



CJ EVALUATION

San Diego County's Screening, Assessment, and Services for Traumatized Mentally Ill Juvenile Offenders (SAST) Program – Final Evaluation Report

September 2018

Research findings from the Criminal Justice Clearinghouse

Brief background

Over the past 17 years, the San Diego County Probation Department has strived to implement the best and promising practices by developing and embracing the Juvenile Justice Comprehensive Strategy.¹ Through collaboration with Community-Based Organizations (CBO), Probation has implemented a continuum of services, from prevention to intervention, in an effort to address the different levels of need and risk of youth coming into contact with the juvenile justice system. While this strategy has improved overall outcomes, the need to strengthen the ability to identify and serve mentally ill offenders remains. According to multiple studies, more than 80 percent of juvenile justice involved youth report exposure to at least one traumatic event and many report multiple, chronic poly-victimizations, which increases their risk of chronic mental, behavioral, and legal problems.

A 2014 study published by the National Center for Child Traumatic Stress found trauma screening to be cost-effective and valuable in identifying youth in the system suffering from trauma experiences and was an important consideration in applying for this grant. According to “Racial Disparities and the Juvenile Justice System: A Legacy of Trauma,” the historic and ongoing overrepresentation of youth of color in the juvenile justice system traumatizes not only individuals, but also whole communities. A trauma-informed system is culturally competent, data-driven, objective, and collaborative, all of which support a juvenile justice system that addresses racial and ethnic disparity.

In response to the national figures that have shown that the large proportion of juvenile offenders are grappling with traumatic stressors in their lives as well as untreated mental health issues, Probation introduced in 2009 the use of the Massachusetts Youth Screening Instrument – Second Version (MAYSI-2) for all detained juvenile offenders at Kearny Mesa Juvenile Detention Facility. While successful, this implementation was limited to only those youth booked into Juvenile Hall. In alignment with San Diego County’s desire to divert as many youths as possible from deeper involvement in the juvenile justice system, in 2015, Probation applied for and was awarded the Board of State and Community Corrections (BSCC) Mentally Ill Offender Crime Reduction Grant Program (MIOCR) to expand the MAYSI-2 screening to all youth with a true finding, whether detained in Juvenile Hall or not. Based on national research documenting the prevalence of trauma and mental health needs of juveniles in the justice system, Probation sought to use the grant funds to expand the use of the MAYSI-2 of early identification (pre-detention), along with the existing actuarial assessment, the San Diego Risk and Resiliency Checklist (SDRRC), to broaden the service continuum to reduce recidivism and improve outcomes by targeting traumatic stressors. Specifically, all out-of-custody youth who were true found on a petition received the MAYSI-2 screening and based on that score along with his/her assessed SDRRC risk level, the youth was referred for a more in-depth clinical assessment (PADDI-5)² by a licensed mental health clinician.

Key accomplishments

- Served 241 trauma-exposed youth through three service models (Classic, TARGET, and Service Navigators)
- Institutionalized the MAYSI-2 screening for out-of-custody true found youth
- Sustainment of the Service Navigators beyond the grant
- 79 percent (79%) of participants remained crime-free
- 55 percent (55%) saw a significant reduction in trauma symptoms

¹ The Comprehensive Strategy is an evidence-based approach to reduce delinquency. It is a collaborative, cross-system approach that uses a graduated sanctions system approach and encompasses areas of prevention through intervention.

² PADDI-5 (Practical Adolescent Dual Diagnostic Interview) is a structured diagnostic interview to identify mental health and substance dependence/use in the juvenile justice population.

The results of this assessment drove the treatment plan that linked the youth to an Evidence-Based Interventions (EBI) proven effective for traumatized youth. Based on then-current statistics, Probation estimated screening 800 out-of-custody true found youth annually, with approximately 11 percent of those youth needing additional assessments and referrals to appropriate trauma-informed, evidence-based services.

To provide oversight and guidance, Probation formed a Steering Committee comprised of key stakeholders and developed the Screening, Assessment, and Services for Traumatized Mentally Ill Juvenile Offenders (SAST) program. SAST was integrated into the existing San Diego County Comprehensive Strategy for Youth, Family and Community, and was an extension of Probation’s Trauma-Informed Care plan. This policy change to screen all true found youth also was intended to help address any disproportionality in detentions or treatment of youth of color.

The following report includes all required elements outlined in the BSCC final report guidelines, including descriptions of the program components, program modifications, participant characteristics, fidelity to the model, and outcomes of program participants.

SAST Steering Committee members

*San Diego County
Probation Department*

*San Diego
County Public
Defender’s Office*

*San Diego County
District Attorney*

*Health and Human
Services Agency –
Behavior Health
Services*

The Children’s Initiative

*San Diego County
Sheriff’s Department*

*Superior Court of
California, County of
San Diego*

Project description

Goals

The theory of change underlying SAST was that trauma-informed, evidence-based interventions would achieve better outcomes and reduce recidivism for these identified youth. The original SAST design had five goals and seven objectives tied to those goals.

Goal 1. Expand screening and assessment of juvenile offenders for interventions and services.

- **Objective 1.** Conduct MAYSI-2 and SDRRC screening with 100 percent of true found youth within one month of true finding. An estimated 800 youth will be screened annually.
- **Objective 2.** A contracted provider will administer PADDI-5 with approximately 88 identified high-risk mentally ill juvenile offenders with trauma (MIJO-T) annually at full implementation. The PADDI-5 will be implemented within one month of referral.

Goal 2. Develop protocol for identifying and linking MIJO-T to appropriate services and interventions.

- **Objective 3.** Develop a protocol for setting threshold identification to connect MIJO-T to assessment and responsive intervention based on Probation and partners' continuum of services.
- **Objective 4.** Ninety percent (90%) of assessed MIJO-T are connected to SAST-identified EBI.

Goal 3. Develop cost-effective, sustainable system of services for MIJO-T.

- **Objective 5.** Realize reduced detention days.

Goal 4. Improve juvenile justice outcomes for MIJO-T.

- **Objective 6.** Reduce the number of MIJO-T with a subsequent arrest, true finding, and/or institutional commitment during and 6 and 12 months post SAST participation.³

Goal 5. RRED (Reducing Racial and Ethnic Disparity) in San Diego's juvenile justice system.

- **Objective 7.** Reduce the number of minority MIJO-T in detention/incarceration compared to baseline.

³ As noted later in the report, due to the significant program modifications, no youth were out of the program long enough to gather 12-month recidivism data and only 11 youth were out 6 months. Therefore, recidivism analysis was limited to the during time period (i.e., from intake to exit).

Program design

To meet these goals and objectives, Probation, along with members of the Steering Committee, designed a program that would connect youth and their families with needed services. The original design of the project involved the following key components:

1. **MAYSI-2 screening:** Youth who receive a true finding in Court were instructed to report to the Juvenile Probation Center (JPC) (located across the street from the court house) to be interviewed by a Probation Officer (PO) and administered the MAYSI-2. If the youth met the threshold for eligibility, a PADDI-5 was scheduled by the PO with the contracted licensed therapist.⁴

Originally, the therapist would meet the youth at the regional probation office closest to their home. However, because of high rates of youth not showing up for the appointment, the Steering Committee and staff decided to have the therapist stationed at the JPC, eliminating the need for a second appointment.
2. **PADDI-5 screening:** Eligible youth were then referred to a licensed clinician to complete the more in-depth assessment (i.e., PADDI-5). The outcome of the PADDI-5 was used to create a treatment plan for that youth.
3. **Enrollment into SAST or other treatment:** If the results of the PADDI-5 indicated a need for mental health, substance use disorder, trauma, or co-occurring disorder treatment, a youth was either referred to MIOCR-funded treatment (i.e., SAST) or other appropriate treatment. If the youth and family already were engaged in treatment or had private insurance (i.e., had access to service), they were not enrolled in SAST; however, if the family needed help accessing the treatment, the therapist would assist them with a referral. Those youth who did not have other means to obtain needed supports were referred to SAST.
4. **SAST services:** The SAST services were comprised of three evidence-based interventions:
 - a. **Seeking Safety:** An evidence-based treatment model that addresses the co-occurring diagnoses of post-traumatic stress disorder (PTSD) and substance abuse.
 - b. **Trauma Focused-Cognitive-Based Therapy (TF-CBT):** An evidence-based treatment model to help children and adolescents recover from trauma and trauma-related symptoms.
 - c. **Cognitive-Based Therapy (CBT):** An evidence-based psychological treatment that aims to change negative behaviors by helping youth understand how their thinking affects their behaviors.
5. In addition to serving families, SAST also aimed to address any racial and ethnic disparities by addressing gaps in mental health services for youth of color and providing training to probation staff on implicit and cultural bias.

