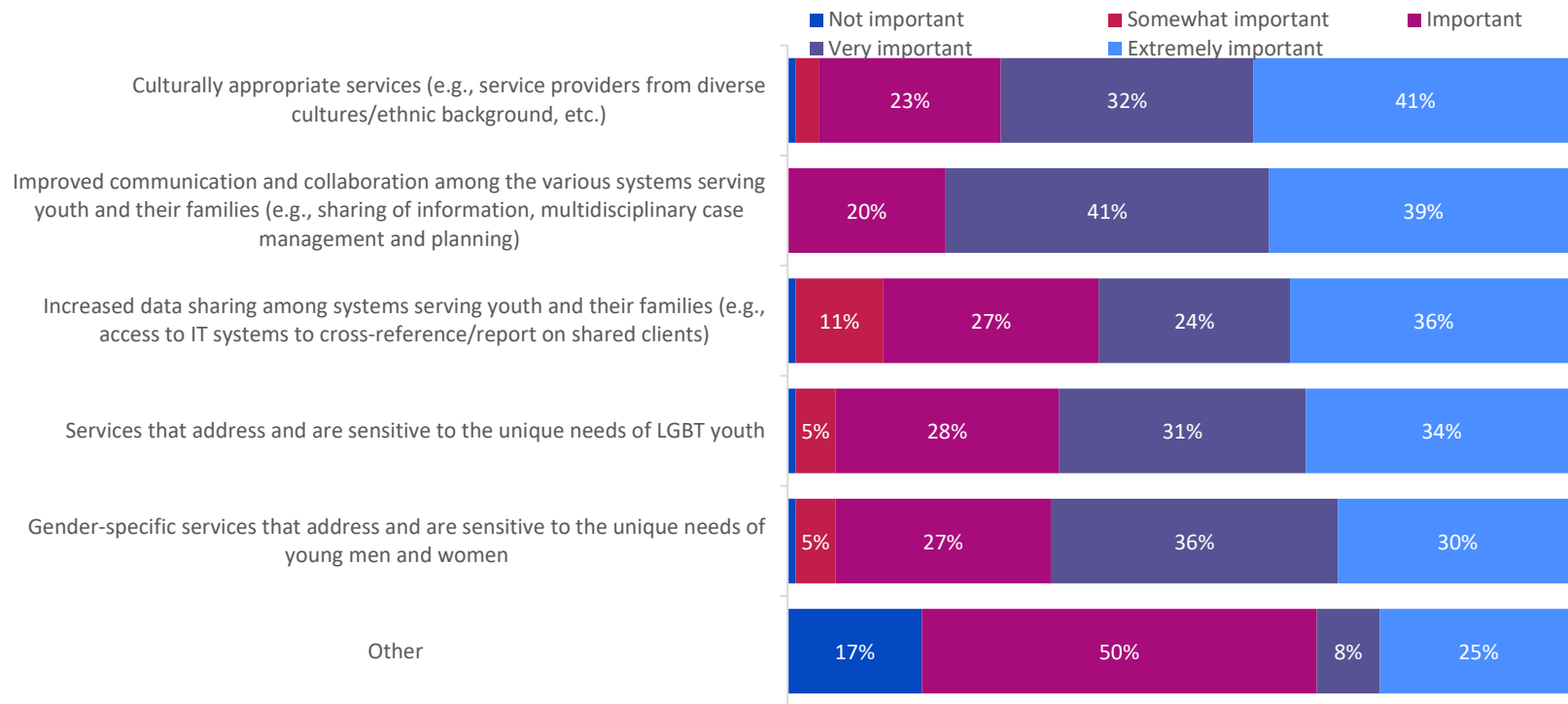
Appendices

Question 7. There could also be system issues that should be addressed in order to better serve at-risk youth and their families. How important do you think the following are for your work or the group you represent?



