MENTALLY ILL OFFENDER CRIME REDUCTION GRANT

Court for Individualized Treatment of Adolescents (CITA)

SAN JOAQUIN COUNTY FINAL LOCAL EVALUATION REPORT

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EXECUTIVE SUMMARY

PROJECT PURPOSE

The Mentally Ill Offender Crime Reduction (MIOCR) Court for the Individualized Treatment of Adolescents (CITA) Program centered on a collaboration between the San Joaquin County Probation Department (SJCPD), San Joaquin County Behavioral Health Services (BHS), and Victor Community Support Services (VCSS). The program design connected with providing a specialized treatment model to address the mental health needs of all eligible mentally ill youth clients. The Probation Department was the lead agency and provided a Probation Unit Supervisor (PUS) and a Senior Deputy Probation Officer (SDPO) to implement the program. Probation worked in close collaboration with the Juvenile Court and other grant partners to assess, support, and serve participating youth.

MAJOR FINDINGS

- The CITA program had success collaborating as a grant team and across agencies to effectively serve youth with mental health needs.
- The grant collaborative successfully implemented a mental health court ensuring that participating youth remained engaged in appropriate mental health services.
- The project team was able to successfully provide supervision and programming to address the root causes of clients' criminality.
- The CITA collaborative provided a range of supportive services that were aimed to help juvenile clients increase their protective factors and decrease recidivism.

CONCLUSIONS

The CITA program provided an opportunity for Probation, Behavioral Health Services, Victor Community Support Services, the Court, District Attorney and Public Defender to enhance existing interactions and forge new collaborations working to improve outcomes for youth and families involved in the juvenile justice system while increasing public safety. The project team was highly successful with their collaborative efforts and were able to provide critical services to a very high need youth population.

Upon the termination of grant funding and given the relatively small number of youth served at any one time by the CITA program, it was determined that leveraging existing resources and relationships built during the grant would be a more efficient means to continue providing services to those youth who would have otherwise been eligible for CITA services.

EVALUATION QUESTIONS

Did the project work as intended?

- Yes, the project worked as intended. Moreover, the collaborative team had tremendous success with implementing a mental health court diversion program that helped ensure that juveniles with mental disorders remained engaged with appropriate mental health services and that the youth and their families received supports needed to reduce their risk of recidivism.

What were the project accomplishments?

- Project accomplishments centered on the fact that the grant team was able to provide mental health treatment interventions that effectively addressed mental illnesses and helped youth stabilize in their treatment regime over time. The project team was also able to successfully provide supervision and programming to address the root causes of problem behavior and/or criminality that were within the youth's locus of control. The CITA program was also able to successfully provide linkages to program services and supports.

What goals were accomplished?

- The program team accomplished the goals of providing a specialized treatment model to address the mental health needs of all eligible mentally ill juvenile clients, addressing the root causes associated with clients' criminality, and by providing a range of supportive services and opportunities aimed to help juvenile clients increase their protective factors and decrease recidivism.

What unintended outcomes (positive and/or negative) were produced and lessons learned?

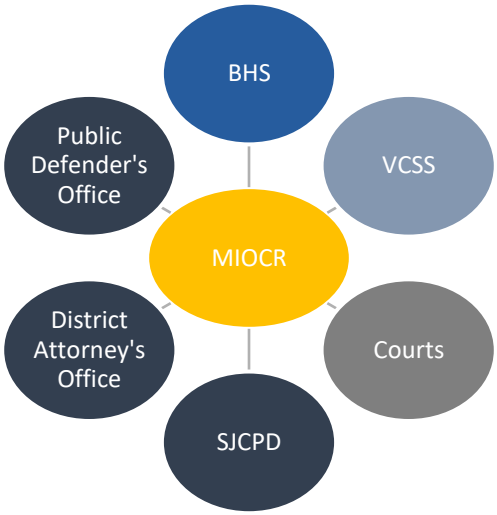
- Youth made significant strides and when it came time to graduate, but program staff felt that most clients and their families did not want to cut ties to services. Parent Partner participation could have helped in this transition phase had more work hours been made available.
- Youth medication compliance increased significantly as a result of the accountability from agencies and the Court.
- There was a greater sense of respect toward Probation from the Court based upon the level of involvement and leadership role.
- Due to a lack of follow-through at times from some collaborative partners, others needed to take on more responsibilities.

PROJECT DESCRIPTION

OVERVIEW OF THE PROJECT

The MIOCR CITA program centered on a collaboration between three primary partners (SJCPD, BHS, and VCSS) along with a range of additional agencies. The program design connected with providing a specialized treatment model to address the mental health needs of all eligible mentally ill youth clients.

The Probation Department was the lead agency and provided a Probation Unit Supervisor and a Senior Deputy Probation Officer to implement the program. Probation worked in close collaboration with the Juvenile Court and other grant partners to assess, support, and serve participating youth. Other partners included the District Attorney's Office and the Public Defender's Office.



PROJECT GOALS

The CITA program centered on the following three goals:

- Provide a specialized treatment model to address the mental health needs of all eligible mentally ill juvenile clients.
- Address the root causes associated with clients' criminality.
- Provide a range of supportive services and opportunities aimed to help juvenile clients increase their protective factors and decrease recidivism.

PROJECT OBJECTIVES

The program had the following four objectives:

- Provide mental health treatment interventions that effectively address mental illnesses and help youth stabilize in their treatment regime over time.
- Provide supervision and programming to address the root causes of problem behavior/criminality that are within the youth's locus of control.
- Provide linkages to program services and supports.
- Reduce disparities in the justice system by providing trauma informed services to all eligible youth, with attention paid to implicit bias in referrals.

TARGET POPULATION AND NUMBER OF PARTICIPANTS

The target population for the CITA Mental Health Court was drawn from San Joaquin County's juvenile justice population who were assessed as having a serious emotional disturbance or mental illness by a licensed clinician. Participants were wards of the juvenile court for delinquent behavior and placed under supervision of the SJCPD. Cases were screened by the Investigations Unit Probation Officer who assessed the nature of the offense and the juvenile's prior criminal history in order to determine eligibility.

PROCESS FOR DETERMINING INTERVENTION(S)

After youth were assessed and selected for the program, Probation worked closely with the Court, the District Attorney's Office, the Public Defender, VCSS, and BHS in order to determine a detailed case plan for each youth client. Case plans were guided by a detailed assessment process and via evidence-based practices.

DEFINING PARTICIPANT SUCCESS

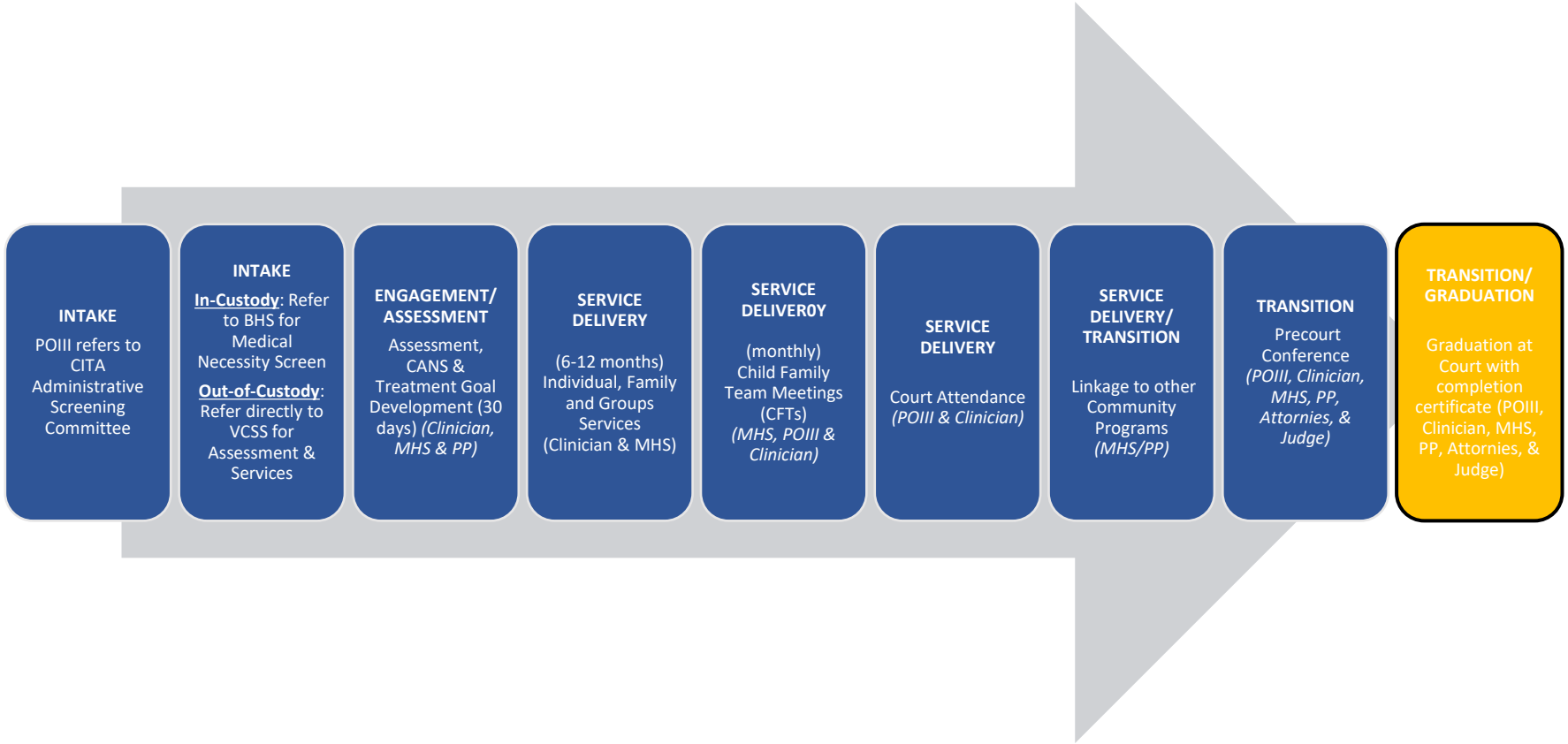
A youth was determined to have successfully completed the CITA program when the following criteria was met:

- Time in Program:
  - 6 – 12 months, average length was expected to be 9 months.
- Treatment Plan:
  - The youth had successfully reached and maintained a baseline level of functioning for at least 3 months.
- School performance, substance abuse, and rule compliance was reviewed in the context of the youth's cognitive and behavioral abilities with the Probation Officer, BHS, or VCSS, and the minor's family.
- Probation:
  - The youth did not commit any new law violations in the past 6 months.
- Graduation
  - Prior to presenting a youth's case for graduation, the Probation Officer reviewed the youth's progress with BHS or VCSS and the youth's family.
  - After this review, the youth's case was discussed at the pre-Court conference at a CITA hearing.
  - Upon approval of the Court, the youth was presented with a certificate and either wardship was dismissed or, if the youth had any outstanding restitution, they were transferred to the Bank caseload upon graduation from CITA.

DOCUMENTATION OF SERVICES

The program team documented services using a range of project forms (see Appendix). The documentation process included the use of the CITA Referral Form, a status tracking document from VCSS, and the youth case plan.

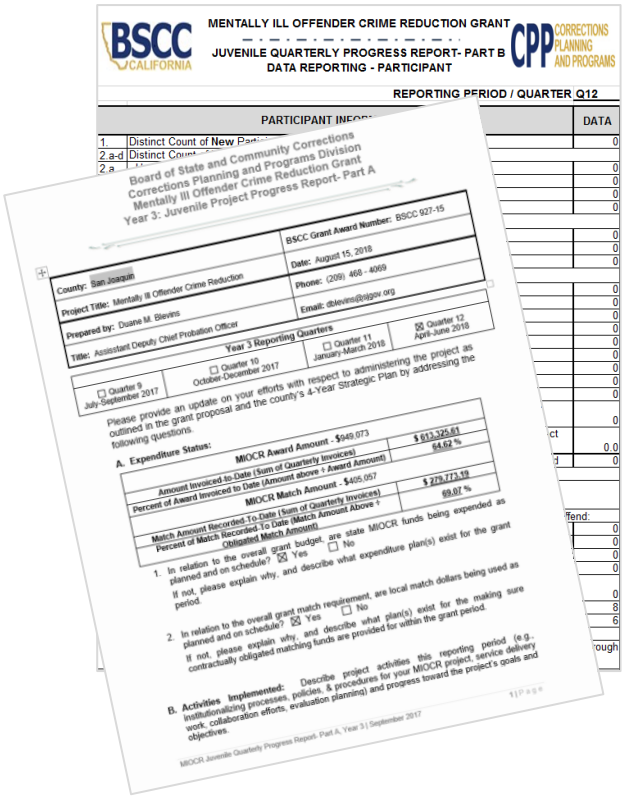
CITA PROJECT PHASES



DATA COLLECTION

BOARD OF STATE AND COMMUNITY CORRECTIONS (BSCC) VARIABLES

The data that was collected included each of the quantitative and qualitative BSCC quarterly report measures. The specific sources for the data that were collected were from Probation, BHS, and VCSS records. More specifically, quantitative data specific to participant information centered on the following:



- Number of participants
- Age of youth, gender, and race/ethnicity
- Number of youth who attended school in the community during each quarter (also collected at program completion/exit)
- Average number of school days attended by participants four weeks prior to project enrollment (also collected at program completion/exit)
- Number of days from project enrollment to direct service
- Number of youth receiving a standardized assessment
    - Data specific to the Positive Achievement Change Tool (PACT)
    - Massachusetts Youth Screening Instrument-2 tool (MAYSI-2)
    - Data specific to the Child and Adolescent Needs & Strengths assessment (CANS)
    - Data specific to the SB785 Client Assessment Tool
- Criminogenic risk score
- Number of youth with a formal psychological/psychiatric evaluation
- Number of youth who received services
- Number of youth who successfully completed the project
- Number of youth who discontinued from the project

Along with participant information, specific variables were collected six months before project enrollment (previous) as well as throughout the project period (new). These data included the following variables:

- Petitions sustained for a Delinquent (WIC 602) Offense[1]
- Felony petitions sustained (WIC 602)[1]
- Misdemeanor petitions sustained (WIC 602)[1]

[1] Also collected 6 months following successful program completion.

- Status Offenses (WIC 601)
- Participants with Post-Disposition Commitments
- Average number of days in juvenile hall and/or Camp for dispositions

Additional data was collected for new participants enrolled into the program. These data points were also collected at project completion or exit:

- Participants who received an Out-of-Home Placement
- Participants on Home Supervision
- Participants receiving Medi-Cal or another type of insurance plan entitlement

As part of the MIOCR grant data collection and reporting requirements, the Probation Department and the partner agencies worked with the evaluator to submit data on a quarterly basis to the BSCC. As the lead agency, the Probation Department was sent the final draft of the quarterly progress reports for submission to the BSCC.