⁴ The San Diego Unified School District's mental health department was the subcontractor for SAST.

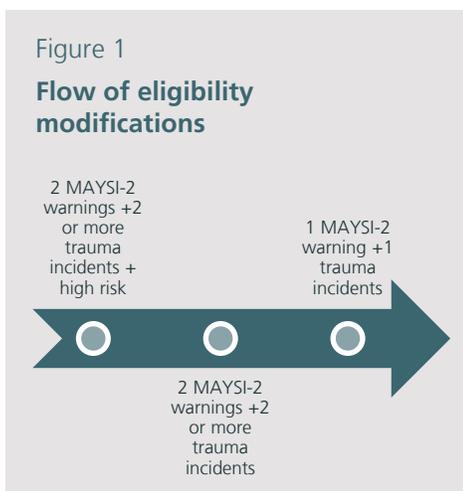
Additions/modifications

The basic tenet of *Action Research* is to inform program and policy during implementation. Through monthly data collection and analysis, quarterly Steering Committee meetings, and monthly program meetings, SAST partners closely monitored program progress. Based on the MAYSI-2 scores and the low number of youth meeting the original thresholds, it became apparent during implementation that the original assumptions about unmet needs were not entirely correct. While several adjustments were made to the eligibility criteria to lower the threshold and expand the potential target population (Figure 1), after 18 months of implementation resulting in few eligible participants, Probation and the Steering Committee made a significant mid-course adjustment to SAST. As detailed in the process section, SAST as designed was not meeting the expected numbers, and in May 2017, the decision was made to expand the program to include two other program modules. One model was to extend trauma services started while a youth was detained in Juvenile Hall's Trauma Responsive Unit (TRU), but was not completed, and the second model involved co-locating a licensed mental health clinician at Probation offices throughout the region to increase the assessment and connection to mental health services for those youth under Probation supervision in the community. The resulting SAST model included three avenues to addressing trauma and mental health needs – Classic SAST, TARGET, and Service Navigator (Appendix A).

Enhanced SAST service model program description

1. **TARGET services out-of-custody.** TARGET is a SAMHSA evidence-based program⁷ that provides education about the impact of complex traumatic stress on the brain's stress-response system and strengths-based practical skills for resetting the trauma-related alarm/survival reactions that occur in complex PTSD. The program can be delivered to a group, an individual, or a family (in-home), with Probation choosing the group mode. Youth detained in Juvenile Hall who are assessed as benefiting from more intensive trauma-informed supports while in custody are enrolled in Trauma Response Unit (TRU) and begin TARGET groups (4 out of the 12 modules are offered). While TRU was designed to include a plan to connect youth to TARGET upon release to finish the program in the community, this key step was never put in place. This break in service was identified as a gap that SAST could fill and was consistent with the original intention of the grant to address trauma-exposed youth. SAST was thus expanded to provide TARGET services throughout the five regions of San Diego County through existing CBO partners. Youth who were either exiting TRU, identified by the Court as needing assessment and services, and/or had a MAYSI-2 assessment score indicating a need were referred to TARGET services provided by one of the newly contracted CBOs.

⁷ SAMHSA's National Register of Evidence-based Programs and Practices (7/15/2014), available at <https://www.ctntraumatrain.org/uploads/4/6/2/3/46231093/target.pdf>.



Expanded target population and service modalities

Classic SAST: *The original design to assess all out-of-custody adjudicated youth and provide EBI for those in need of trauma-related mental health treatment*

TARGET: *Youth detained and involved in the TRU or in the community who have unmet trauma needs will continue or start TARGET services in the community*

Service Navigators: *Co-location of a mental health professional at Probation offices to assist youth under Probation supervision in the community and in need of assessment and possible mental health support*

2. **Service Navigators embedded in regional Probation offices.** The third branch of the expanded service model was to co-locate a mental health clinician in four Probation offices throughout the region (North, South, Central, and East) to assist POs in assessing and referring youth who may have unmet mental health needs to appropriate services. The clinicians worked closely with the supervising PO to either help create the initial Probation case plan upon release from institutions and/or to be a resource for the supervising PO and the youth in the community if the youth was not thriving. The clinician also provided individual and group treatment to the youth and/or family in the community or in their homes, thereby expanding the web of possible mental health supports to youth under Probation supervision. Furthermore, the clinician was able to assist youth and families in accessing additional services (e.g., substance use treatment, public benefits) as needed.

Methodology

Research design

To assess SAST project implementation and what effect these efforts had on the participants and the system, SANDAG conducted a process and outcome evaluation. This included all required BSCC data metrics to meet reporting requirements as well as additional elements to meet local needs and inform the evaluation. To measure SAST's success in achieving its stated goals and objectives, a single-group, pre-test/post-test design (i.e., comparison of measures before and after SAST participation) was used. Factors related to success as well as reduction of risks were compared over time using the appropriate level analysis (e.g., Chi-Square statistics, difference of means tests, and measures of effect size). The research design also included a cost-avoidance study. Without a comparison group, days detained were compared between those who successfully completed the program with those who dropped out or reoffended before completion. Guiding the evaluation throughout were the principles of *Action Research* (i.e., research is an active participant in the process to assist in guiding the implementation and solving problems as they arise). SANDAG research staff were involved from the grant's inception and were active participants during the project's development, implementation, and modification. This approach was critical in guiding the mid-course corrections and expansion of services. Examples of how the evaluation assumed a more "action" orientation included:

- SANDAG attended the pre-application planning meetings and provided input on how and with what effect different evaluation approaches could be used in the program design and implementation.
- SANDAG and the partners worked closely on the development of the Local Evaluation Plan to ensure the evaluation provided the partners with pertinent information to determine if their interventions were appropriate and on-target to ensure that the proposed data collection was feasible and gain valuable input on the instrument-development in an effort to increase the likelihood of capturing valid information.
- SANDAG attended the program development and implementation meetings as well as the Steering Committees to both document the decision-making process and provide real-time information to support decision-making.
- SANDAG assisted in the redesign of the program when the projected target population numbers were not materializing and eligibility criteria needed to be adjusted to reach the intended population.

- SANDAG worked closely with Probation research staff to ensure the Steering Committee had the most up-to-date information to make decision on the program’s implementation.

While the evaluation design was detailed in the Local Action Plan, when the program changed the evaluation design, it also had to adjust to capture the different program processes, reduce the time period for follow-up data collection of criminal activity, and collect different program measures. Specifically, while the research methodology remained the same, the data sources, timeframes, and some of the research questions were revised.

Process measures

The process evaluation was designed to document what program components were employed and how well the SAST project model was implemented. Data were gathered from multiple sources to describe the youth served, the referrals and services received, and program implementation. The process evaluation addressed the following questions:

1. What program modifications and reasons for change occurred during the grant period?
2. What were the number and characteristics (demographics, risk level, symptomology, and criminal history) of the youth who were enrolled in the Classic, TARGET, and Service Navigator programs?
3. Of the youth receiving SAST services, what were the level and type of services received, the completion status, and the average length of treatment?
4. What factors were related to successful completion of the program (e.g., prior criminal history, services received, treatment dosage)?
5. Were the strategy and project implemented with fidelity?⁸

Outcome measures

In addition to the process evaluation, SANDAG conducted an outcome evaluation to address the question of how effective the model was in accomplishing its recidivism goals and with whom it was most effective. Specifically, the outcome evaluation addressed the following questions:

1. Did SAST participants remain crime-free during⁹ participation (as measured by arrests for new offenses, new true findings, and institutional commitments)?
2. Did SAST result in improved mental health outcomes post-treatment?
3. Did the implementation of SAST result in any cost-savings as measured by reduced detention days?

⁸ In the original evaluation design, satisfaction with services was going to be tracked via the distribution of an exit survey for youth and family to provide feedback. However, with the shift in focus towards designing and implementing the two new program models, there was not enough time to revise, train, and establish a reliable system to collect these surveys.

