



## TUOLUMNE COUNTY PROBATION DEPARTMENT

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### Mentally Ill Offender Crime Reduction Grant Program Final Local Evaluation Report

#### **Executive Summary**

The purpose of the Tuolumne County MIOCR Program is to offer juvenile wards on formal probation, with a Diagnostic and Statistical Manual of Mental Disorders (DSM) diagnosis, evidence-based and promising practices, supportive services, and added probation supervision to lower recidivism rates among youth in Tuolumne County. Tuolumne County originally proposed to reduce recidivism among mentally ill juveniles by adding a 0.5 FTE Juvenile Family Therapist, establishing a crisis home, offering supportive services, and increasing probation supervision with MIOCR funding.

Changes due to the passage of AB 403 (Foster Youth Continuum of Care Reform) and the lack of local families willing to become a Resource Family Approved (RFA) home made it difficult to recruit for the Crisis Home. Additionally, Tuolumne County was unable to fill the 0.5 FTE Juvenile Family Therapist position. Ultimately, the Department entered into a Memorandum of Understanding (MOU) with the Behavioral Health Department to provide a Behavioral Health Clinician and Behavioral Health Program Specialist and contracted with a private clinician to provide therapeutic services. Other challenges included transportation for MIOCR youth to and from programming, organizational changes, and staff turnover, which resulted in an understaffed Juvenile Division.

Tuolumne County was able to maintain the original intent of the grant proposal by providing more intensive case management and expedited services to MIOCR youth. MIOCR Youth received evidence-based and promising practices such as Cognitive Behavioral Therapy, Eye Movement Desensitization and Reprocessing Therapy, and Boys Council to improve coping skills. When appropriate, youth were referred to outside agencies for more extensive mental health evaluations and treatment. Furthermore, Tuolumne County was able to purchase a MIOCR dedicated vehicle to transport youth to and from internal and external programming. The dedicated MIOCR vehicle made services more readily available when transportation options are very limited. The MIOCR vehicle closed the transportation barrier gap and allowed for counseling appointments, probation appointments, school/work obligations, and other MIOCR related programming to be more accessible to MIOCR Youth. It was believed that, increased attendance and participation in MIOCR programs and services would be a predictor of positive outcomes.

MIOCR Youth have serious and pervasive mental health issues that generally result from traumas in early childhood. Many MIOCR Youth struggle to deal with emotions appropriately, have prevalent anger and relationship issues, and have experienced a lack of support in accessing and/or maintaining services. Tuolumne County lacks resources to assess, diagnose, and treat those with ongoing mental health issues. As a result, many youth have experienced recurring delinquency issues due to compromised coping skills and poor impulse control which sometimes lead to law enforcement involvement.

It is also common for youth to have a co-occurring substance use disorder. These at risk youth are typically credit deficient in school and have a history of truancy. It is also challenging for youth to participate in services due to the lack of transportation services in Tuolumne County, which is a rural area with a population under 54,000. With the assistance of the MIOCR Program, youth were able to attend core programs and services intended to reduce recidivism. MIOCR Youth were provided with additional support such as transportation to increase attendance and participation in programming designed to assist them in being successful. Increased communication with parents helped to identify existing barriers regarding a youth's ability to attend programs and groups. Successful MIOCR Youth have improved relationships with family and friends, ceased or minimized drug use, improved school performance, attended counseling, participated in pro-social activities, paid restitution, completed community service, explored employment opportunities, attained no new law violations, and obtained coping skills to become self-sufficient while transitioning into adulthood.

Successful MIOCR Youth are a testament of the positive impacts of the program. Successful youth did not sustain subsequent adjudications after MIOCR Program enrollment and improved coping skills to be successful in adulthood. This program was successful in reducing recidivism rates among mentally ill juveniles by offering evidence-based practices, supportive services, and added probation supervision.