DATA SOURCES AND METHODS

With respect to data collection methods, the tools used to collect the program data included an Excel spreadsheet that was utilized by the SJCPD, data that was sent by VCSS, data that was sent by BHS, and via the use of feedback documents that were used for quarterly reports. Data was collected each quarter throughout the duration of the grant. The data was collected on a regular basis by SJCPD, BHS, and VCSS at each of their respective program locations and was provided to the evaluation team for review, cleaning, and analysis. The methodology for analyzing the data centered on a detailed review of all quantitative data using Excel. Qualitative data specific to feedback for quarterly reports and from the program staff survey was reviewed, analyzed, and summarized by the evaluation team.

As part of the data collection process, Probation tracked demographics, family housing status, whether the participant was a crossover youth, family and youth employment, assessment levels, school data (e.g., absences, suspensions, and expulsions), graduation status, project start and end dates, participation in evidence-based programming, program completion, case closure, program graduation, etc. In addition, VCSS tracked screening dates, verified the establishment of a case plan, tracked child and family team meetings, recorded community linkages that were provided, tracked pro-social activities, and documented additional interventions.

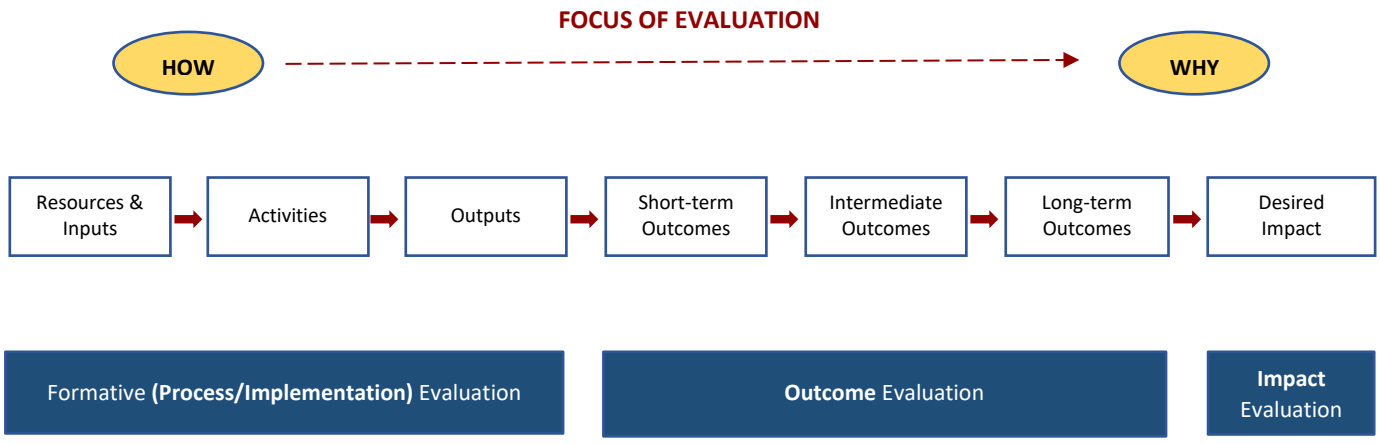
RESEARCH DESIGN

The research design that was used to assess the program was a process and outcome evaluation. In addition, evaluators provided support throughout the duration of the grant with respect to the review and preparation of BSCC quarterly reports.

In conducting the process evaluation, the grant activities that were implemented were compared to the original project logic model in order to assess whether the program was carried out as intended.

With respect to the outcome evaluation, evaluators examined whether the program achieved the goals as stated in the proposal. No separate comparison group was used in this evaluation, however some of the client data that was collected was compared pre, during, and post program completion. The evaluation centered on a mixed method approach (quantitative data collection and qualitative components such as review of case studies and open-ended feedback to survey and evaluation questions). Evaluation efforts also included meeting attendance, document review, and the revision of the program logic model. In addition, evaluators worked closely with the SJCPD and other grant partners on the review of quarterly reports for the BSCC.

Figure 1. Types of Evaluation[2]



[2] **Adapted from**: Evaluation Insights for Retrospective Reg Evaluation.

The main evaluation questions for the program centered on the following:

- Did the program implement the MIOCR CITA Program as it was designed?
    - Did the program provide a specialized treatment model to address the mental health needs of all eligible mentally ill juvenile clients?
    - Did the program provide supervision and programming to address the root causes of problem behavior/criminality that are within the youth's locus of control?
    - Did the program provide a range of supportive services and opportunities aimed to help juvenile clients increase their protective factors and decrease recidivism?
- Was the program able to successfully partner as a team of collaborative stakeholders?
- Were clients positively impacted as a result of taking part in the program?
    - Increase in school attendance
    - Increase in prosocial activities
    - Completion of recommended evidence based programming per the youth's case plan
    - Improvements in mental health domains (as measured by CANS)
    - Reduction in criminogenic thinking and behaviors (as measured by PACT)
    - Completion of schooling and program requirements
    - Reduction in sanctions, violations, arrests, and convictions
    - Decrease in suspensions
    - Decrease in expulsions
    - Engagement of parents/guardians
- Long-Term Outcomes
    - Reduce both the number and proportion of mentally ill juvenile offenders remanded to the detention facility with the creation of a juvenile mental health court to provide a proven approach to diverting youth from detention or other higher-level interventions, such as out-of-home placements.
    - Reduce disparities in the justice system

FINDINGS

PROCESS EVALUATION

The project oversight was led by the SJCPD. As part of this process, SJCPD established a grant leadership team which included BHS, VCSS, and the Parent Partner. This team held quarterly administrative meetings to review grant implementation, and designed, reviewed, and approved a full range of grant documents (including program definitions, referral forms, etc.). As part of the grant, the SJCPD's MIOCR/CITA team worked closely with BHS and VCSS in order to assess all program youth in order to determine the most appropriate programmatic intervention and to create case plans. Additionally, CITA operated under a Memorandum of Understanding (MOU) signed by SJCPD, BHS, the San Joaquin County Public Defender's Office, the San Joaquin County District Attorney, San Joaquin County Superior Court, and VCSS.

In order to determine which interventions a participant received, during the initial risk assessment the VCSS clinician gathered pertinent information regarding each youth's mental health, substance use, and legal needs. Each intervention was then determined based on the youth's needs. More specifically, all youth interventions were based on therapy needs, case management with a focus on attending court, collateral needs with significant people in their lives, family therapy when needed, rehabilitation services to assist with teaching coping skills, assessment services for continual assessment of needs, psychiatric services, and plan development services to create treatment goals and to facilitate Child and Family Team meetings (CFT's).

The types of treatment services, programs, and/or practices participants received during the program included the following:

- Cognitive Behavioral Therapy (CBT)
- Dialectical Behavior Therapy (DBT)
- Motivational Interviewing
- Matrix Recovery Model for Substance Use
- Trauma Informed
- Safety of Self

A combination of individual and/or family therapy was provided to each youth as needed. In addition, the following referrals were offered to youth:

- Transitional Age Youth (TAY) Program
- Women's Center Youth & Family Services
- Chemical Dependency Counseling Center (CDCC)
- Psychiatric Services
- WorkNet
- San Joaquin Delta College
- WRAP services
- San Joaquin County Office of Education
- Positive Youth Justice Initiative (PYJI)
- Valley Mountain Regional Center
- Venture Academy
- Department of Motor Vehicles

- Discovery Challenge Academy
- Big Brothers Big Sisters-mentoring
- The Community Partnership for Families of San Joaquin
- Parks and Recreation
- YMCA

All youth treatment services were monitored for quality and effectiveness by assessing progress towards individualized measured treatment goals. These were also monitored with the ongoing utilization of the CANS tool, assessing decreases in criminal recidivism by youth not reoffending, monthly CFTs to work on specific CITA goals for each youth, bi-monthly or monthly court appointments, and feedback from youth and their families.

With respect to the instruments that were utilized, no new or altered assessment instruments were used specifically for CITA. The agency wide risk assessment, the agency wide full assessment, the assessment supplement for the DSM-V, and the CANS tools were used. By using therapy modalities, interventions, a team approach, court accountability/probation, and monthly CFTs the program worked to address problem behaviors and the goals that clients worked toward. Depending on individual needs of each client the biweekly and/or monthly court appointments and CFTs helped the team address root causes of each client's criminality. Having a specific probation officer assigned to CITA along with weekly contact and full involvement in treatment helped address client's criminality.

As part of the grant process, the program team used a client case plan (see Appendix). This plan includes detailing a goal or goals for each youth, what is going well or strengths, notes about any concerns that are present, previous tasks, a section for psychiatric notes, and other notes.

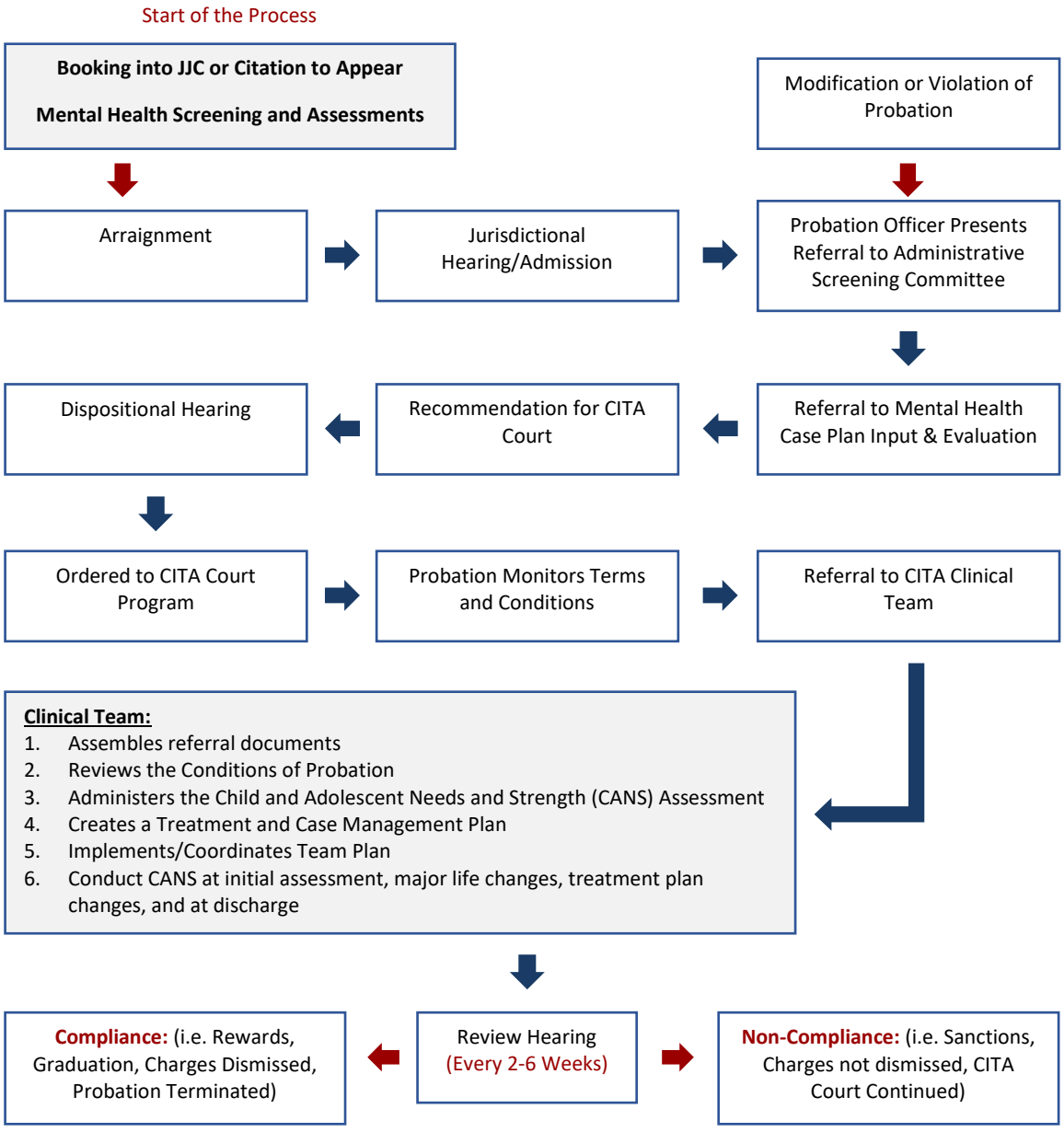
Youth were determined to have successfully completed the CITA program when they completed a sufficient length of time taking part in the program (6 to 12 months) and they had successfully reached and maintained a baseline level of functioning for at least three months. As part of a successful case completion, youth also had their school performance, substance abuse, and rule compliance reviewed. In addition, to complete the program, youth were to not commit any new law violations. With respect to being eligible for program graduation, the Probation Officer reviewed the youth's progress with BHS and/or VCSS and the youth's family. After this review, the youth's case was discussed at the pre-Court conference for the CITA hearing. Upon approval of the Court, the youth was presented with a certificate and either wardship was dismissed or, if the youth had any outstanding restitution, they were transferred to the Bank caseload upon graduation from CITA.

With respect to training and conferences, the Probation team attended the Words to Deeds XI conference in West Sacramento 11/07/2017 and 11/09/2017. Also, VSCC attended the following training:

- Aggression Replacement Training (ART)
- Safety of Self (SOS)
- Thinking for A Change (T4C)
- Dialectical Behavioral Therapy Skills (DBT)
- Matrix Recovery Model for Substance Use

- Trauma Focused Cognitive Behavioral Therapy (TFCBT)/Trauma Informed Therapy Skills
- The VCSS clinician attended the Words to Deeds Conference to enhance peer-to-peer, collaborative strategies designed for changing the paradigm for criminal justice and mental health
- The VCSS Clinician also attended the Forensic Mental Health of California Association Conference to learn about mindfulness-based substance abuse treatment and Dialectical Behavior Therapy approach for probation involved youth

Figure 1: Court for the Individualized Treatment of Adolescents (CITA Court)



PROJECT DATA AND OUTCOMES

Demographics

During the course of the grant, there were a total of 83 youth who were referred to the CITA program. Of these, 45 or 54.2% took part in the program.

At the time of project enrollment, over 3 in 4 youth were between the ages of 15-17 (77.8%). Approximately 1 in 5 (22.2%) of the youth were female and 77.8% were male.

With respect to race/ethnicity, 42.2% of youth were Hispanic or Latino/a, 28.9% were Black or African American, 24.4% were White or Caucasian, and 4.4% identified as 'Other.'