⁹ Originally, the evaluation design was going to track criminal activity 6 and 12 months post participation; however, all but four clients were out of the program for 12 months and only 11 were out for 6 months, so the outcome period had to be adjusted downward to increase the number of cases available for analysis.

Below is a more detailed description of each of the data sources and how they were collected.

MAYSI-2: The MAYSI-2 is a self-administered inventory asking youth 52 (5th-grade level) “yes or no” questions regarding recent behaviors, thoughts, and feelings. The tool is available in English or Spanish and is administered electronically using the MAYSI-WARE computer program. The MAYSI-2 was administered immediately following the youth’s court appearance at the Juvenile Probation Center (JPC) and the results of this MAYSI-2 were forwarded to the assigned PO. Because of concerns by the Public Defender on confidentiality, only information noting that a youth scored at the threshold level was noted in the case log.

SDRRC data: In addition to the administration of the MAYSI-2 assessment, each youth referred to Probation has a San Diego Risk and Resiliency Checkup (SDRRC) completed by Probation during the first Probation interview with the youth. The SDRRC is a standardized assessment which measures risk and protective factors for delinquency. It is used throughout Probation, as well as by some community service provider assisting Probation-involved youth.

Clinical assessment data (PADDI-5): Youth who met the initial trauma experience threshold were referred for the more in-depth assessment – the PADDI-5, which is a structured diagnostic interview to identify mental health and substance dependence/use in the juvenile justice population. The contracted provider administered the PADDI-5 (first at a follow-up appointment and then post-modification immediately after the youth’s court appearance at JPC). The results of the PADDI-5 informed the youth’s case plan and referral to services.

Symptom inventory¹⁰: In addition to the PADDI-5, all youth referred to TARGET services received a symptom inventory assessment, the Structured Trauma-Related Experiences and Symptoms Screener (STRESS) for TARGET. The assessment was administered by the contracted program at intake and exit to measure change in the severity of trauma-related symptoms over time.

Treatment data: All referrals to services, completion status, and dosages were tracked by program staff and either sent to SANDAG using an Excel tracking form; downloaded from a shared data system, Efforts to Outcomes; or provided by a Probation analyst.

Archival data collection: Individual-level criminal history data were collected by SANDAG staff six months prior to participation and the time period during participation for all youth in the during time period. Criminal history data included arrests, true findings, and the number and length of detentions and institutional commitments. These data were gathered from the Probation Case Management System (PCMS) (Probation referrals and true findings) and Automated Regional Justice Information System (ARJIS) (i.e., arrests).¹¹

Fidelity data: To measure whether SAST was implemented as planned, staff trainings, program contacts, and quality of treatment (matrix to be determined upon selection of EBI) were to be tracked by Probation and entered into a SharePoint site or by program staff pending the final contracted provider and selected EBI. However, during implementation, it was decided that it was not feasible to track the treatment as originally planned, and because of timing of the new modifications, it was not possible to track the new services. As such, the trainings, contract monitoring, and project meetings were the primary means of monitoring fidelity.¹²

Meeting minutes: To capture the implementation process, including changes to the program model, challenges, and resolutions, along with a timeline for trainings and implementation, meeting minutes of all Steering Committee and program meetings were taken. Probation assigned an administrative assistant to document the minutes and they were sent out to all participants for review.

All data were entered into SPSS 24 by research staff and cleaned to identify missing and/or inconsistent information.

¹⁰ The original design called for all youth in Classic to receive the Child PTSD Symptom Scale at intake and exit to measure change in symptomology. However, the program did not use this tool, and relied on the PADDI-5 for clinical purposes, thus eliminating the possibility for the evaluation to measure this indicator.

¹¹ During the grant period, California Assembly Bill 529 (Stone, 2017) passed, which required that Probation alter its data system to allow for sealed cases to be reviewed for research purposes. This process resulted in a delay in accessing complete data and in the data-collection method, with Probation providing an extract and SANDAG matching it with data collected manually from PCMS.

¹² The original design includes surveys of youth, family, and partners. However, because of the low number of Classic participants (n=8), and the delay in implementation, there was not sufficient time to survey stakeholders.

Analysis plan

Analysis was both qualitative and quantitative in nature. While a randomized control group would have provided the most rigorous design, it was not feasible for this project. Therefore, SANDAG employed a single-group, pre-test/post-test design (i.e., comparison of measures before and after SAST participation). Factors related to success as well as reduction of risks were compared over time using the appropriate level analysis (e.g., Chi-Square statistics, difference of means tests, and measures of effect size). Analysis for the outcome evaluation consisted of assessing recidivism on variables identified as factors predictive of recidivism (e.g., criminal history, program success, ethnicity, risk and need level). The analysis began with univariate analysis using the statistics previously mentioned. This method was followed with multivariate analysis (i.e., regression) to isolate factors related to success (e.g., reduced recidivism). Process measures provided a framework for the results for the outcome evaluation and informed the predictive analysis.

Process results

What program modifications and reasons for changes occurred during grant period?

From the inception, the design and implementation of SAST was data-driven and based on the best evidence in the field. The reliance on data carried through to the evaluation and decision process, which ultimately offered new information about the youth in the local juvenile justice system's needs and their access to mental health services (i.e., insurance, involvement in current treatment, and/or receiving services through another Probation program). As noted earlier, the original design targeted high-risk, out-of-custody, true found youth. However, after careful monitoring of the enrollment numbers along with reasons for non-enrollment, program staff and Steering Committee members made several adjustments to the SAST model to broaden the response to the needs of youth. This adjustment was an example of using data and action research to modify programs to meet needs of the population. A timeline documenting the issues and the adjustments implemented is included as Table 1.

Major process finding

- Monitoring of program implementation revealed that a larger proportion of youth had access to mental health services than originally believed.

Table 1

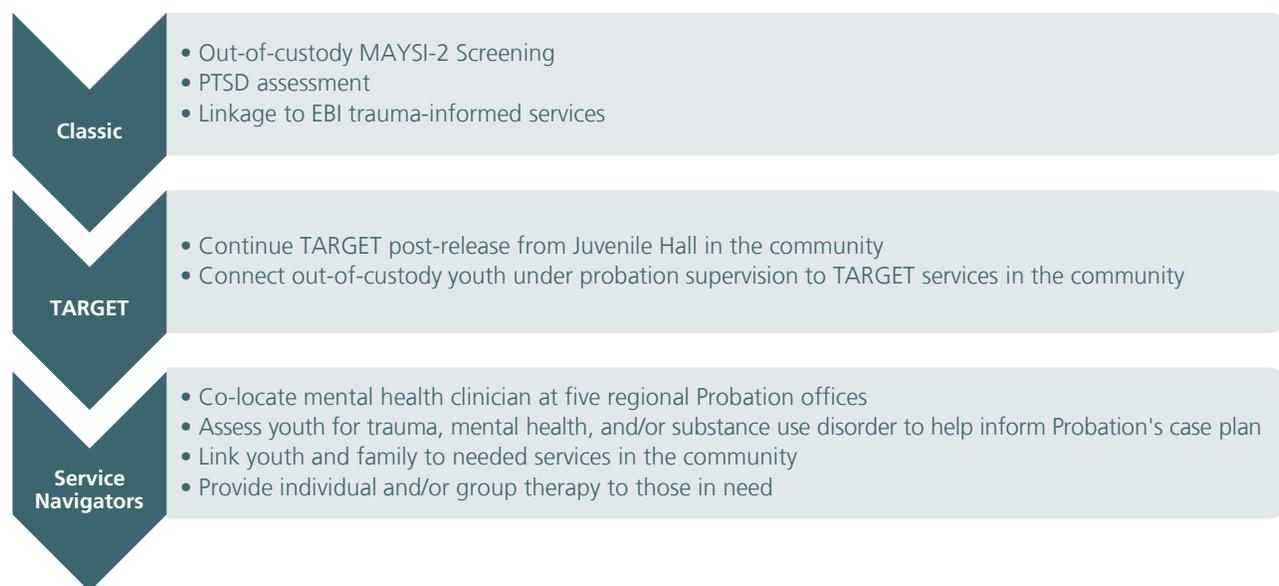
SAST program adjustments

Date	Issues	Adjustments
June 2016	Fewer youth met the screening threshold than projected	Removed the SDRRC score as part of the screening – accepted all levels of risk
December 2016	Fewer youth met the trauma eligibility threshold	Lowered MAYSI-2 trauma threshold from two to one trauma experience
March 2017	Even with the lower threshold, SAST continued to experience low program enrollment	Introduced a five-question screening to better assess why youth were not being assessed Began exploring other populations in the system that were trauma-affected and could benefit from services Expanded trauma training to all institutional staff to allow for more informed identification and trauma-appropriate responses
May 2017	Based on information gathered from the additional questions, many youth were either in treatment or could access services through their own private insurance and therefore were not in need of SAST	Steering Committee request that staff identify other possible youth populations that could benefit from SAST
July 2017	Youth in the Probation TRU receiving TARGET were not being connected to TARGET in the community to complete their treatment POs in the field needed assistance in identifying additional needs of those youth who may have mental health or substance use issues	Two additional program components were proposed to both reach in-custody youth with trauma experiences (TARGET) and improve identification and access to mental health service for youth on Probation supervised in the community (Service Navigators)

