

County of Santa Clara

Social Services Agency



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DATE: February 6, 2024

TO: Honorable Board of Supervisors

FROM: Damion Wright, Director, Department of Family and Children's Services ^{DS} DW
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SUBJECT: B.5 – Joint Report by DFCS and Juvenile Probation on Dually Involved Youth

At the December 19, 2023 Board of Supervisors Meeting, the Board requested a report back with detailed data regarding children in the Probation system who have a nexus to the Department of Family and Children's Services (DFCS), including the number of previous Child Abuse Neglect Center (CANC) calls and/or DFCS reports, as well as data on substantiated abuse, including a report with analysis of these data trends over time and options to research whether recent child welfare practice trends are having an impact on the number of youth with juvenile justice involvement.

The Probation Department and DFCS are responding jointly to this information request in order to provide the most comprehensive, currently available information to the Board. The departments considered this information request in three parts to provide the most timely and detailed information.

Data regarding children in the Probation system with a nexus to DFCS

The Probation Department conducts child welfare (CW) records checks on each new referral to the department. These referrals, known as juvenile contact records (JCR), are received by law enforcement following interactions involving youth suspected of engaging in unlawful activities. These referrals may take the form of paper citations or physical arrests by law enforcement. The clerical staff who enter the JCR into the database have access to search for the child welfare history of the involved youth.

The initial check encompasses details such as whether a child welfare history exists in the CW data system (yes/no), the date of first CW referral, the number of referrals to child welfare, and the age at first CW referral. If accessible, the staff may also have the ability to record the disposition of referrals, such as, Substantiated, Inconclusive, Unfounded, or Evaluated Out. Notably, Probation staff lack access to the reasons behind the disposition, but can access information pertaining to the outcome and number of dispositions by type.

It is important to note that the data presented below is for referrals received by the Probation Department in Calendar Year (CY) 2023. The child welfare history check records whether a youth had a child welfare referral *at any time in their background, not necessarily if there is a current case.*

Table 1: Total CY 2023 Referrals to Probation by CW History and Gender

Gender	CW History Status (YES)*	CW History Status (NO)*	Total (%)
Female	282	229	511 (27%)
Male	704	688	1,392 (73%)
Total (%)	986 (52%)	917 (48%)	1,903 (100%)

There were 1,903 unique youth referred to Probation in CY 2023, of those 986 (52%) had at least one referral to the Child Abuse Neglect Center (CANC). Of the 986 unique youth referred to probation in 2023, with a child welfare referral at some point in their history, 29% were female and 71% were male.

Data Trends Over Time

Additionally, in 2022, DFCS and Probation jointly conducted a longitudinal study of youth involved in the Dually Involved Youth (DIY) Unit from its inception in 2014 to 2021; *please find attached the 2021 DIY Longitudinal Report.* The report provides a detailed analysis of practice changes and trends for youth that are involved in both systems and receiving joint services. A few key findings from that longitudinal study include:

- 189 cases were opened, and 183 cases were closed within the DIY Unit during the reporting time frame.
- Twenty percent of youth had siblings that were also the primary in a child welfare case.
- A large proportion of youth are not enrolled in their home schools and a considerable number of youth have Individual Education Plans (IEPs).
- The most prominent item in the behavioral/emotional needs domain for youth in the DIY program is adjustment to trauma (67%).
- Recent cohorts of youth experienced positive trends of lower foster care entry/re-entry and fewer placement changes after the DIY program.
- Several areas of system and practice change have been identified as a result of the DIY Unit including:
 - Promoting multiagency collaborative and integrated case planning and service delivery. Defining areas of expertise for each agency and ensuring data tracking and reporting to inform DIY Steering Committee and staff.
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- Increasing and tracking staff development and training in trauma-informed care, interventions, effective family involvement and engagement, and the use of graduated responses.
- Enhancing partnerships and engagement with Community-Based Organizations (CBOs).
- Improving cross-organizational communication by sharing meeting minutes/notes from DIY Steering Committee and subcommittees with DIY Unit staff.
- Improving alignment and integration of data collection between systems and sharing to address challenges and identify areas for improvement, such as continuing to use the DIY Unit Database, ensure social workers and youth advocates have access, and conduct six-month review of data as needed.

Areas for Further Study and Reporting

DFCS in partnership with Probation and the Department of Behavioral Health Services will do a deeper analysis in measuring the impact of recent child welfare practice trends on the number of youth with juvenile justice involvement. Contingent upon availability of data, the analysis will look at trends in indicators including arrest rates, recidivism, child maltreatment referrals and re-entries before and after practice shifts. DFCS anticipates a 12–16-month timeline to collect and analyze the quantitative and qualitative data required to complete this study.

Attachment:

- Attachment A - 2021 Dually Involved Youth (DIY) Longitudinal Report

2022

DUALLY INVOLVED YOUTH (DIY) LONGITUDINAL REPORT



COUNTY OF SANTA CLARA
Behavioral Health Services



County of Santa Clara
Social Services Agency

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SUMMARY OF FINDINGS

The COVID-19 pandemic had widespread impacts on the juvenile justice system in Santa Clara County. Not only did the County see a reduction in juvenile referrals but there were also substantial changes to programming caused by the pandemic (i.e., shelter in place orders, social distancing). This annual report provided details on Youth in the DIY program from the program's inception in 2014, during the COVID-19 pandemic, through 2021.

The following summarizes some of the key findings:

- Most youth identified as male and Latino with the average age fluctuating between 15 and 16 over each cohort year.
- Twenty percent of youth had siblings that were also the primary in a child welfare case.
- A large proportion of youth are not enrolled in their home schools and a considerable number of youth have IEPs.
- The most prominent item in the behavioral/emotional needs domain for youth in the DIY program is adjustment to trauma (67%).
- During intake, service needs were identified for 120 youth. Sixty-five percent of youth (n=79) needed mental health services.
- At Intake, 124 youth provided a response to the substance use assessment, and of those, 92 percent (n=115) reported using at least one type of substance at intake, but substance use decreased for youth by the end of the program.
- Recent cohorts of youth experienced positive trends of lower foster care entry/re-entry and fewer placement changes after the DIY program.
- Male identifying youth who exited the DIY program from 2015 to 2021, who recidivated, had significantly higher risk scores on their pre-JAIS assessments than males in the DIY program who did not recidivate
- Recidivism declined from 2019 to 2021, from 28 percent to 20 percent, most likely due to the COVID-19 pandemic or other related factors (in 2020 and 2021). However, it is important to note the decrease in recidivism in 2019 prior to the pandemic.

SYSTEM AND PRACTICE CHANGE RECOMMENDATIONS

During the development of this report, several areas for system and practice change were identified and include the following:

- Promoting multiagency collaborative and integrated case planning and service delivery. Defining areas of expertise for each agency and ensuring data tracking and reporting to inform DIY Steering Committee and staff.
- Increasing and tracking staff development and training in trauma-informed care, interventions, effective family involvement and engagement, and the use of graduated responses.
- Enhancing partnerships and engagement with Community-Based Organizations (CBOs).

- Improving cross-organizational communication by sharing meeting minutes/notes from DIY Steering Committee and subcommittees with DIY Unit staff.
- Improving alignment and integration of data collection between systems and sharing to address challenges and identify areas for improvement, such as continuing to use the DIY Unit Database, ensure social workers and youth advocates have access, and conduct six-month review of data as needed.

DIY BACKGROUND

In 2012, the County of Santa Clara (County) was awarded a technical assistance grant through the MacArthur Foundation to develop an integrated system enhancing outcomes for youth involved with both the child welfare and juvenile justice systems. As one of four jurisdictions selected for this grant, the County worked with a team of consultants for 12 months to utilize best practices from the MacArthur Foundation's Models for Change Initiative. During this grant period, an instructive curriculum was developed and available for use throughout the country.

In 2013, an Executive Steering Committee was formed with assistance provided by Technical Assistance Advisors. The Executive Steering Committee is comprised of leaders from both systems, behavioral health, and Courts, other juvenile justice stakeholders, community members, and former youth. The Executive Steering Committee guides the work of three subcommittees: Legal, Data, and Training. The subcommittees invested extensive resources in agreeing on common goals, developing implementation plans, and identifying evaluation plans to measure success.

In June 2014, this collaborative created a DIY Initiative Protocol and a joint system DIY Unit. The Department of Family and Children's Services (DFCS) and Probation, through partnerships with the Behavioral Health Services Department (BHSD), provided an opportunity to develop a systems approach that is responsive to the individual needs of dual systems youth in the least restrictive environment. This allows youth to stay connected to positive caring adults within their own community. A sophisticated and comprehensive evaluation process was developed to track continuous quality improvement for a sustainable systems approach. The Initiative focused on the following three efforts:

- Lead Agency Model
- Child and Family Team Meetings (CFT)
- DIY Unit

LEAD AGENCY MODEL

Welfare and Institutions Code (WIC) §241.1(a) provides that whenever a youth appears to come within the description of both WIC §300 (Child Dependency) and WIC §602 (Juvenile Justice), the county child welfare services department and the probation department shall determine which system will serve the best interest of the youth and the protection of the community. The agencies collaboratively present a

joint recommendation to the juvenile justice court, and the court determines the appropriate status for the youth.

Before adopting the Lead Agency model, DFCS and Probation explored the feasibility of using the One Judge model; a best practice for serving dually involved youth that was recommended by the MacArthur Foundation. In a One Judge model, a judicial officer oversees both the dependency and delinquency case, thereby enhancing the ability to see the youth and family holistically. After actively exploring this option for several months, the Executive Steering Committee concluded, for a variety of logistical and philosophical reasons, that this model did not fit the judicial infrastructure of Santa Clara County. Both DFCS and Probation have an agreed upon, Court-supported, protocol for WIC §241.1(a) cases. A joint system recommendation is formed to restructure judicial oversight for youth with dependency and delinquency cases. As a result, the Lead Agency model was adopted as it allows one agency to be designated as the lead agency and the other as the assisting agency.

UNIT BACKGROUND

The Dually Involved Youth (DIY) Unit was launched in 2014, providing an opportunity for a coordinated systems approach. The DIY Unit is currently comprised of six Social Workers, five Probation Officers, three Youth Advocates, one DIY Liaison and one Behavioral Health Clinician that specialize in working with dually involved youth. There are staff in the Unit that can communicate with families in English, Spanish and/or Vietnamese. Additionally, DFCS, Probation, and Behavioral Health each have designated a supervisor and manager to oversee the DIY Unit. This model has a culturally responsive, cross-systems approach to provide intensive services for youth and their families and a united case management approach.

Best practice dictates that dually involved youth are served best by specialized staff that have ongoing, cross-system training so they are better equipped to meet this population's unique needs. As such, DIY Unit staff have undergone significant specialized training including, but not limited, to the following: Child and Family Practice Model (CFPM), Cultural Humility, Juvenile Justice 101, Child Adolescent Needs and Strengths (CANS), Dependency 101, Commercially Sexually Exploited Children (CSEC), Gang Awareness and Safety, Cross Systems Training, and Trauma Informed Systems 101 (TIS101).

Staff in the DIY Unit value the critical role that families play in identifying services to meet the specific needs of their youth and family. DIY Unit staff jointly develop case plans with youth and their families and present to the court. They also provide coordinated case supervision, which continues the partnership between Probation and DFCS throughout the time the case is open in both systems. This includes updating case plans as needed to improve youth and family outcomes and reflect the changing dynamics in families.

The DIY Unit has been provided with explicit encouragement by management to develop nontraditional solutions, which may include, but are not limited to, linkages to nontraditional, smaller, culturally appropriate service providers. For example, Cultural Brokers who assist youth and families experiencing challenges related to linguistic or cultural differences. Cultural Brokers support the family in their understanding of the process they find themselves in and their ability to include their voice in decisions related to their child. There is recognition that some families have pre-existing relationships with service

providers who are not currently under contract with either agency, and for many families, traditional service delivery has not been successful. A new model demands changes in both staffing and services. DFCS, Probation and Behavioral Health recognize the need for flexible funding and service delivery to engage nontraditional partners. The development of the DIY Unit has presented an opportunity for staff to be creative in their responses to the unique needs of youth and an opportunity to change the trajectory of dually involved youth.

CHILD FAMILY TEAM MEETINGS (CFT)

The Child Family Team Meeting (CFT) is a strength-based solution-focused meeting that partners with the youth and family to identify the support needed to function safely and prevent further system involvement. The CFT process begins with a Youth Advocate building a relationship with the youth and family and working in collaboration with the DIY Behavioral Health Clinician to assess and identify the youth's needs. The Child Adolescent Needs and Strengths (CANS) tool is utilized prior to the CFT to organize and focus potential areas of focus that align with input from the youth and their family. The Behavioral Health Clinician facilitates these meetings, and a Youth Advocate partners with the youth throughout the process. The Youth Advocate's role is to elevate the voice of the youth in planning and decision making. Subsequently, the CFT Meeting is held with a variety of system and natural support persons to discuss the strengths and needs of the youth and explore ways to focus and harness on strengths and effectively respond to identified needs. Finally, a separate meeting takes place to discuss joint recommendations that will be incorporated into the WIC 241.1(a) Dual Status Report (241.1).

Since the beginning of the COVID-19 Pandemic, a key positive outcome has been the increased use and comfort of utilizing virtual platforms, such as Microsoft Teams for CFT Meetings by youth, families, and providers. The use of virtual platforms has led to increased participation by family members and other team participants. In supporting youth, treatment team members and or DIY staff often meet with youth in-person and jointly call in for CFTs, removing the obstacle of travel to an office setting by youth who previously struggled to attend.

All the youth in the sample had a CFT Meeting facilitated by the DIY Behavioral Health Clinician between the time the 241.1 was ordered and prior to their 241.1 Hearing. Since hearings are scheduled a minimum of three weeks from the date the 241.1 is ordered, the DIY Unit works very quickly with the youth, family, and other team members to coordinate, schedule, and facilitate these meetings to help inform the recommendations to the court. The youth in the sample had the initial DIY CFT Meeting within 30 days of the 241.1 being ordered, except for one youth who had been on runaway status and had the CFT Meeting upon their return and engagement with team.

DIY FRAMEWORK

The Dually Involved Youth Initiative (DIYI) Framework was developed in February of 2022 to replace the previous initiative level logic model. The need for the framework was identified during the development of the Dually Involved Youth Programmatic Narrative to visually represent where our systems were when

the DIYI started and the initiative's evolving progression. The DIYI Framework represents the level of cross systems complexity that is conducive to ease of understanding for all parties.

The framework noted below was developed as a clear, concise, and impactful way to see and understand the vision, goals, and desired impacts of the DIYI. The framework represents the DIYI at inception with a highly segmented and individualized system of support for dually involved youth. The pathway through the framework represents systemic changes, including the coordination and cooperation stage of the initiative. Lastly, the DIYI framework highlights the partnerships, integration, and institutionalization of the DIYI leading to positive systemic and youth and family impacts.

PROGRESS MADE BY THE INITIATIVE

The progress made by the Dually Involved Youth Initiative (DIYI) from its inception has been wide-spread and system changing. Tremendous advancement has been made in dismantling the duplicative, siloed, and separate systems that historically served dually involved youth within Santa Clara County. Today, we have three primary systems of care which are deeply integrated and in full partnership with one another in support of dually involved youth throughout the county.

The DIYI has contributed to Santa Clara County's support of dually involved youth by creating, contributing to, and supporting systemic evolutions such as: a designated Dually Involved Youth Court Calendar within the Juvenile Justice Court, the approval of a joint WIC 241.1 report format, the creation of a Dually Involved Youth Unit where the staff assigned to the unit are co-located, the establishment of a Dual Status Report Protocol, the implementation of Local Rule 3 which permits sharing of information amongst partners, the addition of a Dually Involved Youth Liaison to the Dually Involved Youth Unit, an enhanced Child Family Team (CFT) process, the finalization of the Dually Involved Youth Programmatic Narrative, the Dually Involved Youth Unit Logic Model, The Dually Involved Youth Initiative Framework, and a set of streamlined practices and processes to support the youth, caregivers, unit, and staff.

The DIYI structure is designed to create systemic success in shared goals including reduced recidivism, placement stability, social/emotional health and well-being, educational engagement, and community/cultural connection. To do this, there are several committees which have been commissioned to address various aspects of the initiative and unit. The Administrative Committee and the Executive Steering Committees both provide leadership, guidance, and direction where the Data, Legal, and Training subcommittees focus upon specific aspects of the needs of the unit and initiative. Since July of 2021, the subcommittees have made significant progress on behalf of the DIYI. The Data Subcommittee added subject matter expert representatives from each of the partner departments including the County Office of Education and County Counsel. The Training Subcommittee and Legal Subcommittee are meeting regularly to work on emerging issues and ongoing support needs.

The progress and work of the DIYI has permeated into other county partners. The DIYI directly engages community-based partners, schools and school districts, faith-based organizations, cultural brokers, professional organizations, and county initiatives to ensure the support of dually involved youth throughout the county. See Appendix F for the DIYI Framework breakdown.

IMPACT OF COVID ON DIY

One of the impacts related to the COVID-19 Pandemic was the necessity of the Court to move Hearings into a virtual format. This required all parties to have the ability to access Court Hearings to appear in Court virtually. The Dually Involved Youth Court Calendar was moved to a virtual setting where possible and team members attended Court remotely. As of April 2022, this practice remains in place, when possible, to limit the number of people in the juvenile justice center and to provide for social distancing.

In the beginning of COVID staff experienced reduced in-person contact, services for parents were limited as they were on hold or virtual, and not all parents had the needed technology or knew how to use newly assigned equipment. Additionally, school disruption for youth, staff needing to care for their own families, and all parties being in a place of uncertainty caused additional disruptions in services.

The DIY Unit is looking at additional ways to support this practice and identifying barriers that may help to increase the ability to facilitate the follow-up meetings. The flexibility of having participants join meetings virtually, appears to be one strategy that has been identified in helping increase participation and minimize scheduling conflicts. Access to virtual platforms for the meetings also gives youth and families the choice of how they are most comfortable engaging in the CFT Meetings.

The DIY Liaison and other staff rotated through being called to serve as a Disaster Service Worker (DSW) assignment for various periods of time. During those periods, staff experienced slight fluctuations in caseload sizes and the shifting of assignments. Overall, however the impact to families has not been assessed. The program continues to assess current impacts to the shifting of staff due to supporting DSW activities. Advocates have not been able to see youth in-person if they are in-custody, as all visits have been virtual due to the Public Health requirements related to congregate care settings. For community visits/sessions services have been delivered through hybrid in-person/virtual support. CFTs are all virtual, however, if a youth needs support, an advocate or other DIY staff member will attend with the youth in-person during the CFT meeting, while the rest of the CFT team are virtual.

NEEDS IDENTIFIED DURING COVID

In the previous 2021 DIY Snapshot report, the following feedback was provided from youth, unit staff, stakeholders, and providers allowed for the identification of eight key needs:

1. Additional housing/placement options including more temporary placements for wards that is not juvenile hall
2. Streamlined access to funding for incentives for youth as positive reinforcers for meeting case plan goals and/or for participating in activities such as client experience surveys
3. Ability to have consistent service providers in need areas (i.e., substance use, case manager, etc.) across any placement
4. Increase youth vocational opportunities

5. Streamlined access for devices such as cell phones or iPads for youth
6. Ability to grow approach to support youth who are dually involved but do not meet DIY Unit eligibility
7. Natural supports for youth in the community introduced during program so the youth have a constant prosocial support person

KEY YOUTH ASSESSMENTS UTILIZED

The following section describes the different assessments utilized in the DIY Unit to collaboratively develop case plans and implement best practices to serve dually involved youth.

