

I. Background Summary of San Francisco County's Juvenile Justice System

A. Local Action Plan Background:

San Francisco's Comprehensive Juvenile Justice Local Action Plan (LAP) is the culmination of a unique, collaborative needs assessment of the City's existing juvenile justice system, its resources and its limits. Central to this assessment was the mobilization of stakeholders in the City and its diverse communities to step beyond political and theoretical confines and unite in a shared vision of the needs of San Francisco youths. The climate for this effort was created by taking a "snapshot" profile of all youths in secured detention, interviewing each youth and collecting information from agencies involved with the youth, including the Department of Juvenile Probation, San Francisco Unified School District, Department of Public Health and Department of Human Services. Over 100 decision makers then united in groups of 12 to 20 for over 50 hours to conduct a placement simulation for each youth and develop an ideal system which could meet the actual needs of these youths. This ideal system was then refined through data analysis and individual interviews with over 350 people involved in the juvenile justice system.

With funds from the State Board of Corrections, an equal amount of its own matching funds and in-kind contributions, and additional support from the United States Department of Justice, the City has undertaken the implementation of this ambitious Local Action Plan. The execution of the six programs has encountered some delays; however, San Francisco believes careful planning has paved the way to successful results. All six programs are fully operational, beginning with the opening of Safe Haven in November 1997, Early Risk and Resiliency in late March 1998, the Community Assessment and Referral Center in early May 1998, Safe Corridor in late June 1998, the Life Learning Academy in September 1998 and the Life Learning Residential Center for Girls in November 1998. Despite the late start, programs are already serving youths in the numbers projected.

San Francisco's Local Action Plan is a paragon of systemic change in which City agencies and community players participated equally in developing a new community-based model of probation. The resulting system combines historically disparate voices into innovative teams working together to effect the lives of youths in need. Other agencies are not simply supporting probation but are beginning to take equal responsibility for our county's youth. It is truly an interdisciplinary model. Indeed, the Department of Justice's Office of Juvenile Justice and Delinquency Prevention has cited San Francisco's Local Action Plan as a hopeful model of true community probation.

As the next phase of development of its Juvenile Justice System, San Francisco is now undertaking to develop *Project Impact*—a comprehensive System of Care for Mentally Disturbed Youth in the Juvenile Justice System. The result of over a year of planning efforts, *Project Impact* will focus particularly on effective assessment and intervention with youths whose mental health conditions place them at high risk for multiple recidivism, or who are already multiple recidivists and are not receiving

effective services within the juvenile justice system. As with the original local planning process, *Project Impact* was designed under the leadership of the Mayor's Criminal Justice Commission, and has involved the participation of Juvenile Probation, all of the major youth-serving County Departments, and over 50 non-profit public organizations and community groups.

B. Overview of the Juvenile Justice System

The Juvenile Probation Department provides pre- and post-adjudicated services to juvenile offenders in the City and County of San Francisco. Responsibilities of Juvenile Probation include intake and diversion services, field supervision, out-of-home placements, court reporting, and operates juvenile detention facilities. The Youth Guidance Center, in addition to housing the Probation Department and Juvenile Hall, also houses the Juvenile Court, offices for the Public Defender and District Attorney representing juveniles, and Special Programs for Youth (SPY). The Juvenile Hall is a 132-bed short-term secure detention facility for pre-adjudicated youths and youths awaiting placement. It is universally considered inadequate and its replacement is a much repeated recommendation. The Log Cabin Ranch School is a non-secure detention facility for adjudicated male offenders between the ages of 14 and 18. Log Cabin is a twelve month program with the stated goal of addressing the academic, vocational and emotional needs of each resident. At Juvenile Hall and Log Cabin, on site schooling is provided by the San Francisco Unified School District. Juvenile Hall costs \$240 per day per youth and Log Cabin costs \$160 per day per youth.

1. Supervision

Eight Probation officers are assigned to the field supervision unit. Each officer has an average caseload of 70 youth. As of December 1998, there are approximately 400 youth on formal supervision in San Francisco. Informal supervision is an alternative for less serious offenders. An estimated 80-85 youth are currently on informal supervision.

2. Out of Home Placement

As of March 1997, 210 probation referred youths are in out of home placement, 73 of whom are girls (35%). The current total monthly cost for all out of home placements is \$721,480, with individual program costs ranging from \$484 per month for youths placed with relatives to \$4,699 per month for residential treatment programs such as the Colorado/Excelsior program and \$5,013 for sub acute care (Willow Creek).

Typically, San Francisco youths in placement require a high level of treatment. However, few appropriate local options exist. Youths running from placement continue to be a serious problem and many youth receive multiple placements. The Probation Department reports that residential and/or substance abuse treatment services for youths in the City are severely inadequate and, for the most part, non-existent. Most youths are sent out of county or out of State for residential care or treatment. (For example, to Colorado for girls, to Pennsylvania for boys, and within California to Thunder Road (San Francisco) or Our House (Napa)). The Probation Department currently uses 76 different placement facilities (group homes, foster care,

treatment programs) of which nine are in San Francisco County, 63 are in other counties in California, and four are out of State. For youth in foster care the vast majority are placed with a relative (in one recent month, of the 32 youths in foster care, 24 were placed with a relative and only eight in a traditional foster home).

Of special concern are those youth who spend periods of many months in the Youth Guidance Center waiting to be placed in an appropriate setting. Most of these youth have special mental health or behavioral issues that make them difficult to place. While in the Youth Guidance Center, their condition often deteriorates for lack of appropriate services, making placement even more problematic. *Project Impact*, proposed in this current Local Action Plan, will provide targeted services to address this problem.

3. Special Caseloads

The Probation Prevention/Diversion Unit is responsible for post-adjudicated supervision of younger offenders (under 14 years old). Community service, the Street Law program, the Aggressive Offender program, and Theft Awareness Classes programs are used for diversion services. The Parenting Skills Program, the Juvenile Sex Offender Program, and the Family Mosaic are also part of this unit.

The Serious Offender Program (SOP) focuses on repeat violent offenders who have a sustained felony petition for a violent crime or act involving a firearm. Youths are placed under intensive supervision and referred to community-based organizations for other assistance. Probation staff work with youths primarily in directing them to obey court conditions and remain in school. As of December 1996, 85 youths were in the Serious Offender Program.

Beginning in February 1997, youths returning from placement are supervised by a placement supervision unit, consisting of one Probation Officer with a caseload of 15 youths. The Officer provides intensive supervision to youths for the first 90 days after returning from placement, including connecting youths to the appropriate school setting and other community agencies. After this initial period, youths are placed on regular probation supervision.

The Community Service Program is for youths with court orders to complete community service hours, or youth referred from the Diversion Unit, or referred by Traffic Court. Job sites are provided by SLUG and by the SFUSD Landscaping Department. From July through December 1996, 283 youths were referred for community service and 130 youth completed their assigned hours (46%). This reduction was down from a 65% completion rate in the previous six month period.

The Repeat Offender Prevention Program is a recently funded program that will provide intensive day treatment services to youth who are at high risk of multiple recidivism.

4. Probation Contracted Community-Based Services

The Probation Department Community Programs Division contracts with community-based organizations for a range of youth services. The following is a summary of services and providers:

The following organizations provide case management services for youth placed on intensive home supervision: Potrero Hill Neighborhood House (16-20 youths); Morrisania West Inc. (16-20 youths); Vietnamese Youth Development Center ((8-12 youths); Real Alternatives Program, Inc. (RAP) (16-20 youths); Office of Samoan Affairs (16-20 youths); Bayview-Hunters Point Foundation (16-20 youths); and, Chinatown Youth Center (16-20 youths).

The Potrero Hill Neighborhood House (Omega Boys Club) provides group counseling for youth in juvenile detention facilities (estimated 50 youths). The Ella Hill Hutch Community Center operates a mentorship program for boys and girls that involves offenders in community service (32 youths). The YWCA of San Francisco/Marin/San Mateo operates a girls mentorship program that provides counseling for delinquent girls (24 girls). The S.F. Boys and Girls Home provides pre-placement shelter (8-10 boys). Youth Advocates, Inc. provides a status offender program including shelter, medical assessment, and case management for runaways and truants (700-1,600 youths). Bayview Hunters Point Foundation also provides a home detention program for pre-adjudicated youth (20 youths).

Through its Detention Diversion Advocacy Project (DDAP), the Center on Juvenile and Criminal Justice (CJCJ) provides intensive levels of community-based intervention and monitoring services as an alternative detention for pre-adjudicated, non-violent offenders ages 12-17. Funding for DDAP is provided through the Mayor's Office of Children, Youth and their Families. DDAP maintains a caseload of 40 youths. (See Section III Community Resource Guide.) In addition, DDAP has recently entered into contract with Juvenile Probation for strategic reduction of the Juvenile Hall population. Family Mosaic and DDAP have also entered into an alliance to provide long-term services to high-risk detainees with serious emotional disabilities.

Proposition J (Children's Fund) provides funding for volunteer case managers, the Focus program, Parenting Skills program, and the Street Law program which are all described in the Community Resource Guide (Section III).

5. Facility Services

Numbers of people and groups come into Juvenile Hall to offer programs that include many types of services, such as NA/AA and religious classes, but there is no clear plan for what services should be available and who should be providing them. The following description of facility services include those currently available at Log Cabin, and Mental Health and school programs in both detention facilities.

Log Cabin programs (provided by LCRS staff) that are mandatory for all youth and meet weekly include Anger Management classes, Conflict Resolution Training, Survival Skills Training, Family Reunification, Teen Father Program (for youth with children or soon to be fathers), and Commitment Offense Group. The Substance Abuse Program at Log Cabin provides counseling, intervention, and relapse prevention to residents with drug and alcohol problems. The Omega Boys Club provides counseling groups on a weekly basis. No structured vocational programs are currently offered at Log Cabin. Other programs that were formally contracted out to community providers, which include vocational instructors and Life Skills Training

Program, stopped September, 1996 while new administrative and fiscal procedures are implemented.

6. Detention Screening

The Probation Department currently employs detention screening criteria based on studies and recommendations by the National Council on Crime and Delinquency (NCCD). A 1990 evaluation of the detention criteria by NCCD determined that San Francisco, compared to ten other studies of juveniles and adults on pre-trial release, had one of the highest overall success rates of those released staying violation free before trial. (Ninety-three percent of the youth who were released based on their score (9 points or fewer) were successful and received no new arrests.) According to NCCD, objective detention screening instruments, "...are intended to increase uniformity of detention decisions, to provide a measure of control over the flow of youth into the detention center, and to protect public safety by identifying high risk youth who should be detained pending trial.¹"

The next sections provide an overview of the progress of those new initiatives outlined in the 1997 *Juvenile Justice Local Action Plan* and funded through Board of Corrections Challenge Grant funds.

C. Achievements Common to All Programs

1. Management Information System and Data Collection

To accommodate the Board of Corrections common data element reporting requirements as well as specific program evaluation requirements, all Local Action Plan programs share a consolidated management information system (MIS) which includes client intake data, case tracking, service referrals and exit information for all youths served by the six programs. All data collection instruments have been finalized. Additional forms have been created through consultation with the Department of Juvenile Probation, Department of Human Services, Department of Public Health and San Francisco Unified School District to obtain necessary information from those agencies; this information is also included in the MIS database. The MIS design permits staff to compile sub-databases of youths in the six programs based on a variety of variables.

All programs share a common intake assessment tool designed to assess the youth's status for both immediate crises and longer-term concerns. After reviewing 39 assessment instruments from programs all over the country and consulting with clinical psychologists with expertise in juvenile assessment, San Francisco decided to develop its own assessment. The assessment tool is an amalgam of elements of the San Francisco Juvenile Probation Department assessment, the Orange County Project 8% tool, and the Cook County instrument for assessing girls. The resulting San Francisco assessment underwent pilot testing on a focus group of juvenile justice and at-risk youths, as well as on adults, including residents and graduates of the Delancey Street Foundation with personal experience in the juvenile justice system, as well as a

¹ Source: Testing the Public Safety Impact of Juvenile Detention Criteria Applied at San Francisco's Youth Guidance Center, National Council on Crime and Delinquency, 1990.

variety of service providers. The resulting assessment instrument is innovative, youth-friendly and user-friendly. Staff members at all programs have participated in supervised role-plays of the assessment and have been trained to administer it in a conversational manner with minimal attention to the document itself. The tool is available in Spanish and Cantonese as well as English, and staff is available to administer the instrument in all three languages.

A new microcomputer-based Client Information System is currently being developed that will link Juvenile Probation, Department of Human Services, and Children's Mental Health Services Data into a common data system for use in planning, evaluation, and case management of shared cases. This Client Information System is being funded by Children's Mental Health. It is currently in alpha testing and will be on-line before July 1, 1999. Its first implementation will be to provide decision support for the Project Impact intake and assessment process described later in this plan.

2. Teambuilding and Training

The LAP programs unite essential players from diverse agencies and community-based service provider to assess and serve youths through shared information, knowledge and resources. This is a systemic change that requires these key players to interact in new and different ways. Staff cohesiveness is an essential ingredient in the success of these programs. To break down the bounds that have historically existed between diverse agencies and organizations, all program staff have undergone intensive group training sessions designed to foster cohesiveness and educate staff on program components. A result of this training is that staff members function as a team in which each brings his or her unique experience and knowledge, but all work together to make use of that knowledge. Program staff receive group training on a continuing basis, and a partnership coordinator at each program manages efforts of all agencies and organizations involved.

3. Mentors

A unique feature of the LAP programs is the ability to attach a mentor and offer services at a window in time in which the youth and his/her family are receptive to such interventions. Rather than put youths through a lengthy application process, program staff can immediately select and summon a mentor to come to the facility, meet the youth and family, and set up a next contact, whether it be to accompany the youth to probation intake, a school appointment, or a community program. All mentors are residents and/or graduates of the Delancey Street Foundation; they have many shared experiences with these youths and are uniquely successful in connecting with the youths and working with them to examine their choices and goals. Each mentor is only assigned one youth at a time so that he or she may devote as much time as possible to accommodate the youth's needs.

4. Volunteers

The volunteer commitment to the Local Action Plan programs has been tremendous. From July of 1997 to June of 1998, 163 volunteers have logged 1,729 hours in Local Action Plan activities.

Architectural services have been donated for the Community Assessment and Referral Center, Safe Haven and the Life Learning Academy.

An agreement has been reached for graduate and undergraduate students from San Francisco State University to work as interns at all Local Action Plan programs beginning in the spring of 1999. These interns come from a variety of disciplines and will provide academic, social and case management assistance.

Donations from various sources also have been obtained. A Toyota van donated by City Tow is being used to transport Safe Corridor youths safely to and from school, home and services. Twenty computers have been donated for computer training, and forty-five bicycles have been donated to the bicycle repair program, and many other free opportunities have been donated, including summer camp slots, sailing events, and special training and activities with the San Francisco Fire Department. Perhaps the most exciting donation has been eighteen spots reserved for Life Learning Academy youths in a highly sought raft trip down through the Grand Canyon in the summer of 1999.

D. Development of Programs Funded Under Challenge Grant I

1. Community Assessment and Referral Center

The Community Assessment and Referral Center (CARC) provides a single point of entry for crisis intervention, assessment, service integration, referral, and monitoring. The program provides a forum in which staff from juvenile probation, public health, the district attorney, the sheriff's department, and community based organizations such as Huckleberry Youth Programs and the Detention Diversion Advocacy Program work together to assess and case manage youths who are arrested for a variety of offenses.

The site for this program was donated by the YMCA. After extensive site renovations, CARC opened on May 4, 1998. The program originally served all eligible youths arrested in the City's Mission District, and quickly thereafter began serving eligible youths arrested in the Tenderloin, Bayview-Hunter's Point and Chinatown neighborhoods as well. These neighborhoods specifically were selected for CARC services based on a review of neighborhood juvenile crime levels citywide. Patrol officers in all three districts have been trained on bringing eligible youths to CARC. The program is currently open from noon to midnight Monday through Friday. CARC has served approximately 100 youths through the end of December 1998.

Youths are brought to CARC in police custody. Once at CARC, the youth meets with a probation officer for an abbreviated intake, a licensed psychology technician to identify any physical or mental health crisis, and a case manager, who conducts a voluntary assessment of the youth using the common program assessment instrument. The CARC staff develops an initial case plan and then meets with the family to introduce program and the mentor, and to arrange the next contact.

The youths served by CARC to date have ranged in age from eleven to seventeen and have been brought in for a variety of offenses, including both felonies and

misdemeanors. Eligible youths include all youths ages 11 to 17 who are arrested in the Mission, Tenderloin, Bayview-Hunter's Point and Chinatown neighborhoods for 602 offenses, with the exception of youths arrested under 707(b) offenses, youths with outstanding warrants, and youths under 12 years of age. Status offenders and youths who are admonished or diverted by the police are not eligible for CARC. One-quarter of the youths have been girls. Many of the youths have had prior probation contacts, and most have school-related problems. CARC staff members have successfully worked with eligible youths to reintegrate them into schools and arrange for special education services; obtain mental health services; complete community service and probation requirements; and engage the youths in social, arts and athletic programming.

A CARC Policy & Procedure Manual has been developed to address the innovative way in which city agencies and organizations have united to work at this program.

2. Bayview Safe Haven

The Safe Haven is an after-school program for at-risk youths designed to keep youths in school, keep them out of the criminal justice system, position them for responsible adulthood, and improve the quality of life in their families and community. In a community with a dearth of programs for at-risk youth, Safe Haven has created a hub of structured activity to which San Francisco's diverse resources can come and offer their services to the youths and families of Bayview-Hunter's Point. Community policing and community probation activities at the site further serve this goal. At the same time, the development of the Safe Haven has provided the local community with a means of speaking out about its own needs and desires. Youths and adults from the surrounding neighborhoods have been not only included in but also integral to the design of the program.

Safe Haven is located at the Joseph Lee Recreation Center in Bayview-Hunter's Point, which is provided at no cost by the Department of Recreation and Parks; additional space has been provided by San Francisco Unified School District at the neighboring Burnett Family Center. Site renovation is complete. The program opened in November of 1997 and immediately began providing neighborhood youth with a variety of services, including holiday-related activities and community service. The only problem occurring to date was a brief period when Safe Haven programming was temporarily interrupted in early 1998 due to the City's need to use the Joseph Lee Recreation Center for emergency housing during El Nino. Regularly scheduled Safe Haven activities include academic assistance; computer class; bicycle repair instruction; job skill workshops; art; tennis instruction; basketball league; site improvement; landscaping; group sessions and social support. Vocational training is an essential element. Safe Haven youths run the on-site snack bar, including all accounting, inventory and marketing. Successfully participating youths attend organized outings, including a dance performance, the San Francisco Exploratorium, Baker Beach and a bicycle ride along Hunter's Point. Specially trained staff members provide girl-specific programming and family counseling as well as coordination with the school district to reintegrate truant youths. Youths who exemplify Safe Haven values are eligible for a variety of rewards including peer leadership roles, paid

positions with the Department of Recreation and Parks, and camping trips. Youths are asked to make restitution by involvement in community service and have been active in such things as food giveaway. Safe Haven had served seventy youths by the end of December, 1998.

Safe Haven currently serves youths ages 12 to 17. Approximately half of these youths are referred to the program either by their probation officer or directly by the juvenile court as a probation condition; the other youths are voluntary self-referrals. The San Francisco Housing Authority provides transportation for youths who reside in nearby housing projects. The court has visited and praised the Safe Haven activities profusely.

Safe Haven staff include case managers and mentors, as well as supplemental staff provided by a variety of community-based organizations, including the San Francisco League of Urban Gardeners, the National Junior Tennis League, the San Francisco Bike Coalition, San Francisco Art Institute, and Omega Boys Club. Safe Haven also coordinates programming with the neighboring Bayview Opera House. The San Francisco Police Department provides beat officers to both interact with youths in the program and monitor the surrounding area during program hours. Safe Haven staff members transport youths to and from the program in a donated van. In addition, the Juvenile Probation Department has space at the facility to conduct community-based meetings with Safe Haven youths.

3. Early Risk and Resiliency

The mission of Early Risk and Resiliency is threefold: to assess the risks and resilience of an entire San Francisco neighborhood and develop positive social norms and strengths in that neighborhood; to identify through data sharing early warning signs in children who, because of individual, family and/or community factors are at high risk for becoming serious, violent, chronic offenders; and to develop a strengths assessment instrument that will allow us to target particularized programs geared to provide opportunities for these youths to develop their own strengths, as well as to strengthen their families.

Assessment of the risks and resilience of the Mission District has been done on several levels. A pre-intervention survey was administered to residents and stakeholders of the Mission regarding safety and services in the community to assess community strengths and weaknesses. A trained youth evaluation team of twenty youths supervised by the Institute for the Study of Social Change and Coleman Advocates. Youths cited a dearth of meaningful after-school programs or "safe spaces" and a lack of respect by adults in the community and especially the schools for the youths and their needs. In addition, evaluators have worked with Everett Middle School to interview school personnel and review data on the relationship between youths with risk factors to disciplined youths and youth access to special services. The purpose of this data assessment is to determine whether existing services provide strengths and resilience that reduce risk behavior.

Development of an effective strengths assessment instrument was essential to the success of this program. After conducting a nationwide search for model strengths assessment instruments, program staff found that the large majority of questions on

these instruments were either deficit-oriented or inappropriate for the Early Risk target population. The Early Risk and Resiliency Design and Detail Team developed its own list of strengths and risks; this list was compared with a review of the literature research on resiliency. Staff then enlisted the input of two populations of youths: the children of incarcerated parents, and former juvenile justice and at-risk young people. These youths identified strengths as well as activities to recognize those strengths. The work products of the two youth groups were then combined, and a strengths assessment instrument was created. A comparison of this youth-generated instrument to the literature in the field confirmed that the youth developers addressed the major areas of theory and research with practical and youth-friendly activities and exercises. The program staff has piloted this assessment instrument on initial program participants.

The Early Risk and Resiliency program is located at the Police Activities League Building in the Mission, which has been provided free of charge by the Police Activities League. The program opened late March 1998 when it began taking test cases to pilot test and validate the strengths assessment and work out referral procedures. Staff at this site receive referrals, coordinate with agencies, meet with youths and their families, and perform case management duties. Referrals are currently made by Mission schools, police, the Community Assessment and Referral Center and community-based organizations; the majority of referrals come from Everett Middle School and Horace Mann Middle School. Upon receipt of a referral, Early Risk staff contact city agencies to create a Multiple Agency Profile (MAP) of the youth. A case manager invites the youth to the site for an intake and strengths assessment. Following the assessment, the case manager works with the youth and family to hook the youth into strength-based interventions and to refer the youth and family to any need-based services. Early Risk had served forty youths by the end of December 1998.

Identification of appropriate strength-based referrals was equally essential to this innovative program. To this end, staff members and members of the Design and Detail Team have identified interventions, classes, programs and internship possibilities throughout the Mission as well as in other parts of the City that are ideally suited to build on the multiple strengths and talents of the young people who enter the Early Risk and Resiliency program. Strength-based interventions used to date have included numerous arts, vocational, educational and recreational/athletic programs run by existing community-based organizations. A gap in vocational opportunities was identified in both the building trades and culinary arts. New programs in both areas are being developed.