Ultimately, the original SAST design became a program with three modalities intended to serve trauma-affected youth, including those that resulted in a diagnosis of PTSD. The first model refers to the Classic MIOCR (the original design), the second was TARGET, and the third was the Service Navigators (Figure 2).

Figure 2

Redesigned SAST program

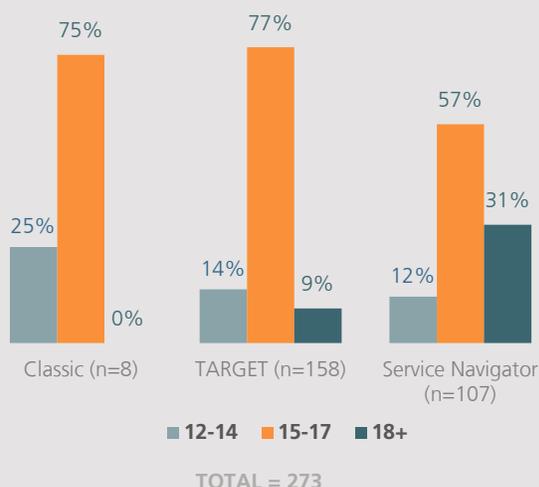


What were the number and characteristics (demographics, geographic location, risk level, symptomology, and criminal history) of the youth who were enrolled in Classic, TARGET, and Service Navigators programs?

Participant characteristics

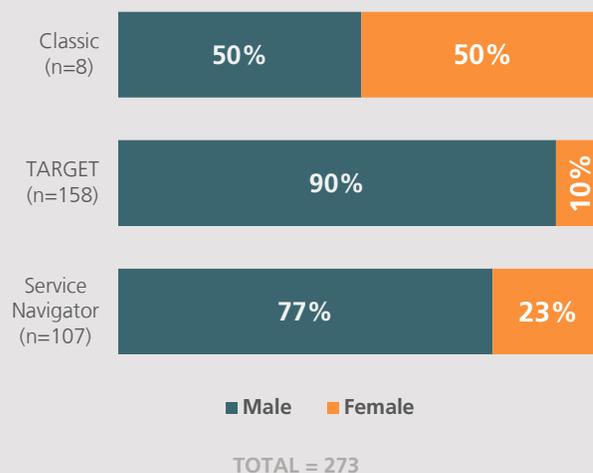
Between February 17, 2016, and June 30, 2018, a total of 241 youth (32 youth received both TARGET and Service Navigator services)¹³ were enrolled in one of the three SAST program components, with Classic enrolling 8 youth, 158 involved in TARGET, and Service Navigators serving 107. As shown in Figures 3A and 3B, the demographic characteristics of the youth differed by program module. The majority of TARGET youth were between the ages of 15 and 17 years old (77%), which was younger than the Service Navigator population, which had around three fifths (57%) in that age range but served a larger portion of youth 18 and over (31%) compared to TARGET (9%). Youth in the Classic module were most often 15 to 17 (75%) (Figure 3A). Except for Classic (50% male and 50% female), the majority of participants were male (77% in Service Navigators and 90% in TARGET), with Service Navigators serving slightly more females (23% versus 10%, respectively) (Figure 3B).

Figure 3A
Age of SAST youth by program module



SOURCE: SANDAG Final SAST Report (2018), Program Intake Forms, 2018

Figure 3B
Gender of SAST youth by program module



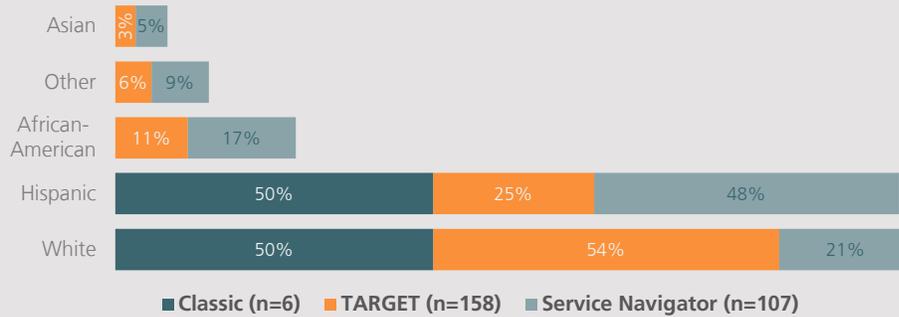
SOURCE: SANDAG Final SAST Report (2018), Program Intake Forms, 2018

As for race/ethnicity, more than half of TARGET youth were White (54%), one quarter identified as Hispanic (25%), and around one in ten African-American (11%), followed by those of “other” ethnicities (6%) and Asian (3%). These proportions differed from youth served by Service Navigators, which had a larger proportion of Hispanic (48%) and African-American (17%) youth, as well as youth of “other” race/ethnicities (9%), Asian (5%), and fewer Whites (21%). The six Classic youth had an equal proportion of White and Hispanic youth (50% each) (Figure 4).

¹³ For purposes of describing the youth in each program, the duplicates were left in to reflect that specific program population.

Figure 4

Ethnic/racial characteristic of SAST youth by program component



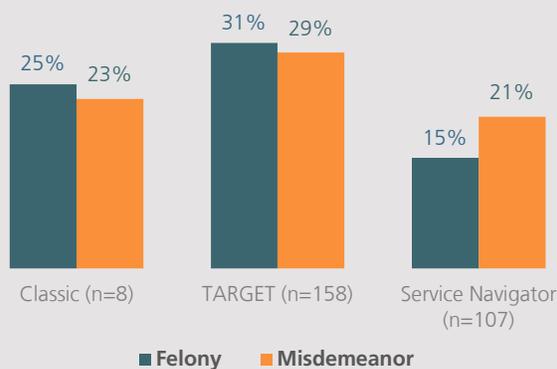
NOTE: Cases with missing information not included.

SOURCE: SANDAG Final SAST Report (2018), Program Intake Forms, 2018

As for risk of recidivism and prior juvenile justice involvement, again the groups differed. A larger proportion of TARGET youth had prior involvement with the juvenile justice system, with more than half having had at least one prior sustained petition (54%) compared to about one third (34%) of those referred to a Service Navigator. More specifically, close to one third of TARGET youth had a prior felony sustained petition (31%) in the previous six months, which was twice as many than Service Navigator youth (15%), and a similar amount had a misdemeanor-level sustained petition (29%) compared to one in five (21%) of Service Navigator youth (Figure 5A). Likewise, more than three quarters (77%; median of 44 days; range of 1 to 165) of TARGET youth were detained during the six months prior to intake, compared to less than half (46%; median 44 days; range 1 to 166) of Service Navigator participants and none of the Classic youth (not shown). Examination of risk level according to the SDRRC showed a similar proportion of youth rated as high-risk (30% and 32%) between Service Navigator and TARGET, more TARGET youth at the medium level (38%) compared to Service Navigator (34%), with more youth receiving Service Navigator services rated as low risk of recidivism (36% compared to 30%). The few Classic youth were mostly low-risk (57%) or medium-risk (29%) (Figure 5B).

