CREATING RESULTS WITH YOUTH & THEIR FAMILIES

Local Action Plan

2016-2020

A LANDSCAPE OF AT-RISK YOUTH AND THE SERVICES THAT SUPPORT THEM

San Mateo County
Probation Department

Juvenile Justice
Coordinating Council (JJCC)

PRODUCED BY
ASR

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Key Definitions of Risk

Understanding risk is an important part of youth and family support services, and this report considers several different aspects of risk. These aspects are described below, and are meant to help readers understand the specific contexts of risk discussed in this report.

RISK FACTOR

An attribute, behavior or condition that can contribute to an increased likelihood that a subsequent delinquency event will occur (e.g., lack of positive adult role models, lack of opportunities to engage in prosocial activities).

RISKY BEHAVIOR

Activities youth may engage in which may cause short or long-term harm (e.g., substance use, engaging in illegal activities, truancy).

AT-RISK

Being in danger of suffering negative occurrences based on circumstances or conditions (e.g., poverty, family or neighborhood factors).

CRIMINOGENIC RISK FACTOR

Refers to specific risk factors that are correlated with an increased likelihood of on-going or repeated delinquent and/or criminal behaviors (e.g., age at first offense, antisocial peers and beliefs).

RISK LEVEL

Youth who enter the Juvenile Justice System with at least one police contact that has been referred to Probation are assessed to estimate their likelihood of reoffending based on criminogenic risk factors. Youth are then assigned a risk level (low, moderate, moderate-high, high risk) for the purpose of helping Probation determine the appropriate level of supervision.

Executive Summary

In 2000, the Juvenile Justice Crime Prevention Act (JJCPA) was created to provide a stable funding source for local juvenile justice programs that have been proven effective in reducing crime among at-risk youth. The JJCPA requires the Juvenile Justice Coordinating Council (JJCC) to periodically develop, review and update a comprehensive local action plan (LAP) that documents the condition of the local Juvenile Justice system and outlines proposed efforts to fill identified service gaps for youth and their families. The last plan was created in 2011, and set the blueprint for a strategic program design framed around the Search Institute's 40 developmental assets. Over the years, funded programs were thoroughly evaluated to determine outcomes, and were deemed largely effective. In recent years, the department and other partners have become increasingly concerned about several issues not explicitly addressed with JPCF and JJCPA funds, and these include effects of trauma, poverty, and family functioning. Therefore, this LAP reflects a fresh view of the needs of youth and their families and as such, will help set funding priorities for the next five years (2016-2020) for two funding streams: Juvenile Probation Camp Fund (JPCF) and Juvenile Justice Crime Prevention Act (JJCPA).

In June 2015, The JJCC and Applied Survey Research (ASR) launched the planning process for this LAP. Current gaps in resources in the community were identified by three primary methods: key informant interviews (KII), focus groups, and a community survey completed by staff at community based organizations. Applied Survey Research used information gleaned through these methods to identify common needs in the community. In total, five areas were highlighted by the community as needs for youth and their families: Behavioral Health, Impact of Poverty on Youth, Cultural Sensitivity, Program and Services, and Family and Community Engagement.

This LAP will serve three purposes:

- Highlight needs and gaps within San Mateo County;
- Provide a sample of best practices to address such gaps; and
- Recommend future steps to be taken by the JJCC.

The table on the next page provides a summary of the findings.

Table 1 : Summary of Priority Areas , Key Changes, and Potential Outcomes

BEHAVIORAL HEALTH		
	Key Changes	**Potential Outcomes**
Mental Health	Collection of assessment/psychosocial data	Selection of interventions; better understanding of interventions that work for specific populations
Substance Use	Appropriate substance use treatment for youth and families	Treatment that fits the needs of youth while helping them achieve increased management of substance use
Trauma-Informed	Transformation to a trauma-informed system of care	Youth and family better understand trauma and behavioral responses to trauma
IMPACTS OF POVERTY		
	Key Changes	**Potential Outcomes**
Parental Monitoring	Increase capacity of parents to be informed about youth	Increase parents capacity to know about youth's behaviors despite competing commitments
Vocational Training	Implementing vocational programs	Increase youths connection with community through positive, pro-social involvement
CULTURAL RESPONSIVENESS		
	Key Changes	**Potential Outcomes**
Culturally Sensitive	Ensure services are culturally sensitive and in multiple languages to meet the needs of the diverse population served	Increase the number of youth and families who can access services as well as the number of youth and services who can benefit from services
ADDITIONAL PROGRAMS AND SERVICES		
	Key Changes	**Potential Outcomes**
Gang Prevention and Intervention	Raise awareness among service providers about gangs/gang involvement	Reduce gang involvement
Mentoring	Provide youth and families with mentors	Decreased engagement in delinquent behavior/substance use
Re-entry	Commitment to planning re-entry at the onset of involvement	Decreased recidivism rates
FAMILY AND COMMUNITY ENGAGEMENT		
	Key Changes	**Potential Outcomes**
Family Engagement	Enhance families' understanding of the system and involve family in services	Families take responsibility in treatment of youth; lower recidivism rates
Community Engagement	Increase visibility of probation officers within community	Promote trusting relationships between youth and probation officers

Background

Overview of the Juvenile Justice Coordinating Council and Related Funding Streams

JUVENILE JUSTICE COORDINATING COUNCIL

In order to receive State funds the Juvenile Justice Crime Prevention Act (JJCPA) requires counties to establish and maintain a multi-agency council that shall develop and implement a continuum of county-based responses to juvenile crime. The coordinating councils shall, at a minimum, include the chief probation officer, as chair, and one representative each from the district attorney's office, the public defender's office, the sheriff's department, the board of supervisors, the department of social services, the department of mental health, a community-based drug and alcohol program, a city police department, the county office of education or a school district, an at-large community representative, and representatives from nonprofit community-based organizations (CBOs) providing services to minors.[1] The council must develop, review and update a comprehensive Local Action Plan (LAP) that documents the condition of the local juvenile justice system and outlines proposed efforts to fill identified service gaps.

In May, 2009 the Juvenile Justice Camp Fund and Temporary Assistance for Needy Families (JPCF/TANF) Planning Council disbanded and merged with the JJCPA council to form the San Mateo Juvenile Justice Coordinating Council (JJCC), which oversees funds from JPCF and the JJCPA. This was done to allow voting members a wider perspective into the use of state resources for services for at-risk and probation youth and the ability to coordinate efforts with a larger team to optimize the use of those funds. As there was some overlap in membership, the merging of the two councils into the JJCC also reduced excess administrative coordination and meeting time.

The local decision in 2009 to merge JPCF and JJCPA oversight under one umbrella council permits consideration and discussion of needs and gaps in the continuum of services offered to youth. The JCPF and JJCPA have different origins, funding emphases, and reporting requirements. Counties have the discretion to decide how they wish to allocate JPCF and JJCPA funds within the defined service areas. San Mateo County chooses to use some of these funds for supporting youth in the institutions (Juvenile Hall), some for inter-agency services (BHRS, HSA), and the remaining amount for services provided by CBOs. The blend of supervision, case management, referrals to community programs and direct services is designed to provide a comprehensive and coordinated array of supports for youth and their families with the goal of reducing initial or repeat involvement with the juvenile justice system. The recommendations generated from this report do not alter this general distribution of funding between San Mateo County agency and CBO recipients.

[1] California Welfare and Institutions Code Section 749.22

JUVENILE PROBATION AND CAMPS FUNDING (JPCF)

The Juvenile Probation and Camps Funding Program was developed in response to legislation signed by California Governor Schwarzenegger in July 2005 (AB 139, Chapter 74). This legislation appropriated state funds to support a broad spectrum of county probation services targeting at-risk youth, juvenile offenders (those on probation as well as those detained in local juvenile facilities), and their families. The JPCF program, in effect, replaced the Comprehensive Youth Services Act, which provided federal dollars to county Probation departments from 1997 to 2004, through the Temporary Assistance for Needy Families (TANF) program.

All funds allocated to counties through the JPCF Program are intended to support the delivery of services authorized by the enabling legislation. There are 23 categories of services eligible for expenditures. These are:

1. Educational Advocacy/ Attendance Monitoring
2. Mental Health Assessment/Counseling
3. Home Detention
4. Social Responsibility Training
5. Family Mentoring
6. Parent Peer Support
7. Life Skills Counseling
8. Prevocational/Vocational Training
9. Family Crisis Intervention
10. Individual, Family, & Group Counseling
11. Parenting Skills Development
12. Drug and Alcohol Education
13. Respite Care
14. Counseling, Monitoring, & Treatment
15. Gang Intervention
16. Sex and Health Education
17. Anger Management, Violence Prevention, Conflict Resolution
18. Aftercare Services
19. Information/Referral-Community Services
20. Case Management
21. Therapeutic Day Treatment
22. Transportation for JPF Services
23. Emergency and Temporary Shelter

The state does not require program outcome reporting, however, counties must report on the following measures twice a year: number of individuals who enter a program, the number who exit, reason for exit, and number of additional family members served. JPCF states that a local evaluation is optimal, though not required. San Mateo County Probation although values data-driven decision making and has opted to conduct annual evaluation of those programs that received funding in order to endure quality of services provided.

In FY 20015-2016, San Mateo County Probation was granted $1.73 million in JPCF funds that was distributed as follows: 45% of funds to support mandated supervision and services of institutionalized youth, 38% of the funds supported CBOs providing direct services to probation and at-risk youth, 9% of funds to probation case management and direct parenting interventions, and 8% of funds for evaluation.

JUVENILE JUSTICE CRIME PREVENTION ACT (JJCPA)

In September 2000, the California Legislature passed AB1913, the Schiff-Cardenas Crime Prevention Act, which authorized funding for county juvenile justice programs. A 2001 senate bill extended the funding and changed the program's name to the Juvenile Justice Crime Prevention Act (JJCPA). This effort was designed to provide a stable funding source to counties for juvenile programs that have been proven effective in reducing crime among at-risk and young offenders.

Counties are required by statute to collect data at program entry and report data in the following six categories at 180 days post-entry:

Figure 1 : JJCPA Mandated Data Reporting Requirements

The Probation case management system is the primary source of data to respond to the mandated JJCPA reporting requirements. In addition to the mandated outcomes, many counties track and report on local outcomes specific to their individual programs. For example, some local outcomes relate to academic progress, including school attendance, grade point average and school behaviors or behavioral health issues, such as substance use, trauma and anti-social attitudes.

In FY 20015-2016, San Mateo County Probation was granted $2.65 million via the JJCPA allocation and was distributed as follows: approximately 88% of funding to San Mateo County Probation, Behavioral Health and Recovery Services and Human Services Agency to assess, triage, and provide appropriate levels of case management, supervision and treatment for probation youth and approximately 12% to CBOs to provide direct services to probation youth.

Services to youth supported by both JCPF and JJCPA streams of funding are noted in Table 2 on the next page.

Table 2: Services by Funding Stream

JPCF	
BOYS AND GIRLS CLUB OF THE PENINSULA	Provides mentoring services and enrichment activities to at-risk youth
COMMUNITY LEGAL SERVICES	Provides legal consultation/representation for youth and families
EL CENTRO DE LIBERTAD	Provides group and individual counseling and alcohol and drug treatment to middle and high school students Provides a drop-in parent series
PYRAMID ALTERNATIVES – STRENGTHEN OUR YOUTH	Provides group and individual counseling to at-risk middle and high school students Provides parenting workshops
YMCA – SCHOOL SAFETY ADVOCATES	Provides school safety advocates to create safe environments on schools campuses
PARENT PROGRAMS	Provides parenting education to parents of youth on probation
JJCPA	
ACKNOWLEDGE ALLIANCE	Provides counseling for youth attending community & court schools
ASSESSMENT SERVICES CENTER/JUVENILE ASSESSMENT AND REFERRAL CENTER	Provides case management and supervision of youth with significant mental health and family issues
FAMILY PRESERVATION PROGRAM	Provides multidisciplinary team risk/needs assessments to youth who come in contact with the juvenile justice system
FRESH LIFELINES FOR YOUTH	Provides mentoring and case management for youth on probation
STARVISTA (INSIGHTS)	Provides substance use treatment and family counseling for youth on probation

Purpose of the Local Action Plan

The previous LAP was created in 2011 and set the blueprint for a strategic program design framed around the Search Institute's 40 developmental assets. Over the years, funded programs were thoroughly evaluated to determine outcomes, and were deemed largely effective. In recent years, the department and other partners have become increasingly concerned about several issues not explicitly addressed with JPCF and JJCPA funds, and these include effects of trauma, poverty and family functioning. Therefore, this LAP reflects a fresh view of the needs of youth and their families and as such, will help set funding priorities for the next five years (2016-2020) for JPCF and JJCPA funds. This plan presents:

Unmet needs, priority populations and desired outcomes;
Recommended strategies and interventions; and
Measurement plan including indicators and potential methods of measurement.

The LAP is intended to be a five-year plan. As such, while it considers the current difficult fiscal environment, the plan does not limit itself by making assumptions about any increases or decreases in funding. In addition, the LAP does not identify specific programs or organizations to be funded. It does establish priorities and strategies to be considered given the funds available at any particular time. The goal in preparing the LAP was to be flexible, yet realistic, about the funding horizon. Stakeholders have identified more needs than can be fully funded. However, the hope is that the data that has been collected about the needs of youth and families in San Mateo County can be used to leverage additional resources to supplement these funds.

The Planning Process

This plan was developed with the engagement of a comprehensive array of community stakeholders during a ten-month planning process beginning in August 2015 and ending in May 2016. A planning subcommittee designated by the JJCC included representatives from San Mateo County Probation, Human Services Agency, Behavioral Health and Recovery Services, Health Policy and Planning, local police departments, representatives from schools, Community Based Organizations (CBOs) and a community member who is active in justice work and is a member of the Juvenile Justice and Delinquency Prevention Commission (JJDPC). Most of the subcommittee members work with at-risk and youth on probation and were responsible for defining the purpose of the LAP. Additional input was gathered through various methods and stakeholders as outlined below.

DATA COLLECTION

This LAP is the product of an extensive data collection process. The process was built upon a scaffolded and sequenced design, in which information collected at each stage informed the content of the next. Data gathering included KII, focus groups, large online survey, and a literature review. Using this variety of methods allowed for a broad spectrum of consideration for the LAP, and ultimately resulted in a refined, well-vetted set of recommended outcomes and strategies.

JJCPA and JPCF annual program evaluations were a critical first step in the LAP process. These evaluations contribute to a foundation of knowledge about what is already occurring under the existing services funded under JJCPA and JPCF. These reports provided a history of youth demographics, behavioral health issues and outcomes. In addition to the quantitative data from these annual reports, qualitative data were used for the LAP development.

Key informant interviews were conducted with eleven individuals who had a 'big picture' of the needs of youth. The list of KII was developed using feedback from Probation, the JJCC and community members and included representation from Probation, child welfare, department of education, and community leaders. Each interview took approximately one hour. A KII guide was developed to ask the same questions of each participant and used the following questions:

- *What are the top unmet needs for youth in San Mateo County?*
  - *For parents/caregivers and other family members?*
  - *For the juvenile justice system?*
- *For each need mentioned above,*
  - *What are the best strategies to address this need?*
  - *Why are these the best strategies?*
- *What areas of the county (geographically or population-wise) are in greatest need?*
- *What changes within your organization might improve quality of life for these youth?*
- *What system-wide or community-wide changes might improve the life of youth in the community?*

Four focus groups were held with probation officers, parents of youth in the community, department of education staff, county school resource officers, and youth who were currently in the hall. These focus groups provided a high level of detail on the needs of youth, optimal strategies for addressing those needs and desired outcomes to address and measure. Each focus group took 60-90 minutes to conduct. Focus group participants were asked the same questions as the key informants with the exception of the focus group for youth. Youth in the hall were guided through the following questions:

- *What do you think has helped you the most here in juvenile hall?*
  - *Moderator note: Ask about both 1. Specific interventions (individual therapy, groups, school) and 2. Other aspects of their experience (relationships with staff and peers, visitation, free time activities, the facilities)*
- *What has been difficult about being here in juvenile hall?*
  - *How would you improve it for youth coming here in the future?*
- *When you think of moving back into the community, what are you most worried about?*
  - *What kind of support will you need to help you stay on track?*
    - *Why is that so important to helping you stay on track?*
- *What makes it hard to stay out of trouble?*

In-person parent intercept interviews (available in English or Spanish) at the evening visitation hours at juvenile hall were conducted. In addition, two focus groups were held with parents participating in probation's Parent Program groups (one in English and one in Spanish). All parents were asked about how informed they felt about the services the child was receiving; what they felt their youth needed to get back on track; what changes they saw in their youth since probation services began; and what long-term goals they had for their child and their family.

To analyze common issues across these sets of qualitative data, themes were identified and charted on a grid for each focus group and key informant interview, which helped Applied Survey Research (ASR) identify the most common crosscutting themes about needs, outcomes and strategies.

Using an online survey, ASR next sought to assess whether the initial priorities elicited through the KII and focus groups aligned with priorities identified by a broader set of stakeholders. The survey instructed

respondents to, based on their experience, rate the importance of each item in lists of needs, outcomes, strategies and barriers. The Probation Department sent the link to the survey to a list of approximately 250 individuals throughout the county. Survey respondents were also asked to forward the link to anyone they thought could inform the process. Respondents were asked to reply to the survey only once. The survey remained open for about a month, during which a total of 168 individuals responded. Survey data were then analyzed and rank-ordered by ASR to highlight the most prevalent or common themes. Full results from the survey are presented in Appendix I. The majority of respondents (N=168) represented probation (n=49; 29%), mental health and/or substance use treatment providers (n=39; 23%), direct service providers (other than mental health/substance) (n=27; 16%). In addition, the majority of respondents (N=160) to the community survey identified as line staff (n=66; 41%) or managers/supervisors (n=47; 29%).

Applied Survey Research also conducted a literature review of the factors which influence youth development and delinquency as well as strategies to address these factors (i.e., increase strengths or remedy deficits). These findings combined with that of the data collection process were used to finalize and organize recommendations made in this report.

The figure below summarizes the range of representation reflected by the sectors or agencies that participated in various aspects of the local action planning process.