4. Safe Corridor

The Safe Corridor Program works to reduce crime in the Mission District in three ways: (1) by engaging youths in meaningful and structured activities; (2) by enhancing the law enforcement presence during peak crime hours and directing resources toward serious repeat offenders; and (3) by mobilizing the community to provide safe passage for youths to and from school and to participate in community safety initiatives. For this continuum of services to work effectively, it was important that all program elements commence together. All Safe Corridor services thus began

functioning at the end of June. Department of Justice Weed and Seed funding supports community policing and Safe Haven services in the Mission.

The Mission Safe Haven provides after school activities for at-risk youths ages 12 to 17. This includes youths who are not connected to existing services, including youths on probation, not in school or expelled, returning from out of home placement, or gang involved. The program is located at the Police Activities League Building, which has been provided free of charge by the Police Activities League. Current program hours are from 3:00 p.m. to 6:00 p.m. Monday through Friday. Services at this Safe Haven include academic programming, including tutoring and homework help, computer training, arts and graphic arts, music and drama, and writing projects; vocational programming, including computer programming, desktop publishing, sales training and urban gardening; sports, including martial arts; and interpersonal programming, including general and specific groups, anger management, and mentoring.

Mission Safe Haven staff work with the San Francisco League of Urban Gardeners, San Francisco Art Institute, Catholic Healthcare West and the Police Activities League. In addition, two outreach workers from Safety Awareness for Everyone (SAFE) work on neighborhood safety issues.

The law enforcement presence in the community has been augmented by the assignment of additional police foot patrols along Mission Street during peak juvenile crime hours Wednesday through Saturday from 1:30 p.m. to 6:30 p.m.. These officers coordinate Mission Safe Haven to direct youths into after school activities. A Safe Corridor van transports the youths to these activities.

5. Life Learning Academy

The Life Learning Academy is an extended school community day setting which provides youths with intense surround services, strengthens their bonds with family and community, provides complete life learning including character and integrity building, vocational, academic, life skills and cultural education, and enables the youths to develop responsibility for self and others.

The Board of Education of the San Francisco Unified School District unanimously approved the charter school petition in January 1998, and the State Board of Education approved the school to receive a charter number in April 1998. The Academy staff have participated in the California Associated Network of Educational Charters conference and has visited and made contacts with model schools across the country, including Perspectives Charter School in Chicago; Academy of the Pacific Rim in Boston; and See Forever, City Lights and SEED Foundation Charter School and Options Charter School in Washington, DC. Private funds were raised for these site visits and conferences.

Life Learning Academy began serving youths on September 14, 1998 and is serving 25 youths. Students are on site for twelve hours Monday through Friday, which affords them the time they need to catch up to their grade level, as well as a support structure and a means of keeping them off of the streets during peak juvenile crime hours. Academy curriculum and course requirements are aligned with district

requirements. A special education specialist has been hired to address special needs students' issues. The school has available resources and purchased curriculum in all core academic areas, including language arts/literacy, science, mathematics, history/world cultures, and foreign language. All staff members have participated in intensive staff development, in which staff addressed school goals and objectives, staff and student policies and procedures, graduation requirements, thematic units, alignment of curriculum, assessment and instruction, school standards, and food services (the students are responsible for assisting with meals).

Vocational and project-based activities are a major component of the school. Students are starting a variety of business ventures with corresponding curricula, including café management and service, boat repair, bicycle repair, print shop projects, video transfer imaging, and desktop publishing. School vocational staff members have been trained in the academic components of these vocational programs, and vocational training is a regular part of every student's learning program. Peer leadership, mentoring and earned privileges are fundamental elements of the program. The Academy is located in the former Youth Center on Treasure Island, which affords the students with ample space to help design and call their own.

Students will participate in a summer environmental education tour, and students who exemplify program values will be invited to participate in very special recreational activities, including a trip for 18 students to the Grand Canyon. This trip was donated by an outdoor company so enthusiastic about the Academy that it enabled the Academy to avoid the ten-year waitlist for the necessary permits.

6. Life Learning Residential Center for Girls

The Life Learning Residential Center for Girls provides girls in need with the educational, vocational and "life survival" skills necessary for productive lives and instills values of self-respect, caring for others, responsibility and independence. The program provides a full range of high quality academic, vocational, life-skill services; family reunification where possible; and development of kinship/extended family structure for youth with no available family. Special attention is paid to issues of sexual abuse, parenting, and teen pregnancy. With almost thirty girls awaiting placement in San Francisco's Juvenile Hall at any given time, this program is filling an essential need for the City. Department of Justice Violence Against Women Act funding is supporting community probation services for this program, as well as additional services which will be contracted out to community based service providers.

Girls who are placed at the residential program will remain in the placement for one year. While at the center, girls attend the Life Learning Academy; they share the school site and staff with other students but receive separate programming, including girl-specific programming. The girls receive vocational and interpersonal programming at both the school site and the residential center. At the residential center, the girls have both structured and informal contact with mentoring women with whom the girls share similar life experiences. Peer leadership plays a significant role in the culture and organization of the program. Girls will go off-site during the later stages of their placement for job opportunities and cultural events; San

Francisco's business community has committed to provide work positions for these girls and community providers have committed to organize cultural programming. Aftercare programming will begin within four months of a girl's placement at the center. Once the girl's next placement is determined, program staff will include those key players (whether it is parents, an out-of-home placement or independent living) in aftercare and/or reunification activities. Girls who have children of their own receive structured parenting education as well as reunification assistance. Aftercare will be managed by an on-site probation officer who will carry a girls-only caseload.

7. Program Evaluation

The evaluation design methodology for all six programs has been completed. With the management information system in place, common data elements have been collected on all youths served by the programs to date. A court order has been issued allowing evaluators to collect data from the San Francisco Police Department, Juvenile Probation Department, San Francisco Unified School District, and Department of Human Services. Data has been identified and collected.

Arrested youths from the Mission, Bayview-Hunter's Point, Chinatown and the Tenderloin brought to CARC have been assigned to the experimental group. A representative number of youths is selected each month for the control group from the 1997 San Francisco juvenile arrest database from the San Francisco Police Department that match the profile of CARC monthly intakes.

Historical and current crime and victimization data has been collected for analysis of crime rate trends for the Bayview Safe Haven evaluation and the Mission Safe Corridor evaluation. In the Safe Corridor evaluation, evaluators will perform a geo analysis of incidents in the Mission and three comparable hot spot areas following intervention in terms of crime reported, arrest rates, referrals to Probation and rates and severity of juvenile offenses.

Through meetings with Everett Middle School staff, the Early Risk evaluation team is currently building an integrated database on the 6th, 7th, and 8th grade populations. The database will support the risk and resilience analysis while providing an updated profile of student academic, behavior, and service recipient status. This has, in turn, helped us to identify the treatment and comparison groups (N=100). These include such data as grades and normal test scores (CTBS, Stanford 9) – including a breakdown of the score on the various skill sections of the tests (strengths and weaknesses); indicators of risk including attendance/truancy, special education and RSP status, referrals to counselors, suspensions and expulsions, and juvenile justice involvement.

As part of the evaluation of the effectiveness of the Safe Corridor and Early Risk and Resiliency programs, a pre-intervention community survey of attitudes about safety, victimization, and service/protection resources available within Mission Street Corridor has been administered by the Institute for the Study of Social Change at the University of California, Berkeley. This survey targeted both Mission District residents and stakeholders, and was administered via mailings. Additional surveys were administered through interviews conducted by a trained youth evaluation team of twenty youths supervised by the Institute for the Study of Social Change and Coleman Advocates. The Safe Corridor and Early Risk and Resiliency Design and Detail Teams had input into

survey design, including subject matter and language. The evaluators have compiled the survey results. A post-intervention survey also has been developed and will be administered upon completion of the program to assess overall program impact. Both surveys are available in English, Spanish and Cantonese.

With the referrals already made to the Life Learning Academy, evaluators can begin immediately to fulfill the experimental design with random assessment to treatment and control groups when the school opens. The court and school system have indicated a preference for one-year commitments to the Academy and this will allow the necessary post-intervention follow up required by the evaluation.

To evaluate the Life Learning Residential Center for Girls, a matched sample will be drawn from San Francisco girls in placement in 1997 for the control group.

II. Description of Existing Continuum of Responses to Juvenile Crime, Services, and Programs in Place

A. Prevention Resources

1. Law Enforcement

The juvenile division of the San Francisco Police Department has the following functions: the child abuse section investigates all cases of sexual molestation of victims under 18, physical abuse cases, severe neglect, and child exploitation; missing persons section handles all missing person reports regardless of age; juvenile offender section investigates all cases of assault, vandalism, threats, and extortion in which the suspect is a juvenile; and, youth programs section coordinates a variety of prevention and intervention programs. There are 32 sworn positions within the juvenile division.

The juvenile division coordinates police resources directed to school-based services. The police presence in the schools is a three tiered approach: 1) special school case officers (15) respond to all school incidents; 2) school resource specialists from each City station provide education material and work with schools to ensure safe school sites and develop positive relationships with youths; and 3) sector cars provide back up to all schools.

In 1996, the Police Department began implementation of the School Resource Officer program citywide. The Department is in the process of assigning and training officers for this special duty. At least ten additional officers are needed to implement this program citywide. Two of the School Resource Specialist positions have been funded through two grants from the Office of Criminal Justice Planning: a \$100,000 drug suppression grant (one year grant) and another \$50,000 (18 months) allocated from the Weed and Seed grant. A total of 12 schools (ten elementary schools and two middle schools) in the Bayview and Outer Mission/Ingleside area are served by these two positions. The school district does not assume any of the cost for the program.

2. Juvenile Probation Services

The Probation Prevention/Diversion Unit is responsible for post-adjudicated supervision of younger offenders (under 14 years old). Community service, the Street Law program, the Aggressive Offender program, and Theft Awareness Classes programs are used for diversion services. The Parenting Skills Program, the Juvenile Sex Offender Program, and the Family Mosaic are also part of this unit.

Juvenile Probation is allocating of \$1.2 million in FY 1998-99 (annual awards up to \$100,000 potentially available until the year 2003) in family-focused community-based services under Temporary Assistance to Needy Families (TANF). Contracts will soon be entered into with community programs to provide the structure, support and supervision needed to keep youth from involvement in criminal activity and further juvenile delinquency. Program services will address the following priority areas: Early prevention; Services to girls; Education; Culturally-appropriate services; Family support and advocacy; and Employment and job placement. Awards were made to the following agencies:

- *Early prevention:* Richmond District Neighborhood Center (\$96,419) and Community Boards (\$113,563).
- *Services to girls:* Girls After School Academy (\$70,000) and Girls 2000 (\$110,000).
- *Education:* Art Research Curriculum (\$154,623) and Special Services for Groups (\$120,000).
- *Culturally-appropriate services:* Central American Resource Center (\$110,200) and Instituto Familiar de la Raza (\$115,000).
- *Family support and advocacy:* San Francisco Neighborhood Legal Aid (\$125,000) and Edgewood Children's Services (\$116,384).
- *Employment and job placement:* National Foundation for Teaching Entrepreneurship (\$112,000)

3. Challenge Grant I Circle of Care Projects

Circle of Care projects, funded through Challenge Grant I, focused on three important points of entry to interrupt the cycle of chronic crime. The first involvement is at the earliest stage before the youth becomes involved in the justice system when there are enough early warning signs that this youth is at such high risk in so many areas that he or she requires strength building interventions to buffer the multiplicity of risk factors.

The Early Risk and Resiliency Project, Bayview Safe Haven, and the Safe Corridor were designed to address this intervention point (Project updates detailed above).

4. Community-Based Programs

Community-based programs present a wealth of resources, usually reaching across a number of categories within the Juvenile Justice continuum. Community-based programs funded through a variety of city sources are described in Appendix 3, below.

5. City/County Programs

■ Department of Public Health (Mental Health and Substance Abuse):

The Department of Public Health (DPH) of the City and County of San Francisco administers the Division of Mental Health and Substance Abuse. This includes Child, Youth, and Family Services which describes itself as a customer-driven, outcome-oriented system of care focused on treating the whole child. One of its objectives is to provide treatment for San Francisco's children and youth who have serious emotional problems through an accessible, community-based system of care that is linguistically and culturally appropriate. A second objective is to assist families and communities in creating support networks that nurture high-risk children and youth and enhance family unity, capability, and responsibility. For 1996-7 Child, Youth, and Family Services had an annual budget of \$18 million serving clients through a range of prevention, outpatient,

day treatment, crisis intervention, family support, school-based, case management, residential, and hospital programs.

The continuum of mental health services available to San Francisco children and youth has worked to bring about a decline in length of stay in psychiatric hospitals from an average of 22.5 days per patient in 1990 to 12.3 days in 1994. Among the mental health and substance abuse services provided or funded by Child, Youth, and Family Services are the following. (See other continuum sections for further DPH/CYFS program descriptions).

■ **Department of Human Services:**

There are about 3,500 children in the San Francisco social service system. About 30-35% are teenagers. Department of Human Services (DHS) and Juvenile Probation have an MOU which sets out a set of behaviors and age criteria to determine which agency will work with the child. Social service youth who commit delinquent acts often do not receive a citation because law enforcement is aware that the youth is already under supervision. However, often district attorneys and Probation Officers who do file a delinquency petition on a youth who is under the supervision of DHS will not contact the child protective service worker and this leads to inappropriate petitions filed and findings by the court. There have been cases where a youth is under the jurisdiction of both agencies at the same time, with both delivering services.

An Integrated Shared Data System is being developed, and will be completed in time for implementation of the Challenge Grant II project. This will combine data from Juvenile Probation, CMHS, and DHS in order to cross-reference data regarding children, youth and families and a uniform assessment can be completed whenever and wherever a youth enters the system is critical for effective youth serving agencies.

DHS has been working to establish a family support and collaborative system of preventive services. It is essential for their work to have problems identified earlier in the community, schools and hospitals. This does not happen currently and presents a major challenge by the time children and families come to the attention of social services. DHS is in the process of re-designing their programs to work with the family, trying to develop new attitudes. When Emergency Response units go out, DHS is working to develop the attitude in staff that they are doing assessments rather than investigations, looking for strengths and needs. Holding family unity meetings and developing a plan to resolve issues is part of the new strategy.

Two pilot program re-designs are in the area of family preservation. Families participate voluntarily. The workers have reduced caseloads of 10 (they used to be 30). Workers have the opportunity to work intensely with families and often work with one family up to six hours a day. Studies have shown that if workers can build a relationship with family members, it makes a difference in family members' willingness to change behaviors. DHS contracts for family support services with a private non-profit (the Family Services Agency) to provide services for substance abuse, money management, and housing. Family

Service Agency provides mentors and has developed a manual for family mentors. Workers have a multidisciplinary team approach to working with families. They obtain health and mental health services and substance abuse services (from Family Services Agency). They plan to add grandparents and parents to case conferences. Family Preservation workers also now have to complete four hours of community service per week. One worker works at a Beacon Center, one at a Healthy Start site, one in a domestic violence program. These two pilot programs receive cases from all of San Francisco. DHS is going to design same system for families in Family Maintenance and Family Reunification.

The State is trying to get a waiver from the federal government for a pilot project to be able to use funds earmarked for out-of-home placement for other kinds of things like day treatment. San Francisco is not a pilot county. However, San Francisco applied to be a pilot for the use of foster care savings in communities. This application was awarded, and is targeting the Bayview/Hunters Point area. The pilot uses Family Mentors where Child Protective Service (CPS) workers work along side trained community members to support youth in community-base foster care alternatives.

DHS is working with three subcommittees: Latino, African American and Asian Pacific Islanders to ultimately develop Family Resource Centers (FRC). The Latino committee has developed a resource network and the API has developed a parenting hot line. The goal of the FRC will be to provide a neighborhood resource to help divert families from the court system.

■ Mayor's Office of Children, Youth, and Families

Children's Fund. In November 1991, San Francisco voters passed Proposition J. This amendment established a baseline of funding for children's services called "the Children's Fund." A minimum of 25 percent of the fund must be allocated to delinquency prevention and job readiness programs. The Mayor's Office for Children Youth and Their Families (MOCYF) administers the funds and last year allocated 72% of its "Proposition J" funds (\$14.5 million) to youth development programs. Coleman Advocates for Children and Youth, an advocacy group for San Francisco children and youth on issues of child welfare, health, juvenile justice and recreation, was central to the passage of Proposition J and continuously monitors and advocates for youth development programs. Their efforts are reflected in some of the major initiatives described below that they have long supported.

Funding. The United Way, despite major changes in the agencies it funded, continued to allocate the same portion of its San Francisco funds to youth development; San Francisco's General Fund allocation for youth development increased has increased in recent years, largely due to increases in the Recreation and Parks budget; many private foundations, like the Evelyn and Walter Haas, Jr. Fund, the San Francisco Foundation, and the Walter Johnson Foundation have made youth development a priority funding area; and corporate giving for youth

training and employment programs increased compensating for lost federal dollars.

Children and Youth Summit. An exciting two-day summit (October 5-6, 1996) provided a forum for experts, funders, service providers, parents and youths to present and listen to recommendations for city programs. Specific commitments from the Summit include the following programs.

Youth Commission. The creation of the Youth Commission in San Francisco sets the stage for youth empowerment in the City. The new commission got the City to appropriate \$150,000 a year for operational costs, and is now actively engaging young people in policy issues. The Commission is investigating and making recommendations on everything from Juvenile Hall to skateboarding. The Mayor also committed to a policy of appointing youths to other city commissions at the Children and Youth Summit.

Beacon Schools. The Mayor's Office, the Unified School District, community based youth agencies, and local foundations have collaborated to launch the Beacon Initiative. Five Beacon Schools have begun operation (Chinatown, Sunset (\$200,000), Visitation Valley, Mission, Community Bridges). Six more Beacon Centers will open in the next two years. Each Beacon offers a unique array of services to children, youth and parents before and after school and during the weekend.

YouthLine. YouthLine, a project to provide a 24-hour phone resource and referral service for youths and their parents has been endorsed by the Mayor, the School Board, the board of Supervisors, local funders and community leaders. The City has budgeted \$100,000 toward the annual cost of the YouthLine, and private funding is committed from several sources. A comprehensive and accessible database of children and youth agencies has been developed and is on the Internet

Recreation. Because of stable funding, the Rec and Park Department has expanded its youth programming. Young Teens on the Move, a late afternoon program for middle school youth, is at six sites throughout the city; a Teen Advisory Board is being reinstated; the teen summer sports camp was expanded this summer; and Friday Night Fun is thriving at seven sites.

Youth Jobs. Twenty City departments have been working under the Department of Human Resources to expand youth internships within city government. Housing Authority funds were used in the summer 1996 for jobs for youth residing in public housing; Jobs for Youth, a public/private partnership, is working to expand opportunities in the business community; the City mounted a successful "Say YES" campaign to raise private funds for summer jobs. Legislation giving local tax credits to businesses hiring youth was passed by the Board of Supervisors. The City, in collaboration with the school district has been working to develop and implement a comprehensive school to work program.

San Francisco Starting Points Initiative. San Francisco is one of eighteen cities throughout the nation to have received a Starting Points grant from the Carnegie

Foundation. The goal of this project is to create a coordinated system of services for all children 0-5 in San Francisco. The Local Child Care Planning and Advisory Council, staffed by MOCYF is responsible for initiating comprehensive community-wide child care planning.

B. Intervention

1. Law Enforcement

The San Francisco Police Department (SFPD) has played an active role in the Local Action Plan, and the development and implementation of the Challenge I Demonstration Projects. Four SFSD Stations have been involved with the implementation of Challenge Grant I, these include: Bayview; Mission; Tenderloin; and the Central Police District (Chinatown). (See description of Juvenile Division of the San Francisco Police Department above.)

Lt. Vivian Williams is the director/coordinator of the involvement. Lt. Williams has helped to set-up policy and criteria for the *Community Assessment and Referral Center* (CARC). She trains the police officers regarding these policies, and who is to be diverted to CARC. This is on-going as changes are made in policy and criteria and to insure new officers are educated. Lt. Williams and the CARC Director meet regularly with the Captains of each station regarding changes in personnel, policy, etc.

As part of the Early Risk and Resiliency project, SFPD has officers who drive a van to pick up youth at two middle schools to drive them to the Safe Haven facility in the Mission District. They spend time with kids and have become somewhat informal mentors to the kids. The kids are developing a different view of police through this activity.

Two officers are stationed daily at the Safe Haven in Bayview. One remains outside of the building to keep the area safe and remove loiters. The other officer is inside participating with the kids. These officers are bike experts and have taken kids on bike rides. The officers have chosen to be stationed at the Safe Haven and are extremely dedicated to the work they are doing with the youth.

2. Juvenile Probation Services

As of March 1997, 210 probation referred youths are in out of home placement, 73 of whom are girls (35%). The current total monthly cost for all out of home placements is \$721,480, with individual program costs ranging from \$484 per month for youths placed with relatives to \$4,699 per month for residential treatment programs such as the Colorado/Excelsior program and \$5,013 for sub acute care (Willow Creek).

Typically, San Francisco youths in placement require a high level of treatment. However, few appropriate local options exist. Youths running from placement continues to be a serious problem and many youth receive multiple placements. The Probation Department reports that residential and/or substance abuse treatment services for youths in the City are severely inadequate and, for the most part, non-existent. Most youths are sent out of county or out of State for residential care or

treatment. (For example, to Colorado for girls, to Pennsylvania for boys, and within California to Thunder Road (Alameda) or Our House (Napa)). The Probation Department currently uses 76 different placement facilities (group homes, foster care, treatment programs) of which nine are in San Francisco County, 63 are in other counties in California, and four are out of State. For youth in foster care the vast majority are placed with a relative (in one recent month, of the 32 youths in foster care, 24 were placed with a relative and only eight in a traditional foster home).

The Community Service Program is for youths with court orders to complete community service hours, or youth referred from the Diversion Unit, or referred by Traffic Court. Job sites are provided by SLUG and by the SFUSD Landscaping Department. From July through December 1996, 283 youths were referred for community service and 130 youth completed their assigned hours (46%). This reduction was down from a 65% completion rate in the previous six month period.

3. Probation Contracted Community-Based Services

The Probation Department Community Programs Division contracts with community-based organizations for a range of youth services. In 1996-97, the Probation Department allocated slightly over \$1.2 million for these services (see Section III Community Resource Guide). The following is a summary of services and providers:

The Potrero Hill Neighborhood House (Omega Boys Club) provides group counseling for youth in juvenile detention facilities (estimated 50 youths). The Ella Hill Hutch Community Center operates a mentorship program for boys and girls that involves offenders in community service (32 youths). The YWCA of San Francisco/Marin/San Mateo operates a girls mentorship program that provides counseling for delinquent girls (24 girls). The S.F. Boys and Girls Home provides pre-placement shelter (8-10 boys). Youth Advocates, Inc. provides a status offender program including shelter, medical assessment, and case management for runaways and truants (700-1,600 youths). Bayview Hunters Point Foundation also provides a home detention program for pre-adjudicated youth (20 youths).

