NEVADA COUNTY JUVENILE MIOCR GRANT
FINAL LOCAL EVALUATION REPORT

Executive Summary:

Nevada County used an intensive wraparound model for treating youth identified as suffering from mental illness. The goal was to eliminate barriers to recovery by teaching and reinforcing pro-social behaviors and reducing recidivism. The Strengths, Opportunities and Recidivism Reduction Program (SOARR) was a response to our community's need to provide a more comprehensive and holistic approach to addressing the mental health needs of juvenile offenders. This program fit seamlessly into Nevada County's overall strategy of providing wraparound services to our most mentally ill youth and their families and to those youth most at risk of an out of home placement such as hospitalization, incarceration, or congregate care.

In an effort to reduce the over-representation of juveniles suffering from mental illness in the juvenile justice system the Probation Department began using Functional Family Probation Services (FFPS) as our case management model and Motivational Interviewing (MI) techniques to supplement the model. FFPS is a case management approach that reorients the focus of juvenile justice probation officers charged with supervising youth in the community. Drawn from key concepts of the Blueprint program Functional Family Therapy, FFPS integrates assessment, supervision and intervention by clarifying the probation/parole officer's role and how it changes during the course of supervision.

The project worked and continues to work as intended. Our juvenile hall population hovers around a population of 2 to 3 youth. Several youth were identified and received services early on which resulted in not being drawn deep into the justice system. Several youth and families made the choice to continue services after court intervention due to the usefulness they witnessed. Several youth were able to participate in pro-social activities they may not have been introduced to otherwise. Their participation resulted in the discovery and creation of additional opportunities through local community members and organizations.

Additionally, the system as a whole increased its capacity to address the problem of the overrepresentation of those suffering from mental illness in the system as indicated in the initial RFP. By using funding for additional wraparound training, FFP training, crisis intervention training, MI training, screening at multiple points in the system, provider gap analysis, and the establishment of a competency protocol, we have been able to identify youth with mental health issues early and provide them with effective treatment that reduces the likelihood of being drawn deeper into the system.

The goals accomplished include setting up a system that allows for the screening and assessment of youth for mental illness at most decision points in the system. This allows us to connect youth with the services they need. We were able to screen over 300 youth for the program. We set up a system that evaluates the programing available to our MIOCR youth population and identify any gaps in programming relative to the needs of the community. As mentioned above, we also established a competency protocol which includes the internal capacity for competency restoration. However, the most notable goal we accomplished was implementing an evidence based supervision model, FFPS. The culture of the department is such that FFPS is not only a great fit, but a way to establish an effective supervision strategy.

One of the biggest problems we faced was also a blessing if taken from a global view. The "problem" was a reduction of inputs into the system. The Probation Department had 287 referrals last year as compared to 348 four years ago, a 17.5% reduction. This reduction of inputs into the system is one indicator of a reduction of juvenile crime, but made it difficult to hit our mark as far as clients served. To address this issue we didn't want to net widen, but we wanted to address some mental health prevention concerns we noticed via the local California Healthy Kids survey data. We wanted to offer mental health screening and programing to kids struggling with other life domains, which had not been referred to the juvenile justice system. We viewed this as an opportunity to use our capacity to provide services to address an underserved population. We developed a plan to expand the population of who would be defined as a MIOCR client and asked BSCC for approval. Once we received approval we were able to serve more vulnerable and "at-risk" clients that would have otherwise fallen through the cracks.

As mentioned above, the inputs were low and one of the unintended, but beneficial consequences of making an effort to reduce the disparity of mental health clients in the juvenile hall was an extremely low juvenile hall population. This resulted in concerns regarding the viability of maintaining a local juvenile detention facility. Another unintended consequence was the over reliance on a full wraparound model. It became clear we were over serving some of the referred youth. Wraparound should not be used as a one size fits all solution. Nonetheless, we took this approach at the outset and it was a bit overwhelming for some of the families that did not need that level of intervention. As we moved forward we were able to use our increased capacity to match programing using the risk, need, and responsivity principles to move towards better outcomes.

Another positive unintended outcome was the connections the Probation Department made relative to the pro-social activities we involved the youth in. Many members of the community wanted to help the youth we serve get involved in pro-social activities. One example of involvement is we took some of the kids out on the local mountain bike trails. When the community caught wind of this we got equipment donated to us and offers of coaching and more equipment for any kids interested in continuing. This provided a great opportunity for us to build our capacity to offer pro-social activities youth can engage in locally.