### **Project Description**

Criteria for Services: Any youth on formal probation with a DSM Diagnosis. Diagnoses were either identified prior to becoming a ward, or during wardship by partnering agencies such as Behavioral Health or a private clinician. After a youth was deemed MIOCR Eligible, the assigned Deputy Probation Officer would review the youth's Juvenile Assessment and Intervention System (JAIS) Risk Assessment, case plan, therapeutic recommendations, and school records to determine what services would be most appropriate for the youth. At this time, the Deputy Probation Officer would establish the unique MIOCR goals for each individual.

Project Goals: Lower juvenile recidivism rates, reduce the number of out of home placements, and improve school attendance/performance for MIOCR youth.

Objectives: Provide supplemental services, after school program, and counseling services to meet project goals. Supplemental services included: educational assistance, transportation, setting up/attending school meetings, assuring basic needs are met, and added probation supervision. The after school program provided educational assistance during high risk crime hours. Counseling services such as Cognitive Behavioral Therapy, individual and group therapy, family counseling, crisis intervention, diagnosis, etc., were provided to MIOCR youth.

Programs and Services Offered:

- After School Program
  - Tutoring for youth who struggle academically
- Transportation services
- Comprehensive counseling services

- Provided clothing and personal supplies (if needed)
- Employment/Job Readiness Class
- Financial Literacy
  - Financial management
- Dog Training Class
  - Assisted youth to learn how to nurture, understand, communicate with, motivate and reward dogs which are life skills that transfer over to human interactions and relationships
- Boys Council
- Rewards/Incentives
  - Extracurricular activities that provided a group approach to better health. These services were focused on building confidence and self-esteem, strengthening discipline and self-control, and building long lasting relationships with friends and mentors
- Health and Wellness Program
  - Educated youth on healthy activities, healthy eating, and ways to maintain a healthy balanced lifestyle

Project Effectiveness: During the lifespan of the MIOCR Grant, 39 youth were impacted by the program. The program allowed for more intensive case management and expedited services to take place for youth in need. The MIOCR dedicated vehicle was instrumental in transporting youth to and from internal and external programming. Closing the transportation barrier gap made attendance a possibility for the program. Effectiveness of the program was based on completion of MIOCR established goals. A sliding scale, unique to each youth, was used to determine success in the program. Common goals established for MIOCR Youth included: improving school performance and attendance, obtaining and maintaining employment, participating in counseling services, attending MIOCR activities, refraining from the use of illicit substances, no new law violations, paying restitution, completing juvenile work program and/or community service, etc.

### **Data Collection**

All MIOCR youth were flagged within the department's case management system, CaseloadPRO. CaseloadPRO is able to track MIOCR program status and progression in the program. Program statistics were collected on a quarterly basis. MIOCR implementation staff met quarterly to discuss program statistics as well as what programs and services were effective in meeting program goals. MIOCR youth expressed positive feedback regarding pro-social activities which was considered when making any program assessments and adjustments.

Project Oversight: MIOCR Program staff included a Deputy Probation Officer, Behavioral Health Program Specialist, and a Behavioral Health Clinician. Fiscal documents and data was prepared by the Staff Services Analyst, reviewed by the Probation Business Manager, and approved and submitted by the Tuolumne County Auditor Controller acting as the grant financial officer. Decision making and documents submitted to the State were reviewed and approved by the Juvenile Division Manager acting as the Project Manager and the Chief Probation Officer acting as the Project Director.

Variables: MIOCR youth, start and end dates, program completions, subsequent adjudications, juvenile hall days, electronic monitoring days, grades, school attendance, MIOCR Program attendance, counseling attendance, behavior, employment status, probation obligations i.e. terms and conditions, and JAIS Risk Assessments.

Outcome Measures: Program completions, subsequent adjudications, juvenile hall days, electronic monitoring days, grades, school attendance, MIOCR Program attendance, counseling attendance, behavior, employment status, meeting probation obligations (i.e. terms and conditions), and JAIS Risk Assessments.

Effectiveness: Youth that were successful in the program did not receive subsequent adjudications, displayed improvements in behavior, and improved academically.