Juvenile Probation is allocating of \$1.2 million in FY 1998-99 (annual awards up to \$100,000 potentially available until the year 2003) in family-focused community-based services under Temporary Assistance to Needy Families (TANF). Contracts will soon be entered into with community programs to provide the structure, support and supervision needed to keep youth from involvement in criminal activity and further juvenile delinquency. Program services will address the following priority areas: Early prevention; Services to girls; Education; Culturally-appropriate services; Family support and advocacy; and Employment and job placement.

4. Challenge Grant I Projects

The Challenge Grant I Projects which focus on a range of interventions in the lives of youth, and in responding to juvenile crime, are the *Community Assessment and Referral Center* (CARC), and the *Life Learning Academy* (Project updates detailed above).

5. Community-Based Programs

As discussed above, community-based programs are described in detail in Appendix 3, below.

6. City/County Programs

Public Defender's Office:

The current San Francisco Public Defender and his staff have been working on juvenile justice issues in San Francisco for many years. He has been central to the work of the Coordinating Council because of his experience, and has personally visited the facilities and programs serving youthful offenders, and made numerous recommendations for their improvement. The Public Defender also has a full time social worker who provides an alternative treatment plan for some cases. The current social worker has worked with San Francisco juveniles for 17 years. She carries approximately 15 cases on a continuous basis and stays in touch with numbers of the youths who have been on her caseload. Her knowledge was very helpful to the Action Plan.

The Public Defender allocated staff to the development of the Community Assessment and Referral Center and to development of service options. Interviews with staff from the Public Defender's Office indicated a need for service based dispositional options; staff provided information on some successful collaborative efforts.

Disposition case advocacy by non legal experts acting on behalf of youthful offenders at disposition hearings outside the probation system has been successful in promoting the use of less restrictive options in San Francisco.

Case advocacy was first introduced in San Francisco in 1979 when two social workers from the Public Defender's Office began presenting disposition reports for youths recommended for CYA commitments. During the five-year period from 1981 through 1985, San Francisco's CYA commitment rates as measured by youths per 100,000 declined by 11%. There was also a decline in the number of youths waived to the adult court. The Center on Juvenile and Criminal Justice began in 1986 to provide private disposition reports for CYA-recommended youths to court-appointed, non public defender, juvenile defense attorneys. The efforts of the Public Defender and CJCJ were strengthened in 1987 when the Omega Boys Club began appearing in court on behalf of neighborhood youths. Along with its after-school motivational and tutorial programs, the Omega Boys Club provides peer counseling for youths confined in Juvenile Hall. The combined efforts of the Public Defender's Office, CJCJ's defense-based disposition reports, and the Omega Boys Club contributed to a 58% drop in San Francisco's CYA commitments when measured by youths per 100,000. Defense based sentencing reports are individualized and more detailed about each defendant's background and includes a rehabilitative plan that identifies specific alternative dispositions. Acceptance rates of the public defenders' case advocates recommendations measured in 1987 - 1990 were slightly over 75%. If the social worker agrees with the probation officer's recommendation, she will not offer an alternative disposition plan.

District Attorney's Office:

The District Attorney's Office has five attorneys assigned to prosecute delinquency petitions. The District Attorney in San Francisco has been an active participant in the Coordinating Council. He is committed to the collaborative process and has allocated significant funds and personnel to the implementation of the Local Action Plan. As part of his commitment his office will now take over the handling of all cases of juvenile probation violations (from the City Attorney's Office) so that attorneys familiar with each case will handle those violations. An attorney assigned to this unit devotes full time to working on the implementation of Local Action Plan programs with District Attorney involvement. Another program to which the District Attorney has devoted resources to is the Safe Corridor program. Advocates in the District Attorney's Office who have been working in victim-witness programs will do outreach work in the Mission Corridor areas identified as a high priority area requiring immediate public safety intervention. This program is described in another section of this Plan. The District Attorney will also be an active participant in programs offered for youth after school. For example, the District Attorney is sponsoring a Mock Trial competition in six local middle schools; 24 Assistant District Attorneys are serving as coaches and mentors to mock trial teams. The District Attorney has also committed staff to help implement and operate the Individual Assessment Center and the Safe Haven. A former boxing champion, he has committed to developing a program for youths.

The Court, the District Attorney's Office and the Public Defender's Office have been operating a Juvenile Drug Court Program since September 1997. The program is treatment based to intervene in the cycle of drug/alcohol use, dropping out of school and criminal activity. Juvenile Drug Court is an attempt to reach minors at earlier ages in more meaningful ways about the impact of drugs on their lives

Department of Public Health (Mental Health and Substance Abuse):

An estimated 300 Child, Youth and Family Services (CYFS) clients are in mental health or substance abuse programs as a condition of probation or parole from Juvenile Hall, Log Cabin or CYA. Child Crisis Services have been expanded to provide back up on weekends and evenings when community-based services are not available. Child Crisis Bridge Services also provide outreach to youth identified at Juvenile Hall as needing wrap around services to maintain connection with community-based treatment. Child, Youth, and Family Services is also involved with case conferencing for youth at Juvenile Hall and are engaged in family preservation and emergency foster care activities. Among mental health and substance abuse services provided or funded by Child, Youth, and Family Services are the following:

Family Mosaic Project: Family Mosaic in San Francisco was one of eight national demonstration sites funded through the Robert Wood Johnson Foundation Mental Health Services Program for Youth Initiative. A capitation contract with the California Department of Health allows Family Mosaic to enroll seriously emotionally disturbed children who are Medi-Cal recipients in an array of mental health and wrap around services. Family Mosaic had served approximately 600 families from 1990-1997. Admission criteria include the child being seriously

emotionally troubled, between the ages of three and 18, and in imminent risk of out-of-home placement or already in out-of-home placement. Once enrolled, children receive a full battery of assessments upon which a plan of care is developed by the family and the client's advocate. Plans of care address mental and physical health issues, education, recreation, and family support. It is the advocate's responsibility to access, broker, authorize payment for, and coordinate wrap around services to the child and family. Services may include psychotherapy, day treatment, tutoring, in-home respite care, mentoring, family preservation, family therapy and mediation, health education, shelter, and/or medical support.

Family Mosaic has four teams of advocates (case managers), each of which serves 60-75 clients and their families. Two teams are linked to Juvenile Probation, a third served court dependents removed or at-risk of removal from the home due to abuse or neglect, and the fourth services families with the most psychiatrically acute clients suffering from affective or psychotic disorders. Family Mosaic also has on-site staff from San Francisco Unified School District, Juvenile Probation, and the County Mental Health. Liaisons with AB 3632 staff are also on-site to consult regarding mental health assessment and placements. The medical director is a child psychiatrist, and a clinical psychologist is on staff.

Preliminary outcome studies suggest that children enrolled in Family Mosaic — including Juvenile Probation clients — for one year show a decrease in hospitalizations and incarcerations accompanied by an increase in school attendance and performance. Family Mosaic served 583 children and youth from 1991 through 1995. Of them, 33.1% had committed misdemeanor felony offenses before, during, or subsequent to program involvement. On average, offending children and youth were served by Family Mosaic for 15 months. The average length of time since discharge among offending youth is 22.7 months. The average age of first offense for youth eight through 18 was 13.1 years old. Offending children and youth served by Family Mosaic committed more than 854 violations between Jan. 1, 1986 and Jan. 1, 1996. Of these offenses, 45.5% were misdemeanors and 54.5% were felonies. Just under 25% of the youth committed just over half of the offenses. As of Jan. 1, 1996, 120 youths had been out of the program for periods of time ranging from a few days up to three years. Of these post-service youths, 46.7% had committed no further offenses. This is a recidivism rate of 53.5%, which compares favorably with the national average of 70% recidivism among juvenile offenders generally. More than 62% (N=62) of these offending youth who were at least one year post-service did not commit a further offense during the first year following services. This a recidivism rate of 37.8% for the first year following service. Nearly half of first year recidivist youth (N=15) re-offended just once in the first year post-service. For youth with at least one year since discharge (N=82), the average number of pre-service offenses was 1.23 per youth; average post-service offenses is .74 per youth. This is a statistically significant program effect that suggests Family Mosaic is able to reduce the pre-service vs. post-service rate of offending by 40%. Misdemeanor offenses declined from an average of .43 per youth to .38, and felony offenses declined from an average of .72 offenses per youth to .39 (a 46% reduction). The program impact on the commission of felony offenses is statistically significant. In a Parent Satisfaction

Survey conducted in 1994, parents of 93% of children with a disruptive disorder were satisfied with Family Mosaic's coordination of their child's care.

In Partnership with Juvenile Justice: Juvenile Sex Offender Treatment Program (JSO) provides a two-year program for youth ages nine through 18 who have been arrested or have had a petition sustained for a first-time sexual offense which did not involve physical force. Program staff include a clinical nurse specialist, mental health therapist, social worker, and counseling interns. Participating youth are assigned to probation officers who specialize in working with sex offenders. JSO provides early intervention with young sex offenders before their aggressive behavior becomes ingrained into their adult personalities. The program includes four components: psycho-educational group, group treatment, parents psycho-educational group, and family therapy. Program staff provide assessments of offenders with recently sustained petitions for sex offenses. These assessments guide the probation officer in development of a dispositional plan that includes appropriate treatment. Aftercare counseling services to youth returning from out of home placement are also provided. A more voluntary group for children ages eight to 11, who display inappropriate sexual behaviors and their families was added recently. Offenders participate in the program either by court order or through referrals from the Department of Human Services or Probation. Private referrals are also now accepted. In the past nine years, 75 youths have completed the JSO Program, and staff know of only three youths who have committed new sex offenses.

In Partnership with Community-Based Organizations:

Larkin Street Youth Center, Inc.

LSYC offers year-round, 24 hours a day prevention, intervention, and treatment services including a medical center on site, case management, and family intervention through two points of entry. Young people can come to get their basic needs met for food, a shower, and clothing at its drop-in center. Larkin Street also has a 20-bed emergency shelter and operates Avenues to Independence, a transitional living program that serves young people, ages 18 to 23, who are no longer eligible for youth services. Larkin Street offers a vocational training program for youths who are eligible to work, a Foster Family Program for 25 youth ages 12 to 17, and a respite volunteer service for the foster parents. In collaboration with the San Francisco Unified School District, Larkin Street offers an accredited school for youths ages 12 to 17. Larkin Street offers an after care program, serving a maximum of 50 people at any one time through scattered site housing. Operating with an annual budget of \$4.5 million for 1996-7, the organization serves an estimated 1,800 clients per year, currently serving an estimated 100 to 120 clients on a daily basis. A more thorough discussion of Larkin Street Youth Center is located in Section III, *Resource Guide* in this report.

Youth Advocates

YA is currently under contract with the San Francisco Juvenile Probation Department to implement Status Offender Intake and Shelter Services (SOISS), a comprehensive, community-based shelter and counseling system for all youth who

exhibit status offender behavior and their families/guardians. YA is also required to administer the 601 court wardship process including preparing the court affidavit, working with the family, coordinating with the Probation Officer contract liaison, providing interim care pending long-term placement, and assisting in identifying a long-term placement. Other contractual services include a 24-hour hotline for information, crisis intervention and access to community resources; a 24-hour central receiving shelter a family counseling unit for both crisis and reunification counseling; and medical care. The combined annual budget for all YA services is \$1.6 million to serve at least 1600 clients per year. A more thorough discussion of Youth Advocates is located in the *Resource Guide* in this report.

Men Overcoming Violence

MOVE provides counseling for straight and gay San Francisco Juvenile Probation clients convicted of domestic violence crimes. The prevention component of MOVE's juvenile program includes peer education in schools, weekly presentations in Juvenile Hall to 30 youths, a mentorship component, and a support group. MOVE's clinical component serves young men ages 15 through 21 with a 52-week program. Counseling groups range from eight to 12 members and meet weekly for two hours. Individual counseling is also available. With the addition of a recent federal grant, the program will have an annual budget of \$300,000 and expects to double the size of its juvenile component.

Education

While the Superintendent and his top assistants are committed to working closely with others to improve all aspects of education for the at-risk population and those in detention, the system is unwieldy and needs intensive interaction to revamp it. The Superintendent has been an active participant in the coordinating council and has offered schools as in-kind resources for numerous programs as needed. He has spearheaded the Beacon Schools in San Francisco and similarly encourages after-school utilization of his facilities.

The San Francisco Unified School District (SFUSD) operates two court schools for youth in juvenile detention facilities: the Woodside Learning Center at Juvenile Hall and the school program at Log Cabin. There are 12 teacher positions assigned to the Woodside Learning Center. Bi-lingual staff are on-site for youth who are Spanish speaking only.² The school day is from 8:50 PM to 2:50 AM and youths receive instruction in five core academic areas, physical education and a life skills curriculum. An educational assessment to determine current grade level is completed for youths who stay in Juvenile Hall at least three days.³ Log Cabin School has the same school day and there are seven teachers assigned to the facility. No structured vocational programs currently exist at Log Cabin (vocational programs were stopped in September, 1996).

² Includes five basic teachers, one Spanish bi-lingual teacher, one assessment teacher-counselor, one computer teacher, one P.E. teacher, and three special education teachers.

³ A 1987 Educational Program Assessment (by Robert B. Rutherford Jr., Ph.D.) described the WRAT assessment tool as a "notoriously unreliable instrument." According to the information provided for the current study this assessment instrument is still used.

The Probation Department vocational program provides for job training and placement services for youth on Probation; pre-vocational education to youths in detention, and coordinates the Focus program (See Community Resource Guide).

The SFUSD Pupil Services Division oversees community day schools for youth who are expelled, or referred by Probation, or have severe truancy or behavioral problems in traditional school settings. Over 650 students attend the 16 community day schools that are comprised of the Pupil Services Academy (1950 Mission), and 12 agency schools located at community based agencies throughout the City. The school day at the Pupil Services Academy (1950 Mission) is only a half day from 8:30 AM. to 12:00 PM. No other activities are available in the afternoon for the 85 youths enrolled at the 1950 Mission site. The Pupil Services Dropout Prevention Office accepts referrals from K-12 schools of youth with truancy problems that the youth's home school could not address. During 1995-96, the Dropout Prevention Office met with 3,108 students who were referred due to truancy/attendance problems at their home school. The District has been reviewing policies and procedures around truancy and working to develop new ways of addressing this issue, including dedicating more staff at school sites to work with youths who are truant.

The District also has numerous special programs that target at-risk youths such as the African American and Latino Retention Projects, Evening High School, School to Work program, and the Conflict Resolution Program.

C. Supervision

1. Juvenile Probation Services

Juvenile Probation Field Supervision Unit Supervision consists of Probation Officers with an average caseload of 70 youth. As of March 1997, there are approximately 400 youth on formal supervision in San Francisco. Informal supervision is an alternative for less serious offenders. An estimated 80-85 youth are currently on informal supervision.

The Serious Offender Program (SOP) focuses on repeat violent offenders who have a sustained felony petition for a violent crime or act involving a firearm. Youths are placed under intensive supervision and referred to community-based organizations for other assistance. Probation staff work with youths primarily in directing them to obey court conditions and remain in school. As of December 1996, 85 youths were in the Serious Offender Program.

Beginning in February 1997, youths returning from placement are supervised by a placement supervision unit, consisting of one Probation Officer with a caseload of 15 youths. The Officer provides intensive supervision to youths for the first 90 days after returning from placement, including connecting youths to the appropriate school setting and other community agencies. After this initial period, youths are placed on regular probation supervision.

2. Probation Contracted Community-Based Services

The following organizations provide case management services for youth placed on intensive home supervision: Potrero Hill Neighborhood House (16-20 youths); Morrisania West Inc. (16-20 youths); Vietnamese Youth Development Center ((8-12 youths); Real Alternatives Program, Inc. (RAP) (16-20 youths); Office of Samoan Affairs (16-20 youths); Bayview-Hunters Point Foundation (16-20 youths); and, Chinatown Youth Center (16-20 youths).

Detention Diversion Advocacy Project (DDAP), of the Center on Juvenile and Criminal Justice (CJCJ) has recently entered into a contract with Juvenile Probation to implement a Placement Diversion Program. DDAP's Placement Diversion Program will provide comprehensive case management services to youth who would otherwise be committed to out-of-home placement. It is a six month program providing of intensive case management, supervision and wraparound services.

3. Challenge Grant I Projects

Life learning Residential Center for Girls (Project updates detailed above) is designed as an intensive supervised intervention for girls in the juvenile justice system.

4. Community-Based Programs

Through its Detention Diversion Advocacy Project (DDAP), the Center on Juvenile and Criminal Justice (CJCJ) provides intensive levels of community-based intervention and monitoring services as an alternative detention for pre-adjudicated, non-violent offenders ages 12-17. Funding for DDAP is provided through the Mayor's Office of Children, Youth and their Families. DDAP maintains a caseload of 40 youths. (See Section III Community Resource Guide.)

D. Treatment

1. City/County Programs

Department of Public Health (Mental Health and Substance Abuse):

Children, Youth, and Family Services in Partnership with Juvenile Justice: The Special Programs for Youth (SPY) provides primary care for juvenile offenders ages 12-18 at Juvenile Hall, Log Cabin, Larkin Street Youth Center and Youth Advocates' Cole Street Clinic. Mental health and medical staff (approximately 40) are assigned to Juvenile Hall and Log Cabin. Comprehensive health services at Juvenile Hall are provided by a staff that includes nurses, nurse practitioners, pediatricians, psychiatrists, psychologists, social workers, case managers, health educators, etc. At Juvenile Hall, clients are assessed by a nurse within two hours of admission. Information on prior mental health treatment, medications, substance abuse, suicide, and primary health issues is collected. Youths with significant medical issues diagnosed in Juvenile Hall are provided case management services when they are released. Licensed mental health staff carry outpatient caseloads of four to five of the most acute or amenable to treatment juveniles. Juveniles in need of inpatient psychiatric care are transported to San Francisco General Hospital. Juveniles released from Log Cabin are referred to the Detention Diversion Advocacy Project or other community-based services when released. Lack of parental involvement hinders the effectiveness of mental health services currently provided to incarcerated youths.

Also mental health staff gather information on juveniles over time, but no comprehensive assessment is conducted. As many as three separate plans may be created for one youth. Since they are not compared, some are in conflict. Community mental health services are provided by contracted CBOs whose staff have no access to mental health file information due to restrictions on information. Needed are assessments on criminal history, family, school, and mental health and plans for interventions that are specific to the issues of individual youths. Also needed is coordination of mental health care in custody with mental health care in the community for individual youths.

Children, Youth, and Family Services in Partnership with San Francisco Unified School District: San Francisco City and County's Child, Youth, and Family Services has developed a multi-faceted partnership with San Francisco Unified School District to serve families in schools, clinics, and health care settings. Joint mental health and school district programs for seriously emotional disturbed students completed three years of operation in June 1996, by which time teachers were reporting improved classroom behaviors. One-third of the 25 schools involved with the partnership reported fewer referrals to the principals' offices. Suspensions decreased, and the percentage of mainstreamed time increased.

Mental health treatment was provided to 3362 students in 1994-5 and consultation and early intervention services to an additional 3000. Since implementation of AB 3632 in 1986, there have been 4812 referrals from San Francisco schools. Slightly more than 1000 AB 3632 children received a total of \$3.8 million in outpatient and day treatment services in 1994-5. During that year alone, 499 children were referred for AB 3632 by the school district; 234 were found eligible; and 178 received outpatient treatment, 17 on-site services, 25 day treatment, and nine residential care. More than 1000 children in kindergarten through third grade at 17 schools received special attention through the Primary Intervention Program at a cost of \$400,000, and Mental Health School-Based Children's Amendment Programs at six schools reached 680 children at a cost of \$220,000. Healthy Start mental health activities at ten school sites include individual and family counseling, support groups, parenting support, conflict management, and staff wellness. Prior to Healthy Start from September 1991 to March 1992, participating schools reported 1143 referrals for discipline. For the entire 1992-93 school year, first discipline referrals dropped to 509, and suspensions fell from 20 to three in the same period.

Mental health services are also available to students at Balboa High School and Mission High School through on-campus teen health centers. Services include individual and family counseling, drug and alcohol education and support groups, and referrals and crisis intervention involving suicide and abuse. Primary health issues are also addressed in these centers including issues around STD and AIDS prevention and teen pregnancy. Primary health care including family planning and prenatal care are also available to youth involved with the juvenile justice system through San Francisco General Hospital, operated by the County Department of Public Health.

E. Incarceration

1. Juvenile Probation Facility Services

Incarcerated youth in San Francisco are currently detained at the Youth Guidance Center, Log Cabin Ranch, or sent to the California Youth Authority.

Numbers of people and groups come into Juvenile Hall to offer programs that include many types of services, such as NA/AA and religious classes, but there is no clear plan for what services should be available and who should be providing them. The following description of facility services include those currently available at Log Cabin, and Mental Health and school programs in both detention facilities.

Log Cabin programs (provided by LCRS staff) that are mandatory for all youth and meet weekly include Anger Management classes, Conflict Resolution Training, Survival Skills Training, Family Reunification, Teen Father Program (for youth with children or soon to be fathers), and Commitment Offense Group. The Substance Abuse Program at Log Cabin provides counseling, intervention, and relapse prevention to residents with drug and alcohol problems. The Omega Boys Club provides counseling groups on a weekly basis. No structured vocational programs are currently offered at Log Cabin. Other programs that were formally contracted out to community providers, which include vocational instructors and Life Skills Training Program, stopped September, 1996 while new administrative and fiscal procedures are implemented.

