JUVENILE JUSTICE PLAN

ASSESSMENT OF THE GAPS, NEEDS & OPPORTUNITIES

VENTURA COUNTY PROBATION JUVENILE SERVICES

2022-2025





About the Researcher

Applied Survey Research (ASR) is a nonprofit social research firm dedicated to helping people build better communities by collecting meaningful data, facilitating information-based planning, and developing custom strategies. The firm was founded on the principle that community improvement, initiative sustainability, and program success are driven by engagement in the assessment of needs, evaluation of community goals, and development of appropriate responses.

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Ventura County Juvenile Justice Plan, 2022-2025

Executive Summary

Introduction

In 2000, the Juvenile Justice Crime Prevention Act (JJCPA) was created to provide stable funding sources for local juvenile justice programs that have proven effective in reducing crime among at-risk youth. The JJCPA requires the Juvenile Justice Coordinating Council (JJCC) to periodically develop, review and update a comprehensive Juvenile Justice Plan (JJP). The JJP documents the condition of the local juvenile justice system and outlines proposed efforts to fill identified service gaps for youth and their families. It also serves as a roadmap for the County to determine funding decisions and invest in programs that demonstrate success with juvenile offenders. Specifically, the JJP serves three purposes:

- To highlight the gaps and needs within Ventura County,
- To recommend future steps to address identified needs, and
- To share evidence-based programs and practices that demonstrate success.

Methodology

In June 2021, the Juvenile Executive group and Applied Survey Research (ASR) launched the process for updating the JJP for 2022 to 2025. The data collection process involved triangulating multiple sources of data, including:

Context Setting	 Review of the 2017 JJP and initial meeting with the Juvenile Executive group and initial overview of the current needs of at-risk youth and their families in the County
Focus Groups and Key Informant Interviews	 Feedback from multiple stakeholders including: current and former justice- involved youth, Ventura Probation leadership and staff, CBOs, and key stakeholder groups
County Stakeholder Survey	 Online survey distributed to cross-sector, youth-focused service providers and leaders in August and September 2021 gathered their concerns and priorities for youths in the County
Youth and Parent/ Caregiver Surveys	 Paper surveys distributed in the Ventura County JF from July through September 2021 to gather feedback from current or past justice-involved youth and their families
Secondary Data	 Juvenile arrest data from the California Department of Justice, California Department of Finance, California Department of Education, Ventura County Public Health, US Census Bureau, and Ventura County Probation to better understand the general and juvenile population in the County
Literature Review	 Review of the mechanisms and evidence-based practices in order to refine recommendations for how to support youth in the priority areas

Characteristics of Families and Youth in Ventura County

As of January 2021, the population of Ventura County was 846,249.¹ Youth aged 10 to 17 years comprised 10.6% of the overall population. Compared to California, Ventura County has a higher proportion of persons identifying as White (65.2% vs. 53.9%, respectively), and a higher proportion of persons identifying as Hispanic/Latino (44.6% vs. 40.6%, respectively). The county reports 4.3% of families below the poverty line and a 4.6% unemployment rate, all lower than the state. High school graduation rates of those 25 and over was 85.1%, slightly higher than California (83.5%).

Ventura County youths' report of school engagement, safety, substance use, and mental health suggested places of strength, safety, and mental health for some and vulnerability for others.² At 7th grade, 63% of the 11,260 students surveyed reported feeling socially connected at school, 60% had parents involved in school, and 61% perceived their school as safe or very safe. Yet, 35% of 7th graders reported experiencing harassment or bullying in the last 12 months, 17% had been in a physical fight, and 14% had seen a weapon at school. Substance use in the past 30 days was relatively low at 8%, however 29% of 7th graders reported experiencing chronic sadness and 16% considered suicide in the last 12 months. For the 6,212 11th graders surveyed, parent engagement dropped precipitously (40%), and reports of harassment (26%), fighting (6%), and weapons at school (9%) also declined. Substance use (23%) and chronic sadness (36%) were reported by more 11th graders, but thinking of suicide remained steady at 16% to 17%.

Self-report of gang involvement remained at 4% across all 26,234 students surveyed, representing approximately 1,050 gang-involved youth in 7th, 9th, and 11th grades and alternative schools. Last, juvenile arrests in 2020 were down compared to prior years at 1,229, however the overall arrest rate was higher per 100,000 youth in Ventura County than in California (1,379 vs. 615, respectively).³

Juvenile Justice Plan Priority Areas for Ventura County

The data highlighted five priority areas of focus to better address the needs of youth and their families (Exhibit 1). Within each priority area are a set of sub-priority need areas each with key opportunities for addressing the need, and potential outcomes if the suggested actions are taken (Exhibit 2).

Exhibit 1. The Five Global Priority Areas of Ventura County's Juvenile Justice Plan, 2022-2025



¹ Health Matters in Ventura County (https://www.healthmattersinvc.org/demographicdata?id=293), December 18, 2021

² California Healthy Kids Survey for California Department of Education (2017-2019)

³ California Department of Justice, California Department of Finance (2020)

Exhibit 2: Summary of Priority Areas, Key Opportunities, & Potential Outcomes

PRIORITY AREAS	KEY OPPORTUNITIES	POTENTIAL OUTCOMES		
1: Emotional and Behavio	1: Emotional and Behavioral Well-Being			
Mental Health Intervention for Youth	 Increase the availability of mental health providers in the JF and community Diversify therapeutic options for youth Boost capacity of mental health providers to address the complex needs of youth 	 More youth are engaged in services that work for them, resulting in improved mental health outcomes 		
Trauma-Specific Services	 Increase partnerships to boost treatment capacity Offer more trauma-specific and specialized services 	 More youth access services to address trauma More youth increase their ability to cope with trauma-related stress 		
Drug/Alcohol Treatment (Residential and Outpatient)	 Increase availability of residential facilities in the county Provide more youth-focused substance use programs 	 More youth access services to address their drug and alcohol use More youth complete AOD services with improved outcomes, including needs met, lives saved, and decreased justice involvement 		
Family Therapy	 Partner to support more prevention and early- intervention solutions to family discord. Increase access to services for families 	 More families access services at the onset of issues Family functioning and engagement improves More youth have their needs met and decreases justice involvement 		
2: Prevention and Early I	ntervention			
Prevention and Early Intervention	 Partner to increase identification and remediation of problem behaviors at the onset 	 More children demonstrating need are identified and connected to services More youth have the developmental assets to thrive and not enter the justice system 		
School-Based Services	 Increase access to information and supports by providing services for children, youth, and families at school 	 More youth will receive support and connection to other needed services to address problem behavior and social emotional needs 		

3: A Coordinated Systems	Approach	
Continuity of Services After Release/Reentry	• Extend the period of reentry support to ensure youth stay connected to beneficial services and supports including education, job training, and mentorship	 Youth stay connected to beneficial services and build competencies Fewer youth recidivate
Communication and Collaboration Among Systems	 Assess and expand opportunities for cross-system collaboration Increase data sharing to improve services to families and youth Support staff retention within organizations 	 Communication and efficiency increase among systems of care Youths' needs are addressed in a more coordinated way
Trauma-Informed System of Care	 Assess for gaps in trauma-informed practices Re-invest in comprehensive trauma-informed training in the county and among law enforcement agencies 	 Providers better understand trauma and how to respond to trauma based behavior in children and youth
4: Family Support		
Information and Referral/Case Management	 Coordinate and consolidate resource/information to share across the county Ensure materials are available in multiple languages 	 Parents and youth have greater knowledge of available programs i the community Providers have a better understanding of referral options
Support for Parent Mental Health and Drug Use	 Increase availability and affordability of treatments for parents Help to reduce stigma around families accessing treatments and therapy 	 Parents increase access and engagement in services Parents improve mental and behavioral health, becoming stronger assets for youth.
Parenting Education	 Consider prosocial activities to engage families in parent education Assess what topics are of high interest to parents and offer them 	 More parents learn how to foster and support positive youth development More parents gain awareness of 'red flags' signaling a need for support
Family Engagement	 Address and mitigate barriers to engagement Learn from and partner with others who are successfully engaging families 	 More families access support and social connection Families better support the needs of their children and youth

5: Prosocial and Skill-Building Opportunities		
Life and Vocational Skills Training	 Increase opportunities for youth to engage in and improve vocational skills within and outside of Probation 	 More at-risk and justice-involved youth gain career skills and opportunities.
Mentors/Coaches	Support evidence-based mentorship programs to connect youth with consistent and relatable mentors	 More youth have at least one caring adult in their lives More youth find positive pathways away from the justice system
Structured Afterschool Activities	 Increase the availability and quality of afterschool programs to nurture academic, social, and career skills 	More youth engage in prosocial activitiesMore youth build their skills and interests

Ventura County Juvenile Justice Plan, 2022-2025

Background and Introduction

California has undergone a "historic evolution over the last two decades" in developing a more innovative and responsive system for serving youth who have been referred to the juvenile justice system. Exhibit 3 summarizes this evolution, which includes, for example, the movement from focusing heavily on detaining youth in 2005 to more youth receiving treatment and supervision in the community in 2012. This change in approach led to a significant decrease in the number of youth in detention in California, from 19,000 in 2000 to roughly 4,500 in 2019, and a 74% drop in the juvenile arrest rate since 2009.⁴ CPOC attributes this to investments in prevention and early intervention services and the implementation of research- and evidence-based therapeutic approaches to risk reduction and rehabilitation.

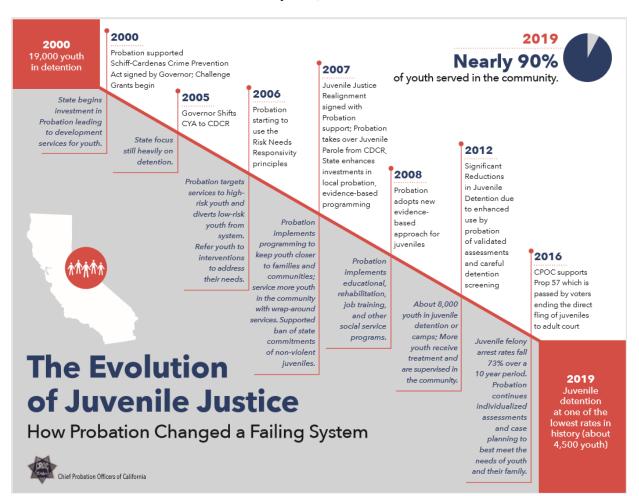


Exhibit 3: The Evolution of Juvenile Justice System, 2000 - 2019

⁴ https://www.cpoc.org/post/californias-historic-juvenile-justice-evolution-2

Overview of the Juvenile Justice Coordinating Council (JJCC) and Juvenile Justice Crime Prevention Act (JJCPA)

In 2000, the California State Legislature passed the Juvenile Justice Crime Prevention Act (JJCPA). This was designed to provide a stable funding source to counties for juvenile programs that have been proven effective in curbing crime and lowering detention rates among justice-involved youth and youth at-risk of offending. Counties were required to establish the Juvenile Justice Coordinating Council (JJCC). In Ventura County, the JJCC is co-chaired by the County's Chief Probation Officer and the Presiding Juvenile Court Judge. Its members include representatives from law enforcement and juvenile justice agencies, the Board of Supervisors, social services, education, mental health, and community-based organizations.

To encourage coordination and collaboration among the various local agencies serving at-risk youth and young offenders, JJCPA requires the County to develop and modify the County's **Juvenile Justice Plan** (JJP). The Ventura County JJCC meets every other month and is tasked to review and update the County's JJP. Ventura County has established a Program Review and Development Subcommittee, which has representation similar to that of the JJCC. The subcommittee explores existing program modifications, evaluates new programming opportunities, and makes formal budgetary recommendations to the JJCC.

The JJCPA relies on a partnership among the state, local agencies, and stakeholders. Local officials and stakeholders determine where to direct resources through an interagency planning process. The State Controller's Office distributes the appropriated JJCPA funds to counties based on population. Local agencies and community-based organizations deliver programs and services. This partnership acknowledges the state's value of local discretion and multiagency collaboration in addressing the problem of juvenile delinquency in California's communities.

Ventura County's JJCPA-Funded Programs and Services

The Ventura County Probation Agency funds nine JJCPA programs that provide a broad range of services at various levels of intervention to address the diverse needs of at-risk youth or those who are currently touching the juvenile justice system (Exhibit 4). These programs provide services including, but not limited to, treatment for sexually abusive youth, as well as mentoring and case management for commercially and sexually exploited children, case planning, mentoring and youth advocacy, prosocial activities that support a healthy lifestyle, the promotion of youths' voice and leadership skills, and early intervention and prevention services.

Exhibit 4. The JJCPA-Funded Programs and Services

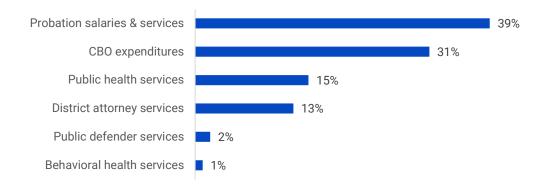
СВО	Services Provided
ANEW	Provides treatment for sexually abusive youth
ERC-Big Brothers Big Sisters	Provides individualized case planning, mentoring, peer-to-peer discussions for youth, and commitment to positive youth development
ERC-Boys and Girls Club of Oxnard and Port Hueneme	Provides prosocial programs and mentoring, and supports academic success, character/citizenship development, a healthy lifestyle, and commitment to positive youth development
ERC-One Step A La Vez	Provides connection to adults, peers, prosocial activities that promote youths' voice and leadership skills, and positive youth development
Interface	Provides early intervention and prevention services to divert youth from justice system, and connects clients to resources via various referrals

СВО	Services Provided
Forever Found	Provides mentoring and case management for commercially and sexually exploited children, and a commitment to positive youth development
Repeat Offender Prevention Program (ROPP)	Probation Department's program that provides multidisciplinary approach, including Youth Advocate support, mentoring, and prosocial activities for youth on supervision
Truancy Habits Reduced Increases Vital Education (THRIVE)	Provides education, referrals, resources, and multi-layered support to address chronic truancy among families K-12
Youth Advisory Council (YAC)	Provides leadership training and mentoring to youth referred by the ERCs

Allocation of JJCPA Funds in Ventura County

The JJCPA funds programs that use strategies with demonstrated effectiveness in reducing juvenile delinquency and address a continuum of responses including prevention, intervention, supervision, and incarceration. It is also the funding source for the JJP. Thus, the importance of the JJP is to ensure that Ventura County continually seeks effective, collaborative responses to juvenile crime and provides the best possible services to youth, families, and communities throughout the County. In FY 2020-21, the JJCPA allocation granted Ventura County Juvenile Probation \$3,572,561. Ventura Probation distributed the funds as shown in Exhibit 5. A majority of the funds were allocated for Probation salaries and services (39%), and CBO expenditures (31%).

Exhibit 5. Allocation of JJCPA Funds in Ventura County



Legislative Changes and Updates in Ventura County

Several legislative changes in Ventura County have been proposed that are intended to reduce the number of young people in the criminal justice system (Exhibit 6). These legislative changes are intended to:

- · Protect youth from adverse consequences of the justice system;
- Tailor the length of time youth are on probation;
- Encourage a greater emphasis on prevention, rehabilitation, and effective interventions;
- Promote collaboration across systems that meet the needs of children, youth, and families and that support prompt access to trauma-informed services; and
- Promote equity by reducing the financial burden.

These changes are in line with, but not limited to, some of the major systemic recommendations provided in this JJP based on stakeholder feedback. These include more emphasis on prevention and

rehabilitation services for youth, increasing trauma-informed care, providing more evidence-based counseling and services to keep youth and their families intact, and improving collaboration and communication across systems.

Legislation	Description	Implication
SB823	 Close state juvenile facilities and transfer the responsibility for the custody, treatment, and supervision to the counties Board of Supervisors (BOS) approved Ventura County's juvenile justice realignment plan on November 9, 2021 	 Move youth to the local County facilities, which is meant to be a less punitive approach, and increase rehabilitation and access to services Youth would remain connected to their families and their communities
AB2083	 Develop and implement a Memorandum of Understanding (MOU) outlining the roles and responsibilities of the various local entities that serve children and youth in foster care who have experienced severe trauma Legislation is focused on the Child Welfare System but can and must be expanded to look at children and youth served by various other systems 	 Ensure that children and youth in foster care receive coordinated, prompt, and trauma-informed services Public programs would provide services in an integrated, comprehensive, culturally responsive, evidence-based way, regardless of the agency through which children and families enter
SB439	 Minimum age of 12 years (up to 17 years) for prosecuting or detaining youth in juvenile court, except in most serious cases of murder and rape On January 1, 2020, the bill would require the County to release the minor to their parent, guardian, or caregiver, except as provided⁵ After January 1, 2020, the bill requires counties to develop a process for the least restrictive responses that may be used instead of, or in addition to, the release of the minor to his or her parent, guardian, or caregiver 	 End the prosecution of children under the age of 12 in juvenile court Alternative strategies to address behaviors with age-appropriate consequences that allow learning and growth instead of prosecuting young children Encourage effective interventions to protect young children from adverse consequences of justice system involvement
AB503	 Bill would limit the ward's probation period to six months The court may extend the probation period, but not to exceed, two increments of six months after a noticed hearing, and upon proof by a preponderance of the evidence that it is in the ward's best interest Bill would require the probation agency to submit a report to the court detailing 	 Meant to minimize the time youth spend on probation, and tailor probation conditions to meet their needs Young people will receive the support they need without being subject to the system's conditions for an unlimited length of time

Exhibit 6. Legislative Changes in Ventura County

⁵ If a minor is under 12 years of age and comes to the attention of law enforcement because of their behavior or actions are as described under existing law.

Legislation	Description	Implication
	 the basis for any request to extend probation at the noticed hearing Bill would also require the court to hold a noticed hearing for the ward every six months, for the remainder of the wardship period if the court extends probation Bill would additionally require, among other things, that conditions of probation for a ward be individually tailored, developmentally appropriate, and evidence-based 	
SB190	 Prohibits counties from charging fees to parents and guardians for their child's detention, representation, electronic monitoring, probation supervision, and drug testing 	 Reduces the burden of financial harm to some of the state's most vulnerable families Supports reentry of youth back into their homes and communities without the financial burden Loss of revenue to counties

In addition, there have been multiple legislative attempts to limit or restructure the use of JJCPA funding. These bills have also discussed oversight and modifying the makeup of the JJCC. These bills have not been successful thus far. However, legislative attempts to modify JJCPA funding and restructure the JJCC are expected to be introduced to the state legislature in the future.

Purpose of the Ventura County Juvenile Justice Plan



The JJP in Ventura County serves a variety of purposes. First and foremost, it serves as a road map for the County in determining how to work with justice-involved and at-risk youth. The JJP will guide funding decisions and assure the County invests in programs that demonstrate success with the target population. The JJP must be comprehensive and is an opportunity to bring juvenile justice partners together to work in a unified manner to address the needs of these youth. All JJCC representatives have a vested interest in the JJP.

Therefore, a successful plan designed to lower juvenile justice system involvement will benefit the most vulnerable youth and their families that touch multiple agencies and systems represented by the JJCC. The JJP will identify what the County is doing well with this population; however, it will also identify gaps in services and areas in which the County can improve in working with this population.

The 2022-2025 JJP presents:

- County-wide unmet needs, priority populations, and desired outcomes,
- Recommended strategies and interventions to address the gaps and deficiencies in the existing continuum of programs and services, and
- Identification of evidence-based programs to augment the existing programs and services.

The JJP is intended to be a three-year plan. While it considers the current fiscal environment, the plan does not make assumptions about any increases or decreases in funding. In addition, the JJP does not

identify specific programs or organizations to be funded. It does, however, establish priorities and strategies to be considered given the funds available at any particular time. The goal in preparing the JJP is to be flexible yet realistic about the funding horizon. Stakeholders have identified more needs than can be fully funded. However, the hope is that the data that have been collected about the needs of youth and families in Ventura County can be used to leverage additional resources to supplement these funds when available.

Methodology

Qualitative and quantitative feedback was gathered from multiple stakeholders across the County to inform the priorities and recommendations in the 2022-2025 plan. Data collection opportunities were leveraged across the scope of work to maximize participation, breadth, and depth of stakeholder feedback. For example, when appropriate, ASR conducted focus groups and interviews to generate deeper insights on the needs, priorities, and potential strategies.

Data Collection

The five main types of data collection for the JJP are summarized in Exhibit 7, followed by a more detailed explanation of each source. The triangulation of data gathered using multiple and diverse methods allowed a broad spectrum of consideration for the JJP, resulting in a refined, well-vetted set of recommended outcomes and strategies.

Context Setting	 Review of the 2017 JJP and initial meeting with the Juvenile Executive team and initial overview of the current needs of at-risk youth and their families in the County
Focus Groups and Key Informant Interviews	 Feedback from multiple stakeholders including: current and former justice- involved youth, Ventura Probation leadership and staff, CBOs, and key stakeholder groups
County Stakeholder Survey	 Online survey distributed to cross-sector, youth-focused service providers and leaders in August and September 2021 gathered their concerns and priorities for youths in the County
Youth and Parent/ Caregiver Surveys	 Paper surveys distributed in the Ventura County JF from July through September 2021 to gather feedback from current or past justice-involved youth and their families
Secondary Data	 Juvenile arrest data from the California Department of Justice, California Department of Finance, California Department of Education, Ventura County Public Health, US Census Bureau, and Ventura County Probation to better understand the general and juvenile population in the County
Literature Review	 Review of the mechanisms and evidence-based practices in order to refine recommendations for how to support youth in the priority areas

Exhibit 7. Types of Data Collection Utilized for the JJP

Context Setting

Context setting for the Juvenile Justice Planning process entailed two major steps:

- **Reviewing the last JJP conducted in 2017** provided foundational knowledge about existing JJCPAfunded services; the needs and unaddressed gaps of youth, families, and the system at large; as well as potential strategies to address these needs and gaps in service.
- Meeting with the Ventura County Probation Juvenile Executive team in June 2021 including the Chief Probation Officer, Chief Deputy of the Juvenile Services Bureau, and three Division Managers (Juvenile Court Services, Juvenile Field Services, and Juvenile Facility (JF) Housing and Operations) clarified the objectives, timeline, and activities for completing the updated JJP. They also contributed their knowledge and insights about the needs of youth and potential strategies to address those gaps.

Focus Groups and Key Informant Interviews

Focus groups (FGs) and key informant interviews (KIIs) were conducted to gather feedback on the needs of youth and their families, as well as programmatic, organizational, and County-level strategies for addressing those needs. In total, 50 one-hour FG and KII sessions were conducted via Zoom with 134 individuals across six months from June to November 2021. (See Appendix A for a complete list of stakeholders and interview questions.) Example focus group and KII questions are included in Exhibit 8.

