DRAFT Planning Template for DJJ Realignment Subcommittee Topic Areas

Topic Area: Mental & Physical Health, Sex Offender Treatment

Target Population: Young people in San Francisco who have petitions sustained for 707(b) offenses.[i]

This group of young people are most frequently ordered by the court to three distinct dispositions:

1) **formal probation in the community**: under the supervision of the court and Juvenile Probation; living at home with parent or guardian if under 18; must abide by certain conditions imposed by the court
2) **out of home placement**: ordered by the court to reside in a foster care placement (could be with a resource family or in a group home/STRTP); must abide by certain conditions imposed by the court; ordered not to leave placement to live anywhere else
3) **secure youth treatment facility**: a locked residential facility where the young person is not free to leave

Plan Development: To aide in the creation of SF's DJJ Realignment Plan[ii], **please fill out the table on the next page** that asks what currently exists, what doesn't, and may be needed for this particular topic area across the continuum of possible dispositions for the target population. **When filling out the table, please keep the following in mind:**

- The DJJ realignment subcommittee adopted the following as its guiding values. How are these values reflected in this topic area?
  - Healing-Centered Models
  - Family- Centered Models
  - Community Involvement
  - Culturally Responsive Models
- Have the voices of young people and directly impacted people been included in these ideas?
- At each stage of the continuum, what is needed to prevent deeper system involvement?
- What does integration of services, programs, or resources look like for this topic area across continuum and/or as a young person is stepped down from a more restrictive setting?
- What does this topic area look like for young people under 18 vs. over 18?

Topic:	Formal Probation in the Community	Out of Home Placement	Secure Youth Treatment Facility

• What resources and services currently exist in San Francisco and are working well for the target population?	**Mental Health**
	
	Intensive Supervision and Clinical Services (ISCS)
	• Provides intensive supervision and case management services as well as behavioral health services (individual and family therapy) for justice involved youth and families.
	• The following agencies provide services under ISCS:
	  ○ Instituto Familiar de la Raza (IFR)
	  ○ Urban YMCA
	  ○ Community Youth Center (CYC)
	  ○ Seneca
	
	Treatment To Recovery through Accountability Collaboration and Knowledge (TRACK)
	• Targeted substance abuse and dual diagnosis services for probation involved youth and families
	
	Family Intervention Reentry and Supportive Transitions (FIRST)
		Catholic Charities San Francisco Boys' & Girls' Homes
		• Individual, family and group therapy
		• Garden Program
		• Community connection and resource referrals
		• Medical support and connection to outside medical services
		
		Family Intervention Reentry and Supportive Transitions (FIRST)
		• Community based intensive family therapy for youth committed to OOHP
		• Services begin while youth is in placement and continue for an additional 6-8 months after the transition back home
			Mental Health
			• SPY mental health services include-what are the numbers of types of services provided:
			  ○ Assessment
			  ○ Individual Therapy
			  ○ 24/7 Crisis Intervention including risk assessment and safety planning
			  ○ Family Engagement
			  ○ Group therapy utilizing evidence based and culturally responsive curriculums
			  ○ Experiential programming
			  ○ Sex Offender Treatment
			  ○ Psychiatry services
			  ○ Care coordination
			
			Physical Health
			• SPY medical services include:
			  ○ Annual physical exam and on care with medical provider.
			  ○ 24/7 onsite medical services
			  ○ Coordination to subspeciality services

	• Community based intensive family therapy for youth committed to OOHP • Services begin while youth is in placement and continue for an additional 6-8 months after the transition back home **<u>Outpatient Community Clinics</u>** • Provide outpatient individual and family therapy, group therapy. • Clinics throughout the city with language capacity and culturally responsive treatment models. **<u>TAY</u>** • DPH TAY FSP (Full Service Partnership) • Felton FSP • Various agencies **<u>Medical Services</u>** Community Health Programs for Youth (CHPY) ○ Provides Primary Care Medical Services for youth ages 12-25 ○ Several community clinics throughout the city		and/or youth's private provider ○ Dental Services ○ Immunizations ○ Reproductive health services **Services meet BSCC Title 15 & Title 24 standards* • Culturally and linguistically diverse staff • Staff are trained in trauma informed healing practices • Program staff have pre-existing relationships with youth and families • Collaborative relationships with community-based partners to support aftercare plans • Shared electronic health records with community services **<u>Acute Psychiatric Hospitalization & Treatment</u>** • McAuley's (St. Mary's) • Edgewood Crisis Stabilization Unit (CSU)