III. Present Role of Collaborations and/or Partners

As with the previous plan, ultimate oversight of the current plan will rest with the Juvenile Justice Coordinating Council. Membership on the Council includes:

- Kimiko Burton, Director, Mayor's Criminal Justice Council
- Jessie Williams, Chief, Juvenile Probation Department
- Fred Lau, Chief, San Francisco Police Department
- Terence Hallinan, District Attorney
- Jeff Brown, Public Defender
- Director, Department of Public Health
- Will Lightbourne, Director, Department of Human Services
- Waldemar Rojas, Superintendent, San Francisco Unified School District
- Member, Board of Supervisors
- Flynn Bradley, Forensic Services (Drug and Alcohol)

Given the nature of the target population of Project Impact, the San Francisco System of Care Coordinating Council will share oversight of the implementation of this project. The System of Care Coordinating Council is a broad-based collaborative including representation from the major public agencies serving children and youth, many non-profit youth serving organizations, and many consumers and family members. The System of Care partially funds two consumer support organizations who have designated seats on the council. Current council membership includes:

- Director, Children's Mental Health Services
- Chief, Juvenile Probation
- Director, Children's Services, Department of Human Services
- Director, Public Health
- Director of Special Education, San Francisco Unified School District
- Twelve non-profit organizations
- Six consumer representatives

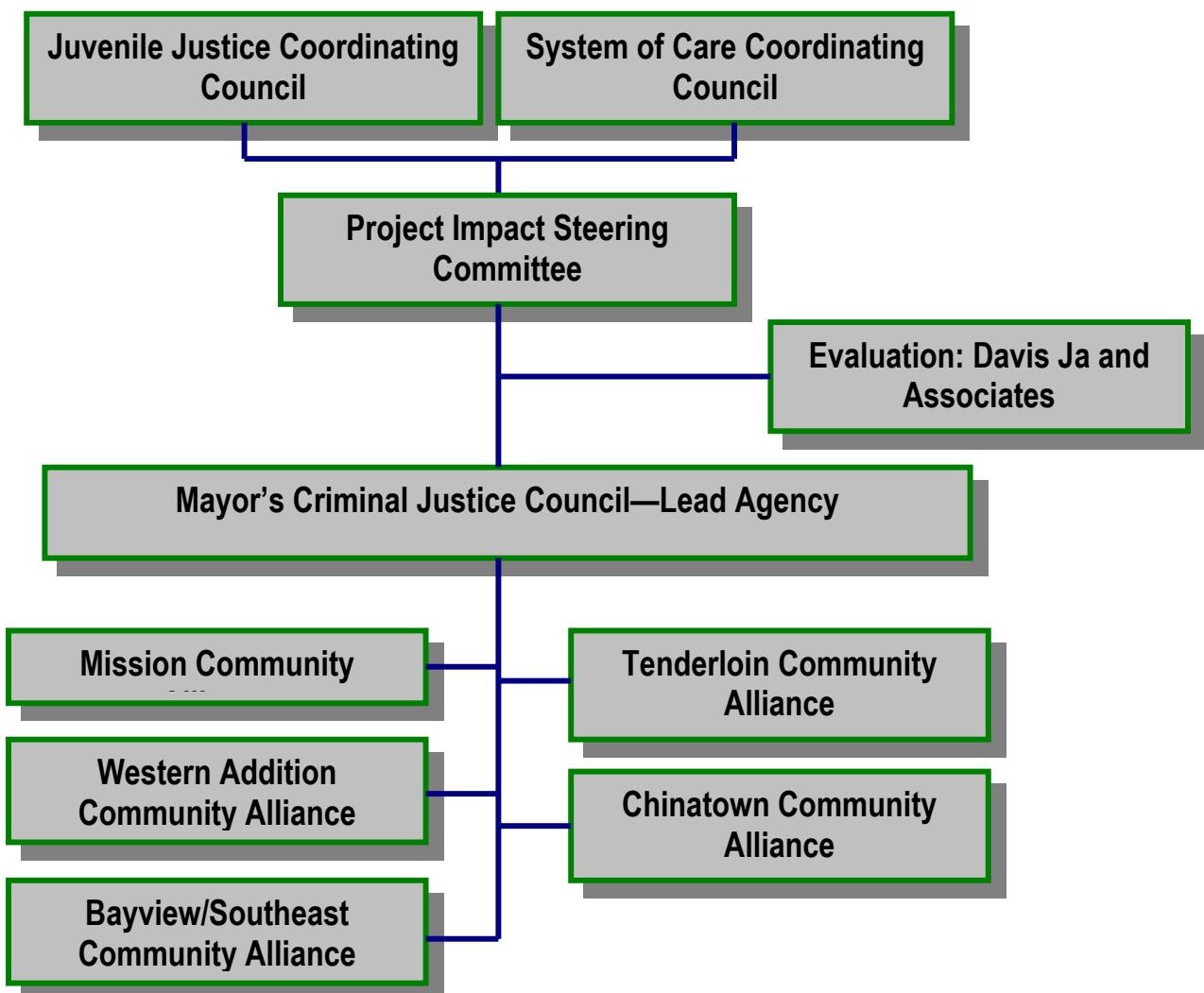
The Juvenile Justice Coordinating Council and the System of Care Council have agreed to establish a joint Steering Committee to oversee this project.

Each of the five principal target areas will have a Community Alliance—a collaborative of community-based providers who will coordinate supervision for a caseload of approximately thirty youth per alliance. Lead agencies for the Alliances are:

- Mission: Instituto Familiar de la Raza;

- Bayview/Southeast San Francisco: Family Mosaic Program and Detention Diversion Advocacy Program;
- Tenderloin/North of Market: Asian American Recovery Services (AARS) and Richmond Area Multi-Services, Inc. (RAMS);
- Chinatown: Asian American Recovery Services (AARS) and Richmond Area Multi-Services, Inc. (RAMS);
- Western Addition: Lead agency to be selected through RFP.

The overall collaborative structure is presented below.



IV. Strengths and Needs of the Current System

A. Target Population Assessment

1. Demographics

The City and County of San Francisco is located on the tip of a peninsula surrounded by the Pacific Ocean and the San Francisco Bay. It is the financial and cultural core of a metropolitan area of five and a half million people. The City covers an area of approximately 45 square miles and had a population of 759,900 in 1995. San Francisco is the only city-county government in California.

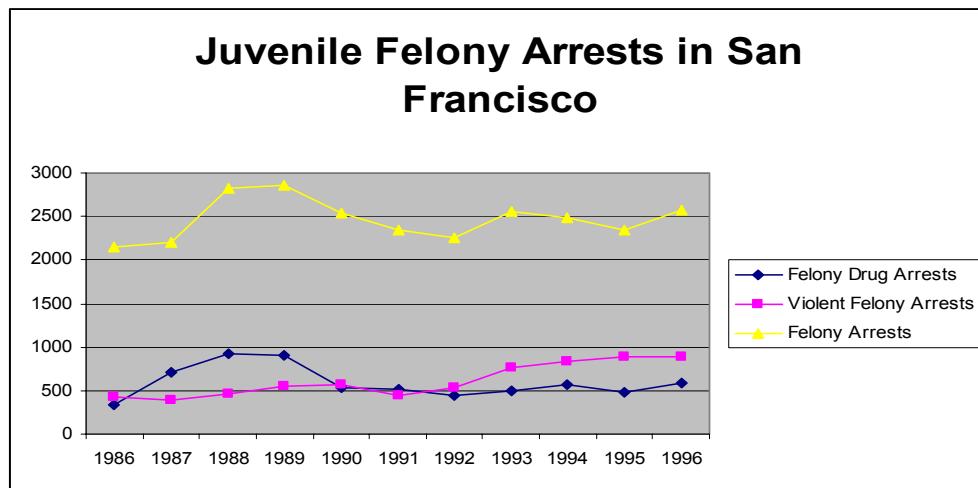
In 1994, there were 124,612 children between the ages of 0 -18 in San Francisco or 17 percent of the total population. For the child population, 29 percent (36,115) were Caucasian, 17 percent African-American (20,950), 19 percent Latino (23,473), and 35 percent Asian/Other (44,074). From 1995 through 2010, the youth crime prone age group in San Francisco (12-17) will increase substantially from 39,061 to 62,014. This increase poses a clear challenge to San Francisco to develop new and better ways to address the problem of juvenile crime.

2. Juvenile Arrests

Alarming increases in juvenile violent crime have occurred while the population of juveniles ages 12-17 was decreasing. The total number of felony arrests among juveniles in San Francisco increased from 1,950 in 1985 to 2,566 in 1996. Over the same period, arrests for violent offenses increased by 121 percent from 400 in 1984 to 887 in 1996 (see Table 1: Arrest Data and Chart 2: Violent Felony Offenses). In 1995, there were 545 robberies and 315 assaults compared with 213 and 252 respectively, in 1986. In 1993 there were 34 homicides involving juveniles; a 100 percent increase over the previous high of 17 in 1991 and dramatically higher than the total of seven homicides in 1986. Based on a 1996 study of juvenile arrests and detention, San Francisco has the second highest juvenile arrest rate (86 per 1000) of the eight counties in California with the highest levels of serious crime.

3. Juvenile Probation

Overall, probation referrals for law violations are down from 7,091 in 1986 to 6,038 in 1996. However, the percentage of youth referred for law violations that are placed on supervision has increased from 17% in 1986 to 20% in 1995, resulting in roughly the same number of youth on Probation.



4. Detention Facilities

Juvenile institutions have been operating at or above capacity. In 1996, the average daily population (ADP) at the Juvenile Hall reached a ten year high of 129. For the same year, the Juvenile Hall operated at capacity 98% of the time. From 1986 through 1996, the average length of stay of 12 days in 1996 was the highest for any year excluding 1992 (13 days). In 1995, ADP at Log Cabin was 64, the highest rate in the last five years (see Table 3).

Table 1: Summary of Dispositions⁴

Custody Services	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996
% of Referrals Detained	43	50	56	53	49	51	51	53	56	56
Juvenile Hall Bookings	3080	3715	3652	3128	2866	2707	2974	3035	3000	3400
Juvenile Hall ALS	9	10	11	11	11	13	11	12	12	12
Juvenile Hall ADP	107	119	123	109	93	97	115	127	112	129
Log Cabin Admissions	127	155	158	104	79	115	106	99	96	65
Log Cabin ADP	51	65	57	41	30	40	38	40	45	64
Out of Home Placement	220	264	295	308	262	244	276	257	181	191
Remand to Adult Court	3	0	6	14	8	7	12	12	10	3
CYA Dispositions	29	28	24	22	26	20	32	27	26	27

5. Other Risk Factors

Other risk factors for juvenile delinquency are also evident in San Francisco. Nearly 50 percent of the children in school come from low-income families, one of the highest

⁴ San Francisco Probation Department, Annual Report, 1990-1995.

rates in the State. The high school drop out rate from 1991 through 1994 was 6.9 percent, the second highest drop out rate in the State and far above the State average for the same time of 5.0. In 1993-94, only slightly over half of the public high school graduates were prepared for college. In addition, from 1991-93, San Francisco ranked 19th in the State for the percentage of births that received late or no prenatal care. The rate of children in foster care from 1991-94 was 28.5 per 1,000 children, far exceeding the Statewide average of 9.4. San Francisco ranked 44th among counties Statewide in the number of youth in foster care

Adolescent females in the juvenile justice system represent a rapidly increasing population with often unmet needs. The police department reports that a significantly higher number of girls are heavily involved in youth gangs. Research indicates that 75% to 95% of the girls detained in Juvenile Hall have been sexually abuse or victims rape. Furthermore, because there are few options available, girls spend more time in Juvenile Hall than boys. Other risk factors of school failure, drug use, and an unstable living situation are more common also among girls.

6. *San Francisco's Serious and Chronic Juvenile Offenders: The Orange County Eight Percent Solution Revisited*

As described above, San Francisco Children's Mental Health Services is developing a Client Information System that will link records from CMHS, Juvenile Probation, and the Department of Human Services (and will eventually be expanded to include education and other data). In the first phase of this process, the Juvenile Probation Department extracted from its MIS system the complete case histories of all youth referred to the department in 1996, 1997, and 1998. This allowed the planning team for the 1999 Local Action Plan to have a complete look at the prior court involvement of each youth (in some cases extending into the mid-1980's), plus a 12-35 month prospective look for those youth who were referred in 1996 and 1997.

For the purpose of this first analysis, we will focus on those youth who were referred to the Department in 1996—looking both at their histories back to their first referral, and at their future involvement with the Department through the end of 1998.

In 1996, the Juvenile Probation Department had 3360 different individuals referred to it as the result of an arrest. For nearly over half of these youth, this was the first referral in their lives. The remaining youth had had between 1 and 30 prior referrals to the Probation Department, for a total of 6,535 prior referrals (an average of 4.2 prior referrals for each youth who had a prior referral). Nine percent of the total referral population—those with seven or more prior referrals—had *over half* of all the prior referrals for all youth sent to Probation in 1996. Clearly, there is a very small proportion of the total juvenile probation population to whom the juvenile justice system has devoted a large amount of resources without substantial crime control effects. Table 4, below, provides a profile of the prior referral history of youth referred in 1996.

Table 4: Pre-1996 Contact History of Youth Referred to Probation for Criminal Violations in 1996

Number of Prior Referrals	Number of Youth in this category	Percent this category comprises of total population	Total number of pre-1996 contacts for youth in this category	Percentage of pre-1996 contacts comprised by this category	Average age at first referral
0	1802	53.6%	0	0	15.2
1-2	717	21.4%	982	15.0	12.9
3-4	326	9.7%	1095	16.8	11.3
5-6	203	6.0%	1101	16.8	11.4
7 or more	312	9.3%	3357	54.4	10.7
TOTAL	3360	100.0	6535	100.0	

This table illustrates that nine percent of the 1996 cases accounted for over half of all prior referrals for this referral cohort. And, it is clear that the earlier a youth entered the juvenile justice system, the more extended and serious would be their court history.

Next, we looked at the subsequent twelve months after each youth had his/her initial 1996 referral. For this analysis, we excluded youths who were 18 years old by 1998, since these youth would “graduate” to the adult system with subsequent offenses. Of the 2024 youth who met this age criterion, 869—about 43%—had no new offenses in the next two years. In the terms defined in the outcome objectives of the Challenge Grant legislation, these were system successes. The remaining youth had 5840 new offenses serious enough to warrant a new contact with Juvenile Probation—an average of 5.1 per youth. The 10% of the group who were the most chronic recidivists had an average of 11.0 additional offenses *within 24 months of their first 1996 referral*.

Since most of these high-offending youths were confined for at least some portion of those two years, these numbers represent a furious rate of criminal activity. Further, these data on new referrals do not count violations of probation rules that did not result in new petitions being filed. Moreover, many of these youngsters most probably committed additional crimes for which they were not apprehended; clearly these youth clearly manifest an extraordinary level of criminal behavior and exert a major impact on the youth crime problem in San Francisco County.

**Table 5: Rates of Re-offending of Youth Referred to Probation in 1996
(excluding youth who would be 18 years of age prior to January 1, 1998)**

Number of subsequent offenses within 12 mos. of first 1995 referral	Number of Youth in this category	Percentage this category comprises of total referral population	Total number of additional referrals for youth in this category	Percentage of total re-offenses comprised by this category	Average age at first referral
0	869	43.1	0	0	13.8
1-2	487	24.2	1149	19.6	13.0
3-4	268	13.3	1189	20.4	12.4
5-6	173	8.6	1119	19.2	12.1
7 or more	217	10.8	2383	40.8	11.6
TOTAL	2014	100.0	5840	100.0	

As these analyses show, there is a large class of juveniles who begin their offending at an early age and who quickly reach a point at which the sanctions of the juvenile justice system appear to no longer deter them. This population is approximately—but somewhat larger than—the “8 percent problem” found in Orange County’s famous analysis.

These findings suggest a need to fundamentally expand and strengthen the array of interventions that can be targeted at these very high risk youths. Further, it is crucial that we intervene early enough to make a significant difference in their careers in crime. It is vital to recall that virtually all the serious and chronic offenders have been through the juvenile justice system many times before. Most of the chronic and serious offenders passed through traditional, field supervision, experienced some placements and were securely detained for some period.

Traditional juvenile justice planning has proceeded with just two arrows in its quiver: for most youth, it would find a level of sanction that would seek to deter their further re-offending. Those youth who remained incorrigible would be incarcerated—both to protect the public from their behavior, and to provide a deterrent example to those youth who had not yet reached the point of criminality. However, this two dimensional approach clearly will not work in San Francisco County on purely fiscal grounds, even if we were willing to accept its moral and social implications. A strategy of controlling the dangerous 11% percent in San Francisco County through a pure incapacitation approach would cost far more too much and would offer little or no hope to reach the next generation of potentially high risk youngsters. For example, incarcerating roughly 217 youth per age-cohort for whom lesser sanctions have failed from approximately age 14 to age 18 (even assuming that these youth could somehow be released rehabilitated at age 18), at a annual cost per youth of \$87,600 (the Youth Guidance Center cost per bed) would total \$76 million annually, excluding the capital costs of expanding YGC to five

times its present size. Clearly, we must devise new, more effective ways to reach these youth to reclaim them from habitual criminality.

7. Risk Profile of San Francisco's Juvenile Offenders

A profile study was completed of youth who were in custody in County juvenile detention facilities (Juvenile Hall and Log Cabin Ranch School) on October 22, 1996. Data was collected on a total of 164 youths: the total Juvenile Hall population of 134 youths (108 boys and 26 girls) and a random sample of 30 youth (from a total of 50) in Log Cabin Ranch School (LCRS). Data for the profile study was collected from probation files, court records, and school assessments. The San Francisco Department of Public Health provided medical and mental health data on each youth. (See San Francisco Juvenile Justice Action Plan Source Book for Youth Profile Coding Sheet and Mental Health and Medical Youth Survey Forms.) A modified version of the Colorado Security Placement Instrument, recommended by the Office of Juvenile Justice and Delinquency Prevention in the *Guide for Implementing the Comprehensive Strategy for Serious, Violent, and Chronic Offenders*, was used to determine the appropriate level of supervision.⁵ (See San Francisco Juvenile Justice Action Plan Source Book for Juvenile Placement Instrument). The life history of each youth was reviewed by a broad range of stakeholders in the juvenile system to determine ideal placements for them. The profile is presented here by facility and a separate profile on only girls in the sample is included at the end of this section.

Youths currently in custody in San Francisco juvenile detention facilities are committing serious and violent offenses (78 %). Moreover, youths typically share a common set of risk factors that include: a perpetually unstable living situation (50 % live with someone other than a biological parent); 90% have serious school problems with 50% not being in school from dropping out or expulsion; history of substance abuse (over 70 %); and, over half (56%) come from documented crime involved families.

Fifty-two percent of the youths have at least one prior felony conviction. However, the number of sustained felony petitions understates the level of prior delinquency. Felony charges are often reduced and result in misdemeanor convictions; over 70% of the youths have at least one prior misdemeanor conviction. Furthermore, most youths have numerous prior bookings into Juvenile Hall (nearly 80 % have at least one prior booking) and repeated prior contacts with probation that have resulted in no consequence or intervention (an average of four prior contacts). For many youths, their first several referrals to Probation are counseled and closed by the Probation Department or no action is taken because the District Attorney's Office declined to file a petition, usually due to insufficient evidence or a reluctant witness.

Differences exist between the boys and girls in custody in Juvenile Hall. Girls are younger, more likely to be in out of home placement or living on their own, and more at risk of substance abuse, school failure, and teenage parenting.

⁵ The Colorado Security Instrument was modified to eliminate scoring data that was not collected in our sample (mental health out-patient care) and substitute specific questions addressed in our questionnaire (substance abuse, educational issues, mental health history).

Youths in San Francisco are experiencing circumstances that either result in a placement by a public agency (probation or DSS) or frequently are finding alternative living situations without any formal intervention. An early risk warning mechanism needs to be developed that identifies youth with these risk factors and links them to an appropriate intervention.

- Ninety percent of the youths (151) have serious school problems, dropout (37%), expulsion (13%), suspension (8%), violence (5%), truancy (24%).⁶ Information on academic status is incomplete. (No academic information is available for 43 youth - 25%). It is the policy of the San Francisco Unified School District to complete a current grade level assessment on all youth booked into Juvenile Hall who stay at least three days. This assessment is not part of Probation records. For the 121 youths with academic information, 17% (21 youths) have a special education designation, 14% (17 youths) failed all school courses at their current school, 12% read at the 3rd grade level or below, 17% (21 youths) attend a community or continuation school.⁷ Many other have learning disabilities, no high school credits, a serious emotionally disturbed designation, need ESL programs, or have been assessed as needing a non-public school setting. One youth has completed high school and two youths have received their GED. At this point, length of stay in Juvenile Hall is not considered when developing educational plans for youth. Many youth with serious offenses remain in Juvenile Hall for over a year while their cases are adjudicated (ten youths have been in Juvenile Hall for at least 100 days on our sample date). This information needs to be shared with school officials responsible for developing educational plans for youth. Profile data clearly demonstrate the need for a high quality educational approach for youth in detention geared to their length of stay.
- Fifty-six percent (92 cases) of the youth in the sample come from crime involved families. This included youths whose parent(s) were in jail or prison or had a prior criminal record or a sibling with a prior criminal conviction. (The number of youths from crime involved families is under reported due in part to the fact that in a substantial number of cases the whereabouts of one or both parents is unknown, and it is not a stated question in the reports.) Youth from crime involved families needs to be part of the early warning data that is used identify risk and provide interventions for families and youth at the earliest possible point.
- Substance abuse is an issue for nearly all the youths in custody. Seventy-two percent (72%) of the youth (118 cases) have a history of substance abuse. This figure increased to 83% for youths in Log Cabin. Profile data and interviews with Health and Probation Department staff identified the need for a medical detox for youth.
- Seventy-one percent of the youths (116 cases) have identified mental health issues, i.e., conduct disorder, in need of counseling, suicidal, on medication, depression. This data was provided by the County Health Department Special Programs for Youth (SPY). SPY could only locate mental health charts on 115 of the 164 youth in the profile. Mental health staff recorded a conduct disorder if indicated in SPY records or

⁶ In most cases youth had multiple school problems. For the figures used in this report, only the most serious issue is counted.

⁷ Only the most significant academic issue is counted for each youth.

if the youth had three or more admits to Juvenile Hall. Nine youths have prior psychiatric hospitalizations. No special in custody housing exists for youth with acute psychiatric problems. The only in-patient option for youth who require this type of care is McAuley's at St. Mary's Hospital. However, this program does not provide the long-term secure treatment setting that may be necessary for many youths. A special housing unit with mental health staffing would more effectively deliver services to this population. Youths with severe mental health needs are often extremely disruptive and require intensive staff involvement when housed with the general Juvenile Hall population.

- Profile results demonstrate that out-of-home placement (includes group homes, foster care, residential treatment facilities) is used for significant numbers of youth. On the day of our sample, 12% of the youth were awaiting placement. Thirty-seven percent (50 youths) of the youths in Juvenile Hall and 27% (8 cases) of the youths in Log Cabin have at least one prior placement. In addition, 14% (19 cases) of the youth in Juvenile Hall have at least three prior placements. (Three youth have nine prior placements and one has 14 prior placements.).

Clearly, youths running from placement is an issue to explore in detail. The numbers involved indicate a problem that goes beyond the individual youths, and requires an assessment of the placements themselves. Further, the system could be developed as a step graded system where youth start in a loosely structured program and move up to a more structured setting if they are not successful. Youth should automatically move up and down within the group home system, without involving the court, depending on what is happening with the youth. The Juvenile Justice Commission will be one of the team participants in developing this process.

- Thirty percent of the total sample (49 cases) are identified as gang involved. This figure significantly underreports the number of youth who are gang involved. This information is collected solely from Probation reports. No information on gang involvement was available for over 50 % of the youth. Probation identifies a youth as gang involved if he/she self reports gang involvement, is arrested in a gang type offense, or is involved in gang type incidents while in custody. Confidential interviews with the youths themselves indicated a significantly higher percentage of gang involvement.

The totality of problems shared by youth require programs that provide an intensive, life skills intervention. A highly structured community-based day treatment program could be an option for some who now are placed out of home. Other youth, who are a more significant risk in the community, require a long term, life skills residential program. Neither one of these programs currently exists.

The data indicates two distinct populations who come into the juvenile justice system. There are those who, with limited services, will move past their involvement with juvenile crime and into productive lives. The majority of those youths can be diverted and turned around by community-based services. We call this first group "casual" or "transitory delinquents". While these "casual delinquents" represent the highest number of juveniles involved in crime (85-92%), they are responsible for only about one quarter of the serious crime committed. The second group of youth is smaller in number -- indeed research shows it to be only 8-15% of all delinquents -- but it is this group of serious,

violent and chronic offenders, who commit about 75% of the serious juvenile crime. Unfortunately, in the majority of juvenile justice systems, these youths are not provided highly intensive services until they have reached a point in their delinquency careers where they are considered a high public safety risk and are placed in secure detention or residential care. Indeed, even in detention and/or residential care, they are often not receiving the kind of complete life-changing services they require to turn around their destructive behavior.