One of the biggest lessons learned from this project was to be creative and flexible. Although the overall problem we were trying to address remained constant, the environment was changing. Juvenile crime in terms of referrals and the systems response to it continues to change and evolve. To be effective and truly address the needs of youth suffering from mental illness we needed to adjust our approach a few times during the grant period. It was that flexibility that allowed us to maximize the return on investment and to have the greatest impact on our community.

We were able to increase collaboration through the implementation process. If we wanted to apply mental health screening at all decision points along the system we needed assistance from all stakeholders. To accomplish this, once again, we had to be creative with collaboration. At times this included other stakeholders administering the screening tool, making referrals from unconventional sources, and thinking outside the box. The end result was garnering additional

support and overall respect from a variety of stakeholders once they recognized the efforts we were putting in to help the youth of our community. This effort has led to an expansion of collaborative efforts in the community to assist youth.

Project Description

1. **Project Goals:**
    - Reduce overrepresentation of minors suffering from mental illness in custody at the Juvenile Detention Facility

2. **Project Objectives:**
    - By January 2016, increase access to services and breadth of services to youth and their families in the county, including the Truckee area. This will be done by awarding funding to a local agency to provide wrap-around service for you identified with mental health needs who have had encounters with the criminal justice system.
    - By February 2016, insure minors who are contacted by Nevada County Probation are screened for mental health utilizing the MAYSI-II
    - By March 2016, insure all youth that screen in based on the MAYSI-2 receive a full mental health assessment.
    - By April 2016 have all juvenile services participating in the RNR tool evaluation.
    - By June 2016 conduct a gap analysis of juvenile services and develop a plan to close those gaps.

3. **Target Population:**
    - Male and Female
    - Any Age
    - Referral to probation for a law violation, currently on supervision, or detained in the juvenile hall
    - Screened in on the MAYSI-2 and full mental health assessment indicates mental health needs.
    - High Risk (JAIS)

4. **Number of Participants:**
    - MAYSI-2: 200 youth screened per year
    - Full Mental Health Assessments: 40 per year
    - SOARR Participants: At least 30 per year
    - SOARR Grads/Alumni: 8 per year
    - Direct Service Hours: 250 hours per client per year

5. **Intervention Determination**
    - To be eligible for the SOARR Program minors will need to be screened in using the MAYSI and the subsequent full mental health assessment.

- Programing for criminogenic needs will be determined using the JAIS assessment instrument.
- Mental health treatment will be decided on the basis of the GAIN tool and clinical discretion.
- All interventions will be selected based on the predicted level of recidivism reduction provided by the RNR tools inventory of available community interventions.

Data Collection

The data was collected from two sources. Behavioral Health maintained an excel spreadsheet they used to track demographic information, services provided and case notes. The client data was used to check for records in probation's case management system. The case management system provided additional information regarding services provided, criminal history, supplemented missing demographic information, risk scores, bookings and needs.

The data was continuously collected. Notes were continuously entered into the spreadsheet and the probation case management system were checked for recidivism information. The information was collected by probation staff as well as staff at behavioral health.

The information was collated and frequencies were examined. Pivot tables in excel were used to determine frequencies and excel tables were used to identify trends and compare populations.

Difficulties involved integrating the sources of information. Gathering and comparing information between systems was difficult but was managed using unique identifiers (social security numbers, name and date of birth, etc.).

Record sealing also became an issue. Some of the juvenile records were closed which resulted in risk scores and needs being lost. This may change some of the risk and needs information.

Research Design

1. **Outcome Evaluation**

- **Referrals**

  More than half of the youth (51.3%) had a felony as the most serious charge on a referral prior to receiving MIOCR services. The rest of the youth had a misdemeanor (40.5%) as their most serious charge or no criminal charge (8.1%).

  After receiving services, 86.5% of youth received fewer charges on referrals. The severity of referred charges decreased as well with felonies being the largest decrease (94%).

- **Bookings**

  Twenty five of the youth (67.6%) were booked prior to receiving MIOCR services. Youth booked while receiving (45.9%) and after they stopped receiving services (16.2%) were significantly lower than before receiving services. The average number of bookings for youth after receiving services was one third of the average bookings before youth received services. This may be due in part to youth aging out of the juvenile system.

- **Recidivism**

  Seven of the youth (18.4%) had a new sustained charge after they started receiving services through MICOR. Three (42.8%) committed felonies as their most serious sustained charge while the rest had misdemeanors. The recidivism rate for youth receiving MIOCR services is significantly lower than the recidivism rate for youth department wide (57.7%).