	<u>Sex Offender Treatment</u> ○ SPY ○ HOPE Program ○ Lee Psychological Services ○ SF Forensic Institute ○ Private Providers		
• What are the service & resource gaps? • What program elements are missing?	• Waiting lists – are there other agencies who can fill this gap? • Delay from when youth is released to when services are begin • Services can be fragmented • High staff turnover • Difficulty connecting youth to culturally appropriate services • Language capacity • Lack of African-American providers • Variable modalities between agencies • Access to psychiatry services in a timely manner • Services for higher acuity youth & families • TAY services often serve higher acuity mental health needs, no targeted services for less acute TAY population • Difficulty linking to psychiatry services in the community *From Positive Youth Development Programming Template:*	• Unclear what treatment modalities are being utilized at OOHPs • Language capacity • Difficulty linking to psychiatry services in the community	• Ability to provide regular family therapy. Would need to collaborate with JJC to develop model for caregivers to participate in regular treatment with youth. • Targeted substance abuse/dual diagnosis treatment. • Targeted TAY curriculum • Ability for existing provider to continue treatment with youth & family during detention. • Limited adolescent psychiatric beds available here in SF and across state. JJC involved youth are often not accepted to hospitals for being “too acute, violent.” • Edgewood CSU is not considered a locked facility and is not an option for youth in custody. • Lack of locked treatment facilities across the state for youth with more acute mental health needs.

	-Long term and easily accessible mental health *-Effective Anger Management*		

• How can we fill these gaps? • What ideas or models should be implemented? • Are there experts or models, including those outside of SF, that can help us?	• Train providers and implement Multisystemic Therapy (MST), an evidence-based program an alternative to OOHP and other EBPs • Funding for providers • Develop work force • Consult UCSF Forensic ICM program that collaborates with Adult Probation • Incorporate credible messengers in delivering services • Making all services family focused • Blend/find/fund alternative funding streams so agencies and client are not only reliant on Medi-cal • Prevent funding/service gaps • Create and incorporate alternative, indigenous, mindfulness practices/programs/services for youth and families for both mental and physical health • We need space, at all levels, that promote healing not trauma • Provide same level of care that young people receive in custody, out of custody	• Expand options for OOHPs in SF • Support OOHPs with access to primary care and psychiatry services • Incorporate credible messengers in delivering services • Making all services family focused • Blend/find/fund alternative funding streams so agencies and client are not only reliant on Medi-cal • Create and incorporate alternative, indigenous, mindfulness practices/programs/services for youth and families for both mental and physical health • Ongoing need for designated short term psychiatric beds for youth and long term treatment programs – Need an alternative placement for most acute youth • Prevent funding/service gaps • We need space, at all levels, that promote healing not trauma • Provide same level of care that young people receive in custody, out of custody • Connect with community provider of care while still in	• Partner with CBOs with specialty in substance abuse to develop treatment program in custody. • Develop family therapy component in custody and in home/community to support successful transition back home. • Consult other Ranch and detention treatment models in Bay Area • Consult with Jail re-entry programs and can services be extended to TAY youth in custody. • Ongoing need for designated short term psychiatric beds for youth and long term treatment programs – Need an alternative placement for most acute youth • Incorporate credible messengers in delivering services • Making all services family focused • Blend/find/fund alternative funding streams so agencies and client are not only reliant on Medi-cal • Create and incorporate alternative, indigenous, mindfulness practices/programs/services for

	• Connect with community provider of care while still in custody without gap in services (warm handoffs) • Ensure young people and families continue to have services provided after probation term has ended • Ensure assessment tools are culturally appropriate and delivered by clinician in a culturally appropriate manner • **What will oversight look like and how will we ensure services are delivered appropriately? • **What does success, healing, wellness look like? (beyond recidivism) • YWFC has self-determination specialist that meets with young person at beginning of relationship • Ensure and honor medical privacy and keep separation of medical professionals and law enforcement *From Positive Youth Development Programming Template:* *-Mental health services moving with youth – same therapist, expanded timeline for service*	custody without gap in services (warm handoffs) • Ensure young people and families continue to have services provided after probation term has ended • Ensure assessment tools are culturally appropriate and delivered by clinician in a culturally appropriate manner • **What will oversight look like and how will we ensure services are delivered appropriately? • **What does success look like? (beyond recidivism) • Ensure and honor medical privacy and keep separation of medical professionals and law enforcement	youth and families for both mental and physical health • Prevent funding/service gaps • We need space, at all levels, that promote healing not trauma • Connect with community provider of care while still in custody without gap in services (warm handoffs) • Ensure young people and families continue to have services provided after probation term has ended • Ensure assessment tools are culturally appropriate and delivered by clinician in a culturally appropriate manner • **What will oversight look like and how will we ensure services are delivered appropriately? • **What does success look like? (beyond recidivism) • Ensure and honor medical privacy and keep separation of medical professionals and law enforcement • Mental health impacts on staff of secure facilities (wellness, vicarious trauma)