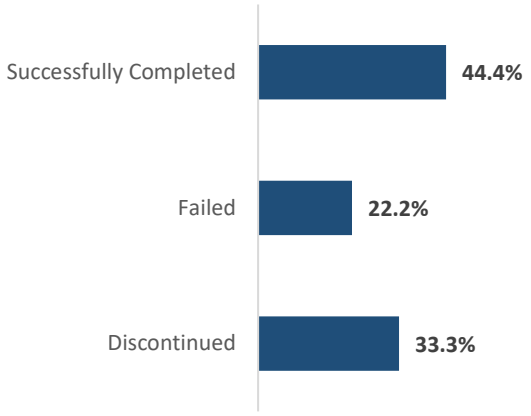
Six in ten (60.0%) youth had a criminogenic risk level score of medium/high. One in five youth had a criminogenic risk level score of 'low' or 'high' (20.0% and 20.0% respectively). The average number of days from project enrollment to first direct service was six. Please note that data was not available for four youth; thus, their data was not included in this data point.

All of the CITA Program participants received a standardized assessment test (e.g., PACT, MAYSI-2, CANS, and/or SB785 client assessment). During the course of the project, eight (17.8%) youth received a formal psychological/psychiatric evaluation.

Youth Demographics		
	Count	*Percent*
Number of Youth Referred	**83**	
Number of Program Participants	**45**	
Age		
Under 12 Years of Age	0	0.0%
Age 12 - 14	10	22.2%
Age 15 - 17	35	77.8%
Age 18 and Older	0	0.0%
Gender		
Female	10	22.2%
Male	35	77.8%
Other	0	0.0%
Race/Ethnicity		
Asian/ Pacific Islander	0	0.0%
Black or African American	13	28.9%
Hispanic or Latino/a	19	42.2%
Native American	0	0.0%
White or Caucasian	11	24.4%
Multi-Racial	0	0.0%
Other	2	4.4%
Decline-to-State	0	0.0%
Risk Level		
Low Criminogenic Risk Level	9	20.0%
Medium/High Criminogenic Risk Level	27	60.0%
High Criminogenic Risk Level	9	20.0%
Average Number of Days from Project Enrollment to First Direct Service	6	
Number of Youth that Received a Standardized Assessment Test	45	
Number of Youth that Received Formal Psychological/Psychiatric Evaluation	8	17.8%

Program Data

Of the 45 youth who took part in the program 20 or 44.4% completed the program successfully. One in five (22.2%) failed the program, and a third (33.3%) were discontinued from the program, but did not fail the program. Reasons for discontinuing included: placement ordered to meet needs of the family and minor (in one case the youth was being trafficked and was removed from their home for their own safety), more intensive program/services needed or ordered (in one case, youth attempted suicide), deceased, financial assistance needed (thus, another program with those services was ordered), family refused to participate, more intense services were needed, and moved out of the county.



Please note that the following project data (school enrollment, placement medical data and juvenile justice data) is specific to youth who successfully completed the project. This analysis was conducted with the intent of comparing participants' data pre, during, and post project enrollment.

School Enrollment

PRIOR TO PROJECT ENROLLMENT		PRIOR TO SUCCESSFUL PROJECT COMPLETION	
20	Youth attended school in the community at the time of program enrollment	18	Youth attended school in the community prior to successful project completion
12	Average number of school days attended by youth in the 4 weeks prior to project enrollment	17	Average number of school days attended by youth in the 4 weeks prior to successful project completion

All of the youth who had completed the program attended school in the community prior to project enrollment. During the program, eighteen of the twenty youth attended school in the community. Please note that data was not available for two youth. Moreover, pre and post school data was only available for ten of the twenty youth as school data can be challenging to obtain. The average number of school days attended by youth prior to project enrollment and before successfully completing the program was 12 and 17 (respectively), showing an increase in school attendance.

Placement/Medical Data

With respect to placement, there were no youth that received an out-of-home placement prior to project enrollment or during program enrollment (i.e., prior to successful completion). There were 15 (75.0%) youth who were on home supervision prior to project enrollment and 18 during project enrollment. Two youth were admitted to an acute inpatient treatment facility during the program. Seven in ten youth (70.0%) were receiving Medi-Cal or another type of insurance plan entitlements prior to project enrollment compared to 90.0% (18) during enrollment in the program.

PRIOR TO PROJECT ENROLLMENT		PRIOR TO SUCCESSFUL PROJECT COMPLETION	
0	Youth received an out-of-home placement	0	Youth received an out-of-home placement*
15	Youth on home supervision	18	Youth on home supervision*
0	Youth were admitted to an acute inpatient treatment facility	2	Youth were admitted to an acute inpatient treatment facility
14	Youth were receiving Medi-Cal or other type of Insurance Plan Entitlements	18	Youth were receiving Medi-Cal or other type of Insurance Plan Entitlements*

**Please note that data was not available for two of the twenty youth (n=18 for these variables).*

Child and Adolescent Needs & Strengths Assessment (CANS)

The data below is specific to CANS findings which indicate that at the time of program enrollment the average CANS score of youth was 24%. This dropped all the way to 0% at the time of program discharge. It is critical to note that a lower the CANS score indicates an improvement in mental health well-being.

24% Average CANS score at the time of program enrollment

0% Average CANS score at the time of program discharge

Juvenile Justice Data

During program enrollment, only two youth had sustained a petition for a delinquent offense compared to sixteen youth prior to program enrollment. The number of petitions sustained prior to project enrollment was twenty-three (eight felonies and fifteen misdemeanors) compared to three (one felony and two misdemeanors) during program enrollment. Six months following successful MIOCR project completion, youth data was reviewed in order to determine if there were any sustained petitions. There were two youth who had sustained a petition for a total of three sustained petitions (misdemeanors). These findings indicate that the CITA program had a positive impact on criminal behavior.

	6 MONTHS PRIOR TO PROJECT ENROLLMENT	**DURING THE PROGRAM** *(PRIOR TO SUCCESSFUL PROJECT COMPLETION)*	**6 MONTHS FOLLOWING SUCCESSFUL MIOCR PROJECT COMPLETION**
# of youth with Petitions Sustained for a Delinquent Offense	16	2	2
# of petitions sustained for a delinquent (WIC 602) offense	23	3	3
# of felony petitions sustained for a offense (WIC 602)	8	1	0
# of misdemeanor petitions sustained for an offense (WIC 602)	15	2	3
# of status offenses (WIC 602)	0	0	n/a
# of youth with post-disposition commitments	5	1	n/a
# of post-disposition commitments	5	1	n/a
Avg # of days in a Juvenile Hall or Camp for dispositions above	40	39	n/a

STAFF PROGRAM SURVEY

As part of the evaluation, a voluntary survey was disseminated to program staff in order to learn from their grant experiences. There were nine respondents to this program survey; this was sent to stakeholders in July of 2018. Respondents were from the San Joaquin County Probation Department, the District Attorney's Office, Victor Community Support Services (VCSS), the Courts, the Defense Attorney's Office, and San Joaquin County Behavioral Health Services. The length of involvement in the program for stakeholders was two or more years. Survey respondents were asked about their experiences as part of the collaborative, any challenges they experienced, their overall perception of program impact, and whether they believe CITA will be sustained when grant ended.

Providers were asked if they believe the CITA program has been beneficial to youth in San Joaquin County; all of them responded 'yes.' One stakeholder explained the following about the program.

> [CITA] provided a way to get specific services to a particularly vulnerable sector of our delinquent youth population. The team was able to provide consistent, specialized services to youth that might otherwise have been unable or unwilling to use them. We were also able to provide services to the families of these youth.

Another respondent mentioned that CITA provided "extra supervision and guidance to at-risk kids," and went on to say, "I have seen some kids on a terrible path towards more criminal behavior and placement who now seem to be going in the right direction after completing CITA."

When asked if the grant collaboration was successful, seven (78%) of the nine respondents indicated that it was successful. One respondent (11%) indicated that the collaboration was not successful, and one respondent (11%) did not answer this question. A stakeholder mentioned that the grant was "successful for a smaller than anticipated sample size of youth." It was noted that CITA "brought together BHS, Probation, the defense, DA's Office, and other community groups to help youth with mental health issues who had committed crimes." Another respondent said, "we created lasting relationships with our grant partners that will serve us long after the grant has ended." However, one respondent noted that one grant partner was not able to fill a full-time position during that latter part of the grant. Furthermore, all grant partners indicated the grant implementation process was effective, with the exception of one respondent who stated, "there was not complete follow through from [one grant partner] to implement all aspects of the grant successfully."

All nine respondents agreed that the CITA program ended up enhancing and/or transforming practices in the county and/or criminal justice system. One respondent stated, CITA "enhanced our practices by providing a means to [be able to] quickly and effectively identify and treat this population and get assistance to their families." In addition, the program "kept kids out of placement and in their homes." The overall impact of the CITA program, according to one respondent, was that it "provided collaborative services to youth who at times were very close to reaching crisis stages in their respective lives." CITA also "helped to keep youth out of the criminal justice system by addressing the mental health issues that contributed to them committing crimes" and "kept numerous children from going to out of home placement, kept families together and saved hundreds of thousands of dollars in costs associated with placement." Furthermore, "youth received needed mental health services…were able to successfully complete probation…[and] were diverted from placements."

One survey respondent noted that although the CITA program served a small amount of youth in San Joaquin County, the program had "about a 90% success rate" and "youth with mental health issues, who would otherwise be incarcerated, received services needed to avoid further criminogenic behavior." Additionally, "recidivism rates were very low, and youth made amazing changes in their lives."

Respondents were asked to describe any grant challenges. Some of the challenges mentioned by respondents were the following:

- Staff vacancies; the respondent added that "this…ultimately led to some lapses in services being delivered." This affected service delivery in other aspects of the grant as well, because "staff had to provide outreach and this ultimately led to less time working on their areas of expertise."
- There were also challenges with the "consistency with the individual member of the team," according to another respondent.
- It was noted that staff retention was also a challenge, as well as the challenge of lacking "a full-time parent partner."
- "Transportation needs with families proved to be challenging. [One partner's] inability to support with transportation needs was an unanticipated barrier."

When asked if they would be working to sustain the CITA program and/or improve upon the successes of the grant, six (67%) of respondents said 'no.' One respondent stated that "the CITA program ends with the grant funding. However, the team will ensure other services are available to those youth and families in the program, and all partners will be working together to improve identification of these youth and refer them to existing services (JJAT & WRAP)." Another respondent stated, "I would hope that a form of CITA would continue to assist youth with mental health concerns. Possibly doing this through wrap-around services and assigning a specific [probation officer] to wrap-around. Focusing all youth and setting court dates for high risk youth as necessary," and "I will support any efforts to get CITA reinstated as it is a valuable alternative to out of home placement and in the best interests of the children and public safety." Overall, one respondent noted that "the program definitely changed people's lives. It was inspirational and hopeful. I can remember witnessing a number of graduations where families were grateful for the services."

CONCLUSION

The CITA program provided an opportunity for Probation, Behavioral Health Services, Victor Community Support Services, the Court, the District Attorney's Office and the Public Defender's Office to enhance existing interactions and forge new collaborations working to improve outcomes for youth and families involved in the juvenile justice system while increasing public safety. The project team was highly successful with their collaborative efforts and were able to provide critical services to a very high need youth population.

The collaborative team had tremendous success implementing a mental health court program that helped ensure that juveniles with mental disorders remained engaged with appropriate mental health services and that the youth and their families received supports needed to reduce their risk of recidivism. The program team accomplished the goals of providing a specialized treatment model to address the mental health needs of all eligible mentally ill juvenile clients, addressing the root causes associated with clients' criminality, and by providing a range of supportive services and opportunities aimed to help juvenile clients increase their protective factors and decrease recidivism. Upon the termination of grant funding and given the relatively small number of youth served at any one time by the CITA program, it was determined that leveraging existing resources and relationships built during the grant would be a more efficient means to continue providing services to those youth who would have otherwise been eligible for CITA services.

With respect to program costs, the total amount of project funding equaled $949,073.00. Of this total, the grant funds were $747,291.44 and the in-kind match was $317,566.61. The program served 45 youth; thus, the cost per participant was $16,606.48 ($747,291.44/45 youth). In comparison, the Justice Policy Institute (JPI) found that the average cost of the most expensive confinement option for a young person was $407.58 per day and $148,767 per year (2014).

REFERENCES

Justice Policy Institute. 2014. Sticker Shock – Calculating the Full Price Tag for Youth Incarceration.

ABOUT THE EVALUATOR

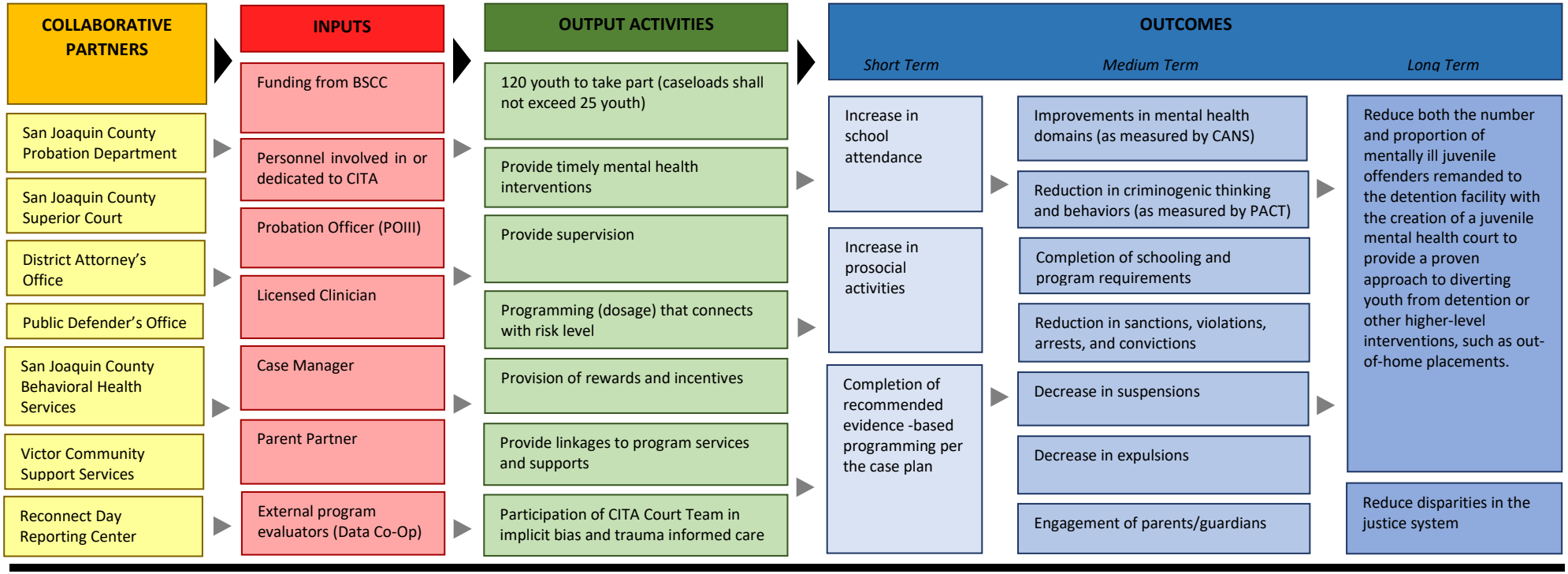
The San Joaquin Community Data Co-Op is a privately incorporated non-profit research and evaluation organization located in Stockton, California. The services provided by the Data Co-Op include conducting program-level evaluations, constructing databases, conducting data analysis, monitoring community indicators, conducting needs assessments, providing training and technical assistance to service providers to manage process and outcome data, and providing grant writing and strategic planning services.