JUVENILE ASSESSMENT INTERVENTION SYSTEM (JAIS)

In recent decades, experts have developed and refined risk/needs instruments to identify the underlying causes of a youth's behavior, to measure the likelihood they will re-offend, and to identify supervision strategies that will address their unique needs. The Probation Department uses the Juvenile Assessment Intervention System (JAIS), a gender-responsive assessment tool that has been validated by Evident Change formerly known as the National Council on Crime and Delinquency (NCCD).

The Juvenile Assessment and Intervention System (JAIS) was designed to assist staff with supervising youth effectively and efficiently, both in institutional settings and in the community. The goal of the assessment is to understand the risks, strengths and needs of the youth, to reduce recidivism, and to help youth succeed in school and the community. There are three tools in the JAIS assessment:

- a) Initial pre-screener (commonly known as pre-JAIS): consisting of eight (female version) or 10 (male version) items which, depending on the score, will determine the need for a full JAIS assessment;
- b) The full JAIS assessment is divided into four main sections: General Information, Objective History, Conduct-related Observations, and Interviewer Impressions/Youth Strengths and Needs; and
- c) JAIS re-assessment takes place every six months after the initial full JAIS assessment.

The full JAIS assessment is only provided to youth who have a sustained Petition before the Court, as the first section (8-10 questions) of the JAIS assessment, the pre-JAIS, is directly related to the Petition before the Court and delinquent behavior in the community. If a youth answered those questions without a sustained Petition before the Court, the youth is open to questions related to offenses that have yet to be sustained before the Court. This means most of the youth who received a full JAIS assessment are adjudicated youth (Wards of the Court).

In this report, we will outline trends from DIY program youth's JAIS assessments, including recidivism risk (from the pre-JAIS), as well as principal service needs and supervision strategies (from the full JAIS assessment).

CHILD AND ADOLESCENT NEEDS ASSESSMENT (CANS)

The CANS is a valuable tool to help guide the youth's team to specific services and interventions aligned with the identified needs of the youth and contributes to safety, well-being, and permanency. The Clinician/Facilitator utilizes the CANS tool to support all team members' shared perspectives while building consensus on identified needs and strengths. The Clinician/Facilitator collects information from the youth, caregiver, previous CANS (when available), service providers, DIY team, and other team members as a collective assessment strategy and communication tool. This information is shared during the Child and Family Team (CFT) Meeting to collectively discuss the identified strengths and needs while prioritizing the areas the team agrees to work on together.

WHO ARE THE YOUTH IN THE DIY PROGRAM?

The following section describes the demographics of youth in the DIY Unit.

DEMOGRAPHICS

The table below illustrates the demographics of youth in the DIY Unit from 2014 to 2021. In 2014, the DIY Unit provided services to 16 unique youth, reached a peak of 34 unique youth in 2018, and in 2021 the unit served 22 unique youth. The table below provides an illustration of the opened and closed cases from 2014 to 2021.

Gender, age, and race/ethnicity data are based on youth who exited the DIY Unit in the corresponding year, also referred to cohort years in this report, based on their program end dates. Over each year, the majority of the youth identified as Latino and as male, except in 2015 where 56% (n=5) of youth who exited the DIY Unit identified as female.

At intake, youth ranged in age from 11 to 17 years old. Figure 2 shows a decreasing trendline for the average age at intake for each cohort year, but the average age fluctuated between 15 and 16 over each cohort year.

Table 1: Demographics of Youth who entered the DIY Unit, between 2014 to 2021

	2014	2015	2016	2017	2018	2019	2020	2021
Number of Opened Cases (unduplicated)¹	16	11	21	32	34	26	27	22

¹ Based on Program Start Dates

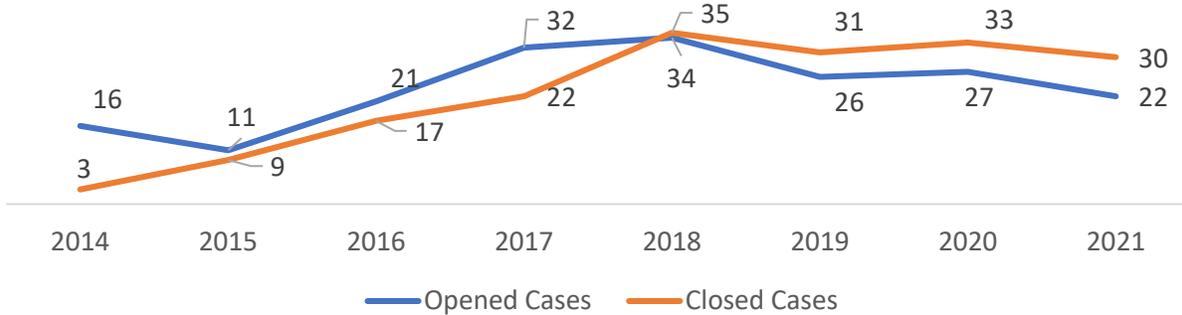
	2014	2015	2016	2017	2018	2019	2020	2021
Number of Cases Closed (unduplicated)²	3	9	17	22	35	31	33	30
Gender								
Male	2 (67%)	4 (44%)	9 (53%)	17 (77%)	24 (69%)	18 (58%)	21 (64%)	20 (67%)
Female	1 (33%)	5 (56%)	8 (47%)	5 (23%)	11 (31%)	13 (42%)	12 (36%)	10 (33%)
Age at Intake								
Average Age at Intake (unduplicated)	16.0	15.3	15.6	15.0	15.5	15.0	15.4	15.4
11							1 (3%)	
12				2 (9%)	1 (3%)	1 (3%)		
13		1 (11%)		2 (9%)		3 (10%)	2 (6%)	3 (10%)
14		2(22%)	3 (18%)	4 (18%)	7 (20%)	5 (16%)	6 (18%)	6 (20%)
15		1 (11%)	3 (18%)	3 (14%)	8 (23%)	12 (39%)	5 (15%)	6 (20%)
16	3 (100%)	3 (33%)	8 (47%)	7 (32%)	10 (29%)	6 (19%)	12 (36%)	5 (17%)
17		2 (22%)	3 (18%)	4 (18%)	9 (26%)	4 (13%)	7 (21%)	10 (33%)
Race/Ethnicity								
White	1 (33%)		2 (12%)	4 (18%)	5 (14%)	1 (3%)	4 (12%)	4 (13%)
Black		2 (22%)	2 (12%)	3 (14%)	2 (6%)	4 (13%)	6 (18%)	
Latino	1 (33%)	5 (56%)	12 (71%)	13 (59%)	26 (74%)	24 (77%)	22 (67%)	24 (80%)
Asian/PI		1 (11%)		1 (5%)		2 (6%)	1 (3%)	1 (3%)
Other	1 (33%)	1 (11%)	1 (6%)	1 (5%)	2 (6%)			1 (3%)

² Based on Program End Dates

The figure below illustrates the opened and closed cases over time by cohort year. The number of open cases increased from 2015 to 2018 and peaked at 34 youth in 2018. The year 2018 also had the highest number of closed cases as well (n=35). Before 2018, more youth were entering the DIY Unit, rather than exiting. From 2018 to 2021, more youth were exiting the DIY Unit rather than entering.

Pre-2018, more youth were entering the DIY Unit, rather than exiting. Post-2018, more youth were exiting, rather than entering the DIY Unit.

Figure 1: Opened and Closed Cases Over Time by Cohort Year



The figure below shows a decreasing trendline for the average age at intake for each cohort year. The average age fluctuated between 15 and 16 over each cohort year.

Figure 2: Average Age at Intake by Cohort Year



The tables below include the top five ZIP codes and the top five cities where youth in the DIY program reside. The city of San Jose and Gilroy are the most common cities where youth in the DIY program reside. The 95110 and 95128 ZIP codes are the most common cities where Youth in the DIY program reside.³

³ Many youth are missing ZIP code data and city data. Juvenile Hall is in the 95110 ZIP code and four youth reported the JH address as their home address. Three youth reported the Social Services Agency as their address. One youth reported James Ranch as their address.

Table 3: Top ZIP Codes of DIY Youth

ZIP Codes	Number of Youth
95110	12
95128	11
95020	10
95123	8
95116	8

Table 2: Top Cities of DIY Youth

City	Number of Youth
San Jose	99
Gilroy	10
Santa Clara	9
Milpitas	6
Sunnyvale	4

The number of youth's siblings was not tracked. However, we calculated a proxy using the number of other children reported to DFCS together with the youth. For this report, the calculation utilized the most recent event reported. While this poses limitations (e.g., it does not account for siblings who were not reported to DFCS or changes in family configurations if a youth was adopted or had half or step siblings), it could provide some insight into sibling groups. Most youth (80%) were not reported with other children (implying no siblings reported to DFCS). Twenty percent were reported with other children, which ranged from 1 to 7 children other than the youth.

SCHOOL ENROLLMENT

The following two tables outlined the types of schools youth in the DIY Unit were enrolled in at intake and at closure for CY 2014-2021.

Table 4: Types of School at Intake

Type of School at Intake	2014	2015	2016	2017	2018	2019	2020	2021
Alternative School	2	4	6	5	8	5	5	8
Other/ Independent Study	1		1	6	8	2	1	2
Public or private High School		5	7	8	10		11	6
EIP in School at Intake	2014	2015	2016	2017	2018	2019	2020	2021
No IEP	1	3	4	14	16	8	14	12
Pre-established EIP	1	4	10	5	9	6	8	7

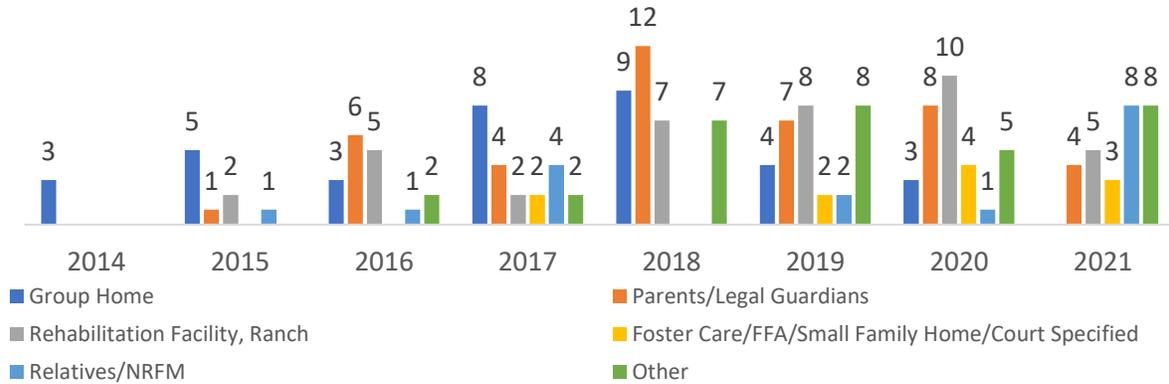
Table 5: Types of School at Closure

Type of School at Closure	2014	2015	2016	2017	2018	2019	2020	2021
Alternative School	1	3	4	7	7	2	5	6
Other/ Independent Study			7	6	6		2	
Public or Private High School		3	4	5	9	1	5	3
EIP in School at Closure	2014	2015	2016	2017	2018	2019	2020	2021
No IEP		1	11	11	20	1	12	7
Pre-established EIP	1	5	5	7	9	2		5

YOUTH LIVING SITUATION

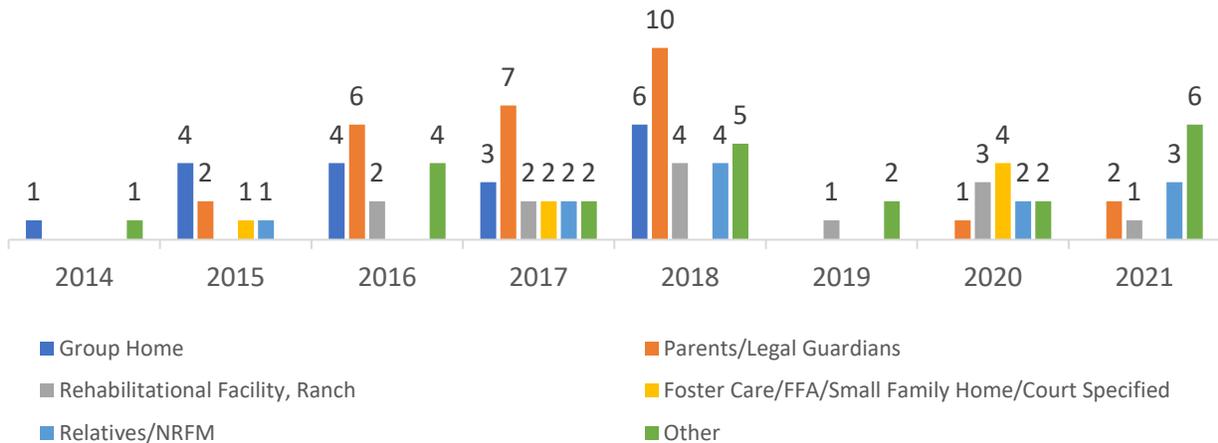
The figure below presents the living situation trends from 2014-2021. Over these years, 176 youth reported their residency status at intake. The categories presented include, Group Home (n=35), Parents/Legal Guardians (n=42), Juvenile Rehabilitation Facility/Ranch (n=39), Foster Care (n=11), Relatives (n=17), and Other (n=32).

Figure 3: Living Situation of Youth at Intake From 2014-2021 (N=176)



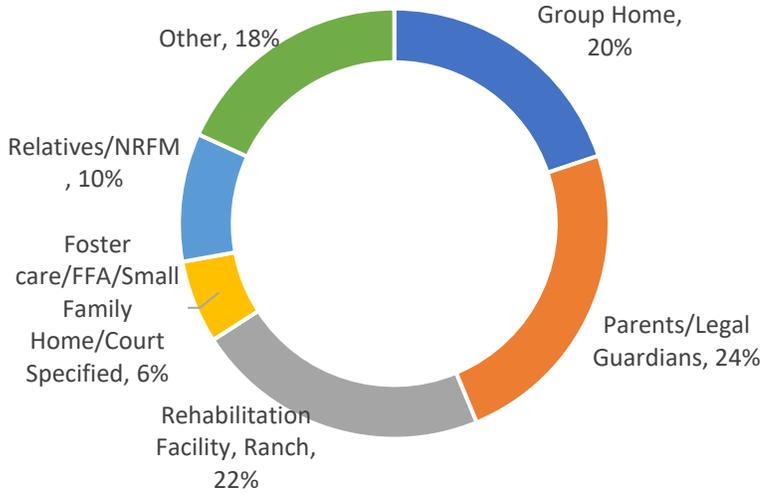
The figure below illustrates the living situation for youth reported at closure. One hundred youth reported their residency status at program end. The categories presented include, Group Home(n=18), Parents/Legal Guardians (n=28), Juvenile Rehabilitation Facility/Ranch (n=13), Foster Care (n=7), Relatives (n=12), and Other (n=22).

Figure 4: Living Situation of Youth at Closure From 2014-2021 (N=100)



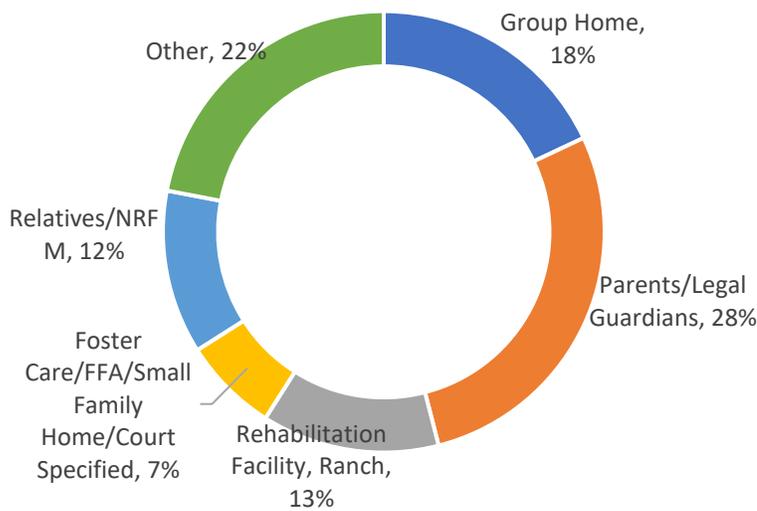
The figure below highlights the percentage breakdown across all categories at intake for 2014-2021. The top three living situations at intake are Parents/Legal Guardians (24%), Juvenile Rehabilitation Facility/Ranch (22%), and Group Home (20%).

Figure 5: The Living Situation of Youth at Intake, 2014-2021 (N=176)



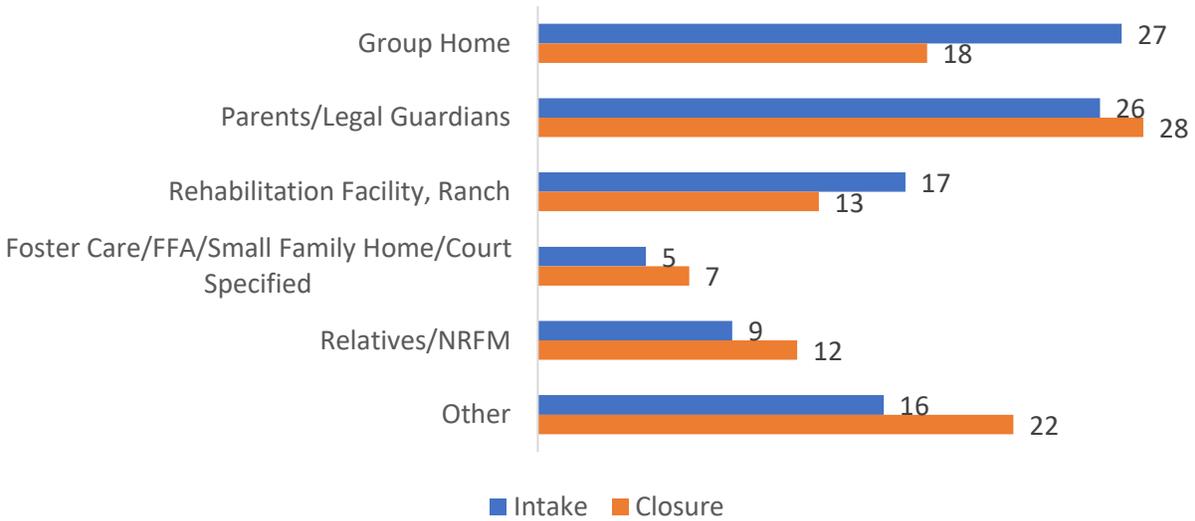
The figure below highlights the percentage breakdown across all categories at intake for 2014-2021. The top three living situations at closure are Parents/Legal Guardians (28%), Other (22%) and Group Home (18%). Compare to what was reported intake, a larger segment of youth who reported their living situation at closure stated they now live with their parents or legal guardian. Youth who reported at closure also saw a decrease in detention facility living status, with a decrease of nine percent.