Figure 2 : Sources of Data for LAP

KEY INFORMANTS	FOCUS GROUPS	COMMUNITY SURVEY
Education	Youth in Juvenile Hall	Advocacy
Probation Services	Parents	Community-based Organizations
Managers	Department Of Education Staff	Human Services Agency
Mental Health	Probation Officers	Probation
Community-based Organizations	School Resource Officers	Law enforcement
Human Services Agency		Courts
Family Preservation Program		Medical Services
Courts		Substance Use/Mental Health
Parent Intercept Interviews		Local Government

Landscape of Youth in San Mateo County

This LAP draws on several frames of reference to consider the needs that the JPCF and JJCPA funding should impact. Secondary data from the California Department of Justice as well as San Mateo County Probation Department was analyzed to gain insight into rates of arrests of youth in San Mateo County as well as characteristics of youth on probation in San Mateo County in recent years.

Juvenile Delinquency in San Mateo County

For the calendar year 2014, there were 1,477 arrests of youth age 10 through 17 years. This resulted in an arrest rate of 2,087 per 100,000 in San Mateo County, based on data obtained from the California Department of Justice and the San Mateo County Probation Department.

Table 3: Rates per 100,000 of Juveniles Age 10 through 17, Year 2014

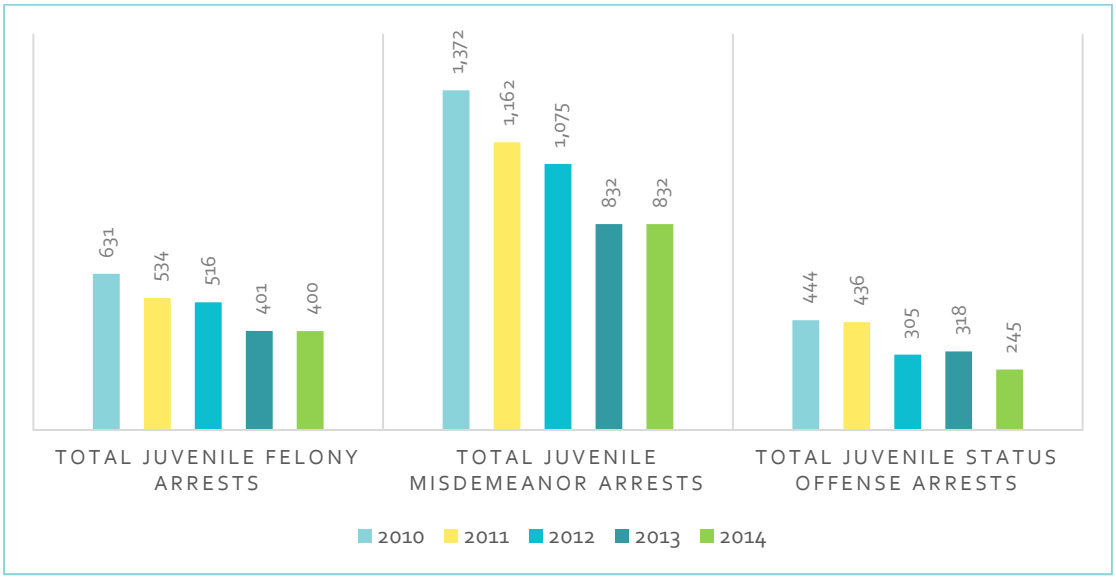
	SAN MATEO COUNTY	*CALIFORNIA*
POPULATION AGE 10-17	70,746	4,060,397
TOTAL JUVENILE ARRESTS	1,477	86,636
TOTAL ARRESTS PER 100,000	2,087	2,134
TOTAL JUVENILE FELONY ARRESTS	400	27,583
FELONY ARRESTS PER 100,000	565	679
TOTAL JUVENILE MISDEMEANOR ARRESTS	832	48,192
MISDEMEANOR ARRESTS PER 100,000	1,176	1,187
TOTAL JUVENILE STATUS OFFENSE ARRESTS	245	10,861
STATUS OFFENSE ARRESTS PER 100,000	346	267

Source: California Department of Justice

Note: Arrest rate per 100,000 population calculated by dividing total arrests by juvenile population and multiplying by 100,000.

For the period from 2010 to 2014, juvenile arrest rates decreased across all types of arrests.

Table 4 : San Mateo County Juvenile Arrest Rates 2010-2013

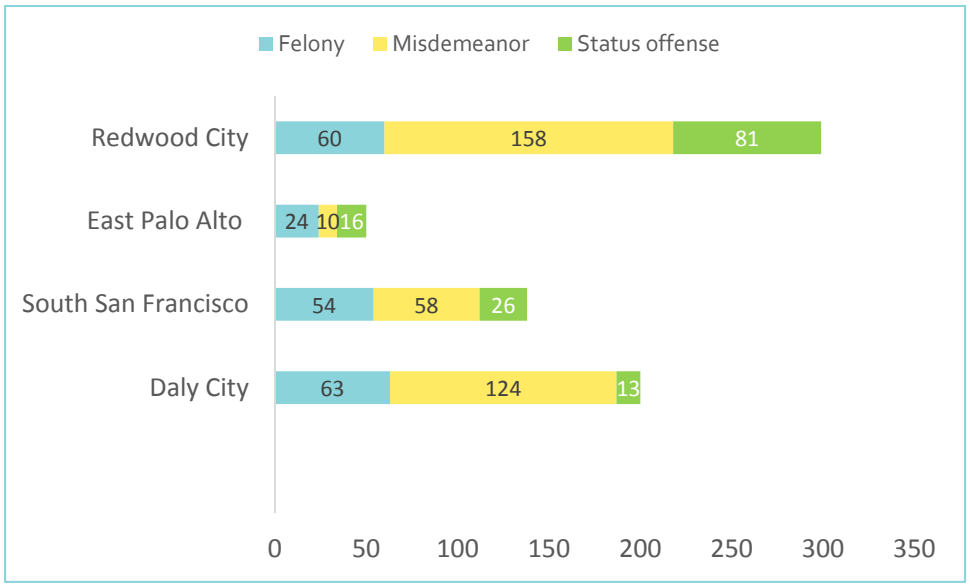


Source: California Department of Justice

Note: Arrest rate per 100,000 population calculated by dividing total arrests by juvenile population and multiplying by 100,000.

During KII, focus groups, as well as through the survey we asked respondents to identify areas (geographically) in greatest need within San Mateo County. Five geographic areas were identified: Daly City, East Palo Alto, Half Moon Bay (the coast) Redwood City, and South San Francisco. Arrests rates for 2014 for these five areas are presented in the figure below. Importantly, Half Moon Bay is not represented in the chart above because in 2011 the Half Moon Bay Police Department was disbanded and the City of Half Moon Bay began contracting law enforcement responsibilities with the San Mateo County Sheriff's Department. Since that time, criminal statistics for Half Moon Bay have been aggregated with data from the San Mateo County Sheriff's Department. The four remaining geographic areas represented in the figure account for 50% of the felony arrests in San Mateo County, 42% of the misdemeanor arrests in San Mateo County, 56% of the status offense arrests in San Mateo County, and 47% of the total arrests in San Mateo County.

Table 5 : High Need Areas within San Mateo County Juvenile Arrest Rates FY 2014



In FY 2014-15, there were 881 youth on probation from 69 unique zip codes; however, 13 zip codes within San Mateo County (representing five cities) accounted for 567 of these youth, or nearly 65% of the youth on probation within the county. Interestingly, these cities mirror the cities/areas with greatest needs identified during interviews, focus groups, and the community survey.

Table 6 : Zip Codes of Most Represented Cies For Youth on Probation in San Mateo County

ZIP CODE	*CITY*	*PERCENT OF YOUTH (N)*
94061, 94062, 94063, 94065	Redwood City	17% (153)
94303	East Palo Alto	15% (130)
94401, 94402, 94403, 94404	San Mateo	13% (113)
94080	South San Francisco	10% (90)
94014, 94015, 94017	Daly City	9% (81)

Demographics of Youth on Probation

For FY 2014-15, youth ranged in age from 12 to 25 years old (mean age = 17.75). The majority of the 881 youth on probation were males (n = 692; 79%) and identified as Hispanic/Latino (55% FY 2013-14 FY; 53% FY 2014-15).

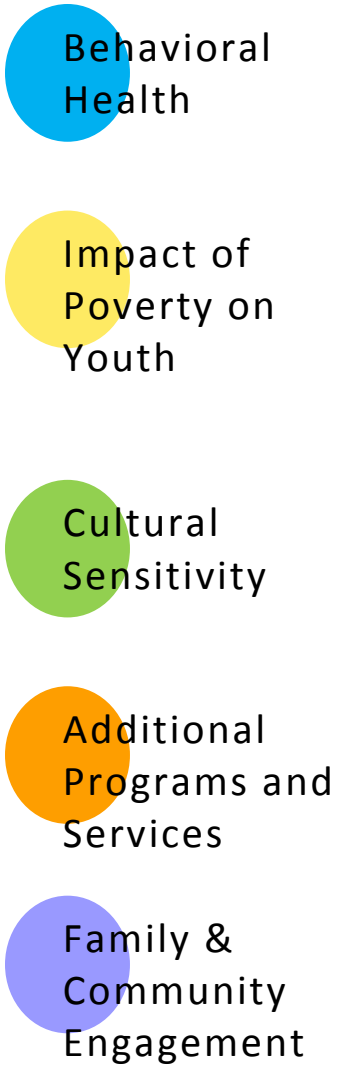
For FY 2014-15, youth ranged in age from 12 to 25 years old (mean age = 17.75). A subset of youth (under the age of 18) was analyzed. When excluding youth between the ages of 18 and 25, the mean age was 16.61 (n=433). The majority of the 881 youth on probation were males (n = 692; 79%) and identified as Hispanic/Latino (55% FY 2013-14 FY; 53% FY 2014-15).The figure below compares the racial/ethnic breakdown for youth on probation for FY 2013-14 (N= 1,103) to FY 2014-15 (N= 881).

Synthesis of Findings

The primary data collected in this planning process has been the basis for the outcomes and strategies proposed later, with the assumption that local stakeholders drew upon similar frames of reference when they provided their input (e.g., their own experience, recent assessments, their understanding of the literature and research, etc.).

After the data collection process ended and the information collected was analyzed, many areas of gaps or needs which influence youth's involvement in and experience with the juvenile justice system within the county emerged. Addressing these gaps and needs will require changes within the juvenile probation system, surrounding systems, and the overall community in upcoming years. In order to have a clear sense of these gaps and needs, the findings were organized five global **priority areas** and include: *Behavioral Health*, *Impact of Poverty on Youth*, *Cultural Sensitivity*, *Additional Programs and Services*, and *Family and Community Engagement*.

The following sections detail each of these five priority areas. For each priority area, a summary of the feedback from stakeholders and/or any relevant data is provided. After the summary, each gap or need within that area is discussed and examples of recommended strategies are provided. It is important to note that the example strategies are not a comprehensive list, just a list of sample programs that target each particular gap or need. Occasionally quotes from stakeholders are provided to represent the voices of the community.



Priority Areas

PRIORITY AREA: Behavioral Health

Summary of Findings

Perhaps the most recurrent theme from the KII, focus groups, and community survey was a need for behavioral health services for youth experiencing mental health and substance use issues. Respondents noted that while behavioral health services exist within the county, there are gaps within services that must be addressed. Primarily, there is a need for a **trauma** informed system of care. Stakeholders noted that although the department is offering services to fewer youth than previous years, the youth who receive services tend to have more intense needs and behavioral issues. In addition, youth have commonly witnessed violence within their homes and communities. Services providers reported a need for trainings that help them recognize and respond to trauma related behavioral reactions appropriately.

A second need identified was **mental health services** for youth who do not have a diagnosable disorder. Many felt as though there were youth who were experiencing mental health or substance use issues; however, they had not received a formal diagnosis and were thus not offered services. A need for a spectrum of services that can provide services to youth with a variety of needs was of high importance.

Lastly, a need for targeted and effective **substance use treatment** was requested by respondents as well as youth residing in the juvenile hall. A need to develop methods to properly screen and assess substance use, and refer for services based on assessments was highlighted as many felt as though providers currently addressing substance use were not offering developmentally appropriate services.

> "We seem to be getting more juveniles that can be considered dual cases. Mental health issues seem to be on the rise, coupled with some delinquency issues. A juvenile hall facility is not always the appropriate means to deal with such issues."

Gap and Need Areas with Examples of Recommended Strategies

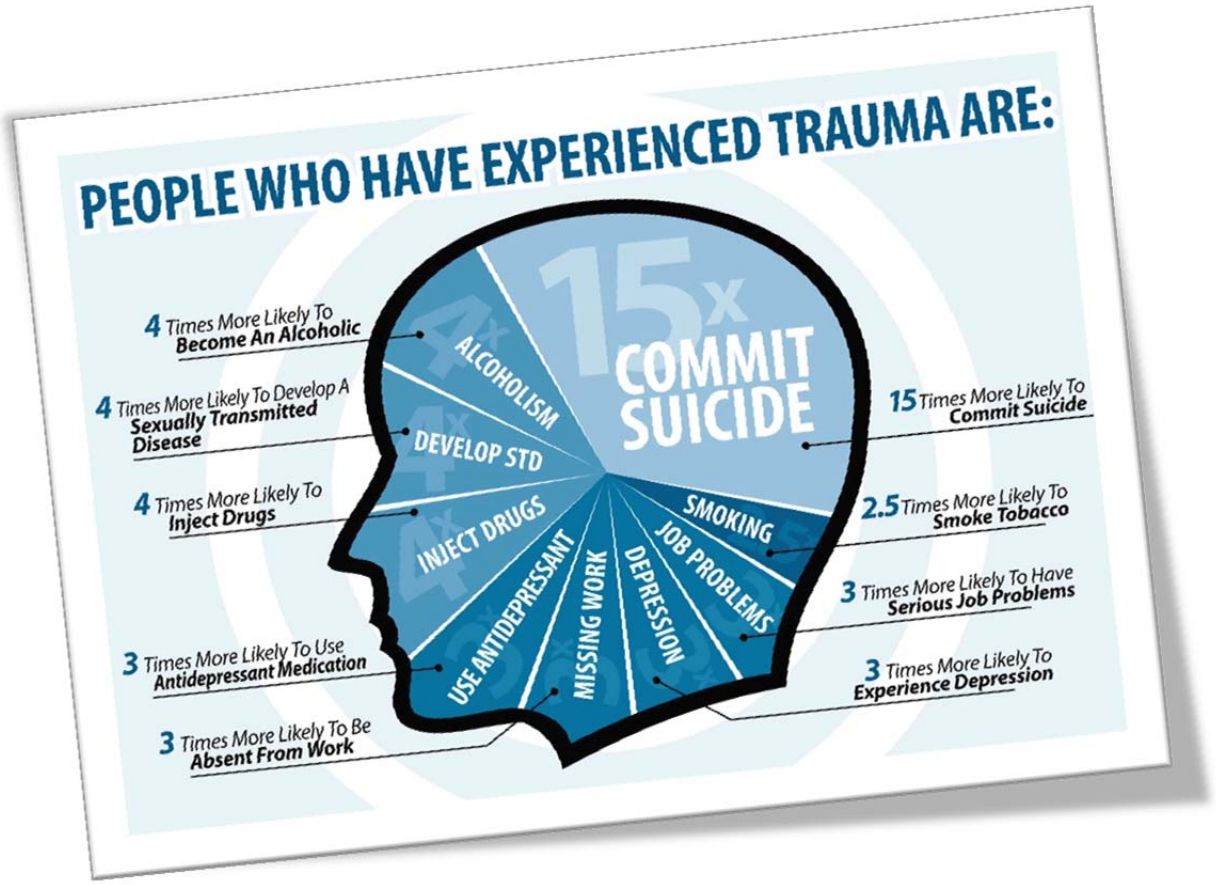
TRAUMA INFORMED SYSTEM OF CARE AND TRAUMA-SPECIFIC SERVICES

Ninety-three percent of youth currently residing in detention centers have been exposed at least one adverse life event including: accidents, serious illnesses, physical and/or sexual abuse, domestic violence, and witnessing violence within their own communities.[2] Youth may react to trauma through a variety of behavioral responses including anger, anxiety, depression, distrust, substance abuse, and somatic complaints.[3] The figure below displays some of the key impacts trauma can have on youth.[4]

[2] Abram, K. M. et al., (2013). PTSD, Trauma, and Comorbid Psychiatric Disorders in Detained Youth. U.S Department of Justice.

[3] National Center for Mental Health and Juvenile Justices. (2016). Strengthening Our Future: Key Elements to Developing a Trauma Informed Juvenile Justice Diversion Program for Youth with Behavioral Health Conditions. http://www.ncmhjj.com/wp-content/uploads/2016/01/traumadoc012216-reduced-003.pdf

Figure 3: Effects of Trauma



There are best practices in which to address trauma: trauma specific services and trauma informed systems of care.[5] These two concepts are often interchanged but are very distinct.

Trauma-specific

Trauma-specific services directly address complex trauma and facilitate youth's recovery through individual or group therapy specifically focusing on trauma recover. Trauma-specific programs help youth develop skills in emotion regulation and interpersonal functioning (i.e. making meanings about traumatic events and enhancing resiliency and integration into a social network).

Examples of *trauma-specific* programs include:

Seeking Safety for Adolescents: Seeking Safety is a present-focused therapeutic program for women suffering from trauma, substance abuse, and/or posttraumatic stress disorder (PTSD). The Seeking Safety curriculum is listed with the SAMHSA National Registry of Evidence-based Programs and Practices (NREPP), National Institute of Corrections (NIC), and used throughout correctional programs across the country. The treatment was designed for flexible use: group or individual format, male and female

[4] In Mears, C. L., Reclaiming School in the Aftermath of Trauma: Advice Based on Experience. Palgrave Macmillan, 2012

[5] Hummer, V.L., Dollard, N., Robust, J., Armstrong, M.I. (2010) Innovations in Implementation of Trauma-Informed Care Practices in Youth Residential Treatment: A Curriculum for Organizational Change.

clients, and a variety of settings (e.g., outpatient, inpatient, residential). Seeking Safety focuses on coping skills and psychoeducation and has five key principles: 1) Safety as the overarching goal (helping clients attain safety in their relationships, thinking, behavior, and emotions); 2) Integrated treatment (working on both PTSD and substance abuse at the same time); 3) A focus on ideals to counteract the loss of ideals in both PTSD and substance abuse; 4) Four content areas: cognitive, behavioral, interpersonal, case management; and 5) Attention to clinician processes (helping clinicians work on countertransference, self-care, and other issues).[6]

TARGET (Trauma affect regulation: A guide for education and therapy): TARGET is an educational and therapeutic approach to prevent and treat Post Traumatic Stress Disorder. The model helps youth and families develop skills to regulate emotions, manage trauma triggers, and enhance capacity to process information.[7]

"Services have begun to address trauma in girls involved in the juvenile justice system, however, the boys have an equal amount of severe trauma in their lives and I believe we need to address this more specifically."