Exhibit 8. Example Focus Group and KII Questions for Stakeholder Feedback Sessions

- 1) What are the top unmet needs for at-risk Ventura County youth, parents/caregivers of these youth, and for youth-serving systems and service providers?
- 2) What are the best strategies to address each of these needs? Why are these the best strategies?
- 3) What areas of the County (geographically or population-wise) are in greatest need? Please tell us about specific service gaps.
- 4) What changes within your organization/unit/department might improve your ability to positively impact the lives and futures of the youth you serve?
- 5) What system-wide or community-wide changes might improve the lives and futures of youth in the community at large?

County Stakeholder Survey

An online survey using Qualtrics was developed to gather stakeholder feedback about the needs of youth and families in Ventura County. Specifically, based on their experiences, respondents were asked to rate the importance of needs, outcomes, strategies, and barriers for at-risk youth, their parents and families, and the larger systems that serve them. Ventura County Probation distributed survey links and reminders via email to JJCC members, leadership councils, CBO providers, advocacy groups, philanthropic organizations, faith-based organizations, law enforcement and justice agencies, medical agencies, and school districts in August and September 2021. Recipients of the survey link were encouraged to share the link with other staff who wanted to share feedback on needs and priorities for youth.

A total of 186 respondents completed the survey with respondents falling into three main service sectors (Exhibit 9). See Appendix B for the complete list of questions asked on the County Stakeholder Survey.

Exhibit 9. Stakeholder Respondents by Service Sector

Sector	Number (%) of stakeholders who completed the survey
Probation and law enforcement agencies	81 (55%)
(e.g., justice agencies including police, sheriff, probation officers, District Attorney (DA) office, courts)	
Education-related agencies and other CBOs	52 (35%)
(e.g., SARB, VCUSD, before or after-school programming, FRCs)	
Substance use and mental health agencies	15 (10%)
(e.g., BHRS, medical services)	
Total	148 (100%)

Note: Thirty-eight respondents did not specify their sector or organization on the survey.

Youth and Parent/Caregiver Surveys

Three surveys were developed and implemented in the JF to gather critical data from current or past justice-involved youth and their families. These were created to better understand their needs and the types of services they believe would be most helpful, their challenges in obtaining services (if any), what would have prevented the youth from becoming involved in the juvenile justice system, and if anything was confusing about the juvenile justice process.

The surveys were administered from July through September 2021 to 1) youth on formal/informal probation, 2) parents/caregivers accompanying youth visiting their Probation Officer (PO), and 3) parents/caregivers who were visiting youth in the JF. A total of 123 surveys were completed (Exhibit 10). The demographic profile of participants and survey results can be found in Appendix C.

Exhibit 10. Participation in Youth and Parent/Caregiver Feedback Surveys

Participation in Youth and Parent/Caregiver Surveys	Number (%) of completed surveys
Youth on formal/informal probation	74 (60%)
Parents/caregivers accompanying youth visiting their PO	26 (21%)
Parents/caregivers who were visiting youth in the JF	23 (19%)
Total	123 (100%)

Secondary Data

Ventura County population and juvenile arrest data was gathered from the California Department of Justice, California Department of Finance, California Department of Education, Ventura County Public Health, US Census Bureau, and Ventura County Probation to understand the youth population in the county and compared with the state of California. While additional data (e.g., data on referrals and dispositions) was sought from the Ventura County Probation Agency, no additional data were available at the time that could provide further insight into the youth population on Probation.

Literature Review

A review was conducted of the mechanisms and evidence-based practices to refine recommendations for supporting youth in the identified areas of need.

Analytic Strategy

The analytic strategy for updating Ventura County's JJP and determining the five priority need areas and accompanying strategies entailed the following:

- ASR analyzed the qualitative data gathered during meetings, focus groups, and interviews, allowing themes and sub-themes to emerge from the data. These themes and sub-themes were tracked in a spreadsheet and then tabulated to derive the most highly cited needs mentioned by stakeholders.
- At the same time, ASR rank-ordered the quantitative County Stakeholder Survey responses to highlight shared concern or priority areas based on:



- Current need/priority or
- o An increased need/priority over the last three years
- The top items from the rank ordering of survey items were compared with the FG/KII qualitative themes and data from the youth and parent/caregiver surveys to solidify the selection of priority areas and prioritized areas of focus.
- ASR then conducted a literature review of frameworks, evidence-based practices, and strategies to address the prioritized needs within each of the five areas.
- Together, these findings, combined with the data collection process, were used to complete and organize recommendations made in this report.

In addition, secondary data from the California Department of Justice, California Department of Finance, California Department of Education, US Census Bureau, Ventura County Public Health, and Ventura County Probation helped to complete the demographic and criminal profiles of youth in the county.

Characteristics of Families and Youth in Ventura County

County Demographics

As of January 2021, the total population of adults, youth, and children in Ventura County was 846,249 (Exhibit 11). Youth ages 10-17 composed 10.6% of the total population, which approximates the proportion of youth found in California (10.2%). The overall population in Ventura County is 65.2% White and 19.9% some other race, both of which are higher than California (53.9% and 18.3%, respectively). There are fewer persons who identify as African American/Black (2.0%) and Asian American (7.6%) than in California (5.8% and 15.2%, respectively). A total of 44.6% of Ventura County identifies as Hispanic/Latino, which is more than in California (40.6%). Approximately one-half of the population (50.5%) is female in Ventura County and in California.

	Ventura County	California
Population		Gaintonnia
Total	846,249	39,740,046
Children (under age 10)	11.9%	12.3%
Youth (ages 10-17)	10.6%	10.2%
Adults (ages 25+)	68.3%	68.2%
Race		
White	65.2%	53.9%
African American/Black	2.0%	5.8%
Asian American	7.6%	15.2%
American Indian/Alaska Native	1.1%	1.0%
Some other race	18.9%	18.3%
Multiracial	5.0%	5.5%
Ethnicity		
Hispanic/Latino	44.6%	40.6%
Non-Hispanic/Latino	55.4%	59.4%
Sex		
Male	49.5%	49.7%
Female	50.5%	50.3%

Exhibit 11. Demographics, Economic, Employment, and Education Indicators in Ventura County and California in January 2021

Source: Data available through The Health Matters in Ventura County funded by Ventura County Public Health. Accessed December 18, 2021.

The median household income in Ventura County is \$91,332, which is higher than in California (Exhibit 12). County-wide, 6.2% of families lived below poverty, and 4.3% of families with children earned below the poverty level. As of January 2021, 4.6% of individuals over the age of 16 were unemployed.

Exhibit 12. Economic, Employment, and Education Indicators in Ventura County and California in January 2021

	Ventura County	California	
Economic and Employment Indicator	s		
Median Household Income	\$91,332	\$82,565	
Families Below Poverty	6.2% of families	9.4% of families	
Families Below Poverty with Children	4.3% of families	6.9% of families	
Unemployment (as of January 2021)	4.6%	5.8%	
Educational Attainment (Ages 25 and Older)			
Less than 9 th grade	9.3%	9.1%	
Some High School, No Diploma	5.6%	7.4%	
High School Grad	19.8%	20.7%	
Some College, No Degree	22.6%	30.0%	
Associate Degree	9.8%	7.9%	
Bachelor's Degree	20.6%	21.1%	
Advanced Degree	12.2%	12.8%	

Source: Data available through The Health Matters in Ventura County funded by Ventura County Public Health. Accessed December 18, 2021.

Individuals with some college experience but no degree (22.6%) made up the majority of the ages 25+ population, followed by 20.6% of individuals with a bachelor's degree, and 19.8% of individuals who had a high school diploma.

Data from the US Census Bureau from 2019 indicates that 61.2% of individuals ages 5+ spoke English only, and 38.8% spoke a language other than English in Ventura County.⁶

Characteristics of Youth

Education

According to the data available by California Department of Education from school year 2019-20, there are 20 school districts in Ventura County. Exhibit 13 shows data on selected school districts, based on the cities identified as vulnerable neighborhoods by Ventura County stakeholders. Among these school districts, Fillmore Unified had the highest suspension percentage, followed by Oxnard Union High and Santa Paula Unified. Expulsion percentages, also from 2019-20, were low across all the schools listed. The truancy data reported for school year 2018-19 shows Oxnard Union High reported by far the highest truancy percent in the county at 16.9%.

⁶ The total population of five years and over in 2019 in Ventura County was 798,683.

	2019-2020		2018-2019	
	Suspension %	Expulsion %	Truancy %	
Fillmore Unified	4.8%	0.2%	9.2%	
Oxnard	1.7%	0.0%	7.7%	
Oxnard Union High	3.9%	0.3%	16.9%	
Santa Paula Unified	3.9%	0.0%	9.1%	
Simi Valley Unified	2.5%	0.1%	9.5%	
Ventura Unified	1.7%	0.1%	7.4%	
Ventura County	2.1%	0.1%	9.2%	

Exhibit 13. Suspension, Expulsion, and Truancy in Ventura County

Source: California Department of Education. Suspension and Expulsion rates are from school year 2019-2020, while truancy rates are from school year 2018-2019.

The California Healthy Kids Survey distributed to schools across districts in Ventura County provides student reported data on many indicators assessing school climate, student engagement, student supports, developmental supports, violence and harassment, substance use, and physical and mental health in secondary education (Exhibit 14).

Exhibit 14. Student Indicators at Secondary Education Level from 2017-2019

	Grade 7	Grade 9	Grade 11	NT*
Number of youth surveyed	11,260	7,582	6,212	1,180
School Engagement and Supports				
School Connectedness	63%	59%	56%	60%
Chronic Truancy (twice a month or more often in past 12 months)	2%	4%	6%	10%
Caring Adult Relationships	61%	57%	61%	63%
Parent Involvement in School	60%	45%	40%	56%
School Safety				
School perceived as safe or very safe	61%	59%	58%	65%
Experienced harassment or bullying (in past 12 months)	35%	28%	26%	38%
Been in physical fight (in past 12 months)	17%	9%	6%	24%
Seen a weapon on campus (in past 12 months)	14%	13%	9%	13%
Substance Use and Mental Health	Substance Use and Mental Health			
Current alcohol or drug use (in past 30 days)	8%	15%	23%	33%
Experienced chronic sadness (in past 12 months)	29%	30%	36%	41%
Considered suicide (in past 12 months)	16%	16%	17%	29%

	Grade 7	Grade 9	Grade 11	NT*
Other Indicators				
Language other than English spoken at home most of the time	43%	36%	34%	40%
Considers self to be a member of a gang	4%	4%	4%	4%
		<u> </u>	(

Source: California Healthy Kids Survey for California Department of Education (2017-2019). NT* includes continuation, community day, and other alternative school types.

The 2017-2019 results indicate that within **school engagement and supports**, from 56% to 63% of students reported feeling socially connected, an indicator of emotional engagement in schools. From 57% to 63% of students also reported having caring adult relationships at school, and from 40% to 60% of students reported parent involvement in school. Fewer students reported social connectedness and parent involvement in school in 11th grade than students in other grades or alternative schools. A small proportion of youth (from 2% in 7th grade to 10% in alternative schools) reported being chronically truant.

School safety indicators show that from 58% to 65% of students reported feeling safe or very safe at school. However, from 26% to 38% of students reported experiencing harassment or bullying at school in the past 12 months. From 6% to 24% of students reported being in a physical fight, and a small proportion of students (from 9% to 14%) reported seeing a weapon on campus in the past 12 months. Fewer students reported feeling safe at school in 11th grade than students in other grades or alternative schools. A higher proportion of students in alternative schools reported experiencing harassment or bullying, as well as being in a physical fight.

Substance use and mental health data indicate from 8% to 33% of students reported current alcohol or drug use in the past 30 days. From 29% to 36% of students reported experiencing chronic sadness in the past 12 months, and from 16% to 29% of students reported considering suicide in the past 12 months. A higher proportion of students in alternative schools reported substance use and poor mental health (i.e., chronic sadness and considering suicide) than students in other grades.

Other indicators show that from 34% to 43% of students spoke a language other than English most of the time at home. A small proportion of students (4%) across all grades considered themselves to be a member of a gang.

Child and Youth Safety and Special Needs

Data in Exhibit 15 indicate within **safety needs**, 14% of children in Ventura County experienced two or more Adverse Childhood Experiences (ACEs), a slightly smaller proportion than the proportion in California (15%). In 2018, 56.5 per 1000 Ventura County children were reported to have been abused or neglected, a rate that is higher than in California (52.9). Additionally, 3.2 per 1000 Ventura County children/youth were in foster care in 2018, a lower rate than in California.

In terms of **special needs**, in 2019, licensed childcare spaces were available for 28% of children with working parents in Ventura County, compared with 25% in California. Moreover, on Census Day in the 2019 school year, 56% of Ventura County enrollees were high-needs students, a substantially lower percentage than in California (63%).

Exhibit 15. Safety and Special Needs Indicators for Youth

	Ventura County	California
Safety		
Children with ACES (2016-2019)		
2 or more ACEs	14%	15%
Rate of Child Abuse and Neglect (2018)	56.5	52.9
Rate of Children and Youth in Foster Care (2018)*	3.2	5.3
Special Needs (2019)		
Children for Whom Child Care Spaces Are Available	28%	25%
High-Need Students (K-12 students eligible for free or reduced lunch, are English learners, or are foster youth)	56%	63%

Source: Data available through KidsData, a program of Population Reference Bureau (PRB). Note: Children indicates an age range of 0-17 years. Rate indicates per 1000 children. *Indicates ages 0-20 years in foster care.

Juvenile Arrest Rates

For the calendar year 2020, there were 1,229 total arrests of juveniles aged 10 to 17 years old in Ventura County (Exhibit 16). This resulted in an arrest rate of 1,379 per 100,000 youth in Ventura County. Ventura County ranks well above the state averages for all offenses, especially for misdemeanor offense rates (788 vs. 285 per 100,000, respectively).

Based on data provided by Ventura County Probation, of those arrested in Ventura County, 75% identified as Hispanic, 19% as White, 5% as Black/African American, and 2% as Other. Moreover, a higher percentage of juveniles identified as males (70%).

Juvenile Arrest Types	Ventura County (Pop. 89,125)	California (Pop. 4,176,426)
Total Juvenile Arrests (Rate)	1,229 (1,379)	25,710 (615)
Juvenile Felony Arrests (Rate)	340 (382)	11,332 (271)
Juvenile Misdemeanor Arrests (Rate)	702 (788)	11,930 (285)
Juvenile Status Offense Arrests (Rate)	187 (210)	2,448 (59)

Exhibit 16. Arrests and Arrest Rates Per 100,000 Juveniles Aged 10 through 17 in 2020

Source: California Department of Justice, California Department of Finance. Note: Arrest rates, indicated within parentheses, are calculated per 100,000 youth aged 10 to 17.

From 2017 to 2020, juvenile arrest rates continued to decrease overall across status offense types (Exhibit 17). In general, felony arrest rates remained consistent across the years, with more of a decline between 2019 and 2020. For misdemeanor arrests, there was a decline in 2018, then an increase in 2019,

and then a substantial drop in 2020. Generally, 2020 showed substantially lower rates of juvenile arrests across all three types of offenses. Mandated shutdowns due to COVID-19 beginning March 2020 likely impacted these rates.

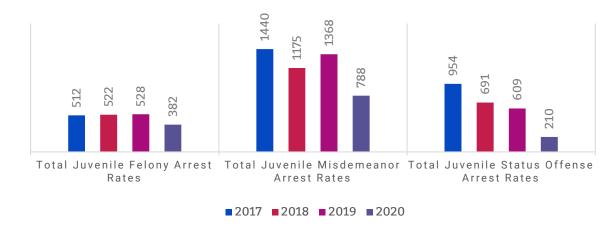


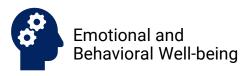
Exhibit 17. Ventura County Juvenile Arrest Rates from 2017-2020

Source: California Department of Justice, California Department of Finance. Note: Arrest rates are calculated per 100,000 youth.

Ventura County Juvenile Justice Plan Priority Areas

Many areas of gaps or needs emerged that influence youths' involvement in and experience with the juvenile justice system within Ventura County. **The results coalesced around five priority areas that are summarized in Exhibit 18.**

Exhibit 18. The Five Priority Areas of Ventura County's Juvenile Justice Plan







Prevention and Early Intervention





Prosocial and Skill-Building Opportunities

Each priority area and its sub-areas are described in the following sections, including key research findings, stakeholder feedback, recommended strategies, and examples of evidence-based programs and practices that can address the service gap or support the need.



Priority Area 1: Emotional and Behavioral Well-Being

Ventura County stakeholders identified **emotional and behavioral well-being** as the top priority, with four focus areas including:

- Mental Health Intervention for Youth,
- Trauma-Specific Services,
- Drug/Alcohol Treatment (Residential and Outpatient), and
- Family Therapy.

Feedback from Ventura County stakeholders provided corroborating evidence of a high prevalence of mental health challenges among justice-involved youth, coupled with barriers to engagement and challenges in accessing services that are reported to contribute to youth entering and returning into the justice system. If gaps in services and supports are addressed, the emotional and behavioral health of Ventura County youth can improve. Key opportunities and potential outcomes specific to the four areas of focus are summarized in Exhibit 19.

ļ	Areas of Focus	Key Opportunities	Potential Outcomes
Α.	Mental Health Intervention for Youth	 Increase the availability of mental health providers in the JF and community Diversify therapeutic options for youth Boost capacity of mental health providers to address the complex needs of youth 	 More youth are engaged in services that work for them, resulting in improved mental health outcomes
B.	Trauma- Specific Services	 Increase partnerships to boost treatment capacity Offer more trauma-specific and specialized services 	 More youth access services to address trauma More youth increase their ability to cope with trauma-related stress
C.	Drug/Alcohol Treatment (Residential and Outpatient)	 Increase availability of residential facilities in the county Provide more youth-focused substance use programs 	 More youth access services to address their drug and alcohol use More youth complete AOD services with improved outcomes, including needs met, lives saved, and decreased justice involvement
D.	Family Therapy	 Partner to support more prevention and early-intervention solutions to family discord. Increase access to services for families 	 More families access services at the onset of issues Family functioning and engagement improves More youth have their needs met and decreases justice involvement

Exhibit 19. Emotional and Behavioral Well-Being Priority Area Opportunities and Outcomes

Key Research Findings

Research studies have found that mental health challenges are more prevalent among juvenile offenders compared with youth who are not involved in the justice system. An estimated 70% of youth in the juvenile justice system are diagnosed with a mental health disorder and have higher rates of behavioral health conditions than children in the general population.⁷ The Pathways to Desistance Study (2014) found that approximately 44% of serious youth offenders were diagnosed with a substance abuse disorder, 19% with high anxiety, 11% with attention-deficit/hyperactivity disorder (ADHD), 6% with post-traumatic stress disorder (PTSD) and major depression, and 4% were diagnosed with mania.⁸ In comparison, 17% of 12-to-17-year-olds in the general population had a major depressive episode, and 15% had a substance use disorder in 2019.⁹

Furthermore, research has shown that the high rate of mental health challenges among juvenile offenders increases the rate of recidivism while at the same time presents barriers to accessing necessary services, thus, contributing to the system's "revolving door." Longitudinal studies have linked

⁷ Meservey, F., & Skowyra, L.K.R. (2015, May). Caring for youth with mental health needs in the juvenile justice system: Improving knowledge and skills. *Research and Program Brief*. National Center for Mental Health and Juvenile Justice.

⁸ Schubert, C. A., & Mulvey, E. P. (2014, June). Behavioral health problems, treatment, and outcomes in serious youthful offenders. US Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention. https://ojjdp.ojp.gov/sites/g/files/xyckuh176/files/pubs/242440.pdf
⁹ https://www.samhsa.gov/data/sites/default/files.pdf

mental health challenges with behavioral and conduct problems, as well as ADHD among juvenile offenders, with higher levels of recidivism.¹⁰ In addition, justice-involved youth struggling with mental health problems have difficulty accessing services, are reluctant to seek help, and face challenges related to the unavailability of service providers. These factors contribute to the juvenile justice system's "revolving door."^{11,12}

Substance use and histories of trauma can increase the risk of offending and resistance to treatment for some at-risk youth. **Substance use among youth does not only contribute to youths' entry into the justice system, but it also increases the chances of recidivism within the first three years of release.** According to the Department of Justice's Office of Juvenile and Delinquency Prevention (OJJDP), 12% of the juvenile arrests nationally were for drug abuse violations, and 4% of juvenile arrests were for drunkenness or liquor law violation in 2019.¹³ In addition, illegal substance abuse increases the chances of release to criminal behavior and recidivism among drug-involved offenders. Sixty-eight percent of drug offenders recidivate within the first three years of release.¹⁴ Research has shown that 29% of female offenders and more than 21% of male offenders with any substance use disorder also had a major mental disorder.¹⁵

SAMHSA (2014) describes traumatic events as experiences that can be emotionally and physically harmful to an individual, making them feel unsafe and stressed.¹⁶ **Research shows that juvenile offenders also experience trauma at a higher rate compared with their same-aged peers who are not justice-involved. Approximately 93% of detained youth were estimated to have experienced at least one of eight traumatic experiences** (e.g., having seen or heard someone get badly hurt or killed, having been threatened with a weapon, and being in a situation where they thought they or someone close to them was going to be badly hurt or die), compared with only 33% or less of general populations of youth.¹⁷ Childhood trauma survivors may experience an increased use of health and mental health services, increased involvement with the child welfare and juvenile justice systems, and long-term health problems and developmental disorders (e.g., learning problems).¹⁸

Creating an environment that supports youth rehabilitation is important for sustained success. Thus, healing the family system as a foundational support system for young people is key. As far as improving mental health, youth mirror and are triggered by their environments. The research shows that youth with

¹⁷ Abram, K. M., Teplin, L. A., King, D. C., Longworth, S. L., Emanuel, K. M., Romero, E. G., & Olson, N. D. (2013, June). PTSD, trauma, and comorbid psychiatric disorders in detained youth. Washington, DC: US Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.

https://ojjdp.ojp.gov/sites/g/files/xyckuh176/files/pubs/239603.pdf

¹⁰ McReynolds, L. S., Schwalbe, C. S., & Wasserman, G. A. (2010). The contribution of psychiatric disorder to juvenile recidivism. *Criminal Justice and Behavior*, 37(2), 204-216.

 ¹¹ Kates, E., Gerber, E. B., & Casey, S. (2014). Prior service utilization in detained youth with mental health needs. Administration and Policy in Mental Health and Mental Health Services Research, 41(1), 86-92.
 ¹² Harrison, L. D. (2001). The revolving prison door for drug-involved offenders: Challenges and

opportunities. Crime & Delinquency, 47(3), 462-485.

¹³OJJDP Statistical Briefing Book. Online. Available:

https://www.ojjdp.gov/ojstatbb/crime/qa05101.asp?qaDate=2019. Released on November 16, 2020. ¹⁴ Belenko, S., Hiller, M., & Hamilton, L. (2013). Treating substance use disorders in the criminal justice system. *Current Psychiatry Reports*, 15(11), 414.