Figure 6: The Living Situation of Youth at Closure, 2014-2021 (N=100)



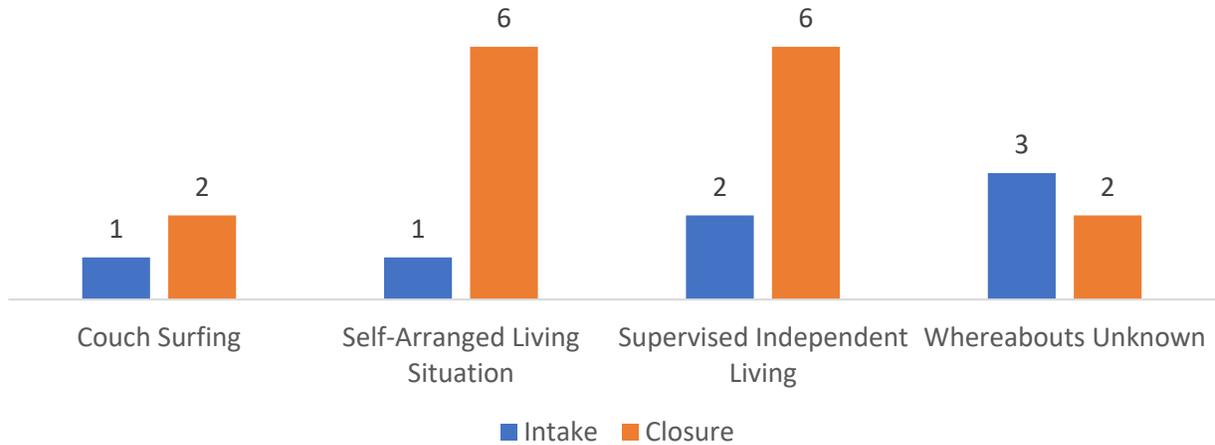
The figure below shows the difference in living situation among those who reported both at intake and closure. Other, Parents/Legal Guardians, and Relatives saw the number of clients increase from CY 2014-2021. The Other category saw the largest increase with six more youth recorded than at intake, examples of other living situations is broken out in Figure 9. The largest decrease occurred with Rehabilitation Facility/Ranch, with a decrease of four youth, and Group Home with a decrease of nine youth. During the timeframe of this report in 2015, Assembly Bill 403 was passed that reclassified treatment facilities and legislated the transition from the use of group homes for children in foster care to the use of short-term residential treatment centers. This resulted in fewer youth in the DIY program in group homes.

Figure 7: The Living Situation For Youth Who Reported Both At Intake & Closure, 2014-2021 (N=100)



The figure below is a breakdown of the top four subcategories found in the Other category of youth living situations. Five of the 12 (41%) youth who reported self-arranged living situation or supervised independent living at closure reported rehabilitation facility or group home at intake.

Figure 8: Other Top 4 Subcategories for Youth who Reported at Intake and Closure 2014-2021



COMMERCIAL AND SEXUAL EXPLOITATION OF YOUTH

Figure 9 outlines commercial sexual exploitation data for 120 youth at program intake. A total of 22 (18%) youth were identified as suspected but not confirmed CSEC. Six (5%) youth were identified as confirmed CSEC.

Figure 9: CSEC Status for Youth at Intake, CY2014-2021

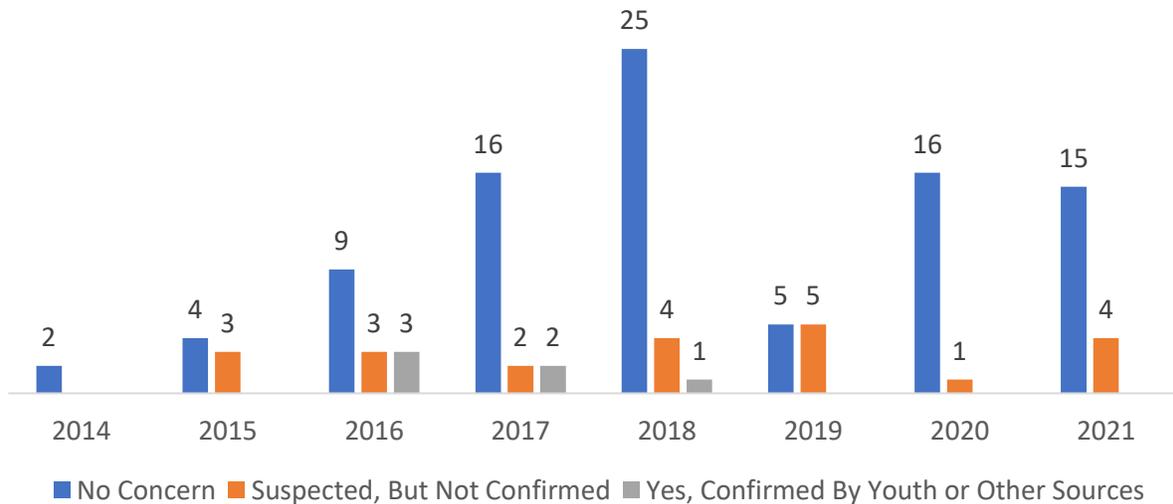
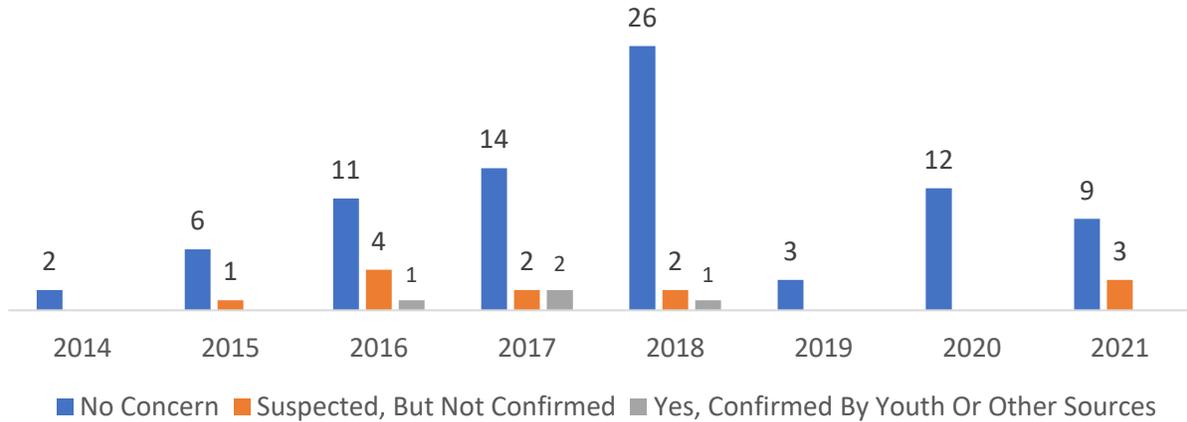


Figure 10 below shows commercial sexual exploitation data for 99 youth at program closure. 12 (12%) youth were identified as suspected but not confirmed and four (4%) were confirmed CSEC. Close to eighty-

four percent of the youth were identified as “No concern” at closure. This is an eight percent increase in “No concern” status, when compared to their respective sample.

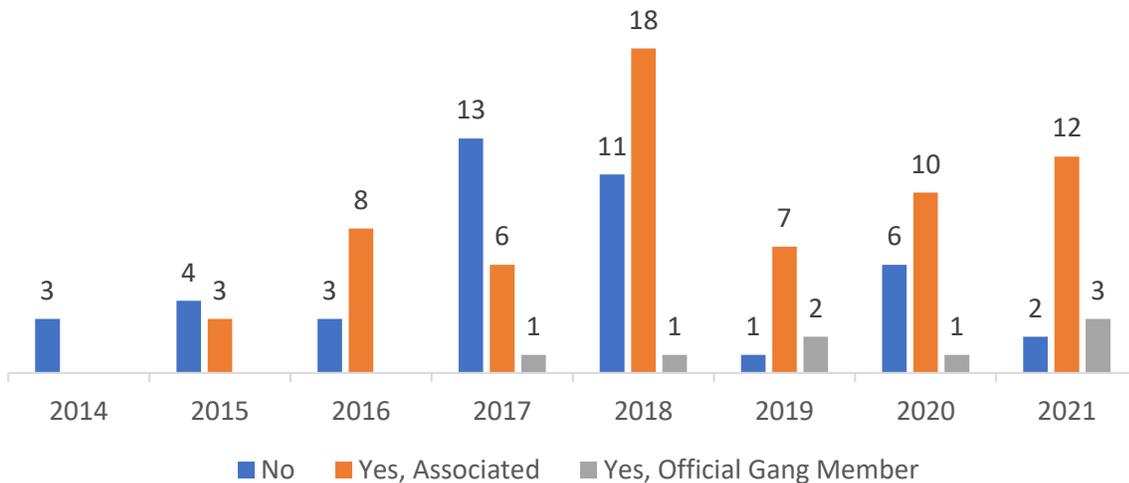
Figure 10: CSEC Status for Youth who Provided Response at Closure, CY 2014-2021



GANG INVOLVEMENT AND ASSOCIATION

At intake, 115 youth gave details about their level of gang involvement. Sixty-four (55%) youth were identified as being involved with gang activity. Six (5%) youth were confirmed or attested to being official gang members.⁴

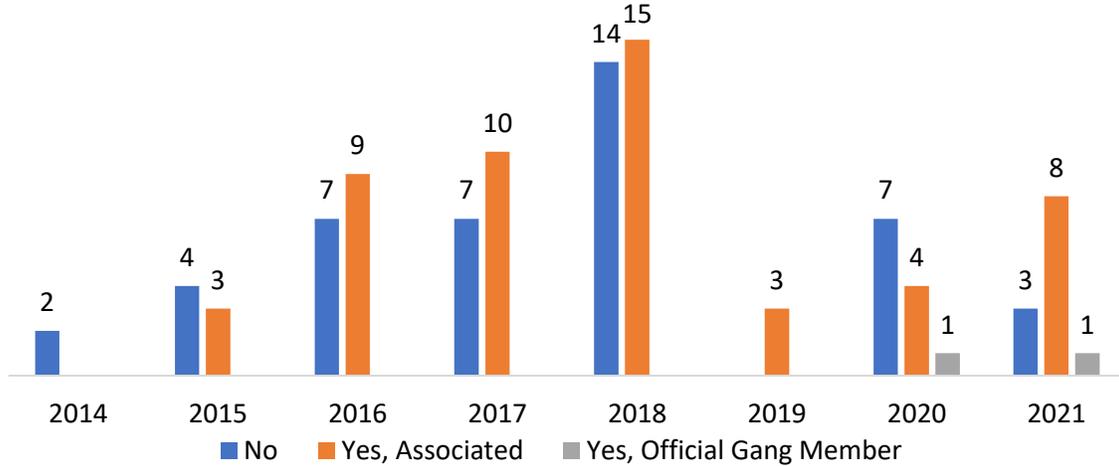
Figure 11: Gang Involvement at Intake, CY2014-2021



⁴ The term “Official Gang Member” refers to youth who self-disclosed as being a part of a gang. We do not use “validated gang member” since that is a police process.

At closure, 98 youth provided gang involvement information. Out of 98 youth, 52 (53%) youth stated gang involvement by association and 44 (45%) youth stated no gang involvement at closure.

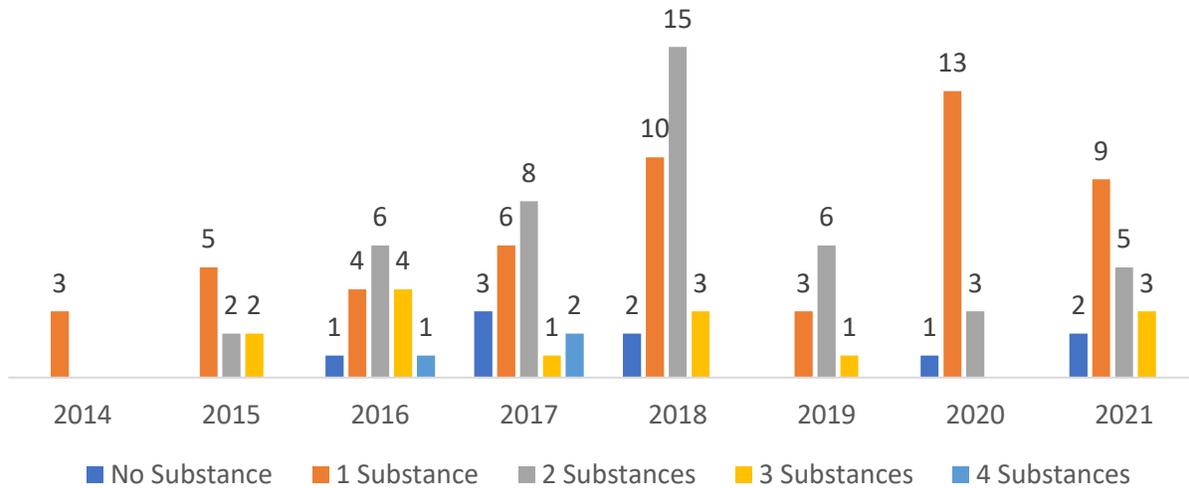
Figure 12: Gang Involvement at Closure, CY2014-2021



SUBSTANCE USE

At Intake, 124 youth provided a response to the substance use assessment, and of those, 92 percent (n=115) reported using at least one type of substance at intake. In addition, 35 percent (n=45) of the youth reported using two substances. While 12 percent (n=17) youth reported using three or more substances.

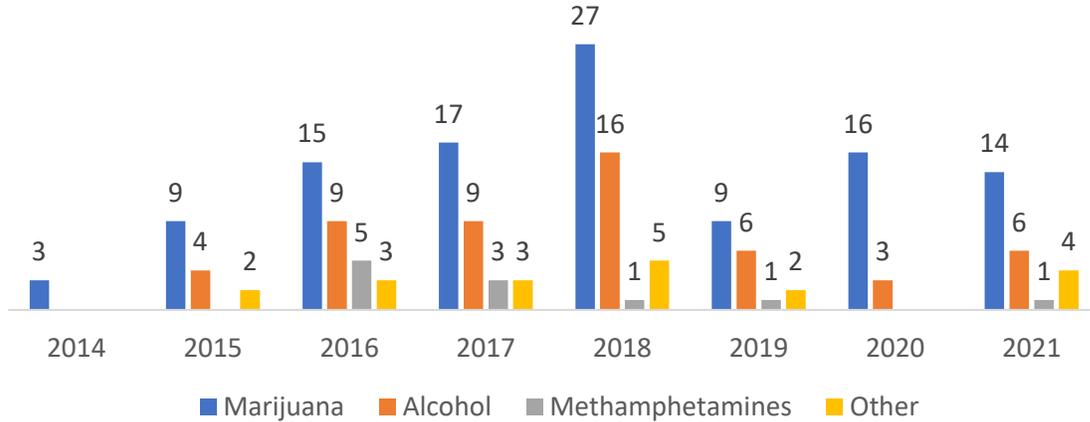
Figure 13: Number of Different Substances Used at Intake, CY2014-2021 (N=115)



Almost all youth who reported substance use at intake identified marijuana as one of the substances (n=110, 95%). The second most common substance reported was Alcohol (n=53, 46%), followed by Other substances (n=19, 16%). The Others category consists of normally prescribed medications and less

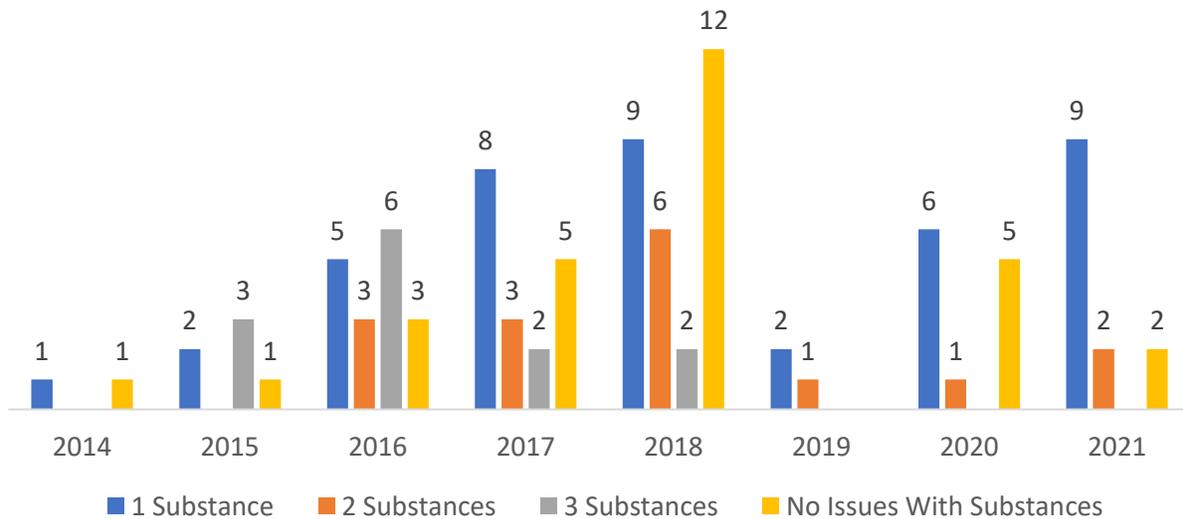
common substances. Methamphetamines made up less than 10 percent of all reported substance use at intake.

Figure 14: Specific Substances Used by Youth at Intake, CY2014-2021 (N=115)



One hundred youth provided a response to the substance use assessment at closure. At closure, 29 percent of the youth reported no substance use (n=29). Forty-two percent of the youth reported using one substance, 16 percent reported using two substances and 13 percent reported using three substances. No youth reported using four or more substances at closure.

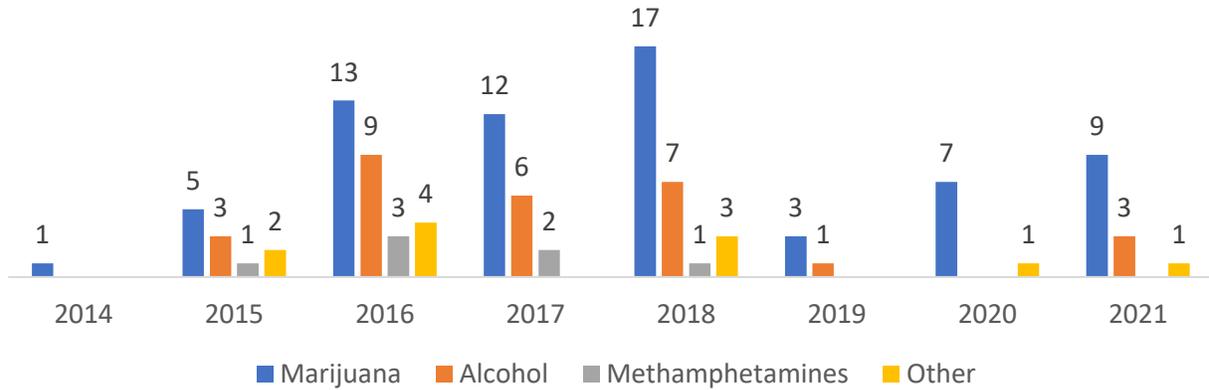
Figure 15: Number of Substances Used by Youth at Closure, CY2014-2021 (N=100)



Like intake, marijuana use made up the leading substance of choice among the 100 youth who provided a response to the assessment, with 67 percent (n=67). Still, it represents a 28 percent decrease when compared to intake. Twenty-nine percent of the youth reported alcohol use at closure, a decrease of 17

percent when compared to the reported intake sample. Of the 100 youth who provided a response at closure, 29 percent youth reported no issues with substances (n=29).