For the first population, "transitory delinquent youths", data shows the majority have offenses which do not require detention but need community supervision instead. We will assess, refine, and revitalize the wide range of community-based supervision programs in the county. Through a Community Assessment and Referral Center, we will target specific youths to specific programs geared to their particular needs and strengths. We will develop accountability measures for the youths and for the programs serving them. For the "transitory delinquent" youths whose situations do require out of home placements or whose crimes warrant custody, we will work to coordinate, formalize, organize and develop guidelines for the programs provided for them while they are removed from their community. Assessments of out-of-home placements, pre-approved movement between less and more structured group home programs, using the Life Learning Day Treatment Center in conjunction with them will be implemented. We will also help develop aftercare upon their release.

We are, however, concentrating our efforts on developing intensive life-changing intervention for the second target group: those youths at high risk of becoming serious, violent and chronic offenders and those who already are serious, violent and chronic offenders. Casual sporadic interventions are not sufficient for this target group. They require "surround services" which are intensive, continuous and encompassing.

There is important research on this population. For example, interestingly, the research indicates that the severity of the presenting offense does not predict whether the youth will continue on to be a serious, chronic offender. That is to say, one serious or violent offense does not predict that the youth will go on to future such offenses. Instead, there are a number of other risk factors which appear in combination, to predict multiple recidivism. For example, the Orange County Probation Department (1994) found that the chronic recidivist group averaged 3.25 problems each (such as dysfunctional families, failure in school, drugs) compared to between 1 and 1.7 problems for the "transitory delinquents" (1.74 problems for the low rate recidivist group and 1.16 problems for the non-recidivist youths). Similarly, OJJDP cites three longitudinal studies in Denver, Colorado; Rochester, New York; and Pittsburgh, Pennsylvania, which showed similar results. All three studies show that chronic, violent offenders not only engaged in multiple types of offenses, and had an early age for their first offense, but also participated in a variety of other problem behaviors such as dropping out of school, gang membership, gun ownership and gun use, teenage sexual activity, and parenthood. Children who witness and experience repeated acts of violence in the home are twice as likely to commit violent offenses themselves and the presence of additional types of problems show that multiple risk factors interacted with one another to produce higher levels of risk than just the two issues would suggest. For example, juveniles who had both delinquent friends and problem parents exhibited the highest level of involvement in

serious delinquency, far exceeding the individual effects of either peers or parents. Other research by Elliot, Huizinga and Ageton, (1985,) as well as Hawkins and Catellano, (1992), indicate as well that multiple risk factors including individual problems, family problems, and community risk factors are important indicators of those who go on to become chronic offenders.

Our own portraits of San Francisco youths in detention confirmed these multiplicity of risk factors. Thus, in light of our own information taken from the profiles of San Francisco youths in detention, as well as a review of the national literature, we are proposing three important points of entry to interrupt the cycle of chronic crime.

1. The first involvement will be at the earliest stage before the youth becomes involved in the justice system when there are enough early warning signs that this youth is at such high risk in so many areas that he or she requires strength building interventions to buffer the multiplicity of risk factors.
2. The second point of intervention will be for those early offenders who are at risk of becoming chronic offenders because of a multiplicity of risk factors in their lives. At this first or second offense stage, where the offender can be kept in the community, the intervention will focus on developing surround services: life-changing intensive personal family and community intervention. While juvenile justice models generally increase the intensity of services with the increased severity and chronicity of crime in a linear fashion, we are providing the most complete and intensive services early for those with multiple risk factors for becoming serious, violent, chronic offenders.
3. The third point of intervention will be for those chronic offenders needing a complete life-changing experience in a residential setting.

8. Mental Health Issues among High-Risk Offenders

The assessment of the system for the Challenge Grant I *Local Action Plan* (LAP) revealed that there was a need to strengthen and support services to youth who are emotionally disabled. Mental health problems suffered by youth included: depression, suicidal tendencies, compulsive and anxiety/stress disorders, post-traumatic stress disorder, conduct disorders, and an apparent inability to make healthy choices. Additionally, an estimated 80% of probation youth self-report abusing drugs or alcohol.

Throughout the implementation of the Challenge Grant I projects—and the increased coordination of efforts of Juvenile Probation, Community Mental Health Services (CMHS), and, Department of Human Services (DHS)—it has become increasingly apparent that there continues to be a gap in care for children and youth with emotional disabilities who are involved in the juvenile justice system. At present the Juvenile Hall and the Challenge Grant I Demonstration Projects lack the capability to provide comprehensive wraparound services to this population.

At the present time, San Francisco is prepared to move forward in addressing what we regard as the most significant causal factor for multiple recidivism—untreated mental health problems among youthful offenders. To assess the size of the size of the population of juvenile justice-involved youth with significant mental health issues, planners for Challenge Grant II obtained a download of client records from Children's

Mental Health Services similar to that obtained for Juvenile Justice Services. We then cross-linked these files to identify children with a mental health history who were part of the 1996 Juvenile Justice Caseload analyzed above. As with Table 4, we excluded youth who would age out of the system prior to 1998.

As this analysis shows, emotionally disturbed youth not only comprise over one-third of the total population, they comprise nearly two-thirds of the highest-risk category and contributed more than half of the total recidivism experienced within the juvenile justice system in the past three years. Even more strikingly, they comprised a total of 69% of the total days in detention experienced by the entire 1996 referral cohort.

**Table 6: Rates of Re-offending of Youth Referred to Probation in 1996 by Mental Health Status
(excluding youth who would be 18 years of age prior to January 1, 1998)**

Number of subsequent offenses within 12 mos. of first 1995 referral	Total Youth in this category	Youth with Hx of Mental Health Involvement	Youth with No HX of Mental Health Involvement	Mental Health involved youth as a percentage of total youth in this category	Percent of referrals incurred by MH-involved youth
0	869	185	684	21.2%	---
1-2	487	184	303	37.7%	40.0%
3-4	268	127	141	52.5%	48.2%
5-6	173	100	73	57.3%	58.3%
7 or more	217	133	84	61.3%	62.0%
TOTAL	2014	729	1285	36.2%	53.9%

B. Programmatic Assessment

1. Introduction

In addition to the more formal data collection and mapping of juvenile crime and community assets, and the youths placement and profile study, we developed an informal process to gather as much information as possible from practitioners and clients from every aspect of the system. This was accomplished in three ways: written surveys, telephone interviews, and personal interviews. Written questionnaires were set to all staff working at juvenile hall and log cabin ranch. Presentations were made to each of the three commissions, and the majority of commission members were individually interviewed. Presentations asking for feedback were also made to the probation officers' association, and interviewers spent several days and evenings at juvenile hall and log cabin observing the daily

interaction and interviewing the majority of counselors on duty as well as youths. Department heads and administrators as well as staff from all related city agencies were interviewed, along with representatives from churches, families with children in detention, citizens who contacted us, and youths who had formerly been in either juvenile hall or log cabin. The parent and youth interviews, the counseling staff interviews, the probation officer interviews, and selected other individual interviews were confidential. Additionally, all written surveys were anonymous. In all, over 400 people were interviewed for this aspect of the study. Eighty-five community-based programs funded by the Mayor's Criminal Justice Council, the Mayor's Office of Children, Youth and their Families, the Department of Public Health (Community Substance Abuse) and the Juvenile Probation Department were interviewed with a needs assessment survey.

2. Methodology

Written surveys made available to Probation, Department of Public Health Special Programs for Youth and the school program included a letter from the President of the Delancey Street Foundation explaining that the purpose of the study was not to focus on criticisms but to share ideas for solutions and model juvenile justice programs. Agency and program chiefs were asked to distribute these surveys to their employees. Respondents could mail the surveys in provided envelopes.

The Probation, School and Health Surveys covered questions on family involvement, types of programs offered, needed interventions in facilities and in the community, effectiveness of interventions, model programs. Seven school staff returned the written surveys. In addition, six teachers and one administrator were interviewed in person. Although only a few probation group counselors returned written surveys, interviewers talked with eight counselors at Log Cabin and 19 counselors at Juvenile Hall (20% of the total counselor staff). Some counselors were very helpful and developed written programmatic ideas for services to help youths while in detention. Twenty-two percent (9) of the health care staff (administrators, nurses, health educators, social workers) at Juvenile Hall and Log Cabin returned the written survey and an additional six persons working for the Special Programs for Youth were personally interviewed. Nine Probation Officers (10%), three administrators and two supervisors returned the written Probation Survey and four additional Probation Officers received personal interviews. A number of interviewees we spoke with were very concerned that their names not be used. The additional persons interviewed whose names we have included in the List of Persons Interviewed under Juvenile Probation covered topics related to specific programs or activities the staff were involved in.

Personal interviews were then conducted with all of the Juvenile Probation Commission members, all but three of the Delinquency Prevention Commission members and their Executive Director, and half of the members of the Juvenile Justice Commission. Judges and commissioners and other staff from the Superior Court as well as attorneys (and legal agency staff) working with juveniles in San Francisco, attorneys from the District Attorney's Office and the Public Defender's Office were also interviewed in person. These open-ended interviews asked about

their experiences in the juvenile justice system and their recommendations for improvement.

Numbers of other agency heads and administrators from the Department of Public Health, Department of Human Services, the Police Department, the San Francisco Unified School District, Mayor's Office of Children, Youth and Their Families, Department of Recreation and Parks, the Library and the Mayor's Criminal Justice Council were interviewed. These interviews addressed both specific programs for at-risk and delinquent youth under their jurisdiction and recommendations for the San Francisco juvenile justice system.

The Program Needs Assessment Survey included questions on program description, supervision and structure, client profile, existing program capacity, costs and interest and/or ability to expand and take juvenile justice clients and evaluation. The results of the Program Surveys contained in the Resource Guide developed as part of this Local Action Plan, provide an assessment of existing resources specifically targeting at-risk juveniles ages 11 to 17 years, offenders, and their families. Other children and at-risk youth serving agencies are available in San Francisco but do not receive funding from the sources included in this review. Staff from some of these other agencies, e.g., Men Overcoming Violence, Back on Track Tutoring, Rising Youth for Social Equity (RYSE), Volunteers in Parole, The Community Board Program were interviewed for this report and comments and recommendations from those interviews are included in other sections of this report.

The Youth Survey covered questions about prior juvenile justice history, experience with the system and staff, opportunities for activities in the facility, experience with community-based organizations and services, help needed, available social support and family situation. Given the nature of the material under study, as well as the lack of trust among the target population for "officials", the credibility of the interviewers was of critical importance. The interviewers selected for the study were representatives of the target population. All interviewers were residents of the Delancey Street Foundation and had been in juvenile hall, camps, ranches and/or the California Youth Authority during their adolescence. They represented a balance of cultures, races, language abilities. The fact that the interviewers reflected the make up of the sample population added an immediacy of rapport necessary to the subjects' sharing of experiences. Interviewers had also participated in prior research and received training covering interviewing techniques, and needs of the subjects. One hundred and three youth were interviewed, representing all the girls (16) and almost all the boys at Juvenile Hall and Log Cabin during two weeks in January, 1997.

These interviews and surveys resulted in the descriptions of key departments in the system provided above, and the recommendations for each element of the continuum which follow. Recommendations regarding system-wide services supported the program components developed in the Action Plan.

3. Prevention Recommendations

Delivery of social services to children and families in the dependency and delinquency systems in San Francisco must recognize and respect and build upon the

cultural diversity of the city. Multiple community service centers including a triage of services, e.g, probation, social services, public health, mental health, community outreach must be made available. A constellation of models for intervention should be incorporated , including mediation in both the 602 and 300 systems, mentorship, family unity and family conference, “restorative justice”, student courts, and neighborhood mediation.

The fundamental link between the populations served by the dependency and delinquency systems must be recognized. Resources need to be put in place with families, when a child or family comes to the attention of either system to identify and strengthen any structure within the family/extended family that may support a positive environment for children. Many programs have proven to be effective resources for early intervention. Those programs include, mentoring (including expanding the CASA program to include delinquents), family unity/conference, wraparound social services, life skills training, and, Regional Center type-case management (" hands on" life skills).

One example of how early intervention can be coupled with strengthening the family is the mediation program used by the dependency courts. Mediation is available to parents and families at all stages of the proceedings for a wide range of issues, including jurisdictional findings, establishment of case plans, visitation disputes. With the exception of cases involving serious physical abuse and sexual molestation, all other cases where allegations of abuse and/or neglect of children have been made may be referred to mediation. The assessment of the impact of mediation on the proceedings and the overall success of the reunification process is uniformly very positive. It is estimated that as many as 75-80% of the cases are successfully resolved through mediation. Once a mediated agreement is reached, it is memorialized and submitted to the court for review. Mediation requires the active participation of parents in determining how and what is needed to restore their family.

For the vast majority of the children and youth who need support to succeed in school, alternative programs must be readily available. For those minors who cannot succeed in the traditional classroom, even through the assistance of resource classes, an alternative to the GED should be utilized to allow them to learn at the junior college or vocational /technical college level. The use of the California proficiency certificate should be expanded. Available at age 16, rather than 18 as with the GED, receipt of this certificate entitles the student to enroll directly in a community college and possibly, to enter into a learning environment that will be more compatible with his/her interests and lead to higher education or meaningful employment. If children are not attending school regularly, that child becomes a likely target for violent, criminal activity, drugs. Truancy enforcement, including student courts and parental involvement are essential to keeping children in school when problems arise, and off the streets.

Community prevention/intervention programs, in collaboration with Probation, should offer the following services: home visits and needs assessment for the youths and families; family counseling (with special services for families of first time offenders); mental health services for younger children and their families; group

counseling for teenagers; smaller school settings for primary school children who suffered prenatal exposure to crack cocaine and exhibit the subsequent "typical behavior"; sports programs; after school tutoring; job training; parenting skills for youths (teen parents) and for the youths' parents/families; life skills; computer literacy; emancipation programs; rites of passage programs; girls programs; alternative schools and expanded Beacon schools; residential and day programs for undocumented youths; transportation assistance and after school recreation programs at school facilities; violence prevention; programs to address gang issues and substance abuse; and day treatment with round-trip transportation service.

4. Intervention Recommendations

Community prevention/intervention programs, in collaboration with Probation, should offer the following services: home visits and needs assessment for the youths and families; family counseling (with special services for families of first time offenders); mental health services for younger children and their families; group counseling for teenagers; smaller school settings for primary school children who suffered prenatal exposure to crack cocaine and exhibit the subsequent "typical behavior"; sports programs; after school tutoring; job training; parenting skills for youths (teen parents) and for the youths' parents/families; life skills; computer literacy; emancipation programs; rites of passage programs; girls programs; alternative schools and expanded Beacon schools; residential and day programs for undocumented youths; transportation assistance and after school recreation programs at school facilities; violence prevention; programs to address gang issues and substance abuse; and day treatment with round-trip transportation service.

Over and over those interviewed emphasized the need to improve the current school system for youths in detention and identified a high quality school program as a key component of an improved juvenile justice system. These comments are supported by youth profile data clearly indicating that youths in detention have serious educational problems: they are frequently many grades behind in basic reading and writing skills, have missed extended periods of school due to truancy, and have been in and out of numerous middle schools, high schools, and alternative schools due to transfers and expulsion. Moreover, nearly half of the youths in detention have completely dropped out of school.

Interviews with youths themselves indicated that many believe the academic work they receive in the court schools and in the community day schools is below their abilities, and they are bored. Some unique educational programs have received very positive comments from youths and staff. For example, the Pacific News Service (PNS) compiles writing, poetry, and art from youth in Juvenile Hall into a weekly newsletter "The Beat Within". During the afterschool and evening hours, PNS staff work with youths individually on writing skills, give out information and reading material, arrange for speakers into Juvenile Hall, and provide workshops.

Other issues raised include: the lack of adequate training for teachers in detention; the lack of sufficient bi-lingual staff (particularly for Asian speakers); the lack of coordinated aftercare for youths leaving Log Cabin; classroom instruction

that has no connection to the grade level assessment of each youth; and, school officials and Probation staff not sharing important school information.

Some programs, in addition to those mentioned above, have been developed by Probation to address some of the school problems identified in previous studies, and include the Focus program, the insertion of life skills education into the curriculum for all youth in detention, adding computers to the Woodside Learning Center, offering GED services at Log Cabin, and pre-vocational education for youths in Juvenile Hall. However, what is lacking is any outcome based evaluation of these programs to determine their impact and effectiveness. In addition, what is really required as a basic part of the school program is a structured vocational component, providing youths with real job skills. Again, this key component currently does not exist.

Furthermore, educational problems can often be an indicator of other problems. No family-focused assessment process is completed when a youth is expelled or drops out of school and is referred to the Pupil Services Division for placement in a community school. The Pupil Services Division has no formal agreements with community-based agencies to help assess and connect youth and families to supportive services. The involvement of community-based agencies in the school program in detention facilities is equally undefined.

Clearly, in-custody educational programs need to have both a strong academic and vocational component. In addition, the curriculum needs to include full life skills training. If a youth is in a long-term type placement then education programs should address deficiencies in basic reading and writing skills, and achieving a General Equivalency Degree (GED) should be the standard for all youth 17 years of age or older. New school programs need to be innovative and challenging to overcome an entrenched pattern of school failure. The school curriculum should engage and motivate diverse, multicultural learners at different educational levels. Instruction should be offered through a variety of teaching strategies and modalities to address students' various strengths and learning techniques. Humanities classes (English, Language Arts, Social Studies), health classes and life skills classes should encompass a values-based curriculum, providing students with the opportunity to write, discuss and analyze the origins and implications of different social norms and behaviors. Instruction should prepare students to problem-solve, and to think of solutions and alternatives for problems they anticipate confronting after they are released.

One of the critical service areas that is deficient is psychological services for juveniles who are on probation or home supervision. There is no continuity of care available through the community mental health system as would be through individual therapists. It appears that the Probation Department has not appropriated funds for psychotherapy outside of the community mental health system.

5. Supervision Recommendations

a. Courts

The consolidation of all court activities relating to families onto a single site, with sufficient space to include selected social service offices is a model that has proven effective in other states. This Family Law Court Center would hear all juvenile dependency and delinquency cases, family law cases, criminal and civil domestic violence, probate, guardianship, and adoptions. The Bench would receive specialized training that would allow cross-assignment to guarantee consistent decision making and continuity. Most importantly, such a court center would encourage comprehensive problem solving for families and more economical and efficient intervention. Basic family dynamics could be more readily identified and orders and services tailored to meet the needs of families, rather than crisis intervention.

The ongoing federally funded Court Improvement Project administered through the Administrative Office of the Courts has studied the operation of dependency courts throughout California. Although the final report has not yet been completed, the preliminary conclusions from the first year support a major restructuring of these courts and specifically, urge an adoption of a unified approach to the problems of abused and neglected children. The preliminary conclusions reflect the need to include families in decision making, the need to consolidate services to children and families, recognition of the high percentage of children requiring special education, the cycles of dependency between generations, the general ineffectiveness of intervention for teens, and the frequency of foster children graduating into the delinquency system. All of which support a unified family court which has the capacity to focus on the issues of families and children in a coordinated rather than fragmented or piecemeal fashion. The assignment of a dedicated supervising judge committed for several years so that changes can be implemented is central to an effective court.

b. Probation

Probation officers should be stationed in the community at school sites. Many other jurisdictions (including Contra Costa and Los Angeles) have reported this as an effective method of reducing truancy, providing an increased level of community supervision for youths on Probation, and working with the school and with parents of at-risk youths who will be on informal probation to keep them in school and out of the juvenile system. School officials also report that having probation officers on site can help assist in maintaining a safe school environment. Caseloads should be limited so that these officers can have the desired effect on the at-risk youths they are dealing with. The Probation Department and School District should work together to assign Probation supervision staff to those schools identified with the most number of probationers and with the greatest need. Furthermore, Probation services in the community should be coordinated with the new Day Treatment and Safe Haven programs that will be developed.

Resources should be applied to the most vulnerable population, i.e., the “first time non-violent offender”, e.g., informal probation, W&I 654 referrals. Historically, informal probation supervision has been more focused on monitoring whether juveniles are rearrested than using the contact with the juvenile justice system as an avenue to assess the family unit and what resources might be useful to it. The current system emphasizes the wrong population. Intervention at this age and stage would be much more cost efficient than attempting to correct more firmly established patterns as is presently done. This would be an opportunity to utilize community resources, mentoring programs, family counseling.

6. Treatment Recommendations

a. Assessment

There is tremendous need for a one-time, holistic assessment delivered through a multi-system approach for youth on probation. The assessment should involve youths and their families once a youth has his/her first contact with Probation or health and social services. Parenting classes and family therapy should immediately succeed family assessments for referred families.

b. Placement Services

Juvenile Judges and Commissioners presiding in both dependency and delinquency courts are often presented with placements without an assessment of what works and how well the specific placement works for the youths in either system. Delinquency petitions, W&I 602 petitions are filed only after multiple referrals and failures, generally. In the absence of agreed upon standards of performance and sufficient funds for internal and external evaluation, public money can be misused. It becomes very difficult, if not impossible, for decision makers to reject applications for funding community services without standards.

The high rate of AWOLS from group homes, particularly among girls, was noted as an indication of the need to implement more comprehensive support systems when a juvenile is placed out of home. Responding to the preteen and teenage girl with services which acknowledge the need to create viable options for independence, other than motherhood, was stressed.

Typically, San Francisco youths in placement require a high level of treatment. However, few appropriate local options exist. Youths running from placement continues to be a serious problem and many youth receive multiple placements. The Probation Department reports that residential and/or substance abuse treatment services for youths in the City are severely inadequate and, for the most part, non-existent. Most youths are sent out of county or out of State for residential care or treatment. (For example, to Colorado for girls, to Pennsylvania for boys, and within California to Thunder Road (Alameda) or Our House (Napa)). The Probation Department currently uses 76 different placement facilities (group homes, foster care, treatment programs) of which nine are in San Francisco County, 63 are in other counties in California, and four are out of State. For youth in foster care the vast majority are placed with relatives (in one

recent month, of the 32 youths in foster care, 24 were placed with a relative and only eight in a traditional foster home).

Youths and their families could be better served and out-of-home placement referrals outside of San Francisco could be reduced with increased local placements which are individualized to match the strengths and needs of the youths.

c. Aftercare

There should be improved preparation for independence, including job training and GED preparation. Aftercare should start while youths are in custody. There should be follow-up for out-of-custody kids on probation, and better collaboration with and review of the community-based organizations who collaborate with Probation. Nonviolent youths who are released due to overcrowding should be referred to community-based organizations (many of which are not operating at maximum capacity) before they get into serious trouble, and families should be involved. Staff with prevention/ diversion caseloads should check on clients and follow up with families.

