

SAN MATEO COUNTY JUVENILE ASSESSMENT AND REFERRAL CENTER: ASSESSMENT CAN LEAD TO DIVERSION

Tracy L. Bowers*

EXECUTIVE SUMMARY

The Juvenile Assessment and Referral Center, is a collaborative effort with Human Services, Mental Health, the Probation Department and the Health Department of San Mateo County.

BACKGROUND

While the national rate of juveniles in custody in 1991 was 221 per 100,000 juveniles, California's rate was 492 per 100,000. The total number of juvenile arrests for the calendar year 2001 for San Mateo county was 3,110 (ages 10-17). Hillcrest, San Mateo's outdated juvenile hall, is certified for 163 beds.

The Juvenile Assessment Center assesses non-probationers who are detained by police and brought to juvenile hall. Treatment plans are developed and community service workers provide support, community referrals, mentoring, and advocacy.

The program is designed to be jointly supervised by four County departments – Human Services Agency Adolescent Services, Mental Health, Probation and the Health Department administrators. The staff consists of two clinical assessors, four community workers, three probation officers, and two support staff.

Upon entry to the center, each minor is assessed as soon as possible by a probation officer and clinical

therapist team. The decision requires information gathered from a screening assessment tool, interviews with the parents, and data from child welfare and probation computer systems. After departure from the center, community workers monitor compliance, address educational needs, and facilitate the family's access to resources.

RECOMMENDATIONS FOR SANTA CLARA COUNTY

Santa Clara County's reform of juvenile detention seeks options beyond juvenile hall. Latinos represent 53% and African Americans represent 12% of the youth locked up in juvenile hall.

Currently Santa Clara County only has a multi-agency assessment. This provides educational, substance abuse, and mental health assessment, referral services, and case and transition planning for youth held in juvenile hall for over 72 hours. This assessment is used to formulate case plans for these juveniles. The case plans will support integrated case management and identify appropriate program services needed for the offenders while in custody. Minors in this program continue with the community-based aftercare program as part of the continuum of services.

*Tracy L. Bowers, MSW is a Program Manager with the County of Santa Clara, Social Service Agency, The Department of Family and Children's Services.

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The Juvenile Assessment and Referral Center is a collaborative effort with Human Services, Mental Health, the Probation Department and the Health Department of San Mateo County. This center opened in March 2002 and is funded by a \$2.3 million Crime Prevention Act (CPA) 2000 grant. The purpose of the assessment center is to provide a screening assessment and initial case plan for first time offenders in the juvenile justice system or those who are at risk of coming into the system.

HISTORY

The CPA 2000 grant will fund a major overhaul of the Juvenile Justice Center and its operations. The funding will impact the most critical and largest gaps in the umbrella of services to the most troubled juveniles and their families in San Mateo County. San Mateo County took the creative approach to CPA 2000 funding. What proved best for the County was to seek out the best in existing practices in programs and develop what would be the best for them. San Mateo County wanted to efficiently maximize existing resources, and offer services to the family, while diverting first-time youth offenders from the system. Thus \$624,245 was allocated towards the Juvenile Assessment Center.

California has the highest rate of incarceration of youth of any state in the country. While the national rate of juveniles in custody in 1991 was 221 per 100,000 juveniles, California's rate was 492 per 100,000. The California Youth Authority contributes to California's high custody count more by average length of stay than by volume of new admissions.

On a typical day in 1994, over 18,000 youthful offenders were housed in the following facilities:

6,000	Juvenile hall, before and after adjudication
3,600	County-run camps and ranches
9,000	CYA institutions
18,600	Total

The total number of juvenile arrests for the calendar year 2001 for San Mateo County was 3,110 (ages 10-17). Hillcrest, San Mateo's outdated juvenile hall, is certified for 163 beds. The lack of beds can only result in many needy and dangerous youth being summarily released into the community. The Juvenile Assessment Center assesses non-probationers who are detained by police and brought to juvenile hall. Treatment plans are developed and community service workers provide support, community referrals, mentoring, and advocacy. The primary goal is to divert appropriate minors away from the justice system and into the mental health or human services systems where they may be better served.

Juvenile Assessment and Referral Center anticipates that 540 youth will be served by this collaborative. Early intensive intervention and supervision is key in preventing minors from escalating their delinquent conduct. The goals of the program are:

- To make more timely detention decisions balancing community safety with the mandate of arriving at the least restrictive placement of the minor,

- To make better intake decisions by having access to a child's delinquent, mental health, and social services history,
- To provide earlier community intervention and broad based services to at-risk youth and their families,
- To develop better treatment plans through the use of a proven assessment tool.
- To support family unification by reducing the number of minors in juvenile hall and long-term placement, and
- To provide comprehensive recommendations to the juvenile court.