Trauma Recovery and Empowerment Model (TREM)[8]: Designed for female abuse victims, TREM concentrates on the long-term consequences of physical and sexual abuse in a supportive, skill-building environment. It addresses the relationships between trauma, mental health, and substance abuse through three sections focusing on empowerment, trauma education and skill-building. G-TREM is a program specifically for teenage girls, and M-TREM[9] is designed for male trauma survivors.

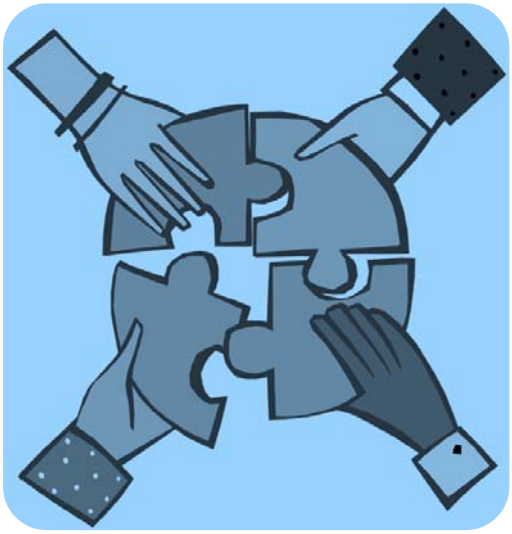
Trauma Focused Cognitive Behavioral Therapy (TF-CBT) and Cognitive Behavioral Intervention for Trauma in Schools (CBITS): The goal of TF-CBT is to help children, adolescents, and their caregivers overcome the negative emotional effects brought on from traumatic experiences. The approach helps youth process their traumatic experiences. In addition, it helps caregivers manage their own emotions related to trauma so that they can be more emotionally available for their children.[10] TF-CBT has been shown to improve behavior problems, sexualized behaviors, anxiety, depression, and social competence in school-aged children and adolescents with PTSD.**Error! Bookmark not defined.** Originally developed for children who had experienced sexual abuse, TF-CBT has been evaluated and found effective for children who have witnessed or experienced violence as well as for children experiencing Childhood Traumatic Grief.

Similarly, CBITS was designed to be used in schools to help children who have had substantial exposure to traumatic events. CBITS focuses on reducing trauma symptoms, building resilience, and increasing peer and parent support.[11] Both interventions have a plethora of research showing the significant, positive outcomes of their participants and both have been shown successful with diverse ethnic/racial

[6] Najavits, L.M. (2001). Seeking Safety: A Treatment Manual for PTSD and Substance Abuse.
[7] SAMHSA. Trauma-Informed Approach and Trauma-Specific Interventions.
[8] Fallot, R. D., McHugo, G. J., Harris, M., & Xie, H. (2011). The Trauma Recovery and Empowerment Model: A Quasi-Experimental Effectiveness Study. *Journal Of Dual Diagnosis*, *7*(1/2), 74. doi:10.1080/15504263.2011.566056
[9] Wolff, N., Huening, J., Shi, J., Frueh, B. C., Hoover, D. R., & McHugo, G. (2015). Implementation and effectiveness of integrated trauma and addiction treatment for incarcerated men. *Journal Of Anxiety Disorders*, *30*66-80. doi:10.1016/j.janxdis.2014.10.009
[10] Child Welfare Information Gateway. Trauma-Focused Cognitive Behavioral Therapy for Children Affected by Sexual Abuse or Trauma.
[11] OJJDP Model Programs Guide

population.[12] [13] [14] CBITS has been successfully implemented in middle schools with a diverse population of students and has shown significant improvements in PTSD and depressive symptoms as well as psychosocial dysfunction in participants.

Trauma-informed systems of care



Trauma-informed approaches address an entire organization or system rather than a specific intervention. Trauma-informed systems have an understanding of the causes and impacts of trauma as well as paths to recovery from trauma. In addition, staff at all levels of the organization or system work to ensure policies, procedures, and practices are trauma-informed.

To address the needs of youth and families involved with the juvenile justice systems, supplying trauma specific services is necessary, but often not sufficient. A paradigm of shifting to a trauma informed system is necessary. Training and services need to be offered at two levels: to direct service providers (or individuals who have power to make decisions regarding interventions utilized by the department) and to youth. The department and the CBOs consider the following steps to transform toward a trauma informed system:

- Provide training and leadership at multiple levels of the organization (e.g. directors, mangers, supervisors, line staff, etc.) so that all members have an understanding types of trauma, the impacts of trauma, and typical behavioral responses. Importantly, this also includes finding skilled trainers, allotting an appropriate amount of time for staff to receive sufficient training, and offering supervision;
- Provide training to collaborative partners in the community who provide services (e.g. mental health, substance use, medical providers, educational services, etc.); and
- Amend current policies and procedures to reflect practices adopted by the system.

The Substance Abuse and Mental Health Services Administration (SAMHSA) has defined a trauma-informed approach as:

> *"A program, organization, or system that is trauma-informed realizes the widespread impact of trauma and understands potential paths for recovery; recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system; and responds by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively resist re-traumatization" (p. 9).* [15]

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[12] Cohen, J. A., Mannarino, A. P., & Iyengar, S. (2011). Community treatment of posttraumatic stress disorder for children exposed to intimate partner violence. Archives of Pediatrics & Adolescent Medicine, 16, 16-21.
[13] Cohen, J. A., Mannarino, A. P., & Knudsen, K. (2004) Treating childhood traumatic grief: A pilot study. Journal of the American Academy of Child & Adolescent Psychiatry, 43, 1225-1233.
[14] Stein, B. D., Elliott, M. N., Tu, W., Jaycox, L. H., Kataoka, S. H., Fink, A., et al. (2003). School-based intervention for children exposed to violence [Reply]. Journal of the American Medical Association, 290(19), 2542.
[15] Substance Abuse and Mental Health Services Administration. (2014). SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach. http://store.samhsa.gov/shin/content/SMA14-4884/SMA14-4884.pdf

SAMHSA provides six key principles rather than a prescribed set of practices or procedures that organizations can follow to become more trauma-informed:

- Safety
- Trustworthiness and Transparency
- Peer support
- Collaboration and mutuality
- Empowerment, voice and choice
- Cultural, Historical, and Gender Issues

Lastly, staff are likely experiencing vicarious trauma through contact with youth and their families. Vicarious trauma is the cumulative effects of working with clients who have experienced trauma, and is not a reflection of psychopathology in the service provider or the youth, rather it is the transfer of trauma by experiencing (e.g. witnessing, hearing) challenging situations or stories.[16]If not addressed appropriately, there are several long-term and adverse effects on mental health and relationships. In addition, overtime vicarious trauma can impact an individual's ability to treat clients effectively.[17] [18]Protocols and procedures should be developed to respond to staff needs including encouraging self-care (e.g. nutrition, sleep, exercise, work-family balance). Steps to preventing and managing vicarious training include: training on signs of vicarious trauma, supervision, processing stressful incidents, counseling for employees, encouraging staff to seek support, and involving staff in decision making processes when feasible.

MENTAL HEALTH

As many as 70% of the youth involved with the juvenile justice system are effected by a mental health disorder. However, many of these youth have not received a formal diagnosis or received services appropriate to their needs.[19] A key ingredient in providing essential mental health services to youth is the use of appropriate assessments. In 2016, the department began to use The Child and Adolescent Needs and Strengths Assessment (CANS). The CANS includes a brief assessment of mental health needs of caregivers as well in depth assessment of behavioral and emotional needs of youth. The tools is intended to support decision making (e.g. level of care, intervention selection).[20]

Data from mental health assessments should be used to appropriately diagnose youth and to navigate youth to services that meet their assessed needs. Bickman, Lyon, and Wolpert (2016) highlighted the importance of assessment and monitoring and point to seven types of psychosocial data:

[16] Saakvitne, K., & Pearlman, L. A. (1996). *Transforming the pain: A workbook on vicarious traumatization*. New York, NY: Traumatic Stress Institute, Center for Adult & Adolescent Psychotherapy/W. W. Norton.
[17] Arnold, D., Calhoun, L. G., Tedeschi, R., & Cann, A. (2005). Vicarious posttraumatic growth in psychotherapy. Journal of Humanistic Psychology, 45, 239–263.
[18] Harrison, R. L., &Westwood, M. J. (2009). Preventing vicarious traumatization of mental health therapists:Identifying protective practices. Psychotherapy, 46,203–219
[19] Hammond, S. (2007). Mental Health Needs of Juvenile Offenders. National Conference of State Legislatures: The Forum for America's Idea. https://www.ncsl.org/print/cj/mentaljjneeds.pdf
[20] Lyons, JS, Griffin, G, Jenuwine, M.Shasha, M, Quintenz, S. (2003). The mental health juvenile justice initiative. Clinical and forensic outcomes for a state-wide program. *Psychiatric Services,* 54, 1629-1634.

- *Personal data*: Understanding presenting problems as well as mental health diagnoses as well as relevant developmental, social, and cultural factors. Personal data might include factors such as motivation to change, personality traits, and demographic variables.
- *Aims and Risks data*: Clearly defining the focus and expected outcomes of interventions. Identifying mutually agreed upon goals and potential risks or setbacks.
- *Service preference data:* When using evidence-based models, allowing youth to voice which curriculum would best align with desired outcomes.
- *Intervention data:* Closely tracking service components of interventions such as frequency and intensity of dosage (i.e. number of interventions; length of interventions). Monitoring the extent to which fidelity to models is upheld.
- *Progress data*: Tracking movement toward agreed upon goals through data that is collected regularly.
- *Mechanisms data*: Tracking factors which influence outcomes (i.e. relationship with probation officer, increased coping skills).
- *Contextual data*: External data which may be impacting treatment outcomes (i.e. home environment; school environment; neighborhood environment).

Bickman et al. (2016) acknowledge the time and technology required to track all seven types of data; however; a movement towards collecting and utilizing such data will allow providers to understand which interventions work for youth in different environments and conditions. [21]

Generally programs that focus on specific skills issues such as behavior management, interpersonal skills training, family counseling, group counseling, or individual counseling have all demonstrated positive effects in institutional settings.

"Youth are at such high risk to become repeat criminals once they have been incarcerated, but if they have a goal and a path, basically an expectation to succeed, I think that would go leaps and bounds with the youth."

Cognitive Behavioral Therapy (CBT): Cognitive Behavioral Therapy is a time limited approach that uses skill building to help youth understand the relationship between thoughts, feelings, and behaviors. Through CBT, therapist seek to educate youth about how thoughts, feelings, and behaviors are linked and then helping youth utilize this information to modify thinking patterns and, in turn, behavioral responses to challenging or stressful situations. Cognitive behavioral therapy is effective for youth involved with juvenile justice and can help them identify triggers that stimulate problematic behavior.[22]

Problem Solving Therapy (PST): Problem-Solving Therapy (PST) is a brief, psychosocial treatment designed to helped youth with depression and distress related to inefficient problem-solving skills. Via PST, youth learn about problem identification, efficient problem solving, and managing associated

[21] Bickman, Lyon, & Wopert. (2016). Achieving Precision Mental Health through Effective Assessment, Monitoring, and Feedback Process. Administration and Policy in Mental Health, 43, 271-276.
[22] National Mental Health Association. 2004). Mental Health Treatment for Youth in the Juvenile Justice System: A Compendium of Promising Practices. https://www.nttac.org/views/docs/jabg/mhcurriculum/mh_mht.pdf

depressive symptoms. Sessions last for up to 90 minutes for group sessions and 40 minutes for individual sessions and can span over the course of 4 to 12 weeks. [23,24]

SUBSTANCE USE

More than 60% of youth in the juvenile justice with a mental health disorder experience a co-occurring substance use disorder. [25,26] While sober support groups (i.e. Alcoholics Anonymous (AA) and Narcotics Anonymous (NA)) are traditional referrals for youth involved in the juvenile justice system, it is unclear if this form of intervention is appropriate for all youth. The programs have advantages such as they are cost-effective (typically free), they are widely available and easily accessible, and they are easy to enter even for youth and families who have limited access to healthcare.[27] The National Council of Juvenile and Family Court Studies[28] found that while AA/NA programs were a good fit for youth with longer histories and greater addiction, these programs may not be well situated for youth who do not meet the diagnostic criteria for substance use disorder. Often, the AA/NA groups are predominantly comprised of adults, thus the topics of focus may not feel relatable to youth (i.e. finances, children, divorce). There are aspects of AA/NA programs which may be beneficial such as peer support, reinforcing messages from treatment, and a mentoring (sponsors). Several alternative evidence-based programs for youth are suggested below.

Adolescent Community Reinforcement Approach (A-CRA): A-CRA is a behavioral intervention shown to effectively decrease substance use in adolescents and young adults. A-CRA is a modified version of the adult CRA model with a procedure that is more developmentally appropriate for adolescents and combines individual work with work including the child's caregiver or parent.[29] The approach is based on the idea that environment encourages or discourages substance use and works to promote prosocial environments and positive peer and family relationships that reward non-drug use.[30] The intervention has shown statistically significant results in decreasing substance use and increasing participation in care and follow-up after the A-CRA program was finished.[31] A-CRA has also been effective with adolescents

[23] Full program Manual can be found at: http://pstnetwork.ucsf.edu/
[24] Stewart, C. D., Quinn, A., Plever, S., & Emmerson, B. (2009). Comparing cognitive behavior therapy, problem solving therapy, and treatment as usual in a high risk population. Suicide and Life-Threatening Behavior, 39(5), 538–547.
[25] Shufelt, J. & Cocozza, J. (2006). Youth with mental health disorders in the juvenile justice system: Results from a multi-state prevalence study. Delmar, NY: National Center for Mental Health and Juvenile Justice.
[26] Wasserman, G. A., McReynolds, L. S., Schwalbe, C. S., Keating, J. M., & Jones, S. A. (2010). Psychiatric disorder, comorbidity, and suicidal behavior in juvenile justice youth. Criminal Justice and Behavior, 37(12), 1361–1376.
[27] Kelly, J.F. (2011). Empirical Awaking: The New Science on AA and 12-Step Treatment and How you can Enhance your Patients' Options. Presented at TUERK Conference.
[28] National Council of Juvenile and Family Court Judges. Using "Sober Support" Groups in Your Juvenile Court. http://www.ncjfcj.org/sites/default/files/using%20sober%20support%20groups.pdf.
[29] Meyers, R., Roozen, H., & Smith, J. (2011). The Community Reinforcement Approach: An update of the evidence. Alcohol Research & Health, 33, 4, 380-388.
[30] Godley, S., Meyers, R., & Smith, J. (2001). The Adolescent Community Reinforcement Approach for adolescent cannabis users. U.S. Department of Health and Human Services Center for Substance Abuse Treatment.
[31] Dennis, M., Godley, S., & Diamond, G. (2007). The Cannabis Youth Treatment (CYT) study: Main findings from two randomized trials. Journal of Substance Abuse Treatment, 27, 197-213.

who have co-occurring substance use and psychiatric problems and has been found to be more cost effective than comparable substance use treatment models.

Motivational Enhancement Theory and Motivational Interviewing Techniques: Motivational Interviewing has been acknowledged by the Substance Abuse and Mental Health Services Administration (SAMHSA) as evidence based interventions that support integrated substance abuse and mental health treatment. This theory states that people change their behavior only when they are motivated to do so. Furthermore, what motivates each individual is different, and that motivation is based on an individual's particular life goals and dreams. The theory incorporates Stages of Change Theory that describes stages of motivation for any particular change. The Stage of Change theory also suggests that interventions are most effective in changing behavior when they are appropriate to the stage of change the individual is in. All sworn Probation staff have been trained in motivational interviewing (general theory and application).

Familias Unidas Preventative Intervention: Familias Unidas™ Preventive Intervention is a multilevel family-based intervention designed to prevent problem behaviors specifically geared towards Hispanic adolescents.[32] The program engages Hispanic immigrant parents in an empowerment process in which they first build a strong parent-support network and then use the network to increase knowledge of culturally relevant parenting, strengthen parenting skills, and then apply these new skills in a series of activities designed to reduce risks frequently found in poor, urban environments. The program is designed to prevent conduct disorders; use of illicit drugs, alcohol, and cigarettes; and risky sexual behaviors by improving family functioning. above[32] The program is also influenced by culturally specific models developed for Hispanic populations in the United States, and is delivered primarily through multi-parent groups, which aim to develop effective parenting skills, and family visits, during which parents are encouraged to apply those skills while interacting with their adolescent. The multi-parent groups, led by a trained facilitator, meet in eight to nine weekly two-hour sessions for the duration of the intervention. Each group has 10 to 15 parents, with at least one parent from each participating family. Sessions include problem posing and participatory exercises. Group discussions aim to increase parents' understanding of their role in protecting their adolescent from harm and to facilitate parental investment. The program also includes 4 to 10 one-hour family visits.[32]

Juvenile Drug Courts: The first juvenile drug court (JDC) was implemented in 1995, and since have expanded to nearly 500 courts nationally.[33] Juvenile drug courts are referred youth who have been identified as having problems with substance use. These courts maintain strong oversight over youth via a team which includes the judge, treatment providers, social services, probation, court officials, and other relevant parties. The youth appears in for status hearings weekly where the team discusses how to best address youth and family's needs. Juvenile drug courts have five primary goals:[34]

- Provide treatment, and structure to youth via active and ongoing monitoring and intervention;
- Enhance youth's capacity to function in their environments while addressing factors which contribute to substance use;

[32] Familias Unidas. (2012-2016) Blueprints. For Healthy Youth Development. University of Boulder Colorado. http://www.blueprintsprograms.com/factsheet/familias-unidas

[33] National Research Council. 2013. Reforming Juvenile Justice: A Developmental Approach. Washington, DC: National Academies Press.

[34] Bureau of Justice Assistance. 2003. Juvenile Drug Courts: Strategies in Practice. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Assistance.

- Help youth develop skills (e.g. education, self-worth, community engagement) to achieve and maintain sobriety and reduce chances of recidivism;
- Promote positive family relationships and offer parenting strategies; and
- Encourage accountability of youth and service providers.

The JDC are meant to be a unique, community-based approach which require a team that understand the challenges experienced by youth struggling with substance use, and allow for the development of tailored programs and services based on the characteristics of the community (e.g. geography, population size, nature of substance use, youth demographics, and culture). Importantly, staff involved with JDC often require specialized training as the philosophies of role of the court, treatment providers, and other agencies often differ from more traditional courts.