7. Incarceration Recommendations

a. Juvenile Hall Services, Operations, and Physical Plant

The quality and variety of services in Juvenile Hall need improvement. Programs should include: a rich and comprehensive, certificate/goal-oriented educational program, on-going vocational programs, individual and group therapy sessions, job training, gender specific and culturally appropriate programs, mental health counseling, substance abuse counseling, gang intervention, conflict resolution, anger management, increased physical exercise, peer counseling, more day treatment, a grief group for youths with HIV parents, a group for youths with drug addicted parents, and preparation for independence.

The types of services rendered should be enhanced and improved. Family centered work and family reunification preparation should assume a higher priority. Youths need enhanced preparation for independent living (including education about programs available in the community in anticipation of release), substance abuse counseling, conflict resolution/stress management, violence prevention, job skills/vocational training, group sessions (in multiple languages) for teens to discuss issues and ask questions, STD/HIV prevention, teen parenting classes, aftercare services (transitional/emancipation programs), strategies for managing anger and dealing with racism effectively, and language/culture specific support groups. Staff need expanded language/cultural competency, and the youth need more bilingual services.

Programs should include community service such as graffiti clean-up, park maintenance, senior citizen assistance, and other options for repeat offenders. Youths without parents need advocates. Juvenile Hall also needs family programs, victim offender reconciliation, and a victims' rights program. Probation should include and expand the parenting program.

Physical facility concerns should be addressed. The current facility promotes an unsafe, negative environment, and security concerns overwhelm treatment at Juvenile Hall. (Girls and mental health youth are denied gym, and all the kids need more physical exertion.) The facility should not inhibit treatment. Practitioners should have available modern security technology. Juvenile Hall needs improved laundry facilities.

b. *Log Cabin*

The Log Cabin program, although 9-12 month residential, does not have a program that prepares the minors for return to the community. Counselors report that their clients want to get their GED, want to get a job and know that they must be able to make some legitimate money to avoid criminal activity. Log Cabin offers few vocational programs and none tied to an educational curriculum or job placement/apprenticeship. There is no coordination between release from Log Cabin (or Juvenile Hall) and return home, i.e., a prerelease program that includes immediate school enrollment, assignment to community resources and counseling, if necessary, etc. Log Cabin is seen as a well funded but historically, deficient program. Its entire operation should be carefully evaluated, with a focus on a structured program that meets the special educational needs of this population, works with the families, and prepares these minors upon their release to enter school or some school/vocational training combination. From the perspective of the Juvenile court, this 12 month program is a singular opportunity to provide intensive services to the most vulnerable juveniles, that is being underused.

Log Cabin needs an enriched educational program, with a focus upon improving service for youths and families with special education needs. The facility should offer family and individual therapy, vocational training, substance abuse counseling, emancipation programs, anger management and after care (with intensive collaboration with community agencies). Teachers should receive training in issues relevant to the youths in detention.

While the San Francisco school system has a support service section for sexual minority youth, there is no similar service provided at either Juvenile Hall or Log Cabin despite the fact that San Francisco Unified School District runs those schools. It is recommended that the school district extend the support services to youths in detention. The safety issue for youths in general and particularly for sexual minority youths is an ongoing problem at Juvenile Hall. In addition to support services for the youths, an anti-harassment policy supporting sexual minority youths which addresses homophobic slurs, and related protection issues should be developed. In conjunction with this there should be a component on the problems of sexual minority youth included in staff training.

c. *Staffing*

Staff selected to work in detention facilities, from administrators through teachers, must have a particular interest in working with the juvenile offender population. Currently, some teachers assigned to positions in juvenile detention

facilities have neither the experience nor the interest necessary. School District officials are interested in working with San Francisco State University and the University of San Francisco to see if teacher certificate programs can include additional training around working with juvenile offenders and high risk youths. Additional incentives should be offered to teachers who work in detention facilities. (Teachers at Log Cabin already receive incentive pay due to the long distance they travel to the facility.) In short, high quality, energetic staff are needed at all levels in the school program.

There should be more staff who are bilingual and culturally competent in a variety of languages and cultures; there is a high need for staff who speak Cantonese and other Asian languages.

Performance objectives should be established for all staff. All new counselors should receive field training. Evaluation should be improved for community services provided at Juvenile Hall for consistency and outcome measures.

Probation needs to improve management and collaboration throughout the system. Management from the top should determine accountability and boost morale. Juvenile Hall needs a coherent, structured comprehensive program with a clearly articulated mission and improved programming. Probation should be more savvy about obtaining outside sources of funding. The efforts of proven effective community-based organizations (like Omega Boys Club) should be financially supported.

Probation staff should reflect the client population and receive intensive, proper training. Counselors and Probation Officers need training more geared to their needs. Training of trainers should occur along with leadership training and cross training with other departments. There should be tighter screening of detention and probation applicants, with a six-month "probation" period. Performance objectives should be established for all staff, and staff should receive graded evaluations, warnings, and termination when appropriate. A merit system of recognition and rewards should be implemented and extend up the entire chain of command.

d. Communications

Communication between caregivers must improve; key players need to share information, discuss goals and treatments, and embrace a collective vision. There should be one common database regarding children and families. There should be continuity between Juvenile Hall and community-based programs. There should be coordination of stable, structured on-going group of programs with directed outcomes and integration in Juvenile Hall, schools and aftercare (like Sage, Omega Boys Club, and Pacific News Service). School teachers should participate in staff meetings. Probation officers should participate in the weekly staff meeting on the girls' unit. Group counselors should participate, share information and help make decisions about youths. The Probation Chief should participate in multi-agency planning groups. Youths should not be separated into racially and ethnically divided programs; kids need to learn to be culturally diverse. Youths need access to adults in their lives. We need a consistent

approach in guiding kids. Youths need to receive one consistent message from counselors, probation officers, community-based organization staff, teachers, health and mental health service providers.

Community services should go to Juvenile Hall to make themselves visible to the youths, and to facilitate the referral process. Accountability standards must be developed for community-based organizations, and evaluation reports should include recidivism rates. Client successes and failures should be reported to probation officers.

IV. Proposed Goals, Outcome Measures, and Evaluation Design

A. Project Goal

The goal of the Challenge Grant II demonstration project—*Project Impact*—is to create a single process through which youth with emotional disabilities, who are involved in the juvenile justice system, will be identified, assessed, and supported through a continuum of flexible wraparound services. In a coordinated and collaborative effort Juvenile Probation, Community Mental Health Services, and the Department of Human Services will provide a comprehensive, culturally-competent interagency system of care that will transform the service capacities for probation referred youth with emotional disabilities.

Project Impact Design, Strategies, and Activities are detailed in the following section of this plan.

B. Project Outcome Measures

The success of the *Project Impact* system of care for emotionally disabled youth in the juvenile justice system will be measured through the following project outcome measures.

Youth served by *Project Impact*, as compared to youth in the comparison group will:

- 1) Commit 20% fewer crimes and less serious crimes as measured at 12, 24, and 36 months after assessment (BOC required outcome measure—Rate of Juvenile Arrest);
- 2) Show 20% higher rate of successful completion of probation (BOC required outcome measure);
- 3) Show 40% higher rate of successful completions of restitution and community service (BOC required outcome measure);
- 4) Experience on average 50% shorter stays in Juvenile Hall;
- 5) Experience 40% fewer out-of-home placements;
- 6) Experience 60% fewer out-of-home placement failures;
- 7) Experience 15% shorter lengths of stay in out-of-home placement;
- 8) Experience better grades, 60% fewer truant days, and a 75% lower drop-out rate; and
- 9) Show increased life skills as measured by the *Child and Adolescent Functional Scale* (CAFAS).

C. Project Evaluation Design

The program evaluation of Project Impact will be conducted through a contractual agreement with Davis Y. Ja and Associates, Inc., a research and evaluation firm with extensive experience in applied research and program evaluation of federal, state and local programs (see capabilities and biosketches). The evaluation design proposed below will reflect the intent of the Board of Corrections (BOC) and the Juvenile Crime Enforcement and Accountability Challenge Grant II requirements.

The proposed evaluation plan will reflect an Ecology of Outcomes Accountability framework utilizing a *true experimental design*, with *random assignment* of participating juvenile offenders into either an intervention or control cohort. Based upon the concept of outcome accountability, this framework was chosen as a reflection of the perspective that “outcome information can provide opportunities for learning and self-correction in decisions regarding service planning” (Hernandez and Goldman, 1996). Thus, the goals of this approach are to identify priority outcomes and generate consensus among the stakeholders regarding these identified outcomes. For example, through the Michigan Outcome Identification Project, stakeholders utilized this model to assess needs and outcomes issues appearing in the children’s public mental health system via the integration of three perspectives: 1) child-focused; 2) family-focused; and 3) community-focused services (Hernandez and Goldman, 1996). Within each perspective, target subgroup populations were also further identified and prioritized according to needs. Therefore, as this framework emphasizes the integration of clinical needs, systemic approaches, and outcome findings, the development of a collaborative relationship between stakeholders, service providers, and evaluation staff can also be more easily facilitated.

Secondly, the Ecology of Outcomes framework also readily allows for the operationalizing of outcome accountability. According to Hernandez and Goldman (1996), this framework maintains that information regarding clinical or functional outcomes cannot be used to improve service planning and delivery unless the outcomes are understood within the context of which they occur. Thus, this approach readily facilitates the integration of service delivery and program evaluation activities, while also reflecting stakeholder needs and outcomes findings.

Thus, through the proposed evaluation design and methodology for Project Impact, the relative success and effectiveness of providing a comprehensive, single process continuum of flexible wraparound services to seriously emotionally disturbed juvenile offenders will be determined, as compared to services provided through Juvenile Probation and other providers. Only youth and families meeting the Project Impact pre-screening criteria will be considered for random assignment. Youth and families assigned to the intervention cohort will participate in the program interventions previously delineated in this proposal; youth and families in the control cohort will engage with Juvenile Probation services to the extent defined by the current system. The evaluation staff will work collaboratively with program staff and other identified stakeholders to ensure that program goals and objectives are consistently and accurately tracked and reflected.

Within this true experimental design, the following criteria will be addressed:

Among the intervention youth (as compared to youth in the control cohort), do the proposed treatment interventions:

- 1) reduce the re-arrest rate by 20% and increase the levels of successful probation completion by 40%?
- 2) increase the success rate of restitution and community services by 40%?

- 3) decrease the number and seriousness of subsequent crimes, as measured at 6, 12 and 24 months after baseline assessment?
- 4) decrease the length of stay in Juvenile Hall?
- 5) positively impact out-of-home placements, as defined by: a) decreased number of out-of-home placements; b) reduced number of out-of-home placement failures; and c) reduced length of stay in out-of-home placements? and
- 6) increase academic achievement, as defined by: a) increased number of school attendance days; b) decreased school drop-out rates; and c) significantly increased grade point averages?

The specific evaluation and research *aim* of the proposed three year experimental design with randomly assigned youth is to:

Test the effectiveness of a comprehensive, culturally-competent interagency system of care that will transform the service capacities for probation referred youth with emotional disabilities through initial screening, family focused assessment and care planning, establishment of a network of community and supportive services and increased coordination of data sharing.

Our two specific outcome *hypotheses* for Project Impact are:

Hy1: *Compared to control group youth, Project Impact participants will show significant differences in decreased delinquent behaviors, increased probation compliance, reduced out-of-home placements and failures, and improved academic progress and achievement of positive life skills.*

Hy2: *Compared to control group youth, Project Impact youth will show significant differences with lower levels of depression, increased family and school bonding, and increased self-efficacy skills.*

Additionally, four other research and process evaluation questions will be explored:

RQ1: *Is the network and collaboration of services functioning in a coordinated and satisfactory way to meet the needs of youth and families served by Project Impact?*

RQ2: *Do the intervention youth and families perceive the Project Impact system of care as sufficiently addressing their needs?*

RQ3: *What are the planning and implementation issues, barriers, and solutions that occurred during the development of Project Impact? If successfully implemented, how can this program be modified or replicated?*

RQ4: *Is Project Impact cost-effective, as compared to services received by the control youth?*

The evaluation and research aim and hypotheses stated above will also guide the choice of independent research variables for this three-year research design utilizing a time series, repeated measures approach. As indicated earlier, a **true experimental design** with random assignment of eligible juvenile offenders and their families has been selected to test the hypotheses and address the research aim. Through a repeated

measures methodology, this design will reflect a baseline measure and follow-up assessments administered at 6, 12 and 24-month intervals.

The proposed experimental design will include both process and outcome components, with multiple outcome measures matched to critical intervention variables. Up to a maximum of four assessment points may be available for intervention and control youth/families; the actual number of assessment points will be determined by the remaining duration of the program funding period at time of youth/family entry into Project Impact.

Process evaluation measures will include a comprehensive management information system (MIS) to track participant attendance or service utilization (duration and type of interventions utilized), program implementation fidelity, program costs and other program development data variables. This MIS system of data collection and coordination will be conducted by Resource Development Associates (RDA). In addition, RDA will also provide the local evaluation team (Davis Y. Ja and Associates, Inc.) with outcome and process data on MIS systems indicators (collected from YGC, CMHS and DHS) for statistical analyses and significance testing. Interviews and/or focus groups with key stakeholders will also be conducted to address the four research questions presented above.

To address research questions 1-3, process datasets will also be collected and closely linked to ***Hy1-Hy2*** outcomes and ***RQ4*** (costs-benefit analyses). In reflection of the Ecology of Outcomes framework, ***RQ1*** will be approached from a systems level and examine the effectiveness of the collaborative network in relation to the defined program outcome goals. With a secondary programs-level approach, the following three areas will also be examined: staff training and quality, service accessibility, and support services provided to intervention youth and families. Investigation of ***RQ1*** will be headed by Dr. Abner Boles and mainly assessed through youth, families, program administrators, staff and teachers interviews and/or focus groups.

Through ***RQ 2 and 3***, program implementation issues and barriers will be addressed. Dr. Eduardo Morales will head the investigation of these two research questions. For ***RQ2***, intervention youth and families will be interviewed regarding their perceptions about the Project Impact system of care and its ability to meet their needs. This may be accomplished through individual and/or group interviews. To capture program implementation and replication issues, barriers, and solutions, interviews will be conducted with program administrators, staff, and teachers. These interviews will occur on an annual basis, at minimum, and may reflect an individual or group format.

The cost analysis and cost effectiveness study of Project Impact (***RQ4***) will be examined by Dr. Deborah Sherwood, as compared to Juvenile Probation services utilized by the control youth and families. This research question will also be explored in relation to successful outcomes, as specified by the two proposed hypotheses. Archival and current datasets will be utilized to explore: **1)** cost per youth and family receiving intervention services; **2)** potential cost savings as defined by successful intervention youth and family outcomes; and **3)** recommendations for the projected future of Project Impact services based upon preliminary cost/benefit analyses findings. However, these cost/benefit findings should only be considered preliminary, dependent upon availability of fiscal data

from Juvenile Probation, the Department of Human Services and other network collaborators.

Dr. Davis Ja will oversee the overall implementation of both process and outcome evaluation activities, including examination of the four proposed research questions. If available, additional datasets coordinated by RDA may also enhance findings from the process evaluation protocols proposed above. Findings analyses for each of the four research questions will also be conducted in relation to the two core hypotheses and research aim of the project.

Analyses of data collected via the *outcome evaluation* component data analyses will utilize a repeated measures, mixed analyses of variance (ANOVA, Lindquist Type I) approach. An initial t-test analyses will first be conducted to determine the presence of any significant demographic differences between the control and intervention groups. If there are significant demographic differences, these variables will be held constant via repeated measures ANCOVA during analyses. Utilization of multiple regression analyses will help determine if a relationship exists between specific dependent factors (i.e. reduced number of juvenile re-arrests, increased academic achievement indicators, etc.) and participation frequency/duration in particular program activities (utilization and tracking data).

Process Evaluation: Using both quantitative and qualitative methodologies, the process evaluation component will: **1)** provide a description of Project Impact; **2)** provide accurate dosage (utilization) data on all delivered services (tracked with assistance from RDA); and **3)** collect descriptive information regarding program implementation processes and interventions via youth/family individual interviews, youth focus groups, evaluation team observations of program activities and assessed satisfaction with the development of project objectives.

An accurate depiction of Project Impact will be captured through documentation of: **1)** project planning (problem definition, selection of component and project goals/objectives); **2)** collaborator/staff recruitment, hiring and training processes; and **3)** implementation of the project management plan. Planning documentation will include: staff meeting agendas and minutes, staff participation, and responses to questionnaires and interviews conducted with staff, teachers and administrators (administered annually). Adherence to program fidelity during the implementation phase will also be assessed for each program component and its corresponding activities. This will be tracked through review of progress indicators, such as intervention curriculums and protocols, program procedures, and planning and retreat minutes. Evaluation staff will also attend a sample of implementation and planning meetings and other select activities to assess program fidelity.

Quantitative data: For each intervention and control youth and family, baseline process data will be collected at program entry through a pre-screening form ascertaining basic demographic and risk factors. Prior to random assignment, the participation eligibility of referred youth and families will be assessed by a screening team (comprised of a CMHS mental health worker and SFJPD probation officer) utilizing an intake form (Phase I). The intake form will reflect the six risk factors identified for chronic juvenile offenders (previously summarized in program eligibility criteria), with participation eligibility

requiring youth and families to meet at least one of these conditions. Upon completion of the initial screening process, eligible youth and families will then complete a more comprehensive family-focused assessment (Phase II) administered by trained program mental health staff. The evaluation staff will randomly assign eligible youth and families to either the intervention or control cohort following completion of the Phase II assessment. Youth and family consent for participation in Project Impact will be secured prior to initiation of any program or evaluation activities; confidentiality will be maintained throughout all aspects of data collection and youth and family participation.

In addition, attendance and encounter forms for all program activities will be completed by staff, teachers, youth, and other personnel and collected on a weekly basis by RDA. This will determine participation frequency and duration of specific program interventions for each intervention youth and family, as well as allow for tracking by program activity and objective for each participant. This information will be entered into appropriate MIS databases established within YGC, DHS and CMHS, with program staff assuming the data entry responsibility. Process data collected by program staff will be jointly shared between program and evaluation staff.

Thirdly, additional baseline indicators of youth progress will be measured by school performance (i.e. grades, attendance, disciplinary actions) and other institutional outcome indicators (i.e. frequency of juvenile justice contacts, petitions, re-arrests and incidences of self-reported aggressiveness or victimization). Baseline needs assessment and risk-level data for the target population and community will be collected through the San Francisco Unified School District (SFUSD), DHS and CMHS. This will allow for comparison of youth violence, crime, and ATOD-use levels across both control and intervention groups for the duration of the three-year project. Lastly, youth and family perceptions regarding Project Impact will be measured through the following proposed qualitative instruments and interviews.

Qualitative Descriptive Data: The qualitative process information will be primarily comprised of satisfaction measures and responses from individual and focus group interviews conducted with participating youth, teachers, and parents. Youth interviews, conducted upon completion of each 6-month program participation period, will assess perceptions regarding the overall program, self-assessed progress, and risk factors related to ATOD-use, academic progress, family functioning, life management skills and delinquency issues. Parents will also be interviewed on a biannual basis. Finally, individual interview protocols and satisfaction measures addressing program implementation will be administered annually to teachers, program staff and other identified personnel.

Outcome Evaluation: The outcome evaluation will be comprised of assessments administered at baseline and 6-month, 12-month and 24-month following initial assessment. Both control and intervention participants will be assessed along these timelines. Both intervention and control youth and families may potentially participate in up to a maximum of four assessment points. The final number of assessments per youth and family will be defined by the remaining length of the grant period at time of program entry; the maximum number of assessments will be attempted for each participant, to the extent allowable. The administered outcome assessments will provide data for both intermediate and impact outcomes, as specified by the two proposed hypotheses.

In order to determine outcomes for ***Hy1*** (*Compared to control group youth, Project Impact participants will show significant differences in decreased delinquent behaviors, increased probation compliance, reduced out-of-home placements and failures, and improved academic progress and achievement of positive life skills*), all youth randomly assigned to either the control or intervention cohort will complete outcome assessments. Approximately 728 referred youth and families are anticipated to meet eligibility requirements for the first two years and half of this number for year three. Of these 728 youth, approximately 400 youth will be randomly assigned to the intervention group per year (reflects estimated 10% oversampling; see summary of sampling strategies below). By the third and final year of Project Impact, it is anticipated that approximately 1,200 youth will have participated in the intervention activities, with an aggregate estimated total of 984 youth comprising the control cohort.

For all intervention and control youth, institutional indicators will be used to determine outcome in relation to the dependent variables, via available datasets from Juvenile Probation, DHS, and CMHS. To address ***Hy1***, institutional indicators will be collected from: **1)** YGC (data on re-arrests, length of Juvenile Hall placement, status of probation compliance and restitution progress); **2)** DHS (information on out-of-home placements); **3)** SFUSD (datasets for school attendance and grades); and **4)** CMHS (tracking data on service utilization).

For ***Hy1***, Attrition in both the intervention and control cohorts is expected, as youth and families may relocate and move out of the service area, age-out of the target population (youth 17 years and younger), voluntarily drop-out from the program or not be reachable by program staff. Also, in order to complete at least one follow-up outcome assessment, youth and families in both intervention and control cohorts need to be connected to Project Impact for a minimum of six months. Subsequently, eligible youth and families entering the program during the last six months of the third project year (approximately 364) will not be participating in program evaluation follow-up assessments. Therefore, an overall maximum sample of 1,820 youth and families will be eligible for random assignment to either the intervention or control cohort and completion of outcome evaluation assessments.

Through ***Hy2*** (*Compared to control group youth, Project Impact youth will show significant differences with lower levels of depression, increased family and school bonding, and increased self-efficacy skills*), intermediate outcomes, which form the foundations for long-term program impact, are assessed. Since long-term outcome impact is often difficult to determine for youth without conducting longitudinal follow-ups of at least 4-5 years, the proposed focus on intermediate outcomes (changes on depression level, school and family bonding, and self-efficacy skills) appears to be a far more succinct and accessible goal for Project Impact. As previously indicated, many of the referred youth often demonstrate depressive symptoms, communication difficulties with friends and families, poor school bonding, low self-esteem and a relatively hopeless view regarding their life.

To examine the intermediate outcomes for ***Hy2***, a random subgroup of intervention and control youth will be selected and individually administered additional outcome instruments, reflecting the identified intermediate outcome (depression level, family and school bonding, and self-efficacy skills). Though the battery of instruments to be utilized

for assessing intermediate outcomes has not yet been finalized, a proposed list of measures under consideration has been summarized in Table 2. In addition, the proposed evaluation methodology will also utilize a multi-method and multi-informant assessment strategy, including a battery of standardized measures compiled from youth, parent, staff, and teacher reports. Thus, though **Hy2** mainly examines intermediate outcomes of the interventions, they may serve as better outcome indicators of program impact given the limited implementation time frame allocated the project.

Lastly, to ensure participant confidentiality, all outcome evaluation data will be entered into an evaluation-dedicated computer, utilizing SPSS-PC 8.0 for Windows for analyses. In addition, these datasets will only be accessible to the evaluation team, with findings reported in an aggregate format.