The program is designed to be jointly supervised by four County departments. The unit includes Human Services Agency Adolescent Services, a manager, as well as Mental Health, Probation and the Health Department administrators. The staff consists of two clinical assessors, four community workers, three probation officers, and two support staff. These classifications work together to staff the center from 12 Noon to 11 pm, Sunday through Friday. The center is closed on Saturdays.

The long term goal of the project is to assess all youth coming into the system including dependents and wards of state, both in and out of custody, as well as youth referred by schools and other agencies.

THE OLD PROCESS

Formerly, intake officers would evaluate the circumstances of newly referred juvenile offenders and make a decision as to the disposition of those cases. They would decide to close cases not requiring probation or court intervention; to initiate informal supervision proceedings on those cases not requiring court action, but needing brief probation intervention; or request a 602 WIC petition be filed

on those cases that require court action and a longer term of probation services. In addition, officers make recommendations regarding the continued detention of minors brought into custody.

The old unit was comprised of a supervisor and four deputy probation officers. The unit received an average of 200 referrals per month. Of all the cases referred, 60 cases were assigned to the assessment center. The other 140 were not eligible for diversion services and instead entered into the system for processing/booking as mandated by the District Attorney's office.

THE NEW PROCESS

Under the new procedures, the minor is assessed as soon as possible by a probation officer and clinical therapist team. The decision requires information gathered from a screening assessment tool, interviews with the parents and data from child welfare and probation computer systems. Additional information may be accessed via CDS (TANK) and the justice systems. A risk determination will be made as part of the assessment, assessing the youth's safety in the home and the community's safety if the youth is released.

After interviewing the minor and utilizing a risk/needs screening tool and historical records, the team makes a determination as to whether or not the minor should be released. If it is felt the minor should not be released, he/she will be booked into juvenile hall and a detention hearing will subsequently be scheduled. If it is decided that the minor is appropriate for release, the parents are brought in. The team interviews the parents/guardians and assesses the family situation to further determine the suitability for release. If it is still felt the minor can be released, the team

meets with the child and his/her parents. Collectively a treatment plan is developed, regardless of whether the offense mandates a referral to the district attorney. Depending on the crime and age of the minor, an informal probation contract will be signed or treatment opportunities will be offered pending a court hearing. After departure from the center, community workers monitor compliance, address educational needs, and facilitate the family's access to resources. The probation officer will have the final determination to detain/release for legal reasons.

THE COURT PROCESS

Children who have committed criminal acts are brought into the delinquency division of the juvenile court. Almost all cases begin with the arrest by a police officer. The police officer has discretion to release the minor to his or her parents, give a citation for a minor offense, or take the minor into custody and describe the alleged offense to the probation department. Most juveniles arrested do not appear in court and some are referred to a local diversion program. With a history of overcrowding only the arrestees accused of violent crimes will definitely be held while the others may be released.

The Probation Department or the District Attorney's office decides whether to file a petition, thereby alleging that a crime has been committed. If the nature of the crime is particularly severe, the district attorney may request that the juvenile be remanded (referred) to adult court because he/she is unfit to be judged as a juvenile.

WHO EXERCISES DISCRETION IN THE JUVENILE JUSTICE SYSTEM?

Schools

- Identify truant youths.
- Expel/suspend students who commit offenses on school grounds.

Police/Sheriffs

- Warn offenders or cite and release offenders.
- Detain or arrest juvenile offenders.
- Transport offenders to juvenile hall.

Probation Department

- Decide whether or not to accept and "book" the juvenile offenders in juvenile hall.
- Make recommendations whether juveniles should be adjudicated in juvenile court or tried as adults.
- Recommend placement options—home, foster care, county incarceration, or Youth Authority to juvenile court judges.
- Supervise juveniles in the community and in juvenile hall, ranches, and camps.

District Attorneys

- File charges; and reduce, modify, or drop charges.

Judges

- Determine whether the juvenile is guilty as charged.
- Assign the offender to probation, foster care or group home, other alternative program, juvenile ranch or camp, or CYA.
- Determine whether a juvenile accused of a serious offense is unfit to be judged as a juvenile and should be remanded to adult court.

Youth Authority

- Incarcerates wards and inmates and supervises parolees ranging in age from 12 to 24 years old.

Youthful Offender Parole Board

- Orders the program of treatment for juvenile court-committed wards.
- Decides when wards are eligible for parole and revokes parole for violators.

(Source:(in part) Legislative Analyst's Office, Juvenile Crime: Outlook for California, 1995, 48)

A minor has the following rights in the court process: the right to remain silent, the right for a parent or responsible relative to be notified, the right to an attorney and that the court will appoint an attorney if the juvenile cannot afford one, the right to be given a copy of the petition (charge), and the right to a trial to confront and cross-examine witnesses. Juveniles do not have the right to bail or trial by jury.

INTENSIVE CASE MANAGEMENT

Multiple strategies provide effective intervention in the lives of the youth and their families and can be put into place according to the specific needs of families, neighborhoods and communities. With intense personal observation and supervision, the community workers plan a tight structure, gradually diminish the levels of restriction, and work closely with family and school to support the mediation, restitution, and re-entry process.