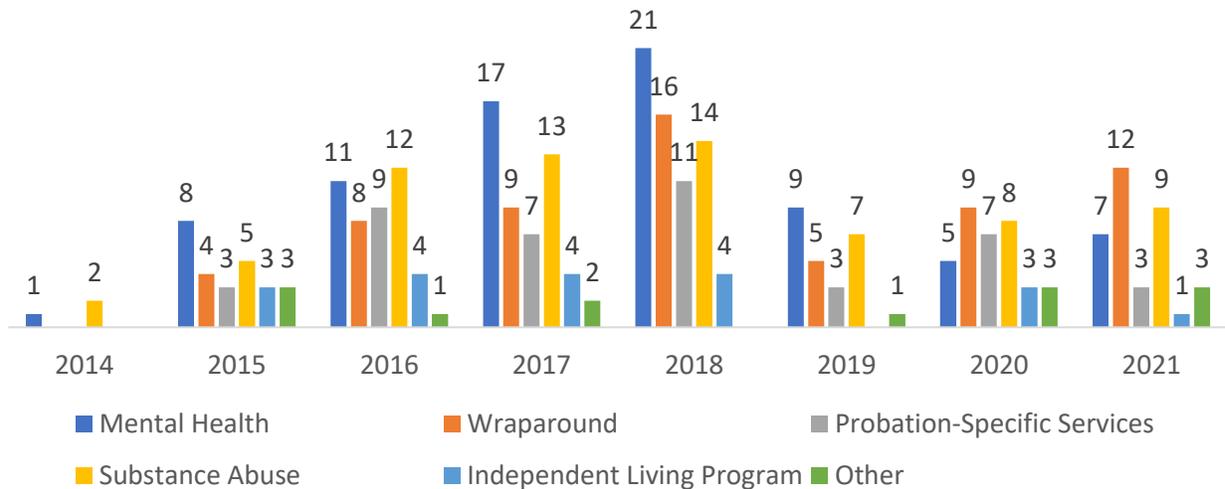
Figure 16: Specific Substances Used by Youth at Closure, CY2014-2021(N=100)



SERVICE NEEDS AND UTILIZATION

During intake, service needs were identified for 120 youth. Sixty-five percent of youth (n=79) needed mental health services. Twenty percent of the youth (n=25) needed Wraparound services. Substance use services made up 58 percent (n=70) of the youth at intake. Independent living programs (n=19, 16%) and probation specific programs (n=43, 36%) also made the top five needs at intake.

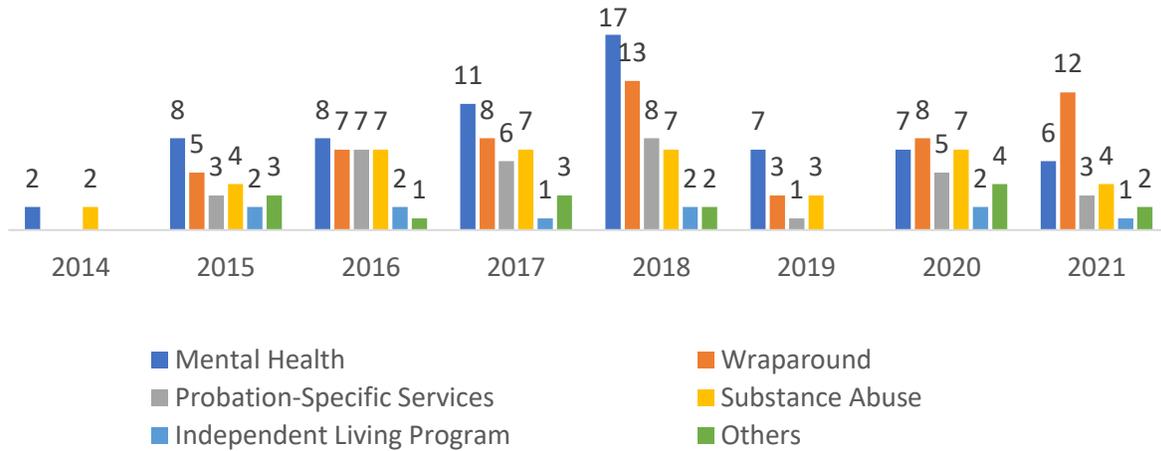
Figure 17: Service Needs Identified at Intake, CY2014-2021



The figure below summarizes the services the youth currently utilize, identified at intake. Fifty-four percent of youth (n=66) utilized mental health services. Forty-six percent of the youth (n=56) utilized

Wraparound services. Substance use services made up 33 percent (n=41) of the youth at intake. Independent living programs (n=10, 8%) and probation specific programs (n=33, 27%) also made the top five needs at intake.

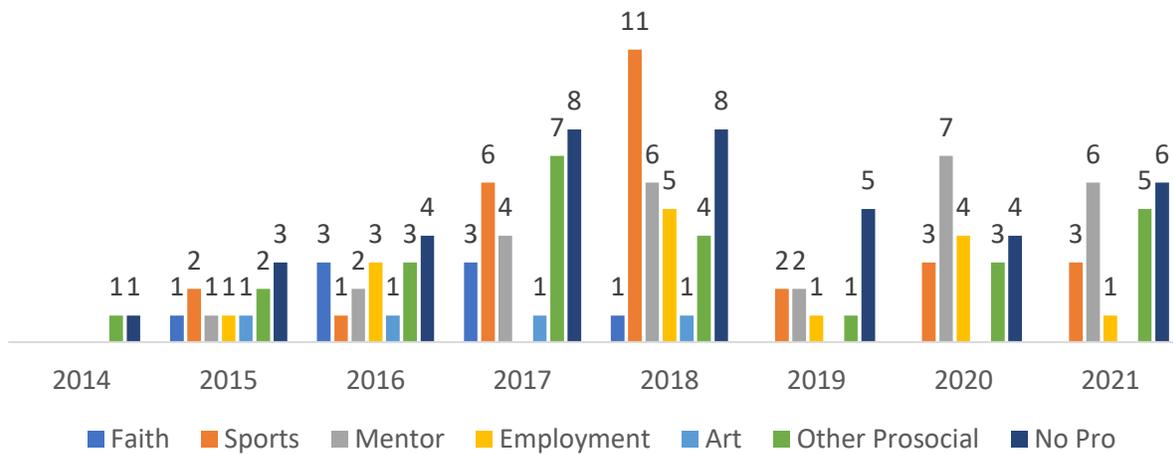
Figure 18: Services Utilized at Intake, CY2014-2021



ENGAGEMENT IN PROSOCIAL ACTIVITIES

The figure below is a summary of the youth prosocial activities identified at intake by the 123 youth who provided data. The most popular prosocial activities identified at intake included Sports (n=28, 22%), Mentorships (n=28, 22%), and Employment (n=15, 12%). The Other category made up 21 percent of prosocial activities and included afterschool programs, cultural activities, and the HUB Youth Center (The HUB) (n=26). A large portion of youth did not have any identifiable participation in prosocial activities at intake (n=39, 31%).

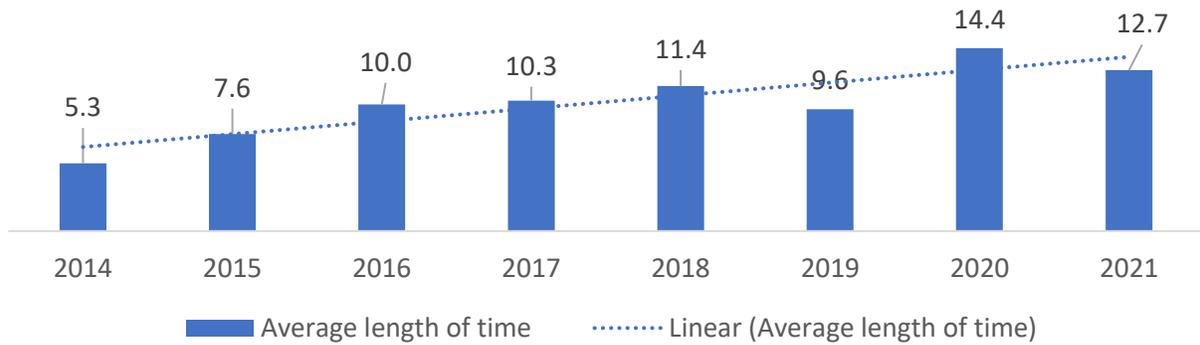
Figure 19: Prosocial Activities Youth Participated in at Intake, CY2014-2021



TIME IN DIY UNIT

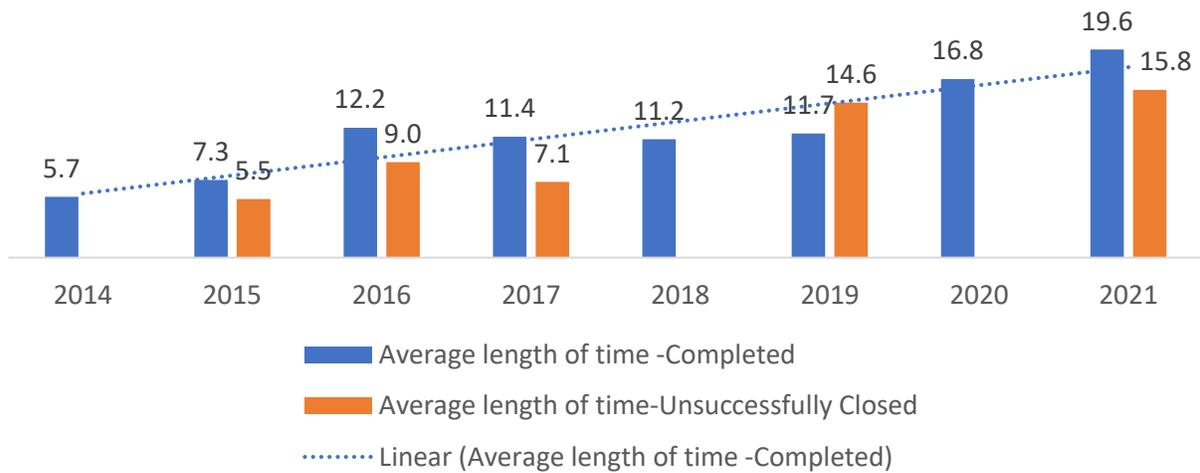
The figure below represents the average length of time in weeks a youth spent in the DIY unit and whose case was closed in a specific calendar year. The average was calculated by using the program start date and the program end date. From CY 2014-2021, we see a steady increase in the time youth participate the unit.

Figure 20: Average Length of Time in DIY unit (program start to program end in months)



The Figure below highlights the average length of time a youth spends in the program for the youth who have completed the program compared to youth who were closed unsuccessfully from the program. The youth who had their program status labeled as failed averaged 30 weeks in the program.

Figure 21: Average Length of Time in DIY unit, Unsuccessful Closures vs Youth Who Completed DIY (program start to program end in weeks)



JUVENILE ASSESSMENT AND INTERVENTION SYSTEM TOOL (JAIS)

The summaries below highlight trends based on JAIS assessments for Youth in the DIY program who exited the program between 2014 through 2021. The JAIS assessment incorporates information that youth self-report during their interview, as well as additional facts available to the probation officer completing the JAIS tool. The assessment tool covers a variety of areas that impact youth's strengths, risks, and needs, including criminal history and orientation, educational and vocational needs, interpersonal relationships, parenting and family history problems, substance use, basic living needs, and abuse, trauma and neglect.

Although we have data for three youth who exited the program in 2014, they are not included in the analysis comparing trends by year, as including data for such a small cohort could skew the results for those years and lead to inappropriate conclusions. Youth who exited the DIY program in 2014 are included in analysis that compares youth who recidivated to youth who did not recidivate. Additionally, statistical tests were used to understand trends regarding recidivism for DIY males, but we were unable to use those tests for females because their small population size does not fulfill test requirements.

We reviewed recidivism risk from 174 pre-JAIS assessments for 147 unduplicated youth (56 females and 91 males), as well as principal service needs and supervision strategies from 139 full JAIS assessments for 116 unduplicated youth (46 females and 70 males).

To capture trends impacting the youth over time, duplicate assessments are included for youth who exited the program but entered again with a subsequent exit in a later calendar year (i.e., if a youth entered and exited in calendar year 2014, and entered and exited again in calendar year 2018, then they are represented in the data for both of those years). For those youth who did not have a pre-JAIS or full JAIS assessment completed during their time in the DIY program, we default to using the pre-JAIS and JAIS conducted closest to their program entry. If there are no records for that time, then we use the pre-JAIS and JAIS completed closest to program exit. Due to changes in the way data is captured and recorded, individual question level data from the pre-JAIS is not included for one youth in the DIY program, and individual question level data from the full JAIS assessment is not included for 33 youth in the DIY program. Assessment responses which were left blank by the interviewers have been removed.

PRINCIPAL SERVICES NEEDS

The full JAIS assessment asks youth to self-report their experiences pertaining to school, relationships, family, feelings, attitudes, plans and problems, while incorporating objective and quantifiable information. In the last section of the JAIS assessment, interviewers summarize their impression of the degree to which principal service needs contributed to the youth's legal issues.

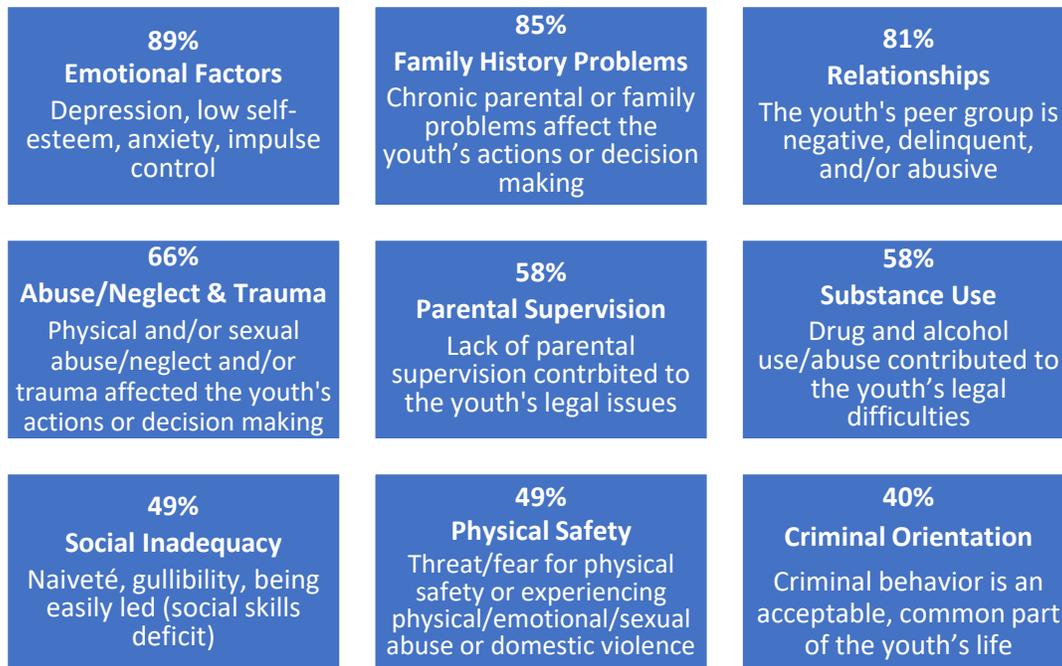
For each indicator, youth are rated as having risks and needs that are highly significant, significant, somewhat significant, of minor significance, or not significant. In the summary below, we combine the scores "highly significant" and "significant" to capture the percentage of youth with specific principal service needs that contribute to their legal issues.

See Appendix A: Supplemental Scoring Guide: JAIS Interview Impressions for more information about interviewer impressions and the corresponding significance ratings.

FEMALES

Among females who exited the DIY program between 2015 and 2021, the top service needs that contributed to their legal issues are outlined in the figure below. For many youths, their principal service needs are concurrent. Comparing principal service needs across years, 80 to 100 percent of females had significant to highly significant family history problems and emotional factors each year, excluding 2017 (two out of three females, or 67 percent, had significant to highly significant family history problems and emotional factors in 2017). Relationships were a top service need for 100 percent of girls in 2015 (n=2), 2016 (n=7) and 2017 (n=3), followed by 73 percent of girls in 2018 (n=8), 82 percent of girls in 2019 (n=9), 60 percent of girls in 2020 (n=6), and 89 percent of girls in 2021 (n=8).

Figure 22: Top Principal Services Needs for Females (n=53)

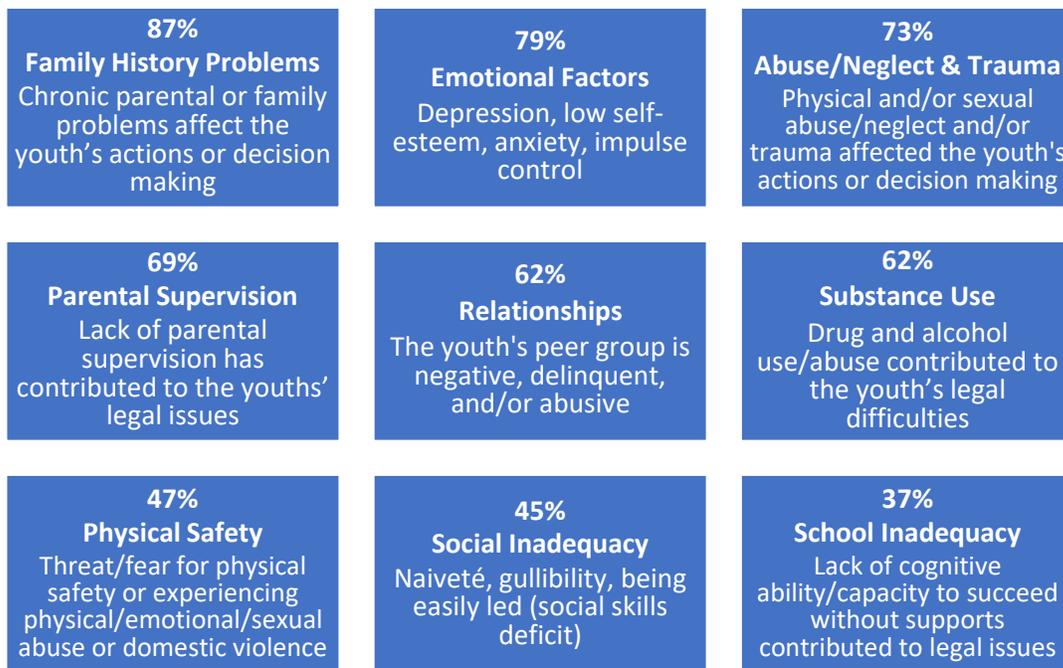


Compared to all females in the DIY population, recidivated females show a higher percentage of principal services needs in some areas. Ninety percent of recidivated females' assessments demonstrated principal service needs related to family history problems, 70 percent related to drug use, and 50 percent for criminal orientation, all of which are higher than the general female DIY population (outlined in Figure 22).