  These youth tended to be male (71.4%), older (average age of 16) and have a more serious criminal background (85.7% had previous sustained charges compared to 56.8% of the entire group). These youth had 40% more bookings on average when compared with the whole group. Most youth were moderate (42.9%) or at low risk (28.6%) to reoffend.

Process Evaluation

The implementation of the program went as planned. We were able to expand access to care earlier in the process by screening youth for mental health issues at several different decision points within the system. Wraparound services were expanded for youth identified as needing services. We transitioned to the Functional Family Probation model so that we had an evidence based case management model. Staff were trained in Motivational Interviewing and all staff reached proficiency in the skill. Internal capacity was built with in-house trainers to sustain this effort. We implemented the GMU RNR and SUSTAIN program. The RNR tool helps officers match programing with clients, evaluate program fidelity, and identify programing gaps in the community. SUSTAIN helps officers learn and understand concepts of evidence based practices and develops skills for effective interactions with clients. During this process we also looked at our Detention Risk Assessment Instrument through the lens of this program to ensure that we were not including anything that would exasperate the overrepresentation of mentally ill youth in the detention facility. Changes were made to some of our scoring based on pulling historical data and projecting how certain changes to the scoring would change detention recommendations. All of the implementation efforts went as planned and will help sustain this project for years to come.

NEVADA COUNTY JUVENILE MIOCR GRANT
FINAL LOCAL EVALUATION REPORT

Logic Model

Program: MIOCR (JUVENILE)

Inputs	Outputs		Outcomes -- Impact		
	Activities	*Participation*	*Short*	*Medium*	*Long*
287 Referrals 43 Eligible Clients 14 Programs 2470 of Staff Hours 0 Competency Cases	299 MAYSI-2 Screenings 27 Full Assessments 2314.71 Treatment Hours Provided 241 Family Team Meetings 36 SOARR Planning Meetings 0 Competency Referrals	38 Clients Screened In 27 Clients Diagnosed 38 of Clients Enrolled in SOARR 2314.71 Treatment Hours Attended 241 Team Meetings Attended 36 SOARR Planning Meetings Attended 0 Competency Restoration Clients	19.2% increase in Mental Health Screenings	16.5% increase in mental health screenings. 100 % increase in analysis of local treatment availability inventory 100% increase of correctional programming quality assurance.	42% recidivism reduction in participants while supervised. 39.5% increase in self-reported quality of life by participants

Assumptions
RFP Successful, Clients and Families will participate, Clients will be diverted from detention.

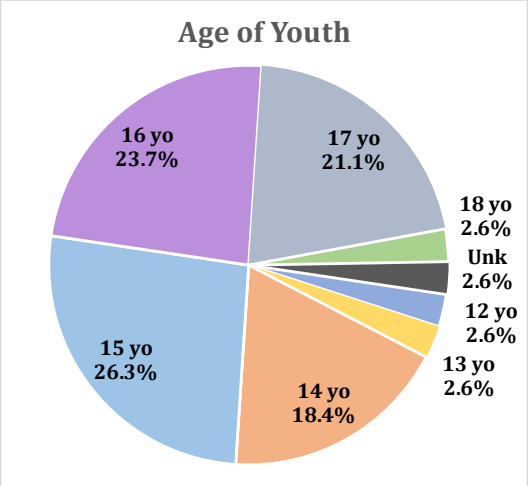
External Factors
Referral Behavior, Crime Rates, Population

NEVADA COUNTY JUVENILE MIOCR GRANT
FINAL LOCAL EVALUATION REPORT

Results and Conclusions

1. Results

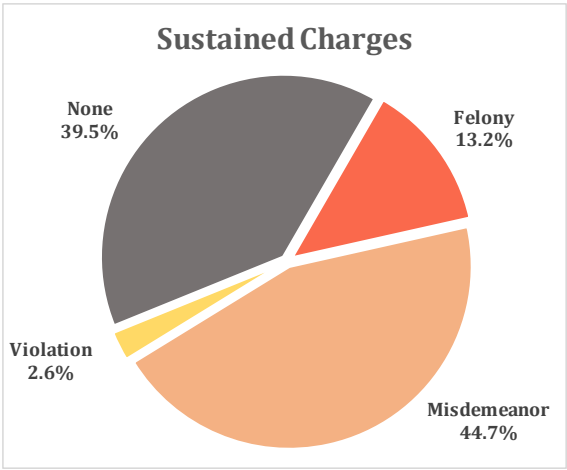
The majority of youth served under MIOCR were Caucasian (83.8%) followed by Hispanic (13.5%). The youth tended to be male (59.5%) and around the age of 15 on average. Almost three quarters (739%) of the youth were of 15 years old. Youth received services under MIOCR for 305 days on average.