### **Research Design**

Process Evaluation: Core program activities intended to reduce juvenile recidivism included: 1) Supportive supplemental services 2) After school program 3) Evidence-based practices/programs (e.g. counseling services). Supportive supplemental services included: transportation, setting up/attending school meetings, assuring youth's basic needs are met, added probation supervision, employment/job readiness class, financial literacy, dog training class, health and wellness class, Boys Council, and rewards/incentives. The after school program operated 2 days per week during high delinquency hours. This program was offered to MIOCR youth who struggled academically. Evidence-based therapy services were provided to youth such as Cognitive Behavioral Therapy, Eye Movement Desensitization and Reprocessing, and Substance Use Disorder counseling.

Original Proposal: The original proposal included supportive supplemental services, a counseling component by hiring a 0.5 FTE Juvenile Family Therapist, and establishing a crisis home to avert secure detention when appropriate. Tuolumne County was unable to fill the 0.5 FTE Juvenile Family Therapist position. Ultimately, the Department utilized a Behavioral Health Clinician, Behavioral Health Program Specialist and a private clinician to provide therapeutic services to MIOCR youth. Changes due to the passage of AB 403 (Foster Youth Continuum of Care Reform) and the lack of local families willing to become a Resource Family Approved (RFA) home made it difficult to recruit for the Crisis Home. Although there were project setbacks and challenges, youth still received core programming identified in the original grant proposal.

Outcome Evaluation: Tuolumne County reduced recidivism among mentally ill juveniles by providing interventions such as transportation to and from services, after school programming, counseling, crisis intervention, electronic monitoring in lieu of secure detention (when appropriate), and rewards/incentives. Youth that were successful in the MIOCR program improved school performance and attendance, obtained and maintained employment, participated in counseling services, demonstrated behavior improvements, attended MIOCR activities, refrained from the use of illicit substances, attained no new law violations, paid restitution, completed juvenile work program and/or community service, and terminated probation successfully.

**Juvenile Logic Model — June 30, 2018**

Inputs	Outputs		Outcomes -- Impact		
	Activities	Participation	Short	Medium	Long
<p><b>Funding:</b> Outcome Improvement Planning (CWSOIP), Title IV-E, Medi-Cal, Juvenile Justice Crime Prevention Act (JJCPA), JPF (Juvenile Probation Funding), AYTS (Adolescent Youth Treatment Services), MIOCR State funds</p> <p><b>Collaboration:</b> Tuolumne County Probation Department, Tuolumne County Behavioral Health, Superior Court, Community Based Organizations, School Systems</p> <p><b>Existing Staff:</b> DPOs, Behavioral Health Clinician, Senior DPO, Juvenile Division Manager, Staff Services Analyst, Probation Business Manager</p> <p><b>Equipment:</b> New county vehicle, Electronic Monitoring, program space</p>	<p>Implement supportive supplemental services</p> <p>Create an after-school program during high risk hours</p> <p>Provide counseling services</p>	<p>Mentally Ill Juvenile Offenders—On formal probation and are DSM diagnosed</p> <p>School Systems—Assist MIOCR juveniles through program site partner and the educational system</p> <p>Community Based Organizations will provide life skills classes</p> <p>Tuolumne County Probation Department</p> <p>Tuolumne County Behavioral Health</p> <p>Superior Court</p>	<p>Collaboration with other agencies will ensure that juveniles have adequate support to be successful. This includes but is not limited to: educational assistance, transportation, assisting with setting up/attending school meetings, assuring basic needs are met, etc.</p> <p>Implementing an after school program twice a week during high risk hours in order to divert juvenile offenders from re-offending</p> <p>Counseling services allows the Department to have mental health professionals serve MIOCR youth. They assist with Cognitive Behavioral Therapy, individual and group therapy, Functional Family Therapy, crisis intervention, diagnosis, etc.</p>	<p>Will create educational advocacy within the department by using DPOs as advocates and liaisons with educators</p> <p>Mentally ill juveniles will be more likely to graduate</p> <p>New services will reduce treatment lag times and will seek to provide immediate intervention</p> <p>Electronic monitoring will reduce secure detention and utilize least restrictive placement</p>	<p>Provide more assistance and opportunities for our MIOCR youth to succeed</p> <p>Lower recidivism rates and lower number of juveniles entering the adult justice system</p> <p>Provide sustainability through established partnerships with education, CBO's, Behavioral Health, and other community partners</p>