Adolescent Community Reinforcement Approach (A-CRA)/Assertive Continuing Care (ACC) (A-CRA/ACC): Adolescent Community Reinforcement Approach / Assertive Continuing Care (A-CRA/ACC) is an outpatient program for youth between the ages of 12 and 24 years with substance use and co-occurring mental health disorders. A-CRA uses both behavioral and cognitive behavioral techniques in an effort to replace environmental contingencies that have supported alcohol or drug use with prosocial activities and new social skills that support recovery. A-CRA is administered by a behavioral health clinician during three types of sessions: 1) adolescents alone, 2) parents/caregivers alone, and 3) adolescents and parents/caregivers together. This intervention is typically delivered over the course of between 12 and 14 weeks and generally includes ten, 1-hour individual sessions, two, 1-hour sessions with parents/caregivers, and two, over 1-hour sessions held with both adolescents and parents/caregivers together. A-CRA/ACC has also been implemented with juvenile-justice involved youth, within a drop-in center for street-living, homeless youth, to reduce substance use, increase social stability, and improve physical and mental health, and with youth in residential treatment.[35]

[35] Smith, J.E., Lundy, S.L., & Gianini, L. (2007). Community Reinforcement Approach (CRA) and Adolescent Community Reinforcement Approach (A-CRA) Therapist Coding Manual. Normal, IL: Chestnut Health Systems.

PRIORITY AREA: Impact of Poverty on Youth

Summary of Findings

The most overwhelming areas of gaps and needs were byproducts of the growing disparities related to income. Over and over, stakeholders talked about the struggles low-income families faced in addition to the ever increasing cost of living in the San Francisco Bay Area. To add some background and context to these issues the following narrative offers a glance into this growing divide between the economic classes.

San Mateo County is one of the top three wealthiest counties in the state (Marin County tops the list with Santa Clara County a close second).[36] The median household income in California in 2014 was $61,489[36] while San Mateo County had a median household income of $91,421. San Mateo County has a smaller percentage of residents living in poverty (7.5%) than the state average 16.4%, however, even with this seemingly healthy economic environment, the disparity between poor and rich in San Mateo County is one of the largest in the nation. Although the last recession ended in 2009, the impacts are still felt in many of the suburban communities. Poverty spread beyond its historic urban and rural locales, rising rapidly in smaller municipal areas and making suburbs home to a large percentage of the poor population than ever before. Yet, even as poverty spread to touch more people and places, it became more concentrated in distressed and disadvantaged areas. Daly City, East Palo Alto, Half Moon Bay (they coast), Redwood City, and South San Francisco were frequently cited by stakeholders as areas with high levels of need. The intersection between poverty and place matters. Poor neighborhoods come with an array of challenges that negatively affect both the people who live in those neighborhoods—whether they themselves are poor or not.[37]

"Child supervision is one of the biggest challenges children face in this county, and it's so important in preventing delinquency. Parents having to work two jobs leave children without proper supervision and support. When children have too much free time and lack supervision and guidance, they are more susceptible to delinquency."

The poverty rate in San Mateo County can be deceiving because many families are working but don't earn enough for self-sufficiency. Families are struggling to make ends meet and many are above the welfare assistance level but their incomes are too low to survive. Many stakeholders voiced grave concern for the potential for more families to fall into this range with the recent passing of the $15 per hour minimum wage bill. One researcher calculated the living wage needed for a family with two adults both working and two children as $17.85 per hour for each adult ($21.25 per hour per adult for three children) or $30.31 per hour for one adult working.[38] Among households below the standard,

[36] U.S. Census Bureau (2012). American Community Survey, 2011 American Community Survey 5-Year Estimates, Table B01003. American FactFinder. Retrieved May 19, 2016 from http://www.webcitation.org/684qxv6Xd

[37] Elizabeth Kneebone and Natalie Holmes (2016). U.S. Concentrated Poverty Continues to Grow Post Recession." Metropolitan Policy Program. Retrieved May 20, 2016 from http://www.brookings.edu/research/reports2/2016/03/31-concentrated-poverty-recession-kneebone-holmes

[38] Amy Glasmeier (2014). Living Wage Calculator: San Mateo County." Retrieved May 24, 2016 from http://livingwage.mit.edu/counties/06081

only 2% are receiving public assistance (TANF) and 10% are receiving food stamps (SNAP). Similarly, a study by the University of Washington[39] found that a family of four (two adults, two children) would need to hold almost five full-time, minimum-wage jobs to achieve self-sufficiency.

Although fully addressing the impact of poverty is beyond the scope of the JCCPA, the ways in which poverty influences the ability of families to function came up repeatedly. Respondents identified five ways in which youth and their families were impacted by poverty:

- Lack of parental monitoring;
- Lack of personal space (Housing);
- Lack of access to services after discharge from Juvenile Hall; and
- Lack of vocational opportunities; and
- Staffing turnover issues at CBOs.

Gap and Need Areas with Examples of Recommended Strategies

LIMITED CAREGIVER SUPPORT AND MONITORING

With caregivers working multiple jobs to make ends meet, they are often absent in the lives of their children and unable to monitor children's activities. It is widely accepted that caregiver involvement can impact youth's cognitive and social emotional development, and now a growing body of research has been looking at caregiver monitoring and caregiver knowledge about youth activities and how those relate to delinquency and youth problem behavior. Low levels of caregiver monitoring can lead to possible safety issues. For example, the caregiver cannot supervise the youth's peer relationships. Negative peer relationships are related to challenging child and adolescent psychosocial functioning such as conduct problems, delinquency, risk taking behaviors, lower school achievement and lower quality parent-child relationships.[40][41] Caregiver monitoring throughout a child's development, and caregiver support during adolescence and young adulthood, were associated with lower levels of criminal offending.[42] In this domain of research, it is important that we recognize that children's behavior—and caregiver's real or imagined reactions to those behaviors—are as much cause as consequence of the unfolding patterns leading to caregiver's knowledge of the children's day-to-day activities.

Parenting Adolescents Wisely (PAW) Program: The PAW program was designed to improve the parenting behaviors of parents of young adolescents. This intervention is a computer-based intervention

[39] Lisa Manzer and Diana Pearce (2014) "Self-Sufficiency in San Mateo County." University of Washington, Insight Center for Community Economic Development. Retrieved May 24, 2016 from https://uwba.org/files/galleries/15-CountyFactSheets-SanMateo.pdf

[40] Crouter, A. & Head, M. (2002). Parental monitoring and knowledge of children, *Handbook of Parenting: Being and Becoming a Parent,* 461-483.

[41] Barnes, G. & Farrell, M. (1992). Parental support and control as predictors of adolescent drinking, delinquency, and related problem behaviors, *Journal of Marriage and the Family, 4,* 763-776

[42] Johnson, W., Giordano, P., Manning, W., & Longmore, M. (2011). Parent-child relations and offending during young adulthood, *Journal of Youth Adolescence, 40,* 786-799

that includes a series of short video vignettes of problematic child behaviors (such as a child not doing his homework) and allows parents to interact with these vignettes by choosing a possible solution from a list. The parent's chosen solution is then played out and the parent can see how well or poorly the chosen solution worked. This program was developed at the University of Ohio and its effectiveness has been studied multiple times with different populations, and study designs. It was designed to reduce barriers of cost, transportation, provider training and social stigma for families, while providing a family-focused intervention. In general, the PAW program has been found to reduce problematic child behaviors.[43] [44]

Mentoring is also a recommended strategy that relates caregiver support and youth monitoring but will be discussed

LACK OF HOUSING

Those who fall below or near the poverty line struggle with increasing high costs of housing in the Bay Area. The median gross monthly rent in San Mateo is $1,664 compared to the state average of $1,243.[36] Housing units in San Mateo also dropped from 2010 to 2014 with the increase of the gentrification of neighborhoods. This phenomena is pushing poor families out of multi-housing units and/or rental properties. As a result, these families are either living multiple families to a home or moving completely out of the area. Families, youth and stakeholders all observed the detrimental impact of the lack of affordable housing for families in San Mateo County including youth not having a space for themselves/privacy concerns and transient homes lives with many people often coming and going from the home. These disruptive environments leave youth more susceptible to neglect and abuse.

> "With rent being 40-70% of the income for both clients and service providers, unless upstream issues of rent stabilization, living wage, and overhead are addressed, there will continue to be a gap between needs and service."

The only recommendation related to housing is to continue to work with community partners to support families struggling with finding safe and stable housing.

LACK OF ACCESS TO CARE

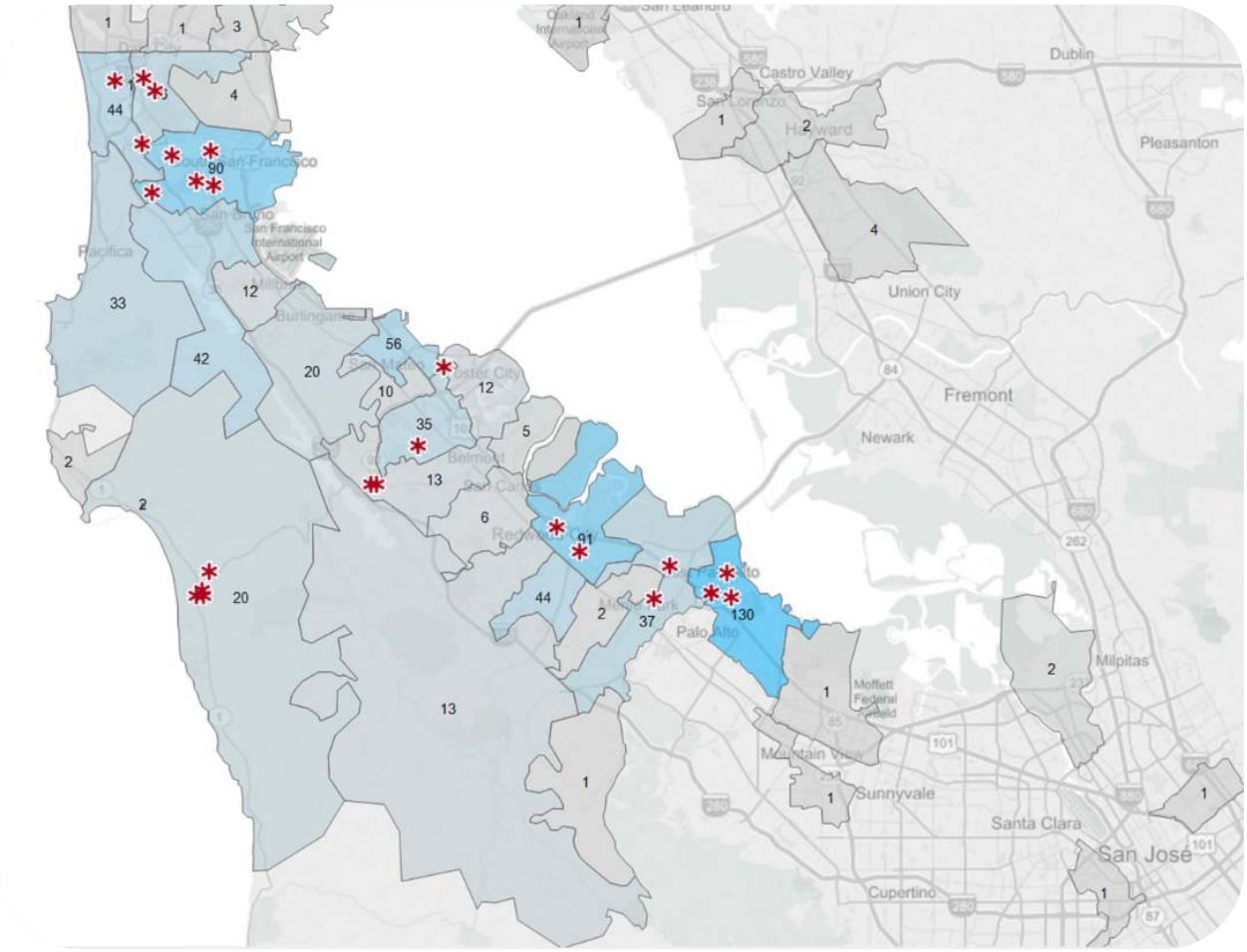
Some stakeholders, including youth, voiced concerns about their ability to access services after discharge from any level of supervision. Some youth were frustrated with the lack services they found beneficial when re-entering their communities.

Many families in the coastal cities expressed a limited number of quality services but families in other areas of the County, depending upon the service, also felt transportation struggles. The following map depicts the areas where youth reside as well as the funded JJCPA and JPCF funded community based organizations (CBOs) who provide services to youth. The darker the color, the more youth who reside in that geographical area (actual youth numbers provided on map). In the 2014-2015 annual evaluation reports for JJCPA and JPCF, the highest rates of youth served by JJCPA and JPCF grantees (70+ youth per 1,000, i.e., at least 7% of the cities' youth population) are from East Palo Alto (96 per 1000) and Half

[43] Kacir, C. D., & Gylys, J. (2003). Development and evaluation of a parenting intervention program: Integration of scientific and practical approaches. *International Journal of Human-Computer Interaction*, 15(3), 453-467.
[44] Lagges, A.M. & Gordon, D.A. (1999). Use of an interactive laserdisc parent training program with teenage parents. *Child and Family Behavior Therapy 21*(1), 19-37.

Moon Bay (70 per 1000). The next highest rates of youth served are from the cities of Menlo Park (50 per 1000), Redwood City (43 per 1000), and South San Francisco (41 per 1000). In contrast, relatively few youth were served in Foster City, San Carlos, and Belmont (all under 6 per 1000 youth). Each red star represents a JJCPA and JPCF grantees who provides service in that area.

Figure 4: Mapped Locations of Probation Youth by Primary Residence



NEED FOR VOCATIONAL TRAINING

Many theories exist regarding the relationship between employment and crime. One commonly accepted view is that high unemployment creates stress that makes youth and young adults more susceptible to criminal behavior and more likely to view illegal activities as a better alternative to poorly compensated work. In the adult justice system, career and technical education during incarceration has

been found to correlate with positive outcomes such as lower recidivism rates and better post release employment patterns.[45] [46]

A study in Oregon looking at 531 formerly incarcerated youth and their transition back into the community showed that youth who were engaged in work or school 6 months post incarceration fared better 12 months later compared to their non-engaged peers, indicating that intervention programs for incarcerated youth around school achievement and job skills could reduce recidivism rates.[47] Another study by the same group of researchers pointed out that while employment training is an important part of the support model for incarcerated youth, they also need educational and social support. The study highlighted that incarcerated youth are not homogenous in regards to their employment outcomes; different subgroups may emerge who need different types of vocational and educational support.[48]

"Look into alternatives for standard education. Many youth are years behind in academics so it is unrealistic to expect them to be motivated to attend school where they are constantly confronted with their failures. We need career, skill building programs that allow youth to obtain good paying jobs."

The economic inequality also leads to a lack of social mobility. Residents of poor neighborhoods tend to go to poor-performing neighborhood schools with higher dropout rates. The 13,140 San Mateo County heads of households who did not complete high school are five times as likely as college graduates to have incomes below the standard. In 2012, 10.3% of San Mateo County public high school students who started in 2008 dropped out. As a result, the job-seeking networks for these youth tend to be weaker and they face higher levels of financial insecurity. Youth especially felt that the "system" was too focused on higher education and vocational learning opportunities were scarce. Some youth are "disconnected" and are neither working nor in school. These young people are missing key educational and employment experiences and are at increased risk for a host of negative outcomes: including long spells of unemployment, poverty, criminal behavior, substance abuse, and incarceration.[49] One youth mentioned, "I would like to learn how to fix cars and be a mechanic but everyone just talks about college." A stakeholder echoed the same sentiment, "These kids are living in a community that places so much emphasis on university and academic success that these kids get lost. There are no options for them and so they get left behind." The many barriers imposed by living in a poor neighborhood make it that much harder for residents to move up the economic ladder, and their chances of doing so only diminish the longer they live in such neighborhoods. Moreover, in regions where the poor are more segregated into poor places, the dampening effect on mobility extends beyond distressed neighborhoods to lower economic mobility for the region as a whole.

[45] Ward, S. (2009). Career and technical education in the United States prisons: What have we learned? *Journal of Correctional Education, 60,* 191-200

[46] Wadsworth, T. (2006). The meaning of work: Conceptualizing the deterrent effect of employment on crime among young adults. *Sociological Perspectives*, 49(3), 343-368. Retrieved from http://search.proquest.com.proxy.lib.wayne.edu/docview/213988794?accountid=14925

[47] Bullis, M., Yovanoff, P., & Havel, E. (2004). The importance of getting started right: Further examination of the facility-to-community transition of formerly incarcerated youth, *Journal of Special Education, 38,* 80-94

[48] Bullis, M. & Yovanoff, P. (2006). Idle hands: Community employment experiences of formerly incarcerated youth, *Journal of Emotional and Behavioral Disorders, 14,* 71-85

[49] Clive R. Belfield, Henry M. Levin, and Rachel Rosen (2012). "The Economic Value of Opportunity Youth." Washington: Civic Enterprises.

Research universally demonstrates the positive effect educational and vocational programs have on youth offending.[50] There are several key elements to a successful vocational training program[51]:

- Timing of career intervention is important with fundamental workforce readiness and prevocational skills taught in existing academic skills curricula.
- Vocational programs may need to be adapted for youth requiring concurrent mental health services such as individual counseling, social skills training, and behavioral modification programs.[52]
- Career counselors, career educators, and vocational trainers who work with detained youth must be carefully selected and trained. They should possess the cultural competence (including awareness, knowledge, and skills) to deal effectively with ages, races/ ethnicities, and social classes represented.