Offense Type	Youth	
	Count	%
Person	15	39.5%
Battery	*14*	36.8%
Robbery	*1*	2.6%
Property	9	23.7%
Burglary	*4*	10.5%
Theft	*3*	7.9%
Vehicle Theft	*2*	5.3%
Arson	*1*	2.6%
Substance Abuse	4	10.5%
Weapon Related	3	7.9%
Sexual Offense	2	5.3%
Runaway	1	2.6%
Other	4	10.5%
Total	**38**	**100%**

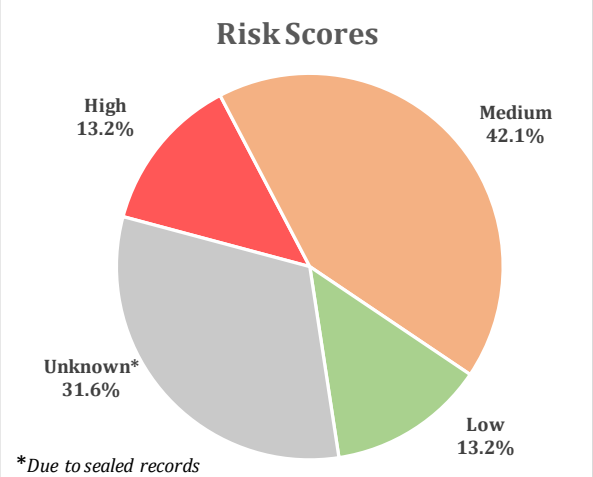
Prior to receiving services, the majority of youth (86.8%) had a criminal offense that instigated probation services. A large portion of the youth (39.5%) had a person based offense consisting of battery (36.8%) or robbery (2.6%). The second largest offense category was property (23.7%). Four youth (13.1%) did not have a referral for a criminal offense prior to being served by MIOCR.

Over half of the youth (60.5%) of youth had at least one sustained charge prior to receiving MIOCR services. The majority of youth with a sustained charge had either a felony (13.2%) or a misdemeanor (44.7%) as their most serious charge. Only one youth had a charge less than a misdemeanor as their most serious sustained charge.