Since its inception, the Data Co-Op has been committed to improving the quality of life in San Joaquin County and the surrounding region. To this end, we work cooperatively with governmental agencies, schools and school districts, law enforcement organizations, health care providers, and a range of community based organizations, to identify, collect and analyze data required to assess the quality of life within the community, particularly with regard to key indicators of social and economic well-being. By being accessible to the community, one of the Data Co-Op's primary goals is to facilitate the community's ability to gather, share, and utilize information, which can be used to maximize planning and improve the delivery of services throughout the County. Project work at the Data Co-Op has included research and evaluation work for the San Joaquin County Probation Department, Stockton Unified School District, Lodi Unified School District, the San Joaquin County Office of Education, and others. The scale of these projects has varied from single site short-term program evaluations to more complex, multi-site evaluations. The Data Co-Op has received grants from The California Wellness Foundation, the Sierra Health Foundation, and the Lucile Packard Foundation to train nonprofits in data and evaluation, to conduct needs assessment work, and to study children's health data indicators. Along with being the evaluator for the Navigate Constructive Change grant the Data Co-Op is the local evaluator for Public Safety Realignment in San Joaquin County.

APPENDICES

SAN JOAQUIN COUNTY COURT FOR INDIVIDUALIZED TREATMENT OF ADOLESCENTS (CITA) LOGIC MODEL

Situation: San Joaquin County is struggling to respond to the high numbers of the dual diagnosed individuals involved at all levels of the criminal justice system. The county has one of the highest crime rates in the state, with the California Crime Index reporting 799.0 violent crimes per 100,000 people, compared to the state-wide rate of 453.6 in 2009. This level of violence has a high impact on the community. New studies are focusing on the long-term impacts to children and youth who are victims of neglect, abuse, sexual victimization, or other violence. There is increasing evidence showing that witnessing or experiencing violence can lead to a greater propensity for violence against property, self, or others. In San Joaquin County 50% of all youth detained in the Juvenile Justice Center (JJC) are diagnosed with serious mental illnesses or emotional disorders. A mental health court diversion program will help ensure that juveniles with a mental disorder remain engaged with appropriate mental health services and that the youth and their families receive supports needed to reduce their risk of recidivism.



SAN JOAQUIN COUNTY PROBATION DEPARTMENT'S COURT FOR INDIVIDUALIZED TREATMENT OF ADOLESCENTS (CITA) PROGRAM EVALUATION CHECKLIST

EVALUATION QUESTION	YES	NO	COULD NOT BE DETERMINED	NOTES
Did the program implement the Mentally Ill Offender Crime Reduction (MIOCR) as it was designed?	X			
Did the program provide a range of support services and opportunities that helped juvenile offenders increase their protective factors and did this decrease recidivism?	X			
Was the program able to successfully partner as a team of collaborative stakeholders?	X			
Were clients positively impacted as a result of taking part in the program?	X			
Did youth participants increase their school attendance?	X			
Did youth increase their enrollment in services?	X			
Did youth see improvements in mental health domains?	X			
Was there a reduction in criminal activity?	X			
Did youth complete schooling and MIOCR program requirements?	X			
Was there a reduction in the number of identified mentally ill juvenile offenders entering the juvenile justice system?	X			

BSCC DEFINITIONS

	A	B
1		MENTALLY ILL OFFENDER CRIME REDUCTION GRANT JUVENILE QUARTERLY PROGRESS REPORT- PART B DATA REPORTING INSTRUCTIONS
3		**PARTICIPANT INFORMATION**
4	1.	Distinct Count of **New** Participants This Reporting Period
5		*A non-duplicative count of **new** MIOCR project participants who have met the criteria for project enrollment this reporting period and are receiving MIOCR-funded services.*
6		
7	2.a-d	Distinct Count of **New** Participants, This Reporting Period, by Age :
8		*A non-duplicative count of **new** MIOCR project participants by age at the time of enrollment into the MIOCR project this reporting period. Data provided for question #2.a-d must equal the sum of question*
9		
10	3.a-c	Distinct Count of **New** Participants, This Reporting Period, by Gender:
11		*A non-duplicative count of **new** MIOCR project participants by gender at the time of enrollment into the MIOCR project this reporting period. Data provided for question #3.a-c must equal the sum of question*
12		
13	4.a-h	Distinct Count of **New** Participants, This Reporting Period, by Race:
14		*A non-duplicative count of **new** MIOCR project participants by race (self-identified). Data provided for question #4.a-h must equal the sum of question #1.*
15		
16	5.a	Number of **New** Participants Who Attended School in the Community
17		*For the **new** MIOCR participants identified in question #1, a non-duplicative count of individuals who were enrolled and attended school in their community (for which a local education authority has administrative responsibilities).*
18		
19	5.b	Average Number of School Days Attended by **New** Participants in the 4 Weeks Prior to Project
20		*For those **new** participants identified in question #5.a, count the number of days each participant was tallied as attending school (calculated in the school's ADA) in the 4 weeks (20 school days) prior to the participant's enrollment date; add the number of school days together for those participants; and divide the sum by the total number of participants identified in question #5.a as having attended school. If the period of time within the 4 weeks prior to the participant's enrollment date includes summer break, non-traditional track schedule, holidays, etc., count the 20 school days most recent to the enrollment date.*
21		
22	6.	Average Number of Days From MIOCR Project Enrollment to **New** Participant's First Direct Service
23		*Count the number of days, beginning the day following the participant's initial enrollment date, to the day of the first direct service received for each **new** participant (occurring in this reporting period); add days together for all **new** participants with an enrollment date in this reporting period; and divide the sum by the total number of **new** participants enrolled in the MIOCR project this reporting period. If an enrollment date and the individual's first service (date) falls between reporting quarters, report that participant's information on the next reporting quarter form submission. Average should be reported to*
24		
25	7.a	Distinct Count of Participants Receiving a Standardized Assessment This Reporting Period
26		*A non-duplicative count of MIOCR project participants (new or current) who received a standardized assessment for the purpose of gathering information about their mental health status, and for their case management and treatment planning.*
27		
28	7.b	List Assessment(s) Used to Determine Treatment and Interventions:
29		*Specify the Assessment(s) used for treatment/intervention services, case management decisions and planning, etc., such as the SASSI, PACT, and OYAS.*

BSCC DEFINITIONS, CONTINUED

	A	B
30		
31	7.c-f	Distinct Count of Participants Identified Through a Standardized Assessment for Risk to Reoffend:
32		*Based on the standardized assessment(s) used (as identified in question #7.b), provide a non-duplicative count of the participants' (new or current) risk of reoffending: Low; Low/Medium; Medium/High; High (participants identified in question #7.a).*
33		
34	8.	Distinct Count of Project Participants with a Formal Psychological/Psychiatric Evaluation(s) Completed This Reporting Period
35		*A non-duplicative count of MIOCR project participants (new or current) who received formal psychological/psychiatric evaluation(s) for diagnosis and treatment during the reporting period.*
36		
37	9.	Number of Participants Receiving Services This Reporting Period
38		*A non-duplicative count of the number of MIOCR participants served by the project during the reporting period. This should include all new participants and all participants in the project from the previous reporting quarter.*
39		
40	10.a	Number of Participants Who Successfully Completed the Project This Reporting Period
41		*A non-duplicative count of the number of MIOCR participants who have successfully fulfilled all project obligations and requirements during the reporting period.*
42		
43	10.b	*Define "Successfully Completed" for the MIOCR Project*
44		*Obligations and requirements may vary by project but should be a predefined list of criteria. Briefly describe your project's definition of success.*
45		
46	11.	Number of Participants Who Discontinued/Terminated the Project This Reporting Period
47		*A non-duplicative count of the number of MIOCR participants who exited the project for any reason. Reasons should be listed in the narrative section at the end of the form under "Additional Information Concerning the Above Measures." Reasons should be brief and not include participant name/information (e.g., 3 individuals moved; 1 individual violated criteria for project participation).*
48		
49		**HISTORICAL DATA - NEW PARTICIPANT INFORMATION ONLY** ***(6 MONTHS PRIOR TO MIOCR PROJECT ENROLLMENT)***
50	12.a	Number of Previous Petitions Sustained for a Delinquent (WIC 602) Offense
51		*In the 6 months prior to MIOCR project enrollment, the total number of petitions sustained (juvenile court adjudication) for an offense (do not include violations of probation or status offenses) for **new** participants (identified in question #1) to the MIOCR project.*
52		
53	12.b	Number of Previous Felony Petitions Sustained (WIC 602)
54		*In the 6 months prior to MIOCR project enrollment, the total number of petitions sustained (juvenile court adjudication) for felony offenses for **new** participants (identified in question #1). Data provided for questions #12.b-c must equal the sum of question #12.a.*
55		
56	12.c	Number of Previous Misdemeanor Petitions Sustained (WIC 602)
57		*In the 6 months prior to MIOCR project enrollment, the total number of sustained petitions (juvenile court adjudication) filed for misdemeanors for **new** participants (identified in question #1). Data provided for questions #12.b-c must equal the sum of question #12.a.*
58		
59	12.d	Number of Previous Status Offenses (WIC 601)
60		*In the 6 months prior to MIOCR project enrollment, the total number of status offenses formally handled for **new** participants (identified in question #1).*
61		
62	13.a	Number of **New** Participants with Post-Disposition Commitments
63		*In the 6 months prior to MIOCR project enrollment, a non-duplicative count of **new** participants that received an in-custody commitment after juvenile court adjudication.*

BSCC DEFINITIONS, CONTINUED

	A	B
64		
65	13.b	Number of Post-Disposition Commitments for **New** Participants Identified in Question #13.a.
66		*In the 6 months prior to MIOCR project enrollment, the total number of in-custody commitments received by individuals identified in question #13.a.*
67		
68	13.c	Average Number of Days in a Juvenile Hall and/or Camp for Dispositions Identified in Question #13.a (Average Length of Stay-ALS).
69		*During the 6 months prior to MIOCR project enrollment, count the number of days spent in a juvenile hall/camp by each **new** participant; add the days for each **new** participant (identified in question #1); and divide that sum by the total number of **new** participants in the MIOCR project. ALS for each individual includes all continuous days served from date of intake to date of release. If a participant had more than one detention period during the 6 month period prior to MIOCR project enrollment, he/she will have two separate lengths of stay. Average should be reported to the first decimal point.*
70		
71	14.	Number of **New** Participants Who Received an Out-Of-Home Placement
72		*During the 6 months prior to MIOCR project enrollment, a non-duplicative count of **new** participants (identified in question #1) who were removed from their home/stable living situation for any length of time and court ordered to a new residence assigned to youth in the system who cannot return home.*
73		
74	15.	Number of **New** Participants on Home Supervision
75		*During the 6 months prior to MIOCR project enrollment, a non-duplicative count of **new** participants (identified in question #1) who were placed on home supervision (with or without electronic monitoring) awaiting court hearings or out-of-home placement for any length of time.*
76		
77	16.	Number of **New** Participants Who Were Admitted to an Acute Inpatient Treatment Facility
78		*In the 6 months prior to MIOCR project enrollment, a non-duplicative count of **new** participants (identified in question #1) who had an admission into an inpatient treatment facility for severe mental health treatment services.*
79		
80	17.	Number of **New** Participants Receiving Medi-Cal or Other Type of Insurance Plan Entitlements (At Time of MIOCR Project Enrollment)
81		*For the **new** MIOCR participants identified in question #1, the number of individuals who were receiving Medi-Cal or other medical/healthcare insurance benefits at the time of enrollment into the MIOCR*
82		
83		**OUTCOME DATA -THIS REPORTING PERIOD ONLY**
84	18.a	Number of Petitions Sustained for a **New** Delinquent Offense (WIC 602)
85		*During the reporting period, the total number of petitions sustained (juvenile court adjudication) for a **new** offense (**do not** include violations of probation or status offenses) for any current MIOCR project participant.*
86		
87	18.b	Number of Felony Petitions Sustained for a **New** Offense (WIC 602)
88		*During the reporting period, the total number of petitions sustained (juvenile court adjudication) for a **new** felony offense (**do not** include violations of probation) for any current MIOCR project participant. Data provided for questio ns #18.b-c must equal the sum of question #18.a.*
89		
90	18.c	Number of Misdemeanor Petitions Sustained for a **New** Offense (WIC 602)
91		*During the reporting period, the total number of petitions sustained (juvenile court adjudication) for a **new** misdemeanor offense (**do not** include violations of probation) for any current MIOCR project participant. Data provided for questions #18.b-c must equal the sum of question #18.a.*
92		
93	18.d	Number of **New** Status Offenses (WIC 601)
94		*During the reporting period, the total number of **new** status offenses formally handled for any current MIOCR project participant.*

BSCC DEFINITIONS, CONTINUED

	A	B
95		
96	19.a	Number of Participants with Post-Disposition Commitments
97		*During the reporting period, a non-duplicative count of MIOCR participants that received an in-custody commitment after juvenile court adjudication.*
98		
99	19.b	Number of Post-Disposition Commitments for Participants Identified in Question #19.a.
100		*During the reporting period, the total number of in-custody commitments received by individuals identified in question #19.a.*
101		
102	19.c	Average Number of Days in a Juvenile Hall and/or Camp for Dispositions Identified in Question #19.b (Average Length of Stay-ALS).
103		*During the reporting period, count the number of days spent in a juvenile hall / camp by each MIOCR participant; add the days for each current MIOCR participant; and divide that sum by the total number of current participants in the MIOCR project. ALS for each individual includes all continuous days served from date of intake to date of release. If a participant had more than one detention period during the reporting period prior, he/she will have two separate lengths of stay. Average should be reported to the first decimal point. Do not count ALS until the participant has been released; count the full number of days for each individual (within the average calculation) for the reporting period in which they were*
104		
105	20.	Number of Participants Who Were Admitted to an Acute Inpatient Treatment Facility
106		*During the reporting period, a non-duplicative count of current MIOCR participants who had an admission into an inpatient treatment facility for severe mental health treatment services.*
107		
108		**PARTICIPANT INFORMATION UPON PROJECT COMPLETION / EXIT ONLY**
109	21.	Number of Participants Enrolled In and Receiving Medi-Cal or Other Type of Insurance Plan Entitlements
110		*For the MIOCR participants who exited/completed the project during this reporting period (identified in question #10.a), the number of individuals who were enrolled in and receiving Medi-Cal or other medical/healthcare insurance benefits upon completing the project.*
111		
112	22.	Number of Participants in an Out-Of-Home Placement
113		*For the MIOCR participants who exited/completed the project during this reporting period (identified in question #10.a), a non-duplicative count of MIOCR individuals who were previously removed from their home/stable living situation for any length of time and court ordered into a new residence and remain so at time of project completion.*
114		
115	23.	Number of Participants on Home Supervision
116		*For the MIOCR participants who exited/completed the project during this reporting period (identified in question #10.a), a non-duplicative count of MIOCR individuals who were placed on home supervision (with or without electronic monitoring) awaiting court hearings or out-of-home placement at time of project completion.*
117		
118	24.a	Number of Participants Who Attended School in the Community
119		*For the MIOCR participants who exited/completed the project during this reporting period (identified in question #10.a), a non-duplicative count of individuals who were enrolled and attended school in their community (for which a local education authority has administrative responsibilities) at the time of project completion.*
120		
121	24.b	Average Number of School Days Attended by Participants in the 4 Weeks Prior to Project Completion/Exit Date
		For those participants identified in question #24.a, count the number of days each participant was tallied as attending school (calculated in the school's ADA) in the 4 weeks (20 school days) prior to the participant's projects completion/exit date; add the number of school days together for those participants; and divide the sum by the total number of participants identified in question #24.a. If the period of time within the 4 weeks prior to the participant's project completion/exit date includes summer