Data Collection: The intake process for all eligible youth and families will occur in two phases. During Phase I, a pre-screening form will be completed by a Project Impact staff team, comprised of a CMHS social worker and SFJPD probation officer. This form will serve to determine participation eligibility, as well as capture basic socio-demographic information. Eligible youth and families will then progress onto Phase II, the administration of a more comprehensive assessment by trained Project Impact staff. Program staff will secure written youth and parental consent for program services prior to participation in any assessment and program activities; a separate consent request process will also occur for participation in evaluation protocols. Youth and family baseline outcome evaluation instruments will be administered by the evaluation team Research Assistants (RA). Following completion of the Phase I and II assessments, youth and family will be randomly assigned by the evaluation team to either Project Impact services or the control cohort. Data variables to be collected throughout the grant period have been further summarized in Tables 1 and 2, Section 5.

Additionally, service utilization data (as applicable to each cohort condition) will be tracked on an ongoing basis. RDA will also assist with the data collection process, both in the tracking and coordination of local process and outcome datasets. Outcome measures will be administered to youth and families in both cohorts at baseline, six month, twelve and annual intervals thereafter (up to 24 months); key process indicators will also be tracked on an ongoing basis. The total number of assessment points for each youth and family will be dependent on time of program entry and remaining duration of the grant period.

We will also attempt to reduce measurement error within the tracking datasets. Our experience has indicated that gross measures such as delinquent re-arrest may not necessarily reflect program intervention effects. For instance, For **Hy1**, tracking re-arrest data supposedly will reflect the difference between the two cohorts, however, many youth offenders are placed in secure out-of-placement homes which severely limits their *opportunity* for re-offense. Subsequently, if youth are tracked according to the number of days in which they have an *opportunity to re-offend* (i.e., not confined in semi-secured facilities) and that these days are indicated as a ratio to the frequency of re-offenses, we will be creating more accurate variables in which measurement error can be reduced.

The financial incentive structure for the control and intervention cohorts have been summarized below (see **Sampling Design**). Attempts will also be made to assess

intervention youth and families with premature discharges from Project Impact, to the extent feasible. The control cohort incentive structure will be utilized with sub-group of prematurely discharged youth and families. To ensure maintenance of accurate datasets, the evaluation team will conduct random data quality assurance checks on a quarterly basis. Lastly, the evaluation design will also be in compliance with all multi-site requirements and incorporate multi-site changes to the extent funding and capacity deems feasible.

Assessment Measures and Instruments: Archival information, as well as data collected via outcome measure administrations, will be utilized to test the two hypotheses previously presented. For **Hy1**, determination of outcomes between the intervention and control cohorts will primarily be based upon review of the institutional indicators previously described (i.e. re-arrest rates, out-of-home placements, academic progress, etc). Additional quantitative datasets may also be available through RDA and the comprehensive assessment battery administered during Phase II by trained Project Impact staff (instruments to be included, TBA).

However, assessment of the four intermediate outcomes specified in **Hy2** will require administration of additional outcome instruments to a subgroup of randomly selected intervention and control cohort youth and families. The four intermediate indicators to be examined are: **1)** changes in depression level; **2)** school bonding; **3)** family bonding; and **4)** self-efficacy skills. While the list of instruments to be utilized for assessing this hypothesis has not been finalized yet, the measures under consideration have been summarized in Table 2 below. When available, reliability levels have also been indicated. In collaboration with program staff, the final selection of instruments will include a review of the cultural, linguistic, gender and literacy appropriateness for use with the target population. Statistically significant increases are expected to appear on each of the assessed domains, both within-groups (repeated measures) and between-groups (two conditions).

One of the key instruments under consideration is the Child and Adolescent Functional Assessment Scale (CAFAS), which has already been utilized by a number of state and local agencies (i.e. Tennessee Commission on Child and Youth, Department of Mental Health in Missouri) to measure psychosocial functioning for children and youth, determine youth service needs and assess outcomes (Hodges and Wong, in press). This instrument has also been utilized by CMHS as part of a pilot outcomes study assessing impact of services provided to youth by mental health providers in the City and County of San Francisco.

To determine changes in **depression** levels, instruments under consideration include the Children's Depression Inventory (Kovacs, 1992) and Reynolds Adolescent Depression Scale (Reynolds, 1993). The Wide Range Achievement Test (Jastak, 1993) and Behavioral and Emotional Strengths Scale (Epstein, 1996) are being reviewed for assessing school bonding. Family bonding may be examined with the Behavioral and Emotional Strengths Scale (Epstein, 1996), Parent/Adolescent Communications Scale (Olson, 1982), and Conflict Behavior Questionnaire (Prinz, 1979). Lastly, instruments being considered for determining self-efficacy skills are the Behavioral and Emotional Strengths Scale (Epstein, 1996), Child Behavior Checklist (Achenbach, 1991), and Self-Esteem Inventory (Coopersmith, 1981). At this time, outcome instruments for assessing

Hy2 have not been finalized yet. To maintain youth and family confidentiality, clinical staff will not have access to youth and family responses to measures administered by evaluation staff. Thus, instruments to be utilized for the comprehensive clinical assessment battery (Phase II) and outcome assessment of **Hy2** will need to be carefully considered to ensure that evaluation and clinical needs are adequately reflected. In addition, a number of the proposed instruments also have multiple subscales capturing more than one dimension; the applicable subscales and reliability alphas for each of these measures have been further delineated in Table 2 below.

Data and Statistical Analysis: The basic proposed study design is an experimental design, with random assignment and a time series approach. Key outcome measures will be collected at a minimum of two and a maximum of 4 points in time, with assessments conducted according to the timeline delineated above. At each assessment point, participant progress will be assessed across a number of domains, consistent with intervention goal. These domains will include juvenile activities, school bonding, academic achievement, life skills, and family interactions and bonding. Changes in these variables will be assessed either through outcome instruments or by collection of archival and institutional data accumulated over the prior 6-months (i.e. school attendance/ grade reports). Each will be rendered as an interval scale variable suitable for parametric analysis.

The basic analysis will be a within-subjects ANOVA, with both factors treated as within-subjects. Of prime interest is the interaction: *Will the treatment group change on the key dependent variables relative to the control group?* Each dependent variable will initially be analyzed individually. The measures of improvement are too diverse to be meaningfully aggregated to an omnibus “improvement” index, so a multivariate design will not be considered. Protection against famliwise Type I error from multiple independent ANOVAS will be accomplished via a Bonferoni adjustment of the alpha. Planned orthogonal comparisons of the within-subject factor will include baseline vs. (6/12/24 months), as well as comparisons between each of the different combinations of assessment points.

Changes in staffing, environment, or exposure to changing community factors could create variance irrelevant to the intervention. Due to this potential confound, results will be compared across cohorts for statistically significant differences. If differences are found, descriptive demographic variables will be dummy coded and held statistically constant via ANCOVA in the final analysis.

For the intervention cohort only, use of linear modeling (LM), path analysis and structural equation modeling (SEM) may also be considered to describe interrelations between the variables. It is plausible that some or all the dependent variables are interrelated (latent variables) and dynamically interact to effect youth recidivism. For example, one plausible path would hypothesize that trait self-esteem influences both school participation/ identity and isolation and, ultimately, juvenile activity and re-arrest. The trait may, at the same time, affect re-arrest directly and indirectly, secondary to its effect on the youth’s social functioning. Given the small sample size, structural equation models will only be feasible if the data reveals strong bivariate relationships among predictors and between predictors and the dependent variable.

Power Analyses: Each of the proposed analysis is essentially a mixed (Lindquist Type I ANOVA), with the intervention and control groups serving as the between-subjects factor and the time series measurements of outcomes serving as the within-subjects factor. In each case, the analysis of interest is the interaction of group and time (*i.e., Does the treated group improve more, relative to the non-treated group on the measured variables?*).

Three planned orthogonal comparisons will be conducted to correspond to the four assessment points (less one). In addition, analyses will also include a reverse Helmert procedure so that each assessment point will be compared to the mean or aggregate mean of the measuring point(s). This will allow for assessment of the staying power of any gains achieved during earlier stages. As this will be an orthogonal analyses, the alpha level will not need to be adjusted to account for inflation of Type I error as a result of multiple comparisons. Lastly, this analyses will assume an alpha level of $p = > .05$.

Since prior empirical studies were not available when projecting the level of anticipated youth and family improvement, a medium effect size was assumed. (According to Cohen [1992], a medium effect size is defined as units of the within-population standard deviation and, in the case of a medium effect, .50.) The projected medium effect size assumption appears to be neither too liberal nor too conservative; based on this assumption and a $p = .05$ significance level (two-tailed), approximately 32-34 subjects per cell would be required to detect an interaction with a power of about .80. For this study, since the analysis would follow a within-subjects time series design, the same subjects from each of the two cohorts would appear in each cell. Thus, a total of approximately 75 to 80 subjects would be required for each analysis, with an estimated 37 to 40 subjects in each group.

Sampling Design: The program evaluation team will utilize the program inclusion and exclusion criteria during recruitment of youth and families for random assignment to the intervention or control cohorts. Referrals for all participating juveniles will originate from the Youth Guidance Center, with both phases of the program intake process to be conducted by trained Project Impact staff. Youth and families would only be randomly assigned to a cohort by the evaluation team following completion of the comprehensive assessment (administered by program staff).

Currently, approximately 728 referred youth and families are anticipated to meet eligibility requirements annually. Of these 728 youth, approximately 400 youth will be randomly assigned to the intervention group per year (reflects estimated 10% over sampling; see summary of sampling strategies below) and 328 to the control cohort. According to these projections, a total of 1,200 youth and families will have participated in the intervention cohort by the end of the third and final program year. The control cohort will reflect a projected aggregate total of 984 youth and families by the end of the third year. However as indicated earlier, as much as 40% of the sample in either condition may be lost due to attrition. This is only an estimate at this time, but the final numbers remaining in the study may vary depending on the program's ability to retain the participants and our ability to track the youth over time.

In addressing **Hy1**, it is projected that a three-year aggregate total of 1,820 at-risk youth offenders, aged 17 years or younger, will have been identified as eligible for Project

Impact services. Of these 1,820 recruited youth and families, approximately 60% or a total of 1,092 youth and families will be randomly assigned to the intervention services (experimental condition) over the three year period. Similarly, a three-year aggregate total of 728 youth and families will be randomly assigned to the control condition. As previously discussed, an attrition rate of 40% (60% retention rate) is expected, resulting in retention of at least 655 youth and families in the intervention condition and 437 youth and families in the control condition over the three year program duration. Thus, the proposed over sampling strategy should generate an adequate sample size to allow for minimum power requirements during statistical testing (see power analyses summary below). Currently, the proposed total aggregate sample size exceeds the minimum requirements for determining statistical significance for this project, even with an allowance for a maximum anticipated attrition rate of 40% from each cohort. Thus, the remaining number of youth and families still exceeds the minimum number required for determining significance when testing both **Hy1** and **Hy2**.

Sampling for **Hy2** has been determined by the power analysis indicated above. Our sampling strategy will be to randomly select a subset or subgroup of youth assigned to both intervention and control conditions. This subgroup of youth will be directly interviewed and administered standardized measures to determine program efficacy and changes in intermediate outcomes. Given the numbers necessary to determine moderate effect sizes are low (approximately 37-40), we hope to select approximately 200 youth (100 in control and 100 in intervention) to follow over time to conduct specific assessments and interviews. Subsequently, for every nth (number reflecting final ratio of youth selected for **Hy1** testing) youth randomly selected for either control or intervention condition, an additional youth will be designated for intensive follow-up as a participant in testing **Hy2**.

To maximize the retention rates within both the intervention and control cohorts, financial incentives will be provided to all participating youth and families upon completion of the applicable assessments. For the control cohort, youth (\$10 gift certificates) and their families (\$15) will receive an incentive following completion of each assessment point (baseline, month 6, month 12 and month 24). For Project Impact program youth and their families, financial incentives will only be provided upon completion of the 24-month follow-up assessments (or the latest applicable follow-up assessment). At that time, program youth will receive \$10 and their families will receive \$15 for the completed assessments.

Table 1. Project Impact Program Objectives and Activities

Domain	Objective	Activities	
I. Juvenile Empowerment	Improve academic performance	<ul style="list-style-type: none"> ◆ On-Site school curriculum ◆ Tutoring 	<ul style="list-style-type: none"> ◆ Academic ◆ WRA
	Improve school attendance	<ul style="list-style-type: none"> ◆ On-Site school curriculum 	<ul style="list-style-type: none"> ◆ School
	Improve juvenile sense of self (Specifically addressing anger management, depression, and antisocial behaviors)	<ul style="list-style-type: none"> ◆ On-Site school curriculum with fine arts emphasis ◆ Tutoring ◆ Family and individual counseling ◆ Substance Abuse treatment ◆ Skills Building Groups/Mentorship Linkages ◆ Recreational activities ◆ Transition/Aftercare peer mentorship 	<ul style="list-style-type: none"> ◆ Youth Behav (Ache) ◆ School record
	Decrease gang activity	<ul style="list-style-type: none"> ◆ CBO Mentorship ◆ Individual counseling ◆ Recreational activities ◆ Transition/Aftercare peer mentorship 	<ul style="list-style-type: none"> ◆ Self-re parent source
	Improve parenting skills	<ul style="list-style-type: none"> ◆ Family outreach activities ◆ Parenting skills building group ◆ Child crisis management services ◆ Benefits Assistance 	<ul style="list-style-type: none"> ◆ Parent Behav (Ache) ◆ Parent
II. Family Empowerment	Improve parent-youth relationship	<ul style="list-style-type: none"> ◆ Joint recreational activities ◆ Child crisis management services ◆ Family therapy 	<ul style="list-style-type: none"> ◆ Youth Comm
	Increase participation in positive community activities	<ul style="list-style-type: none"> ◆ Linkages with athletic, community, school, and recreational groups/events 	<ul style="list-style-type: none"> ◆ Event

Table 2. Project Impact *Proposed* Evaluation Workplan: Process and Outcome Evaluation

Measurement	Author(s)	Objective Measured
Recidivism data	SFJPD	Recidivism/contacts with juvenile justice system
Phase I, Pre-Screening Intake Form	CMHS/SFJPD staff	Socio-demographic variables and pre-screening eligibility criteria
Phase II, Comprehensive Assessment	Pgm Staff	Socio-demographic variables, comprehensive batter instruments (TBA) to determine needs assessment (includes mental health, substance abuse, dual-diagn issues)
Academic grades	SFUSD	Academic performance
School attendance/tardiness	SFUSD	Decreased truancy/absenteeism
Youth, family and staff interviews (Annual)	Eval. Staff	Perceptions regarding Project Impact program, satisfaction level, self-assessed progress, program implementation issues
Program Activities attendance	Pgm/Eval. Staff	Service utilization
Wide Range Achievement Test (WRAT3)	Jastak, 1993	Reading, spelling, math achievement skills
Children's Depression Inventory (CDI)	Kovacs, 1992	Depressive symptoms
Reynolds Adolescent Depression Scale (RADS)	Reynolds, 1993	Depressive symptoms
Child and Adolescent Functional Assessment Scale (CAFAS)	Hodges, 1990	Role performance, thinking, behavior towards self and others, moods and emotions and substance use
Behavioral and Emotional Strengths Scale (BESS)	Epstein, 1996	Self control, affective development, family involvement, school performance, self-confidence
Parent/Adolescent Communications Scale	Olson, 1982	Parent-adolescent communication
Conflict Behavior Questionnaire (CBQ)	Prinz, 1979	(Parent self-report) Parent-adolescent communication conflict levels
Child Behavior Checklist (CBCL)	Achenbach, 1991	(Youth self-report) Decreasing delinquent and antisocial behavior and depression
Self-Esteem Inventory (CESI)	Coopersmith, 1981	Increasing youth sense of self

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V. Proposed Program Enhancements; Roles of Collaborative Partners in Solutions

A. Problem Statement

Planning for Challenge Grant II involved cross analyzing Juvenile Probation and Community Mental Health Services (CMHS) data to identify the size of the at-risk population. Data extracted for youth referred to probation in 1996, revealed that nine percent of the cases accounted for over half of all prior referrals for that referral cohort. Looking at the subsequent 24 months following a 1996 referral, 10% of the group were found to be chronic recidivists with an average of 11.0 additional offenses. When this data was matched with CMHS data, it was determined that emotionally disturbed youth not only comprise over one-third of the total population, they represent nearly two-thirds of the highest-risk category, *and contributed more than half of the total recidivism experienced within the juvenile justice system in the past three years. Additionally, emotionally disabled youth comprised of 69% of the total days in detention experienced by the entire 1996 referral cohort.*

The system assessment for the *LAP I* revealed that there was a need to strengthen and support services to youth who are emotionally disabled. Mental health problems suffered by youth include depression, suicidal tendencies, compulsive and anxiety/stress disorders, post-traumatic stress disorder, conduct disorders, and an apparent inability to make healthy choices. An estimated 80% of probation youth self-report abusing drugs or alcohol.

Recommendations made in *LAP I*, pertaining to mental health issues in youth, included:

1. One-time holistic assessment delivered through a multi-system approach for probation youth;
2. Improved quality of care rendered; and
3. Increased coordination with mental health and other treatment providers for in-custody care.
4. Residential treatment options were found to be inadequate or inappropriate for the majority of youth in the system. Waiting lists for residential programs are as long as three months for juveniles from the delinquency system. Additionally, the majority of programs are located out of the county or state.
5. Juvenile Judges and Commissioners presiding over dependency and delinquency courts are often faced with placement decisions without an assessment of what works or how well specific placements will address the issues of youth being placed.
6. There is a critical deficiency in psychological services for youth on probation or home supervision, and that there is no continuity of care with the mental health system.

It was noted that the fundamental link between the populations served by the dependency and delinquency systems needs to be recognized, and that resources need to be put in place with families when a child/family comes to the attention of either system. Attempts must be made to identify and strengthen a positive and supportive environment for that child at that time. Early intervention programs and local placements need to be enhanced, supported and/or developed.

Although LAP I identified the critical unmet needs of emotionally disabled youth in the juvenile justice system, its focus was on building basic community infrastructure for the broader delinquent and at-risk population. This year's plan represents San Francisco's *Eight Percent Solution*, embodying an aggressive and comprehensive plan to target those youth who are multiple recidivists or at high-risk for becoming multiple recidivists as a result of emotional disorders.

For the past eight years San Francisco's Children's Mental Health Services (CMHS) has worked in collaboration with other child-serving agencies to develop a comprehensive, culturally-competent, community-based system of care for seriously emotionally disturbed children and youth and their families. In 1998, with funding from the California Mental Health Department, San Francisco began a three-year implementation phase for a Citywide System of Care for seriously emotionally disturbed children and youth. This process has included on-going and increasing communication and coordination between CMHS, Juvenile Probation, and Department of Human Services (DHS).

Collaborative efforts of these Departments within this Citywide System of Care, include:

- Department Head representation on the System of Care Policy and Planning Council;
- Weekly Multi-Disciplinary Assessment Team Meetings at Juvenile Hall;
- An Out-of-Home Placement Unit Review—conducted for Juvenile Probation by the Institute for Human Services Management;
- Pilot project between CMHS, Juvenile Probation, and DHS—working to find alternatives and track successes with a small number of youth in Juvenile Hall who have exhausted all placement possibilities; and
- The development of an Integrated Data-Sharing System linking client data for Juvenile Probation, CMHS, and DHS.
- Agreement on system-wide outcome objectives for out-of-home placements;
- Draft agreement on blended funding and collective reinvestment of cost savings in prevention and early intervention.

Throughout the implementation of the Challenge Grant I projects—and the increased coordination of Juvenile Probation, CMHS, and, DHS—it has become increasingly apparent that there continues to be a gap in care for children and youth with emotional disabilities who are involved in the juvenile justice system. At present the Juvenile Hall and the Challenge Grant I Demonstration Projects lack the capability to provide comprehensive wraparound services to this population—*even though this population uses over half of the resources of the entire juvenile justice system*. It is universally agreed upon that there is a tremendous need to integrate efforts to better serve this population.

Findings from the Out-of-Home Placement (OHP) Review—which took an in-depth look into the cases of a random sample of 67 youth in the OHP Unit of Juvenile Probation—helped to articulate many of the issues that need be addressed. Review of the records and conversations with Probation staff uncovered the following observations:

- 1) Mental health needs of youth who repeatedly come to the Juvenile Hall must be addressed;

- 2) The incidence of depression in the youth reviewed was much greater than would have been thought, and was often hidden under behaviors linked to conduct and oppositional disorders;
- 3) The length of time that seriously disturbed youth spend in detention is worrisome. Nearly all were disruptive, and their being housed in close quarters raised many concerns;
- 4) There is a lack of systemic, aggressive coordination between systems resulting in youth passing out of the “system’s” radar screen until it is too late;
- 5) Not all residential placements are bad, but the lack of aftercare has the potential to undo progress made in out-of-home care;
- 6) Some out-of-home placements appear un-successful with the repeat Juvenile Hall population;
- 7) There appears not to be standard criteria for choosing one placement facility over another;
- 8) The role of families in the youths’ rehabilitation is unclear;
- 9) The profound lack of educational achievement among all the youth reviewed is troubling, with school failure being so complete that substantial action on both the individual and systemic levels is required; and
- 10) Both girls and boys were found to face similar barriers and difficulties. They are both in need of educational programs, work in the area of self-esteem, culturally-appropriate role models, adults who can provide guidance over the long term, leadership skills, job skills and someplace other than the streets to be valued.

A review of 17 girls in the Out-of-Home Placement Unit was conducted for the possibility of placing them in the Challenge Grant I *Life Learning Residential Center for Girls*. The case review, and interviews with the girls, indicated that only three of the 17 were appropriate for this placement. The needs of the remaining girls, and the level of their emotional disabilities, indicated that they would be too difficult to serve in that placement environment.

Representatives of the Juvenile Justice Coordinating Council have been meeting to discuss these on-going service gaps and issues to be addressed, as well as the strengths and resources of children, youth and their families, the City Departments and the community. They have worked to create and design these next efforts, and are committed to implementation of the Challenge Grant II demonstration project.

B. Proposed Project

The Challenge Grant II demonstration project—*Project Impact*—is designed to address the gaps indicated above by creating a coordinated system of care targeted toward children and youth who are emotionally disabled and involved in the San Francisco Juvenile Justice System. *Project Impact* will work to reduce recidivism rates and improve quality of life among youth identified with emotional disabilities. This will be accomplished by creating a comprehensive, collaborative and innovative system of care that will provide swift, certain, and graduated responses to the needs of juvenile offenders with emotional disabilities, their families, and the community. The project design works to address responses ranging from prevention, intervention, supervision, treatment, out-of-home placement, and incarceration.

1. Target Population

Project Impact clients will be children and youth 17 years of age and under currently under probation supervision or who are referred to probation during the course of this project, and who are identified and screened as having at least one *Diagnostic and Statistical Manual-IV* (DSM-IV) diagnosis which prevents them from functioning in family, school, and/or community. Based upon cross-linking mental health and juvenile probation case files, this target population included 728 youths in 1998.