¹⁵ Abram, K. M., Teplin, L. A., McClelland, G. M., & Dulcan, M. K. (2003). Comorbid psychiatric disorders in youth in juvenile detention. *Archives of General Psychiatry*, 60(11), 1097-1108.

¹⁶ Substance Abuse and Mental Health Services Administration. (2014, July). SAMHSA's concept of trauma and guidance for a trauma-informed approach. Rockville, MD: Substance Abuse and Mental Health Services Administration. https://ncsacw.samhsa.gov/userfiles/files/SAMHSA_Trauma.pdf

¹⁸ https://www.samhsa.gov/child-trauma/understanding-child-trauma

behavior disorders have parents who display substantially higher rates of depressive symptoms.¹⁹ Additionally, children of parents with depression have a higher risk of developing emotional and behavioral problems than children of parents with no mental health disorders.²⁰

A. Mental Health Intervention for Youth

Summary of Need

The online survey and feedback sessions with youth and county stakeholders identified mental health interventions for youth as a top need in Ventura County.

Results from the county stakeholder survey indicate that:

- Over nine out of 10 (94%) respondents feel that mental health/behavioral therapy is a high need area for youth,
- Seventy-seven percent (77%) of respondents indicated that **this need has** *increased* **since the last JJP**, and
- Over half of respondents (56%) called for improvements in mental health for youth and their families as a top outcome to focus on achieving this next year.

According to current and past justice-involved youth interviewed (n=21), current mental health interventions are not, or did not, work for them. This suggests that many youth are not developing supportive, therapeutic relationships with their mental health providers to receive the support that they need.

Specifically,

- Youth report not benefiting from therapy. Nearly all youth interviewed said they had seen multiple therapists over the years, did not like going to therapy, and did not get anything out of it.
- Many youth do not engage with therapists. Several youth said they know how to "work the system," i.e., they know how to say, "I don't want to talk," at the beginning of the session and remain unresponsive for the rest of the session.

Ventura County stakeholder interviews provided additional understanding of youths' experiences and the system providing mental health services to youth. Key findings point to a mental health system with needs to address:

- The complexity and severity of needs. Many youth who touch the juvenile justice system have severe mental health needs coupled with deeply entrenched substance use issues and/or trauma. Staff assigned to the JF and other staff assigned to the juvenile population are not currently trained to manage the complex and unique needs of the youth served.
- Lack of access to clinicians in the community. Too few mental health professionals, particularly those who are bilingual (e.g., Spanish or Mixteco), are available for youth touching the justice system, including transitional age youth (TAY). This creates long waits (e.g., up to one year) to access therapists. Infrequent "warm hand-offs" of youth to counselors were also reported. Probation staff also report that mental health clinicians are not available after traditional working hours and during

¹⁹ Gopalan, G., Dean-Assael, K., Klingenstein, K., Chacko, A., & Mckay, M. M. (2011). Caregiver depression and youth disruptive behavior difficulties. *Social Work in Mental Health*, 9(1), 56-70.

²⁰ Riley, A. W., Coiro, M. J., Broitman, M., Colantuoni, E., Hurley, K. M., Bandeen-Roche, K., & Miranda, J. (2009). Mental health of children of low-income depressed mothers: Influences of parenting, family environment, and raters. *Psychiatric Services*, 60(3), 329-336.

the weekends, which leaves youth without mental health support during some of their most challenging moments (e.g., family visitations). Probation staff report having to support youth through mental health crises that they are not trained to manage. Finally, low-income youth and their families in the community experience financial barriers to mental health services in the county.

• **Challenges hiring and retaining staff**. As reported by one JJCPA-funded program (ROPP), there are roadblocks to hiring new therapists, such as long wait times for background checks, which make staffing challenging within the program. In addition, mental health clinician turnover contributes to disruption in any established relationships developed between youth and their mental health providers.

Recommended Strategies

Based on the research evidence and feedback from Ventura County stakeholders, including youth, there is a strong need to systematically change how youth experience mental health services to increase their engagement in services, leading to positive outcomes. Leaders representing major agencies and organizations from across Ventura County, including Probation, identified and have already made progress toward many of the following solutions:



- Increase availability of mental health providers in the JF. Probation is currently coordinating with Behavioral Health to increase the availability of mental health providers, including the total number of mental health providers, and expanding services to include evenings and weekends.
- Boost capacity of mental health providers to address the complex needs of youth. Mental health providers delivering services could be required to complete the Screening, Brief Intervention, and Referral to Treatment (SBIRT) training certificate.²¹ This provides additional training in working with justice-involved youth who have experienced severe trauma and who face substance abuse challenges. Offering more professional support and training to those clinicians who work with justice-involved youth would help to reduce burnout and perhaps increase staff consistency.
- Increase partnerships to boost treatment capacity. Because the needs of justice-involved youth are not fully addressed by existing services, partnering with Ventura County Medical Center may be able to strengthen the system's capacity to address severe mental health, substance use, and trauma-related challenges faced by youth. This can be accomplished by providing services offered by a steady flow of psychiatry and substance use medical residents in training who are overseen by a doctor and who can provide services within the JF.
- **Continue and expand the use of non-traditional evidence-based therapies** (e.g., art therapy, equine therapy). These alternatives provide opportunities for expression that can engage youth and enhance their healing process.

Examples of Evidence-Based Programs and Promising Practices

Several evidence-based programs and promising practices to improve mental health outcomes for youth are displayed in Exhibit 20. Depending on available funding and staffing, Probation may consider any of these to augment current programs or practices.

²¹ https://www.sbirt.com

Exhibit 20. Example Mental Health Intervention Evidence-Based Programs and Promising Practices

Example Evidence-Based Program or Promising Practice	Description
Individual Cognitive Behavioral Therapy (CBT) ²²	 Focuses on the relationship between thoughts, feelings, and behaviors, and on restructuring negative thoughts to positive thoughts
Dialectical Behavior Therapy (DBT) ²³	Form of CBT used for complex mental disorders
	 Individuals are asked to accept uncomfortable thoughts, feelings, and behaviors and to find a balance between accepting and changing them
Aggression Replacement Training (ART) ²⁴	 10-week (30 session) program that improves social skills development and conflict resolution, and reduces aggressive behavior
	 Sessions cover social skills training, anger-control training, and moral reasoning training
Dance Movement Therapy ²⁵	 Uses movement to promote social, emotional, cognitive, and physical integration to improve health and well-being
Wilderness Therapy/Wilderness Challenge Programs ²⁶	 Improves problem behaviors through physical activity and social interactions
Expressive Writing Interventions for Adolescents	 Improves emotional expression and processing of stressful situations to improve physical/psychological health

B. Trauma-Specific Services

Summary of Need

The need for trauma-specific services emerged as another top concern based on the data from the online survey and feedback sessions with youth and county stakeholders.

Results from the county stakeholder survey indicate that:

- Eighty-eight percent (88%) of respondents reported that trauma-specific services is a high need area for youth,
- Two out of three respondents (66%) indicated that **this need has** *increased* **since the last JJP**, and
- Increasing trauma-informed programs and services emerged as one of the top five outcomes to focus on in the next year.

According to feedback from current and past justice-involved youth, they have extensive trauma histories. Thus, there is a pressing need to increase trauma-informed training for providers and staff so that youth 1) are not re-traumatized, and 2) have opportunities to heal past traumas. Female youth in the JF who discussed their significant levels of trauma (e.g., domestic violence) felt that Probation staff needed to

²² https://www.apa.org/ptsd-guideline/patients-and-families/cognitive-behavioral

²³ https://www.psychologytoday.com/us/therapy-types/dialectical-behavior-therapy

²⁴ http://www.episcenter.psu.edu/ebp/ART

²⁵ https://www.adta.org/

²⁶ https://crimesolutions.ojp.gov/wilderness-challenge-programs

receive "training on trauma, triggers, and controlling their anger," to minimize re-traumatization and improve support.

Ventura County stakeholder interviews provided additional feedback about the types of traumas experienced, the ways in which it manifests, and the need for effective treatment solutions for at-risk and justice-involved youth.

- Addressing trauma, especially sexual trauma, is challenging. According to community stakeholders, some of the challenges included developing comprehensive treatment, having consistent clinicians for therapy, and addressing both sexual trauma and co-morbid substance use issues. One stakeholder mentioned, "What to treat first? Substance use, dual diagnosis, or sexual trauma?"
- Strategies are needed to develop and implement treatment to interrupt intergenerational trauma and trauma due to violence within families.
- More experts are needed to both clinically address trauma and to provide trauma-informed services.

Recommended Strategies

The research on trauma among justice-involved youth and feedback from community stakeholders led to several recommended strategies for tackling this challenge and supporting greater resilience and coping among the most vulnerable young people in Ventura County. Recommendations include:

- Increase partnerships to boost treatment capacity. As stated in the prior section, Ventura County Medical Center leaders were willing to explore how their Center may provide intensive psychiatric and medical treatment for youth inside and outside the JF. (See Priority Area A. Mental Health for recommended strategies).
- Offer additional trauma training to mental health providers with certification. Providers delivering services can complete the SBIRT training certificate. This provides additional training in working with justice-involved youth who have experienced severe trauma and who face substance abuse challenges.²⁷
- **Consider trauma-specific, specialized services to address complex needs.** Building on the partnerships just mentioned, utilize psychiatrists and substance use medical doctors who are trained to address the complex challenges faced by justice-involved youth at the intersection of mental health, substance use, and trauma.
- Support the expansion of community-based services and supports to heal the multigenerational trauma experienced within families. Offering accessible, affordable, and low cost or no cost mental health services for families throughout the county, and mental health services for children and their families, as well as parenting classes.

Examples of Evidence-Based Programs and Promising Practices

Some evidence-based and promising interventions specific to addressing trauma are shown in Exhibit 21.

Exhibit 21. Example Trauma-Informed Evidence-Based Programs and Promising Practices

Example Evidence-Based Program or Promising Practice	Description
Trauma-Informed Cognitive-	 A child and parent psychotherapy model for children experiencing emotional
Behavioral Therapy ²⁸	and behavioral difficulties related to traumatic events

²⁷ https://www.sbirt.com

²⁸ https://www.cebc4cw.org/program/trauma-focused-cognitive-behavioral-therapy/

Example Evidence-Based Program or Promising Practice	Description
Lumos Transforms' Resilience Toolkit Facilitator Certification ²⁹	Mindfulness/movement practices that address stress and trauma
Training from ACES Aware Initiative ³⁰	 Recognizing/responding to trauma with evidence-based interventions and trauma-informed care to prevent/treat toxic stress
Neurosequential Model of Therapeutics (NMT) ³¹	 Considers developmental factors (e.g., past/current experiences) within the neurological framework and how these factors combine to influence the current functioning of youth
TARGET-A Trauma Affect Regulation Program ³²	 Prevention program for youth focused on seven skills: focus, recognize triggers, emotional self-check, evaluate thoughts, define goals, options, and contribute

C. Alcohol and Drug Residential and Outpatient Treatment

Summary of Need

Results from the county stakeholder survey indicate that:

- Decreasing drug and alcohol use **emerged as one of the top five outcomes** (42% of respondents) to focus on next year in Ventura County, and
- Nearly two out of every three respondents cited the need for more AOD residential (64%) and outpatient (62%) treatment programs.

AOD residential treatment emerged as the fourth highest need by respondents in the parent/caregiver and youth surveys.

• Specifically, 43% of parents of youth in custody, 27% of parents accompanying youth to visit their PO, and 11% of formal/informal probation youth wanted more AOD residential services.

AOD outpatient treatment emerged as one of the top 10 services needed for youth in the parent/caregiver and youth surveys.

• Three in 10 (30%) parents of youth in custody, 23% of parents accompanying youth to visit their PO, and 9% of formal/informal probation youth wanted more AOD outpatient services.

Both residential and outpatient alcohol and other drug (AOD) treatment were prominent needs raised by stakeholders in both the online survey and by youth and county stakeholders in feedback sessions.

Nearly every current or past justice-involved youth in the feedback sessions said they were currently or had in the past faced a severe substance use issue, which prevented them from focusing on goals or making bigger changes in their life until they got clean. However, "getting clean" was said to come with many challenges, including:

²⁹ https://lumostransforms.com/

³⁰ https://training.acesaware.org/

³¹ https://www.neurosequential.com/

³² https://www.cebc4cw.org/program/trauma-affect-regulation-guide-for-education-and-therapyadolescents/

- Ineffective drug and alcohol classes. Though youth recommended that younger youth "not get involved in things [drugs] that they can't handle," drug prevention classes and workshops were said to be ineffective and unengaging. Young people said they were not connecting with traditional programming, and the classes ended up having unintended consequences: "it did the complete opposite – it was a good time, and it wasn't supposed to be."
- The prevalence of drugs in their community, making it difficult to stay sober even if they "got clean" while in the JF.
- A lack of trust and engagement in mental health services. (See A. Mental Health in this priority area).

"The message given is that they [the youth] can do what they want because the law protects them. For example, as a mom I could not take my son to the doctor to have a drug test because the law protects them."

- Parent of a youth in custody

Parents and caregivers cited limitations on their ability to monitor their youths' substance use.

In line with the youth and parent feedback, there was consensus among stakeholders about the county's large gap in AOD services for youth, particularly residential treatment. Key findings on need included:

- More trauma-informed local residential AOD facilities or programs for youth are needed. Programs are needed to serve youth of all ages, including those older than 18. There is one AOD residential program for youth to attend, and it is in LA County that is difficult to access.
- Ventura County Probation staff need timely, "on-call" support for youth in the JF. Staff shared the need for support to address substance use-related behavioral health emergencies. For example, one staff mentioned, "they [Probation] should have an on-call person for emergencies instead of us having to go to the crisis team who ends up not responding. There isn't a designated BHRS staff."
- **Transportation is a considerable barrier.** The one existing residential facility is out of county (i.e., in LA County), which is too great a distance for many youth and families, preventing them from accessing AOD services.

Recommended Strategies

Recommended strategies that appear in the next section are based on stakeholder feedback.

- Increase AOD residential services in the county by contracting with a local provider or an out of county provider to offer services in Ventura County to reduce travel time and thus accessibility for youth. If not available, an alternative program model in a neighboring county may help increase the rate of successful completion of AOD treatment.
- Leverage funding to provide transportation for youth to new and existing facilities to end barriers to accessing necessary services.
- **Evaluate the effectiveness of programs** that educate and mentor youth in the JF who face substance use issues, and consider other options such as the examples of evidence-based programs and practices found in the next section.
- Partner with Ventura County Medical Center to provide intensive psychiatric and medical treatment for youth inside and outside the JF. This may include leveraging the expertise of psychiatrists in training, along with an addiction fellow supervised by an attending physician who is skilled in working with those experiencing trauma, psychiatric, and substance abuse issues and who can deliver services within the JF.
- **Consider AOD programs and services that are youth focused.** Members of the Youth, Equity, Success (YES) Collaborative shared the success of Reclaiming Futures Initiative (RFI), which is a national model to improve substance abuse treatment and mental health outcomes for youth. The model

provides screening and assessment to the youth and tracks whether the youth received the treatment recommended from the assessment. It follows the youth into treatment to assure that the recommended treatment is benefiting them. The treatment plan is informed by the youth, family, and assessment services and supports, and it is culturally congruent, gender-responsive, and coordinated by multi-sector teams.³³

"I would like to see that the youth that are here be given an opportunity to succeed and are able to demonstrate that they are good. Also help them end their drug usage since drugs are the main problem with our youth." - Parent of a youth in custody

Examples of Evidence-Based Programs and Practices

Prominent programs and practices emerging from the literature that can address AOD issues in outpatient facilities include mindfulness-based interventions that demonstrate effectiveness in reducing substance use and cravings.³⁴ "Mindfulness" refers to one being aware of their thoughts, feelings, and environment moment-by-moment (Exhibit 22).^{35,36}

Example Evidence-Based Program or Promising Practice	Description	
Mindfulness-Based Substance Abuse Treatment for Incarcerated Youth (MBSAT) ³⁷	 Group-based treatment that includes mindfulness practices, drug education, experiential exercises, and group discussions 	
Mindfulness-Based Relapse Prevention (MBRP) ³⁸	 Supports awareness of triggers and learning strategies to pause and reassess choices, and building a lifestyle around mindfulness practice 	
Adolescent-Community Reinforcement Approach (A- CRA) and Assertive Continuing Care (ACC) ³⁹	 A-CRA involves the youth and their family and other social reinforcers to support their substance abuse recovery. The ACC is a home-based approach to prevent the individual from relapsing. 	
The Seven Challenges® (7c) ⁴⁰	 Helps youth with their drug problems and helps them think through their decisions about their lives and their drug use 	
Reclaiming Futures Initiative (RFI)	 Screening and assessment for youth, and tracks whether youth received the recommended treatment. Treatment plan is informed by the youth, family, assessment services and supports, and is culturally congruent, gender responsive, and coordinated by multisector teams 	

Exhibit 22. Example AOD Evidence-Based Programs and Promising Practices

³³ https://www.reclaimingfutures.org/

³⁴ Chiesa, A., & Serretti, A. (2014). Are mindfulness-based interventions effective for substance use disorders? A systematic review of the evidence. *Substance Use & Misuse*, 49(5), 492-512.

³⁵ Kabat - Zinn, J. (2003). Mindfulness-based interventions in context: past, present, and future. *Clinical Psychology: Science and Practice*, 10(2), 144-156.

³⁶ Witkiewitz, K., Bowen, S., Harrop, E. N., Douglas, H., Enkema, M., & Sedgwick, C. (2014). Mindfulness-based treatment to prevent addictive behavior relapse: Theoretical models and hypothesized mechanisms of change. *Substance Use & Misuse*, 49(5), 513-524.

³⁷ https://www.juanhumbertoyoung.com/MBSAT-program

³⁸ https://mindfulrp.com/

³⁹ https://youth.gov/content/adolescentcommunityreinforcementapproach

⁴⁰ http://www.sevenchallenges.com/

Example Evidence-Based Program or Promising Practice	Description	
Medication Assisted Treatment (MAT) ⁴¹	 Comprehensive, individually tailored program that has proven to be effective and can help sustain recovery Uses medications, in combination with therapy, to treat substance use disorders 	

D. Family Therapy

Summary of Need

Stakeholders in Ventura County identified and prioritized family therapy as an unmet need in the county. Family therapy also emerged as the top service need reported by parents/caregivers of youth and by youth on probation.

Results from the county stakeholder survey indicate that:

• Over four in five survey respondents noted that family therapy is the biggest need for youth (89%) and parents (85%).

Results from the parent/caregiver and youth on probation surveys indicate that:

- Seventy percent (70%) of parents/caregivers of youth in custody and 42% of parents/caregivers accompanying youth for their PO visit believed family therapy would be the most helpful at this time, but
- Nearly two of every five youth (38%) on formal/informal probation deemed this to be a pressing need.

Stakeholder feedback highlighted the need to address the mental health of parents and strengthen the family system as a major source of support for young people. Key findings highlighting needs included:

- **Complex, multigenerational issues.** The significant challenges faced by youth and their families are complex, span across generations, and are so deeply entrenched that change requires a transformation of whole family systems. This includes equipping parents with the knowledge, tools, and supports for effective parenting, and providing mental health services.
- Setbacks after reentry. While youth seem to benefit from the many services and supports offered while in the JF, they may be returning to toxic environments, leading to significant setbacks in the progress made by the youth, CBOs, and Probation (see Priority Area 3 for further discussion).
- Low family engagement. While some youth stated that family therapy was helpful, Probation staff discussed the many challenges of engaging parents in family therapy. These challenges included, but were not limited to, parents' lack of availability because they are working multiple jobs and feeling overwhelmed by trying to make ends meet. (See Priority Area 4 for further discussion.)

⁴¹ https://www.samhsa.gov/medication-assisted-treatment

Recommended Strategies

Recommended strategies are based on stakeholder feedback focused on strengthening families of at-risk and justice-involved youth and include:

- Partner to support more prevention and early-intervention solutions to family discord. House mental health services (including family therapy), parenting classes, and parent support groups within the elementary schools situated in the most vulnerable neighborhoods, so that families and young people can access services when children are young. This moves the system from a "reactive" to a "proactive" stance in addressing the needs of youth and families. This model can also provide a method for early risk detection and potentially reduce the stigma associated with mental health services. If such services are needed later in life, youth and parents/caregivers may be more likely to engage in them. (Also see Priority Need Area 2.)
- Ease the difficulty of accessing mental health services for families. Increase availability of easily accessible, preventive, and family mental health services for all youth, parents, and families with a focus on those living in the highest need areas within Ventura County (e.g., South Oxnard).

Examples of Evidence-Based Programs and Promising Practices

The following are evidence-based programs and promising practices that address the mental health needs of families (Exhibit 23).

Example Evidence- Based Program or Promising Practice	Description
Cognitive Behavioral Therapy with Parents ⁴²	• Teaches parents techniques to handle anxious youth, including therapy, coping skills, and limiting the use of coercive parenting strategies
Functional Family Therapy (FFT) ⁴³	• The therapist works with the family to build on skills to improve family relationships, improve prosocial behaviors, and reduce risk factors
Multidimensional Family Therapy (MDFT) ⁴⁴	 Addresses both mental health problems and substance use problems Creates an environment in which the youth and parents feel respected and build therapeutic relationships
Multisystemic Therapy (MST) ⁴⁵	 An intensive family treatment program to help eliminate or reduce youths' antisocial and problem behaviors by treating them in the natural environment with more positive thoughts
Parenting with Love and Limits ⁴⁶	• This program offers family therapy that can lower recidivism, improve family communication and functioning, reduce costs of care, and deliver improvements in child internalizing and externalizing emotional and behavioral problems

Exhibit 23. Example Family Therapy Evidence-Based Programs and Promising Practices

⁴² https://www.cebc4cw.org/program/combined-parent-child-cognitive-behavioral-therapy

⁴³ https://ojjdp.ojp.gov/functional-family-therapy

⁴⁴ https://crimesolutions.ojp.gov/multidimensional-family-therapy

⁴⁵ https://crimesolutions.ojp.gov/multisystemic-therapy

⁴⁶ https://www.cebc4cw.org/program/parenting-with-love-and-limits/



Priority Area 2: Prevention and Early Intervention

Ventura County stakeholders identified the need for **prevention and early intervention (PEI)** as a top priority for Ventura County youth, with two focus areas, including:

- Prevention and Early Intervention, and
- School-Based Services.

Feedback from Ventura County stakeholders emphasized the importance of prevention and early identification and intervention to reduce the risk of becoming justice-involved. Stakeholders called for understanding early problem behaviors and creating earlier and effective interventions, specifically in partnership with schools, to prevent downstream involvement in the juvenile justice system when deviant behavior is harder to resolve, and consequences are more severe for the youth. Key opportunities and potential outcomes specific to the two areas of focus are summarized in Exhibit 24.