BSCC DEFINITIONS, CONTINUED

	A	B
123		
124		**PARTICIPANT INFORMATION POST PROJECT COMPLETION / EXIT ONLY (6 MONTHS FOLLOWING SUCCESSFUL MIOCR PROJECT COMPLETION)**
125	25.a	Number of Participants With a Petitions Sustained for a **New** Delinquent Offense (WIC 602)
126		*An non-duplicative count of individuals with a sustained petition (juvenile court adjudication) for a **new** offense (**do not** include violations of probation or status offenders) for any MIOCR project participant identified as successfully completing the project 6 months ago (per reporting quarter).*
127		
128	25.b	Number of Petitions Sustained for a **New** Delinquent Offense (WIC 602)
129		*The total number of petitions sustained (juvenile court adjudication) for a **new** offense (**do not** include violations of probation or status offenses) for prior MIOCR participants identified in question #25.a.*
130		
131	25.c	Number of Felony Petitions Sustained for a **New** Offense (WIC 602)
132		*The total number of petitions sustained (juvenile court adjudication) for a **new** felony offense (**do not** include violations of probation) for prior MIOCR project participants identified in question #25.a. Data provided for questio ns #25.c-d must equal the sum of question #25.b.*
133		
134	25.d	Number of Misdemeanor Petitions Sustained for a **New** Offense (WIC 602)
135		*The total number of petitions sustained (juvenile court adjudication) for a **new** misdemeanor offense (**do not** include violations of probation) for prior MIOCR project participants identified in question #25.a. Data provided for question #25.c-d must equal the sum of question #25.b.*
136		
137	26.	Additional Information Concerning the Above Measures:
138		Provide any additional information you believe will be helpful in describing any of the data above, including reasons for participants who discontinued or were terminated from the project this reporting period (question #10). To assist staff in understanding this information, please identify the data measure number within the narrative as reference.
139		
140	27.	Additional Measure(s) Collected:
141		Describe any additional data collected (outputs or outcomes) for your project that may demonstrate project effectiveness but were not included in the above measures. Attach additional sheets as
142		
143		**Quarterly Progress Reports, Parts A & B are due 45 days from the end of the reporting period. Please email completed forms to: Helene Zentner | helene.zentner@bscc.ca.gov For questions, please email or call Helene Zentner | helene.zentner@bscc.ca.gov | 916-323-8631**

ENTRY CRITERIA

San Joaquin County
Court for Individualized Treatment of Adolescents
Juvenile Court Probation Behavioral Health Services Victor Community Support Services

ENTRY CRITERIA
CITA program

CITA, Court for Individualized Treatment of Adolescents, is a specialized juvenile court that focuses on the special needs of youth with serious mental health illnesses and the community system that serves them. Youth served by the program may attend a SJCOE school, have a case manager, a probation officer and will attend court as directed. Youth with DJJ recommendations, placement orders, or who have already been ordered into placement are ineligible. Youth who have sustained 707(b) offenses are not eligible for this program. Youth must be 17.5 or younger at the time of the referral.

The Administrative Screening Committee, whose members include Probation Unit Supervisors and a Mental Health Clinician, will determine suitability for the program.

TARGET POPULATION
Juveniles with a serious mental illness that has contributed to:

1. Their criminal activity
2. Failure of community based treatment efforts that have resulted in behaviors that are illegal or dangerous to others.

Juvenile Court
(209)468-4250
595 W Mathews Rd
French Camp, CA 95231

Juvenile Probation
(209) 468-4000
575 W Mathews Rd
French Camp, CA 95231

Behavior Health Services
(209)468-2385
1212 N California St
Stockton, CA 95202

Victor Community Support Services
(209) 465-1080
2495 W. March Lane Suite 125
Stockton, CA 95207

7/30/15

PROCESS FOR POSSIBLE CASES THAT ARE IN-CUSTODY/OUT-OF-CUSTODY

San Joaquin County
Court for Individualized Treatment of Adolescents
Juvenile Court Probation Behavior Health Services Victor Community Support Services

Process for Possible CITA cases that are OUT OF CUSTODY.

If a mental health diagnosis is reported or suspected at the time of the Assessment and Court intervention will be sought, email Probation Officer III and Probation Unit Supervisor.

The CITA POIII will email Behavioral Health Services and Victor Community Support Services and request an evaluation.

Behavioral Health or Victor Community Support Services will email the CITA POIII (approximately 1 week) with the outcome of the evaluation.

The CITA POIII will perform a CITA evaluation if appropriate and email a CITA referral to Victor Community Support Services.

Hopefully this process will be completed prior to the youth's Social History Court date.

Process for Possible CITA cases that are IN CUSTODY.

JJC Behavioral Health Services will email the CITA POIII with possible cases. At that point the youth will have a current mental health evaluation.

If appropriate, a CITA Evaluation will be completed and the assigned Assessment Officer and the Court will be notified. The CITA Probation Officer III will send a CITA referral to Victor Community Support Services.

Juvenile Court	Juvenile Probation	Behavior Health Services	Victor Community Support Services
(209)468-4280	(209)468-4000	(209)468-2385	(209)468-1080
535 W Mathews Rd	575 W Mathews Rd	1212 N California St	2495 W. March Lane Suite 125
French Camp, CA 95231	French Camp, CA 95231	Stockton, CA 95202	Stockton, CA 95207

7/30/15

CITA PROTOCOL

San Joaquin County

Court for Individualized Treatment of Adolescents

Juvenile Court Probation Behavioral Health Services Victor Community Support Services

CITA Protocol

Intake (In-Custody):

- Youth screened by Behavioral Health Services and identified as potential candidate for CITA.
- Referral sent to CITA Unit Supervisor and Probation Officer III. If youth is found appropriate by CITA Unit Staff, Probation will notify the Juvenile Court that the youth is recommended for CITA court.

Intake (Out of Custody):

- If Intake staff believe youth may have a qualifying Mental Health diagnosis, a referral will be made to the CITA Unit Supervisor and Probation Officer III.
- If youth is found appropriate by CITA Unit Staff, Behavioral Health Services or Victor Community Support Services, a modification of Probation order may be completed recommending CITA court.

Assessments:

- If assessments indicate that a youth may have qualifying Mental Health diagnosis, a referral is sent to CITA Unit Supervisor and Probation Officer III.
- If youth is found appropriate by CITA Unit Staff and Behavioral Health Services or Victor Community Support Services, the case is screened by the Administrative Screening Committee.
- Upon approval of the Administrative Screening Committee, the recommendation at disposition is for the CITA court program.

Juvenile Court	Juvenile Probation	Behavior Health Services	Victor Community Support Services	
(209)468-4280	(209)468-4000	(209)468-2385	(209)468-1080	
535 W Mathews Rd	575 W Mathews Rd	1212 N California St	2495 W. March Lane Suite 125	
French Camp, CA 95231	French Camp, CA 95231	Stockton, CA 95202	Stockton, CA 95207	7/30/15

CITA REFERRAL

San Joaquin County
Court for Individualized Treatment of Adolescents
Juvenile Court Probation Behavioral Health Services Victor Community Support Services

CITA Referral

Any questions, please call DPOIII Jordan Richards at 468-4029

Name: _____ J# _____ Ct# _____
Parent's Name: _____ Phone: _____
Address: _____ Cell: _____
DOB: _____ School: _____
Assigned PO: _____ PO Phone: _____
Medical Carrier: _____ Next Court Date: _____
Referral Date:

Is there a current psychological evaluation/assessment? Yes ☐ No ☐
Diagnosis: _____

Notes: _____

Referred to Victor Community Support Services

Yes ☐ No ☐
Date: _____

Juvenile Court	Juvenile Probation	Behavioral Health Services	Victor Community Support Services	
(209)468-4280	(209)468-4000	(209)468-2385	(209)468-1080	
535 W Mathews Rd	575 W Mathews Rd	1212 N California St	2495 W. March Lane Suite 125	
French Camp, CA 95231	French Camp, CA 95231	Stockton, CA 95202	Stockton, CA 95207	7/30/15

CITA INITIAL/EXIT INTERVIEW

CITA INITIAL/EXIT INTERVIEW

DATE:_____ INTERVIEWED BY:_____

MINOR:_____ FATHER:_____ MOTHER:_____

OTHER RELATIVE_____ (GUARDIAN) yes no

Dogs:_____ Address:_____

Phone:_____ Medications:_____

Last used drug:_____ School:_____Credits:____
Grade:__

Drug of choice_____ How Often:_____

Age Started_____ Family History M/H:_____

AGE: ____

Pending Offenses:_____

CPS Referrals: yes no Family housing status: Rent Owns Homeless

# of adults in the home:_____ # of adults working fulltime:_____

# of adults working part-time:_____

Youth employed: Yes No Where:_____ Part-time Full-time

Did youth Graduate: Yes No Absences:_____ Suspensions:_____ Expulsions:_____

Special Education/Resources: Yes No Recent IEP: Yes NO

Mental Health Concerns:_____

Gang Involvement: _____

Do you believe you need Counseling:

Are you willing to consider medication:

Do you want help:

If you could change life/family, what would it be:

Explain CITA: __CITA Court __ See PO __ Probation Terms/Conditions __Drug Testing

__School Program __ Counseling __Community Service __ Restitution

CBI MRT ART T4C Girls Moving On

PACT: Low Moderate Moderate-High HIGH

Enrolled CITA:_____ Graduated CITA:_____

Community Development Groups:_____

Questions/Follow-up:

_____

_____

_____

_____

_____

_____

_____

_____

_____

ROP SIGNED: YES NO

CITA COURT UPDATE

San Joaquin County
Court for Individualized Treatment of Adolescents

Juvenile Court Probation Mental Health Office of Education Victor Treatment

Name:	Court Date:
Attorney:	Probation Officer:
Clinician:	Next Court Date:

General Update:
VCSS Status:
Medication:
School:
Recommendation:

Juvenile Court
535 W Mathews Rd
French Camp, CA 95231

Juvenile Probation
575 W Mathews Rd
French Camp, CA 95231

Mental Health – CYS
1212 N California St
Stockton, CA 95202

Victor Treatment – IJAT
2495 W. March Lane Suite 125
Stockton, CA 95207

GRADUATION CRITERIA

San Joaquin County
Court for Individualized Treatment of Adolescents
Juvenile Court Probation Behavioral Health Services Victor Community Support Services

GRADUATION CRITERIA

A youth will be determined to have successfully completed the Court for Individualized Treatment of Adolescents when the following criteria are met:

Time in Program: 6 – 12 months, average length expected to be 9 months.

Treatment Plan: The youth will have successfully reached and maintained a baseline level of functioning for at least 3 months. School performance, substance abuse, and compliance with terms and conditions of Probation will be reviewed in the context of the youth's cognitive and behavioral abilities with the Probation Officer, Behavioral Health Services or Victor Community Support Services, and the youth's family.

Probation: The youth will not have committed any new law violations in the past 6 months.

GRADUATION

Prior to presenting a youth's case for graduation, the Probation Officer will review the youth's progress with Behavioral Health Services or Victor Community Support Services, and the youth's family.

After this review, the youth's case will be discussed at the pre-Court conference for the CITA hearing.

Upon approval of the Court, the youth will be presented with a certificate and Probation/Charges will be dismissed. If the youth has any outstanding restitution, they will be transferred to the Bank caseload upon graduation from CITA.

Juvenile Court	Juvenile Probation	Behavioral Health Services	Victor Community Support Services	
(209)468-4280	(209)468-4000	(209)468-2385	(209)465-1080	
535 W Mathews Rd	575 W Mathews Rd	1212 N California St	2495 W. March Lane Suite 125	
French Camp, CA 95231	French Camp, CA 95231	Stockton, CA 95202	Stockton, CA 95207	7/30/15

RECOMMENDATIONS FOR MINORS PARTICIPATING IN CITA

San Joaquin County
Court for Individualized Treatment of Adolescents

Juvenile Court Probation Mental Health Office of Education Victor Treatment

RECOMMENDATIONS FOR MINORS PARTICIPATING IN CITA

In addition to the regular rules and conditions of probation, the following are necessary for CITA youth.

1. The minor and (parent/guardian) are ordered to participate in routine Court reviews to monitor their progress. Failure to attend Court reviews may result in termination from CITA and a Violation of the Probation.

2. The minor and his/her parent/guardian are ordered to attend doctor's appointments related to the minor's mental health and take medication as prescribed. All changes in medication must be done with the consultation of the minor's physician and the Probation Officer must be notified.

3. The minor and (parent/guardian) are ordered to contact the Probation Officer at 209-468-4029 and VCSS 209-465-1080 within the next seven days for an evaluation and to attend counseling as deemed necessary by said program; the minor and (parent/guardian) are to participate in such counseling program until otherwise notified by the Probation Officer, or released by said program;

4. The Court orders that the Probation Officer may release all police reports, probation reports, and psychological/ psychiatric reports to the counseling and/or educational agency. The counseling and/or educational agency is to release relevant information to the Probation Officer as necessary to verify the minor's participation and progress in the program;

For the safety on minors taking psychotropic medications and the frequency of mentally ill teenagers to self-medicate with illegal substances, regular drug testing is a part of the CITA program and drug testing should be ordered.