Figure 5A

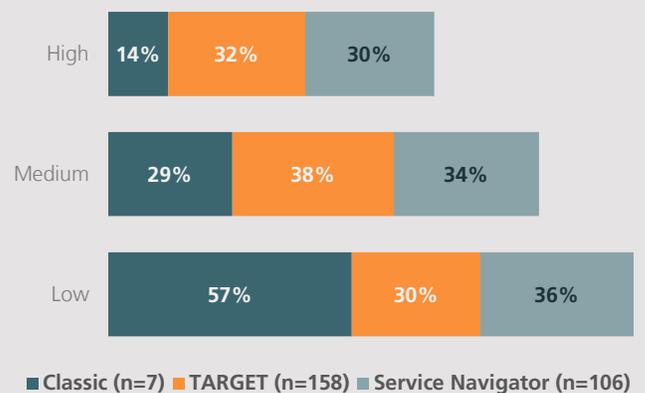
Level of prior sustained petitions by SAST program module



SOURCE: SANDAG Final SAST Report (2018), Probation Case Management System, June 2018

Figure 5B

SDRRC risk level by SAST program module



NOTE: Cases with missing information not included

SOURCE: SANDAG Final SAST Report (2018), Probation Analyst Extract, June 2018

To help inform treatment and also measure change in mental health status, TARGET youth were administered a STRESS assessment, which is a self-report PTSD screening tool instrument for youth of ages 7 to 18 that inventories 25 adverse childhood experiences and potentially traumatic events and assesses symptoms of PTSD using the revised criteria published in the *Diagnostic and Statistical Manual for Mental Disorders*, fifth edition (DSM-5). TARGET youth had a median intake symptom score of 4.00 (range 0 to 6) and 15.00 (range 0 to 60) severity score (not shown).

Of the youth receiving SAST services, what were the level and type of services received, including type of service, the completion status, and average length of treatment?

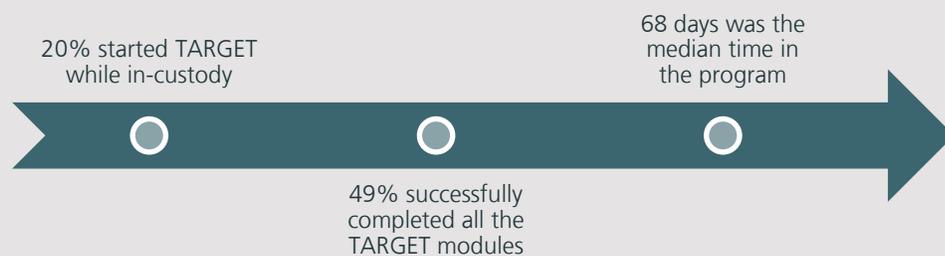
As noted earlier, type of service, length of engagement, and definition of successful program completion varied by treatment modality, and therefore, each are described separately. Analysis of possible factors related to successful completion of the program showed statistically significant factors related to success.

TARGET service level and completion status

The TARGET modality served the largest number of youth (n=158), providing trauma-informed services to youth under Probation supervision. The original intent of the addition of TARGET was to provide continuity from institution to community for those youth assessed and eligible for TARGET services through TRU in Juvenile Hall. Prior to this programmatic addition, youth who started TARGET while in the TRU unit were released without being connected to a provider to complete the curriculum. Of the TARGET youth, one in five (20%) started the curriculum while in custody, of which (54%) completed the curriculum in the community as a result of being referred to TARGET (not shown). Overall, close to one half (49%) of participants successfully completed TARGET (i.e., completed all 12 of the program modules). Youth in the community were in the program around two months, with the median length of participation being 68 days (range 4 to 504 days) (Figure 6).

Figure 6

TARGET services and completion status

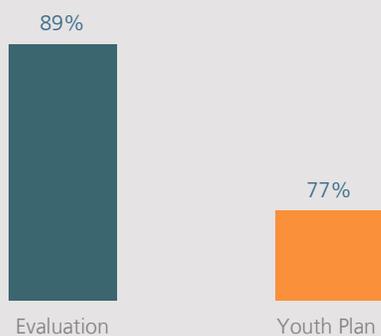


Service Navigators

The primary intent of the Service Navigators was to support Probation in identifying trauma and/or other mental health or substance use needs of youth being supervised in the community. Because Service Navigators were licensed or license-eligible therapists, they could conduct additional assessments, provide therapeutic services directly, or connect youth to services in their community. Once a Service Navigator received notification of a youth, s/he would attempt to contact the youth and family to set up an appointment, conduct an evaluation of needs, and develop a case plan. Examination of the level and type of contact with youth and families indicated that Service Navigators provided extensive interactions with them to assess and link youth to additional services. Around nine out of ten (89%) youth were contacted and received an evaluation and three quarters (77%) had a case plan developed (Figure 7A). Overall, the median number of contacts was 10 (range 2 to 72), which included attempts to contact the youth and family as well as collateral contacts with Probation (65%), mental health providers (28%), and/or the youth's school (17%) (Figure 7B).

Figure 7A

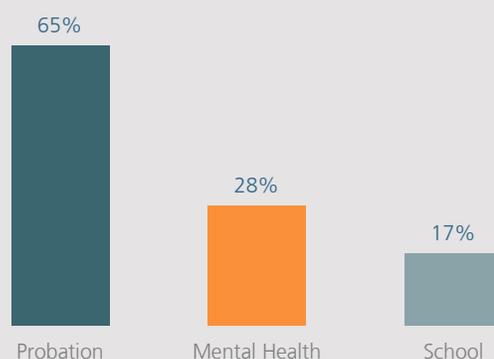
Service Navigator youth who received an evaluation and youth plan



SOURCE: SANDAG Final SAST Report (2018), Program Tracking Form, June 2018

Figure 7B

Type of collateral Service Navigator youth



SOURCE: SANDAG Final SAST Report (2018), Program Tracking Form, June 2018

As Figure 8 shows, of the 107 youth who were referred for Service Navigator services, 71 were referred to additional types of interventions, and of these youth, 35 percent (n=25) attended their first appointment. Because the Service Navigator portion of SAST is going to continue beyond the grant, these data support a deeper dive into the program to understand why youth are not engaging in referred services and to improve connection with needed services.

Figure 8

Rate of engagement in referred services

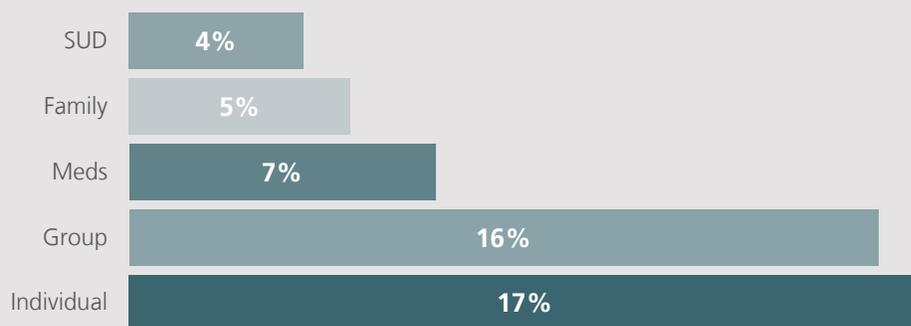


SOURCE: SANDAG Final SAST Report (2018), Service Navigator Treatment Tracking Form, June 2018

As to the type of referrals provided, individual therapy was the most frequent service referral (17%), followed by referrals to group therapy (16%), medication management (7%), family therapy (5%), and substance use disorder (SUD) (4%) (Figure 9). Analysis showed no differences in the type or frequency of contacts by demographics or risk level.

Figure 9

Type of referrals provided by Service Navigators



TOTAL = 107

SOURCE: SANDAG Final SAST Report (2018), Service Navigator Treatment Tracking Form, June 2018.

Because the Service Navigator component of SAST is continuing beyond the MIOCR grant period, not all youth had completed services by June 30, 2018 (the end of the grant). Of the 107 participants, 72.9 percent had exited by June 30, 2018, participating for a median of 93 days (range 9 to 235 days) (not shown). As for completion status, more than half (56%) did so successfully and about one in five (19%) left before completion but made satisfactory progress. The remaining youth, one quarter (24%), exited with unsuccessful progress in the program (Figure 10).

Figure 10

Service Navigators completion status



TOTAL = 78

SOURCE: SANDAG Final SAST Report (2018), Service Navigator Treatment Tracking Form, June 30, 2018.