2. Goals and Objectives

Project Impact will create a single process through which youth with emotional disabilities who are involved in the juvenile justice system will be identified, assessed, and supported through a continuum of strategic interventions. In a coordinated and collaborative effort Juvenile Probation, CMHS, and DHS will provide a comprehensive, culturally-competent interagency system of care that will transform the service capacities for probation referred youth with emotional disabilities, by:

- a. Insuring front-end screening of all youth;
- b. Conducting comprehensive family-focused assessment and care planning for youth identified with emotional disabilities;
- c. Providing more effective services to youth in detention;
- d. Facilitating placement for hard-to-place severely emotionally disturbed (SED) youth and improving placement stability;
- e. Developing alternatives to placement for SED youth;
- f. Establishing a network of community providers and wraparound support services; and
- g. Increasing and coordinating data sharing.

In working to meet program goals and objectives, *Project Impact* will embrace Juvenile Probation's mission *to be a primary and effective resource for positive change in the lives of youth and their families, accountability to victims and the protection of the public.*

3. Strategies and Activities

a. Early Identification, Screening, and Assessment of Youth with Emotional Disabilities

As Juvenile Probation currently operates, an initial screening of all youth admitted to the Hall occurs within two hours of admission. This screening lacks the in-depth, comprehensive mental health assessment that would allow early identification of emotional disabilities. Additionally, there is no systemic process or criteria by which information obtained during assessment is passed on to a youth's probation officer, or other persons who may be involved in developing a case/court plan. Consequently, decisions made on behalf of the youth are occurring without comprehensive information regarding mental health and other social service needs.

Project Impact will conduct a systematic screening of all youth admitted to Juvenile Hall or brought to the *Community Assessment and Referral Center* (CARC) in order to identify youth

with emotional disabilities. **Phase I**—Screening: within two (2) hours of intake trained staff at Juvenile Hall and CARC will give all youth a mental health screening. Youth will move on to **Phase II**—Assessment if one of the following applies:

1. Child Protective Services: If he/she has been in a Level 10 or higher placement; or has been in three (3) or more placements at any level in the last two (2) years.
2. Community Mental Health: If he/she has been in any out-of-home placement at anytime during his/her lifetime; or has had any past involvement with the Family Mosaic Project.
3. Education: If he/she is in a Seriously Emotionally Disturbed (SED) classroom; or has an AB3632 Special Education residential placement designation.
4. Juvenile Probation: If he/she has had more than three (3) referrals to Probation in the past two (2) years; if he/she was under 14 years old at first referral; or if his/her current charge is drug or alcohol related. **or**
5. The youth's behavior during the screening interview indicates need for a comprehensive mental health assessment. **or**
6. The youth's family/caregiver discloses need for further mental health assessment.

Phase II—Assessment: will occur within 48 hours—for youth detained at the Juvenile Hall, and within two (2) weeks—for youth who are returned to the community but required to return to Juvenile Probation. In **Phase II**, trained mental health staff will conduct a comprehensive family-focused assessment. The assessment tool to be used by *Project Impact* is the *Child and Adolescent Functional Scale* (CAFAS). The CAFAS is the State approved assessment tool utilized by the CMHS Citywide System of Care. Use of the same tool will facilitate the on-going collaboration between Juvenile Probation, CMHS, DHS, and community-based providers included in the Systems of Care, and continuity of care for children and youth.

Progression to **Phase II** will initiate the development of a comprehensive, family-focused care plan that incorporates treatment, social service, and recovery needs for the youth. This care plan will be developed by a Probation Officer/Mental Health Team, and will include the participation of family members, extended family and caregivers to the highest extent possible. The care plan will follow directly from the needs uncovered in the assessment; it will include mental health needs and substance abuse issues, as well as all other needs for successful life functioning. The youth, his/her family/caregiver and the community in which they live will not only be assessed for service and treatment needs, but also for identification of existing—or potential—strengths and resources.

Following screening and assessment, and the development of an intensive care plan, the Probation Officer/Mental Health Team will present the case to the *Project Impact Placement Team* with a recommendation for placement. The recommendation will place the youth in the least restrictive, most supportive, placement available to meet the needs of the youth and his/her family/caregiver.

The *Project Impact Placement Team* will be an expanded version of the Inter-Agency Assessment Team—Juvenile Probation, CMHS, DHS, and other mental health service providers—which currently meets for four hours each week to discuss youth with serious

emotional disabilities. At this time the Team focuses on the most problematic and disruptive youth in Juvenile Hall. Additionally, referral to the Team is not systematically supported or enforced in the Juvenile Hall, and the process from identification to referral to placement decision often takes three months—during which time the youth remains in Juvenile Hall where his/her treatment needs are not adequately being met.

To address these issues, *Project Impact* will: 1) Insure background data is available at the front-end for identification, screening, and assessment; 2) Establish criteria for screening, assessment, and referral for youth with emotional disabilities; 3) Insure that Probation Officer/Mental Health Teams work to incorporate treatment needs into case plans; and 4) Establish a process through which referrals are systematically made to the *Placement Team*. This system will reduce the length of time it takes to get a youth supportive wraparound services needed to function in the community, and remain free of juvenile justice system involvement.

b. Continuum of Services for Youth with Emotional Disabilities

In order to provide appropriate and comprehensive services to the range of youth identified through the screening, assessment and care planning process, a continuum of care options must be available. *Project Impact* will establish a single system of care through coordinating and supporting existing—or newly established—partnerships with community-based providers and other City Departments. A range of placement options insures a continuum of service levels for emotionally disabled youth, and allows for the placement of youth in the least restrictive level of care appropriate while maintaining public safety.

Once a youth has been identified as having an emotional disability—and a comprehensive, family-focused assessment has determined the nature and severity of the emotional disturbance—the youth will be placed into the appropriate level of care and supervision. The intensity level of the placement will be determined by the psychosocial needs of the youth, and supported by the strengths and resources of the youth, his/her family, and the community.

Project Impact system of care placement levels will work as integrated flexible components of a single system. Youth will be placed in the least restrictive, supportive treatment environment, and placement staff will receive on-going support from the system of care. Youth will be stepped-down to lower system levels when higher levels of care are no longer determined to be necessary. To insure continuity of care and coordination of information and services, the initial Probation Officer/Mental Health Team assigned to a youth will follow him/her throughout their participation in *Project Impact*. As the current “system” works, youth and their families are most often left to fend for themselves when a program is completed. Recidivism on the part of these youth is almost inevitable with this lack of step-down or aftercare support.

c. Project Impact Levels of Care

I. Juvenile Hall: Despite coordinated efforts to remove emotionally disabled youth from secure detention at Juvenile Hall, there will remain some individuals whose emotional disabilities are so severe—or crimes too serious—that release into a non-secure level of care is not possible. In order to better address the mental health needs of this group of youth, an *In-Custody Crisis Stabilization Team* will provide support services within Juvenile Hall, and a *Placement Readiness Program* will work to bring the youth to a point where placement in a non-secure environment is feasible.

In-Custody Crisis Stabilization: The *Crisis Stabilization Team* will have the capacity to provide intensive, round-the-clock support services to stabilize disruptive and unstable youth in detention. On-site and on-call Mental Health staff will provide one-on-one intervention and support. In addition to crisis stabilization, Mental Health staff will provide YGC staff with training in mental health crisis management to help maintain a safe and secure environment in Juvenile Hall.

Placement Readiness: This program will act as a short-term therapeutic environment for youth who remain detained at the Juvenile Hall, likely awaiting placement in a Level 13 or 14 facility. This program will work to prepare youth for a less restrictive placement environment, as well as attempting to reduce the decompensation of mental health status and behaviors while in-custody.

The *Placement Readiness Program* is designed to be both educational and therapeutic. It will include an intensive day treatment program—managed by Mental Health staff—that will provide individual and group therapeutic activities for detained youth with emotional disabilities. There will be individualized education and tutoring services, including comprehensive educational and vocational assessments to determine a youth’s needs and strengths. This program will benefit from the roomful of brand new, state-of-the-art computers recently installed at the Juvenile Hall. It will include a full range of arts therapy (art, writing, and music), theme-based activity groups, substance abuse counseling and medication management. The program will operate seven days a week for three to four hours per day.

The *Placement Readiness* will provide the capacity for information gathered during comprehensive evaluation to be incorporated into a youth’s case plan to the Court. This information (thorough social history, a psychological report, and educational strengths and weaknesses) will then be available for making placement decisions based upon a youth’s needs.

II. Out-of-Home Placement: There are existing residential and sub-acute treatment programs used to serve youth with emotional disabilities. The Out-of-Home Placement Review, detailed above, found that the youth sampled were placed in 24 different facilities—only four of which are located in San Francisco. The review found that placing a youth in a facility—such as a group home—that lacked the clinical resources needed to manage the youth’s behavior (i.e. aggressive verbal and physical behavior, issues related to sexual abuse and sexual assault, and more complex mental health problems) leads to placement failure. When youth were placed in a facility that was better able to manage their behavior, or when there was a better “fit” between staff and clients, the youths’ AWOL activity ceased and behavior problems were addressed as part of the overall treatment plan rather than reason for immediate termination of placement.

Project Impact will work to place youth in the most appropriate and supportive out-of-home-placement environment when residential placement is required. This will include placement at Level 12-14 facilities and lower level (Levels 1-11) residential programs, as well as Therapeutic or Relative Foster Care placements when appropriate. Placement of youth in any facility will follow directly from information gained in the initial comprehensive family-focused assessment and care planning. Decisions will be based upon a youth’s treatment needs and include the maximum family/caregiver in-put and involvement as possible.

Mobile Support Teams (MSTs): Youth with emotional disabilities frequently fail out-of-home placements when the appropriate level of service and support are not available to meet the needs of the youth and/or provider of placement. *Project Impact* will work to increase

placement stability by establishing multi-disciplinary *MSTs*. *MSTs* will provide on-site support when youth are in crisis and/or at-risk of failing in out-of-home placement. These teams will be able to provide support to emotionally disabled youth placed in all levels of placement from Relative Foster Care up to Level 14 facilities. When a youth acts up, exhibits behaviors that indicate he/she is getting ready to AWOL, or is at risk of being terminated from the placement, an *MST* will be sent to the placement location to provide intensive wraparound services until the situation is stabilized. With this additional specialized and intensive support during crisis situations, it is believed that placement failures will be reduced for emotionally disabled youth. These teams will work closely with the Child Crisis Bridge Services (detailed below) currently provided to youth identified and discharged from Juvenile Hall.

Placement Facilitator: A *Placement Facilitator* will work to identify and create placement possibilities for youth with emotional disabilities. He/she will target placements most successful with this population, and identify facilities or programs that given proper support and back up from the system of care could begin to serve these youth. The *Placement Facilitator* will be an advocate working with the goal of creating new placement opportunities for youth with emotional disabilities, working in conjunction with family member and caregivers.

III. Intensive Case Management and Wraparound Services: The Family Mosaic Project (FMP) is an intensive case management program with innovative wrap-around services for children and youth, ages three to 18, who are in imminent risk of out-of-home placement or already in out-of-home placement. FMP was initiated following a 1989 interagency process that determined that 948 children in San Francisco—10% of the child population—were seriously emotionally disturbed and at risk for out of home placement. FMP was originally funded by the Robert Wood Johnson Mental Health Services Program for Youth Initiative. Since 1990, FMP has been working successfully to improve the psychological lives of children, reduce the number of psychiatric hospitalizations and detentions in Juvenile Hall, and to help children live with their families in their communities and to remain in school. FMP currently works in partnership with Juvenile Probation, the School District, Department of Public Health, and Department of Social Services in an inter-agency effort to provide coordinated care. FMP works to reduce fragmentation of resources, enhance information sharing among community agencies to prevent duplication of efforts, and create working partnerships with parents and caregivers.

Child Crisis Bridge Services (CCBS) is a 24-hour seven day a week, multi-system, home-based intervention for high risk youth who are involved in CMHS, DHS and/or the juvenile justice system. Funded through moneys from the Mayor's Criminal Justice Council and the County Fund, CCBS provides a full-range of individualized, family-focused, mobile services to youth at risk of hurting themselves or others and/or being re-hospitalized.

FMP and CCBS will be an integral part of the *Project Impact* service continuum, accepting some youth directly from the Placement Team at the Juvenile Hall, as well as acting as a step-down from high level out-of-home placements.

IV. Community Alliance Network: The least restrictive level of placement in the *Project Impact* continuum will consist of placement into supervised case management services within the *Community Alliance Network*. The *Network* will be comprised of community-based service providers from targeted neighborhoods throughout San Francisco. The neighborhoods were selected based upon data gathered during the *LAP I* and *II* processes, as well as data from the partner agencies client demographics. These neighborhoods—and respective community-based service providers—are as follows: **Bayview**—Family Mosaic Project (FMP) and the

Center on Juvenile and Criminal Justice's Detention Diversion Advocacy Program (DDAP); **Mission**—Instituto Familiar de la Raza (IFR); **Chinatown/Tenderloin**—Asian American Recovery Services (AARS) and Richmond Area Multi-Services, Inc. (RAMS); **Western Addition**—to be selected through a request for proposal process. The creation of this *Community Alliance Network* will support cultural competency in service delivery throughout the diverse communities in San Francisco, while working to connect and build the capacity of service providers working toward mutual goals.

The *Community Alliance* agencies will act as step-down services in the *Project Impact* system of care, providing follow-up services to youth who have been in more restrictive levels of care. Additionally these agencies will take youth directly from the Placement Team at Juvenile Hall when a this lower level of placement is determined to be appropriate.

These agencies will provide case management and supervision of youth referred through *Project Impact*. They will have parent and peer organization and support, and have access to a range of culturally-appropriate services, including: substance abuse; health; afterschool tutoring; and educational, cultural, and recreational activities. Youth participants in the *Community Alliance* agencies can be connected to the Citywide System of Care services when appropriate.

Community Alliance agencies will be supported by the *Mobile Support Teams*—detailed in the out-of-home placement section—to help increase placement stability of *Project Impact* youth. Additionally they will be connected to and supported by the services and supports of the Citywide System of Care and the public programs involved in the system.

Training in the Wraparound Model of service provision, and on-going support and supervision will be provided to the *Community Alliance* agencies and staff through *Project Impact*. Principles of the Wraparound Model include:

- Holding meetings regarding youth only when family members/caregivers are present;
- Client's entire support system, including family, extended family, and supportive members of the youth's community (i.e. minister, dentist, service provider, etc.) is identified;
- It is a genuinely strengths-based model; and
- Resources brought in according to youth/family needs rather than a set list of resources.

The *Project Impact* budget includes an allocation of \$200,000 in wraparound service money to support youth in the lowest level of restrictive placement possible.

The *Community Alliance Network* will work with *Project Impact* to maintain youth identified with emotional disabilities in the lowest level of restrictive placement possible, while maintaining and/or strengthening the youth's connection to the community and his/her family. In creating this network, *Project Impact* is: 1) Supporting existing programs that are successfully working with youth in the five targeted communities; 2) Helping to build agency capacity and train staff; and 3) Insuring on-going support to network members.

III. Educational Support

In an effort to address the tremendous educational needs of youth identified with emotional disabilities, *Project Impact* will include an *Educational Support* component. *Educational Support* will include intensive tutoring for emotionally disabled youth identified by *Project*

Impact. Once youth have been placed in the appropriate level of care—and if their assessment and care plans have determined the need for intensive educational support—*Educational Support Tutors* will work with them at Beacon Schools located in each of the targeted neighborhoods. Individualized education and tutoring services will work to assist youth in developing the educational and social capacity to return to special education programs or regular public school. Similar to the *Placement Readiness Program* detailed above, *Educational Support Tutors* will conduct comprehensive educational and vocational assessments with youth to establish areas of strength and weakness, and to identify how each youth might best be motivated.

IV. Day Treatment

In March of 1999, the Juvenile Probation Department will begin operating an Intensive Day Treatment Program for Repeat Offenders through an ROPP grant award. Included in the *Project Impact* design will be an adjoining intensive *Day Treatment Program* for youth with emotional disabilities. This component will offer a mix of day treatment, supervision, crisis stabilization, wraparound and support services to youth who would otherwise be candidates for residential interventions. Mental health counseling and individualized educational support will be of primary focus in working with participating youth. The *Day Treatment Program* will work to avoid out-of-home placement for youth with serious emotional disabilities.

V. Collaborative Training

In addition to training in Wraparound Model—to be provided to the *Community Alliance Network* agencies—Juvenile Probation, CMHS, and DHS will work together to train staff of community-based organizations and schools. This multi-agency training will include:

- Identification of possible mental health issues in children and youth;
- Assessment of children and youth with mental health issues;
- Working with children and youth suffering from mental health issues;
- Accessing mental health and other human services as needed.

The *Collaborative Training* component will work to educate and train those individuals who are working directly with children, youth and families in the communities. These are individuals who can identify and help to address mental health concerns at the earliest point possible. When identified early, those in need of comprehensive services can be connected to existing programs and resources throughout the community before juvenile justice involvement begins, or can be prevented from further involvement through having their needs adequately addressed.

VI. Integrated Data-Sharing System

Project Impact will benefit from the *Integrated Data-Sharing System* being established out of the Citywide System of Care Implementation Grant. This system—which will be up and running in time for implementation of the Challenge Grant II project—will allow for client histories to be accessed at the front door of Juvenile Hall. With the Data-Sharing System, probation and mental health staff will have access to information on a youth's involvement in the juvenile justice system, CMHS, and DHS when conducting the comprehensive assessment and developing the care plan. This will reduce the time it currently takes for information to be

accessed, it will insure that background information is systematically incorporated into decision making on behalf of the juvenile offender, and it will assist in linking treatment needs to terms of probation.

The *Project Impact* system of care components will work together to provide mental health care through a comprehensive, culturally-competent, interagency system of care for children and youth with emotional disabilities involved in the juvenile justice system. The components are designed to be flexible allowing youth to move through the various components as deemed appropriate to best address individual needs. The goal is for youth with emotional disabilities to be: 1) Identified and removed from secure detention within Juvenile Hall; 2) Placed as quickly as possible into a non-secure treatment environment—with case management supervision—conducive to appropriately addressing their mental health needs; and 3) Provided with continuity in care from the moment of contact through completion of aftercare services. *Project Impact* strategies and activities will work to reduce recidivism by youth with emotional disabilities by insuring that their mental health needs are identified, assessed, and appropriately met at the earliest point possible.

d. Program Evaluation—Research design

Project Impact will be evaluated through a contractual agreement with Davis Y. Ja and Associates, Inc. (See capabilities and biosketches). The proposed evaluation design will reflect the intent of the BOC and Challenge Grant II requirements, utilizing a **true experimental design**, with **random assignment** of eligible and screened juvenile offenders into either an intervention or control cohort. *Project Impact* participants will receive the program interventions delineated in the narrative regarding strategies and activities. Through this proposed evaluation design and methodology, the relative success and efficacy of this comprehensive single process and continuum with flexible wraparound services with juveniles with serious emotional disabilities (SED) can be determined in comparison to current SFJPD services (services as usual).

Within this **true experimental design**, we will address and respond to the following outcome criteria: 1) Does the intervention reduce the number of subsequent arrests (20%) and increase the levels of success in completing probation; 2) Does the intervention increase the success rate of restitution and community services by 40%; 3) Do youth involved in *Project Impact* commit fewer and less serious crimes as measured 12, 24 and 36 months?; 4) Is there a decrease in length of stay in Juvenile Hall?; 5) Do youth in *Project Impact* experience; a) fewer out of home placements, b) a reduced number of out of home failures, and c) shorter lengths of stay in out of home placements; 6) Does the *Project Impact* program increase the number of school attendance days for participating youth, experience lower drop-out rates and significantly increase their grade point average, in comparison to control group youth?

The specific evaluation and research aim of the proposed three-year experimental design utilizing randomly assigned youth is to: Test the effectiveness of a comprehensive, culturally-competent interagency system of care that will transform the service capacities for probation referred youth with emotional disabilities through initial screening, family focused assessment and care planning, establishing a network of community and supportive services and increased coordination of data sharing.

Our specific outcome hypotheses for *Project Impact* is:

Hy1: Youth involved in Project Impact will show significant differences than those in the control group in lowered delinquent behaviors, greater compliance in probation, reduced out of home placements, and out of home failures, improved academic activities and life skills.

Hy2: *Youth involved in Project Impact will show significant difference than those in the control group in lower levels of depression, increased family bonding, increased school bonding, increased refusal behaviors in drugs and peer pressure, and self-efficacy.*

We plan to investigate several additional research and process evaluation questions including the following: **RQ1:** *Is the network and collaboration of services functioning in a coordinated and satisfactory way in meeting the needs of the youth and family in Project Impact?* **RQ2:** *Does the youth and families in Project Impact perceive the system of care within Project Impact as meeting their needs?* **RQ3:** *What are the planning and implementation issues, barriers, and solutions that occur in the development of Project Impact and, if successful, how can this project be replicated?* **RQ4:** *Is Project Impact cost effective when compared to control youth?*

The above evaluation and research aim and hypotheses will guide the choice of independent research variables in this three- year, time series, repeated measures design. As indicated earlier, to address these aims, a **true experimental design** with **random assignment** of youth offenders has been selected to test hypotheses 1 and 2. This design reflects a repeated measures methodology, with assessments conducted at baseline and follow-up measures at 6, 12 and 24 month intervals.

This experimental design will include both process and outcome components, utilizing quantitative and qualitative descriptive data. In addition, multiple outcome measures will be matched to critical intervention variables. Potentially, four points of outcome assessments may be available for participating intervention and control youth/families, with number of assessment points dependent upon remaining duration of the grant period at time of program entry.

PROJECT IMPLEMENTATION

<u>Activity</u>	<u>Responsible Entity</u>	<u>Start Date</u>	<u>Completion Date</u>
1. Screening & Assessment			
Training of Intake Staff	Probation, CMHS	July 1, 1999	On-going
Create PO/Mental Health Teams	Probation, CMHS	July 1, 1999	August 31, 1999
Expand Placement Team	Probation, CMHS, DHS, Provider Network	July 1, 1999	1999
Begin screening & assessment	Probation, CMHS	September 1, 1999	August 31, 1999
2. Continuum of Services	*Dates indicate ready to begin operating program component—Staff hired and/or trained		
In-Custody Crisis Stabilization	Probation, CMHS	*September 1, 1999	On-going
Placement Readiness Program	Probation, CMHS	*September 1, 1999	On-going
Mobile Support Teams	Probation, CMHS, Provider Network	*September 1, 1999	On-going
Placement Facilitator	Probation, CMHS, DHS	*August 1, 1999	On-going
Provider Network	Probation, CMHS, Provider Network	*September 1, 1999	On-going
Additional neighborhood added (RFP)	MCJC, Probation, CMHS	*November 1, 1999	On-going
3. Educational Support Tutors			
Tutors hired, trained	Probation, CMHS, Beacon Schools	July 1, 1999	August 31, 1999
Program Begins		September 1, 1999	On-going
4. Day Treatment Program			
Hire/train staff	Probation, CMHS	July 1, 1999	August 31, 1999
Program Begins		September 1, 1999	On-going
5. Collaborative Training			
	Probation, CMHS, DHS	July 1, 1999	On-going
6. Integrated Data-Sharing System Available to Project Impact			
	Probation, CMHS, DHS	July 1, 1999	On-going