Areas of Focus	Key Opportunities	Potential Outcomes
A. Prevention and Early Intervention	 Partner to increase identification and remediation of problem behaviors at the onset 	 More children demonstrating need are identified and connected to services More youth have the developmental assets to thrive and not enter the justice system
B. School-Based Services	 Increase access to information and supports by providing services for children, youth, and families at school 	 More youth will receive support and connection to other needed services to address problem behavior and social emotional needs

Exhibit 24. Prevention and Early Intervention Priority Area Opportunities and Outcomes

Key Research Findings

Efforts should be made to prevent young people from entering the system early on to reduce later risk behavior. For example, studies have shown that aggressive behavior in grades K-3, juvenile arrests for violent crime and serious violent crime, juvenile externalizing behavior problems, dropping out of school before 9th grade, and offending before the age of 12 are associated with recidivism and/or delinquency.⁴⁷ Prosocial behavior in kindergarten is shown to be a protective factor against delinquency.

Early understanding about the emergence of problem and delinquent behavior can help in the creation of earlier and effective interventions to prevent future juvenile offenses. Prevention programs that target risk factors a child or youth faces, develop programming to overcome them, and build on protective factors present in the child's life are effective strategies for early intervention to prevent later delinquent behavior.⁴⁸ A program that will work at the earliest possible point with the child and their family will have more success in preventing future delinquent behavior than once the child becomes involved in the

⁴⁷ Loeber, R., and David P. F. (2011). Young Homicide Offenders and Victims. *Risk Factors, Prediction, and Prevention from Childhood*, New York: Springer.

⁴⁸ https://pathwaysrtc.pdx.edu/early-prevention-intervention

juvenile justice system years later. Thus, it is imperative to develop a "comprehensive strategy" that provides a continuum of services to intervene early with juvenile offenders.⁴⁹

Research has shown that school-based interventions are associated with positive outcomes for children's mental health. A high percentage of youth under 18 years do not receive mental health treatment for several reasons. In 2019, 14% of children aged 5-17 years had received any mental health treatment in the past 12 months.⁵⁰ It is estimated that 50% of youth under 18 years do not receive mental health treatment.⁵¹ These could be due to lack of affordability, scarcity of clinicians or therapists, or geographic distance to mental health services.^{52, 53} However, there are effective school-based interventions. For example, a recent 2018 meta-analysis of school-based mental health interventions revealed a small to medium effect on child mental health problems, with the most significant effects associated with targeted interventions, selective prevention and services that were implemented multiple times per week or daily, and services that targeted externalizing problems.⁵⁴ These findings support the importance of school-based personnel implementing mental health services. Another meta-analysis of school-based mental health intervention showed moderate to strong evidence that mental health intervention school suspensions, reducing anxiety, and lowering rates of substance abuse in young adults.⁵⁵

A. Prevention and Early Intervention

Summary of Need

County stakeholders cited prevention and early intervention as the top need for youth.

Results from the county stakeholder survey indicate that:

- Over nine in 10 respondents (94%) noted that prevention and early intervention (PEI) services were the biggest need for youth, and
- More than one-half of respondents (68%) indicated that **this need has** *increased* **since the previous JJP**.
- About four of every five respondents (81%) indicated that the system of early identification of children and youth at risk of juvenile involvement is the most significant systemic issue Ventura County should address next year.

⁴⁹ https://pathwaysrtc.pdx.edu/early-prevention-intervention

⁵⁰ https://www.cdc.gov/nchs/data/databriefs/

⁵¹ Whitney, D. G., & Peterson, M. D. (2019). US national and state-level prevalence of mental health disorders and disparities of mental health care use in children. *JAMA Pediatrics*, 173(4), 389-391.

⁵² Blais, R., Breton, J. J., Fournier, M., St-Georges, M., & Berthiaume, C. (2003). Are mental health services for children distributed according to needs? *The Canadian Journal of Psychiatry*, 48(3), 176-186.

⁵³ Murphey, D., Vaughn, B., Barry, M. (2013, January). Adolescent health highlight: Access to mental health care. https://www.childtrends.org/MH-access.pdf

⁵⁴ Sanchez, A. L., Cornacchio, D., Poznanski, B., Golik, A. M., Chou, T., & Comer, J. S. (2018). The effectiveness of school-based mental health services for elementary-aged children: A meta-analysis. *Journal of the American Academy of Child & Adolescent Psychiatry*, 57(3), 153-165.

⁵⁵ Murphy, J. M., Abel, M. R., Hoover, S., Jellinek, M., & Fazel, M. (2017). Scope, scale, and dose of the world's largest school-based mental health programs. *Harvard Review of Psychiatry*, 25(5), 218-228.

According to current and past justice-involved youth interviewed, early intervention and prevention services must be more accessible and effective for the youth and their families. Needs identified by youth include:

- Youth need support to help manage risk in their lives. When asked about what would help prevent younger youth from becoming justice-involved, one young person said, "just don't get involved in things you can't handle." This youth was aware of the magnitude of his or her challenges (e.g., drug use). Yet, youth need support and tools to navigate when those risk touch points come along (e.g., being recruited into gangs at age 10, being offered drugs, having drugs in the house when young people are trying to stay off drugs).
- AOD prevention programs for youth are falling short. Youth believed the current AOD educational program model within schools and as part of the ADP class to be ineffective even while they were fully aware of how detrimental drug use has been to their lives. Youth said they just do not connect in the way these classes are delivered.
- Youth lack parental support. Youth acknowledged how busy their parents are, working three jobs, trying to make ends meet. Thus, youth themselves believe that there are significant barriers to engaging their parents in services.

Other Ventura County stakeholders provided additional feedback echoing youth and shedding light on current system-level gaps in PEI in the County. In essence, resources should be focused on preventing youths' entry into the juvenile justice system through preventive education and services for children and families starting early in life. This can move the system of care from "reactive" to "proactive". Feedback from Ventura County stakeholders on the challenges said that:

- **Recruitment of youth into gangs and substance use starts early**. Gang task force members noted that children as young as 10 use drugs or are recruited to join gangs. Further, it is challenging to get youth out of gangs once they are entrenched and identify as a member.
- It is almost too late to intervene by the time youth come to Probation. Effective early intervention can prevent youth from ever entering the justice system and what was described as a "revolving door" that makes it difficult to leave the system permanently.
- **PEI cross-system coordination is a challenge**. With proper support and funding, schools may be best positioned to deliver broad prevention services and connect children to supports, serving as a hub for services to engage families where they already go. However, teachers and schools are overburdened and need support in this effort. This type of collaboration and coordination is particularly important in areas of greatest economic need, where access to services and supports may be limited.
- Early intervention/prevention programs are needed to address risk and problem behaviors in youth. Many stakeholders believe early intervention is the only way to "save" youth and their families. This will disrupt the link between negative behaviors and outcomes by educating youth and families, preventing issues before they start. Specific targets of services include preventing gang involvement, family and youth trauma, alcohol and drug use, and chronic truancy. For example, members of the SARB board who see chronic truant youth mentioned that by the time youth appear in front of the SARB board in middle school, it is too late to meaningfully intervene. Therefore, earlier intervention is needed to stop delinquent behavior.

Recommended Strategies

Recommended strategies that appear in the next section are based on stakeholder feedback, evidencebased programs, and promising practices grounded in research. Stakeholders and the research findings offer strategies to strengthen systems of early intervention in the county.

• Increase early education prevention or intervention programs for parents of children starting in early childhood. Preventive education should be provided for youth and families via early interventions, education, and/or discussions, and they should be housed in schools for easy access. Schools could offer educational programs and activities at young ages to involve families and

encourage prosocial behaviors and healthy development in children. (See Priority Area 4 for more on Parent Education and Engagement.)

- Develop a well-coordinated system to identify at-risk children at the first signs of difficulty. The whole county must be on the same page in developing a well-coordinated system of care, such that when one agency identifies risk or challenge, a cross-agency system of care can coordinate the most appropriate response to the child's need or crisis. This would help to prevent alcohol or drug use, gang involvement, trauma, chronic truancy, or other significant risk factors for delinquent behavior. A tiered response system of prevention to intensive treatment intervention can help elevate care for youth who need more comprehensive services.
 - Ventura County's launch of the School Attendance Review Team (SART) within a greater number of schools may help identify more children and youth at risk of chronic truancy, which can be a signal that family systems may not be operating to support the student adequately, that the student is experiencing learning difficulties or school-related stressors, or other challenges that merit assessment and intervention. This process would deploy interventions nearer to the onset of problem behavior and may prevent escalation of involvement with the School Attendance Review Board (SARB), as one example.
- Increase mentorship of at-risk youth.

Stakeholders suggested installing a mentoring program with adults from vulnerable neighborhoods, who look like the youth, speak their language, and know the perceptions of family/community members regarding "the cops". Stakeholders and parents of justice-involved youth agree that mentoring from someone whom youth

"They [youth] need guest speakers who are local residents who were in their shoes but are doing better."

- Parent of a youth in custody

can connect with and look up to can be critical in helping youth navigate risky situations and make good choices. (See Priority Area 5 for more on Mentors/Coaches.)

• Leverage what schools are already doing in PEI to help divert youth to services well before their first involvement with the juvenile justice system. Many schools in Ventura County (e.g., Oxnard Unified, Ventura Unified) have invested in the early warning and intervention program, Attention 2 Attendance (A2A), that sends truancy letters and chronic absentee reports to parents to notify them of youth issues. Stakeholders endorsed this as an effective and key strategy to promote healthy youth development. It allows parents to recognize children as early as the first grade who show early signs of delinquent behavior.⁵⁶

Examples of Evidence-Based Programs and Promising Practices

Exhibit 25 provides examples of school-based, evidence-based programs and promising practices that can be used for prevention or early intervention. These also are shown to support the growth of developmental assets and resilience in children and youth that act as a buffer to juvenile justice involvement.

Exhibit 25. Example of School-Based Prevention and Early Intervention Evidence-Based Programs and Promising Practices

⁵⁶ https://www.sia-us.com/attention2attendance

Example Evidence-Based Program or Promising Practice	Description
School-Wide Positive Behavior Intervention and Supports (SWPBIS) ⁵⁷	 Focuses on positive behavioral support for all students in K-12 via a three-tiered prevention model to improve social and educational outcomes. The tiers are universal prevention, targeted prevention, and individualized prevention
Promoting Alternative Thinking Strategies (PATHS) ⁵⁸	 An early intervention strategy implemented in elementary school to promote social and emotional competencies and reduce behavioral problems
Positive Action ⁵⁹	 Improves academics, behavior, and character in youth and children from K-12. Emphasizes the cycle of behavior: thoughts lead to actions, actions lead to feelings, and feelings lead to thoughts
Good Behavior Game (GBG) ⁶⁰	 Used as a classroom behavior management technique in which children are rewarded for displaying appropriate and acceptable behaviors and is mainly focused on primary school children

B. School-Based Services

Summary of Need

Many stakeholders expressed that schools are a key part of the solution to improve youth outcomes, encourage positive youth development, and offer school-based services because youth spend most of their time in that environment.

Results from the county stakeholder survey indicate that:

- Over four in five respondents (83%) of survey respondents noted that school-based counseling services were a high need area for youth, and
- More than seven in 10 community stakeholders (74%) mentioned that parents needed support from schools.

School-based counseling services emerged as one of the top five services needed in the parents/caregiver and youth surveys.

• Nearly one-half of parents/caregivers (48%) of youth in custody, 27% of parents/caregivers of youth visiting their PO, and 11% of youth on formal/informal probation believe school-based counseling would be helpful.

Recommended Strategies

In addition to recommendations already shared, the following are a few more recommendations that specifically address the need for school-based services to support student mental health.

• School-based counseling is one possible solution to address the financial and geographic barriers to mental health services that at-risk youth face. School-based counseling is an ideal environment to

⁵⁷ https://crimesolutions.ojp.gov/schoolwide-positive-behavior-intervention

⁵⁸ https://www.cebc4cw.org/program/paths

⁵⁹ https://crimesolutions.ojp.gov/positive-action

⁶⁰ https://crimesolutions.ojp.gov/good-behavior-game

offer support, as it is localized to where the youth should be spending their time and is accessible to students with or without health insurance.

- The whole model for school-based counseling should include counseling for parents to heal and strengthen the family system, offer parenting classes and support groups to build connectedness, and have immediate availability and access to mental health services. The model's strength is that practitioners build relationships with parents and youth, and school staff help build a culture around mental health and positive parenting practices and connections.
- Coordinate with schools to embed individualized support for children, youth, and their families. Several stakeholders identified elementary schools as one of the key players in the early identification of behavioral and emotional risk among children and young people, including identifying those at risk of chronic truancy. School partnerships with County Behavioral Health, such as Santa Clara County Behavioral Health Services' School Linked Services Initiative⁶¹ provide prevention and intervention services and support to teachers, administrators, children, and families to address social-emotional challenges in classrooms and family homes.
- Embed more opportunities for parent education and outreach about gangs, mental health, and substance use in schools. Gang Task Force members said that they often used elementary schools in Oxnard as a venue to educate youth, parents, and teachers about the gang lifestyle. They also offered lessons in Spanish and thought it could be quite resourceful for building a relationship with families and providing useful information. While Gang Task Force members do this themselves, the County would benefit from systematizing and expanding this into more schools and neighborhoods, particularly those in which children are at greater risk of gang recruitment. Stakeholders recommended that adults who grew up in vulnerable communities teach workshops within schools to teachers and parents, training them to know what to watch for regarding signs of gang involvement.

Examples of Evidence-Based Programs and Promising Practices

An example program for school-based counseling is the **Safe Schools/Healthy Students Initiative**, as shown in Exhibit 26.⁶² Support for these types of initiatives can provide a continuum of care, including prevention, early intervention, and treatment of mental health problems.

Example Evidence- Based Program or Promising Practice	Description
Safe Schools/Healthy Students Initiative	 Provides mental health training and assessment documents to teachers, counselors, parents, and nurses
	Helps detect mental health problems and helps schools reduce alcohol and drug use
School-Linked Services Initiative	• Prevention and intervention services and supports for teachers, administrators, children, and families
	Address social-emotional challenges in classrooms and family homes

Exhibit 26. Example of School-Based Counseling, Evidence-Based Programs, And Promising Practices

⁶¹ https://bhsd.sccgov.org/information-resources/children-youth-and-family/school-linked-servicesinitiative

⁶² Substance Abuse and Mental Health Services Administration. (2013). The Safe Schools/Healthy Students initiative: A legacy of success. Rockville, MD: Substance Abuse and Mental Health Services Administration.



Priority Area 3: A Coordinated Systems Approach

Ventura County stakeholders identified creating **a coordinated systems approach** as a top need and priority for the next three years in Ventura County. This priority area included three areas of focus, including:

- Continuity of Services after Release/Reentry,
- Improved Communication and Collaboration Among Systems, and
- Trauma-Informed System of Care.

Feedback from stakeholders emphasized the importance of a coordinated systems approach to address the needs of youth by building a continuum of school and community-based services because youth involved in the juvenile justice system often have prior referrals involving child protection, mental health issues, substance use, chronic truancy, etc. Thus, a multi-system collaboration is necessary to effectively improve outcomes for youth. Without integrated and comprehensive efforts, youth may fall through the cracks and not receive the proper services and placements that they need. In addition, "siloed" agencies engage in duplicative efforts to support families without knowing the full picture of what that family is experiencing or needs. Key timepoints for coordinated approaches include prevention and early intervention (see also Priority Area 2) and the period of reentry. Coordinated approaches also need common methodologies, including those that are trauma informed. Key opportunities and potential outcomes specific to the three areas of focus are summarized in Exhibit 27.

Areas of Focus	Key Opportunities	Potential Outcomes
A. Continuity of Services After Release/Reentry	• Extend the period of reentry support to ensure youth stay connected to beneficial services and supports including education, job training, and mentorship	 Youth stay connected to beneficial services and build competencies Fewer youth recidivate
B. Communication and Collaboration Among Systems	 Assess and expand opportunities for cross-system collaboration Increase data sharing to improve services to families and youth Support staff retention within organizations 	 Communication and efficiency increase among systems of care Youths' needs are addressed in a more coordinated way
C. Trauma- Informed System of Care	 Assess for gaps in trauma- informed practices Reinvest in comprehensive trauma-informed training in the county and among law enforcement agencies 	 Providers better understand trauma and how to respond to trauma-based behavior in children and youth

Exhibit 27. A Coordinated Systems Approach Priority Area Opportunities and Outcomes

Key Research Findings

From 2005 to 2010, rearrests within three years of release stood at 76% for youth under the age of 24, with 84% recidivating within five years.⁶³ In California, the three-year juvenile arrest rate in FY 2014-15 was 76%, and the three-year re-arrest rate was 29%.⁶⁴ **Thus, there is a strong need to provide reentry support to youth as they exit Probation to help them achieve greater stability upon release and reduce the risk of re-offending.**

Frequently, juveniles can move from one system to another, including child welfare and juvenile justice. However, due to a lack of coordination among different systems, juveniles can face many consequences, including delays in providing proper responses, distinct case plans with conflicting goals, and duplicative supervision practices leading to poor outcomes for youth and their families.⁶⁵ **To effectively coordinate across systems, it is imperative to share youths' information and coordinate their case plans.** San Diego County is a prime example of a successful systems integration approach between Child Welfare Services and the Juvenile Probation Department.⁶⁶ Both agency leaders worked together to allow probation staff to access the Child Welfare case management system and view full details on a youth's child welfare involvement history and involvement. Access to information between systems is critical for initiating prompt responses to target youths' adverse outcomes quickly and appropriately. This collaboration resulted in an MOU among the San Diego Probation Department, Department of Health and Human Services Agency, and Child Welfare Services, which led all these agencies to share case-level data to help identify youth and their history of involvement in the two systems.⁶⁷

According to SAMHSA (2014), a program or system is trauma-informed if it **realizes** the widespread impact of trauma and understands potential paths for recovery; **recognizes** the signs and symptoms of trauma in clients, families, staff, and others involved with the system; and **responds** by fully integrating knowledge about trauma into policies, procedures, and practices and seeks to resist re-traumatization actively.⁶⁸ Trauma-informed approaches are also grounded in the six fundamental principles of **safety**, **trustworthiness and transparency, peer support, collaboration and mutuality, empowerment, voice and choice, and cultural, historical, and gender issues** implemented throughout the system.

A. Continuity of Services After Release/Re-Entry

Summary of Need

⁶³ Durose, M. R., Cooper, A. D., & Snyder, H. N. (2014). Recidivism of prisoners released in 30 states in 2005: Patterns from 2005 to 2010. Washington, DC: US Department of Justice, Office of Justice Programs, Bureau of Justice Statistics. https://www.bjs.gov/content/pub/pdf/recidivism-prisoner.pdf

⁶⁴ https://www.cdcr.ca.gov/research/Recidivism-Youth.pdf

⁶⁵ https://www.ncjj.org/When-Systems-Collaborate-JJGPS.pdf

⁶⁶ https://www.ncjj.org/When-Systems-Collaborate-JJGPS.pdf

⁶⁷ https://www.ncjj.org/When-Systems-Collaborate-JJGPS.pdf

⁶⁸ Substance Abuse and Mental Health Services Administration. (2014, July). SAMHSA's concept of trauma and guidance for a trauma-informed approach. Rockville, MD: Substance Abuse and Mental Health Services Administration. https://ncsacw.samhsa.gov/userfiles/files/SAMHSA_Trauma.pdf

Reentry support services emerged as one of the primary concerns in the survey and feedback sessions.

Results from the county stakeholder survey indicate that:

- Over eight in 10 respondents (82%) noted that the transitional or "reentry" period for youth was a high need area,
- More than one-half of respondents (58%) noted this **need has increased since 2017**, and
- Seventy-eight percent (78%) of respondents voiced that continuity of services after youth has been released from Probation is a critical systems issue.

According to current and/or past justice-involved youth, there is a desire to maintain supportive relationships with providers formed in the JF after youth leave the justice system, learn career/trade skills in the JF and use them on the outside, and receive support to remain clean of substances when youth get out. Specifically:

- The pervasiveness and availability of drugs is a barrier for successful reentry. Youth often "get clean", consistently engage in school, and "stay out of trouble" in the JF. However, their progress faces many challenges upon release, such as siblings, parents, or friends using drugs in their home/community. One youth said, "Drugs are everywhere."
- Youth want to continue working with trusted providers after reentry. Several youth had positive things to say about the Youth Advocate that they have come to know and appreciate through ROPP. ROPP's Youth Advocates were said to provide strong emotional support, are there for youth whenever they need them, help youth "understand things more clearly," and were described as "cool people" who are fun to talk to and to "just hang with," and have a "positive vibe." The youth rely on these positive, supportive adults and wanted to remain connected to them upon release.
- Youth want practical career/trade skills that they can use after their release. Many youth said that finding a career/job that they were excited about (e.g., becoming a hairdresser, accountant, or entrepreneur) changed things for them, gave them something to work toward, and helped them stay on track and "out of trouble." The youth said they would appreciate having the chance to learn something while in the JF and be able to put those skills to work to earn money after they leave the system.

Likewise, Ventura County stakeholders held similar views on the need to foster greater continuity between the supports and opportunities that youth have while in the JF and those they receive when reentering their community. Key findings included:

- Youth need to maintain supportive relationships. Leadership within the school systems voiced that youth develop supportive and caring relationships while in the JF, and efforts should be made to help them keep those relationships consistent in their lives after they leave the facility. This was consistent with youth feedback.
- Breaks in services are a barrier. It is difficult for youth to transition and restart services with new service providers, which can be disruptive in youths' lives. As some stakeholders mentioned, this discontinuity between "inside" and "outside" is why youth drop out of programs.
- **Reentry support is needed for school re-enrollment**. Stakeholders from Providence School (the school within JF) said there is a barrier to re-enrollment in school after youth transition out of the JF, with current wait times taking as long as two weeks. Waiting a few weeks for an appointment to reenroll in school is enough to disrupt the regularity in school attendance experienced within the JF at Providence School.
- Youth need life skills support for a successful transition into the community. Stakeholders mentioned the need for youth to gain life skills and support to help them gain life skills in the JF and make their transition to the real world easier. Life skills include opening/managing a bank account, obtaining a license, applying for jobs, hygiene care, etc.

Transportation is a significant barrier. Transportation presents a major barrier for some youth and their families regarding PO visits and engaging in programming/services post-release. Not having reliable transportation after youth complete a program impacts retention in services and diminishes the amount or types of support that a youth can access. This concern raised by stakeholders is similar to the findings reported by the Burns Institute (BI) indicating that probation violations were common outcomes of missing meetings with POs due to transportation issues.