Customized Employment Supports (CES): Customized Employment Supports (CES) was developed to help individuals who are likely to have irregular work histories, attain rapid placement in paid jobs and increase their legitimate earnings. CES counselors work intensively with a small caseload of unemployed and underemployed individuals to help them overcome the barriers that hinder their employment. CES has six stages of service delivery: assessment, engagement, enhancement of self-efficacy to reduce barriers, focused employment skills teaching, preparation for interviewing, and job retention. CES is implemented in two settings: first in the program/clinic to practice interviewing and prepare a resume, and then in the community to help the individual secure and retain a job. Sessions in the community involve active engagement techniques to build a therapeutic alliance with the patient. Vocationally relevant learning activities take place in the community on "neutral turf" to promote the development of trust and openness. Master's-level vocational rehabilitation counselors meet with patients individually up to three times per week during an intensive phase of up to 6 months until employment is obtained, followed by continuing job retention support.[53]

Operation Outward Reach (OOR): OOR engages individuals in roofing, siding, porches, and other home-repair tasks with most of the projects benefiting low-income senior citizens and low-income families. In the early 1990's, OOR received a demonstration grant from the U.S. Department of Education, part of which required a third-party evaluation. Part of the evaluation compared two cohorts of OOR completers with control groups, yielding findings that indicate the program's impact on recidivism. The evaluation covered a 5-year period. A "blind" technique was used to ensure the selection of a control group that closely matched the experimental group. Groups of matching size and characteristics were analyzed for significance by using chi-square. The experimental group outperformed the control groups in recidivism for each of the 5 years, leaving little doubt that the

[50] Wilson, D. B., Gallagher, C. A., & MacKenzie, D. L. (2000). A meta-analysis of corrections-based education, vocation, and work programs for adult offenders. *The Journal of Research in Crime and Delinquency, 37*(4), 347-368. Retrieved from http://search.proquest.com.proxy.lib.wayne.edu/docview/198444506?accountid=14925

[51] Ameen, E. J., & Lee, D. L. (2012). Vocational training in juvenile detention: A call for action. *The Career Development Quarterly, 60*(2), 98-108. Retrieved from http://search.proquest.com.proxy.lib.wayne.edu/docview/1081894887?accountid=14925

[52] Lipsey, M. W, Wilson, D. B., 8c Cothem, L. (2000, April). Effective intervention for serious juvenile offenders Juvenile Justice Bulletin No. 181201). Retrieved from U.S. Department of Justice website: http://www.ncjrs.gov/pdfiilesl/ojjdp/181201.pdf

[53] Magura, S., Blankertz, L., Madison, E. M., Friedman, E., & Gomez, A. (2007). An innovative job placement model for unemployed methadone patients: A randomized clinical trial. *Substance Use and Misuse*, 42(5), 811-828.

program was the difference. The OOR program saved the State approximately 1.6 times the total cost of the OOR program.

One Summer Plus Program: Chicago's One Summer Plus program offers eight weeks of part-time summer employment at Illinois minimum wage and an adult job mentor to help youth manage barriers to employment. The study randomly assigned 1,634 students from 13 high-violence Chicago neighborhoods to one of three groups: summer jobs, summer jobs plus a social-emotional learning component, or the control group. Youth in the jobs-only group were offered 25 hours per week of paid employment. Youth in the job plus social-emotional learning group were paid for 15 hours of work and 10 hours of social-emotional learning that is based on cognitive behavioral therapy principles. The goal is to help youth understand and manage thoughts, emotions, and behavior that might interfere with employment. The control group youth were not offered jobs through One Summer Plus, but were free to pursue other jobs or summer activities provided by the city or local nonprofits. Both the jobs and the jobs plus social-emotional learning were equally effective in reducing violence crime arrests by about 43 percent compared to the control group.[54]

Locally, there are programs which support the employment of at-risk youth in San Mateo County including JobTrain, Able Works, and One East Palo Alto. JobTrain offers a variety of services (i.e. educational; vocational; life skills; professional development) to youth who are under the age of 24 and disconnected from school. In addition, services are provided to youth between the ages of 14 and 21 such as courses in culinary arts, digital arts, and multimedia. Able Works connects individuals with resources and opportunities in Silicon Valley. In addition, they provide a curriculum to high school students focused on financial literacy, life skills, and professional skills. One East Palo Alto is the Sponsored Employment Program (SEP). The SEP connects youth in East Palo Alto with employment. In recent years the SEP has connected 100 high risk youth per year in East Palo Alto with both non-profit and private sector employment opportunities.

STAFF TURNOVER ISSUES

Families and youth are not the only ones impacted by the high cost of living. Throughout the KII and stakeholders' surveys, the issue of staff turnover due to low Medicaid reimbursement rates and the high cost of living was a critical. Nationally the Medicaid program is jointly funded by the federal government and states. The federal government pays states for a specified percentage of program expenditures, called the Federal Medical Assistance Percentage (FMAP). The federal government determine how much they will contribute based on criteria such as per capita income. The regular average state FMAP is 57%, but ranges from 50% in wealthier states (this includes California) up to 75% in states with lower per capita incomes (the maximum regular FMAP is 82 %). As of 2014, the State of California had one of the lowest Medicaid payment rates in the country.[55] In addition, to the low FMAP rate, the 10% cut to Medi-Cal provider payments that took effect in 2013 largely remains in place today. Relatively low payment rates contribute to diminished provider participation in Medi-Cal and problems with access to care. Unfortunately, most of the Medicaid and Medi-Cal research involves health care providers by doctors. Very little research is available on how these reimbursement rates impact non-profit staff but this issue had been on-going since the start of the decade as chronicled by the CompassPoint non-profit service

[54] Heller, Sarah (2014). Summer jobs reduce violence among disadvantaged youth. *Science*, 1219-1223

[55] Stephen Zuckerman, Laura Skopec, and Kristen McCormack (2014), "Reversing the Medicaid Fee Bump: How Much Could Medicaid Physician Fees for Primary Care Fall in 2015?" Urban Institute.

organization in 2002[56] (and resonance of what stakeholder in this LAP cycle noted). The researchers found:

- Vacancy rates
  - 8% of the paid staff positions at nonprofits are vacant (30% of these positions have been vacant for four months or more).
  - 24% of the vacancies are management positions.
- Which employees are leaving and why
  - Executive directors report that the three most common reasons for staff resignation are: a great job offer elsewhere, dissatisfaction with compensation, and the cost of living in the Bay Area.
- How nonprofits are responding to the challenge
  - 40% of nonprofits raised salaries during 2000-2001 beyond standard annual raises
  - 45% increased employee benefits during 2000-2001
  - 26% held on to under-performing staff
  - 22% postponed or canceled programs because they could not secure staffing

Staff turnover within the Juvenile Justice System and among those providers who work with youth engaged in the Juvenile Justice System is high. While staff turnover is costly for organizations, it can also be detrimental to the outcomes of youth. One study looking at staff turnover in child welfare agencies found that low caseworker turnover was only associated with better youth outcomes in organizations with proficient organizational culture.[57] Staff turnover is also related to a decrease in effective implementation of evidence based practices which can in turn impact the services youth receive and their outcomes.[58] Staff turnover and MH). Research has also looked at teacher turnover, a common occurrence at many low-performing schools that serve high-risk youth. Teacher turnover impacts teacher quality and the student achievement gap can't be closed until teacher quality and turnover is

[56] Jeanne Peters, Anushka Fernandopulle, Jan Masaoka, Cristina Chan, and Tim Wolfred (2002). "Help Wanted: Turnover and Vacancy in Nonprofits: A San Francisco Bay Area/Silicon Valley Study." CompassPoint, San Francisco, CA.

[57] Williams, N. & Glisson, C. (2013). Reducing turnover is not enough: The need for proficient organizational cultures to support positive youth outcomes in child welfare, *Children and Youth Services Review, 35,* 1871-1877

[58] Woltmann, E., Whitley, R., McHugo, G., Brunette, M., Torrey, W., Coots, L., Lynde, D., & Drake, R. (2008). The role of staff turnover in the implementation of evidence-based practices in mental health care, *Psychiatric Services, 59,* 732-737

addressed.[59]

PRIORITY AREA: Cultural Sensitivity

Summary of Findings

Almost all stakeholders included in this process noted the need for more **culturally responsive interventions and culturally responsive system**. Some youth mentioned that their probation officers and/or treatment advisor did not recognize barriers that exist due to their cultural norms. For example, many Tongan youth shared how their families don't want the youth getting "outside" help for mental health issues. This pull between requirements from the Court and/or Probation and the family values can be added stress for youth.

In addition, stakeholders highlighted a lack of services for youth and families with limited English proficiency as well as **undocumented youth and families**. Tongan was a specific cultural background[60] that was mentioned often over the course of the data collection process in relation to needed staff training and needed culturally responsive interventions.

Gap and Need Areas with Examples of Recommended Strategies

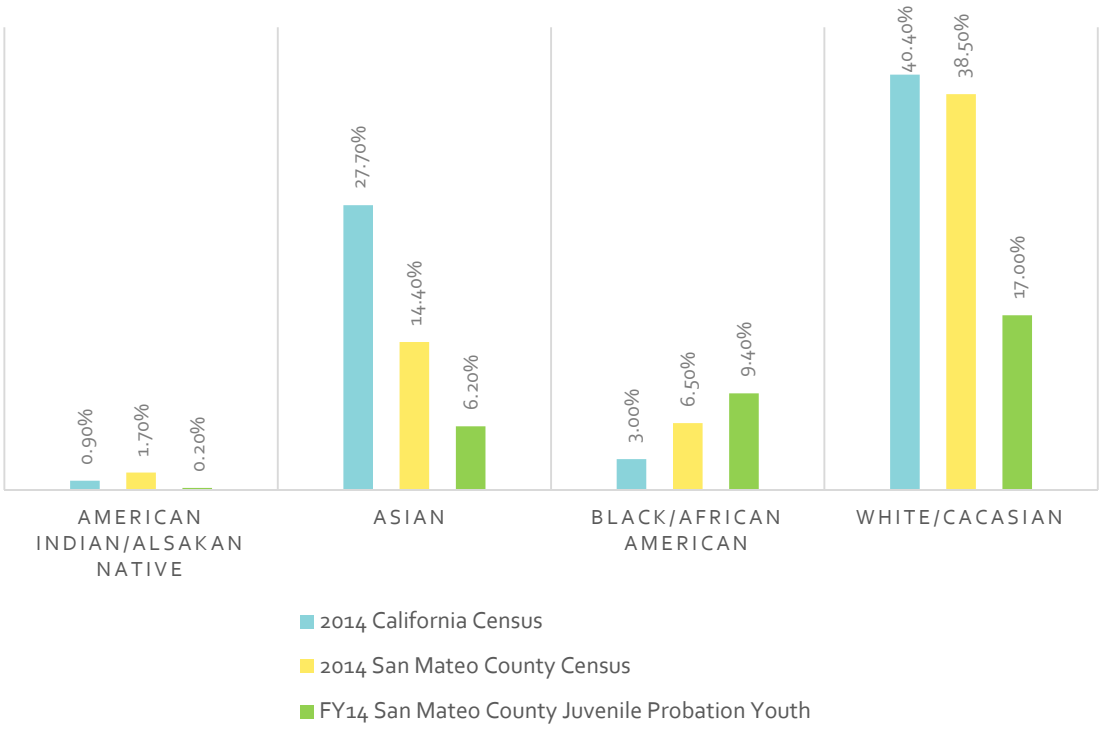
NEED FOR CULTURALLY RESPONSIVE INTERVENTIONS AND SYSTEM

San Mateo Probation youth are quite diverse compared to the overall San Mateo County population. The figure below depicts the disproportionality of minority youth in the juvenile justice system.

Figure 5 : Race and Ethic Breakout of San Mateo Juvenile Probation Youth FY14

[59] Shakrani, S. (2008). Teacher turnover: Costly crisis, solvable problem, *Education Policy Center, Michigan State University*

[60] Stakeholders also discussed Filipino and Salvadorian cultures. Additional details on these cultural groups are provided in Appendix II.



One recommendation is to ensure that all staff, not just Probation Officers, receive cultural diversity training. Incorporating a multicultural view is essential in order to continue effectively serving the needs of youth and their families. In addition to diversity trainings, trainings on communication with teens and motivational interviewing are critical. Youth would like to see more staff, within Probation but also in the community, who reflect their culturally values and backgrounds.

SERVICES NEEDED FOR UNDOCUMENTED YOUTH

The largest portion of the undocumented population live in California -- about three (3) million, or more than a quarter in the nation. This includes about 142,000 in Santa Clara County (58 percent from Mexico; 31 percent from Asia) and 57,000 in San Mateo County (50 percent from Mexico; 22 percent from Asia). Just 54 percent of undocumented youth have at least a high school diploma, compared to 82 percent of their U.S.-born peers.[61] Along with this lower level of high school diplomas often come an increase in delinquency behavior as a result of a lack of services[62], no structured activities for a large portion of their day, incorporation into gangs in order to feel a part of the local community, and an inability of parents to talk with systems their children might interact with out of fear of deportation.[63] Many youth do not even learn of their undocumented status until they reach until high school, and this

> "Our clients are culturally, ethnically, traditionally, financially, and fundamentally different from one another. We have to offer more specific treatment and work on the familial hurdles that lead our youth to the juvenile justice system."

[61] Passel, Jeffrey S. and D'Vera Cohn (2009). "A Portrait of Unauthorized Immigran Research Hispanic Trends Project.

[62] Batalova, J. and McHugh, M. "Dream vs. Reality: An Analysis of Potential DREAM Act Beneficiaries." Migration Policy Institute, 2012.

[63] Arbona, Consuelo et al. "Acculturative Stress Among Documented and Undocumented Latino Immigrants in the United States." Hispanic Journal of Behavioral Sciences: 32(3), 362-384 (2010).

initial realization often prompts feelings of betrayal and worry.[64] Such stress may be exacerbated when, throughout critical moments of adolescent development, barriers prevent undocumented youth from sharing core experiences with their documented peers, such as driving and starting their first job.[65]

Research has shown that certain environmental factors – such as access to extracurricular activities, advanced coursework, and engaged parents – can boost resiliency among undocumented youth, and are correlated with greater educational attainment and other quality of life outcomes.[66] Studies and surveys of undocumented students have shown that they demonstrate high levels of resilience, leadership, and civic engagement.[67] These positive factors can be further bolstered and nurtured when supportive adults, including educators, are present to help undocumented youth navigate the barriers they face.

[64] "Living the American Dream – Profiles of DACA Recipients." National Council of La Raza (2015).
[65] Gonzales, R.G. et al. "No Place to Belong: Contextualizing Concepts of Mental Health among Undocumented Immigrant Youth in the United States." American Behavioral Scientist: 57, no 18 (2013).
[66] Perez, William et al. "Academic Resilience Among Undocumented Latino Students." *Hispanic Journal of Behavioral Sciences*: Vol. 31, No. 2, 2009.
[67] Wong, Tom K. and Carolina Valdivia. "In Their Own Words: A Nationwide Survey of Undocumented Millennials." Center for Comparative Immigration Studies: Working Paper 191, May 2014.

PRIORITY AREA: Additional Programs and Services

Summary Findings

Many services and programs for specific populations (i.e. youth in gangs, teen parents, commercially sexually exploited children (CSEC)) as well as specific times points of involvement with system were highlighted by respondents. The most mentioned population was youth involved with **gangs**. Many stakeholders felt as though the county as well as CBOs lacked important resources to prevent youth from joining gangs as well as how to work with youth in gangs. There was a need identified for training on this specific population.

> "We need comprehensive programs that address all of these issues. We need to get out of the silo mentality. Kids have multiple issues that need to be addressed."

As referenced above, although there has been a decline in the number of youth receiving services through probation, the needs of youth have increased, thus services historically offered may no longer be sufficient to meet the needs of youth. There was a specific request for two specific types of programs: **"after hours" programs** as well as **mentors** for youth and their families. Many respondents highlighted that many services are open during traditional hours (Monday through Friday; nine to five); however, crises often happened outside of traditional hours. Families felt that they did not have someone or a service to turn to for their youth during the evening or on weekends. In addition, it was often difficult to get youth appointments and meetings that occurred when parents were at work. Two services were suggested by parents of youth involved with probation as well as direct service providers: mentors and navigators. Parents noted the need for mentors and/or navigators for both youth and parents to help families better navigate the juvenile justice system.

> "I see the need for further collaboration, relationship building, and cross-training, so we can effectively work together and mitigate redundancy."

In addition to external programs and services offered to youth and their families, there were also several requests for internal changes within probation. Namely a need for data collection to monitor the impact of services offered to youth and their families as well as track the trajectories of youth. There was an explicit request for data to track outcomes of programming to ensure youth are benefiting from services they are receiving. Lastly, many respondents highlighted a lack of **re-entry or aftercare services** for youth after ending Probation and/or a stay at one of the Probation institutional settings. Many respondents noted that services that youth need to access during re-entry or after-care processes (i.e. mental health, substance use, probation) are not located in the geographic areas the youth reside, which makes attending appointments difficult. Families and youth wanted specific discharge plans that was articulated with youth and families.

During the focus group with the youth in the juvenile hall, several issues with programs and services were identified. For example, youth felt that AA and NA groups offered to them in the juvenile hall did not fit needs. The groups were led by adults and they often felt disconnected and uncomfortable in groups. Youth also referenced programs they felt were helpful during their time in the juvenile hall such as Project Change, working towards their GED/graduating high school, and working out. Lastly, youth noted the importance and value they were able to have while in the juvenile hall.

Gap and Need Areas with Examples of Recommended Strategies

GANG PREVENTION

Nationally, youth gang involvement has continued an upward trend. Understanding why youth join gangs can help the development of prevention and intervention strategies. Youth who engage in delinquent behavior, experienced trauma, have multiple out-of-home placements or chaotic home environments (i.e. violence; lack of parental monitoring), exhibit disruptive behaviors in school, associate with gang involved youth, or live in unsafe communities are at higher risk to be recruited into a gang (Howell, 2010). Primary methods to reduce gang involvement include raising awareness of signs of establishment and involvement of gangs within a community as well understanding methods gang members use to recruit youth. From there steps can be made that can either deter the youth from continuing to involve his or herself in the gang or offering youth appropriate interventions that serve as safety nets in their transition process.[68, 69] Many gang related trainings are available; however, they are often developed for law enforcement. Community-based organizations have voiced a need for a prevention and awareness training developed specifically for them. The National Gang Center has a myriad of resources (webinars and guides) for parents and service providers.

> "We have many younger siblings of gang members that turn to gang life because it is more supportive and accepting than family or school."

In addition to prevention and awareness trainings, there are several programs aimed towards youth involved with gangs. Two programs are outlined below.