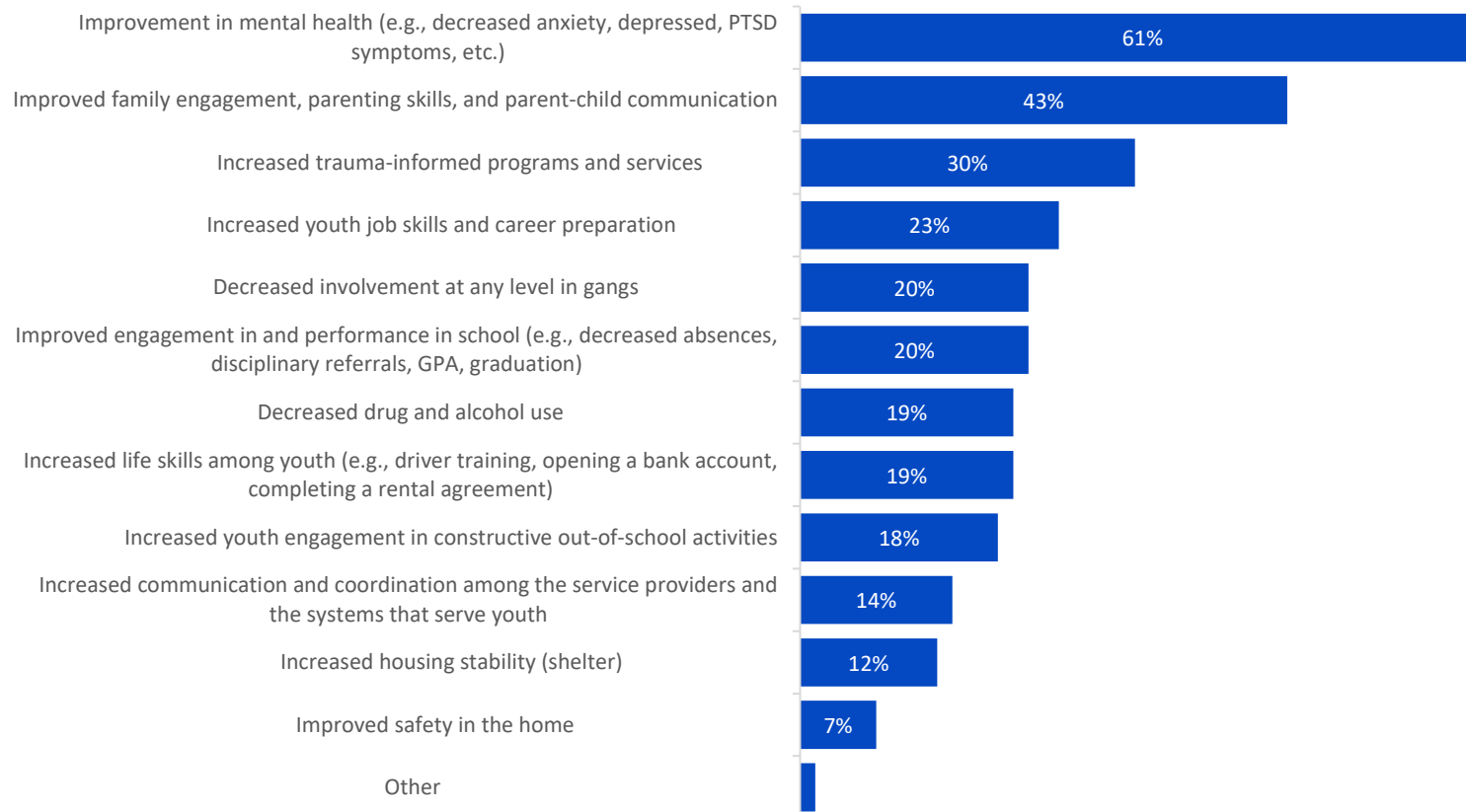
Note: n=24-74. Question 7 continues on next page. Percentages less than 4% are not labeled.

Appendices



Note: n=24-74. Other responses included job training and eligibility criteria being its own barrier. Percentages less than 4% are not labeled.

Question 8. What are the top outcomes that San Mateo Juvenile Probation Department should focus on achieving in the next five years?



Note: n=1-45. Percentages less than 4% are not labeled.

Q9. CONCLUDING QUESTIONS, (N=53)	
CONSIDERING YOUR RESPONSES TO THIS SURVEY, AND WHAT YOU SEE TO BE PRESSING PRIORITIES IN YOUR EVERYDAY WORK, WHAT DO YOU FEEL THE JUVENILE JUSTICE COORDINATING COUNCIL <u>MOST NEEDS TO CONSIDER</u> AS IT SETS ITS PRIORITIES FOR THE NEXT FIVE YEARS?	% WHO PROVIDE ANSWER
More services/staffing needs/continuity of services	23%
Increase mental health services and treatment	19%
Better aftercare and transitioning/more accountability	15%
Preventative services	15%
Funding for services	11%
Family support	11%
Alternate programs to probation	9%
Job training/vocational programs/skill-building	9%
Stable and consistent therapists	8%
Basic needs (housing, finances, etc.)	8%
School engagement/stability	8%
Youth empowerment	6%
Support for single mothers	6%
Trauma-informed systems of care	6%
Other priorities mentioned twice each (Access to services; Alternatives to traditional college; Increase knowledge about mental health and trauma)	4%
Other priorities mentioned once each (Human trafficking issues, levels of care to address behaviors, not limiting resources to alternate programs, knowledge about LGBT+ communities within the system, mentors, network of support, financial support, basic needs, survey parents about their needs, substance use treatment)	2%