Recommended Strategies

As in other sections, recommended strategies derived from stakeholder feedback and evidence-based programs or promising practices are grounded in research. Potential actions include:

- Implement a coordinated and synchronized system that will extend connections to trusted adults outside of the JF. For example, youth spoke particularly about Youth Advocates to help them bridge their transition back into the community. Contracts should stipulate reengagement plans to ensure continuity of services.
 - The youth advocate model appears to be effective in helping youth gain life skills training, 0 but the youth advocate model is a one-on-one model that mixes natural mentoring with helping youth with basic needs. However, there is an opportunity to create a program that focuses separately on youth learning life skills and mentoring.
 - Youth who have had positive experiences with the reentry program and staff can be 0 leveraged as trusted partners in engaging other youth in services.
- Ensure that youth do not fall through the cracks upon reentry by establishing an effective referral and tracking process and warm handoffs while in the JF. Informing program staff well ahead of youths' release dates to coordinate the continuation of services and inform youth about the available resources and services in the community will strengthen youths' social supports and safety nets and avoid breaks in services.
- Provide a clear exit plan for parents or caregivers of youth who will be released. At least one parent desired more information about their youth's medical treatment and expectations to support the youth.
- Work with Ventura Unified School District to ensure youth transition quickly and smoothly back to school within the community. Having to wait a few weeks for an appointment to re-enroll in school while the youth is navigating many other life changes can be

"Upon release, you should have a onehour question and answer period to go over meds, expectations, and all appointments for the following two weeks."

Parent of a youth in custody

extremely detrimental and can be avoided by planning a partnership.

- Consider reentry services to youth for two years post-release. Knowing the challenges faced by reentry youth when back in their home environment, continued support will help youth find greater stability and help prevent recidivism in the short term. It will also continue to support the youth and families as a unit (e.g., parenting classes, couples therapy, individual therapy for parents) over a longer term. Services are best provided by community organizations to help youth and families feel more comfortable accessing services.
- Evaluate the effectiveness of the JF's new Career Center in addressing youths' needs. Probation is already on track to address the career development/job training gap in services by investing in a soon-to-be-launched Career Center for JF youth. Additionally, system partners should leverage funding to provide transportation support to youth so they may access jobs and resources in their community.

Examples of Evidence-Based Programs and Promising Practices

From a systems perspective, this discontinuity creates a gap that even good re-entry planning may not overcome. Warm handoffs and introductions to providers prior to reentry play a role in reducing recidivism. In addition, the ability to provide targeted, wrap-around services that can swiftly address

problems in the youth's home, school, or work life can support the youth's successful reentry. Example reentry support programs are shown in Exhibit 28.

Exhibit 28. Example of Evidence-Based Programs and Promising Practices Re-Entry Support

Example Evidence- Based Program or Promising Practice	Description
Multisystemic Therapy- Family Integrated Transitions (MST-FIT) ⁶⁹	 Provides services to youth with mental health and substance use problems to reduce recidivism by providing appropriate treatments during the transition period following the juvenile's release
Operation New Hope ⁷⁰	 Focuses on lifestyle changes and life-skill treatment into an educational approach that supports healthy decision-making
Homecoming Project ⁷¹	• Supports safe and stable housing for individuals returning from prison by providing subsidized housing and renting rooms at an affordable rate
Offender Reentry Community Safety Program ⁷²	 Provides re-entry support to offenders (transitional age youth and adults) for up to five years to ease the stresses of the community reentry process and reduce post- release offending by providing individualized services to offenders
Moral Reconation Therapy (MRT) ⁷³	 Premiere cognitive-behavioral treatment system used in criminal justice Seeks to decrease criminal recidivism by restructuring antisocial attitudes and cognitions and increasing moral reasoning

B. Communication and Collaboration Among Systems

Summary of Need

Improved communication and collaboration among systems emerged as one of the top five systemic issues to be addressed.

Results from the county stakeholder survey indicate that:

• Over three-quarters of respondents (77%) called for improved communication and collaboration among the various systems serving youth and their families.

According to current and/or past justice-involved youth and community stakeholders, the lack of collaboration and communication among system players means that youth and families do not experience a well-coordinated and well-integrated system of care. This carries significant negative consequences, reducing trust in the system among youth and families. Specifically:

• Youth report a lack of trust in the system meant to address their needs. Some youth report that the system they are in is "broken", with valued programs shutting down. In addition, they say it is the

⁶⁹ https://crimesolutions.ojp.gov/mst-ft

⁷⁰ https://crimesolutions.ojp.gov/operation-new-hope

⁷¹ https://impactjustice.org/impact/homecoming-project

⁷² https://crimesolutions.ojp.gov/offender-reentry-community-safety

⁷³ https://bmchealthservres.biomedcentral.com/articles/

adults running the system who are making these decisions that affect their lives. One youth said, "If I don't even know you, then why are you making decisions about my life?"

- Stakeholders see youth pulled back into the system due to system failures. In its recent work with Ventura Probation, the BI provided evidence that there is a lack of coordination across/within the juvenile justice system, which means that youth are pulled back into the system unnecessarily. For example:
 - Warrants account for a large number of admissions for youth being booked into the JF. There are two types of warrants: discretionary and non-discretionary. Due to the law, if a youth is booked for a non-discretionary warrant, they are automatically detained. Most of the non-discretionary warrants have been due to Failure to Appear (FTA) and not new offenses. BI reported that the sustained FTA charges end up as "Probation violations," which leads to a commitment to the JF for two months on average. As reported previously, transportation issues are a common reason youth receive FTA charges. Thus, the system is failing to adequately support the youth.
 - One of the specialty courts programs, Insights Court, was established for youth with greater mental health needs. This program requires youth to participate in more frequent court hearings than youth on regular probation. BI hypothesizes that more frequent court hearings result in more FTAs for the youth, and ultimately, a greater chance of incarceration for participants.

All leaders from the major agencies across the county said it is necessary to come together to tackle the issues facing vulnerable youth and families in Ventura County, and they recognized the need for a coordinated approach. Specifically, stakeholders called for solutions to address the following:

- Siloed funding streams are barriers to collaboration. Stakeholders highlighted that funding streams often lead to "siloing" partner agencies, making it challenging for them to coordinate care. For example, one stakeholder said, "We should be working in tandem, but dual jurisdiction doesn't exist in Ventura County because it's based on funding...a lot of systems are predicted on funding, so when organizations have to share funding then they dig in their heels, and [the system] doesn't necessarily evolve."
- Limited data-sharing across agencies to support youth is a significant issue. Families and youth often feel frustrated sharing the same sensitive information repeatedly. However, legislation and HIPAA (Health Insurance Portability and Accountability Act) limitations around data sharing have been an overarching issue that creates sector silos, especially among Probation and Behavioral Health Recovery Services, Child Welfare Services, and the Gang Task Force.
- A lack of knowledge among agencies about available resources/services in the county can be improved. Many stakeholders called out a lack of interaction and communication among Probation and other law enforcement agencies (e.g., Probation, Gang Task Force, judicial system) about resource availability in the community and within Probation.
- **High staff turnover is impeding successful collaboration**. Collaboration is difficult due to continual change in organization staff, leading to training, re-training, and a "constant learning curve." Thus, attempts to maintain consistency in staff and leadership are crucial to building and maintaining cross-agency partnerships and strengthening collaborations.

Recommended Strategies

Stakeholders in the many youth-serving systems in the County recommended strategies that included:

• Consider ways to further coordinate and braid funding across sectors and systems. The County once had a funding czar who coordinated funding across agencies. Currently the CEO's Office maintains this role in the county. Identifying ways to foster greater coordination and systems collaboration through this office can further streamline the delivery of services and fill identified gaps. Opportunities include clinicians from Behavioral Health coordinating with psychiatry/substance use medical professionals from Ventura County Medical Center or Probation coordinating with Child Welfare to support engagement in parent support services for families of justice-involved youth.

• There is a strong need for the Probation Department to frequently evaluate, review, or gather data to assess functionality across the system. This would reveal patterns of, for example, youth detention or probation violations. For instance, regular evaluations conducted by external evaluators can help uncover inefficiencies/gaps in the system. This would help put the system back on track and ensure that youth are not kept in the system without justified cause.

In addition, the following are recommendations by The National Technical Assistance and Evaluation Center (NTAEC) and Justice Geography, Policy, Practice and Statistics (JJGPS) to improve communication and develop effective collaboration among the systems serving youth:^{74,75}

- Mitigate the effects of limited resources by sharing an overall vision, mission, and objectives. This approach will help different agencies identify common populations, respond to their needs, and adopt policies that are non-duplicative and that can be implemented through interagency collaboration to serve the needs of youth and their families.
- Increase the use and frequency of Child and Family Team (CFT) meetings and Interagency Case Management Council (ICMC) meetings. While interagency CFT and ICMC meetings are in place to discuss youth offenders with a moderate to high degree of case complexity, there is an opportunity to increase the use and timeliness of these collaborative meetings. For instance, CFT meetings can begin when youth are first identified by Probation to develop a comprehensive, cross disciplinary treatment and rehabilitation plan. Such meetings can be an avenue to discuss common goals and for successful referrals to programs/services (e.g., services that are open vs. closed) to support youth and families. Ideally the CFT meetings occur prior to a youths' involvement in the legal system and help to prevent involvement.
- Data sharing is particularly important for youth who touch multiple systems (e.g., Child Welfare and Juvenile Justice). For example, Delaware, New Hampshire, New Mexico, Rhode Island, and Vermont each have a single automated system that allows consistent data sharing between child welfare and juvenile justice systems.⁷⁶ Other states such as Arizona, Illinois, Maine, Maryland, Minnesota, Montana, Utah, Washington, and Wisconsin each have one statewide automated data system for child welfare and another for juvenile justice. Specific staff have access to others' systems.
- To address staff turnover in key positions, the organizations can help retain "institutional memory for systems of care" by hiring former staff as consultants. The goal is to develop training programs for middle managers and frontline staff on key strategies to help keep cultural memory and previously implemented strategies.

C. Trauma-Informed System of Care

Summary of Need

Stakeholders identified a significant need for a trauma-informed system of care and approach to be implemented across various sectors. This would mitigate the effects of trauma and violence on youth.

⁷⁴ https://neglected-delinquent.ed.gov/sites/default/files/docs/NDTAC/creating-good-relationships.pdf

⁷⁵ https://www.childwelfare.gov/interagency-collaboration.pdf

⁷⁶ http://www.ncjj.org/pdf/Systems_Integration.pdf

Results from the county stakeholder survey indicate that:

- With 79% of respondents indicating this as a need, **trauma-informed care is among the top five systemic issues that needs to be addressed**, and
- Increase in trauma-informed programs and services was cited as one of the top five outcomes to focus on next year by one-quarter (27%) of survey respondents.

According to youth, Probation staff should become trauma-informed because youth tend to form good relationships with and listen to those adults who treat them well. Specifically:

• **Probation staff need trauma-informed training**. According to female youth in the JF, Probation staff are not well-informed to deal with youths' sexual or domestic trauma. In addition, staff often bring their own anger to a situation, which can be quite triggering for the youth and often re-traumatizes them. One youth said, "They only see me as violent who did something bad."

Ventura County stakeholders mentioned that there is much generational trauma among youth and their families that must be addressed. Specifically:

- **Parents must be trauma informed**. Parents must be informed about their youth's triggers and trauma. They also must be trained to deal with their children's issues and support their coping mechanisms.
- Service providers need specialized training to work with justice-involved youth. For example, leadership in Behavioral Health recognized the need for specialized services for different populations. This is especially true because the youth population has changed in the last few years, with more young offenders who are gang-involved and facing substance use issues. Behavioral health clinicians need additional training for their clinicians in trauma-informed care and working with justice-involved youth.

Recommended Strategies

Recommended strategies based on stakeholder feedback include:

- Assess gaps in trauma-informed practices across youth-serving systems. A comprehensive assessment will help hone the specific areas of focus for the county to advance knowledge and practices when working with youth and their families.
- Collaborate with other system partners to learn from the expertise of trauma-trained staff. Medical Center trauma specialists mentioned the availability of trauma experts and mental health professionals who work at the intersection of mental health, substance use, and trauma. These experts can provide a steady stream of support for youth outside and inside the JF. Such professionals can offer workshops/training to Probation staff in the JF, and to parents and families at schools or in their neighborhoods to help them support youth with trauma and help them address their triggers.
- **Provide more training to boost trauma-informed practices in the care of youth.** Recommendations included new training or refresher trainings for Probation staff within and outside of the JF from the ACES Aware Initiative. This would inform and support them in handling youth with trauma in the facilities and helping juvenile offenders in the healing process.

In addition, the National Child Traumatic Stress Network identified **eight essential elements for a traumainformed juvenile justice system** (Exhibit 29):⁷⁷

⁷⁷ https://www.nctsn.org/essential_elements_trauma_informed_juvenile_justice_system.pdf

Exhibit 29. Eight Essential Elements for a Trauma-Informed Juvenile Justice System



TRAUMA-INFORMED POLICIES AND PROCEDURES

Trauma-informed policies and procedures make juvenile justice organizations safer and more effective by ensuring the physical and psychological safety of all youth, family members, and staff and promoting their recovery from the adverse effects of trauma.

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IDENTIFICATION/SCREENING OF YOUTH WHO HAVE BEEN TRAUMATIZED

Carefully timed traumatic stress screening is the standard of care for youth in the juvenile justice system.

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CLINICAL ASSESSMENT/INTERVENTION FOR TRAUMA-IMPAIRED YOUTH Trauma-specific clinical assessment and treatment and trauma-informed prevention and behavioral health services are

the standard of care for all youth identified as impaired by posttraumatic stress reactions in the screening process.

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TRAUMA-INFORMED PROGRAMMING AND STAFF EDUCATION

Trauma-informed education, resources, and programs are the standard of care across all stages of the juvenile justice system.

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PREVENTION AND MANAGEMENT OF SECONDARY TRAUMATIC STRESS (STS) Juvenile justice administrators and staff at all levels recognize and respond to the adverse effects of secondary trau-

matic stress in the workplace in order to support workforce safety, effectiveness, and resilience.



TRAUMA-INFORMED PARTNERING WITH YOUTH AND FAMILIES

Trauma-informed juvenile justice systems ensure that youth and families engage as partners in all juvenile justice programming and therapeutic services.

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TRAUMA-INFORMED CROSS SYSTEM COLLABORATION

Cross system collaboration enables the provision of continuous integrated services to justice-involved youth who are experiencing posttraumatic stress problems.



TRAUMA-INFORMED APPROACHES TO ADDRESS DISPARITIES AND DIVERSITY

Trauma-informed juvenile justice systems ensure that their practices and policies do address the diverse and unique needs of all groups of youth and do not result in disparities related to race, ethnicity, gender, gender-identity, sexual orientation, age, intellectual and developmental level, or socioeconomic background.

Example Evidence-Based Programs and Practices

In addition to the previously named resources, Trauma Informed Systems (TIS) designed by the San Francisco Department of Public Health and supported by Trauma Transformed (T2) helps counties, systems, and organizations develop and sustain trauma-informed practices.⁷⁸



Priority Area 4: Family Support

Ventura County stakeholders identified **family support** as a top priority for Ventura County, with four focus areas including:

- Information and Referral/Case Management,
- Support for Parent Mental Health and Drug Use,
- Parenting Education, and
- Family Engagement.

Feedback from Ventura County stakeholders and youth provided corroborating evidence that the importance of family support cannot be underestimated in addressing the needs of youth with emotional and behavioral problems. There is a strong need for parent/caregiver support, participation, and education. This will help ensure that families remain engaged in their youths' lives, help reduce problem behaviors, and increase youths' chances of success. Key opportunities and potential outcomes are summarized in Exhibit 30, followed by tables that summarize example evidence-based programs and promising practices for each sub-area.

Areas of Focus	Key Opportunities	Potential Outcomes
A. Information and Referral/Case Management	 Coordinate and consolidate resource/information to share across the county Ensure materials are available in multiple languages 	 Parents and youth have greater knowledge of available programs in the community Providers have a better understanding of referral options
B. Support for Parent Mental Health and Drug Use	 Increase availability and affordability of treatments for parents Help to reduce stigma around families accessing treatments and therapy 	 Parents increase access and engagement in services Parents improve mental and behavioral health, becoming stronger assets for youth.
C. Parenting Education	 Consider prosocial activities to engage families in parent education Assess what topics are of high interest to parents and offer them 	 More parents learn how to foster and support positive youth development More parents gain awareness of 'red flags' signaling a need for support

Exhibit 30. Family Support Priority Area Opportunities and Outcomes

⁷⁸ https://traumatransformed.org/communities-of-practice/communities-of-practice-tis.asp

Areas of Focus	Key Opportunities	Potential Outcomes
D. Family Engagement	 Address and mitigate barriers to engagement Learn from and partner with others who are successfully engaging families 	 More families access support and social connection Families have more resources to support the needs of their children and youth

Key Research Findings

Parents of justice-involved youth have worse mental health and substance use outcomes than parents of non-justice-involved youth. Parents of justice-involved youth tend to have high rates of alcohol and substance use disorders and mental health challenges. Further, justice-involved youth are more likely to face child maltreatment than non-justice-involved youth.⁷⁹ Similarly, among non-justice-involved youth, parental substance use is associated with less parental monitoring, worse relationship quality, fewer positive interactions, and later youth substance use.⁸⁰

Family engagement is a protective factor and is associated with fewer youth offending. According to Justice for Families (2012) and Vera Institute of Justice (2014), 90% of family members wanted courts to involve families more in the decision making of delinquent youth, and 86% expressed wanting to be more involved in the youths' treatment while they were incarcerated.^{81, 82} There are numerous benefits to engaging families in determining what is best for their children, including family preservation, improved interpersonal relationships, increased family buy-in, creating a sense of belonging and family connectedness, and youth empowerment.⁸³ It is crucial to keep caregivers actively engaged, as caregiver engagement and monitoring of activities throughout a child's development, along with caregiver support during adolescence and young adulthood, are protective factors associated with lower levels of criminal offending.⁸⁴

A. Information and Referrals/Case Management

Summary of Need

Online survey and parent/caregiver surveys cited five top needs. One of them was information and referrals/case management for services to help parents of at-risk youth know what resources exist and how to navigate the system to obtain appropriate services to meet their needs.

⁷⁹ Lederman, C. S., Dakof, G. A., Larrea, M. A., & Li, H. (2004). Characteristics of adolescent females in juvenile detention. *International Journal of Law and Psychiatry*, 27(4), 321-337.

⁸⁰ Bosk, E. A., Anthony, W. L., Folk, J. B., & Williams-Butler, A. (2021). All in the family: parental substance misuse, harsh parenting, and youth substance misuse among juvenile justice-involved youth. *Addictive Behaviors*, 119, 106888.

⁸¹ Vera Institute of Justice (2014). Family Engagement in the Juvenile Justice System. Juvenile Justice Factsheet 5. New York, N.Y.: Vera Institute of Justice.

⁸² Justice for Families. (2012). Families Unlocking the Futures: Solutions to the Crisis in Juvenile Justice. Sulphur, LA.: Justice for Families.

⁸³ https://www.childwelfare.gov/family_engagement.pdf

⁸⁴ Johnson, W., Giordano, P., Manning, W., & Longmore, M. (2011). Parent-child relations and offending during young adulthood. *Journal of Youth Adolescence*, 40, 786-799.

Results from the county stakeholder survey indicate that:

• Four of every five (82%) survey respondents mentioned that information and referral/case management for services is a high need for parents/caregivers.

Results from the parent/caregiver surveys indicate that:

• Seventeen percent (17%) of parents of youth in custody and 19% of parents of youth visiting their PO would like support with getting connected to resources.

Youth provided feedback on their need for connection to available services.

• Youth are unaware of services in the community. They revealed that many of them were unaware of the available programs that they could participate in. For example, one youth said, "Right now I don't know if there is a place, they [his siblings] can go as far as I know [for drug counseling]."

Ventura County stakeholders provided additional feedback about the gap in services for referral and case management for parents.

• Parents also report that they are not aware of services. Parents/caregivers often do not know about the services available in their communities. They frequently struggle to find services close to their residences, which can be frustrating.

"People are not informed of really important resources until the problem can't be fixed."

- Parent of a youth visiting their PO

 Parents need linguistic support. Parents who do not speak English (e.g., Spanish or Mixteco) need a translator to help them access resources in the community. It was reported that parents do not attend certain services or follow through with referrals because they lack linguistic support to help them understand the services that are offered.

Recommended Strategies

Recommended strategies to support and strengthen connecting families to services include the following:

- Develop a plan on how information about service availability can be catalogued and shared within Probation and across agencies serving similar youth. Public Health Nurses (PHNs) who work for THRIVE program are familiar with the available resources/services across the county. Perhaps they can share best practices to help increase the number of referrals made across the county.
- Inform parents about the community's easily accessible and affordable resources and provide contact information. The County can designate a person who can host information sessions at schools. Or the designee can create a landing page with links to useful community resources for families. The site can include materials in relevant languages (e.g., Spanish and Mixteco) to help parents whose primary language is not English. Alternatively, or additionally:
 - Create a map of available programs and services, including eligibility requirements, within vulnerable Ventura County neighborhoods (e.g., South Oxnard). This resource can help increase awareness of programs among young people and their families living in those neighborhoods. The designee can also distribute pamphlets with program information, eligibility, cost, services, translation services, and more.
 - Resources such as Findhelp.org can be leveraged to maintain an updated resource online search engine for youth, families, and providers in the county.
- Consider how to sustain funding and identify new sources of funding for services. Funding through the Mental Health Services Act (MHSA), Substance Abuse and Mental Health Services Administration (SAMHSA), public health, or braided funding can maintain or ideally increase the availability of supportive programs, particularly in under-resourced areas of the county. Needs include housing,

drug and alcohol treatment, family support centers, individual and family counseling, programs such as Big Brothers Big Sisters, and programs that positively affect social determinants of health.

B. Support for Parent Mental Health/Alcohol and Drug Use

Summary of Need

Mental health services emerged as the top need for parents/caregivers by county stakeholders, and surveyed parents and caregivers selected the need for alcohol and other drug services, in addition to family therapy discussed in Priority Area 1.

Results from the county stakeholder survey indicate that:

- Nearly nine out of 10 (88%) respondents noted that mental health services for parent/caregiver is of high need in Ventura County, and
- Eight out of 10 (80%) respondents deemed alcohol or other drug services for parent/caregivers to be a pressing need.

Results from parent/caregiver surveys indicate that:

• Alcohol and other drug services was desired by 6 of 26 (23%) parents/caregivers of youth visiting their PO, and 4 of 23 (17%) parents/caregivers of youth in custody.

Other feedback from stakeholders and youth, in line with research findings, provided supporting evidence that there is a prevalence of mental health and substance use challenges among parents of juvenile offenders, coupled with challenges in accessing services. The main primary finding from the feedback concerns the impact on the family system, and specifically on youth who return to a home where others are using substances.

- Parent drug use is detrimental to youth who want to stay clean. Some youth described having violated the terms of their probation because they engaged in behaviors that adults can legally engage in (e.g., smoking weed, drinking in their home). At the same time, having adults in their own homes engaging in these behaviors while the young people are present makes it more difficult for youth to do the right thing. This increases the chances of young people being, as they said, "locked up again."
- Stigma is attached to parents accessing behavioral health services. Seeking treatment for mental health and alcohol or drug counseling hold negative stigma, particularly among specific cultural groups, which can deter and delay individuals from seeking help.
- Behavioral health services are too expensive/unaffordable for families. Cost for mental health and AOD services for parents/caregivers is a barrier.