Project BUILD has been delivered successfully in youth correctional facilities is designed as a violence prevention program to help system-involved youth overcome problems such as gangs and crime in their community. The program focuses on enhancing youth's self-esteem, improving communication skills, developing problem-solving tools, and helping youth make decisions and identify goals. An evaluation from Loyola University showed that participants in Project BUILD had significantly lower gang-violence recidivism rates and that among participants, those who had a higher dosage of the Project BUILD curriculum were significantly less likely to relapse into gang activity.[70]

Parks after Dark (PAD) is a public health strategy designed to reduce violence and gang activity in underserved communities. Based off of known research that where people live can affect their health, the Los Angeles County Department of Public Health began to look at designing a summer event program to produce systemic change by demonstrating how government and community agencies can coordinate and work together to serve communities.[71] PAD began in 2010 and originally began with three parks in Los Angeles. The program provides a safe place for the community to gather and participate in a variety of free health, recreation, and entertainment activities. County Deputy Sheriffs patrol the event, but also participate in activities so that community members can interact with law

[68] Office of Juvenile Justice and Delinquency Prevention. (2009). A Guide to Assessing Your Community's Youth Gang Problem. https://www.nationalgangcenter.gov/Content/Documents/Assessment-Guide/Assessment-Guide.pdf

[69] Akiyama, C. (2015) Confronting Youth Gangs in the Intensive Care Unit, 38, 17-29.

[70] Changing course: Preventing gang membership. (2010). *U.S. Department of Justice.*

[71] Fischer, K., & Teutsch, S. (2014). Safe summer parks programs reduce violence and improve health in Los Angeles County. *Institute of Medicine of the National Academies.*

enforcement in a positive manner. Gang involved members are also encouraged to participate in PAD events as long as they do so non-violently and with their families. The PAD program has shown great success in Los Angeles. Perception of safety has significantly increased in neighborhoods with PAD and those neighborhoods have also had a significant decline in serious and violent crimes compared to neighborhoods without PAD. The program has also been effective in promoting physical health in communities.[72] San Jose and Gilroy has implemented a PAD model that includes recreational activities, entertainment, and nutrition activities. This program was very successful during the summer of 2015 and further expanding this program across Santa Clara County could have a wide range of benefits.

MENTORS NEEDED

There a variety of different mentoring models; however; mentoring programs have a common goal of providing youth with a positive, non-parental adult who can provide connection, supervision, guidance, skills training, and vocational support. In addition, they can help youth understand and manage social norms and establish goals to meet their full potential. [73] [74] Outcomes for youth involved with mentoring programs include: increased likelihood of post-secondary education and decreased engagement in negative behavior and substance use. Mentoring has been linked with the development of positive peer and family relationships. Decisions to refer youth a mentoring program should be made on a case-by-case bases. Factors to consider when referring a youth include: does they youth have a positive adult figure in their life, the nature of the youth's offense, the length of the youth's probation, level of commitment of the youth and his or her family to a mentoring program. Youth charged with violence and/or sexual offenses are not appropriate referrals for mentoring programs.[74]

KEY COMPONENTS OF EFFECTIVE MENTORING PROGRAMS

- Use of evidence-based mentoring models
- Probation officers work in tandem with mentor (supports/encourages relationship)
- Consider if the length of time the youth will be on probation is sufficient to build an effective bond (aim for minimum of one year)
- Connect with a youth immediately (youth are not placed on waitlist or experience delays in contact with mentor)
- Screening of youth *and* mentors to ensure a good match

NEED FOR IMPROVED RE-ENTRY OR AFTERCARE SERVICES

[72] Parks after dark. (2014). Los Angeles County Department of Public Health. .
[73] Dubois, D. L., & Silverthorn, N. (2005). Natural Mentoring Relationships and Adolescent Health: Evidence From a National Study. American Journal of Public Health, 95, 518-524.
[74] Miller, J.M., Miller, H.V., Barnes, J.C., Clark, P.A., Jones, M.A., Quiros, R.J., Peterson, S.B. (2012). Referring Youth in Juvenile Justice Settings to Mentoring Programs: Effective Strategies and Practices to Improving the Mentoring Experience for At-Risk and High-Risk Youth. http://www.mentoring.org/images/uploads/Journal%20Article.pdf

Nationally, of all the youth in custody, 50% are rearrested within 3 years or less upon discharge. [75] Effective aftercare that prepares and guides youth through successful reintegration is essential to lower recidivism rates. Aftercare should include integrative, collaborative *services* (i.e. counseling, educational, vocational) and *supervision* designed to prepare youth who have experienced an out-of-home placement for re-entry into their community. During incarceration, there should be a focus on preparation for re-entry which promotes engagement in services and supervision. Importantly, older youth may need different services than younger youth. For example, Weaver & Campbell (2015) found that older youth (16.5 years and older) were less likely to recidivate when receiving well-implemented aftercare which included educational skill building and therapeutics aspects whereas younger youth (15 and younger) were less likely to recidivate if family if family was involved in aftercare. These findings highlight the importance of modifying the aftercare program based on the age of the youth.

"We need to consider the aftercare component. Their environments they come from are what bring them to us, yet we put them back into the very environment they come from. Their parents create that environment, and need to be educated and supported on how to properly care for their children."

During the focus group with youth in the juvenile hall, a question was asked about how youth felt about their re-entry to their respective communities. Youth voice concerned in two main areas:

- The loss of structure they experience in the juvenile hall.
    - Many youth felt as though the juvenile hall offered them a regular schedule that added stability to their life. Although many reported not liking parts of the schedule (i.e. attending school; always being around others), many worried about how their behavior would be impacted when they no longer had an adult or program to support this level of structure and support.
- Establishing structure in their community
    - Many youth voice concerned about setting up a job, school, and transportation. Youth reported that when they enter the juvenile hall they often lose their jobs and it is difficult to find a new job once they return to their community. Similarly, they were unsure of the next steps they would need to take for school.

[75] Weaver, Robert D. and Derek Campbell. (2015) Fresh Start: A Meta-Analysis of Aftercare Programs for Juvenile Offenders. Research on Social Work Practice. Vol. 25(2) 201-212. DOI: 10.1177/1049731514521302

PRIORITY AREA: Family and Community Engagement

Summary of Findings

Respondents across all sectors of service noted the importance of **family engagement**. In relation to family, providers as well as caregivers noted several specific needs: mental health treatment for caregivers, education on mental health for families, and a support system for parents. Providers reported that caregivers were often managing their own mental health disorders, and needed to support through therapy, medication, social support, and education. Respondents also reported a lack of understanding from families on behavioral health (mental health and substance use disorders). Educational classes which teach family members about mental health as well as how to manage their children's behavior would provide families with tools to use one youth were discharged from treatment.

In addition to providing services to caregivers and families to enhance their understanding and capacity to manage behavioral health, families expressed a lack of knowledge about what happens with their children while the youth is on Probation. Most parents just did not know what to ask or had the self-efficacy to advocate for the child. Parents need an orientation when their child enters the system on what they can expect. Similarly, if their child is in the hall or at camp, parents would benefit from an orientation that details their children's' daily experiences. A lot of parents (and community member and provider's) wanted more **education** on Probation processes and services.

> "Empower the community to take social, economic, and political actions to solve our community problems."

Lastly, there was a call for probation officers to more **engage in the community**. Many respondents noted that probation officers were previously located in school settings as well as the community. Youth felt as though they could turn to their probation officer to avoid pressure from their peers. Similarly, when probation officers were in schools settings youth were able to develop a stronger relationships which enhanced their experiences.

Gap and Need Areas with Examples of Recommended Strategies

LACK OF FAMILY ENGAGEMENT

In recent years, many studies have noted the importance of engaging families in the juvenile justice system. The involvement of families in a youths' case plan and treatment is essential for long-term success. Family involvement has been linked with multiple outcomes including[2]:

- Lower recidivism rates;
- Families learn to understand, advocate for and engage in treatment for their children; and
- Case plans are more likely to meet the needs of the youth and family which encourages compliance.

Research has found the parents with youth involved in the juvenile justice system often feel there is a lack of communication about the services their child is receiving, and they do not have the information or resources they need to participate in the process with their child.[76] In addition, parents often report they do not understand they juvenile justice process. Effective juvenile justice systems should build the capacities of families to live with and manage their children in their own homes. Families should be included in the development of treatment, educational, and aftercare plans. In addition, families should receive regular feedback on the services their children receive.[22]

Several states (e.g. Pennsylvania, New Jersey) have created family guides to introduce families to the juvenile justice system as well as to help families understand their rights and responsibilities.

ESSENTIAL INGREDIENTS FOR FAMILY ENGAGEMENT WITHIN JUVENILE JUSTICE SYSTEM

- Engaging families from point of entry into the juvenile justice system through re-entry
- Peer support from families whose children have gone through the juvenile justice system
- A designated staff member whose primary responsibilities include coordinating family engagement efforts and activities. Ideally, this individual would be a family member or former youth who had involvement with the system.
- Involvement of families in as many feasible facets of their children's case.

In addition, there are several evidence-based practices which include family in the treatment process:

Functional Family Therapy (FFT) is a prevention and intervention model that uses family-based work to improve family strength and behavior for high risk youth. The process consists of both individual work and relational work and has five phases: engagement and therapist establishing a strength-based relationship with the youth and family, motivation and concentrating on the relationship between youth and parent/caregiver, analysis of the relational process of the family, and behavior change through communication, problem-solving, and conflict resolution.[36] Many studies have shown the efficacy of FFT in reducing recidivism, but in 2015 a new study was released indicating FFT as a promising effective tool for youth of various ethnic and racial minorities.[77]

Multisystemic Therapy (MST): Youth in contact with the juvenile justice system are most often the youth in need of the most support and services, yet typically their families face many barriers preventing them from accessing the services they need. MST is an intensive, home-based intervention that provides youth and family with support and services that work well with the family's schedule. MST uses a variety of techniques to help identify drivers of the youth's behavior in his or her social environment, modify the youth's behavior, and strengthen the family system.[36] One study found that MST, compared to the usual court services, resulted in a significant decrease in recidivism amongst its youth participants. The study also found that the MST participants made significantly more progress in home, school, and

[76] Araya, N. (2013). Families Come First: Transforming the Justice System with Families.
[77] Darnell, A., & Schuler, M. (2015). Quasi-experimental study of Functional Family Therapy effectiveness for juvenile justice aftercare in a racially and ethnically diverse community sample. *Children and Youth Services Review, 50,* 75-82.

community functioning.[78] Santa Clara County Probation's wraparound services successfully follow this model. Probation and DFCS have a combined 300 slots of Wraparound Services available and did not have a waiting list at the time of this report. Expansion of MST within the department would be beneficial.

Attachment Based Family Therapy (ABFT): Attachment-Based Family Therapy (ABFT) is the only manualized, empirically supported family therapy model specifically designed to target family and individual processes associated with adolescent suicide and depression. ABFT emerges from interpersonal theories that suggest adolescent depression and suicide can be precipitated, exacerbated or buffered against by the quality of interpersonal relationships in families. It is a trust-based, emotion-focused psychotherapy model that aims to repair interpersonal ruptures and rebuild an emotionally protective, secure-based parent–child relationship.[79] ABFT is a flexible yet programmatic approach to facilitating and understanding family processes.[79]

MORE FAMILY EDUCATION

In addition to including and updating families on their children's treatment plans, it also important to offer family educational services so that they can better understand and manage their children's behavior. The National Alliance on Mental Illness (NAMI) offers educational classes for parents and/or other family caregivers. NAMI Basics Program is a six week program that teaches caregivers about the development of mental illness, the biology of mental illness, the importance of treatment, skills to effectively communicate, and advocacy. Similarly, they offer a Family-to-Family Program, a 12 week program that is led by trained family members and teaches caregivers: current research and information on mental health disorders; information about medication and other treatment options, techniques for better listening and communications, and ways to engage in self-care. These classes are free to participants.

NEED PROBATION IN THE COMMUNITY

The roles and responsibilities of probation officers are constantly evolving to meet the needs of youth and families involved in the system as well as the community at-large. The placement of probation officers in schools is intended to deter delinquent and violent behaviors while serving as a resource to students. The presence of probation officers in schools increases provides for increased contact (both formal and informal). In addition, officers are better able to track attendance, discipline records, and other

> "A priority needs to be focusing on the community to make it a better place for our kids to return to. We can do all of the programs here in custody, but if the kids go back to the same area that is bad, with no hope, they will fail."

[78] Timmons-Mitchell, J., Bender, M., Kishna, M., & Mitchell, C. (2006). An in… Multisystemic Therapy with juvenile justice youth. *Journal of Clinical Child and Adolescent Psychology*, 35, 2, 227-236.

[79] Diamond, Guy. Attachment Based Family Therapy. Family Intervention Science. College of Nursing and Health Professions. http://www.drexel.edu/familyintervention/attachment-based-family-therapy/overview/

important information. Most importantly, officers are able to develop stable relationships with their youth which promotes communication.[80]

[80] Safe and Responsive Schools Project. 2002. School-Based Probation Officers. Washington, D.C.: U.S. Department of Education, Office of Special Education Programs.

Summary and Conclusions

The LAP process identified five main areas of need:

- Behavioral health
- Effects of poverty on youth
- Cultural sensitivity
- Additional programs and services
- Family and community engagement

The strategies outlined are organized according to which are youth-centered, family-centered, and system-centered. It is possible to combine many of these approaches into a multi-strategy program and many of these strategies target more than one of the identified needs area already.

Table 7 : Summary of Priority Areas

NEEDS IDENTIFIED IN LAP PROCESS	
YOUTH CENTERED APPROACHES	» Mental Health » Substance Use » Vocational Training » Gang Prevention and Intervention » Mentoring
FAMILY CENTERED APPROACHES	» Parental Monitoring » Family Engagement » Re-entry
SYSTEM CENTERED APPROACHES	» Trauma Informed » Cultural Sensitivity » Community Engagement

General Recommended Approach to Suggested Strategies & Interventions

While each outcome presented in this report has its own unique findings and examples of recommended strategies, theory should guide the ultimate selection of ways to address each outcome. In addition, the department should give preference to the programs which are evidence-based (or show clear movement towards evidence-based). Outlets to identify evidence-based programs are outlined below.

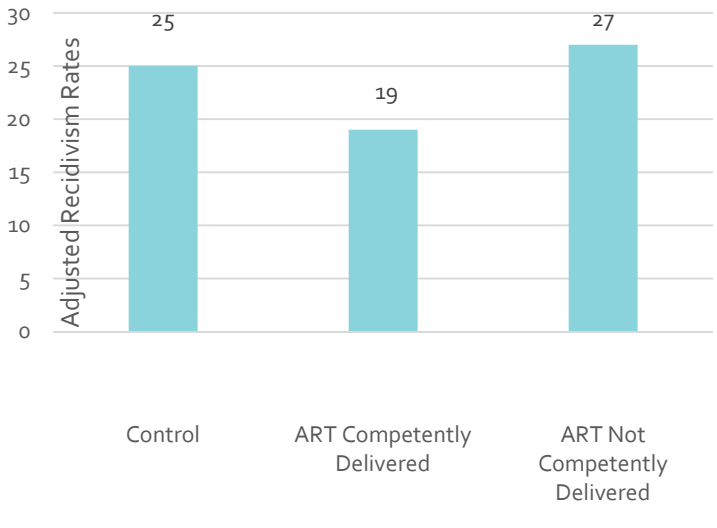
Use of Evidence-Based Practice

Where available, use of evidence-based programs is encouraged. The Campbell Crime and Justice Coordinating Group (http://www.campbellcollaboration.org/reviews_crime_ justice/index.php) conducts and disseminates reviews of research on methods to reduce crime and delinquency. For example, these reviews have found that cognitive behavioral therapies can reduce recidivism and early parent training to help parents deal with children's behavioral problems can prevent later delinquency. Resources for identifying evidence-based programs include:

OJJDP Model Program Guide
http://www.ojjdp.gov/mpg/
National Registry of Evidence-based Programs and Practices (NREPP), Substance Abuse and Mental Health Services Administration (SAMHSA) Model Programs
http://www.nrepp.samhsa.gov/
Blueprints for Violence Prevention Project Center for the Study and Prevention of Violence, University of Colorado
http://www.colorado.edu/cspv/blueprints/
Exemplary and Promising Safe, Disciplined and Drug-Free Schools Programs, U.S. Department of Education
http://www2.ed.gov/admins/lead/safety/exemplary01/exemplary01.pdf
What Works Clearinghouse, U.S. Department of Education
http://ies.ed.gov/ncee/wwc/

Fidelity is the extent to which an intervention, as implemented, is "faithful" to the pre-stated intervention model. Maintaining a high level of fidelity to the model of an evidence-based intervention is critical if one seeks to observe outcomes demonstrated in the research conducted in the development of that model. Programs should self-assess and be prepared to report on their adherence to a model. In addition, the evaluation should incorporate fidelity assessments of programs in its design. There are situations in which modifications to a model program based on population or community needs are necessary. These changes should be documented, communicated with Probation, and evaluated for their impact on outcomes. Some models require extensive and expensive training and this factor should be considered in their selection. Validated assessment and evaluation tools should be identified and considered as well. Tools

Figure 6: Example of Poor Program Fidelity



which can meet both clinical needs and assess change in outcomes should receive priority. Figure 3 is an example of how failure to implement a program to fidelity can cause more harm than good.[81]

RFP Development and Selection

Characteristics of a high quality grantee and program that can be used to guide request for proposals (RPFs), criteria for selection for funding, and performance measure development for program accountability:

What makes a good grantee?

Data collection capacity

- The program has the capacity to collect, record and report complete and accurate data required by the Probation analyst and evaluator. Responses to the RFP should demonstrate that the appropriate level of staff time has been allocated to these tasks. Commitment to data collection and reflection on evaluation findings also demonstrates a dedication to quality improvement.

Qualified staff

- Staff providing services must be qualified in terms of education and experience appropriate to the position. Staff training plays an important role in creating qualified staff.Hiring staff who are a good fit for the position, paying a fair salary for the role, and providing support with training opportunities are a few of the ways programs can increase retention.

Stability

- The organization and program should have stable funding, be able to leverage other funding sources, and have a supportive and solid administration. Without this foundation a program may falter despite having Probation funding and a dedicated staff.

Flexibility

- Due to the source of JPCF and JJCPA funding from the State, this funding is inherently unstable. The possibility of future funding reductions must be recognized and acknowledged by grantees even when they apply for funds. Grantees must be prepared to be flexible and resilient in the face of a shifting funding base.

Good communication

- The program staff are prepared and able to share failures and setbacks as well as successes and progress with stakeholders, including the funder. They are prompt in communicating problems and changes in key staff.

[81] Barnoski, R. and Aos, Lieb, R. (2003). Recommended Quality Control Standards: Washington State Research-Based Juvenile Offender Programs: Olympia: Washington State Institute for Public Policy.

What makes a good program?