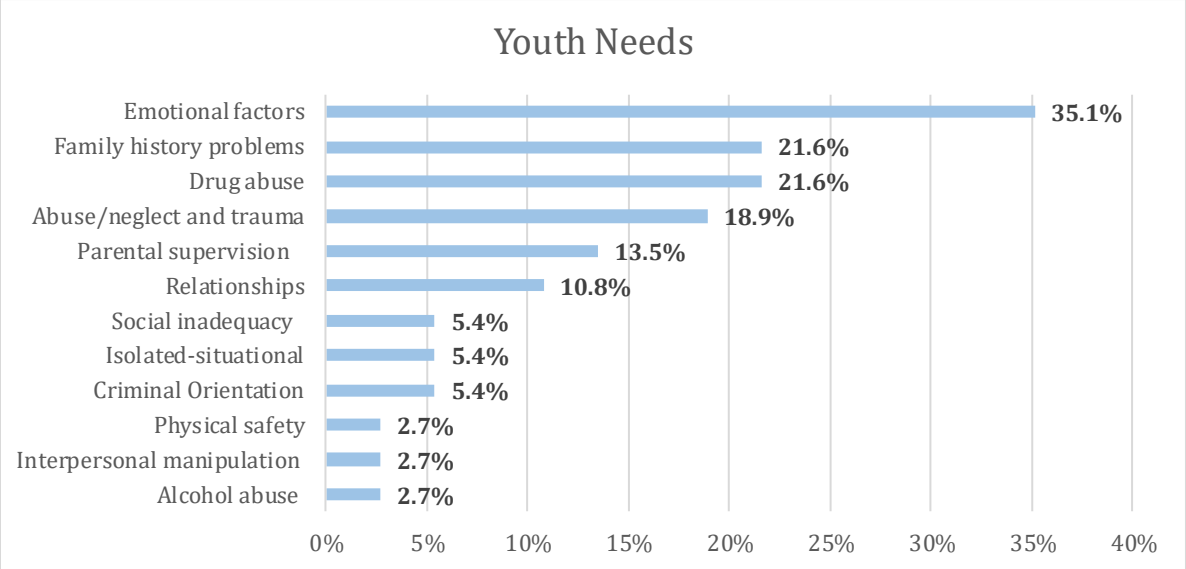


NEVADA COUNTY JUVENILE MIOCR GRANT
FINAL LOCAL EVALUATION REPORT

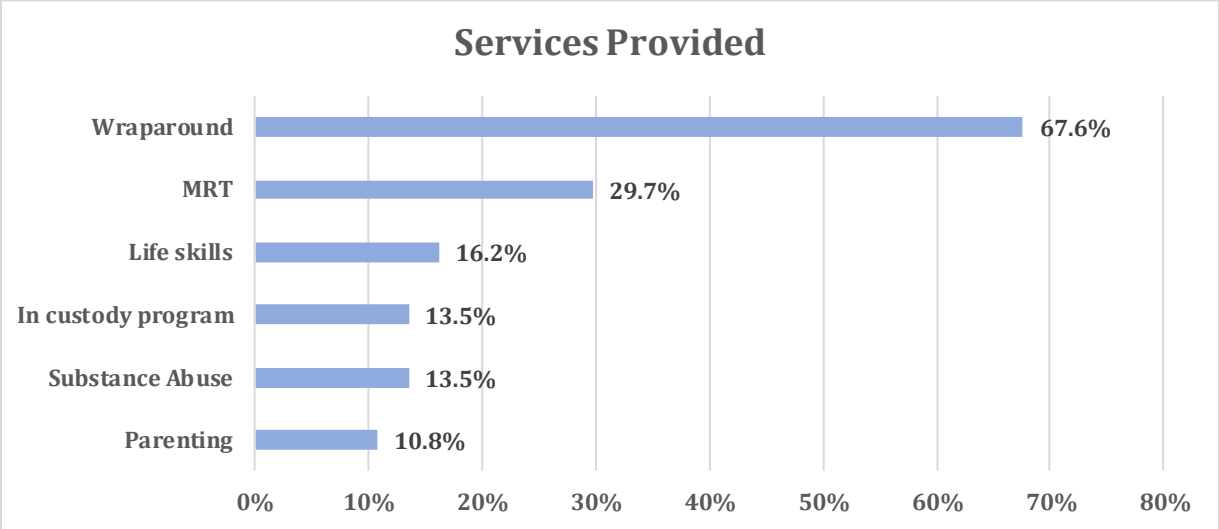
Youth received the MAYSI to diagnose mental health issues. Youth referred for a criminal offense were also given the JAIS risk assessment. Twelve of the youth (32.4%) had a risk assessment that had since been sealed due to the record sealing process. Of those with a risk score not sealed, most were medium risk (42.1%). Very few were high (13.2%) or low (13.2%) risk.



Once the initial risk assessment is completed, a complete assessment is conducted on those scoring medium or higher risk. Once completed, the risk and needs assessment identifies needs of youth. The level of need (significantly high, high, moderate, etc.) is identified as well. Of the youth receiving services through MIOCR, the following significantly high needs were identified:



Several treatments and programs are made available to youth once they start receiving probation services. Additional programs and treatments were made available through MIOCR funding. Almost two thirds of the youth received wraparound services. Almost a third (29.7%) attended Moral Reconation Therapy (MRT) through one of the providers in Nevada County. Other services include life skills, parenting classes, substance abuse treatment and programs provided while the youth are booked in the juvenile hall.



2. Conclusions

The MIOCR project highlighted a gap that the county has in its services. That gap is mental health supports for youth further upstream in the system. Many times by the time a youth is referred to probation for intervention several opportunities to provide support have been missed. Yes, diverting those that assessed as needing mental health services to a program that provided appropriate intervention did result in lower recidivism rates. However, it is believed that if their mental illness was addressed with the same supports prior to becoming justice involved both the youth and the community would reap more benefits. One of the main benefits would be the youth would not suffer the stigma attached to being justice involved.

Nonetheless, we know that systemic change takes time and if probation for the time being plays a role in supporting those that get brought into the justice system as an aside to their suffering from mental illness we know what effective interventions to provide. We are starting to address the systems issues and local schools are increasing their staffing to address mental health issues. We are also looking at potentially addressing some of the prevention and intervention concerns through JJCPA funds. Communication, collaboration, and education seems to be the best tools that came out of this effort. Now that we know what the need looks like and how to successfully intervene, we can continue to hone in on the how.