MALES

Among males who exited the DIY program between 2015 and 2021, the top service needs that contributed to their legal issues are outlined in the figure below. Comparing principal service needs across years, family history problems were a top service need among 80 percent of males in 2016 (n=4), 93 percent of males in 2017 (n=13), 100 percent of males in 2018 (n=19), 93 percent of males in 2019 (n=13), 79 percent of males in 2020 (n=15), and 77 percent of males in 2021 (n=10). There was more variability in principal service needs related to emotional factors and abuse, trauma, and neglect for males across the years. Recently, 74 percent of males (n=14) in 2020 and 62 percent of males in 2021 (n=8), had principal service needs related to emotional factors. Sixty-three percent of males in 2020 (n=12) and 54 percent of males in 2021 (n=7) had principal service needs related to abuse, neglect and trauma.

Figure 23: Top Principal Services Needs for Males (n=86)



SUPERVISION STRATEGIES

In addition to identifying recidivism risk, the JAIS incorporates a supervision strategy model and determines the best approach to supervision for each youth. The JAIS assessment is conducted as a one-on-one interview, focusing on the underlying motivation of youth behavior and includes one of the four types of supervision strategies: selective intervention, casework control, environmental structure, and limit setting.

Selective Intervention: Youth identified as necessitating the selective intervention supervision strategy are generally in need of support resolving internal stressors or problems, where the intervention focuses on reengagement with school, peers, and activities.

Casework Control: Youth identified as necessitating the casework control supervision strategy when they are experiencing general instability in their lives and struggle with chronic adjustment problems. Casework control seeks to increase stability, stop drug and alcohol abuse, and help youth modify negative attitudes by fostering their ability to recognize and correct self-defeating behavior.

Environmental Structure: The environmental structure supervision strategy seeks to improve low impulse control, as well as social and survival skills, by limiting contact with negative peer influences and focusing on realistic educational planning.

Limit Setting: Youth are placed in the limit setting supervision strategy because their JAIS assessment indicates they are motivated by power, money, and excitement. The goals of this intervention are to increase youth's pro-social values and help them employ new attitudes in school and their environment, more broadly.

See Appendix B: JAIS Supervision Strategy Groups Overview for more information about supervision strategies as outlined in the JAIS.

FEMALES

Comparing supervision strategies for duplicated females who exited the DIY program from 2015 through 2021, in the table below, 40 percent of females assessed were assigned to the casework control supervision strategy (n=21), 34 percent of females were assigned to the selective intervention supervision strategy (n=18), 21 percent were assigned to the limit setting supervision strategy (n=11), and six percent to the environmental structure supervision strategy (n=3).

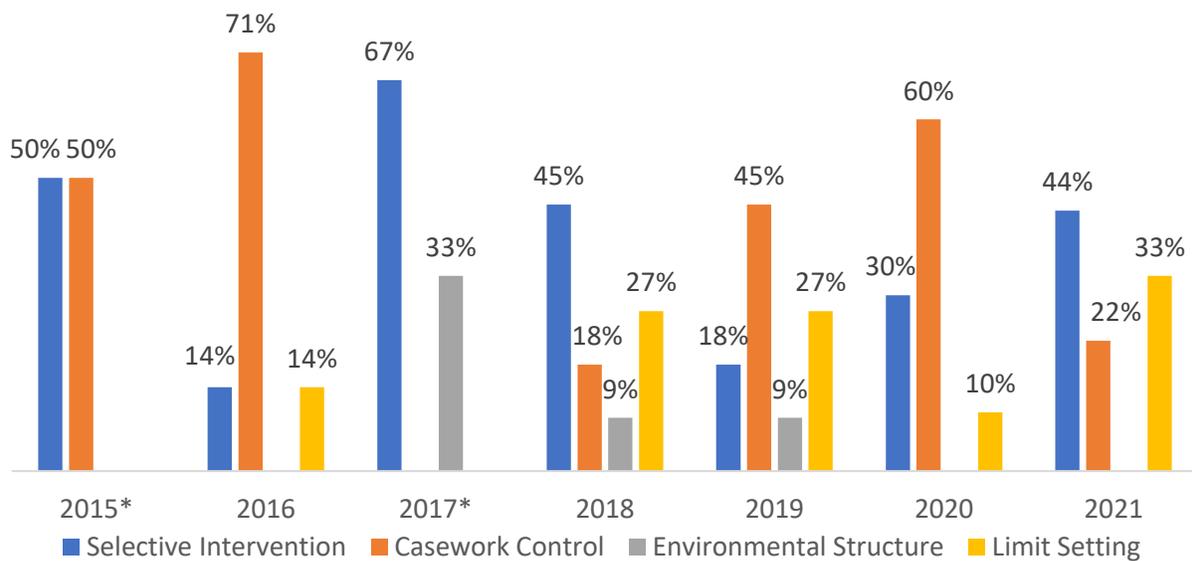
Looking at duplicated assessments (n=10) for seven unduplicated females who recidivated (females who have a sustained petition following their DIY program end date), 30 percent were assigned to the selective intervention supervision strategy, 40 percent to casework control, and 30 percent to limit setting. On average, females who recidivated were more likely to have been placed in the limit setting supervision strategy than females who did not recidivate.

Table 6: Supervision Strategies for Females by Year (n=53)

Supervision Strategies	Selective Intervention	Casework Control	Environmental Structure	Limit Setting
2015	1 (50%)	1 (50%)	0 (0%)	0 (0%)
2016	1 (14%)	5 (71%)	0 (0%)	1 (14%)
2017	2 (67%)	0 (0%)	1 (33%)	0 (0%)
2018	5 (45%)	2 (18%)	1 (9%)	3 (27%)
2019	2 (18%)	5 (45%)	1 (9%)	3 (27%)
2020	3 (30%)	6 (60%)	0 (0%)	1 (10%)
2021	4 (44%)	2 (22%)	0 (0%)	3 (33%)
Total	18 (34%)	21 (40%)	3 (6%)	11 (21%)

Looking at the spread of supervision strategies by year from 2015 to 2021 (Figure 24), females were only assigned to the environmental structure strategy in 2017 (n=1), 2018 (n=1), and 2019 (n=1). Looking at the last two years, 60 percent of females who exited DIY in 2020 (n=6) were in the casework control category, which decreased to 22 percent in 2021 (n=2). Thirty percent of females exiting in 2020 (n=3) were assigned the selective intervention strategy, followed by 44 percent in 2021 (n=4). Ten percent of females exiting in 2020 were assigned to the limit setting strategy (n=1), followed by thirty-three percent in 2021 (n=3).

Figure 24: Supervision Strategies for Females, Percentage by Year (n=53)



**Note: The number of females in 2015 (n=2) and 2017 (n=3) was very low and may not reveal a trend.*

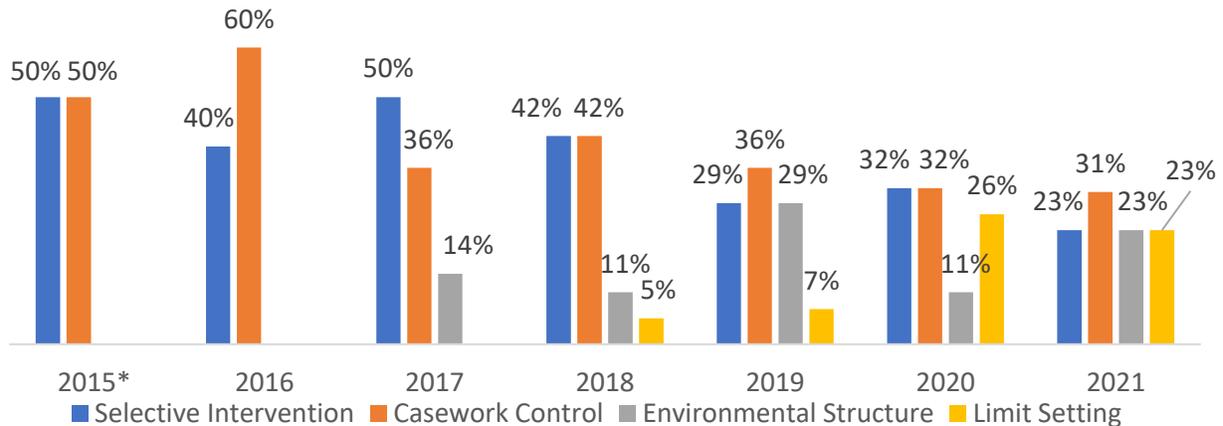
MALES

For males who exited the DIY program between 2015 and 2021, 37 percent were assigned to the casework control supervision strategy (n=32), 36 percent were assigned to the selective intervention strategy (n=31), 15 percent to environmental structure (n=13), and 12 percent to limit setting (n=10). These figures do include duplicate assessments for males who exited and reentered the DIY program. Looking at duplicated assessments (n=43) for 33 unduplicated males who recidivated (males who have a sustained petition following their DIY program end date), 46 percent were assigned to the casework control supervision strategy, 28 percent were assigned to selective intervention, 19 percent to environmental structure, and seven percent to limit setting. On average, males who recidivated were more likely to have been placed in the casework control supervision strategy than males who did not recidivate.

Table 7: Supervision Strategies for Males by Year (n=86)

Supervision Strategies	Selective Intervention	Casework Control	Environmental Structure	Limit Setting
2015	1 (50%)	1 (50%)	0 (0%)	0 (0%)
2016	2 (40%)	3 (60%)	0 (0%)	0 (0%)
2017	7 (50%)	5 (36%)	2 (14%)	0 (0%)
2018	8 (42%)	8 (42%)	2 (11%)	1 (5%)
2019	4 (29%)	5 (36%)	4 (29%)	1 (7%)
2020	6 (32%)	6 (32%)	2 (11%)	5 (26%)
2021	3 (23%)	4 (31%)	3 (23%)	3 (23%)
Total	31 (36%)	32 (37%)	13 (15%)	10 (12%)

Comparing supervision strategies for males across years (Figure 25), most males from 2015-2017 were in the selective intervention supervision strategy (50 percent in 2015, 40 percent in 2016 and 50 percent in 2017) or the casework control strategy (50 percent in 2015, 60 percent in 2016, and 36 percent in 2017). Zero males were assigned to environmental structure from 2015-2016, and zero males were assigned to limit setting from 2015-2017. Since 2018, a greater percentage of males have been assigned to the environmental structure strategy (11 percent in 2018, 29 percent in 2019, 11 percent in 2020, and 23 percent in 2021) and the limit setting strategy (five percent in 2018, seven percent in 2019, 26 percent in 2020 and 23 percent in 2021).

Figure 25: Supervision Strategies for Males, Percentage by Year (n=86)

**Note: The number of males in 2015 (n=2) is very low and may not reveal a trend.*

JAIS IMPLICATIONS

While the number of females who recidivated was too few to conduct meaningful statistical tests, analysis of JAIS data for DIY males did indicate there is a statistically significant relationship between recidivism risk scores and recidivism.

Additionally, there is consistency in the principal services needs that emerged for females and males from 2015 through 2021. Cumulatively, the top four principal service needs for females are emotional factors, family history problems, relationships, and abuse/neglect and trauma. Similarly, the top four principal service needs for males are family history problems, emotional factors, abuse/neglect and trauma, and parental supervision. Program and service interventions should continue to address these needs.

One area for continued research in the future is to compare program outcomes (i.e. successful vs. unsuccessful completion of the DIY program) and recidivism to supervision strategy. Since the application of supervision strategies has been more varied in recent years for DIY females and males, it will be helpful to evaluate outcomes for these youth to ensure the supervision strategies address their criminogenic needs.

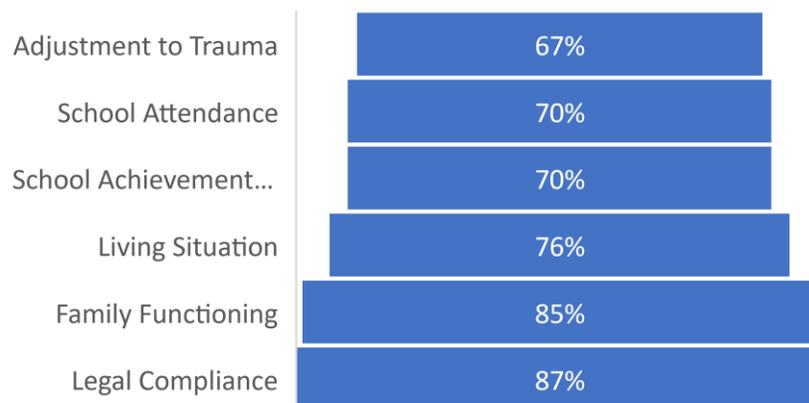
CANS

Data captured in this report consists of 54 initial CANS conducted within the DIY Unit. The de-identified client-level data scores analysis represents an initial look at the CANS rating of youth entering the DIY Unit which is then incorporated into the CFT meeting in support of service planning. CANS items presented in this report include the highest rated needs across five CANS domains: life functioning, behavioral/emotional functioning, risk behaviors, cultural factors, strengths, and caregiver needs and resources.

YOUTH NEEDS

The figure below reflects the top needs for Youth in the DIY program as identified during the CFT meeting, with the most significant needs being legal compliance (87 percent), family functioning (85 percent), and living situation (76 percent).

Figure 26: Most Common Needs at Enrollment



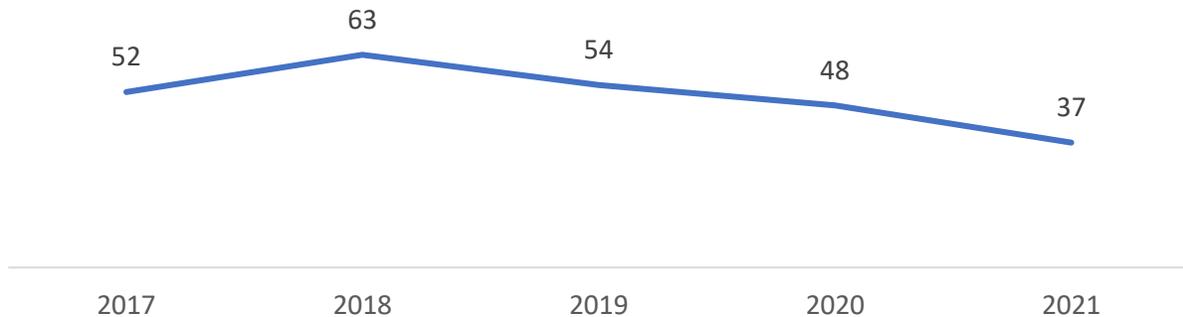
PROCESS MEASURES

WIC 241.1 ASSESSMENTS

WIC Section 241.1 referrals are reviewed by both the Department of Family and Children’s Services (DFCS) and Juvenile Services Division (JPD) Supervisors of the Dually Involved Youth (DIY) Unit to determine if the DIY Unit will conduct the joint assessment and provide the report to the Juvenile Court. Once a case is accepted, the DIY Unit goes through a Child and Family Team Meeting (CFT), which will result in a joint recommendation for the 241.1 report.

Due to the growing expertise from the DIY Unit staff, the unit started completing all 241.1 assessments in the County and making joint recommendations to the court beginning in February 2017. The figure below shows the number of 241.1 assessments completed by the unit from 2017-2021.

Figure 27: Number of Completed WIC 241.1 Assessments 2017-2021



LONG-TERM OUTCOMES FOR YOUTH

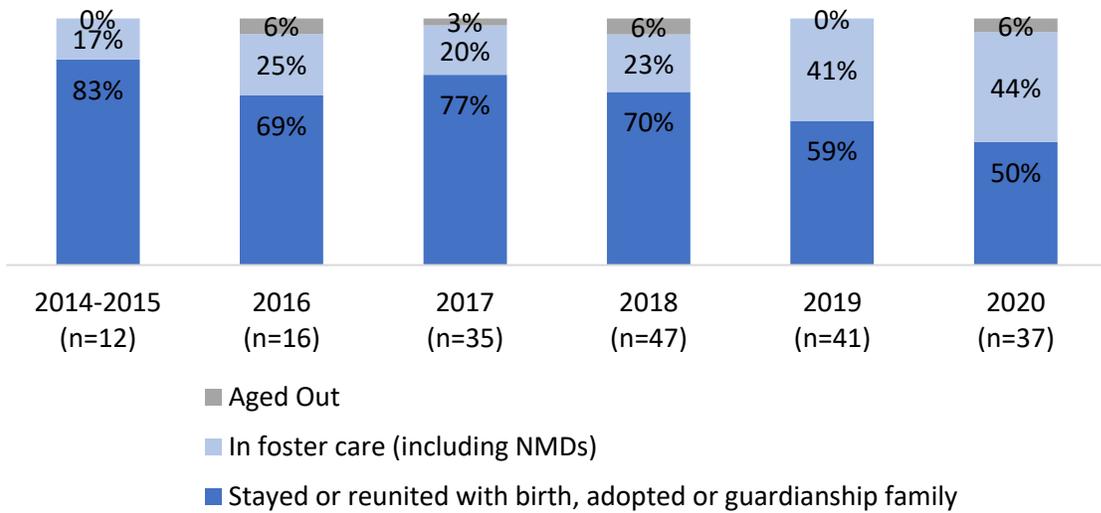
The following section describes long term outcomes for youth in the DIY Unit.

PLACEMENT STABILITY

Indicators for placement stability include permanency, foster care entry or re-entry, and number of placements. The analysis looked at outcomes within 12 months after the DIY program ended for the youth. Given this time period, the analysis excluded exit cohort 2021 because their 12-month post-service data were not yet available at the time of this report.

Recent cohorts of youth experienced positive trends of lower foster care entry/re-entry and fewer placement changes after the DIY program.

Figure 28: Placement Stability



PERMANENCY

Permanency outcomes show the percentages of youth who, within 12 months after their DIY program ended: a) were reunited or stayed with their birth, adopted, or guardianship families, or b) were still in foster care (including non-minor dependents (NMDs), i.e., youth 18 years or above who are in foster care), or c) were aged out (youth turned 18 years old and not in foster care).

The figure above shows the percentages of the three permanency outcomes above within each exit cohort at the end of 12 months after their DIY program ended. The graph showed that more recent cohorts had lower percentages of youth who stayed or were reunited with their birth, adopted or guardianship

families, and higher percentages of youth who stayed in foster care 12 months after their DIY program ended.