Juvenile Court
535 W Mathews Rd
French Camp, CA 95231

Juvenile Probation
575 W Mathews Rd
French Camp, CA 95231

Mental Health – CYS
1212 N California St
Stockton, CA 95202

Victor Treatment – JJAT
2495 W. March Lane Suite 125
Stockton, CA 95207

INTERAGENCY AGREEMENT

PROBATION DEPARTMENT

STEPHANIE L. JAMES
CHIEF PROBATION OFFICER

Court for Individualized Treatment of Adolescents
Interagency Agreement

Background

The San Joaquin Probation Department is the lead partner for the Mentally Ill Offender Crime Reduction Grant for the Court for Individualized Treatment of Adolescents (CITA Court). This Interagency Agreement is intended to define the roles and responsibilities of the Probation Department and its collaborative partners to serve the mental health needs of juvenile offenders. This specialized treatment model will address the root causes of offending and provide a range of supportive services to help juvenile offenders and decrease recidivism.

Purpose

The purpose of the Interagency Agreement is to establish responsibilities and expectations related to the services provided to youth in the CITA Court through the Mentally Ill Offender Crime Reduction Grant.

A. **Lead Agency** - The San Joaquin County Probation Department is the lead partner responsible for overseeing program activities, coordinating communications between partners, fiscal oversight, serving as the liaison with the Board of State and Community Corrections, and completing all grant requirements and deliverables.

B. **Governance** – The partnership will include representatives from the Probation Department, Behavioral Health Services, Public Defender's Office, District Attorney's Office, Superior Court, and Victor Community Support Services. Decisions will be made by consensus whenever possible and by majority vote when necessary. Agency partners will be responsible for monitoring compliance with the Interagency Agreement and all grant requirements and deliverables.

C. **Information Sharing** – All partners agree to the sharing of information consistent with the provisions of Welfare and Institutions Code Section 827 and the San Joaquin Superior Court. Juvenile Standing Order No. 07-02 regarding the release of Juvenile Court Records. This excludes sharing any information that is prohibited by these regulations, specifically pertaining to confidential victim information, medical records, and psychological/psychiatric/mental health records.

D. **Data Collection and Reporting** – All partners agree to collecting data related to services provided through the CITA Court Program and assisting in the preparation of deliverables to the Board of State and Community Corrections, when necessary.

Juvenile Court and Field Services
375 W. Mathews Road
French Camp, CA 95231
209/468-4000

Juvenile Detention Facilities
535 W. Mathews Road
French Camp, CA 95231
209/468-4200

Adult Services
Room 201, Canlis Building
24 S. Hunter St.
Stockton, CA 95202
209/468-4100

Administration
375 W. Mathews Road
French Camp, CA 95231
209/468-4068

E. **Communication** – All partners agree to maintain regular communication between the Probation Department, the youth, his/her parent/guardian, and other service providers as needed. Partners also agree to provide written or verbal updates regarding youth's progress as requested by the Probation Department.

F. **Confidentiality** – All partners agree to maintain confidentiality of information shared through the CITA Court Program. Information shared shall not be disclosed outside of the CITA Court Program except to the Court or as otherwise necessary to obtain services for the youth.

G. **Procedures** – All partner agencies will establish procedures to ensure that all information is safeguarded from improper disclosure in accordance with applicable federal and state laws and regulations.

H. **Applicability** – The case services under this Interagency Agreement apply to each youth identified as in the CITA Court Program and under the jurisdiction of the San Joaquin County Probation Department.

I. **Term** – The Interagency Agreement shall be for a term starting July 1, 2015 and ending June 30, 2016. Following expiration of the initial term, this Interagency Agreement shall be reviewed annually and shall continue for year to year unless revised or revoked by mutual written agreement of the parties. No amendment to this Interagency Agreement shall be valid unless made in writing and signed by all parties.

J. All partner agencies shall abide by all applicable requirements as set forth in federal and state laws and regulations and adhere to all applicable county and/or department policies and procedures.

Partner Signatures

7/31/15
Stephanie L. James Date
Chief Probation Officer

Vic Singh Date
Director, Behavioral Health Services

8-4-15
Peter Fox Date
Public Defender

7/31/15
Honorable Michael D. Coughlan Date
Superior Court Judge

8/4/15
Tori Verber-Salazar Date
District Attorney

7/31/15
Manuel Lua Date
Executive Director
Victor Community Support Services

DATA TRACKING, DATA COLLECTION AND OUTCOME REPORTING PROCESS PROTOCOL

MENTALLY ILL OFFENDER CRIME REDUCTION GRANT
Court for Individualized Treatment of Adolescents (CITA)
Data Tracking, Data Collection and Outcome Reporting Process Protocol

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For the purposes of producing the BSCC Quarterly Progress Reports, process evaluation, and outcome evaluation, the San Joaquin Community Data Co-Op (SJCDC), collects the data components listed below from each respective CITA partner: San Joaquin County Probation Department (Probation), San Joaquin County Behavioral Health Services (BHS), and Victor Community Support Services (VCSS). All data is submitted electronically to SJCDC on the 10th of each month.

Data Tracking

☐ **Probation**: the data variables that are tracked by Probation (please see Probation Data Collection Variables form) are updated on a weekly basis (or as needed) using the following spreadsheets:

- CITA Monthly Stat Form
- CITA Quarter Reports Form
- CITA Referrals and Evaluation Statistics

In addition, each quarter Probation provides SJCDC feedback on activities that were implemented that quarter, any project challenges, and project accomplishments and highlights. The following form is used for this data: MIOCR (CITA) Quarterly Report Feedback Request. Furthermore, Probation provides a case study to showcase the impact of the program on the lives of clientele.

☐ **VCSS**: the data variables that are tracked by VCSS (see VCSS Data Collection Variables Form) are updated on a weekly basis (or as needed) using the following spreadsheet:

- CITA Monthly Stat Form

In addition, each quarter VCSS provides SJCDC feedback on activities that were implemented that quarter, any project challenges, and project accomplishments and highlights. The following form is used for this data: MIOCR (CITA) Quarterly Report Feedback Request. Furthermore, a score sheet for each client is submitted to SJCDC at discharge from the program in order to determine if there was improvement in mental health domains as measured by CANS.

Engagement of parents/guardians (as measured Parent Partner contacts with the parents/guardians) will be collected and provided to SJCDC by VCSS on a monthly basis. This data will include aggregate totals of Parent Partner contacts with families (e.g., groups, phone calls, e-mails, etc.).

☐ **BHS**: On a quarterly basis, BHS provides SJCDC feedback on activities that were implemented, any project challenges, and project accomplishments and highlights. The following form is used for this data: MIOCR (CITA) Quarterly Report Feedback Request.

Data Collection and Reporting

- Progress Report Due 45 days after the respective quarter ends.

☐ **Send out an e-mail to Deborah Maffei dmaffei@sjgov.org requesting the expenditure status for the MIOCR Juvenile Progress Report Part A.**

☐ **Send an e-mail to the following organizations requesting the necessary information for the MIOCR Juvenile Progress Report Part A and B.**

- **BHS**
  - Activities Implemented
  - Project Challenges
  - Accomplishments and Highlights
  - Data to be requested from Fay Vieira [BHS] fvieira@sjcbhs.org
    - The following individuals are to be copied:
      - Jacqueline Coulter [BHS] jcoulter@sjcbhs.org
      - Devon Digges [BHS] ddigges@sjcbhs.org
      - Campbell Bullock (SJCDC) cbullock@sjgov.org
      - Olga Goltvyanitsa (SJCDC) ogoltvyanitsa@sjgov.org
- **Probation**
  - The following is requested from Rick James rjames@sjgov.org
    - Activities Implemented
    - Project Challenges
    - Accomplishments and Highlights
    - The following individuals are to be copied:
      - Duane Blevins dblevins@sjgov.org
      - Jordan Richards jrichards@sjgov.org
      - Campbell Bullock (SJCDC) cbullock@sjgov.org
      - Olga Goltvyanitsa (SJCDC) ogoltvyanitsa@sjgov.org
  - Case Study
    - Requested from Jordan Richards jrichards@sjgov.org
    - The following individuals are to be copied:
      - Rick James rjames@sjgov.org
      - Campbell Bullock (SJCDC) cbullock@sjgov.org
      - Olga Goltvyanitsa (SJCDC) ogoltvyanitsa@sjgov.org
  - Excel spreadsheet
    - The most updated program Excel spreadsheet is requested from Jordan Richards jrichards@sjgov.org
    - The following individuals are to be copied:
      - Rick James rjames@sjgov.org
      - Campbell Bullock (SJCDC) cbullock@sjgov.org
      - Olga Goltvyanitsa (SJCDC) ogoltvyanitsa@sjgov.org

- **VCSS**
  - The following four items are requested from Sheree Lozano Sheree.Lozano@victor.org
    - Activities Implemented
    - Project Challenges
    - Accomplishments and Highlights
    - Excel Spreadsheet (most updated copy)
    - The following individuals are copied:
      - Marsha Lewis-Akyeem MLewis-Akyeem@victor.org
      - Heather Taylor HTaylor@victor.org
      - Giana Vierra GVierra@victor.org
      - Tracy Cutino Tracy.Cutino@victor.org
      - Campbell Bullock (SJCDC) cbullock@sjgov.org
      - Olga Goltvyanitsa (SJCDC) ogoltvyanitsa@sjgov.org

☐ Fill out the following reports:

- MIOCR Juvenile Progress Report Part A
- MIOCR Juvenile Progress Report Part B
- **Location**: On secured network at the Data Co-Op

☐ Finalized reports are to be submitted to Duane Blevins dblevins@sjgov.org no later than the 12th of the reporting period.

PROBATION DATA TRACKING TOOL

San Joaquin County

COURT FOR INDIVIDUALIZED TREATMENT OF ADOLESCENTS (CITA)

Probation Data Tracking Tool

Research ID#	J#	First Name	Last Name	DOB	Age at the Time of Program Enrollment	Gender *1 - Female 2 - Male*	Race/Ethnicity	Crossover Youth? *1 - Yes 2 - No*	Family Housing Status *1 - Rents 2 - Owns 3 - Homeless*

	Family Employment			Youth Employment			
Total # of Adults in the Home	# of adults in the home that are employed	# of adults who are employed full-time	# of adults who are employed part-time	Youth was employed at the time of program enrollment *1 - Yes 2 - No*	Youth gained employment during program enrollment *1 - Yes 2 - No*	Referral Date	Program Enrollment Date

Quarter	VCSS Variable Date Mental Health Assessment Completed	VCSS Variable Date Treatment Started	# of Days from MIOCR Project Enrollment to New Participant's First Direct Service	PACT Risk Level *1 - Low 2 - Moderate 3 - Moderate High 4 - High*	PACT Risk Level *(re-assessment) 1 - Low 2 - Moderate 3 - Moderate High 4 - High*	Criminal Sentiment Scale *(Pre) 1 - Low 2 - Medium 3 - High*	Criminal Sentiment Scale *(post)* at closure *1 - Low 2 - Medium 3 - High*

Did the client attend school in the Community? *1 - Yes* *2 - No*	**School Attending**	**School Year**	Absences	Suspensions	Expulsions	Did youth graduate? *1 - Yes* *2 - No* *3 - N/A* *(if applicable, e.g., Reconnect School or One school)*	**DATE that marks 4 Weeks Prior to Project Enrollment** *(20 school days most recent to the project enrollment date)*	**# of School Days Attended by Participant in the 4 Weeks Prior to Project Enrollment**

Evidence Based Programming														
CBI-SA			***MRT***			***ART***			***T4C***			***Girls Moving On***		
Start Date	End Date	Completed *1 - Yes* *2 - No*	Start Date	End Date	Completed *1 - Yes* *2 - No*	Start Date	End Date	Completed *1 - Yes* *2 - No*	Start Date	End Date	Completed *1 - Yes* *2 - No*	Start Date	End Date	Completed *1 - Yes* *2 - No*

Please list all community and youth development groups that the YOUTH enrolled in.	**Sanctions**			**Rewards/Incentives**		
	Did youth have any sanctions? *1 - Yes* *2 - No*	# of sanctions	Level of sanctions	Did youth have any rewards/ incentives? *1 - Yes* *2 - No*	# of rewards	Level of rewards

Did youth graduate from CITA? *1 - Yes* *2 - No*	**Date of CITA Graduation**	**Did youth fail the CITA program?** *1 - Yes* *2 - No*	**Date case closed due to CITA program failure**	**Criminal Sentiment Scale at closure**

Quarter Reports-New Participant (6 months prior to MICOCR project enrollment)

Research ID#	J#	First Name	Last Name	DOB	Gender *1 - Female* *2 - Male*	Race/Ethnicity	6 Months Prior to MIOCR Project Enrollment	Date of Program Enrollment

# of PREVIOUS Petitions Sustained for a NEW Delinquent Offense (WIC 602)	# of PREVIOUS Felony Petitions Sustained for a NEW Offense (WIC 602)	# of PREVIOUS Misdemeanor Petitions Sustained for a NEW Offense (WIC 602)	# of PREVIOUS Status Offenses (WIC 601)	Did client have a Post-Disposition Commitment(s)? *1 - Yes* *2 - No*	# of Post-Disposition Commitments for NEW Participants Identified in Question #13.a.	# of Days in a Juvenile Hall and/or Camp for Dispositions Identified in Question # 13.a

Did the client receive an Out-Of-Home Placement? *1 - Yes* *2 - No*	Is the client on Home Supervision? *1 - Yes* *2 - No*	Was the client admitted to an Acute Inpatient Treatment Facility? *1 - Yes* *2 - No*	Was the client receiving Medi-Cal or Other Type of Insurance Plan Entitlements? *(At the time of MIOCR Project Enrollment)* *1 - Yes* *2 - No*

Quarter Reports-Currently Being Served (new and carryovers)

Research ID#	J#	First Name	Last Name	DOB	Gender *1 - Female* *2 - Male*	Race/Ethnicity	Program Enrollment Date

# of Petitions Sustained for a NEW Delinquent Offense (WIC 602)	# of Felony Petitions Sustained for a NEW Offense (WIC 602)	# of Misdemeanor Petitions Sustained for a NEW Offense (WIC 602)	# of NEW Status Offenses (WIC 602)	Did the client have a Post-Disposition Commitment(s)? *1 - Yes* *2 - No*	# of Post-Disposition Commitments for Participants Identified in Question #19.a.	# of Days in a Juvenile Hall and/or Camp for Dispositions Identified in Question # 19.b.	Was the client admitted to an Acute Inpatient Treatment Facility? *1 - Yes* *2 - No*

Quarter Reports-Project Completion (new and carryovers)

Research ID#	J#	First Name	Last Name	DOB	Gender *1 - Female* *2 - Male*	Race/Ethnicity	Date of Program Enrollment	Date CITA Completed

DATE that marks 4 Weeks Prior to Project Completion *(20 school days most recent to the project completion/exit date)*	Did the client Attend School in the Community? *1 - Yes* *2 - No*	# of School Days Attended by Participant in the 4 Weeks Prior to Project Completion/Exit Date	Was the client Enrolled in and Receiving Medi-Cal or Other Type of Insurance Plan Entitlements? *1 - Yes* *2 - No*	Was the client in an Out-Of-Home Placement? *1 - Yes* *2 - No*	Was client on Home Supervision? *1 - Yes* *2 - No*