Program length	•The program intervention should be of adequate duration and intensity to have the desired impact on youth and their parents.
Effective programming	•The program implements an evidence-based practice which is put into practice with fidelity to the model.
Cultural competency	•Programs (and county-level institutions) must address the cultural and linguistic barriers identified during data collection. Where possible, staff should reflect the client ethnicity and services should be provided in clients' languages. Collaborating with neighborhood and cultural organizations is one strategy for fulfilling this need.
Programming approach	•Curricula and lesson plans should be skills and experiential-based (e.g., role-play, active involvement of youth). Services are customized and differentiated based on need as determined by a thorough assessment. Where appropriate to the intervention, particularly for wraparound programs, home visits are essential to better understand the needs of the family.
Accessibility	•Barriers which may hamper participation should be addressed. For example, the hours of the program should be convenient to both youth and parents and readily accessible by public transportation. Transportation assistance is provided when necessary. For programs serving parents, childcare services are provided. The imposition of fees is minimal or avoided entirely. If appropriate, financial or other incentives are provided. This may include snacks, academic credit for youth, or gift cards upon program completion.
Foster leadership	•Consistent with the positive youth development model, there is a ladder of opportunity for youth to gain leadership experiences. As they succeed in and complete the program, youth can become mentors of newer youth.

CONCLUSION

The LAP points to several areas the department can transform to enhance outcomes for youth and their families. As noted in the report, many stakeholders identified that although the department is offering services to fewer youth, the needs of youth entering programs are much more complex. The table below highlights key areas of growth for the department and potential outcomes. Evidence-based models are not noted in this table because while the use of such models is important, selecting one which can be successfully implemented by the department and CBOs is equally important. Evidence-based models have inherits strengths; however, these models can be costly to implement as they require training for staff. As noted above, staff turn-over occurs frequently within community-based organization, thus implementing evidence-based models may present issues for community-based organization. The department should work in tandem with service providers to mutually agree on evidence-based models which meet the needs identified by this LAP process while not over extending the department or other CBOs. This LAP can be used to prioritize changes that can be made within the department and potential outcomes, grounded in research, based on these changes.

Table 8 : Summary of Priority Areas , Key Changes, and Potential Outcomes

BEHAVIORAL HEALTH		
	Key Changes	**Potential Outcomes**
Mental Health	Collection of assessment/psychosocial data	Selection of interventions; better understanding of interventions that work for specific populations
Substance Use	Appropriate substance use treatment for youth and families	Treatment that fits the needs of youth while helping them achieve increased management of substance use
Trauma-Informed	Transformation to a trauma-informed system of care	Youth and family better understand trauma and behavioral responses to trauma
IMPACTS OF POVERTY		
	Key Changes	**Potential Outcomes**
Parental Monitoring	Increase capacity of parents to be informed about youth	Increase parents capacity to know about youth's behaviors despite competing commitments
Vocational Training	Implementing vocational programs	Increase youths connection with community through positive, pro-social involvement
CULTURAL RESPONSIVENESS		
	Key Changes	**Potential Outcomes**
Culturally Sensitive	Ensure services are culturally sensitive and in multiple languages to meet the needs of the diverse population served	Increase the number of youth and families who can access services as well as the number of youth and services who can benefit from services
ADDITIONAL PROGRAM AND SERVICES		
	Key Changes	**Potential Outcomes**
Gang Prevention and Intervention	Raise awareness among service providers about gangs/gang involvement	Reduce gang involvement
Mentoring	Provide youth and families with mentors	Decreased engagement in delinquent behavior/substance use
Re-entry	Commitment to planning re-entry at the onset of involvement	Decreased recidivism rates
FAMILY AND COMMUNITY ENGAGEMENT		
	Key Changes	**Potential Outcomes**
Family Engagement	Enhance families' understanding of the system and involve family in services	Families take responsibility in treatment of youth; lower recidivism rates
Community Engagement	Increase visibility of probation officers within community	Promote trusting relationships between youth and probation officers

Appendices

Appendix I: SMC Probation JJCPA Survey

Applied Survey Research sent out a survey to service providers and agencies involved in serving youth in San Mateo County. Responses were gathered between January and April of 2016. Overall, 168 responses were received. The majority of respondents came from probation services (29%) and substance use and/or mental health treatment services (23%). There were also respondents from the education sector, local government, non-profits, court, and legal services sector. Fifty-eight percent of those surveyed identified themselves as primarily serving youth, while 35% served families (youth and parents).

IMPORTANCE OF NEED FOR YOUTH, (N=139-145) *PLEASE INDICATE THE IMPORTANCE OF FUNDING EACH LISTED SERVICE FOR THE YOUTH YOU SERVE/REPRESENT/KNOW OF.*						
	VERY LOW	**SOMEWHAT LOW**	**AVERAGE**	**SOMEWHAT HIGH**	**VERY HIGH**	**AVERAGE RATING**
Prevention and early Intervention services – *programs in schools and the community that aim to prevent youth from entering the justice system*	< 1.0%	< 1.0%	2.1%	24.8%	71.7%	**4.7**
Family therapy – *to work on improving and strengthening family functioning (communication skills, relationship building, promote parental involvement, etc.)*	< 1.0%	< 1.0%	10.7%	31.4%	56.4%	**4.4**
Mental health/behavioral therapy – *to help youth who present problems such as depression, Bipolar, PTSD, conduct disorder, school/social problems, anger management, etc.*	< 1.0%	< 1.0%	7.6%	26.4%	64.6%	**4.5**
Drug/alcohol rehabilitation – *to help youth receive treatment for alcohol and other drug use*	< 1.0%	< 1.0%	21.7%	33.6%	43.4%	**4.2**

Trauma-specific services – *interventions that recognize the interrelation between trauma and mental health/substance use and are designed to address consequences of trauma*	< 1.0%	2.1%	7.6%	31.0%	58.6%	**4.5**
Gang prevention/intervention programs – *to prevent gang involvement and help youth find alternatives to gang involvement*	2.8%	2.8%	14.6%	38.2%	41.7%	**4.1**
School-based counseling services – *to aid in early intervention and easy access to counseling for youth with mental health/behavioral health needs*	1.4%	< 1.0%	15.9%	34.5%	47.6%	**4.3**
Gender-specific services – *counseling and other services that address the unique needs of young men and women*	3.5%	4.9%	30.1%	32.9%	28.7%	**3.8**
Post-secondary counseling – *post-secondary education planning and support, vocational training, job placement, and career planning*	< 1.0%	6.9%	29.2%	31.3%	31.9%	**3.9**
Housing support – *for youth without stable shelter*	2.2%	3.6%	20.1%	23.7%	50.4%	**4.2**
Structured after-school activities – *programs designed to teach a variety of skills/hobbies and places for youth to spend free time involved in constructive activities (e.g., sports, arts, community service)*	1.4%	3.5%	9.1%	38.5%	47.6%	**4.3**
Life skills training *(e.g., driver training, opening a bank account, completing a rental agreement)*	1.4%	4.2%	22.4%	37.1%	35.0%	**4.0**
Alternatives to school suspension – *structured alternatives to staying home unsupervised when suspended*	1.4%	3.4%	22.8%	29.0%	43.4%	**4.1**

Academic support – *to help youth who have academic issues and other special educational needs*	1.4%	2.1%	15.3%	43.1%	38.2%	**4.2**
Transitional or "re-entry" services – *to help youth who are re-entering their communities (families, schools) after being placed in juvenile hall, camp, group home or foster care*	1.4%	2.1%	12.6%	30.1%	53.8%	**4.3**
Mentors/Coaches/Advocates – *to help youth in difficult environments find a positive role model or caring adult to help them develop resiliency skills*	0.0%	3.5%	14.2%	29.8%	52.5%	**4.3**
Leadership development – *to give youth leadership responsibilities and a sense of ownership*	0.0%	2.8%	27.3%	32.9%	37.1%	**4.0**
Parenting classes for youth – *to provide communication, parenting, and relationship building skills for teen parents*	< 1.0%	2.8%	20.8%	36.1%	39.6%	**4.0**
Conflict resolution training – *to provide communication, anger management, and conflict resolution skills*	< 1.0%	2.8%	20.8%	36.1%	39.6%	**4.1**
Support for youth in out-of-home care and transitional age youth – *counseling, academic support, and other services that address the unique needs of youth in out-of-home care*	< 1.0%	3.6%	20.7%	36.4%	38.6%	**4.1**
Other (N=26)	3.8%	0.0%	15.4%	19.2%	61.5%	**4.4**
Other Important Needs for Youth That Were Mentioned (N=21)	Legal education, access to medical care and empowerment to seek care without the help of a parent, Competency to stand trial programs/unit, CSEC, financial literacy, identity development support, Job training and meaningful employment opportunities (4 mentions), mental health facilities, more support in schools for parents of young children, communication and data sharing between youth service providers to increase support and address gaps, art and music programs, cultural competency training for service providers,					

	compassion and kindness training for service providers, better drug treatment options for youth, programs that address the multiple issues youth face.

CHANGING OF YOUTH NEEDS, (N=126-133)

SINCE 2011, HOW HAVE THESE NEED CHANGED? HAS THE NEED FOR THE FOLLOWING SERVICES INCREASED, DECLINED, OR STAYED THE SAME?

	DECLINED GREATLY	DECLINED SOMEWHAT	STAYED THE SAME	INCREASED SOMEWHAT	INCREASED GREATLY	AVERAGE RATING
Prevention and early Intervention services – *programs in schools and the community that aim to prevent youth from entering the justice system*	9.0%	9.0%	31.6%	35.3%	15.0%	**3.4**
Family therapy – *to work on improving and strengthening family functioning (communication skills, relationship building, promote parental involvement, etc.)*	3.9%	9.4%	48.0%	26.0%	12.6%	**3.3**
Mental health/behavioral therapy – *to help youth who present problems such as depression, Bipolar, PTSD, conduct disorder, school/social problems, anger management, etc.*	3.8%	6.2%	33.1%	24.6%	32.3%	**3.8**
Drug/alcohol rehabilitation – *to help youth receive treatment for alcohol and other drug use*	4.7%	10.2%	36.7%	34.4%	14.1%	**3.4**
Trauma-specific services – *interventions that recognize*	3.8%	7.7%	30.0%	33.1%	25.4%	**3.7**

the interrelation between trauma and mental health /substance use and are designed to address consequences of trauma						
Gang prevention/intervention programs – *to prevent gang involvement and help youth find alternatives to gang involvement*	6.9%	16.2%	37.7%	33.1%	6.2%	**3.2**
School-based counseling services – *to aid in early intervention and easy access to counseling for youth with mental health/behavioral health needs*	4.7%	10.1%	40.3%	30.2%	14.7%	**3.4**
Gender-specific services – *counseling and other services that address the unique needs of young men and women*	6.2%	7.7%	46.9%	30.8%	8.5%	**3.3**
Post-secondary counseling – *post-secondary education planning and support, vocational training, job placement, and career planning*	3.1%	12.3%	53.1%	20.0%	11.5%	**3.3**
Housing support – *for youth without stable shelter*	9.5%	11.1%	50.0%	12.7%	16.7%	**3.2**
Structured after-school activities – *programs designed to teach a variety of skills/hobbies and places for youth to spend free time*	10.0%	12.3%	43.1%	22.3%	12.3%	**3.2**

involved in constructive activities (e.g., sports, arts, community service)						
Life skills training *(e.g., driver training, opening a bank account, completing a rental agreement)*	7.0%	14.7%	48.8%	20.9%	8.5%	**3.1**
Alternatives to school suspension – *structured alternatives to staying home unsupervised when suspended*	7.0%	14.0%	50.4%	14.7%	14.0%	**3.2**
Academic support – *to help youth who have academic issues and other special educational needs*	7.0%	7.8%	50.4%	24.8%	10.1%	**3.2**
Transitional or "re-entry" services – *to help youth who are re-entering their communities (families, schools) after being placed in juvenile hall, camp, group home or foster care*	5.4%	10.1%	45.0%	26.4%	13.2%	**3.3**
Mentors/Coaches/Advocates – *to help youth in difficult environments find a positive role model or caring adult to help them develop resiliency skills*	7.7%	13.1%	45.4%	20.0%	13.8%	**3.2**
Leadership development – *to give youth leadership responsibilities and a sense of ownership*	6.2%	13.8%	47.7%	25.4%	6.9%	**3.1**

Parenting classes for youth – *to provide communication, parenting, and relationship building skills for teen parents*	3.9%	9.4%	52.8%	22.0%	11.8%	**3.3**
Conflict resolution training – *to provide communication, anger management, and conflict resolution skills*	6.2%	7.8%	53.5%	20.9%	11.6%	**3.2**
Support for youth in out-of-home care and transitional age youth – *counseling, academic support, and other services that address the unique needs of youth in out-of-home care*	4.0%	10.3%	54.8%	22.2%	8.7%	**3.2**

IMPORTANCE OF NEED FOR PARENTS/CAREGIVERS, (N=137-140)

PLEASE INDICATE THE IMPORTANCE OF EACH LISTED SERVICE FOR THE PARENTS OR CAREGIVERS YOU SERVE/REPRESENT/KNOW OF.

	VERY LOW	SOMEWHAT LOW	AVERAGE	SOMEWHAT HIGH	VERY HIGH	AVERAGE RATING
Parenting education/ skills classes – *to provide communication, relationship building and conflict resolution skills for parents of at-risk youth*	0.0%	<1.0%	13.6%	37.1%	48.6%	4.3
Parent support group – *for parents of at-risk youth to share resources and provide support and information*	0.0%	1.4%	17.3%	41.0%	40.3%	4.2

Family violence interventions – *programming aimed at domestic violence, neglectful or abusive parenting*	0.0%	2.9%	13.7%	31.7%	51.8%	4.3
Family therapy – *to work on improving and strengthening family functioning (communication, relationship building, promote parental involvement, etc.)*	0.0%	0.0%	13.0%	31.9%	55.1%	4.4
Mental health services for parent/caregiver	0.0%	<1.0%	17.4%	31.9%	50.0%	4.3
Alcohol and Other Drug services for parent/caregiver	0.0%	2.9%	24.1%	38.0%	35.0%	4.1
Information and referral/Case management for services – *to help parents of at-risk youth know what resources exist and how to navigate the system to obtain appropriate services to meet their needs*	0.0%	1.4%	19.3%	37.1%	42.1%	4.2
Parent Advocate/Family or Parent Partner – *knowledgeable /caring adults who can help parents/ families learn how to navigate the system to obtain appropriate services to meet their needs*	<1.0%	2.2%	17.3%	33.8%	46.0%	4.2
Translation services	0.0%	3.6%	22.6%	21.9%	51.8%	4.2

Legal consultation – *assistance for parents/ families on justice or immigration issues*	0.0%	5.8%	21.2%	35.8%	37.2%	4.0
Support for basic needs – *employment, housing, financial assistance*	<1.0%	2.9%	17.5%	29.2%	49.6%	4.2
Other (N=18)	5.6%	11.1%	27.8%	11.1%	44.4%	3.8
Other Important Needs for Parents/Caregivers That Were Mentioned (N=6)	Employment opportunities and job training services (2 mentions), free childcare, free childcare while parents receive services, transformational family services instead of transactional, introductory workshops for parents on the juvenile justice system and its various components (i.e., judges, probation officers, CASAs, CPS workers, etc.), and appropriate aftercare services and support.					

CHANGING OF PARENT/CAREGIVER NEEDS, (N=123-126)

SINCE 2011, HOW HAVE THESE NEEDS CHANGES? HAS THE NEED FOR THE FOLLOWING SERVICES INCREASED, DECLINED, OR STAYED THE SAME?

	DECLINED GREATLY	DECLINED SOMEWHAT	STAYED THE SAME	INCREASED SOMEWHAT	STRONGLY AGREE	AVERAGE RATING
Parenting education/ skills classes – *to provide communication, relationship building and conflict resolution skills for parents of at-risk youth*	4.0%	7.2%	44.0%	30.4%	14.4%	**3.4**
Parent support group – *for parents of at-risk youth to share resources and provide support and information*	4.0%	7.3%	46.0%	27.4%	15.3%	**3.4**
Family violence interventions – *programming aimed at domestic violence, neglectful or abusive*	4.0%	10.4%	44.0%	20.0%	21.6%	**3.5**

parenting						
Family therapy – *to work on improving and strengthening family functioning (communication, relationship building, promote parental involvement, etc.)*	4.9%	8.1%	36.6%	35.0%	15.4%	**3.5**
Mental health services for parent/caregiver	5.6%	8.8%	41.6%	22.4%	21.6%	**3.5**
Alcohol and Other Drug services for parent/caregiver	4.8%	8.9%	52.4%	21.0%	12.9%	**3.3**
Information and referral/Case management for services – *to help parents of at-risk youth know what resources exist and how to navigate the system to obtain appropriate services to meet their needs*	4.0%	9.5%	42.9%	29.4%	14.3%	**3.4**
Parent Advocate/Family or Parent Partner – *knowledgeable/ caring adults who can help parents/ families learn how to navigate the system to obtain appropriate services to meet their needs*	6.3%	8.7%	42.1%	26.2%	16.7%	**3.4**
Translation services	4.0%	9.6%	44.8%	25.6%	16.0%	**3.4**
Legal consultation – *assistance for parents/*	6.3%	6.3%	46.0%	24.6%	16.7%	**3.4**

families on justice or immigration issues						
Support for basic needs – *employment, housing, financial assistance*	7.3%	8.9%	41.9%	16.1%	25.8%	**3.3**

ACCESS TO SERVICES – CITIES AND REGIONS, (N=168)

CONSIDERING THE AVAILABILITY OF AFFORDABLE, ACCESSIBLE SERVICES, WHICH CITY/REGION BELOW WOULD BENEFIT THE MOST FROM TARGETED FUNDING?

	PACIFICA	DALY CITY	SOUTH SAN FRANCISCO	OTHER NORTH COUNTY	HALF MOON BAY	PESCADERO	SAN MATEO CITY	REDWOOD CITY	EAST PALO ALTO	MENLO PARK	OTHER
Yes, would benefit from funding	18.5%	27.4%	34.5%	4.2%	22.6%	13.1%	20.2%	47.0%	57.7%	13.1%	4.2%
Other cities mentioned (N=6)	East Menlo Park (2 mentions), specific areas of Half Moon Bay and Pescadero, Hot Spot areas, San Bruno										

ACCESS TO SERVICES – POPULATIONS, (N=73)

CERTAIN POPULATIONS WITHIN THE COUNTY MAY ALSO NOT HAVE EQUAL ACCESS TO SERVICES TO SUPPORT YOUTH AND FAMILIES AT RISK OF INVOLVEMENT IN THE JUVENILE JUSTICE SYSTEM. PLEASE LIST ANY POPULATIONS (E.G., ETHNIC GROUPS, GENDERS, AGE GROUPS, YOUTH/FAMILIES WITH SPECIFIC RISK FACTORS, ETC.) THAT YOU FEEL LACK ACCESS TO NEEDED SERVICES.