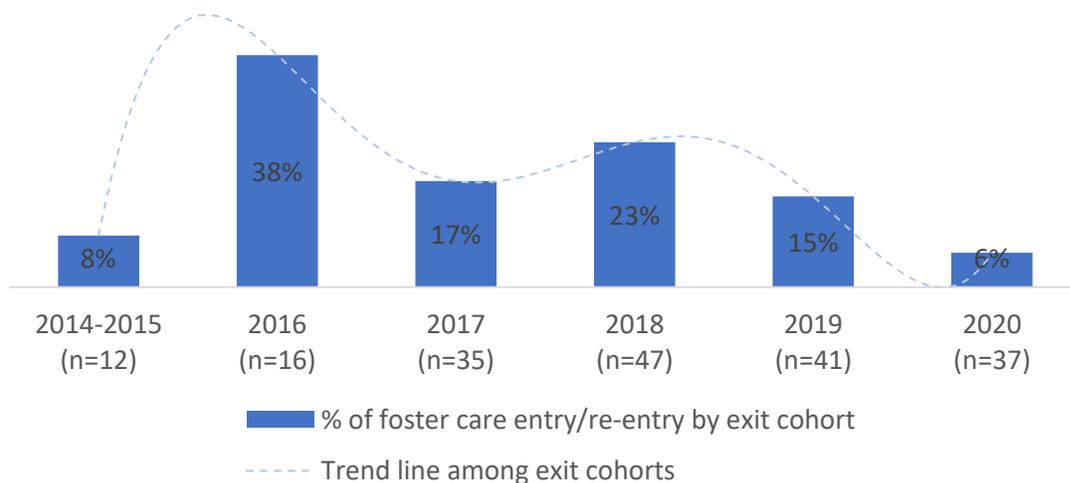
The trend above appears to indicate a decline in permanency associated with returning to, or being maintained, in a family of origin and longer stays in care. A number of factors potentially impacting this trend is an increase in youth committing serious offenses in recent years, increase in level of case complexity (youth with multi-system involvement), and the impact of COVID delayed system interventions and consequences. Additionally we are seeing a pattern of an increased number of youth opting for the benefits of non-minor dependent status (i.e., opting to stay in foster care after they turn 18 years old) for continued support and independence.

FOSTER CARE ENTRY/RE-ENTRY

This indicator shows the percentage of youth who entered or re-entered foster care within 12 months after their DIY program ended. A few youth entered foster care for the first time, which meant they were living with their birth/adopted/guardianship families while they were in the DIY program. Re-entering foster care meant they had been in care in the past, then reunited with their families or achieved permanency through adoption/guardianship, and then re-entered foster care.

The figure below shows the percentage of youth within each exit cohort that entered/re-entered foster care within 12 months after the DIY case closed. The graph showed that while in the earlier cohorts this indicator was fluctuating, the more recent three cohorts demonstrated a positive trend of lower entry/re-entry into foster care.

Figure 29: Entry/Re-entry into Foster Care within 12 months after DIY Program Ended



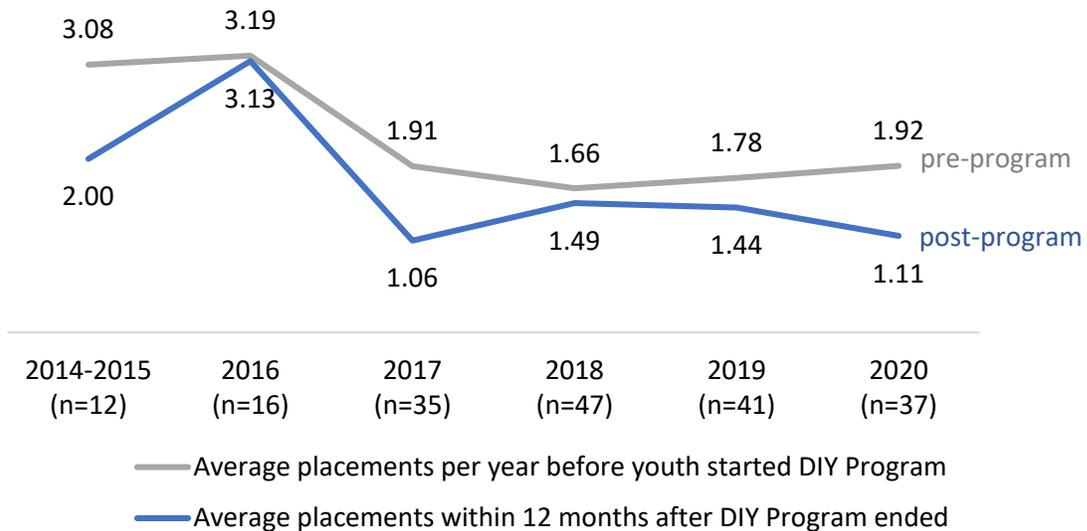
Factors influencing this positive trend may be attributed to an increase in families experiencing success in reunifying and avoiding re-entry into Foster Care. The DIY team inclusive of Probation, DFCS, and Behavioral Health work together to prepare families to stay together without system involvement.

Ongoing regular CFTs root out causes of family conflict and strategize reducing tensions, improving communication, and managing triggering behaviors. Additionally, the DIY team emphasizes building the family’s use of natural and community support networks. Families are also referred for Intensive Permanency Services and/or partnering with available service providers and community.

NUMBER OF PLACEMENTS

This indicator shows the average number of placements within 12 months after the DIY program ended, compared to how it was before youth started the DIY program. To provide a more comprehensive picture

Figure 30: Average Number of Placements & Non-Foster Care Facilities Before and After the DIY Program



of the youth’s placement changes, this indicator includes both foster care placements and non-foster care facilities. Examples of foster care placements are relative homes, resource family homes, or a Short-Term Residential Therapeutic Placement (STRTP). Examples of non-foster care facilities are juvenile halls or medical facilities.

The figure below shows a trend towards placement stability, where the average number of placements *after* the DIY program ended was consistently lower than *before* youth started the DIY program. This means that, on average, a youth went through fewer placement changes after the DIY program. Further, for the previous three cohorts, we can observe that the post-program placement average had a declining trend even though the pre-program average had an increasing trend. The gray line shows the average number of placements that youth have per year before they started the DIY program. The blue line shows the average number of placements within 12 months after the end of the DIY program.

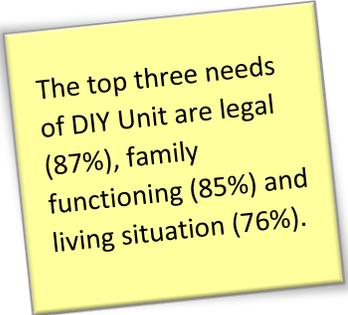
The figure above delineates a decrease in the number of foster care placements and non-foster care placements when comparing youth before and after being served in the DIY unit. Youth affected by the onset of trauma and family instability leads to multiple placements as the youth struggle to emotionally connect or have their needs met by an identified caregiver. Once coming to the attention of the Juvenile

Justice system, being detained, and the court ordering a 241.1 report, families benefit from intensive case management in an attempt to stabilize the family in crisis. The DIY team engaged with the youth and worked on goal setting, including housing and placement. The intensive and integrated case management services provided by the DIY team provides more ongoing in- person support for the youth to build a meaningful relationship with the team and in turn have more engagement when connecting and stabilizing with an identified caregiver. Youth become accustomed to having a team working with them and on their behalf, preparing them for post DIY involvement.

BEHAVIORAL HEALTH (SOCIAL/EMOTIONAL HEALTH AND WELLBEING)

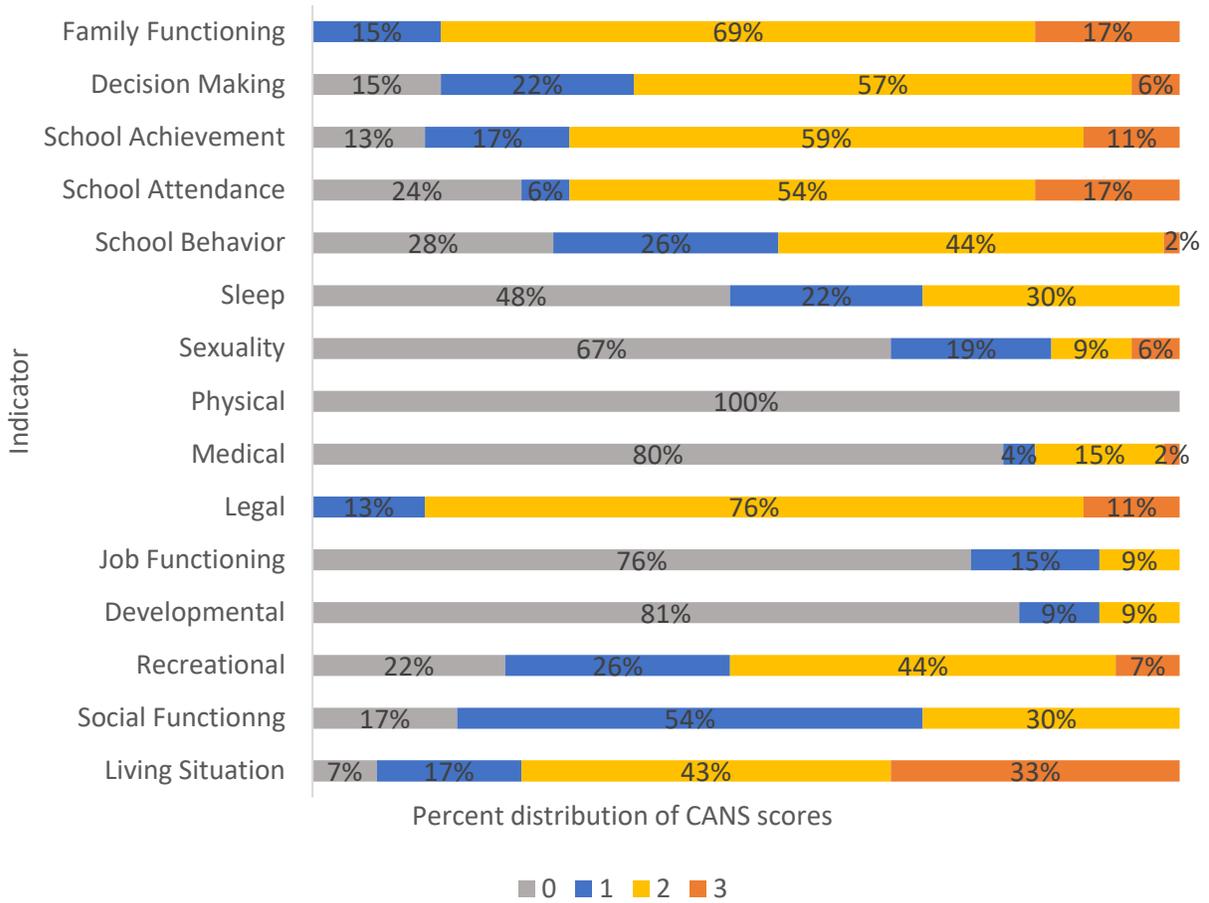
This analysis represents an initial look at CANS ratings of youth in the DIY unit, as a starting point to answer the question, "What level of clinical need is evident in youth served in the DIY unit as documented by the initial CANS?" CANS domains evaluated in this report include life functioning, behavioral/emotional functioning, and risk behaviors.

The life functioning domain (figure below) focuses on different social, family, and living needs that may impact youth's day to day functioning. Items rated as 2 or 3 indicate needs where action and intervention may be warranted. The highest need (87%) for youth is related to their involvement in the legal/criminal justice system which is to be expected as an assessment outcome since all youth have current justice system involvement. Other areas of high need are current living situation (76%) and family functioning (85%). This speaks to the urgency around placement needs and disruptions in placement for youth coming to the attention of the DIY unit. School attendance is also a predominant need (70%), leading to a ripple effect and additional needs in the areas of school achievement (70%), school behavior (46%), and other educational related items measured by the CANS. Challenges with school attendance tend to be for multiple reasons, such as choosing not to attend, placement changes, school changes, needs of the family, transportation, etc.



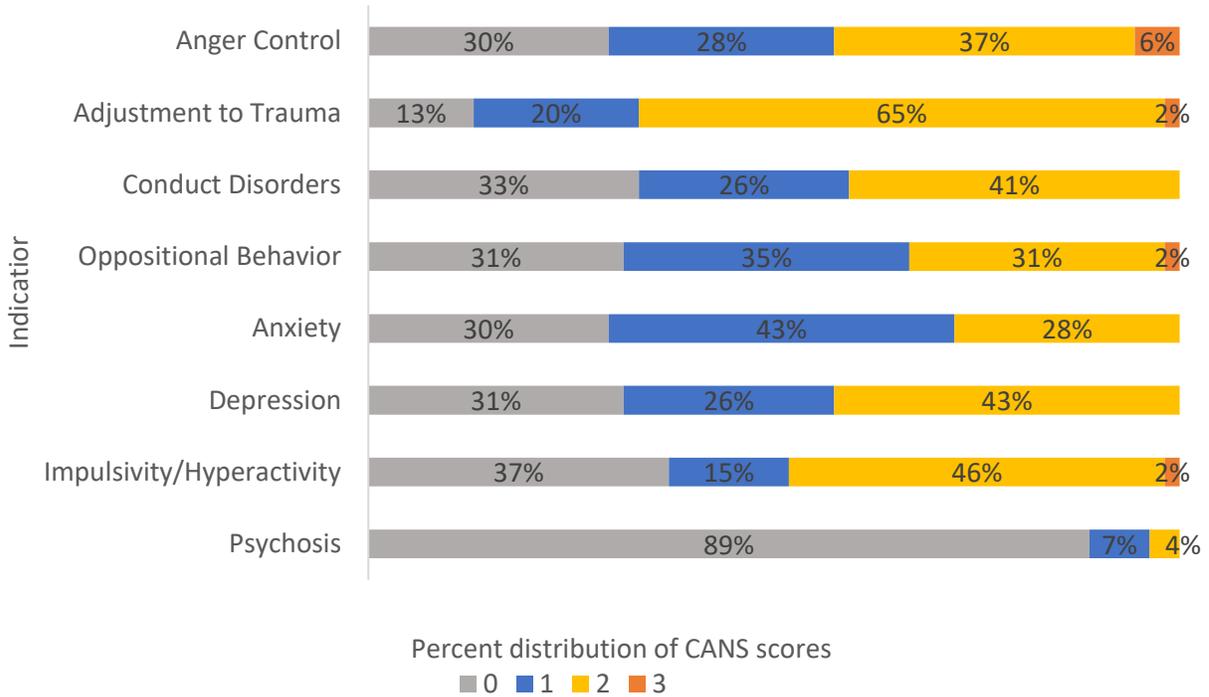
The top three needs of DIY Unit are legal (87%), family functioning (85%) and living situation (76%).

Figure 31: Life Functioning Domain



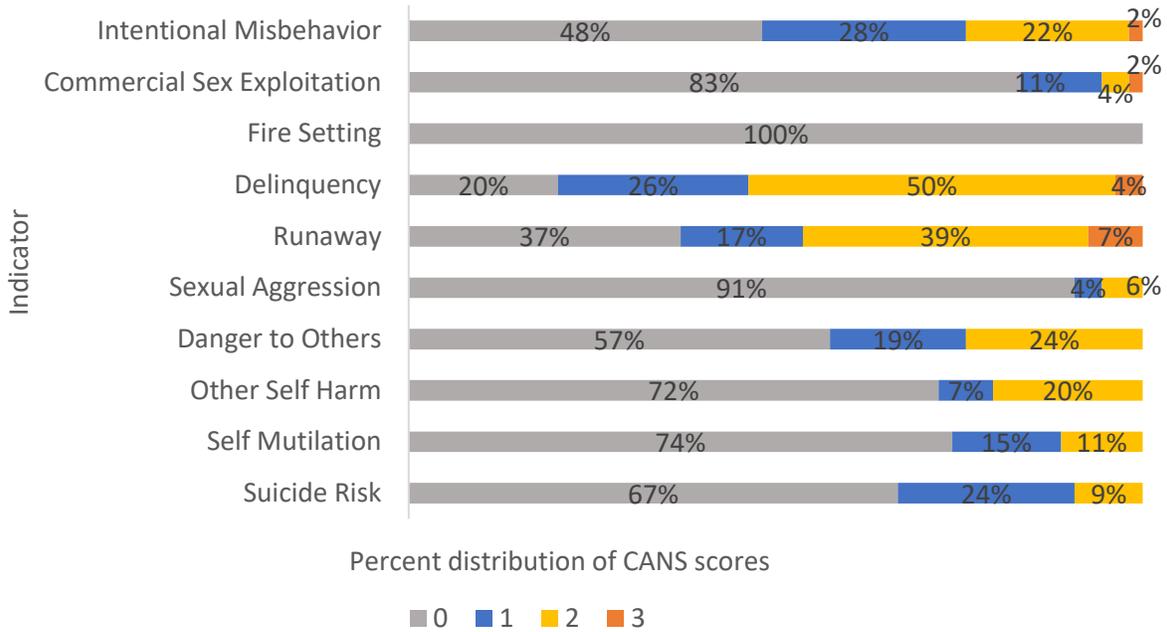
Many of the behavioral and emotional indicators (figure below) reflect needs consistent with mental health symptomology. The most prominent item in the behavioral/emotional needs domain for youth in the DIY program is adjustment to trauma (67%).

Figure 32: Behavioral/Emotional Needs Domain



The risk behaviors domain (figure below) identifies behaviors that can lead youth on the pathway to negative activities and/or put them in danger of harming themselves or others. This domain is particularly helpful in understanding and planning to help reduce or prevent behaviors that can lead to involvement in the Juvenile Justice system. Predominant action items in the risk behaviors include delinquent behaviors (54%), runaway behaviors (46%), and suicide risk (9%). Behavioral health supports are included in the service provision for DIY to address behavioral, emotional, and risk needs.

Figure 33: Risk Behaviors Domain



RECIDIVISM

RECIDIVISM RISK & NEEDS OF YOUTH WHO RECIDIVATE

During the pre-JAIS, all youth are evaluated for risk of recidivism to determine if the youth are low-, moderate-, or high-risk for re-offending.

FEMALES

The initial risk assessment for females contains eight questions and generates a recidivism risk category and risk score for the youth. Questions address peer relationships, stability in school, substance use, and prior legal trouble.

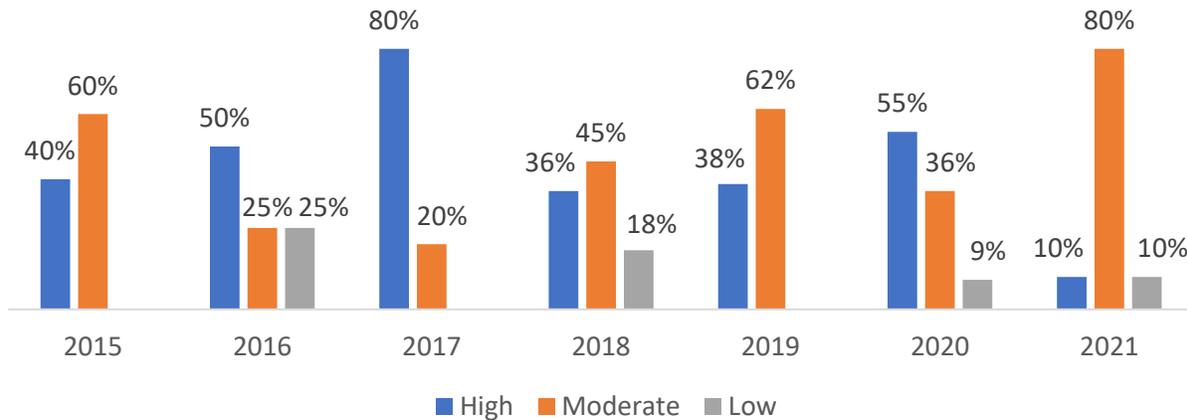
The initial pre-JAIS risk assessment was completed for 63 duplicated females who exited the DIY program from 2015 to 2021. Looking at females cumulatively from 2015 through 2021, 41 percent (n=26) were found to be at high risk of recidivism, while 49 percent (n=31) were found to be at moderate risk of recidivism, and 10 percent (n=6) were found to be at low risk.