Recommended Strategies

- Work to destigmatize mental health and AOD services. Consider conducting listening sessions with community leaders to understand what their communities most need and how to effectively distribute information about available resources. Also, engage individuals in individual therapy, support groups, or other services to address the mental health and addiction challenges that many parents and caregivers of youths' experience. Communication from trusted community leaders or providers about services can also help to normalize visits with mental health providers.
- Increase low-cost options for mental health and substance use services. Making services affordable and accessible for families can help them address their behavioral health issues and potentially foster a home environment that would better support youth who are in recovery.

Examples of Evidence-Based Programs and Promising Practices

Like the evidence-based practices for mental health services for youth, the following are some evidencebased approaches with demonstrated outcomes for parents struggling with mental health difficulties (Exhibit 31).

Exhibit 31, Example	of Evidence-Based Prog	grams and Promising	Practices for Parents'	Mental Health
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Example Evidence-Based Program or Promising Practice	Description
Individual Cognitive Behavioral Therapy (CBT) ⁸⁵	 Focuses on the relationships among thoughts, feelings, and behaviors Core principle is to restructure negative thoughts into positive thoughts
Dialectical Behavior Therapy (DBT) ⁸⁶	 Used for complex mental disorders Individuals are asked to accept uncomfortable thoughts, feelings, and behaviors and balance accepting and changing them
Family-Based Recovery ⁸⁷	 Dual treatment for parental recovery from substance use and healthy parent-child attachment and well-being Parent receives physical health services, parent education, early childhood programming, individual and group therapy, parent-child therapy, case management, and other wraparound services

C. Parenting Education

Summary of Need

Parenting education was cited by stakeholders as one of the top five needs for parents/caregivers.

Results from county stakeholder survey indicate that:

• Over eight in 10 stakeholders (84%) noted that parenting education/skills to provide communication, relationship building, and conflict resolution for parents of at-risk youth is a pressing need in the County.

Parenting education and support for parents can help bridge the gap between parents and their children and help strengthen their relationships.

• Parents need to better understand their youth's developmental needs. Youth report acting out because they are not receiving the support and attention that they need from their parents. For example, one youth said, "I would always be running away and I don't know I just get drunk with my friends, and take pills, and I wouldn't come back home and my parents wouldn't care. My parents in the morning would say, 'you can do whatever you want' and that would get me caught on." Another youth said, "I want a better relationship with my mom but we butt heads and its mainly because she doesn't trust me. I have improved and changed a lot and stopped using drugs and she doesn't understand that."

⁸⁵ https://www.apa.org/cognitive-behavioral

⁸⁶ https://www.psychologytoday.com/dialectical-behavior-therapy

⁸⁷ https://www.casey.org/family-based-residential-treatment/

Ventura County stakeholders across the system cited the overwhelming number and depth of challenges faced by parents/caregivers that contribute to their diminished capacity to provide the necessary supports and structure for their children and youth.

- **Parents are not mandated to attend classes**. While parenting classes are offered (e.g., the Parent Project) and recommended for parents by Probation, staff cannot mandate parents to attend.
- **Parents don't trust Probation staff**. Stakeholders hoped that parents would learn to trust Probation officials with more parent education instead of fearing them and not accessing services recommended by Probation staff.
- Accessing parent education is a barrier. Engaging in parent education is also an access issue. Parents are often working multiple jobs or do not have access to transportation. These present as barriers to attending parent education workshops or services.
 - While attempts were made to remove barriers to engagement (e.g., providing parenting classes virtually, scheduling classes at times parents might be more likely to attend), the positive impact has been small, and more effort to engage parents is needed.

Recommended Strategies

There is a strong need to equip parents/caregivers with the knowledge, tools, and supports that they require to provide the structure and attention many youth need. This can be accomplished by offering parenting classes for all parents/caregivers of children attending elementary schools in Ventura County's most vulnerable neighborhoods.

- Offer parenting education via prosocial activities. Child Welfare can mandate parents to attend classes. However, parents may be more likely to absorb and apply the teachings if parenting classes are presented as an opportunity for them to learn how to connect with their children/youth, to connect with other parents, and to build community via prosocial activities such as outings, field trips, sports events, etc. Such positive events and activities also could strengthen and improve the relationship between law officials and parents.
- Increase engagement through engaging topics. Opportunities to strengthen parenting skills can improve parenting self-efficacy, help set proper boundaries with youth, and bridge communication gaps. This would help to strengthen understanding of behavior and to better support youth in their journey. Parenting education topics to consider include gang involvement, youth mental health, structure and limit-setting, financial management, community resources including support for basic needs, and parenting 101. Parental education could cover other topics that include juvenile justice law, educational rights including an IEP, increasing youths' school engagement, and more.
- Remove barriers to engagement through incentives and easy-access locations. Monetary incentives for participating or meals are used by some programs to interest parents in programs. Bus tokens or rides can also help alleviate transportation issues, or as mentioned in other places, schools can serve as a hub to host a regular series of classes.

Examples of Evidence-Based Programs and Promising Practices

Parenting skills and education support can be successfully embedded within diversion, re-entry, or other programs and services. However, prevention and early intervention programs that provide parent education can help mitigate problems and avoid justice involvement. These programs should be evidence based, easily accessible, and adapt to parent needs by offering drop-in services or onsite childcare support. Other parent education programs are shown in Exhibit 32.

Exhibit 32. Example of Evidence-Based Programs and Promising Practices for Parent Education

Example Evidence-Based Program or Promising Practice	Description
Parenting Through Change (PTC; GenerationPTO Group) ⁸⁸	Designed to strengthen families and produce positive outcomes for youth and caregivers
	• Runs weekly parent group sessions to introduce parenting practices, including skill encouragement, limit setting, monitoring, etc.
Family Check-Up ⁸⁹	• Promotes positive family management and through reductions in coercive and negative parenting and increases positive parenting
Tuning In To Teens (TINT)90	 Provides emotion coaching skills and shows how parents notice, name, and show empathy for youths' emotions
	 Teaches connecting and calming before talking with youth about what to do next
Common Sense Parenting (CSP) ⁹¹	 Teaches positive parenting techniques and behavior management, and strategies to model proper behavior, increase positive behavior, and decrease negative behavior
Parenting Adolescence Wisely (PAW) Program ₉₂	• Computer-based program designed to reduce barriers of cost, transportation, provider training, and social stigma for families while providing family-focused intervention.

D. Family Engagement

Summary of Need

Improved family engagement was cited as one of the top five outcomes to focus on in Ventura County. It also emerged as a concern amongst stakeholders in the feedback sessions. Family engagement in the juvenile justice system involves families acting as collaborative partners in their youth's treatment and engagement in services.

Results from county stakeholder survey indicate that:

• Over one-quarter of respondents (29%) named family engagement as an important area of focus to improve outcomes in Ventura County in the next year.

Feedback from stakeholders provided corroborating evidence, in line with the research findings, that fostering parent/family understanding and engagement in supporting youth can help reduce delinquent behavior.

• Family engagement is negatively affected by the need for basic support. Stakeholders across the county called for increased parent engagement, yet all said that it is challenging. Parents are

⁸⁸ https://crimesolutions.ojp.gov/generation-PMTO

⁸⁹ https://www.cebc4cw.org/program/family-check-up/

⁹⁰ https://www.cebc4cw.org/program/tuning-in-to-teens

⁹¹ https://crimesolutions.ojp.gov/common-sense-parenting

⁹² https://www.parentingwisely.com/

overwhelmed trying to make ends meet, but there is a need for strategizing systemic methods for increasing family participation. Specifically, financial hardship, lack of basic needs, parents working multiple jobs, and problems with substance use and mental illness can present barriers to parental engagement.

- Parents are too exhausted to engage in programming. POs mentioned that by the time youth become involved in the justice system, parents are exhausted, "tapped out", and disengaged, which makes it difficult for them to want to engage in programming. "Once I am off of probation I
- Lack of legal mandate over parental engagement. • Because it becomes a choice for parents on whether they want to be involved, parental engagement is low in many cases. This is due to multiple and competing work and family obligations. Sometimes it is due to relationship discord with their child.
- Interventions without family involvement are harder to sustain. Members of THRIVE said that the SARB model works at reducing chronic truancy when parents are engaged in the process.

will not "need" support to remain off of it, but I will always have the support of my family so that is even better."

- Youth on probation

Recommended Strategies

- Increase efforts to help mitigate the effects of poverty by helping to address fundamental needs. Focus on ways to identify and support the provision of core needs to help parents engage more fully. Basic needs of housing, food, and financial stability are key, but also transportation, mental and behavioral health, and afterschool and childcare supports.
- Learn from others who are engaging parents in programming. Wraparound services are a good model, for example Child and Family Team (CFT) meetings where children and families are encouraged to be active participants in their case planning, as they are experts in the solutions that would work best for them.93 Offering programs such as the Police Activities League (PAL) in Oxnard, which helps engage families via sports or other outings also offers a good model for parent engagement. Finally, drawing on the expertise of Ventura County Child Welfare's family engagement advocates who have specialized expertise and experience related to engaging parents may help support parent engagement with the families of at-risk and justice-involved youth.
- Help build "stronger homes." Many youth seen by the SARB board are involved because their parents are not involved; thus, SARB board members believe that building "stronger homes" could decrease truancy among youth.
- Develop educational policy and programs that foster parental involvement at a young age, beginning in kindergarten. For example, the key to preventing truancy among young people is parent involvement. Thus, parents can be paid for their time to attend educational programming with their children. This reduces the barrier of lost wages from taking time off work to attend. Since the SARB board sees one sibling followed by another younger sibling a few years later, this type of policy/program can support the outcomes of multiple children within families.
- Provide parenting classes and support in vulnerable neighborhoods in centralized places for the greatest number of parents (e.g., school, library) to help remove barriers to access. Parenting classes at schools can be offered to all parents, creating change from the ground up, becoming

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"If I had a guardian around, I would not have been on probation. My dad is in prison so he wasn't around, and my mom is a nurse so she works late. First it [probation] started with my sister, then me, then my little sister. We didn't have structure."

- Youth on probation

⁹³ https://www.ventura.org/child-protective-services

another way to transform the family, school, and community. This helps to provide resources and to empower parents and families to prevent issues before they arise.

In addition, a recent literature review by the Office of Juvenile Justice and Delinquency Prevention found there are **five fundamental principles of family engagement**:^{94,95}

- Families should be supported before and after challenges arise
- Families should have access to peer support from the moment a youth is arrested through exit from the system
- Families should be involved in decision-making processes at the individual, program, and system levels to hold youth accountable and keep the public safe
- Families should be strengthened through culturally competent treatment options and approaches
- Families should know their children are prepared for a successful future



Priority Area 5: Prosocial and Skill-Building Opportunities

Ventura County stakeholders identified **prosocial and skill-building opportunities** for youth as a top priority for Ventura County, with three focus areas including:

- Life and Vocational Skills Training for Youth,
- Mentors/Coaches, and
- Structured Afterschool Activities.

Stakeholders commented that providing youth with the opportunity to nurture positive behavior is at the foundation of preventing and reducing delinquent behavior. Strategies that provide opportunities for education, vocation training, mentoring, empowerment, and prosocial opportunities can encourage youth to take positive steps to help strengthen characteristics that nurture them and help to build a more positive future. Key opportunities and potential outcomes are summarized in Exhibit 33.

Areas of Focus	Key Opportunities	Potential Outcomes
A. Life and Vocational Skills Training for Youth	 Increase opportunities for youth to engage in and improve vocational skills within and outside of Probation 	 More at-risk and justice-involved youth gain career skills and opportunities.
B. Mentors/Coaches	 Support evidence-based mentorship programs to connect youth with consistent and relatable mentors 	 More youth have at least one caring adult in their lives More youth find positive pathways away from the justice system
C. Structured Afterschool Activities	 Increase the availability and quality of afterschool programs to nurture 	 More youth engage in prosocial activities

 ⁹⁴ Arya, Neelum. 2013. Family Comes First: A Workbook to Transform the Justice System by Partnering with Families–Executive Summary. Washington, D.C.: Campaign for Youth Justice.
 ⁹⁵ https://www.ojjdp.gov/mpg/litreviews/Family-Engagement-in-Juvenile-Justice.pdf

Areas of Focus	Key Opportunities	Potential Outcomes
	academic, social, and career skills	 More youth build their skills and interests

Key Research Findings

The research literature demonstrates strong positive effects of educational and vocational programs for juvenile justice-involved youth.⁹⁶ A study in Oregon of 531 formerly incarcerated youth as they transitioned back into the community showed that youth engaged in work or school six months post-incarceration fared better 12 months later than their non-engaged peers.⁹⁷ This study showed that intervention programs for incarcerated youth around school achievement and job skills could reduce recidivism rates. Another study by the same group of researchers pointed out that, while employment training is an integral part of the support model for incarcerated youth are not homogenous regarding their employment outcomes; different subgroups may need distinct types of vocational and educational support.

Mentors can help youth stay grounded, smooth their transitions during reentry, and contribute to reducing recidivism. The National Mentoring Resource Center, a program of the Office of Juvenile Justice and Delinquency Prevention, reports that substantial investments have been made in providing mentoring supports for youth in reentry and diversion. It also notes the potential positive impacts mentoring may yield in reducing recidivism and juvenile delinquency.⁹⁹ Research on mentoring for juvenile offenders suggests the importance of both structured and informal mentoring to ease youths' transition after reentry, with some indication that natural mentors may be effective in reducing recidivism.¹⁰⁰

In addition, young adolescents who access various opportunities for positive encounters may be less likely to engage in risky behaviors and have better social and emotional outcomes.¹⁰¹ While the need to participate in afterschool programs has increased in the past few years, there are many barriers to accessing afterschool programs.¹⁰² According to a survey conducted in 2020, the cost and safety of children to arrive at and return from afterschool programs was identified as a barrier by low-income families, African American families, and Hispanic families.¹⁰³ Specifically, 57% of low-income households reported that the cost of an afterschool program was a barrier in enrolling their child. Another barrier is a

⁹⁶ Wilson, D. B., Gallagher, C. A., & MacKenzie, D. L. (2000). A meta-analysis of corrections-based education, vocation, and work programs for adult offenders. *The Journal of Research in Crime and Delinquency*, 37, 347-368.

⁹⁷ Bullis, M., Yovanoff, P., & Havel, E. (2004). The importance of getting started right: Further examination of the facility-to-community transition of formerly incarcerated youth. *Journal of Special Education*, 38, 80-94.

⁹⁸ Bullis, M. & Yovanoff, P. (2006). Idle hands: Community employment experiences of formerly incarcerated youth. *Journal of Emotional and Behavioral Disorders*, 14, 71-85.

⁹⁹ Chan, W. Y., & Henry, D. B. (2013). Juvenile offenders. In Dubois, D. L & Karcher, M. J. (Eds.), Handbook of youth mentoring (2nd ed., pp. 315-324). SAGE Publications.

¹⁰⁰ National Mentoring Resource Center. (n.d.) Mentoring for youth who have been arrested or incarcerated. https://nationalmentoringresourcecenter.org/index.php/what-works-in-mentoring/keytopics.html?layout=edit&id=173

¹⁰¹ https://youth.gov/youth-topics/effectiveness-positive-youth-development-programs

¹⁰² http://www.afterschoolalliance.org/AA3PM/

¹⁰³ http://www.afterschoolalliance.org/AA3PM/

lack of transportation. Fifty-three percent of parents reported that their child does not have a safe way to arrive at and come home from programs.¹⁰⁴

A. Life and Vocational Skills Training for Youth

Summary of Need

Life skills training emerged as the fifth highest need for youth in the online stakeholder survey, as well as from the parents/caregivers and youth surveys.

Results from county stakeholder survey indicate that:

• About six of every seven stakeholders (86%) noted that life skills training for youth is an area of high need in the County.

Results from parent/caregiver and youth surveys indicate that:

- Thirty-nine percent (39%) of parents/caregivers visiting their youth in custody, and 27% of parents/caregivers of youth visiting their PO deemed life skills training to be a helpful service for youth, and
- Eleven percent of youth on probation (11%) noted this to be a helpful service.

Current and/or past justice-involved youth strongly value and often expressed a need to learn skills they can use to obtain a job and help to identify a career they are passionate about pursuing, as well as skills to support independent living. Youth identified these two important aspects of career/job development as key to helping them.

Youth want career-readiness skills. Youth spoke highly of career and vocational training programs in the JF that help them gain skills to help obtain gainful employment. Youth voiced that they loved Paxton Patterson¹⁰⁵ in the JF, as it teaches them trade skills (e.g., plumbing, roofing, framing, etc.) and youth "accumulate skills by the time we get out." Youth talked highly about another program in the JF, Specialized Training and Employment Program for Success – Youth (STEPS-Y). This program helped them with job



applications, college applications, budgeting, structured activities, and obtaining a license. These skills were important because "getting a job will help [me] stay clean for drugs." The addition of the career center to service youth in the JF will fill the gap for youth in custody. However, youth who are not in custody need more support to stay on a productive path into adulthood.

- Youth Advocates were important for youth in providing life skills. Youth who participated in ROPP appreciated the life skills support they received from their Youth Advocates, especially in helping them acquire driver's licenses, Social Security cards, etc. However, there are serious gaps in life skills programming for TAY youth.¹⁰⁶
- Youth are passionate about identifying a career to pursue. Many youth also remarked that finding a job/career that they were excited about helped them focus on their goals, gave them something to look forward to, and helped them "stay out of trouble."

¹⁰⁴ http://afterschoolalliance.org/AA3PM/data/

¹⁰⁵ https://www.paxtonpatterson.com/

¹⁰⁶ TAY youth include youth between the ages of 16 and 25 years by Ventura County Behavioral Health. https://vcbh.org/en/programs-services/transitional-age-youth-16-25

Ventura County stakeholders mentioned that young people need various life skills to make a successful transition back to their communities and workplaces.

• Life skills training should be mandated for youth. Stakeholders believed that life skills training should be mandated for youth within the JF, especially with programs like Paxton Patterson, STEPS-Y, and ROP being offered in the facility and youth having easy access to these programs. Thus, offering them training in trade skills would prepare them for a successful job once they transition out into the community.

Recommended Strategies

- Continue providing and enhancing vocational learning opportunities to youth. Life skills should be taught to all youth, including at-risk youth, and those diverted from the system to help them stay out of the system. Having these opportunities will help youth gain practical work experience and life skills while in the JF and could also help them develop self-confidence, become self-sufficient, learn life skills, and gain other work relevant experiences.
- Increase JJCPA funding to CBOs who want to provide more life skills and vocational training to youth outside of the JF. Increasing funds would allow CBOs to extend their age criteria to serve older youth, including the TAY population, and help them connect with developmentally appropriate vocational programs. Ground the programming in developmental research to create programming that is tailored to the unique needs and goals of the TAY population.
- Foster collaborations with Probation's Career Center to strengthen job/career training and development to youth touching the justice system. For example, collaborating with reentry programs can further support youth in leveraging skills gained inside the JF to earn a living.

Examples of Evidence-Based Programs and Promising Practices

Career and life skills training programs in juvenile justice settings should consider the developmental needs of younger adolescents and older TAY. For example, a focus on pre-employment skills and career exploration is more appropriate for younger adolescents, while vocational training and work experience would be more appropriate for older youth.¹⁰⁷ Other successful vocational programs and supports are shown in Exhibit 34.

Example Evidence- Based Program or Promising Practice	Description
Operation Outward Reach (OOR) ¹⁰⁸	 Engages individuals in roofing, siding, porches, and other home-repair tasks Research has shown that the OOR program reduced recidivism rates
One Summer Plus Program ¹⁰⁹	Offers eight weeks of part-time summer employment at Illinois minimum wage and an adult job mentor to help manage barriers to employment
Customized Employment Supports (CES) ¹¹⁰	• Developed to help individuals who are likely to have irregular work histories attain rapid placement in paid jobs and increase their legitimate earnings

Exhibit 34. Example of Evidence-Based Programs and Promising Practices for Training Programs

¹⁰⁸ https://www.ojp.gov/operation-outward-reach

¹⁰⁷ Davis, M., Sheidow, A. J., McCart, M. R., & Perrault, R. T. (2018). Vocational coaches for justice-involved emerging adults. *Psychiatric Rehabilitation Journal*, *41*(4), 266-276.

¹⁰⁹ https://urbanlabs.uchicago.edu/one-summer-chicago-plus

¹¹⁰ https://kter.org/customized-employment-supports

Example Evidence- Based Program or Promising Practice	Description
Transition to Independence Process (TIP) Model ¹¹¹	• Developed for young people to help them achieve their short-term and long- term goals in multiple areas, including employment/career, educational opportunities, living situation, personal effectiveness, and community-life functioning

B. Mentors and Coaches

Summary of Need

The need for consistent mentors and coaches emerged as one of the top 10 needs in the online survey, and it is a major focus in youth and stakeholder feedback sessions.

Results from county stakeholder survey indicate that:

- Over four out of five (84%) respondents voiced the need for mentors/coaches/advocates for youth, and
- More than one-half (56%) of respondents noted that this **need has** *increased* since the last JJP.

Current and/or past justice-involved youth provided extremely positive feedback about having a mentor or a caring adult and the important role mentors played in their lives.

- Mentors are extremely valuable to youth. One youth said her mentor was like a mother, a sister, and someone she could talk to about anything, someone who would be there for her unconditionally, and who has helped her grow as a person.
- Youth feel very attached to Youth Advocates and can rely on them. Youth who attended ROPP and had a Youth Advocate said that they appreciated Youth Advocates because they provided strong emotional support, were available when youth needed them, and helped youth understand things more clearly. They also were "cool people" who are fun to talk to and to "just

"I want to keep talking to someone who will and can be there for me."

-Youth on probation

hang with." Having a Youth Advocate was extremely important for youth in having someone they could depend on, call at any time, who would listen to them without judgment, and who would help them with basic needs (e.g., dropping off food, buying school clothes). One youth referred to the Youth Advocate as "one of his homies, and I feel safe around him." Youth wanted to be in touch with their Youth Advocates when off probation (i.e., no longer on formal/informal probation).

Ventura County stakeholders provided additional feedback about the importance of mentors and role models. Key findings included:

• Mentors can fill the void when parents are not engaged in a young person's life. There was consensus across all stakeholder groups highlighting the importance of a positive adult mentor in the lives of young people. Many accounts were shared of parents working tirelessly to make ends meet, making them less available for young people, some of whom shared their stories of all the "bad things they could get mixed up in out there."