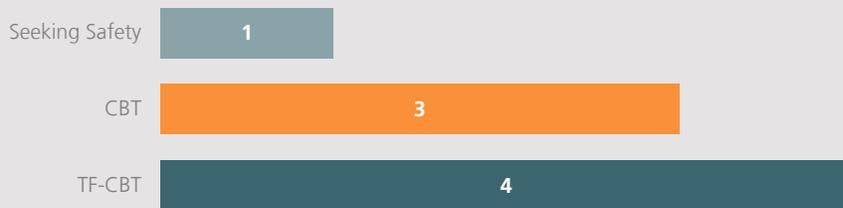
Classic

The original design was to address a perceived gap in identifying and linking out-of-custody, adjudicated youth to mental health services. Of the 857 youth who received a MAYSI-2 screening (between February 2016 to June 2018), 27 percent met the threshold to receive the PADDI-5 assessment. However, through attrition (e.g., refused services, engaged in other services) 64 percent (n=118) of youth actually completed the PADDI-5 and of these, 83 percent (n=98) were recommended for treatment. Although a youth was assessed as needing services, what became apparent was that most of these youth were already involved with treatment or in another Probation program, had private insurance, or declined services. From this pool of youth, 19 were recommended for SAST services and 8 were enrolled. The final dashboard diagramming the Classic treatment flow is located in Appendix B.

Of the eight youth enrolled in Classic MIOCR, half participated in TF-CBT, three were assessed as needing traditional CBT, and one was enrolled in Seeking Safety (Figure 11). Of these youth, two never attended treatment, five made satisfactory progress, and one successfully completed treatment (Seeking Safety) (not shown).

Figure 11

Recommended Classic MIOCR services



SOURCE: SANDAG Final SAST Report (2018), SDUSD Treatment Tracking Form, June 2018

***Were the strategy and project implemented with fidelity?*¹⁴**

Associated with the changes in the overall program model was the change in strategy and feasibility to monitor fidelity. The Classic program component continued with the implementation as planned, with San Diego Unified School District (SDUSD) monitoring youth's progress in treatment and Probation executing its contact monitoring process. In addition, during the first two years of the grant, SDUSD program staff, Probation staff, including the director of treatment, the grant project manager, and the senior Probation research analyst, as well as SANDAG research staff met frequently. These meetings were a critical element in monitoring how the implementation was proceeding, addressing challenges as they arose, ensuring accurate data were being gathered, and providing recommendations for program changes throughout the monitoring of the data. The Classic data, which included tracking attrition rates, were summarized by Probation and presented to the Steering Committee to inform their decisions.¹⁵ The Steering Committee was an active decision-making body and met 12 times during the grant period to provide oversight, direction, and authorization to modify the program.

¹⁴ Originally, satisfaction with services were going to be tracked via the distribution of an exit satisfaction survey for youth and family; however, with the addition of the two new program models, there was not enough time to revise and distribute a new survey.

¹⁵ A copy of the dashboard is included in Appendix B, which includes the final numbers.

When the overall project was expanded, these regular meetings were expanded to include the new contracted providers charged with providing TARGET and Service Navigator services. The expansion required Probation staff to meet approximately 3 to 5 times a month to solidify the design, address operational and budget changes, and review the data collection process. SANDAG was a part of these meetings and designed additional data-collection instruments for partners to collect the required performance measures and track dosage. Data were transferred to SANDAG on a monthly basis and reported out to aid in monitoring the implementation of the new program components. There were no additional fidelity checks put in place to monitor how the CBOs were implementing the required program components.

Additional efforts to ensure the project was being implemented as planned included the provision of Probation trainings to Probation staff on topics relevant to the target population. These trainings mostly focused on trauma-informed care, with one intended to address implicit bias and the grants efforts to reduce racial and ethnic disparities. Table 2 shows the topics, dates, and number of attendees at each training.

Table 2

GRANT related probation trainings

		Attendees
How being trauma-informed improves criminal justice	7/12/15	2
Trauma-informed care	7/27/15, 7/28/18, and 6/26/18	162
Reducing racial and ethnic disparities	7/12/16 and 7/13/18	79
Youth mental health first aid	4/13/17, 6/07/18, and 1/16/18	5

SOURCE: SANDAG Final SAST Report (2018), Probation Training Database, June 2018

One of the objectives of SAST implementation was to reduce the disproportionate overrepresentation of youth of color in the system by providing additional mental health assessments and linkages to services and providing implicit bias training to Probation and juvenile justice system (noted in Table 2). Trainings were provided as planned, but the reduced number of youth served was a barrier from having a larger impact on RRED. However, during the grant time period, Probation, in collaboration with the other justice stakeholders, revitalized its commitment to monitoring and addressing RRED by reconvening its RRED Committee (described below). In 2018, this committee (members include representatives from Probation, Public Defender, District Attorney, Public Safety Group, Sheriff, the Court, Community Based Organization, SANDAG, and The Children’s Initiative) voted to allocate funds to have SANDAG conduct an annual in-depth study of RRED.

Probation’s past work on RRED, which started in 2003, provided the tool to monitor disproportionality. Specifically, in 2003, Probation formed a committee comprised of juvenile justice stakeholders with the purpose to examine if and how race factored into the juvenile justice system. One of the recommendations from this endeavor was the use of the Relative Rate Index (RRI) to monitor the level of contact African-American and Hispanic youth had with the system (i.e., detention, true findings, and commitments) in comparison to White youth.¹⁶

For the purposes of this grant, the RRI for the year prior to SAST implementation (i.e., 2015) was compared to 2017 (the most recent full year) and to the last two quarters of the grant period. While there is variation at all decision points over time, a clear pattern does not emerge. When compared to White youth (which is the reference point, set at 1.00), Black and Hispanic youth remain overrepresented at all decision points, however to a lesser degree at detention (1.12 and 1.38, respectively) compared to when the project started. For true findings, the proportional representation hovered around 1.00, dipping slightly up and down, pending the quarter. The greatest fluctuation was evident at the commitment level, with the greatest dips and peaks, ending with Hispanics 78 percent more likely to receive an institutional commitment and Blacks 36 percent more likely. However, given that SAST did not direct many of its resources towards RRED and because of its small scope, it is not possible to draw any association between SAST and the fluctuations or to expect the program to have a measurable impact on the entire county’s numbers.

Figure 12A
RRI detention



Figure 12B
RRI true findings



Figure 12C
RRI commitments



¹⁶ The RRI is part of the Office of Juvenile Justice and Delinquency Prevention National Disproportionate Minority Contact Databook and is used nationally to examine disproportionate minority contact within jurisdictions.

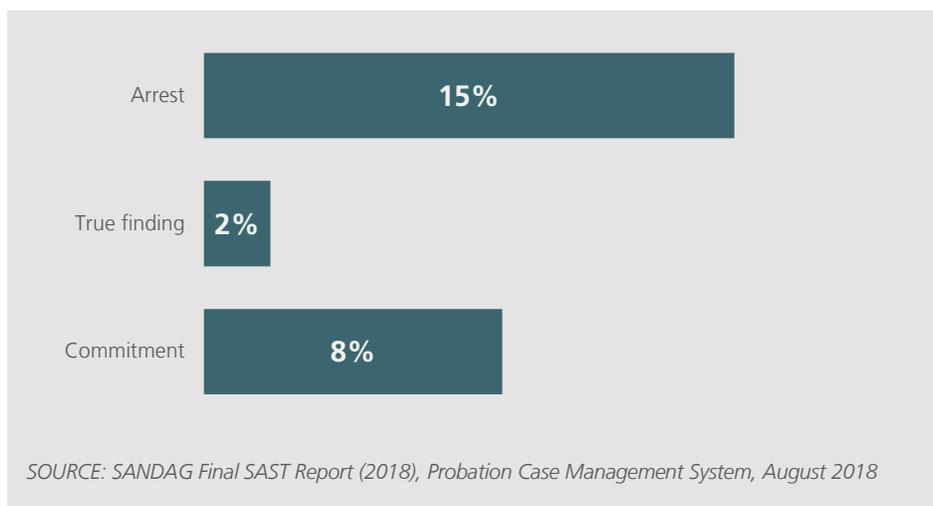
Outcome measures

Did SAST participants remain crime-free during participation and six months¹⁷ post-participation (as measured by arrests for new offenses, new true findings, and institutional commitments)?