Looking at the recidivism risk from 10 pre-JAIS assessments for seven unduplicated females who did recidivate (females who have a sustained petition following their DIY program end date), 30 percent were deemed high risk, followed by 40 percent at moderate risk and 30 percent at low risk. Compared to the overall population of females, the group of females who recidivated had slightly lower average recidivism risk levels than the full DIY female population.

Table 8: Pre-JAIS Risk Level for Females by Year (n=63)

Risk Level	High	Moderate	Low
2015	2 (40%)	3 (60%)	0 (0%)
2016	4 (50%)	2 (25%)	2 (25%)
2017	4 (80%)	1 (20%)	0 (0%)
2018	4 (36%)	5 (45%)	2 (18%)
2019	5 (38%)	8 (62%)	0 (0%)
2020	6 (55%)	4 (36%)	1 (9%)
2021	1 (10%)	8 (80%)	1 (10%)
Total	26 (41%)	31 (49%)	6 (10%)

The figure below captures trends in recidivism risk level by year from 2015 through 2021. Comparing females who exited in 2020 to females who exited in 2021, we see that 55 percent of females (n=6) were considered high risk in 2020, which dropped to 10 percent in 2021 (n=1). Thirty-six percent of females (n=4) exiting in 2020 scored as moderate risk, which jumped to 80 percent (n=8) in 2021.

Figure 34: Pre-JAIS Risk Level for Females, Percentage by Year (n=63)

MALES

The initial JAIS risk assessment for males contains 10 questions and generates a risk level category as well as a risk score for each youth. Questions address history of school discipline, nature of peer relationships, substance use, history of abuse/neglect, prior legal trouble, parent/sibling criminality and parental supervision.

The initial pre-JAIS risk assessment was completed for 111 males who exited the DIY program from 2015 to 2021. Looking at males cumulatively from 2015 through 2021, 50 percent (n=55) were found to be a

high risk of recidivism, while 41 percent (n=46) were found to be at moderate risk of recidivism, and nine percent (n=10) were found to be at low risk.

Looking at duplicated pre-JAIS risk levels (n=45) for 40 unduplicated males who recidivated from 2014 to 2021 (males who have a sustained petition following their DIY program end date), 60 percent of the assessments placed this group at high risk of recidivism, followed by 36 percent at moderate risk, and four percent at low risk. While there is not a statistically significant difference in risk level when comparing recidivated and non-recidivated males in the DIY program, we did find a statistically significant difference in the pre-JAIS risk score (which are associated with the risk level) for recidivated and non-recidivated males.⁵ This finding indicates that higher risk scores may help us predict which males are more likely to recidivate, and that it's unlikely this difference occurred by chance.

Table 9: Pre-JAIS Risk Level for Males by Year (n=111)

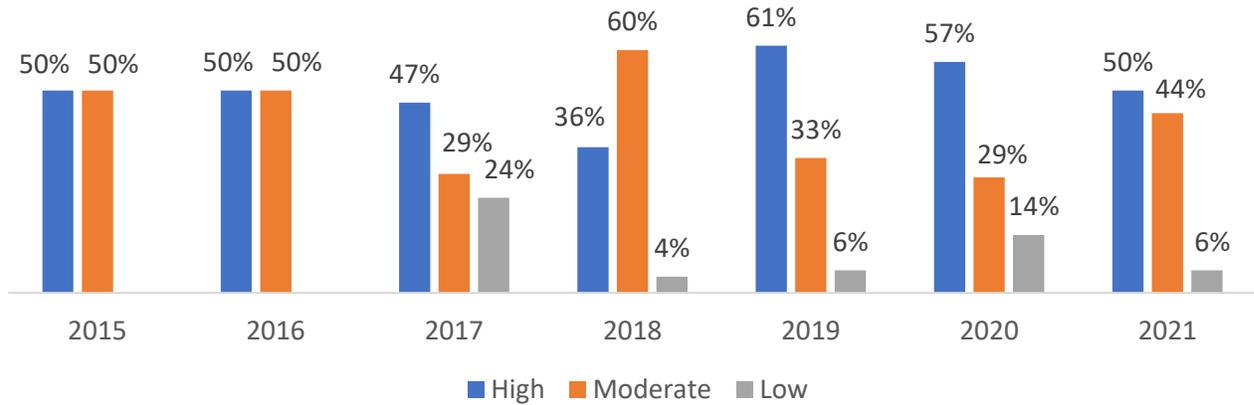
Risk Level	High	Moderate	Low
2015	2 (50%)	2 (50%)	0 (0%)
2016	4 (50%)	4 (50%)	0 (0%)
2017	8 (47%)	5 (29%)	4 (24%)
2018	9 (36%)	15 (60%)	1 (4%)
2019	11 (61%)	6 (33%)	1 (6%)
2020	12 (57%)	6 (29%)	3 (14%)
2021	9 (50%)	8 (44%)	1 (6%)
Total	55 (50%)	46 (41%)	10 (9%)

Males who recidivated had significantly higher risk scores on their pre-JAIS assessments than all DIY males.

The figure below captures trends in recidivism risk level by year from 2015 through 2021. While risk trends for females varied widely by year, risk levels for males were more consistent over time. Excluding 2017 and 2018, 50 percent or more males exiting DIY scored at high risk of recidivism on their initial pre-JAIS screening. In recent years, we see that males at high risk of recidivism decreased from 61 percent in 2019 (n=11), to 57 percent in 2020 (n=12), and 50 percent in 2021 (n=9). Conversely, we see males at moderate risk moved from 33 percent in 2019 (n=6), and 29 percent in 2020 (n=6), and up to 44 percent in 2021 (n=8).

⁵ We conducted an independent samples *t*-test to compare recidivism risk scores for recidivated and non-recidivated males and found that recidivated males (M=9.49, SD=3.328) had significantly higher risk scores than non-recidivated males (M=7.63, SD=3.665) in the DIY program from 2014 through 2021, $t(111)=2.733$, $p=.007$.

Figure 35: Pre-JAIS Risk Level for Males, Percentage by Year (n=111)



Males who recidivated and have a sustained petition following their DIY program end date have a higher percentage of principal services needs in some areas when compared to all males in the

Males who recidivated are significantly more likely to have principal services needs related to abuse, neglect and trauma.

DIY population. Eighty-eight percent of recidivated males have principal service needs related to abuse, neglect and trauma compared to 73 percent of all DIY males, which reflects a statistically significant difference.⁶ Eighty-six percent of recidivated males’ assessments demonstrated principal service needs related to emotional factors compared to 79 percent of all DIY males. Higher than DIY males on average (outlined in Figure 23), 77 percent of recidivated males had principal service needs related to parental supervision, 70 percent for relationships, 56 percent for physical safety, and 47 percent for criminal orientation.

⁶ A chi square test of independence was performed to assess the relationship between recidivation and principal service needs. There was a significant relationship between recidivation among males, and significant needs related to abuse, trauma and neglect, $\chi^2 (1, N=87) = 9.56, p=.002$.

RECIDIVISM OVER TIME

One of the goals of the Dually Involved Youth Initiative Framework is to reduce recidivism. This section exclusively examines sustained petition rates for youth in the DIY program. For the purposes of this report, recidivism is defined in two time periods for the purpose of program improvement, as a subsequent sustained petition while in the DIY Unit or after exiting the DIY Unit.⁷ The tables below include the total number of youth with sustained petitions in each cohort year by each time period: during DIY support and programming and post-DIY.⁸

NEW OFFENSES DURING THE PROGRAM

The table below shows the percentage of youth who received sustained petitions while in the DIY Unit by program cohort years⁹. For youth who exited in 2014 and 2015, none recidivated during the DIY program. The recidivism rate is highest for those who exited DIY in year 2018, 10 youth out of 35 (29 percent). This year also had the highest number of youth exiting the program compared to 2014 through 2021.

Table 10: Recidivism During DIY by Program End Date Cohort Years

Sustained Petition	2014 (n=3)	2015 (n=9)	2016 (n=17)	2017 (n=22)	2018 (n=35)	2019 (n=31)	2020 (n=33)	2021 (n=30)	Grand Total (n=180)
During DIY	0 (0%)	0 (0%)	3 (18%)	3 (14%)	10 (29%)	3 (10%)	7 (21%)	4 (13%)	30 (17%)

NEW OFFENSES AFTER DIY PROGRAM EXIT

The table below includes the percentage of youth who received sustained petitions after exiting the DIY Unit. In 2014, one of three youth recidivated after program exit (33 percent). The percentage seems high, considering the small number of youth in the 2014 cohort. Youth who exited in 2017 had the next highest recidivism rate after exiting, 32 percent, seven of 22 youth. The recidivism rate declined continuously after 2017 to seven percent in 2021.

⁷ The Board of State and Community Corrections (BSCC) defines recidivism as a new law violation that gets sustained. Any new offense/arrest not resulting in a sustained petition is excluded from this analysis.

⁸ Recidivism rates based on youth with sustained petitions.

⁹ DIY Program End Date

Table 11: Recidivism After DIY by Program End Date Cohort Years

Sustained Petition	2014 (n=3)	2015 (n=9)	2016 (n=17)	2017 (n=22)	2018 (n=35)	2019 (n=31)	2020 (n=33)	2021 (n=30)	Grand Total (n=180)
After DIY Exit	1 (33%)	1 (11%)	1 (6%)	7 (32%)	6 (17%)	5 (16%)	3 (9%)	2 (7%)	26 (14%)

WHAT WE KNOW ABOUT YOUTH WHO RECIDIVATE

Between all years, youth who exited in 2017 and 2018 held the highest recidivism rates, 41 percent and 43 percent, respectively. Recidivism declined from 2018 to 2021, from 43 percent to 20 percent. Considering all youth in the DIY program, only 31 percent recidivated.

Table 12: Recidivism During DIY and After DIY by Program End Date Cohort Years

Sustained Petition	2014 (n=3)	2015 (n=9)	2016 (n=17)	2017 (n=22)	2018 (n=35)	2019 (n=31)	2020 (n=33)	2021 (n=30)	Grand Total (n=180)
Grand Total	1 (33%)	1 (11%)	4 (18%)	10 (41%)	16 (43%)	8 (28%)	10 (24%)	6 (20%)	56 (31%)

SUSTAINED PETITION SEVERITY

The DIY Unit categorizes offense charges based on severity using a hierarchical matrix (see table below), with high values indicating higher-level offenses.

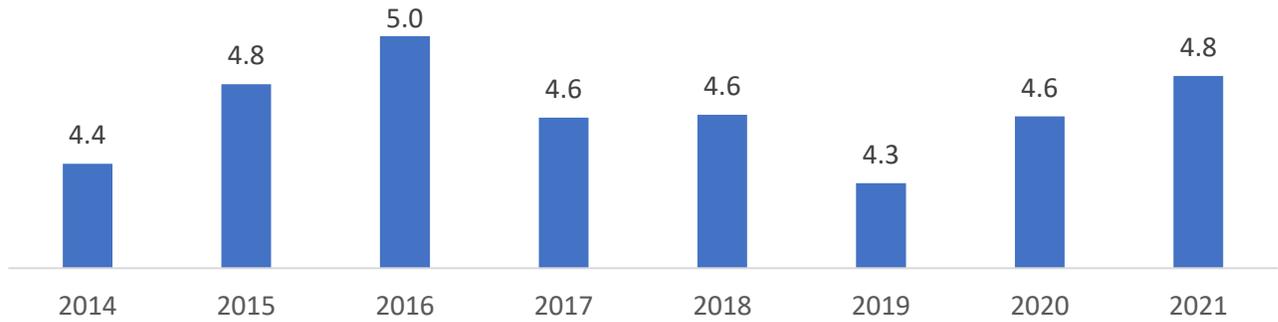
Table 13: Severity Range Scores for Offenses

Hierarchy Range Scores	Category	Subcategory
7	Felony Crimes Against People	Felony Assault: With A Deadly Weapon Felony Domestic Violence Felony Threats Homicide, Manslaughter/Attempted Kidnapping Other Felony Against People Other Felony Sex Offense Robbery
6	Weapon Crimes	Felony Shooting Felony Weapons Misdemeanor Weapons

Hierarchy Range Scores	Category	Subcategory
5	Other Crimes Against People	Misd. Assault, Fighting Misd. Domestic Violence Misd. Other Sex Offenses
4	Property Crimes	Burglary - 1st Degree Burglary - 2nd Degree Joyriding, Auto Tamper Other Felonies Other Misdemeanors Other Property Possession/Receiving Stolen Property Theft, Auto Theft, Grand Theft, Petty, Burglary Tools Theft, Petty; Burglary Tools Trespassing Private Property Vandalism, Malicious Mischief
3	Drugs, Alcohol Related Offenses	Drunk In Public/Liquor Other Drug/Alcohol Charges Possess/Sale of Drugs
2	Other Crimes	Escape Obstruction, Resisting Arrest, Disturbing Peace Other Felonies Other Misdemeanors Traffic Violations
1	Return From Other Status/Courtesy Hold/Other Admits	All Other Admits Ranch Failure Violation of Probation (VOP) – Failure to Obey (FTO) Warrant Arrest

For sustained petitions in 2014 to 2021, the average severity value was 4.6 for all youth in the DIY program. The following figure highlights the average severity of sustained petition offenses based on the offense dates.¹⁰ Offenses in 2016 and 2021 were more severe on average compared to all other years between 2014 to 2021. Offenses in 2014 and 2019 were less severe on average compared to all other years between 2014 to 2021. The average severity for sustained petitions before DIY was 4.5 and after DIY was 4.6.

¹⁰ Future reports will be able to examine severity of offenses by cohort years.

Figure 36: Severity of Sustained Petitions based on Offense Dates

VIOLATIONS OF PROGRAM

Violations of Probation (VOP) are not included in recidivism data, as they are not new offenses, but a violation of the Court's order(s) based on the current adjudicated offense. The table below includes the number of Youth in the DIY program who had a violation of probation initiated by cohort year. Overall, for those Youth in the DIY program who exited DIY between 2014 to 2021 there were a total of 36 unique youth who had violations of probation initiated.

Table 14: Number of Youth in the DIY Program with an initiated Violation of Probation by Cohort Year

	2014 (n=3)	2015 (n=9)	2016 (n=17)	2017 (n=22)	2018 (n=35)	2019 (n=31)	2020 (n=33)	2021 (n=30)	Grand Total (n=180)
Violations of Probation	1 (33%)	1 (11%)	5 (29%)	6 (27%)	13 (37%)	3 (10%)	6 (18%)	1 (3%)	36 (20%)

APPENDICES

APPENDIX A: SUPPLEMENTAL SCORING GUIDE: JAIS INTERVIEW IMPRESSIONS



Supplemental Scoring Guide: JAISTM Interviewer Impressions

Table 15: JAISTM Interviewer Impressions

(a)	(b)	(c)	(d)	(e)
<p>(a) means a highly significant factor contributing to the youth's illegal behavior</p> <p>Were it not for this factor, the youth would not be in legal trouble.</p>	<p>(b) means a significant factor contributing to the youth's illegal behavior but not the most significant factor</p>	<p>(c) means a somewhat significant factor contributing to the youth's illegal behavior but definitely not the most significant factor</p>	<p>(d) means a factor having minor significance in contributing to the youth's illegal behavior</p>	<p>(e) means a factor that does NOT contribute significantly to the youth's illegal behavior</p>

ITEM

Social Inadequacy: Social inadequacy refers to youth who get into trouble because of factors such as naiveté, gullibility, etc. These factors cause them to be easily led by more sophisticated companions and/or to commit offenses either out of ignorance as to what is expected of them or because they are unable to figure out solutions to their problems. Such youth are unsophisticated and have little insight into their own behavior or the behavior or motives of others.

Vocational Inadequacy: Youth who score an (a) on vocational inadequacy are those who are unable to obtain reasonably paying and relatively permanent employment and who get into legal trouble because of this. They not only lack job skills but lack the normal capacity to learn job skills and to find jobs. (A youth who has the capacity to obtain and maintain reasonably paying employment, *but* who chooses *not* to, should *not* be rated as vocationally inadequate.)

Criminal Orientation: Criminal orientation refers to the youth's values and attitudes, not merely to the frequency of convictions. Youth who score an (a) in this area prefer to be criminals, think it is "cool" to

be a criminal, and look upon those who abide by the law as fools. These youth are as comfortable supporting themselves by illegal means as they are working (i.e., it does not hurt their conscience). This does not mean that they never work—simply that they are as comfortable “ripping off” as they are working.

Emotional Factors: Youth who score an (a) here are those who get into trouble with the law because of their emotional problems: depression, self-destructiveness, low self-esteem, anxiety, etc. An (a) on Emotional Factors indicates that the youth is an emotional mess—that his/her trouble with the law is just a further manifestation of this, e.g., the alcoholic who can’t stop drinking and gets another DWI.

The fact that a youth abuses alcohol/drugs does not necessarily mean that s/he should get an (a) on Emotional Factors. To get an (a), the chemical abuse must be a highly significant factor contributing to the law-breaking. To assist in determining this, ask: “Would the youth have done these offenses had s/he NOT been drinking (or on drugs)?” For example, “Would ‘Michael’ be selling drugs even if he were not using them?” If the answer is “Yes, he would be selling even if he were not using them”—i.e., his use of drugs is only incidental—then the Emotional Factors item should not be scored (a). If, on the other hand, your assessment is that Michael sells drugs only because of drug use, then you should score Emotional Factors as (a). In other words, reserve your (a) scores for the primary cause.

Do not consider antisocial attitudes and/or personality as emotional factors. These factors are considered “criminal orientation” rather than emotional factors.

While the “heat of passion” type of anger should be considered as a factor on the Emotional Factors item (e.g., someone who angrily responds to an immediate situation without thinking), do not consider a chosen life pattern of aggression as a factor on Emotional Factors. For example, the youth who packs weapons for the purpose of intimidating and dominating others, or who enjoys bullying and pushing others around, should be considered “criminally oriented” (the Criminal Orientation item).

Family History Problems: Youth who score an (a) in this section are those who get into trouble because they can’t seem to put the problems of their home life in childhood and adolescence behind them, and they continue to live out the destructive patterns begun in childhood, i.e., they seem to be carrying around all the family garbage. It is not so much the severity of the childhood chaos that is being measured here, but the impact that the negative events of childhood seem to be having on the youth and his/her trouble with the law.

Isolated Situation/Temporary Circumstance: Those who score an (a) on this item have gotten into trouble because of an isolated or temporary event or situation and it is unlikely they will re-offend. In other words, if you rate the youth as an (a) on this item, you will bet your last dollar that the youth has not been in this kind of trouble before nor will s/he be again. On the other hand, if you would bet your last buck that this isn’t the first-times/he has been in this kind of trouble and will be again, score an (e).

Interpersonal Manipulation: Youth who get an (a) on this one is the “classic con” types. They enjoy

“getting over” on others. They view interpersonal relationships in terms of power (e.g., who is in control, who is “one up,” etc.) rather than in terms of mutuality, caring, sharing, or love. On the contrary, they tend to use others in a callous sort of way. They like to feel powerful by lording it over others or pushing them around. These attitudes need to be a significant factor contributing to the youth’s legal difficulty for him/her to score an (a) on the Interpersonal Manipulation item.

APPENDIX B: JAIS SUPERVISION STRATEGY GROUPS OVERVIEW

The Probation Department utilizes an evidence-based tool called the Juvenile Assessment and Intervention System (JAIS) that weaves together a risk assessment and strengths and needs assessment. As well as analyzing risks and needs, the JAIS incorporates a supervision strategy model and determines the best approach for each youth. Please see table below for more details.