	-Greater focus on harm reduction, particularly with substance abuse		

[i] **WIC 707(b)** This subdivision is applicable to any case in which a minor is alleged to be a person described in Section 602 by reason of the violation of one of the following offenses:
(1) Murder.
(2) Arson, as provided in subdivision (a) or (b) of Section 451 of the Penal Code
(3) Robbery.
(4) Rape with force, violence, or threat of great bodily harm.
(5) Sodomy by force, violence, duress, menace, or threat of great bodily harm.
(6) A lewd or lascivious act as provided in subdivision (b) of Section 288 of the Penal Code.
(7) Oral copulation by force, violence, duress, menace, or threat of great bodily harm.
(8) An offense specified in subdivision (a) of Section 289 of the Penal Code.
(9) Kidnapping for ransom.
(10) Kidnapping for purposes of robbery.
(11) Kidnapping with bodily harm.
(12) Attempted murder.
(13) Assault with a firearm or destructive device.
(14) Assault by any means of force likely to produce great bodily injury.
(15) Discharge of a firearm into an inhabited or occupied building.
(16) An offense described in Section 1203.09 of the Penal Code.
(17) An offense described in Section 12022.5 or 12022.53 of the Penal Code.
(18) A felony offense in which the minor personally used a weapon described in any provision listed in Section 16590 of the Penal Code.
(19) A felony offense described in Section 136.1 or 137 of the Penal Code.
(20) Manufacturing, compounding, or selling one-half ounce or more of a salt or solution of a controlled substance specified in subdivision (e) of Section 11055 of the Health and Safety Code.

(21) A violent felony, as defined in subdivision (c) of Section 667.5 of the Penal Code, which also would constitute a felony violation of subdivision (b) of Section 186.22 of the Penal Code.
(22) Escape, by the use of force or violence, from a county juvenile hall, home, ranch, camp, or forestry camp in violation of subdivision (b) of Section 871 if great bodily injury is intentionally inflicted upon an employee of the juvenile facility during the commission of the escape.
(23) Torture as described in Sections 206 and 206.1 of the Penal Code.
(24) Aggravated mayhem, as described in Section 205 of the Penal Code.
(25) Carjacking, as described in Section 215 of the Penal Code, while armed with a dangerous or deadly weapon.
(26) Kidnapping for purposes of sexual assault, as punishable in subdivision (b) of Section 209 of the Penal Code.
(27) Kidnapping as punishable in Section 209.5 of the Penal Code.
(28) The offense described in subdivision (c) of Section 26100 of the Penal Code.
(29) The offense described in Section 18745 of the Penal Code.
(30) Voluntary manslaughter, as described in subdivision (a) of Section 192 of the Penal Code.

[ii] **1995.** (a) To be eligible for funding described in Section 1991, a county shall create a subcommittee of the multiagency juvenile justice coordinating council, as described in Section 749.22, to develop a plan describing the facilities, programs, placements, services, supervision and reentry strategies that are needed to provide appropriate rehabilitation and supervision services for the population described in subdivision (b) of Section 1990.
(b) The subcommittee shall be composed of the chief probation officer, as chair, and one representative each from the district attorney's office, the public defender's office, the department of social services, the department of mental health, the county office of education or a school district, and a representative from the court. The subcommittee shall also include no fewer than three community members who shall be defined as individuals who have experience providing community-based youth services, youth justice advocates with expertise and knowledge of the juvenile justice system, or have been directly involved in the juvenile justice system.
(c) The plan described in subdivision (a) shall include all of the following elements:
(1) A description of the realignment target population in the county that is to be supported or served by allocations from the block grant program, including the numbers of youth served, disaggregated by factors including their ages, offense and offense histories, gender, race or ethnicity, and other characteristics, and by the programs, placements, or facilities to which they are referred.
(2) A description of the facilities, programs, placements, services and service providers, supervision, and other responses that will be provided to the target population.
(3) A description of how grant funds will be applied to address each of the following areas of need or development for realigned youth:
(A) Mental health, sex offender treatment, or related behavioral or trauma-based needs.
(B) Support programs or services that promote the healthy adolescent development.
(C) Family engagement in programs.
(D) Reentry, including planning and linkages to support employment, housing, and continuing education.
(E) Evidence-based, promising, trauma-informed, and culturally responsive.
(F) Whether and how the plan will include services or programs for realigned youth that are provided by nongovernmental or community-based providers.
(4) A detailed facility plan indicating which facilities will be used to house or confine realigned youth at varying levels of offense severity and treatment need, and improvements to accommodate long-term commitments. This element of the plan shall also include information on how the facilities will ensure the safety and protection of youth having different ages, genders, special needs, and other relevant characteristics.

(5) A description of how the plan will incentivize or facilitate the retention of realigned youth within the jurisdiction and rehabilitative foundation of the juvenile justice system in lieu of transfers of realigned youth into the adult criminal justice system.
(6) A description of any regional agreements or arrangements to be supported by the block grant allocation pursuant to this chapter.
(7) A description of how data will be collected on the youth served and outcomes for youth served by the block grant program, including a description the outcome measures that will be utilized to measure or determine the results of programs and interventions supported by block grant funds.
(e) In order to receive 2022-2023 funding pursuant to Section 1991, a plan shall be filed with the Office of Youth and Community Restoration by January 1, 2022. In order to continue receiving funding, the subcommittee shall convene to consider the plan every third year, but at a minimum submit the most recent plan regardless of changes. The plan shall be submitted to the Office of Youth and Community Restoration by May 1 of each year.
(f) The Office of Youth and Community Restoration shall review the plan to ensure that the plan contains the all elements described in this section and may return the plan to the county for revision as necessary prior to final acceptance of the plan.
(g) The Office of Youth and Community Restoration shall prepare and make available to the public on its internet website a summary and a copy of the annual county plans submitted pursuant to this section.