VCSS DATA TRACKING TOOL

San Joaquin County

MENTALLY ILL OFFENDER CRIME REDUCTION GRANT (MIOCR)

VCSS Data Collection Variables

Research ID#	**J#**	**First Name**	**Last Name**	**DOB**	**Date Mental Health Assessment Completed**	**Date Treatment Started**	**Date Treatment Ended**	**CANS score** *(at the time of Enrollment)*	**CANS score** *(at life changing event - if applicable)*	**CANS score** *(at discharge)*	**Was case plan created?** *1 - Yes 2 - No*

Did the Client receive a formal psychiatric evaluation this reporting period?		**Evidence Based Programming**								
		ART			***T4C***			***Courage to Change***		
1 - Yes 2 - No	If yes, please list the date.	Start Date	End Date	Completed *1 - Yes 2 - No*	Start Date	End Date	Completed *1 - Yes 2 - No*	Start Date	End Date	Completed *1 - Yes 2 - No*

Child and Family Team (CFT) Meetings											
Initial		**At 30 days**		**At 60 days**		**At 90 days**		**At 120 days**		**At 180 days**	
1 - Yes 2 - No	Date of the Meeting	*1 - Yes 2 - No*	Date of the Meeting	*1 - Yes 2 - No*	Date of the Meeting	*1 - Yes 2 - No*	Date of the Meeting	*1 - Yes 2 - No*	Date of the Meeting	*1 - Yes 2 - No*	Date of the Meeting

Linkages *(at closure please list all linkages provided)*				**Please list any prosocial activities that the youth is engaged in**	**Please list any other interventions**	**Comments**
Linkages provided *1 - Yes 2 - No*	If yes, please list:					
	Linkage 1	Linkage 2	Linkage 3			

PARENT PARTNER DATA TRACKING TOOL

San Joaquin County

COURT FOR INDIVIDUALIZED TREATMENT OF ADOLESCENTS (CITA)

Parent Partner Data Collection Variables

J#	Youth First Name	Youth Last Name	DOB	Parent/Guardian Name	Type of Contact *1 - Home Visit* *2 - Phone Call* *3 - Office Visit* *4 - Other*	Date of Contact	Comments about Home Visit

DATA TRACKING TOOL FOR SUCCESSES AND CHALLENGES

San Joaquin County
COURT FOR INDIVIDUALIZED TREATMENT OF ADOLESCENTS (CITA)
Successes and Challenges

Highlights and Successes
Please list all project successes for this reporting period and include individual success stories.

Challenges and/or Barriers
Please describe any challenges and/or barriers that were encountered during this reporting period. Please be sure to include any ongoing challenges and/or barriers as well.

APPENDIX O: MASSACHUSETTS YOUTH SCREENING INSTRUMENT-2 (MAYSI-2) ASSESSMENT TOOL (PG. 1 OF 4)

MAYSI-2 Questionnaire

Name _____ **Male** ❒ **Female** ❒

Date of Birth _____ **Today's Date** _____

These are some questions about things that sometime happen to people. For each question, please circle YES or NO to answer whether that question has been true for you IN THE PAST FEW MONTHS. Please answer these questions as well as you can.

			Circle Y (yes) or N (no)
1. Have you had a lot of trouble falling asleep or staying asleep?	Y	N	1
2. Have you lost your temper easily, or had a "short fuse"?	Y	N	2
3. Have nervous or worried feelings kept you from doing things you want to do?	Y	N	3
4. Have you had a lot of problems concentrating or paying attention?	Y	N	4
5. Have you enjoyed fighting, or been "turned on" by fighting?	Y	N	5
6. Have you been easily upset?	Y	N	6
7. Have you thought a lot about getting back at someone you have been angry at?	Y	N	7
8. Have you been really jumpy or hyper?	Y	N	8
9. Have you seen things other people say are not really there?	Y	N	9
10. Have you done anything you wish you hadn't, when you were drunk or high?	Y	N	10
11. Have you wished you were dead?	Y	N	11
12. Have you been daydreaming too much in school?	Y	N	12
13. Have you had too many bad moods?	Y	N	13
14. Have you had nightmares that are bad enough to make you afraid to go to sleep?	Y	N	14
15. Have you felt too tired to have a good time?	Y	N	15
16. Have you felt like life was not worth living?	Y	N	16
17. Have you felt lonely too much of the time?	Y	N	17
18. Have you felt like hurting yourself?	Y	N	18
19. Have your parents or friends thought you drink too much?	Y	N	19
20. Have you heard voices other people can't hear?	Y	N	20
21. Has it seemed like some part of your body always hurts you?	Y	N	21
22. Have you felt like killing yourself?	Y	N	22
23. Have you gotten in trouble when you've been high or have been drinking?	Y	N	23
24. If yes, is this fighting?	Y	N	24

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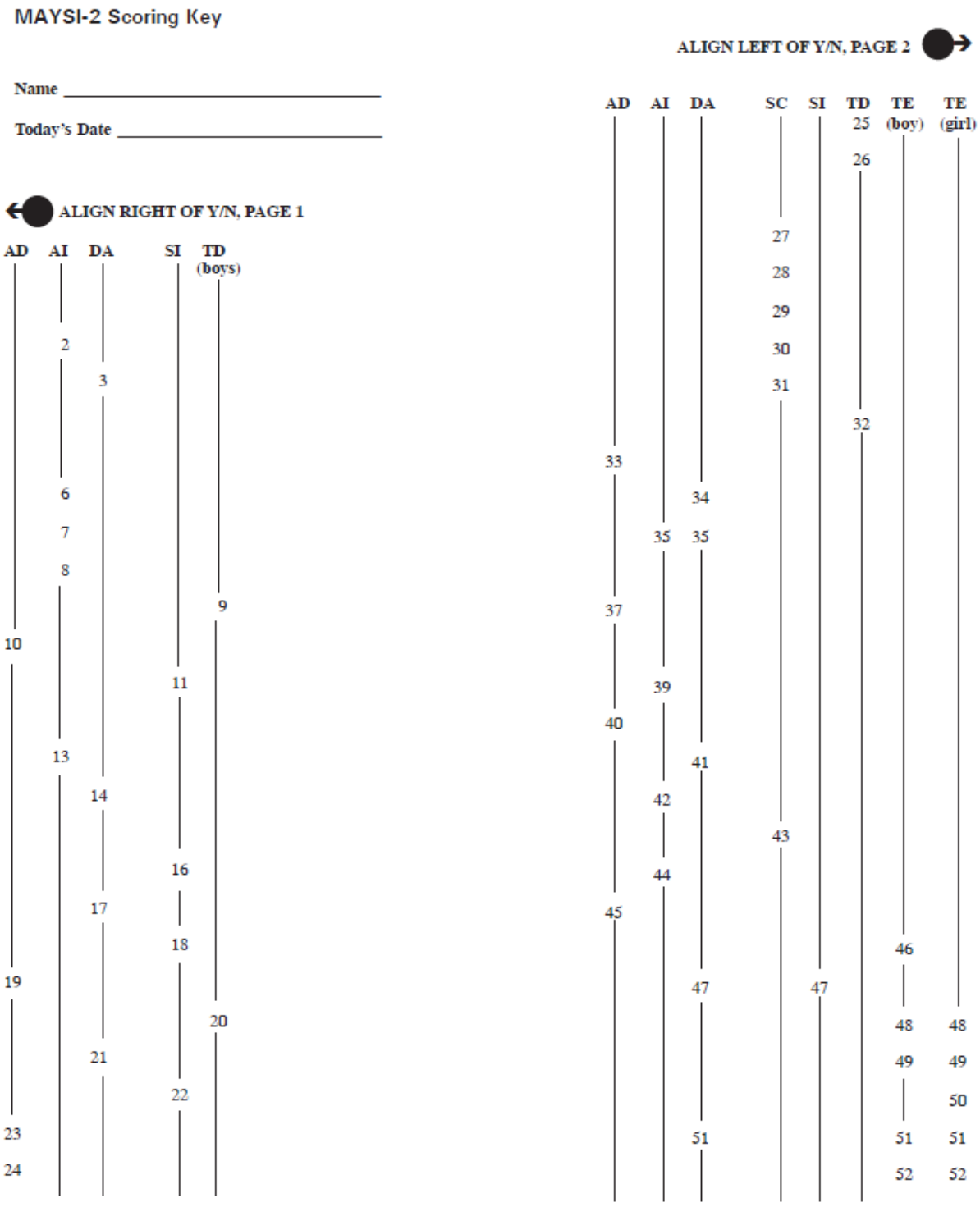
APPENDIX O: MASSACHUSETTS YOUTH SCREENING INSTRUMENT-2 (MAYSI-2) ASSESSMENT TOOL (PG. 2 OF 4)

	Circle Y (yes) or N (no)		
25. Have other people been able to control your brain or your thoughts?	Y	N	25
26. Have you had a bad feeling that things don't seem real, like you're in a dream?	Y	N	26
When you have felt nervous or anxious:			
27. have you felt shaky?	Y	N	27
28. has your heart beat very fast?	Y	N	28
29. have you felt short of breath?	Y	N	29
30. have your hands felt clammy?	Y	N	30
31. has your stomach been upset?	Y	N	31
32. Have you been able to make other people do things just by thinking about it?	Y	N	32
33. Have you used alcohol or drugs to help you feel better?	Y	N	33
34. Have you felt that you don't have fun with your friends anymore?	Y	N	34
35. Have you felt angry a lot?	Y	N	35
36. Have you felt like you don't want to go to school anymore?	Y	N	36
37. Have you been drunk or high at school?	Y	N	37
38. Have you felt that you can't do anything right?	Y	N	38
39. Have you gotten frustrated a lot?	Y	N	39
40. Have you used alcohol and drugs at the same time?	Y	N	40
41. Has it been hard for you to feel close to people outside your family?	Y	N	41
42. When you have been mad, have you stayed mad for a long time?	Y	N	42
43. Have you had bad headaches?	Y	N	43
44. Have you hurt or broken something on purpose, just because you were mad?	Y	N	44
45. Have you been so drunk or high that you couldn't remember what happened?	Y	N	45
46. Have people talked about you a lot when you're not there?	Y	N	46
47. Have you given up hope for your life?	Y	N	47
48. Have you EVER IN YOUR WHOLE LIFE had something very bad or terrifying happen to you?	Y	N	48
49. Have you ever been badly hurt, or been in danger of getting badly hurt or killed?	Y	N	49
50. Have you ever been raped, or been in danger of getting raped?	Y	N	50
51. Have you had a lot of bad thoughts or dreams about a bad or scary event that happened to you?	Y	N	51
52. Have you ever seen someone severely injured or killed (in person – not in movies or on TV)?	Y	N	52

APPENDIX O: MASSACHUSETTS YOUTH SCREENING INSTRUMENT-2 (MAYSI-2) ASSESSMENT TOOL (PG. 3 OF 4)



APPENDIX O: MASSACHUSETTS YOUTH SCREENING INSTRUMENT-2 (MAYSI-2) ASSESSMENT TOOL (PG. 4 OF 4)

MAYSI-2 Scoring Summary

1. Using the Scoring Key: Align left side of Scoring Key to right side of Page 1 of the MAYSI-2 Questionnaire. On the Scoring Key, circle all numbers of the items that the youth answered "Y." Place an X through all numbers of items for which youth did not provide an answer. Repeat for Page 2, aligning the right side of the Scoring Key just to the left of the Y/N columns on Page 2. Circle and make X's as described above.

2. For each scale, count the number of X's on both scoring columns. On the Scoring Profile below, put an X in the INVALID (INV) BOX to the right of that scale on the Profile if the number of X's:

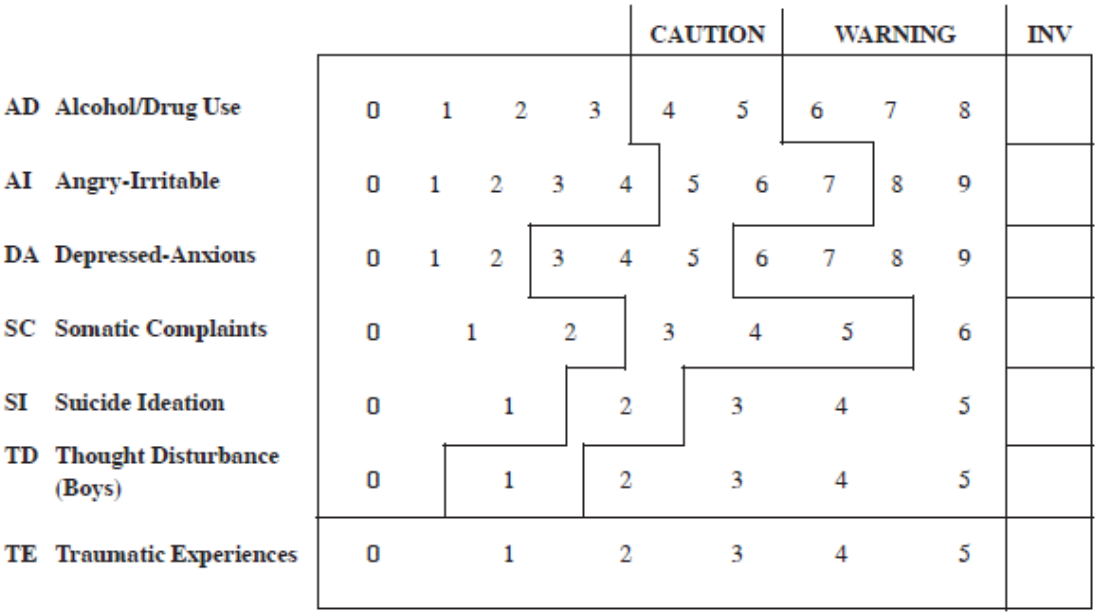
   Exceeds 2 for scales with 8 to 9 items (AD, AI, DA)

   Exceeds 1 for scales with 5 to 6 items (SC, SI, TD, TE)

3. For each valid scale, count the number of items you have circled on **both** of the scale's scoring columns. Then circle that number for that scale on the Scoring Profile below.

4. If the circled number is in the CAUTION ZONE, the youth has scored higher on that scale than about two-thirds of youths in probation intake or secure pretrial detention or reception centers. If the circled number is in the WARNING ZONE, the youth has scored in the top 5% to 15% of justice system youths on that scale. Only about 1 in 10 youths score this high.

SCORING PROFILE **Name** _____ **Date** _____



SB785 CLIENT ASSESSMENT TOOL

Please note that only the first three pages of eleven were showcased here.