Table 16: JAIS Supervision Strategy Groups Overview

JAIS Supervision Strategy Groups Overview			
Strategy Group	General Characteristics	Why Youth Get in Trouble	Intervention Goals
Selective Intervention (SI)	<ul style="list-style-type: none"> • Pro-social values • Positive adjustment • Positive Achievements • Good social skills 	<ul style="list-style-type: none"> • External stressors • Internal, neurotic need 	<ul style="list-style-type: none"> • Resolve external stressor • Resolve internal problems • Return to school • Return to appropriate peers and activities
Limit Setting (LS)	<ul style="list-style-type: none"> • Anti-social values • Prefers to succeed outside the rules/law • Role models operate outside the rules/law • Manipulative, exploitive 	<ul style="list-style-type: none"> • Motivated by power, excitement • Straight life is dull 	<ul style="list-style-type: none"> • Substitute pro-social means to achieve power, money, excitement • Change attitudes and values • Use skills in pro-social ways • Protect the school environment
Environmental Structure (ES)	<ul style="list-style-type: none"> • Lack of social and survival skills • Poor impulse control • Gullible • Naïve • Poor judgment 	<ul style="list-style-type: none"> • Manipulated by more sophisticated peers • Difficult generalizing from past experiences 	<ul style="list-style-type: none"> • Improve social and survival skills • Increase impulse control • Develop realistic education program • Limit contact with negative peers
Casework/Control (CC)	<ul style="list-style-type: none"> • Broad-range instability • Chaotic lifestyle • Emotional instability • Multi-drug abuse/addiction • Negative attitudes toward authority 	<ul style="list-style-type: none"> • Positive effort blocked by: <ul style="list-style-type: none"> *Chaotic lifestyle *Drug/alcohol use *Emotional instability • Unable to commit to long-term change 	<ul style="list-style-type: none"> • Increase stability • Control drug/alcohol abuse • Overcome attitude problems • Foster ability to recognize and correct self-defeating behavior

APPENDIX C: CANS ASSESSMENT

The Child and Adolescent Needs and Strengths (CANS) is a standardized multi-purpose assessment developed to assist in level of care planning, intensity of service planning (treatment, individualized education, permanency, etc.), support decision making, facilitate quality improvement initiatives and monitor outcomes of services. The CANS works from a shared vision philosophy consistent with system of care. It is a consensus-based approach used to identify strengths and needs and move forward in a transformation way with individual children/youth and families, programs, and systems.

Figure 37: CANS Assessment Tool

CHILD AND ADOLESCENT NEEDS AND STRENGTHS (CANS)				SANTA CLARA COUNTY-5+			
Child's Name:		DOB:		Gender:		Race/Ethnicity:	
Caregiver(s):		Form Status:		Initial	Subsequent	Annual	Discharge
		Case Name:					
Assessor:		Date of Assessment:		m	m	d	d
				y	y		

LIFE FUNCTIONING DOMAIN					
0=no evidence	1=history, mild, suspicion				
2=moderate, action needed	3=severe, disabling, dangerous, immediate action needed				
		0	1	2	3
Family Functioning		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Living Situation		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social Functioning		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recreational		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Developmental/Intellectual ¹		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Job Functioning		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Legal		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medical/Physical		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexual Development (Sexuality)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sleep		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School Behavior		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School Achievement		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School Attendance		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Decision Making		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CAREGIVER RESOURCES & NEEDS DOMAIN					
0=no evidence	1=history, mild, suspicion				
2=moderate, action needed	3=severe, disabling, dangerous, immediate action needed				
		0	1	2	3
Supervision		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Involvement with Care		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Knowledge		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Organization		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social Resources		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Residential Stability		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medical/Physical		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental Health		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance Use		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Developmental		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Safety		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

STRENGTHS DOMAIN					
0= Centerpiece strength	1= Useful strength				
2=Identified strength	3=No evidence				
		0	1	2	3
Family Strengths		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Interpersonal		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Optimism		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Educational Setting		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vocational		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Talents and Interests		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spiritual/Religious		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community Life		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Relationship Permanence		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Resiliency		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Resourcefulness		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cultural Identity		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Natural Supports		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

BEHAVIORAL/EMOTIONAL NEEDS DOMAIN					
0=no evidence	1=history, mild, suspicion				
2=moderate, action needed	3=severe, disabling, dangerous, immediate action needed				
		0	1	2	3
Psychosis (Thought Disorder)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Impulsivity/Hyperactivity		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Depression		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anxiety		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Oppositional		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Conduct		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adjustment to Trauma ²		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anger Control		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Attachment Difficulties		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance Use ³		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

RISK BEHAVIORS DOMAIN					
0=no evidence	1=history, mild, suspicion				
2=moderate, action needed	3=severe, disabling, dangerous, immediate action needed				
		0	1	2	3
Suicide Risk		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Non-Suicidal Self-Injurious Behavior		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other Self-Harm/Recklessness		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Danger to Others ⁴		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexual Aggression ⁵		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Runaway ⁶		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Delinquent Behaviors ⁷		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fire Setting ⁸		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Intentional Misbehavior		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Exploitation/Victimization ⁹		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CULTURAL FACTORS DOMAIN					
0=no evidence	1=history, mild, suspicion				
2=moderate, action needed	3=severe, disabling, dangerous, immediate action needed				
		0	1	2	3
Language		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Traditions & Rituals		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cultural Stress		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

MODULES <i>Complete any specific module only if indicated on the initial page</i>	¹ Developmental Needs (DD) Module
	² Potentially Traumatic/Adverse Youthhood Experiences Module
	³ Substance Use Disorder (SUD) Module
	⁴ Violence Module
	⁵ Sexually Aggressive Behavior (SAB) Module
	⁶ Runaway Module
	⁷ Juvenile Justice Module
	⁸ Fire Setting Module
	⁹ Commercially Sexually Exploited (CSE) Module
	¹⁰ 18+ Module

DEVELOPMENTAL NEEDS (DD) MODULE				
0=no evidence	1=history, mild, suspicion			
2=moderate, action needed	3=severe, disabling, dangerous, immediate action needed			
	0	1	2	3
Cognitive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Developmental	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Self-Care/Daily Living Skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

POTENTIALLY TRAUMATIC/ADVERSE YOUTHHOOD EXPERIENCES MODULE		
0=no evidence	1=history, mild, suspicion	
2=moderate, action needed	3=severe, disabling, dangerous, immediate action needed	
	No	Yes
Sexual Abuse	<input type="radio"/>	<input type="radio"/>
Physical Abuse	<input type="radio"/>	<input type="radio"/>
Neglect	<input type="radio"/>	<input type="radio"/>
Emotional Abuse	<input type="radio"/>	<input type="radio"/>
Medical Trauma	<input type="radio"/>	<input type="radio"/>
Natural or Manmade Disaster	<input type="radio"/>	<input type="radio"/>
Witness to Family Violence	<input type="radio"/>	<input type="radio"/>
Witness to Community/School Violence	<input type="radio"/>	<input type="radio"/>
Witness/Victim to Criminal Activity	<input type="radio"/>	<input type="radio"/>
Disruptions in Caregiving/Attachment Losses	<input type="radio"/>	<input type="radio"/>
Adjustment:		
Emotional and/or Physical Dysregulation	<input type="radio"/>	<input type="radio"/>
Intrusions/Re-Experiencing	<input type="radio"/>	<input type="radio"/>
Dissociation	<input type="radio"/>	<input type="radio"/>
Hyperarousal	<input type="radio"/>	<input type="radio"/>
Traumatic Grief/Separation	<input type="radio"/>	<input type="radio"/>
Numbing	<input type="radio"/>	<input type="radio"/>
Avoidance	<input type="radio"/>	<input type="radio"/>
If youth has been sexually abused:		
Emotional Closeness to Perpetrator	<input type="radio"/>	<input type="radio"/>
Frequency	<input type="radio"/>	<input type="radio"/>
Duration	<input type="radio"/>	<input type="radio"/>
Physical Force	<input type="radio"/>	<input type="radio"/>
Reaction to Disclosure	<input type="radio"/>	<input type="radio"/>

SUBSTANCE USE NEEDS (SUN) MODULE				
0=no evidence	1=history, mild, suspicion			
2=moderate, action needed	3=severe, disabling, dangerous, immediate action needed			
	0	1	2	3
Frequency/Severity of Use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Duration of Use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stage of Recovery (readiness to change)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Peer Influences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parental Influences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Environmental Influences (recovery environment)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

VIOLENCE MODULE				
0=no evidence	1=history, mild, suspicion			
2=moderate, action needed	3=severe, disabling, dangerous, immediate action needed			
	0	1	2	3
Historical Risk Factors (rate over lifetime):				
History of Physical Abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
History of Violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Witness of Domestic Violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Witness to Environmental Violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emotional/Behavioral Risks:				
Bullying	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Frustration Management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hostility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Paranoid Thinking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Secondary Gains from Anger	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Violent Thinking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Resiliency Factors:				
Awareness of Violence Potential	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Response to Consequences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Commitment to Self-Control	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Treatment Involvement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SEXUAL AGGRESSIVE BEHAVIOR (SAB) MODULE				
0=no evidence	1=history, mild, suspicion			
2=moderate, action needed	3=severe, disabling, dangerous, immediate action needed			
	0	1	2	3
Relationship	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical Force/Threat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Planning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Age Differential	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Type of Sex Act	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Response to Accusation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Temporal Consistency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
History of Sexually Aggressive Behavior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Severity of Sexual Abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prior Treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

RUNAWAY MODULE				
0=no evidence	1=history, mild, suspicion			
2=moderate, action needed	3=severe, disabling, dangerous, immediate action needed			
	0	1	2	3
Frequency of Running in the Past Year	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Consistency of Destination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Safety of Destination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Involvement in Illegal Acts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Likelihood of Return on Own	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Involvement of Others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Realistic Expectations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Planning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

JUVENILE JUSTICE MODULE				
0=no evidence	1=history, mild, suspicion			
2=moderate, action needed	3=severe, disabling, dangerous, immediate action needed			
	0	1	2	3
Seriousness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
History	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Planning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community Safety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Peer Influences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parental Influences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Environmental Influences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

FIRE SETTING MODULE				
0=no evidence	1=history, mild, suspicion			
2=moderate, action needed	3=severe, disabling, dangerous, immediate action needed			
	0	1	2	3
Seriousness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
History	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Planning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use of Accelerants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Intention to Harm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community Safety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Response to Accusation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Remorse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Likelihood of Future Fire Setting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

COMMERCIALLY SEXUALLY EXPLOITED (CSE) MODULE				
0=no evidence	1=history, mild, suspicion			
2=moderate, action needed	3=severe, disabling, dangerous, immediate action needed			
	0	1	2	3
Duration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Perception of Dangerousness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Knowledge of Exploitation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trauma Bonding/Stockholm Syndrome	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Exploitation of Others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unprotected Intercourse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Arrests for Loitering/Solicitation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other Arrests	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexually Transmitted Diseases	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pregnancies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Abortions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Attitude Toward Education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prior School Success	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

18+ MODULE				
0=no evidence	1=history, mild, suspicion			
2=moderate, action needed	3=severe, disabling, dangerous, immediate action needed			
	0	1	2	3
Independent Living Skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Residential Stability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parental/Caregiving Roles	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Intimate Relationships	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Self-Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medication Compliance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

APPENDIX D: DIY IMPLEMENTATION TIMELINE

The table below includes any relevant information that is pertinent to the DIY Unit since its inception to current period. The timeline specifically includes any staffing, funding, programming, or policy changes for DIY. All departments provide updates on an ongoing basis to the timeline, including the Research and Development team at the Probation Department, the DIY Unit, Behavioral Health Services Department and Department of Family and Children’s Services. The research and development team uses these timelines to stay informed of any changes over time in programs.

Table 17: DIY Implementation Timeline

Date	Event Description	Type
S= STAFFING F= FUNDING P= PROGRAMMING A=POLICY/LAW T= TRAINING O= OTHER R=REPORTING		
2012	Robert F. Kennedy National Resource Center for Juvenile Justice (RFK) provided initial technical assistance for the development of the DIY Unit	P
Fall 2013	Report released. Dually Involved Youth Initiative: Improving Outcomes for Dually Involved Youth	P
6/2014	DIY Unit was created	O
2014	Louise Hill, BHSD, joins DIY management team and begins recruitment/hiring process for 3 youth advocates and 1 Child Family Team Meeting Facilitator.	S
3/26/2014	Standing Order Signed, permitting members of Youth and Family Team (YFTM) meetings to share relevant information for the purposes care coordination and includes the practice of administering the Child and Adolescent Needs and Strengths (CANS) assessment and incorporation of the information into the YFTM.	P
Development to 2015	Judge Tondreau assigned to DIY Calendar	S
12/18/2015	DIY Annual Report FY 2014-2015 presented to CSFC	R
2015-2016	Judge Johnson assigned to DIY Calendar	S
FY 2015-2016	Mentally Ill Offender Crime Reduction (MIOCR) Grant program – ASR conducted focus groups and one-on-one interviews with DIY staff and youth participating in the unit	R
2016-2018	Judge Sylva assigned to DIY Calendar	S
4/2016	Veronica Robles, BHSD, joins DIY supervisor team in place of Louise Hill	S
4/13/2016	DIY Follow Up Report as requested by CSFC	R

Date	Event Description	Type
10/2016	Robert F. Kennedy National Resource Center for Juvenile Justice (RFK) began providing technical assistance to the DIY Initiative and DIYU	P
12/2016	New Social Work Supervisor Violeta Garcia	S
12/2016	DFCS Manager Jonathan Weinberg returns to DIY management team	S
12/2016	Probation Manager Alex Villa joins DIY management team	S
12/2016	Cultural Consultancy program in development	P
1/2017	Gloria Li, BHSD, hired to provide facilitation for Child Family Team Meetings	S
2/2017	DIYU started doing all 241.1 WIC hearings and Dual Status Reports	P
2/2017	RFK site visit	P
6/2017	DIY Program Manager Adelina Del Real hired	S
6/22/2017	DIY Annual Report FY 2015-2016 & 7/1/16-12/31/16 presented to CSFC	R
6/22/2017	DFCS hiring last SW to complete five teams of PO/SW	S
2018	DIY Program Manager Adelina Del Real contract cancelled	S
2018	Judge Allogiamento assigned to DIY Calendar	S
3/2018	Linda Hsiao, BHSD, joins DIY supervisor team in place of Veronica Robles	S
5/2018?	Christian Bijoux – replaced Adelina Del Real’s previous position	S
1/2019	Rachel Talamantez, BHSD Manager, joins DIY management team	S
2/2019	DFCS DIY Liaison, Gabriel Montes, joins team	S
3/2019	Michelle Hauck, BHSD, joins DIY supervisor team in place of Linda Hsiao	S
9/2019	DIY BHSD Facilitator started conducting CANS for all ordered 241.1 reports instead of youth advocates	P
2/2020	RFK facilitated DIY retreat held	T
4/2020	Director Chris Bijoux completed three-year evaluation of DIY	R
12/2019	DFCS Program Manager, Larry Merkur joins DIY management team	
3/2020	COVID Shelter in Place started	O
2020-1/7/2022	Judge Lucero assigned to DIY Calendar	S
11/2020	2019-2020 DIY Report	R
6/30/21	Director Chris Bijoux resigned.	S

Date	Event Description	Type
7/1/21	DIY Management Team (Alex Villa, Rachel Talamantez, and Larry Merkur) assume management/oversight responsibilities for DIY	S
11/2021	2020 DIY Snapshot Report	R
12/2021	DIY Programmatic Narrative completed and endorsed	P
12/2021	DIY Revised Logic Model Completed	P
1/7/22	Judge Clark assumes DIY Court Calendar from exiting Judge Lucero.	S
2/2/2022	DIY Initiative Framework Updated	O
3/2022	DIY 2014-2021 Annual Report	R
3/2022	Rebeca Luna joined DIY	S
4/25/22	RFK facilitated DIY Unit retreat	T

APPENDIX E: EVALUATION SOURCES & DATA SYSTEMS

This section describes some of the systems utilized by different agencies to support data collection efforts for the DIY Unit and Initiative

The main database utilized for the DIY Unit is the DIY Unit Database. However, probation officers, social workers, and youth advocates staff also store data within their own case management systems. Below is a description of all the data systems which track DIY data.

DIY UNIT DATABASE

At the creation of the DIY Unit, a DIY Unit Database was developed by the IT Department at Probation. This database tracks 68 indicators at four different time intervals (Intake, 6-months, 12-months, and Closure). This database is within the Juvenile Automation System (JAS), which is the internal case management system utilized by Probation staff. Access to the DIY Unit Database has been granted to social workers and youth advocates within the DIY Unit to ease data collection efforts from all three agencies. Some of the data collected includes dates of first involvement in the child welfare system and probation, results from the 241.1 hearing, living situation, education, well-being measures, services, restitution, faith-based services, and closure outcomes once a youth completes the program. This database is also utilized to track the number of 241.1 cases which do not formally enter the unit, after staff from the DIY Unit complete a joint court recommendation report.

JRS AND JAS

The Juvenile Records System (JRS) is an internal probation system developed to store all data regarding juvenile records. This system stores all data related to an arrest or citation received by a youth. It also tracks court data such as court hearing dates and outcomes.

The Juvenile Automation System (JAS) also stores data related to arrests and citations. However, this system primarily focuses on case management data including case notes and other well-being measures.

CECONNECT

This is the centralized portal used by the Probation Department to manage Juvenile Assessment and Intervention System (JAIS) data and case planning.

CWS/CMS

The Child Welfare Services/Case Management System (CWS/CMS) is California's statewide computer system to automate the case management, services planning, and information gathering functions of child welfare services. The system, which functions as an electronic case file, assists caseworkers in recording client demographics, contacts, services delivered, and placement information. Its components were

designed to reflect the processes employed by child welfare workers in investigating, servicing, and managing a child welfare case.

KIDNET – CANS

KIDnet is the Behavioral Health Services Department's Child & Adolescent Needs and Strengths (CANS) outcome-based software. The CANS is a valuable tool to help guide the youth's team to specific services and interventions aligned with the identified needs of the youth. In August 2019, the administration of the CANS in the DIY Unit shifted to the DIY Behavioral Health Clinician/CFT Facilitator. Before August, the Youth Advocate assigned to the youth would conduct the initial CANS to gather information on the youth's strengths and needs to share with the team. This change allowed the Youth Advocate's process in building rapport, trust, and engagement with the youth to remain a central focus of their work and the Clinician/Facilitator to concentrate on supporting care planning. The Clinician/Facilitator utilizes the CANS tool to support all team members' shared perspectives while working to come to a consensus on the identified needs the team has collaboratively agreed on. The Clinician/Facilitator collects information from the youth, caregiver, previous CANS (when available), service providers, DIY team, and other team members as a collective assessment strategy and communication tool. The Clinician/Facilitator brings this information into the Child and Family Team (CFT) Meeting to collectively discuss the identified strengths and needs while prioritizing the areas the team agrees to work on together.

APPENDIX F: DIYI FRAMEWORK

Figure 38: Dually Involved Youth Initiative Framework