¹¹¹ https://www.cebc4cw.org/transition-to-independence-tip-model

- Youth need mentors who have been in their shoes. Probation staff mentioned the need for more mentors that look and speak like the youth who are being served, and who have walked in their shoes and can relate to their lived experiences. Thus, there is a need for positive adult role models who have made it through. (See Priority Area 2 for further discussion.)
- **Disruptions in programs can break consistency relationships**. However, disruptions in funding, staff shortages, and program closures have meant breakages in the relationships that youth form with supportive adults.

Recommended Strategies

Many justice-involved youth move in and out of various systems (e.g., Child Welfare, Probation), and they experience changes in their families and/or living situations. Having the consistent support and care provided by one positive adult mentor serves as a grounding force for young people.

- Increase the capacity of youth mentorship programs. Stakeholders and parents of involved youth agree that mentoring from someone with whom youth can connect and look up to can be critical in helping youth navigate risky situations and make good choices.
- Create a coordinated system to help youth stay connected to their mentors. A coordinated system of care that ensures young people are not only connected to a mentor early in life, but that they also can sustain that relationship with minimal disruption (e.g., program closures, change in provider) is vital. Leverage the ability of POs and CSOs to serve as natural mentors for youth by providing training in positive youth development and trauma-informed care.

Examples of Evidence-Based Programs and Promising Practices

Findings from structured mentoring programs are promising but not consistent, supporting the need to follow evidence-based models and practices.¹¹² The following two mentoring programs offer promise for the community-based approaches in which mentors are selectively recruited to optimize natural mentoring relationships with youth (Exhibit 35).

Example Evidence-Based Program or Promising Practice	Description
Youth Advocate Programs, Inc. (YAP) ¹¹³	 Wraparound-advocacy model in its community-based programs for justice- involved youth
	 Recruits advocates who share youths' cultural and ethnic backgrounds and are hired directly from the communities served
	 Service model is intensive, providing structure, supervision, and frequent contact with youth at home, school, and the community.
Credible Messengers Mentoring Program ¹¹⁴	Credible messengers provide one-on-one support, and conduct group sessions using cognitive-behavioral intervention

Exhibit 35. Example of Evidence-Based Programs and Promising Practices for Youth Mentoring Programs

¹¹² https://nationalmentoringresourcecenter.org/resource/mentoring-for-preventing-and-reducingdelinquent-behavior-among-youth/entoring for Preventing and Reducing Delinquent Behavior Among Youth - National Mentoring Resource Center

¹¹³ Youth https://crimesolutions.ojp.gov/YAP

¹¹⁴ https://cmjcenter.org/credible-messenger-program

Example Evidence-Based Program or Promising Practice

Description

• Messengers work alongside POs to help youth improve decision making, set and pursue goals, improve family relationships, and connect to educational, career readiness, and employment opportunities

C. Structured Afterschool Activities

Summary of Need

The need for structured afterschool activities was a concern raised amongst the online survey stakeholders and in the feedback sessions. Basically, youth with unstructured and unmonitored time are more likely to engage in delinquent behavior.

Results from county stakeholder survey indicate that:

- Nearly 83% of stakeholders called for more structured after-school activities that are designed to teach a variety of skills/hobbies and places for youth to spend free time, and
- More than one-half of participants (52%) noted that this need has increased since the last JJP.

Youth provided feedback that they want more afterschool programs, as there are gaps in the programs and services currently offered.

Inconsistent services/programming. According to one youth who had been engaged with a CBO, the
agency did not have its own site and held programming in a classroom. When they could not use that
site anymore, it was shut down. The youth mentioned that "they need a solid place to stay." Another
youth mentioned that he took the initiative to join a CBO in his community but learned he was not
eligible because of his probation status.

Ventura County stakeholders noted a high need for affordable afterschool programs in Ventura County and removing barriers to access those programs.

- Lack of accessible and affordable afterschool programs. There is a need for accessible and affordable afterschool programs, summer camps, field trips, and other prosocial activities (e.g., sports) to keep youth busy, particularly between 3pm-7pm, especially in the high need areas of Ventura County.
- Transportation is a barrier to afterschool programs. Transportation was cited as a common barrier for youth to attending activities. Lack of transportation, including lack of bus services in Santa Paula, Filmore, and Oxnard, prevents youth and their families from accessing classes, supports, and other services.

Recommended Strategies

Recommended strategies are based on stakeholder feedback and evidence-based programs, and promising practices grounded in research.

• Strategies for afterschool programs to improve access and remove barriers for low-income families: ¹¹⁵

¹¹⁵ Kennedy, E., Wilson, B., Valladares, S., & Bronte-Tinkew, J. (2007, June). Improving attendance and retention in

- Reduce costs of transportation, materials, and program space by partnering with schools and CBOs,
- Offer programs in the neighborhoods of the youth served, and
- Consider partnerships with businesses and other organizations that could offer material, financial, and volunteer resources to the afterschool program.
- Increase support of programs that are accessible to the most vulnerable youth. This may involve ensuring that lack of transportation and prohibitive costs do not put services out of reach. The free Explorer Teen Program offered by the Ventura Police Department exposes youth to career opportunities, life skills, character development, leadership experience, and citizenship. Youth participate in drug awareness, defense tactics, explorer competitions, exposure to city government, field trips to cities outside of Ventura County, and other activities to better understand the law enforcement profession and gain knowledge about their community via these extracurricular activities.¹¹⁶

Examples of Evidence-Based Programs and Promising Practices

Some example programs and services that expand prosocial opportunities are shown in Exhibit 36.

Example Evidence- Based Program or Promising Practice	Description
Success for Kids ¹¹⁷	 Designed for children's resilience and positive connections to increase a child's sense of empowerment, increase knowledge, attitude, and skills, increase caring and empathy, improve family interactions, and increase happiness
Boys and Girls Club – Project Learn ¹¹⁸	 Improve educational outcomes (including school grades) in young people through out-of-school educational enrichment activities
Project Venture ¹¹⁹	 Focuses on learning from the natural world, spiritual awareness, family, and respect to promote healthy development.
	Designed for American Indian communities to prevent alcohol abuse.

Exhibit 36. Example of Evidence-Based Programs and Promising Practices for Afterschool Programs

out-of-school time programs. Research-to-Results Practitioner Insights. Child Trends.

https://www.nova.edu/projectrise/forms/improving-attendance-retention.pdf

¹¹⁶ https://www.cityofventura.ca.gov/Explorer-Program

¹¹⁷ https://crimesolutions.ojp.gov/success-for-kids

¹¹⁸ https://crimesolutions.ojp.gov/project-learn

¹¹⁹ https://crimesolutions.ojp.gov/project-venture

Juvenile Justice Plan Summary

Needs and Approaches

The JJP process identified five primary areas of need:

- Emotional and Behavioral Well-Being
- Prevention and Early Intervention
- A Coordinated Systems Approach
- Family Support
- Prosocial and Skill-Building Opportunities

The strategies outlined are organized according to which are primarily youth-centered, family-centered, or system-centered (Exhibit 37). It is possible to combine many of these approaches into a multi-strategy program, and many of these strategies target more than one of the identified needs areas already. It is an extensive list meant to provide options to help the department prioritize based on available department funding and opportunity.

Exhibit 37. Summary of Priority Areas

Approach	Needs Identified in JJP Process
Youth-Centered Approaches	 Mental Health Substance Use Trauma-Specific Life Skills Training Mentors/Coaches Structured Afterschool Activities
Family-Centered Approaches	 Family Therapy Referral/Case Management Mental Health/Substance Use Parenting Education Family Engagement
System-Centered Approaches	 School-Based Counseling Prevention and Early Intervention System Continuity of Services After Release/Reentry Trauma-Informed System of Care Communication and collaboration among systems

Inventory of Prioritized Needs Addressed by the Current JJCPA-Funded Programs

An inventory of the prioritized needs identified in the current JJP and the extent to which each of the nine JJPCA-funded CBOs are addressing those needs is found in Exhibit 38. For each need area, the JJCPA-funded programs that support improved outcomes are listed, with the bolded programs providing the highest degree of support of identified needs. For instance, THRIVE is an exemplar regarding 'A Coordinated Systems Approach' due to its systems-level approach of addressing need through a collaborative group of multiple agencies, including Ventura County Public Health and several school districts that have Student Attendance Review Board (SARB). Through this mechanism, THRIVE members coordinate multiple services provided by and led by various members of the SARB team. For more detailed information on the JJCPA-funded programs, please refer to the *Evaluation of JJCPA-Funded Programs and Services (2021)*.



Exhibit 38. The JJP Priority Areas and the JJCPA-Funded Programs Identified as Supporting Each Need

Recommended Approach to Suggested Strategies and Interventions

While each outcome presented in this report has its unique findings and examples of recommended strategies, theory should guide the ultimate choice of methods to address each outcome. In addition, the department should give preference to programs that are evidence-based (or that show clear movement toward evidence-based, called promising practices). Outlets to identify evidence-based programs are outlined here.

Use of Evidence-Based Practices

Where available, the use of evidence-based programs is encouraged. The Campbell Crime and Justice Coordinating Group (https://campbellcollaboration.org/better-evidence.html) conducts and disseminates research reviews on methods to reduce crime and delinquency. For example, these reviews have found that cognitive-behavioral therapies can reduce recidivism, and early parent training to help parents deal with children's behavioral problems can prevent later delinquency. In addition, Washington State Institute for Public Policy (WSIPP, http://www.wsipp.wa.gov/) maintains a continuously updated inventory of prevention and interventions. It notes them as evidence-based, research-based, and promising programs for child welfare, juvenile justice, and mental health systems. This institute also conducts benefit-cost analysis for the evaluated programs. Other resources for identifying evidence-based programs include:

OJJDP Model Program Guide

http://www.ojjdp.gov/mpg/

Evidence-Based Practices Resource Center, Substance Abuse and Mental Health Services Administration (SAMHSA)

https://www.samhsa.gov/ebp-resource-center

What Works Clearinghouse, U.S. Department of Education http://ies.ed.gov/ncee/wwc/

Providers, managers, and policymakers alike often have questions regarding the criteria in which prevention, early intervention, and treatment programs and practices are rated and categorized. The following figure displays the decision flow chart used by WSIPP, which contains its criteria for rating the evidence base of effectiveness for each program/practice. Although many shared criteria are used across these sites to evaluate effectiveness, each clearinghouse, guide, or registry uses its own set of criteria.



Fidelity to the Model

Fidelity is the extent to which an intervention, as implemented, is "faithful" to the pre-stated intervention model. Maintaining a high level of fidelity to the model of an evidence-based intervention is critical if one

seeks to observe outcomes demonstrated in the research conducted in the development of that model. Programs should self-assess and be prepared to report on their adherence to a model. In addition, the evaluation should incorporate fidelity assessments of programs in its design. There are situations in which modifications to a model program based on population or community needs are necessary. These changes should be documented, communicated with Probation, and evaluated for their impact on outcomes. Some models require extensive and expensive training, and this factor should be considered in their selection. Validated assessment and evaluation tools should be identified and considered, as well. Tools that can both meet clinical needs and assess change in outcomes should receive priority. The previous figure is an example of how failure to implement a program to fidelity can cause more harm than good.¹²⁰

Conclusion

The Ventura County JJP points to several priority areas the Probation department can transform to enhance outcomes for youth and their families. As noted in the report, many stakeholders called attention to the high needs of the youth, the families, and the systems that serve them. Exhibit 39 highlights key areas of opportunity for the department and the potential outcomes.

Evidence-based models are not noted in this exhibit because, while the use of such models is important, selecting one that can be successfully implemented by the department and CBOs is equally important. Evidence-based models have inherent strengths; however, these models can be costly to implement, as they require training for staff. As noted previously, staff turnover occurs frequently within CBOs. Thus, implementing evidence-based models may be unrealistic and present undue burden for CBOs to ensure fidelity to the models. The department should work in tandem with service providers to mutually agree on evidence-based models and practices that meet the needs identified by this JJP process while not over-extending the department or other CBOs. This JJP can be used to prioritize programmatic changes and potential outcomes that are grounded in both research and practice.

¹²⁰ Barnoski, R. & Aos, L. R. (2003). Recommended quality control standards: Washington state researchbased juvenile offender programs. http://www.wsipp.wa.gov/ReportFile/849

Exhibit 39. Summary of Priority Areas, Key Opportunities, & Potential Outcomes

PRIORITY AREAS	KEY OPPORTUNITIES	POTENTIAL OUTCOMES
1: Emotional and Behavio	oral Well-Being	
Mental Health Intervention for Youth	 Increase the availability of mental health providers in the JF and community Diversify therapeutic options for youth Boost capacity of mental health providers to address the complex needs of youth 	 More youth are engaged in services that work for them, resulting in improved mental health outcomes
Trauma-Specific Services	Increase partnerships to boost treatment capacityOffer more trauma-specific and specialized services	 More youth access services to address trauma More youth increase their ability to cope with trauma-related stress
Drug/Alcohol Treatment (Residential and Outpatient)	 Increase availability of residential facilities in the county Provide more youth-focused substance use programs 	 More youth access services to address their drug and alcohol use More youth complete AOD services with improved outcomes, including needs met, lives saved, and decreased justice involvement
Family Therapy	 Partner to support more prevention and early- intervention solutions to family discord. Increase access to services for families 	 More families access services at the onset of issues Family functioning and engagement improves More youth have their needs met and decreases justice involvement
2: Prevention and Early In	ntervention	
Prevention and Early Intervention	 Partner to increase identification and remediation of problem behaviors at the onset 	 More children demonstrating need are identified and connected to services More youth have the developmental assets to thrive and not enter the justice system
School-Based Services	 Increase access to information and supports by providing services for children, youth, and families at school 	More youth will receive support and connection to other needed services to address problem behavior and social emotional needs

\pproach	
• Extend the period of reentry support to ensure youth stay connected to beneficial services and supports including education, job training, and mentorship	 Youth stay connected to beneficial services and build competencies Fewer youth recidivate
 Assess and expand opportunities for cross-system collaboration Increase data sharing to improve services to families and youth Support staff retention within organizations 	 Communication and efficiency increase among different systems Youths' needs are addressed in a more coordinated way
 Assess for gaps in trauma-informed practices Re-invest in comprehensive trauma-informed training in the county and among law enforcement agencies 	 Providers better understand trauma and how to respond to trauma based behavior in children and youth
 Coordinate and consolidate resource/information to share across the county Ensure materials are available in multiple languages 	 Parents and youth have greater knowledge of available programs in the community Providers have a better understanding of referral options
 Increase availability and affordability of treatments for parents Help to reduce stigma around families accessing treatments and therapy 	 Parents increase access and engagement in services Parents improve mental and behavioral health, becoming stronger assets for youth.
 Consider prosocial activities to engage families in parent education Assess what topics are of high interest to parents and offer them 	 More parents learn how to foster and support positive youth development More parents gain awareness of 'red flags' signaling a need for support
 Address and mitigate barriers to engagement Learn from and partner with others who are 	 More families access support and social connection Families have more resources to support the needs of their childre
	 Extend the period of reentry support to ensure youth stay connected to beneficial services and supports including education, job training, and mentorship Assess and expand opportunities for cross-system collaboration Increase data sharing to improve services to families and youth Support staff retention within organizations Assess for gaps in trauma-informed practices Re-invest in comprehensive trauma-informed training in the county and among law enforcement agencies Coordinate and consolidate resource/information to share across the county Ensure materials are available in multiple languages Increase availability and affordability of treatments for parents Help to reduce stigma around families accessing treatments and therapy Consider prosocial activities to engage families in parent education Assess what topics are of high interest to parents and offer them Address and mitigate barriers to engagement

5: Prosocial and Skill-Bui	lding Opportunities	
Life and Vocational Skills Training	 Increase opportunities for youth to engage in and improve vocational skills within and outside of Probation 	 More at-risk and justice-involved youth gain career skills and opportunities.
Mentors/Coaches	Support evidence-based mentorship programs to connect youth with consistent and relatable mentors	 More youth have at least one caring adult in their lives More youth find positive pathways away from the justice system
Structured Afterschool Activities	 Increase the availability and quality of afterschool programs to nurture academic, social, and career skills 	More youth engage in prosocial activitiesMore youth build their skills and interests

Appendices

Appendix A: Interview Protocols

Exhibit 40 shows the listed of participants who engaged in the feedback sessions. Overall, ASR conducted 50 feedback sessions with a total of 134 participants.

Except for youth, the majority of focus group participants and the key informants answered the following set of questions:

- What are the top unmet needs for:
 - At-risk youth in Ventura County?
 - Parents/caregivers of these youth?
 - For systems and service providers that serve youth?
- For each need mentioned above, what are the best strategies to address each need? Why are these the best strategies?
- What areas of the County (geographically or population-wise) are in greatest need? Please tell us about specific service gaps.
- What changes within your organization/unit/department might improve your ability to positively impact the lives and futures of the youth you serve?
- What system-wide or community-wide changes might improve the lives and futures of youth in the community at-large?

Youth participating in the focus group conducted in the JF were guided through the following questions about what has helped them and what challenges they perceive to staying on track in and outside of the Hall:

- What do you think has helped you the most here in juvenile facility? [including specific programs and services and relationships with staff and peers, visitation, free time activities, the facilities)]
- What are some of the most difficult things about being in juvenile hall?
- How would you improve the experience for youth who come here in the future?
- When you think of leaving the Hall and moving back into your community, what do you think will be the hardest part? What concerns you the most?
- What do you think might make it hard to stay on track once you leave the hall?
- What kind of support do you think would help you to stay on track? Why do you think this will help?

At-risk youth focus groups served by the JJCPA-funded programs were asked these questions about their successes and challenges:



- When you think of youth who "stay on track" to graduate high school and avoid trouble with law enforcement in San Mateo County, what do you think helped them (including yourself) do this?
 - Were there any specific programs, activities or mentors that seemed to make a difference?
- Staying on track is not easy! What are some of the biggest challenges that make it hard for youth to stay on track?
- For the challenges you noted above:
 - How can parents, caregivers, and mentors help youth to overcome these and stay on track?
 - How can schools help youth?
 - How can service providers and other members of the community help youth?
- Is there anything else that you think we should know about what youth need to stay on track in school and avoid trouble with the law?

Exhibit 40. Summary of Stakeholder Feedback Sources

Stakeholder Group	Stakeholder	Number of People Who Provided Feedback	Number of Sessions
Current or Past	ANEW	5	2
Justice-Involved Youth	ERC - Big Brothers Big Sisters	2	3
routi	ERC - Boys and Girls Club of Oxnard & Port Hueneme	3	3
	ERC - One Step Á La Vez	3	2
	Forever Found	1	1
	Interface	0	1
	Repeat Offender Prevention Program (ROPP)	5	3
	THRIVE	1	1
	Youth Advisory Council (YAC)	1	1
JJCPA-Funded	ANEW	2	1
Program Staff	Big Brothers Big Sisters	3	1
	Boys and Girls Club of Oxnard & Port Hueneme	3	1
	One Step Á La Vez	2	1
	Interface	3	1
	Forever Found	1	1
	Repeat Offender Prevention Program (ROPP)	7	1
	THRIVE	7	1
	Youth Advisory Council (YAC)	2	1
	CSOs	2	1



Stakeholder Group	Stakeholder	Number of People Who Provided Feedback	Number of Sessions
Probation	Data Team	2	1
Leadership and Staff	Field DPOs	18	1
Stall	Juvenile Bureau Supervisors	3	1
	Juvenile Executives	5	1
	Programming Commitment DPOs	2	2
	Senior DPOs in the Field	5	1
	Senior DPOs in Programming	1	1
	Supervising DPOs (SDPOs) Juvenile Bureau	7	1
Community Stakeholders	Behavioral Health	1	1
	Board of Supervisors	2	2
	Child Welfare	7	1
	Gang Task Force	6	1
	Providence School (Juvenile Facility)	3	2
	SARB Board	1	1
	School Resource Officers	4	1
	Ventura County Medical Center Trauma Department	2	1
	Ventura County Unified School District	2	1
	YES Collaborative	10	3
	Total	134	50



Appendix B: Ventura Juvenile Probation Online Community Stakeholder Survey

Ventura Probation, in partnership with Applied Survey Research, sent a survey to service providers and agencies involved in serving youth in Ventura County. Responses were gathered from August to September 2021. Overall, 186 responses were received. Fifty-eight percent of those surveyed identified themselves as primarily serving youth, while 18% served families (youth and parents), and 12% served the community or the public. Concerning their role within their organizations, respondents primarily identified as managers/supervisors (25%), probation officers (14%) and line staff (13%).

Question 1. Please indicate the importance of funding for each listed service for the youth you serve/represent/know of

Prevention and early intervention services - programs in schools and the community that aim to prevent youth from entering the justice system Mental health/behavioral therapy - to help youth who present problems such as depression, Bipolar, PTSD, conduct disorder, school/social problems, anger management, etc. Trauma-specific services - interventions that recognize the interrelation between trauma and mental health/substance use, and designed to address consequences of trauma Family therapy - to work on improving and strengthening family functioning (communication skills, relationship building, promote parental involvement, etc.)

Gang prevention/ intervention programs - to prevent gang involvement and help youth find alternatives to gang involvement

School-based counseling services - to aid in early intervention and easy access to counseling for youth with mental health/behavioral health needs

Life skills training (e.g., driver training, opening a bank account, completing a rental agreement)

Very lov	v Somew	hat low	Average	Somewhat high	Very high
4% 15°	%		799	%	
5%	24%			69%	
9%	25%			63%	
9%	29%			59%	
4% 15%	6 199	%		60%	
14%	24%	, D		59%	
11%	27%			58%	

ASR

Note: n=63-140. Question 1 continues on next page. Percentages less than 4% are not labeled.

Mentors/Coaches/Advocates - to help youth in difficult environments find a positive role model or caring adult to help them develop resiliency skills

Support for basic needs (food, financial assistance)

Drug/alcohol outpatient treatment - to help youth receive treatment for alcohol and other drug use in outpatient facilities

Transitional or "re-entry" services - to help youth who are re-entering their communities (families, schools) after being placed in juvenile hall, camp, group home or foster care

Drug/alcohol residential treatment - to help youth receive treatment for alcohol and other drug use in live-in facilities

Housing support - for youth without stable shelter

Structured after-school activities - programs designed to teach a variety of skills/hobbies and places for youth to spend free time involved in constructive activities (e.g., sports, arts, community...

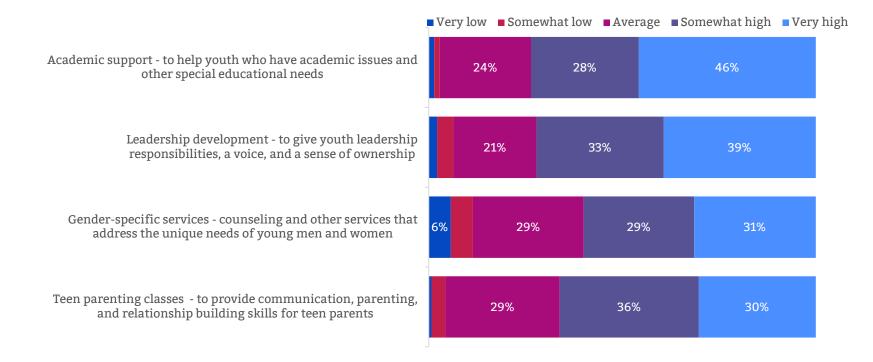
Very low	Somewhat low	■ Average ■ Somewhat high ■ Very						
4% 11%	26%							
<mark>4</mark> % 16%	23%	23% 56%						
17%	24%	24% 56%						
<mark>4</mark> % 14%	29%		54%					
4% 15%	27%		53%					
20%	26%		53%					
15%	31%		52%					

Note: n=63-140. Question 1 continues on next page. Percentages less than 4% are not labeled.