POPULATION	NUMBER OF MENTIONS
Low-income families	16
Hispanic/Latino population	15
Pacific Islanders and other English speaking immigrants	14
Black population	10
Immigrant communities	9
Families and youth with a history of domestic violence, trauma, mental health issues, or substance abuse	9
English language learner families	8
LGBTQIIS youth and adults	8
Undocumented families	7
Men and boys of color	5

CSEC youth	5
Off-probation youth who are at high risk for recidivism and justice involved youth	4
Burmese and Asian immigrants	3
Gang-involved youth	3
Families living in isolated areas (i.e. Coastside)	3
Other populations mentioned:	
Tongan and Samoan immigrants, youth ages 5-13, boys who have experienced trauma, young men, transitional age youth and foster youth, youth and families with disabilities, older adults, and older adults who are the primary caretaker or guardian for their grandchildren	

BARRIERS AND CHALLENGES, (N=133-137)

*LISTED BELOW ARE SOME OF THE **BARRIERS OR CHALLENGES** THAT PREVENT YOUTH AND FAMILIES FROM SEEKING HELP OR FULLY ENGAGING IN SERVICES. IN THINKING ABOUT THE FAMILIES YOU SERVE OR REPRESENT, PLEASE INDICATE THE PROPORTION OF YOUR FAMILIES WHO FACE EACH OF THE LISTED BARRIERS.*

	NONE (0%)	FEW (25%)	SOME (50%)	MANY (75%)	NEARLY ALL/ALL (100%)	AVERAGE RATING
Lack of transportation to/from services	1.5%	7.4%	30.1%	52.9%	8.1%	3.6
Lack of time (e.g., parents working multiple jobs)	<1.0%	5.8%	25.5%	48.9%	19.0%	3.8
Lack of childcare for younger siblings, or other family members	<1.0%	9.6%	35.3%	43.4%	11.0%	3.5
Legal status of families *(e.g., undocumented immigrants have reduced eligibility for care, fear about consequences of seeking resources)*	1.5%	13.2%	35.3%	39.0%	11.0%	3.5
Financial hardships or cost of services	1.5%	8.8%	16.8%	42.3%	30.7%	3.9

Lack of culturally and linguistically appropriate services *(e.g., translation or services in other languages, service providers from other cultures/ethnic background, etc.)*	<1.0%	15.4%	36.0%	33.1%	14.7%	3.5
Lack of motivation to participate in a program/service *(e.g., denial of problem, unwillingness to put in effort, apathy, lack of understanding of importance of problem or potential benefit of services, lack of trust)*	<1.0%	15.3%	32.8%	37.2%	13.9%	3.5
Stigma *(e.g., cultural beliefs about counseling, AOD treatment, receiving public assistance, receiving county services)*	1.5%	16.5%	32.3%	39.1%	10.5%	3.4
Other (N=17)	0.0%	11.8%	23.5%	17.6%	47.1%	4.0
Other barriers and challenges that were mentioned (N=14)	Program overload and confliction, cost of housing, family engagement, financial discrimination, lack of knowledge around where and how to obtain services, lack of connection with service providers, language barriers with service providers, lack of support for habit change, mental illness of either the youth or parent, parents who are overwhelmed by their own struggles, social exclusion and poverty, lack of providers and long waiting lists, and lack of compassionate service providers.					

DESIRED SYSTEMS CHANGES, (N=135-137)

*IN ADDITION TO INDIVIDUAL BARRIERS THAT YOUTH AND THEIR FAMILIES STRUGGLE WITH, THERE COULD ALSO BE **SYSTEM ISSUES** THAT SHOULD BE ADDRESSED IN ORDER TO BETTER SERVE AT-RISK YOUTH AND THEIR FAMILIES. HOW IMPORTANT DO YOU THINK THE FOLLOWING ARE FOR YOUR WORK OR THE GROUP YOU REPRESENT?*

	NOT IMPORTANT	SOMEWHAT IMPORTANT	IMPORTANT	VERY IMPORTANT	EXTREMELY IMPORTANT	AVERAGE RATING

Sustained (long-term) funding for good programs /services	0.0%	<1.0%	19.1%	22.8%	57.4%	**4.4**
Improved communication and collaboration among the various systems serving youth and their families *(*e.g., sharing of information, multidisciplinary case management and planning)	0.0%	1.0%	20.7%	32.6%	45.9%	**4.2**
Increased data sharing among systems serving youth and their families *(e.g., access to IT systems to cross-reference, report on shared clients)*	2.9%	4.4%	36.0%	30.1%	26.5%	3.7
Improved communication between the justice system/law enforcement agencies and families	<1.0%	5.1%	23.5%	34.6%	36.0%	4.0
Culturally appropriate services *(e.g., service providers from other cultures/ ethnic background, etc.)*	<1.0%	5.8%	19.7%	29.2%	44.5%	4.1
Linguistically appropriate services *(e.g.,*	0.0%	5.9%	19.1%	30.9%	44.1%	4.1

translation/services in other languages)						
Services that address and are sensitive to the unique needs of LGBT youth	<1.0%	10.3%	27.2%	27.9%	33.8%	3.8
Gender-specific services that address and are sensitive to the unique needs of young men and women	0.0%	11.1%	33.3%	29.6%	25.9%	3.7
Safer neighbor-hoods *(e.g., reduced crime, less gang activities, more pro-social community-building activities)*	<1.0%	2.9%	15.3%	32.8%	48.2%	4.3
Continuity of services *(e.g., allowing youth to remain with their therapist when released from probation programs)*	0.0%	2.9%	8.1%	36.8%	52.2%	4.4
Trauma-informed care – to ensure all who have contact with youth understand the impact of trauma on youth mental health and behavior	0.0%	2.9%	15.4%	30.9%	50.7%	4.3

Other (N=17)	0.0%	0.0%	29.4%	17.6%	52.9%	**4.2**
Other desired systems changes mentioned (N=10)	Access to jobs and housing after incarceration, community empowerment to solve problems, Enough providers to eliminate waitlists, housing, services for incompetent youth, programs and services specifically designed for people of color, change the school to prison pipeline, tax breaks or reimbursements for employers hiring or training youth, and strong aftercare programs.					

SERVICES FOR COMMERCIALLY SEXUALLY EXPLOITED YOUTH, (N=137-138) *THE FOLLOWING ITEMS ARE INCLUDED TO GET A QUICK SNAPSHOT OF SCREENING, REFERRAL, AND SERVICES SPECIFICALLY FOR COMMERCIALLY SEXUALLY EXPLOITED YOUTH IN SAN MATEO COUNTY. YOUR RESPONSES TO THESE QUESTIONS WILL BE INCLUDED AS A FOUNDATION ON WHICH A LARGER NEEDS ASSESSMENT WILL BE CONDUCTED.*			
	YES	**NO**	**DON'T KNOW**
My organization has a process to identify commercially sexually exploited children among the youth we work with.	65.2%	15.2%	19.6%
If no, what are the challenges to identifying youth?	Lack of training, appropriate assessment tools to help identify these youth, lack of knowledge about circumstances surrounding commercial sexual exploitation, stigma, denial, and embarrassment which prevent youth from self-identifying, the youth have more pressing needs other than being a CSEC youth that need to be addressed, we don't ask, no formal process of identification, not everyone understands the issue.		
My organization has an assessment to determine if a youth is or is at risk of being commercially sexually exploited.	50.0%	29.0%	21.0%
If yes, what assessment tool do you use?	An internal form, an intake form that asks "are you a victim of sexual abuse?" CSE-IT, the information may come out in baseline assessments, information received through dialogue and discussion, the CSEC Screening Tool, alerts in intake form from answers to standard questions (e.g. # sexual partners in the past 6 months), therapists trained to look for red flags.		
My organization tracks the number of commercially exploited children among the youth we work with.	40.9%	29.2%	29.9%
If no, what are the primary challenges in tracking youth?	Accurate and shred data/information, confidentiality issues (e.g. records are maintained, but numbers are not), current operating database does not specifically track CSEC youth, a lack of importance placed on keeping track of exploited children, difficult to track if you can't first identify the youth, CSEC is not in the main scope of who we're funded to serve, victims refusing to disclose that they're victims, securing funding to track this, delicate subject and youth don't want to be numbers or tracked, time and staffing, training and an appropriate tracking system.		
My organization is able to offer appropriate levels of services	49.6%	29.2%	21.2%

for children sexually exploited.			
If no, what are the primary challenges in providing appropriate services?	All the needs of youth cannot be met by a single provider, not being able to provide continuity of care, lack of safe places/housing for youth to go in the community, not a clear understanding or knowledge about available services in the county the providers can refer youth to, lack of funding, staff, and resources, no county resources directly for CSEC, staff isn't trained to cope with such trauma and does not have enough training, the organization isn't meant to provide that high level of care.		
My organization has provided staff with specialized training to identify commercially sexually exploited children.	55.1%	26.1%	18.8%

CONCLUDING QUESTIONS, (N=95)

CONSIDERING YOUR RESPONSES TO THIS SURVEY, AND WHAT YOU SEE TO BE PRESSING PRIORITIES IN YOUR EVERYDAY WORK, WHAT DO YOU FEEL THE JUVENILE JUSTICE COORDINATING COUNCIL MOST NEEDS TO CONSIDER AS IT SETS ITS PRIORITIES FOR THE NEXT FIVE YEARS?

CONSIDERING YOUR RESPONSES TO THIS SURVEY, AND WHAT YOU SEE TO BE PRESSING PRIORITIES IN YOUR EVERYDAY WORK, WHAT DO YOU FEEL THE JUVENILE JUSTICE COORDINATING COUNCIL MOST NEEDS TO CONSIDER AS IT SETS ITS PRIORITIES FOR THE NEXT FIVE YEARS?	**NUMBER OF MENTIONS**
Basic needs supports (i.e., housing, food, transportation)	19
Early identification and intervention (including in schools)	19
Mental health, AOD, and co-occurring services	16
More programs focused on positive, relatable, adult role-models, and affordable prosocial activities	15
Education and job support/planning	14
Better communication with families and more family support	12
Better communication and collaboration between probation, other departments, and CBOs	10
Better aftercare and transitioning	9
Better community support and resources, as well as increased and effective community outreach	9
Continuity of services	8
Increased supports for CSEC youth	6

Better cultural competency and more services in different languages	6
Trauma informed services and training for providers	6
Gang issues	4
Case management	4
More services accessible in isolated regions and nearby families	3
Gender specific programming and LGBTQII sensitivity	3
Supports for dually involved youth	2
Other priorities mentioned	
Supports and processes to deal with incompetent youth, emphasizing therapeutic rehabilitation and reformative justice, compassion for youth and families, using creativity in services, understanding of the limits and necessities of confidentiality, forums for service providers to listen and speak with teens instead of at them, education consequences, placement of probation officers in schools, recognizing the actual capacity of organizations and entities, investing in programs that have been proven to work, funding allocation and prevention on systematic level issues, integrating recovered youth or alumni into a JJCC sub-committee to help with gap identification and identification of focus areas from a youth and parent perspective, more specific treatment plans, services for disenfranchised youth (i.e. children of migrant workers), implementing appropriate punishments and prohibitions which can best serve the child and prevent recidivism, and tackling youth violence and violence in the community.	

Appendix II: Brief Cultural Descriptions in Relation to Accepting Services

Filipino

The Philippines consists of 7,107 islands in Southeast Asia with a rich culture and strong values. It has been colonized by the British and the Spanish, and thus have integrated cultural components of these countries, including the language[82]. In fact, English is one of the official languages and is widely known among migrant communities. About 85% of the people practice Catholicism, while a small minority identifies as Muslim. The Filipino culture highly regards education, family, cohesion and local traditions. The cuisine is an important aspect of the culture, yet can be rich in high fat and fried foods. Large groups of extended family often gather together to share food and enjoy each other's company, as strong social networks are crucial to a Filipino's wellbeing.

The culture plays a role in access to health care and following medical consultation[83]. Filipino immigrants report a perceived lack of consideration for their cultural beliefs and traditions. Although many know English, often they do not feel comfortable enough in the language to seek medical help, especially because their lack of knowledge of English medical terms. Filipino people commonly value agreeableness over honesty, and always strive to verbally concur, whether or not they intend to act upon it. This tendency is misunderstood in the culture of Western medicine, and can create a divide among doctors and patients who do not honor their appointments. As spiritual people, they may alternatively use traditional healing methods to treat sickness. Sociocultural influences may further influence the barrier to care, as the environment of a new residence may impede on their health. For example, many immigrants cite the availability of cheap, fast foods in the high diabetes prevalence and declining health.

Behavioral health problems disproportionately impact Filipinos compared to other ethnic groups[84]. For example, maternal depression affects Filipino women more than in any other Asian subgroup. Due to unmet health needs of parents, Filipino youth are at risk of depression, suicidal ideas, substance use and HIV/AIDS. In fact, this population has a higher public school dropout rate than other Asian-Americans and Caucasians. The collectivist culture combined with a mistrust of American professionals contribute to the evasion of mental health services. Filipinos often put family union and other's needs before their own, and thus avoid counseling because it may not reflect well on the family.

Salvadorian

Located in Central America, El Salvador is a nation of just under six million, primarily populated by people of primarily mixed Spanish and Native Indian descent.[85] In the rural, agricultural nation, half of the population

[82] Culture of The Philippines - history, people, clothing, traditions, women, beliefs, food, customs, family. (n.d.). Retrieved May 27, 2016, from http://www.everyculture.com/No-Sa/The-Philippines.html

[83] Maneze, D., DiGiacomo, M., Salamonson, Y., Descallar, J., & Davidson, P. M. (2015). Facilitators and barriers to health-seeking behaviours among Filipino migrants: inductive analysis to inform health promotion. *BioMed Research International*, *2015*, Article ID 506269–Article ID 506269.

[84] Javier, J. R., Supan, J., Lansang, A., Beyer, W., Kubicek, K., & Palinkas, L. A. (2014). Preventing Filipino mental health disparities: Perspectives from adolescents, caregivers, providers, and advocates. *Asian American Journal of Psychology*, *5*(4), 316–324. http://doi.org/10.1037/a0036479

[85] Culture of El Salvador - history, people, clothing, women, beliefs, food, customs, family, social. (n.d.). Retrieved June 1, 2016, from http://www.everyculture.com/Cr-Ga/El-Salvador.html

lives below the national poverty line. In 1980, a civil war broke out, protesting the large income gap and subsequent discrimination against the native peoples. The terribly high murder and crime rate caused over one million Salvadorians to seek refuge elsewhere.

In general, Latino youth experience high instances of mental health problems such as suicidal thoughts, depression, and school drop-out compared to their white counterparts. [86] Additionally, 29% of Hispanic immigrants live in poverty, compared to only 10% of Caucasians in the United States. Research has shown that much of these inequities are due to the trauma and chronic stress of historical discrimination that can deprive them of resources and access to healthcare. In fact, perceived discrimination is linked to symptoms of depression, low-self-esteem and PTSD.[87] However, Salvadorians who witnessed war violence are more likely to suffer negative mental health outcomes. When working with this population, it is essential to understand past experiences and how trauma has manifested itself in mental illness, namely PTSD.

El Salvador culture is not unlike that of the general Latino tradition of countries with history of Spanish colonization. The values of *familismo*, importance of extended family and *respeto,* or respect for one's elders are extremely important social norms. Family support is a protective factor in Salvadorians, as in all high-risk Latino immigrants. Latinos experience difficulties in accessing and trusting healthcare clinics, thus regard for language and cultural norms is an integral part of addressing health inequities. In general, Salvadorians are a vulnerable population and their past experiences and cultural traditions must be understood in order to offer relief.

Tongan

Tonga is a cluster of Polynesian islands in the Pacific Ocean in which the people live on sustenance farming and pride themselves on a strong cultural tradition and relaxed way of life. Consistent with nineteenth century theorists, mental health problems are rather low in the stable, rural and traditional nation of Tonga. In more recent years, alcoholism and violence has become more prevalent, and paired with emigration, the Tongan people have experienced higher rates of mental health issues. In the native land, the view of mental health is different than ours. Interestingly, they do not have a word in their vocabulary for depression or schizophrenia. That is, the Tongan people view mental illnesses as a spiritual possession in cohesion with the natural world. Their preference to find a supernatural healer carries with them to whichever nation they may migrate, making it difficult for them to comply with Western medical care.

As in most cultures, there is somewhat of a stigma around mental illness.[25] However, while the mentally disturbed are tolerated and treated fairly well, the family often attempts to conceal the problem to save face in the community. Along with alcoholism, suicide rates peaked in 1988, especially in Tongan migrants. For the Tongan people, suicide brings immense shame to the victim as well as the family members he or she leaves behind. Consequentially, those affected by it may experience trauma due to the social rejection and lack of support. The high regard for social cohesion and duty is evident in the culture, seen in one definition of mental illness as "the feeling one gets when one does not meet social obligations."

[86] Parra Cardona, J. R., Domenech-Rodriguez, M., Forgatch, M., Sullivan, C., Bybee, D., Holtrop, K., ... & Bernal, G. (2012). Culturally adapting an evidence-based parenting intervention for Latino immigrants: The need to integrate fidelity and cultural relevance. *Family Process*, *51*(1), 56-72.

[87] Ríos-Salas, V., & Larson, A. (2015). Perceived discrimination, socioeconomic status, and mental health among Latino adolescents in US immigrant families. *Children And Youth Services Review*, *56*116-125. doi:10.1016/j.childyouth.2015.07.011

In some cases, immigration to countries like the U.S., Australia and New Zealand bring upon many stressors that are linked to higher prevalence of mental illness. Some studies suggest that the high rates of suicide could derive from the stressful experiences of migration and isolation from one's culture. Tongan immigrants, for instance, suffer low social mobility and often live in overcrowded, inadequate housing developments. As shown in various social groups, immigration often is associated with PTSD, chronic stress, and poverty. On the other hand, when available, familial and social support can serve as an important protective unit and combat the debilitating effects of poverty and migration.[88]

- Foliaki, S. (1999). Mental health among Tongan migrants. *Pacific Health Dialog*, *6*(2), 288-294.
- Vaka, S. Study explores mental illness in Tongan community. *Health Research Council of New Zealand.* Retrieved from http://hrc.govt.nz/news-and-media/news/study-explores-mental-illness-tongan