**Assumptions**  
 Having programs offered during high risk crime hours will reduce crime  
 Program participation and attendance will reduce recidivism  
 Counseling services will improve behavior and relationships

**External Factors**  
 (+) Support for partnering agencies  
 (+) Continued match funds to help support and fund the program in 4<sup>th</sup> year and beyond  
 (-) State funds ending in 2018

## Results and Conclusion

Results: The MIOCR Program has impacted 39 youth from its inception to June 30, 2018. The average length of participation for youth in the program was 330 days. Youth's termination status depended on completion of probation as well as completion of MIOCR established goals. 76% of MIOCR youth terminated successfully from the program, 12% terminated unsuccessfully, and 12% terminated as "other" due to transferring supervision out of county. Eighteen percent of MIOCR youth received subsequent adjudications after MIOCR enrollment. Additionally, 792 days were averted from secure detention by the use of electronic monitoring.

Conclusion: Tuolumne County is a rural county with a population of approximately 54,000. The County demographics create barriers for juveniles with mental illnesses. Juveniles with mental illness in the county face lack of treatment options, limited transportation options, and little assistance navigating the education system and mental health system. Tuolumne County lacks resources to assess, diagnose, and treat those with ongoing mental health issues. In 2015, 31% of Juveniles on formal probation had a DSM Diagnosis and 13% were awaiting a formal assessment and diagnosis. These barriers for treatment were often too much for parents/guardians and youth to overcome and the common results were typically increased detention rates, acute crisis, and academic struggles. The mission of the MIOCR Program is to provide youth with supportive supplemental services, after school programming, and counseling services to reduce recidivism among juveniles with mental illness. In order to achieve its mission, MIOCR staff worked diligently to close the barrier gaps to ensure youth received programming. The program addressed transportation issues and was able to expedite mental health services. In addition, MIOCR staff attended evidence-based mental health trainings which will sustain mental health services provided to MIOCR youth. Youth that were successful in the MIOCR program improved school performance and attendance, obtained and maintained employment, participated in counseling services, demonstrated behavior improvements, participated in pro-social activities, attended MIOCR activities, refrained from the use of illicit substances, attained no new law violations, paid restitution, completed juvenile work program and/or community service, and terminated probation successfully.

Spotlight: Tuolumne County has a notable youth who has been positively impacted by the MIOCR Program. This youth is a 14 year old Hispanic male with a history of depression, and behavioral disorders specifically related to anger. He was a frequent runaway and experimented with illegal substances. This youth has an active IEP and has been suspended from school for behavioral outbursts. He was on the cusp of dropping out of high school and being incarcerated. This youth is from a low income family. Before the MIOCR Program, this youth had no experience with counseling, had failing relationships with family, struggled to deal with anger appropriately, had poor grades and school attendance, was very close to detention in a locked facility, and did not have the means to participate in services. Since starting the MIOCR Program, the youth has improved his behavior and strengthened his relationships, attended school and improved grades, and refrained from the use of illegal substances. This youth, as well as his therapist, attribute his success to the MIOCR program specifically the extracurricular incentive activities. The extracurricular activity has improved the youth's confidence and self-esteem, instilled discipline and self-control, and has given the youth a sense of belonging. The youth has mentioned that he does not want to "mess up" in fear of MIOCR incentives being taken away. He explains that he waits outside for hours in excitement for his ride to transport him to the activity. The program has really influenced this youth as we have seen an overall improvement in his behavior and well-being. The MIOCR Program expedited and established ongoing mental health services for this youth. Before the MIOCR Program, barriers would have negatively impacted this youth from participation and overall success.