State of California - Health and Human Services Agency — Department of Mental Health

SB 785 Client Assessment
MH 5120 (rev. 3/09)

Print Form

CLIENT ASSESSMENT

HOST COUNTY: _____ (Mental Health Plan) COUNTY OF ORIGIN: _____ (Mental Health Plan)

CLIENT NAME **DOB:** **Age Today:**

_____ (First) _____ (Middle) _____ (Last) _____ _____

Sex: ○ Male ○ Female SSN: _____ Identification Number: _____

Ethnicity (How does the client identify): _____

Program: _____ Date of First Billed Service: _____

PRIMARY CAREGIVER: _____ Relationship: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Legal Guardian: _____ Relationship: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

PARENTS:

☐ **Mother:** _____ Phone: _____

Address: (if known) _____ City: _____ State: _____ Zip: _____

☐ **Father:** _____ Phone: _____

Address: (if known) _____ City: _____ State: _____ Zip: _____

☐ Same as caregiver/legal guardian above

☐ Unknown

Restrictions on Parental rights:

Parental rights held:

Client Name: **Record/Identification Number:**

Siblings:

_____ ○ At home ○ Foster placement ○ Unknown/neither ○ Other _____

_____ ○ At home ○ Foster placement ○ Unknown/neither ○ Other _____

Additional siblings / notes (include birth order if known):

Comments:

Language spoken at assessment:	Interpreter: ○ Yes ○ No If yes then who?

STRENGTHS AND RESOURCES

Check and describe all known client strengths and resources in achieving Client Plan goals.

SKILLS, INTERESTS & DESIRES OF CHILD/YOUTH

☐ Interpersonal:	
☐ Creative:	
☐ Academic:	
☐ Athletic:	
☐ Other:	

FAMILY

☐ Availability:	
☐ Involvement:	
☐ Skills:	
☐ Interests:	
☐ Financial resources:	
☐ Other:	

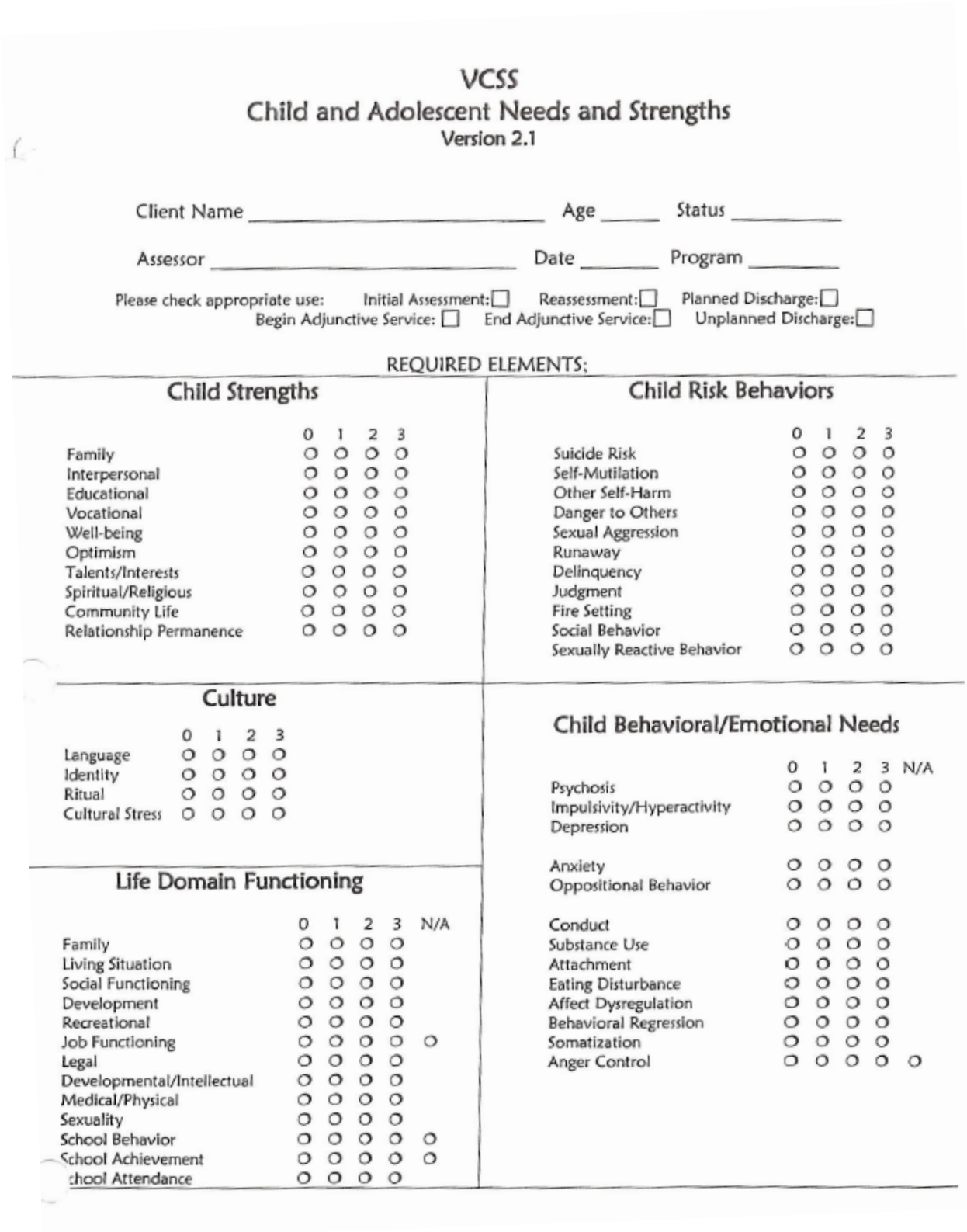
Client Name: **Record/Identification Number:**

COMMUNITY AND SOCIAL SUPPORTS FOR CHILD/YOUTH	
☐ Positive peer /adult relationships:	
☐ School:	
☐ Job or volunteer activities:	
☐ Access to leisure Activities:	
☐ Cultural activities:	
☐ Spiritual activities:	
☐ Other:	

COMMUNITY AND SOCIAL SUPPORTS FOR FAMILY	
☐ Supportive relationships:	
☐ School:	
☐ Job or volunteer activities:	
☐ Access to leisure activities	
☐ Cultural activities:	
☐ Spiritual activities:	
☐ Other:	
Comments	

Presenting Problems/Target Symptoms: (User clients/caregivers's words when possible.)

CHILD AND ADOLESCENT NEEDS AND STRENGTHS (CANS) ASSESSMENT



VCSS

Child and Adolescent Needs and Strengths

Version 2.1

Client Name _____ Age _____ Status _____

Assessor _____ Date _____ Program _____

Please check appropriate use: Initial Assessment: ☐ Reassessment: ☐ Planned Discharge: ☐
Begin Adjunctive Service: ☐ End Adjunctive Service: ☐ Unplanned Discharge: ☐

REQUIRED ELEMENTS:

Child Strengths

	0	1	2	3
Family	○	○	○	○
Interpersonal	○	○	○	○
Educational	○	○	○	○
Vocational	○	○	○	○
Well-being	○	○	○	○
Optimism	○	○	○	○
Talents/Interests	○	○	○	○
Spiritual/Religious	○	○	○	○
Community Life	○	○	○	○
Relationship Permanence	○	○	○	○

Child Risk Behaviors

	0	1	2	3
Suicide Risk	○	○	○	○
Self-Mutilation	○	○	○	○
Other Self-Harm	○	○	○	○
Danger to Others	○	○	○	○
Sexual Aggression	○	○	○	○
Runaway	○	○	○	○
Delinquency	○	○	○	○
Judgment	○	○	○	○
Fire Setting	○	○	○	○
Social Behavior	○	○	○	○
Sexually Reactive Behavior	○	○	○	○

Culture

	0	1	2	3
Language	○	○	○	○
Identity	○	○	○	○
Ritual	○	○	○	○
Cultural Stress	○	○	○	○

Life Domain Functioning

	0	1	2	3	N/A
Family	○	○	○	○	
Living Situation	○	○	○	○	
Social Functioning	○	○	○	○	
Development	○	○	○	○	
Recreational	○	○	○	○	
Job Functioning	○	○	○	○	○
Legal	○	○	○	○	
Developmental/Intellectual	○	○	○	○	
Medical/Physical	○	○	○	○	
Sexuality	○	○	○	○	
School Behavior	○	○	○	○	○
School Achievement	○	○	○	○	○
School Attendance	○	○	○	○	

Child Behavioral/Emotional Needs

	0	1	2	3	N/A
Psychosis	○	○	○	○	
Impulsivity/Hyperactivity	○	○	○	○	
Depression	○	○	○	○	
Anxiety	○	○	○	○	
Oppositional Behavior	○	○	○	○	
Conduct	○	○	○	○	
Substance Use	○	○	○	○	
Attachment	○	○	○	○	
Eating Disturbance	○	○	○	○	
Affect Dysregulation	○	○	○	○	
Behavioral Regression	○	○	○	○	
Somatization	○	○	○	○	
Anger Control	○	○	○	○	○

Care Intensity

	0	1	2	3
Monitoring	O	O	O	O
Treatment	O	O	O	O
Urgency	O	O	O	O
Service Permanency	O	O	O	O
Transportation	O	O	O	O

Family Inclusion

The Family Together	0	1	2	3	N/A
Parental/Caregiver Collaboration	O	O	O	O	O
Relationship among Siblings	O	O	O	O	O
Extended Family Relationships	O	O	O	O	O
Family Conflict	O	O	O	O	
Family Communication	O	O	O	O	
Family Role Appropriateness	O	O	O	O	

Youth's Status	0	1	2	3	N/A
Relationship w/Bio Mother	O	O	O	O	O
Relationship w/Bio Father	O	O	O	O	O
Relationship w/Primary Caregiver	O	O	O	O	O
Relationship w/ Other Adult Family Members	O	O	O	O	O

CANs Caregiver Domains

Caregiver Name _____

Relationship to Client: _____

Caregiver Needs & Strengths

	0	1	2	3	
ical Health	O	O	O	O	
al Health	O	O	O	O	
tance Abuse	O	O	O	O	
Developmental	O	O	O	O	
Supervision	O	O	O	O	
Involvement	O	O	O	O	
Knowledge	O	O	O	O	
Organization	O	O	O	O	
Resources	O	O	O	O	
Residential Stability	O	O	O	O	
Safety	O	O	O	O	
Marital/Partner Violence			O	O	O O
Caregiver Posttraumatic Reactions	O	O	O	O	
Parental Criminal Behavior	O	O	O	O	

Caregiver's Status	0	1	2	3	N/A
Caregiver's Involvement in Caregiving Functions	O	O	O	O	
Caregiver's Discipline	O	O	O	O	
Caregiver's Vocational Functioning	O	O	O	O	O

Caregiver Advocacy Status	0	1	2	3	N/A
Knowledge of Service Options	O	O	O	O	
Satisfaction w/Youth's Living Arrangement	O	O	O	O	
ion w/Youth's Educational Arrangement	O	O	O	O	O

Caregiver Name _____

Relationship to Client: _____

Caregiver Needs & Strengths

	0	1	2	3	
Physical Health	O	O	O	O	
Mental Health	O	O	O	O	
Substance Abuse	O	O	O	O	
Developmental	O	O	O	O	
Supervision	O	O	O	O	
Involvement	O	O	O	O	
Knowledge	O	O	O	O	
Organization	O	O	O	O	
Resources	O	O	O	O	
Residential Stability	O	O	O	O	
Safety	O	O	O	O	
Marital/Partner Violence			O	O	O O
Caregiver Posttraumatic Reactions	O	O	O	O	
Parental Criminal Behavior	O	O	O	O	

Caregiver's Status	0	1	2	3	N/A
Caregiver's Involvement in Caregiving Functions	O	O	O	O	
Caregiver's Discipline	O	O	O	O	
Caregiver's Vocational Functioning	O	O	O	O	O

Caregiver Advocacy Status	0	1	2	3	N/A
Knowledge of Service Options	O	O	O	O	
Satisfaction w/Youth's Living Arrangement	O	O	O	O	
Satisfaction w/Youth's Educational Arrangement	O	O	O	O	O

OPTIONAL ELEMENTS

Trauma

Trauma Experiences

	0	1	2	3
Sexual Abuse	O	O	O	O
Physical Abuse	O	O	O	O
Emotional Abuse	O	O	O	O
Neglect	O	O	O	O
Medical Trauma	O	O	O	O
Witness to Family Violence	O	O	O	O
Community Violence	O	O	O	O
School Violence	O	O	O	O
Natural or Manmade Disaster	O	O	O	O
Traumatic Grief/Separation	O	O	O	O
War/Terrorism	O	O	O	O
Witness to Criminal Activity	O	O	O	O
Permanency	O	O	O	O
Exploitation	O	O	O	O

Traumatic Stress Symptoms

	0	1	2	3
Adjustment to Trauma	O	O	O	O
Intrusions	O	O	O	O
Attachment	O	O	O	O
Re-experiencing	O	O	O	O
Avoidance	O	O	O	O
Numbing	O	O	O	O

Transitional Age Youth

	0	1	2	3
Independent Living Skills	O	O	O	O
Transportation	O	O	O	O
Parenting Role	O	O	O	O
Personality Disorders	O	O	O	O
Intimate Relationships	O	O	O	O
Medication Compliance	O	O	O	O
Educational Attainment	O	O	O	O
Victimization	O	O	O	O

Sexual Development Issues

	0	1	2	3
Physical Force/Threat	O	O	O	O
Planning	O	O	O	O
Age Differential	O	O	O	O
Type of Sexual Act	O	O	O	O
Response to Accusation	O	O	O	O
Temporal Consistency of Behavior	O	O	O	O
History of Sexually Abusive Behavior	O	O	O	O
Severity of Sexual Abuse	O	O	O	O
Prior Treatment	O	O	O	O

Ages 0-4/Early Development

	0	1	2	3
Motor	O	O	O	O
Sensory	O	O	O	O
Communication	O	O	O	O
Failure to Thrive	O	O	O	O
Regulatory Problems	O	O	O	O
Birth Weight	O	O	O	O
Pica	O	O	O	O
Prenatal Care	O	O	O	O
Labor & Delivery	O	O	O	O
Substance Exposure	O	O	O	O
Parent/Sibling Problems	O	O	O	O
Maternal Availability	O	O	O	O
Curiosity	O	O	O	O
Playfulness	O	O	O	O

Juvenile Justice

	0	1	2	3
Seriousness of Criminal Behavior	O	O	O	O
History of Criminal Behavior	O	O	O	O
Legal Compliance	O	O	O	O
Peer Involvement with Crime	O	O	O	O
Environmental Influences	O	O	O	O

Substance Abuse

	0	1	2	3
Severity of Substance Abuse	O	O	O	O
Duration of Substance Abuse	O	O	O	O
Stage of Recovery	O	O	O	O
Peer Involvement	O	O	O	O
Parental Involvement	O	O	O	O