Ultimately, the goal of SAST was to reduce the likelihood of a youth returning to the juvenile justice system by addressing their trauma-related needs. Recidivism for this study was measured using a combination of three metrics: arrests, true finding, and/or institutional commitment on any new offense. Because 32 youth were simultaneously served in two SAST programs, they are separated out as their own group for the purpose of the criminal activity analysis. As noted earlier, the original evaluation designed included 6 and 12 months post recidivism; however, 4 participants exited in time for the 12-month analysis and only 11 had exited at the 6-month point. Therefore, analysis was limited to the during time period (i.e., the time the youth was involved with SAST programming). Overall, 79 percent of participants remained crime-free while in the program. When examined by type of justice contact, most of the contact was for an arrest (15%), with only 2 percent having a true finding (1% during and 3% post) and 8 percent receiving a new commitment (Figure 13). The culmination of this activity resulted in 8 percent detained during (median of 54 days [8 to 94]) (not shown).

Figure 13

Justice contact for all SAST participants

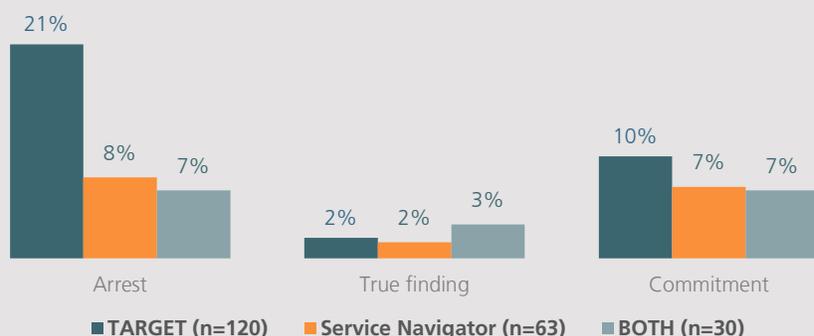


¹⁷ Originally, the evaluation design was going to track criminal activity 12 months post-participation; however, all but 4 clients were out of the program for 12 months and only 11 were out long enough to collect information at 6 months. Therefore, the outcome period was limited to the time of participation in order to have enough cases for analysis.

When examined by program, TARGET youth were more likely to be arrested in the during time (21%) compared to those involved with a Service Navigator (8%) or receiving services in two programs (7%). This difference dissipated at point of true finding (2%, 2%, and 3%, respectively) and commitment (10%, 7%, and 7%, respectively) with no statistical differences among the groups (Figure 14).

Figure 14

Justice activity by program component



SOURCE: SANDAG Final SAST Report (2018), Probation Case Management System, August 2018

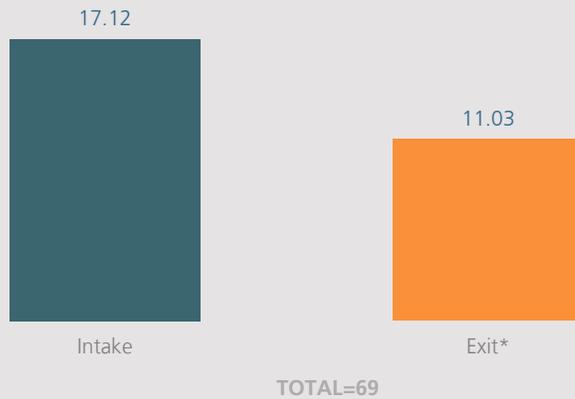
In addition to TARGET having more youth arrested, bivariate and multivariate analysis also found that ethnicity was associated with criminal activity. Specifically, youth who identified as an “other” race/ethnicity (this included Native Americans, Asians, and those of mixed race) had no new criminal contact during program participation in comparison to all the other racial/ethnic groups. These were the only two factors found to be significantly associated with justice contact.

Did participants show improved mental health outcomes post-participation?

The evidence-based programming provided by Classic and TARGET were intended to reduce symptoms associated with PTSD and other trauma-related symptoms. Each program used a different assessment to measure change in symptomology pre- and post-program participation; however, not enough Classic youth had an intake and exit assessment to measure for change. For TARGET, the programs used the STRESS Test, which is the same instrument that Probation uses to assess youth in the TRU unit. For those youth who had both an intake and exit STRESS assessment, the Severity score (the score used to monitor change in symptoms) decreased significantly between intake (17.12, SD=13.20) and exit (11.03, SD=12.23) regardless of program completion status, indicating improved mental health as it pertains to the youth’s symptoms for any youth who participated. However, when examined by completion status, those youth who successfully completed the program (i.e., attended all modules) decreased at a significantly greater rate (-7.15, SD=12.00) than those that did not successfully complete the program (-1.93, SD=7.48), suggesting more positive outcomes for those who received the full dosage.

Figure 15

STRESS Severity score intake and exit



*Significant at $p < 0.05$

SOURCE: SANDAG Final SAST Report (2018), TARGET Program Files, June 2018

Did implementation result in cost-savings?

As with the recidivism analysis, the cost analysis was impacted by the change in the program design and delayed enrollment of participants. The original design called for comparing detention days of those youth who were successful to those who were unsuccessful post-program completion. Because recidivism during the program would be considered an “Unsuccessful” completion status, it was not possible to measure program effect for the during period, and because there was not a sufficient sample size of youth who had been out of the program for 6 or 12 months, it was not feasible to conduct the cost analysis.

Lessons learned

The SAST program did provide some valuable insights to the mental health needs of youth affected by trauma and the existing paths to gaining support. During the grant period, several adjustments were made to improve the program, and the following lessons were learned:

1. **Better understanding of youth in the system:** As noted earlier, one of the greatest lessons learned was that more out-of-custody youth have access to care (i.e., private insurance, involvement in current treatment, and/or receiving services through another Probation program) than originally assumed. In addition, the project showed a different need for youth who have been in custody and who are under Probation's supervision in the community. Specifically, helping youth connect to resources and/or continue treatment started while in custody was a need. The information gained through this process provided the seeds for additional service modalities, one of which will continue to operate beyond the grant period (i.e., Service Navigators).
2. **Timely and accurate information is important to the process:** Because Probation and the stakeholders were committed to using data to inform their decisions, they were able to make significant mid-course corrections to better serve trauma-affected youth within the system. The one area of improvement could have been instituting the changes earlier in the grant cycle.
3. **RRED needs to have action steps:** Probation has made substantial system changes to address RRED that are outside the scope of this project. It also carried out its grant commitment to provide RRED training to its staff. However, there were no other action steps in place to keep the discussion of RRED afloat when the staff needed to make significant adjustments in the program model. Having more concrete steps to address RRED may have aided in maintaining the discussion about how SAST was addressing it at the surface.
4. **Increase cultural competency by engaging the community:** To better understand any barriers to accessing mental health and/or substance use treatment, advocates and members of the community being served (specifically Hispanic and African-American youth) should be included in the planning and implementation process.

Summary

In 2015, Probation, in an effort to better identify and address the needs of youth impacted by trauma, applied for and received the BSCC MIOCR grant to expand the use of MAYSI-2 to all out-of-custody youth with a true finding. The SAST model was created using the most recent research on the effects and role trauma has in the lives of youth in the justice system. While the program's original design remained intact, the low number of youth that met the initial MAYSI-2 screening threshold, combined with low enrollment numbers, prompted an expansion of the program to a larger pool of trauma-exposed adjudicated youth. Using the data gathered during the implementation to drive their decision, the Steering Committee approved the creation of two additional SAST modalities, TARGET (a curriculum to education youth and address the effects of trauma in their lives) and Service Navigators (co-locating mental health works at regional Probation offices).

Overall, 241 were served with SAST, 8 enrolled in Classic, 158 in TARGET, and 107 referred to Service Navigators.¹⁸ Around half of all youth completed their program component successfully, and the majority remained crime-free during participation (76% had no contact with the justice system). Furthermore, youth showed improvement in their mental health as measured by a decrease in the symptoms they were experiencing post-participation.

SAST provided valuable lessons regarding putting steps in place to look at the data throughout the process, having the courage to question the grant's original intent, and being bold enough to change course when the model was not performing as planned. SAST did meet its primary goal to better serve out-of-custody trauma-affected youth by connecting them with needed services in the community and helped identify and fill additional gaps in services for trauma-exposed youth in the justice system. The destination remained the same; only the vehicle to get there changed.