	Very low	Somewhat low	Average	Somewhat high	Very high
Support for youth in out-of-home care and transitional age youth - counseling, academic support, and other services that address the unique needs of youth in out-of-home care	19%	26%		51%	
Alternatives to Incarceration - to support rehabilitation such as the use of drug courts and diversion programs	6% 1	9% 23%		49%	
Conflict resolution training - to provide communication, anger management, and conflict resolution skills	16%	33%		48%	
Post-secondary counseling/training - post-secondary education planning and support, vocational training, job placement and career planning, resume building,	19%	29%		47%	
Alternatives to managing behavior-related issues at school - structured alternatives to staying home unsupervised when suspended, expelled, or at home due to behavior-related issues at.	22%	29%		46%	
Other (please specify)	35	5% 16	%	46%	

Note: n=63-140. Other responses included community building, development, and organizing, community policing, youth rights, education on dangers of social media and internet, parenting education and classes, probation support on school campus, responsibility for actions, uplifting movies to watch, and wraparound services. Question 1 continues on next page. Percentages less than 4% are not labeled.



ASR

Note: n=63-140. Percentages less than 4% are not labeled.



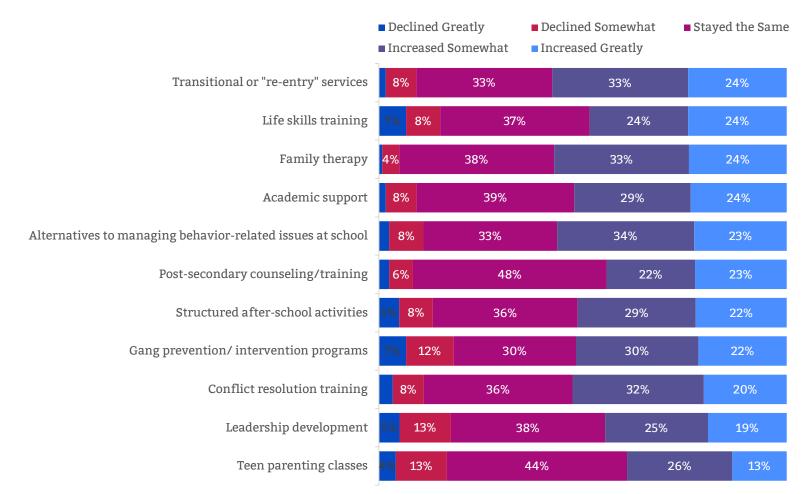
nion 2. onice 2017, now have these needs changed. This the need jor	,		Declin	ned Somewhat ased Greatly	■ Stayed the Same
Mental health/behavioral therapy	1	9%	31%		45%
Trauma-specific services		28%	28	8%	38%
Drug/alcohol outpatient treatment	6%	31%	31%		31%
Alternatives to Incarceration	5%	32%		30%	31%
Drug/alcohol residential treatment		26%		34%	30%
Other (please specify)	2	8%	36% 49		30%
Prevention and early intervention services	6%	23%	38%		30%
Housing support	<mark>4%</mark> 9%	34%	23%		29%
Support for basic needs	7%	35%		28%	28%
School-based counseling services	9%	36%		25%	28%
Mentors/Coaches/Advocates	<mark>4%</mark> 10%	30%		30%	26%
Gender-specific services	11%	11% 38%		23%	25%
Support for youth in out-of-home care and transitional age youth	4%	35%		34%	25%

Question 2. Since 2017, how have these needs changed? Has the need for the following services increased, declined, or stayed the same?

Note: n=50-121. *Other responses included community policing, increase in sexual violence for teens, LGBTQ support programs, nursing/health*



education, programs for indigenous youth, more services in Filmore and Piru, and wraparound services. Question 2 continues on next page. Percentages less than 4% are not labeled.





Note: n=50-121*. Percentages less than* 4% *are not labeled.*

Question 3. Please indicate the importance of each listed service for the parents/caregivers you serve/represent/know of

Very low	Somewhat low	Average	Somewhat high	Very high
9%	21%		67%	
10%	26%		59%	
4% 10%	35%		49%	
15%	32%		50%	
15%	27%		53%	
17%	32%		47%	
219	6 34	1%	40%	
	 9% 10% 10% 15% 15% 17% 	9% 21% 10% 26% 10% 35% 4% 10% 15% 32% 17% 32%	9% 21% 10% 26% 4% 10% 35% 15% 32% 15% 27% 17% 32%	9% 21% 67% 10% 26% 59% 4% 10% 35% 49% 15% 32% 50% 15% 27% 53% 17% 32% 47%

Note: n=38-117. *Question 3 continues on next page. Percentages less than 4% are not labeled.*

ASR

	Very low	Some	ewhat low	Average	Somewhat high	Very high
Career development/Job training	22	22%		5%	38%	
Support from schools	22	2%	25%		49%	
Parent support group - for parents of at-risk youth to share resources and provide support and information	5% 2	5% 21%		28% 44%		
Support for basic needs - employment, housing, financial assistance	2	24%		%	44%	
Translation services	2	25%	28	3%	42%	
Help understanding the juvenile justice system		27%	22	2%	45%	
Legal consultation - assistance for parents/families on justice or immigration issues	5%	31%		27%	32%	
Other (Please specify)	24%		29%		42%	

Note: n=38-117. Other responses included compassion, communication, CSEC, family building for non-traditional families, food boxes for low-income families, indigenous perspectives of programs, trauma-informed care training, and get families the resources they need. Percentages less than 4% are not labeled.

Question 4. Since 2017, how have these needs changed? Has the need for the following services increased, declined, or stayed the same?



	Declined Greatly Increased Somewhat		 Declined Somewhat Increased Greatly 		Stayed the Same
Mental health services for parent/caregiver	7%	18%	40%		33%
Support for basic needs	7%	26%		38%	28%
Family therapy	7%	27%		35%	30%
Family violence interventions	8%	26%		40%	23%
Alcohol and Other Drug Services for parent/caregiver	6%	31%		33%	30%
Information and referral/case management for services		34%		32%	29%
Parenting education/skills classes	7%	33%		37%	21%
Parent Advocate/Family or Parent Partner	7%	35%		33%	25%
Parent support group	7%	36%		35%	22%
Support from schools	7%	36%		32%	22%
Help understanding the juvenile justice system	7%	42%		27%	23%
Career development/Job training	7%	40%		31%	20%
Translation services	4%	48%		26%	21%
Legal consultation	5%	47%		25%	22%
Other	219	% 5%	40%	2%	31%

Note: n=42-107. Other responses included CSEC, LGBTQIA support and resources, navigation of multiple systems, path to citizenship, and cultural protocols and practices in programming. Percentages less than 4% are not labeled.

Q5. ACCESS TO SERVICES – CITIES AND REGIONS, (N=104) CONSIDERING THE AVAILABILITY OF AFFORDABLE, ACCESSIBLE SERVICES, WHICH CITY/REGION BELOW WOULD BENEFIT THE MOST FROM TARGETED FUNDING?									
	SOUTH OXNARD	SANTA PAULA	FILMORE	EL RIO	NORTH OXNARD	PIRU	VENTURA	EAST COUNTY	OTHER
Yes, would benefit from funding	87%	63%	61%	51%	39%	32%	26%	13%	12%
Other cities mentioned (N=2)	West Ventu	ra, Saticoy, Si	mi Valley, Por	rt Hueneme, /	All Counties			-	
FAMILIES AT RISK C	ACCESS TO SERVICES – POPULATIONS (N=78) CERTAIN POPULATIONS WITHIN THE COUNTY MAY ALSO NOT HAVE EQUAL ACCESS TO SERVICES TO SUPPORT YOUTH AND FAMILIES AT RISK OF INVOLVEMENT IN THE JUVENILE JUSTICE SYSTEM. PLEASE LIST ANY POPULATIONS (E.G., ETHNIC GROUPS, GENDERS, AGE GROUPS, YOUTH/FAMILIES WITH SPECIFIC RISK FACTORS, ETC.) THAT YOU FEEL LACK ACCESS TO NEEDED SERVICES.								
POPULATION							% WH	O PROVIDE A	NSWER
Special Population (LC	GBTQ+ comm	unities, home	less, Trans yo	outh)				39%	
Ethnicity (Latinx population, Native American, Mixteco, Zapotec)					24%				
Family status (Undocumented families, low-income families, immigrant communities, Migrant farm workers)						14%			
Special issues (no access to transportation, at-risk youth, single-parent households, families with disabilities, parents working multiple jobs, parents in jail, etc.)						14%			
Age group (12-19-year-old youth, children under 12, TAY youth,)						14%			
Location (South Oxna	Location (South Oxnard, Santa Paula, rural communities, middle school)						5%		

Question 6. Listed below are some of the barriers or challenges that prevent youth and families from seeking help or fully engaging in services. In thinking about the families, you serve or represent, please indicate the proportion of your families who face each of the listed barriers

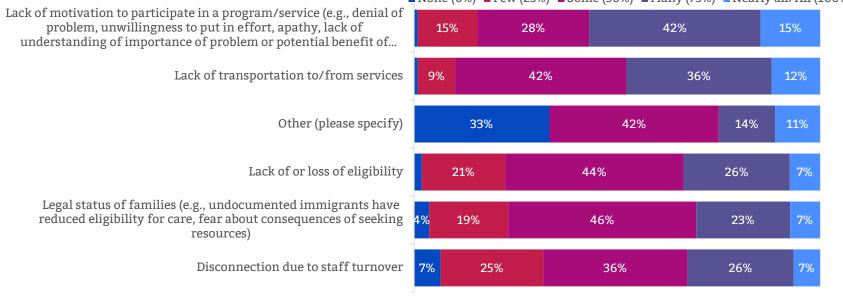


	Nor	1e (0%)	Few (25%) Some (50%	b) ■ Many (75%) Nea	arly all/All (-00
Lack of time (e.g. parents working multiple jobs)	6%	2	2%	449	6		28%	
Financial hardships or cost of services	6%	8%	20%	3'	9%		28%	
Lack of childcare for younger siblings or other family members	6%	6	33%		39%		19%	
Stigma (e.g., beliefs about counseling, AOD treatment, receiving public assistance or other social services)	5%	14%		33%	31%		17%	
Lack of culturally and linguistically appropriate services (e.g., services in other languages, service providers from diverse cultures/ethnic background)	5%	18%		36%	27%	%	15%	
Lack of culturally and linguistically appropriate services (e.g., services in other languages, service providers from diverse cultures/ethnic	5%	18%		36%	279	%	15%	

■ None (0%) ■ Few (25%) ■ Some (50%) ■ Many (75%) ■ Nearly all/All (100%)

Note: n=36-109. *Question* 6 *continues on next page. Percentages less than* 4% *are not labeled.*





None (0%) Few (25%) Some (50%) Many (75%) Nearly all/All (100%)

Note: n=36-109. Other responses included change in caseloads, COVID, lack of role models from youth's background, no family friendly services, and racism. Percentages less than 4% are not labeled.



Question 7. There could also be system issues that should be addressed to better serve at-risk youth and their families. How important do you think the following are for your work or the group you represent?

	Not important Very important		hat important ■Important ely important
System of early identification of children and youth at-risk of justice involvement - to offer children and families access to services and supports that address issues before they escalate	15%	26%	55%
Trauma-informed care - to ensure all who have contact with youth understand the impact of trauma on youth mental behavior and health	18%	27%	51%
Continuity of services (e.g., allowing youth to remain with their therapist when released from probation programs)	18%	30%	48%
Sustained (long-term) funding for program/services	24%	27%	44%
Safer neighborhoods (e.g., reduced crime, less gang activities, more pro-social community-building activities	22%	32%	42%
Improved communication and collaboration among the various systems serving youth and their families (e.g., sharing of information, multidisciplinary case management and planning)	21%	36%	40%

Note: n=35-108. *Question* 7 *continues on next page. Percentages less than* 4% *are not labeled.*

		Not important Very important		Somewhat importantExtremely important		■ Important
Linguistically appropriate services (e.g., translation/services in other languages)	6%	24%	30	9%		39%
Culturally appropriate services (e.g., service providers from diverse cultures/ethnic background, etc.)	4%	29%	2	26%		39%
Improved communication between the justice system/law enforcement agencies and families		20%	39%)		37%
Other (please specify)		31%	23	%	11%	31%
Increased data sharing among systems serving youth and their families (e.g., access to IT systems to cross-reference/report on shared clients)	8%	27%		33%		30%
Services that address and are sensitive to the unique needs of LGBT youth	4% 8%	6 269	6	32%		29%
Gender-specific services that address and are sensitive to the unique needs of young men and women	12	2%	31%	25	%	28%

Note: n=35-108. Other responses included nursing guidance, CSEC, more trauma-training for Probation staff, safer neighborhoods, youth behavioral counseling, and transportation. Percentages less than 4% are not labeled.



Question 8. What are the top outcomes that Ventura County Juvenile Probation Department should focus on achieving in the next three years?



Improvement in mental health (e.g., decreased anxiety, depressed, PTSD symptoms, etc.)	
Decreased drug and alcohol use	
Improved family engagement, parenting skills, and parent-child communication	29%
Increased trauma-informed programs and services	27%
Improved engagement in and performance in school (e.g., decreased absences, disciplinary referrals, GPA, graduation)	26%
Decreased involvement at any level in gangs	25%
Increased life skills among youth (e.g., driver training, opening a bank account, completing a rental agreement)	18%
Increased youth engagement in constructive out-of-school activities	18%
Increased communication and coordination among the service providers and the systems that serve youth	16%
Increased youth job skills and career preparation	12%
Increased housing stability (shelter)	10%
Other (please specify)	8%
Improved safety in the home	7%

Note: n=7-59. *Other responses included CSEC court, help youth away from violating probation, increase indigenous perspectives, all outcomes mentioned above, primary prevention in high need areas, and mobile use, internet use and social media. Percentages less than 4% are not labeled.*

56%

42%

Q9. CONCLUDING QUESTIONS, (N=80)				
CONSIDERING YOUR RESPONSES TO THIS SURVEY, AND WHAT YOU SEE TO BE PRESSING PRIORITIES IN YOUR EVERYDAY WORK, WHAT DO YOU FEEL THE JUVENILE JUSTICE COORDINATING COUNCIL <u>MOST NEEDS TO</u> <u>CONSIDER</u> AS IT SETS ITS PRIORITIES FOR THE NEXT THREE YEARS?	% WHO PROVIDE ANSWER			
Increase mental health services and treatment	14%			
Preventative/Early intervention services	13%			
More services/staffing needs/continuity of services	13%			
Alcohol and drug treatment	11%			
Family support/engagement	8%			
Trauma-informed systems of care	8%			
School support/engagement/truancy	6%			
Systems collaboration/communication	5%			
Job training/vocational programs/skill-building	5%			
Funding for services	4%			
Stable housing	4%			
Other priorities mentioned twice each (Accountability of actions, Youth held accountable, mentoring, youth empowerment, more trainings for staff)	13%			
Other priorities mentioned once each (All issues in the survey, Alternatives to incarceration, Clear and understandable programs, CSEC court, cultural and linguistic appropriate services, Harness the power of social media, Improved relations with the law, Afterschool programs, Reentry services)	11%			



Appendix C: Ventura Juvenile Probation Youth And Parent/Caregiver Surveys

Ventura Probation, in partnership with Applied Survey Research, distributed a survey to parents/caregivers who were visiting youth in the JF, parents/caregivers accompanying youth who were visiting their PO, and youth on informal probation. A total of 123 surveys were completed: 60% were completed by youth on informal probation, 21% were completed by parents/caregivers accompanying their youth during a PO visit, and 19% were completed by those with a youth currently in custody. The demographic profile of participants is presented in Exhibit 40.

Exhibit 41: Demographics of Participants Across the Three Surveys

	PARENT/CAREGIVER VISITING YOUTH IN-CUSTODY	PARENT/CAREGIVER ACCOMPANYING YOUTH VISITING THEIR PO	YOUTH ON FORMAL/INFORMAL PROBATION
YOUTH GENDER	N = 23	N = 26	N = 74
FEMALE	23%	15%	14%
MALE	77%	85%	86%
YOUTH AGE	N = 21	N= 26	N = 73
12-14	-	8%	3%
15-17	62%	77%	43%
18+	38%	15%	55%
YOUTH ETHNICITY	N= 21	N = 26	N = 71
LATINO/HISPANIC	81%	89%	82%
WHITE	10%	8%	10%



BLACK/AFRICAN AMERICAN	-	-	1%
MULTIRACIAL	5%	4%	7%
OTHER	5%	-	-
RELATIONSHIP WITH YOUTH	N = 23	N = 26	-
MOTHER	74%	77%	-
FATHER	9%	19%	-
GRANDPARENT	9%	4%	-
OTHER	9%	-	-
PARENT GENDER	N = 22	N = 26	-
FEMALE	86%	81%	-
MALE	9%	19%	-
OTHER	9%		-
PARENT ETHNICITY	N = 20	N = 26	-
LATINO/HISPANIC	80%	86%	-
WHITE	10%	8%	-
OTHER	10%	4%	-
PROBATION TYPE			



WARDSHIP AND FORMAL PROBATION SUPERVISION	-	-	53%
INFORMATION PROBATION (COURT-ORDERED)	-	-	29%
INFORMAL PROBATION (CHARGE ADMITTED)	-	-	10%
PROBATION WITHOUT WARDSHIP	-	-	0%
DEFERRED ENTRY OF JUDGMENT	-	-	8%



Question 1. What kind of services would be beneficial for you/your child/youth at this time?

	PARENT/CAREGIVER VISITING YOUTH IN-CUSTODY	PARENT/CAREGIVER ACCOMPANYING YOUTH VISITING THEIR PO	YOUTH ON FORMAL/INFORMAL PROBATION
	N = 23	N = 26	N = 74
FAMILY THERAPY	70%	42%	38%
ACADEMIC SUPPORT	48%	42%	24%
SCHOOL-BASED COUNSELING SERVICES	48%	27%	11%
DRUG/ALCOHOL RESIDENTIAL TREATMENT	43%	27%	11%
LIFE SKILLS TRAINING	39%	27%	11%
CAREER DEVELOPMENT/JOB TRAINING	30%	23%	9%
DRUG/ALCOHOL OUTPATIENT TREATMENT	30%	23%	9%
MENTAL HEALTH/BEHAVIORAL THERAPY	30%	23%	8%
GANG PREVENTION/ INTERVENTION PROGRAMS	26%	19%	8%
MENTORS/COACHES/ADVOCATES	26%	19%	7%



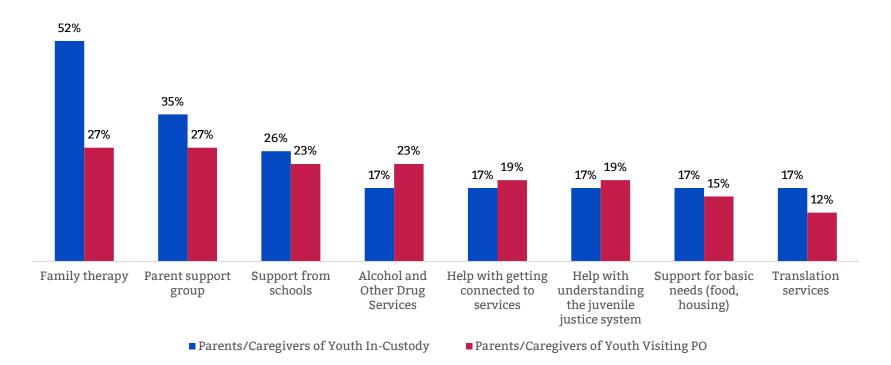
PREVENTION AND EARLY INTERVENTION SERVICES	26%	15%	7%
SUPPORT AFTER COMPLETING TIME IN THE JUVENILE FACILITY	26%	15%	7%
ALTERNATIVES TO MANAGING BEHAVIOR-RELATED ISSUES AT SCHOOL	22%	15%	5%
ALTERNATIVES TO INCARCERATION	22%	12%	5%
CONFLICT RESOLUTION/ANGER MANAGEMENT TRAINING	22%	12%	5%
TRAUMA-SPECIFIC SERVICES	22%	8%	4%
LEADERSHIP DEVELOPMENT	17%	8%	3%
OUT-OF-HOME CARE & SERVICES FOR YOUTH AGED 18-24	17%	8%	1%
TEEN PARENTING CLASSES	17%	8%	1%
AFTER SCHOOL PROGRAMS	13%	8%	1%
HOUSING SUPPORT	13%	4%	1%
SUPPORT FOR BASIC NEEDS (FOOD, FINANCIAL ASSISTANCE)	13%	4%	1%
GENDER-SPECIFIC SERVICES (LGBTQ+)	4%	4%	0%



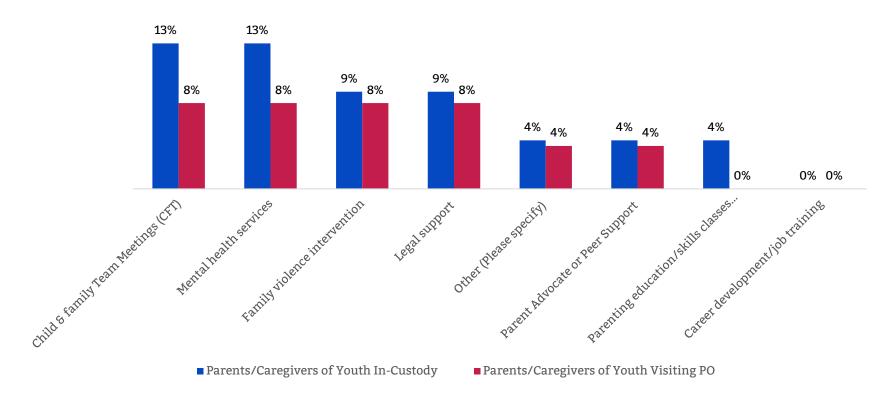
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OTHER 4% 0% 0%

Question 2. What kind of services would be beneficial for you/parent at this time?



Note: Parents/Caregivers of Youth In-Custody (n = 23); Parents/Caregivers of Youth Visiting PO (n = 26). Question 2 results continued on the next page.



Note: Parents/Caregivers of Youth In-Custody (n = 23); Parents/Caregivers of Youth Visiting PO (n = 26).