¹⁸ TARGET and Service Navigators include youth who received services in both program components.

MIOCR FUNDED SERVICES

CLASSIC MIOCR

Population: Out -of-Custody true found youth

Referral Location: Juvenile Court

Referral Process:

- ✓ Court refers to MAYSI PO (across the street at JPC)
- ✓ MAYSI PO refers eligible youth (1or more Warning or Trauma) to SDUSD Clinician for clinical interview and PADDI-5 assessment
- ✓ Following assessment SDSUD refers to MIOCR funded treatment or other appropriate treatment

Screening/Assessments: MAYSI out-of-custody; PADDI-5 if appropriate

TARGET SERVICES

Population A: In custody TRU and TRU eligible youth and other in custody youth

Referral Location: East Mesa Juvenile Detention Facility (EMJDF) or Kearny Mesa Juvenile Detention Facility (KMJDF)

Referral Process: Initiated by Probation

- ✓ MAYSI PO initiates a CRD referral to TARGET based on Zip Code
- ✓ MAYSI PO notifies case managing PO and provider of referral
- ✓ Provider has 48 hours to follow-up with youth and family

Screenings: MAYSI in-custody; STRESS pre- and post- by provider

Population B: 602 wards supervised in the community

Referral Location: Regional Offices or Courts

Referral Source: Juvenile Field Services or Court partners

CRD referral to refer to TARGET program based on Zip Code

- ✓ PO notifies provider of referral
- ✓ Provider has 48 hours to respond

Screenings: MAYSI, STRESS pre- and post- by provider

SERVICE NAVIGATORS

Population: 602 Wards supervised in the community

Referral Location: Four regional offices

Referral Process:

- ✓ Case managing PO initiates referral to MIOCR clinician
- ✓ MIOCR clinician assesses youth and makes referral to services and resources in the community
- ✓ MIOCR clinician notifies case managing PO of services needed
- ✓ PO to complete CRD referral
- ✓ MIOCR clinician follows up with provider to ensure intake and one treatment appointment have been completed

Screenings/Assessments: Clinical interview, SDRRCII as reference.

MIOCR Dashboard

County of San Diego Probation Department



Time Frame	From	2/17/2016	To	6/30/2018
-------------------	------	-----------	----	-----------



229
Youth Met Threshold

229 (26.7%) out of 857
MAYSI-2 Screenings Met Threshold

The MAYSI-2 is a screening used to determine if youth have mental health needs. Using this tool, an officer determines if a youth should be referred to receive a clinical assessment, including the PADDI-5. During this assessment, a clinician determines if a youth requires treatment services and makes appropriate referrals.

185 (80.8%)*
Referred to PADDI-5 Assessment

67 (36.2%)
Did Not Attend Appointment

Family Unresponsive	27
Existing Provider	20
Initiating Other Service	5
Detained	5
Absconded	5
Declined Services	2
Out of Service Area	1
Mandated Program	1
Unknown	1

118 (63.8%)
PADDI-5 Assessments Completed

86 (72.9%)
Area of Concern (86)

PADDI-5 Areas of Concern

Youth may have multiple PADDI-5 areas of concern

98 (83.1%)
Recommended Treatment
(Youth are referred to treatment based on a clinical assessment in addition to the PADDI-5)

Outcome of Recommended Treatment

Existing Provider	40
MIOCR	19
Declined Services	8
Mandated Program	7
Community Referral	6
Private Insurance	6
Psychiatric Services	5
MST/ACT	4
Initiating Other Services	2
Unknown	1

20 (16.9%)
Did not Meet Medical Necessity

19 (19.4%)
Recommended MIOCR Treatment

TF-CBT	5
CBT	13
Seeking Safety	1

11 (57.9%)
Other MIOCR Outcomes

Declined	4
Private Insurance	3
Other Services	4

8 (42.1%)
Received MIOCR Services

TF-CBT	3
CBT	4
Seeking Safety	1

*Number of youth who met the MAYSI-2 threshold will not match the number of youth who were referred to the PADDI-5 because some declined further assessment, some were already in the process of receiving other clinical services, some did not actually meet the MAYSI-2 threshold based on clinical review, some were referred to the PADDI-5 based on other clinical criteria, and due to delays between the MAYSI-2 screening and the PADDI-5 assessment.

Program: AST Logic Model

Situation: SAST intends to fill the gap in the service array to identify and proactively work with juvenile offenders with the dual need of services that address trauma and mental illness.

Inputs	Outputs		Outcomes -- Impact		
	Activities	Participation	Short	Medium	Long
<p>Establishment of a SAST Steering Committee</p> <p>Leveraging of mental health funds to increase capacity of grant funds</p> <p>Matched funds in the form of Probation staffing</p> <p>Enhanced contract with existing providers to provide trauma-informed services</p> <p>Evaluation of SAST program (use of data to monitor implementation and outcomes)</p> <p>Probation Department's Director of Treatment and Clinical Services will provide training to Probation staff on R.E.D. and cultural bias.</p>	<ul style="list-style-type: none"> ✓ Convene SAST Steering Committee ✓ Expand the use of the MAYSI-2 assessment to 100 percent of appropriate true found youth (both in and out-of-custody) ✓ Administer a secondary assessment (PADDI-5) clinical assessment to those youth whose MAYSI-2 and SDRRC scores identify them as high risk and trauma affected (MIJO-T) ✓ Connect identified MIJO-T youth who are deemed in need of trauma interventions to Evidence Based Interventions (EBI) ✓ Train Deputy Probation Officers (DPO) on cultural bias ✓ Redesign SAST to reach larger target population: TARGET and Service Navigators ✓ Expand contracts with community providers 	<ul style="list-style-type: none"> ✓ Decision makers and partners (Juvenile Court, Probation, HHSA, Children's Initiative, youth, DA, and Public Defender) ✓ 800 out-of-custody true found youth. ✓ 11% or 88 youth annually will be identified as MIJO-T and receive the PADDI-5 assessment ✓ 90% of PADDI-5 assessed youth will be connected to a service provider who is qualified to provide trauma based EBI ✓ All DPO's working with the target population ✓ Community-based organizations to provide Service Navigators and TARGET groups in the community to over 200 youth. 	<ul style="list-style-type: none"> ✓ Identification of gaps in services for MIJO-T youth ✓ Increased Probation and HHSA systems' awareness and understanding of the number and characteristics of youth within the system that are in trauma affected ✓ Increased Probation staffs' understanding of trauma affected youth and available services ✓ Contracts with effective EBI and providers to address needs of MIJO-T youth ✓ Increased awareness on the part of DPOs of disproportionate contact, contributing factors to disparities, and recognition of their own cultural biases ✓ One licensed/license eligible clinicians co-located in 4 regional probation offices ✓ TARGET groups provided in the community 	<ul style="list-style-type: none"> ✓ Development of new policies and procedures to screen true found youth for trauma and mental health needs ✓ Identification of a clinical assessment to detect traumatic symptoms and make appropriate referrals to EBI services ✓ Reduced traumatic symptomology of MIJO-T youth and improved mental health outcomes ✓ Increased access to trauma informed services for African American and Hispanic youth ✓ Increase identification and access to mental health services to adjudicated youth supervised in the community ✓ Provide a continuum of service from custody to community by expanding TARGET services in the community 	<ul style="list-style-type: none"> ✓ Increased capacity of Probation to identify and respond to trauma affected youth ✓ Signed MOUs between Probation and HHSA to address MIJO-T youth's needs ✓ Reduced recidivism and further involvement in the juvenile justice system of traumatized youth ✓ Reduced Probation system costs through reduced detention days of MIJO-T youth ✓ Reduced disproportionality got African-American and Latino youth at the point of detention and institutional commitment ✓ Expanded outreach and trauma informed services to all youth under Probation supervision

Assumptions

A large proportion of the youth entering the juvenile justice system are impacted by traumatic events that have occurred in their lives.

Gaps exist in services to address these trauma-affected youth.

African American and Hispanic youth are overrepresented in the juvenile justice system

External Factors

Probation already has a system in place to identify trauma affected youth while in-custody and with resources can expand its capacity to meet these youth's needs.