The community workers assist the youth and families in carrying out all aspects of the case plan, including transportation, follow-up, and referrals to access services (recreation, creative arts, etc.). Community workers assist families in obtaining

resources, tracking compliance with the contract, and providing outreach and education. Medical expertise and consultation are provided by the Health Department.

Services and linkage include:

1. Parenting support,
2. Intensive family preservation services,
3. After school programs that are convenient and affordable,
4. Gang prevention training for both youth and their parents,
5. Mentoring,
6. Vocational training and employment, and
7. Family therapy

Why is this approach more valuable to help rehabilitate delinquent kids and prevent future crimes? Because federal and state lawmakers are rushing to turn the juvenile justice system completely upside down. If this backward trend is not halted, the consequences will be disastrous — not only for an entire generation of our nation's youth who will be condemned to prison, but for all of us who will be left with a more violent society.

Both California and Florida currently spend more on corrections than they spend on higher education. Other states are not far behind. Average cost of incarcerating a juvenile for one year is between \$35,000 and \$64,000. In contrast, the current cost of Head Start's intervention program is \$4,300 per child per year, and the annual tuition cost of

attending Harvard is under \$30,000 per student per year. The combined local, state and federal budget to maintain the prison population was \$24.9 billion in 1990 and reportedly reached \$31.2 billion in 1992. The entire budget for the Office of Juvenile Justice and Delinquency Prevention (OJJDP), which coordinates the Federal response to juvenile crime, is \$144 million. (*Bureau of Justice Statistics, 1990; "As Spending Soars, So Do the Profits," USA Today, Dec. 13, 1994*).

LESSONS LEARNED

Booking juveniles with specific offenses has become routine during an 8 a.m. to 5 p.m. weekly schedule. Bed space at the facility has been reduced, and this change has been impactful in many ways. For all who are detained a treatment plan is recommended with follow-up by a community worker. Professionals as well as youths and their families have better access, linkage, and monitoring of services such as counseling, education, and drug & alcohol treatment for juveniles. Youths and their families have increased advocacy for educational services such as IEP's and school enrollment.

PROGRAM CHALLENGES

The Juvenile Assessment Center serves the public during the non traditional hours from 1:00 pm-11:00 pm Sunday – Friday. One major challenge has been finding staff that not only works well as a team during these non- traditional hours but also has bilingual capabilities. The current staff of three probation officers, two clinical therapists, four community workers, and one office assistant share a very small and confined office space. The four community workers share common areas; others have small cubicles. The lunchroom doubles as a conference room for staff meetings and trainings. The site

is not conducive to families who might have a need for privacy to discuss issues at hand.

Another challenge was the merging of disciplines: social work-child welfare, mental health, probation and public health. All disciplines worked hard on service delivery to the general public. However, there were numerous tests of boundaries. Each discipline brings its uniqueness to the assessment team and the struggle is to maintain this uniqueness while working together as a team.

Administrators share the frustration in getting staff to realize they could make their own decisions, to take charge and have input over their work-life, and to overcome the bureaucratic issues.

Currently all California counties are experiencing budget crises in one form or another. Another issue is how to keep positions during this financially challenging time. The CPA grant does not provide funding for one of the psychiatric social work positions. This position could be lost, along with the allocated positions from mental health and public health, or reduction in probation.

RECOMMENDATIONS FOR SANTA CLARA COUNTY

Santa Clara County's reform of juvenile detention seeks options beyond juvenile hall. Current reformers are looking at such things as how some children who arrive at juvenile hall are deemed worthy of release because of their petty offenses. There is a need to slash the number of days youths are sitting in juvenile hall awaiting court recommendations. Latinos represent 53% and African Americans represent 12% of the youth locked up in Juvenile Hall.

Currently Santa Clara County only has a multi-

agency assessment. This provides educational, substance abuse, and mental health assessment, and referral services, and case and transition planning, for youth held in juvenile hall more than 72 hours. Community-based organizations provide key programming elements. The assessment is used to formulate case plans for these juveniles that will support integrated case management and identify appropriate program services needed while in custody. Minors in this program continue with the community-based aftercare program as part of the continuum of services. The number of youth served in fiscal year 2002 was 2,138.

In my research, I have found that Santa Clara County is much more geared to provide intervention services vs. prevention or diversion services in regards to juvenile detention. Santa Clara County needs to be much more aggressive in providing diversion/intervention services because earlier diversion/intervention has proven to reduce the numbers of detainees. A strategic workplan needs to be developed including a Memorandum of Agreement between the Social Service Agency, Probation, Department of Drugs and Alcohol, and Mental Health. A work plan, which can delineate the responsibilities of the departments, should include the allocation of staff, funding, resources and authority.

Collaborative partnership is vital to service delivery and improved outcomes. As the old adage states, "it takes a village to raise a child." It has been proven that entities that pull together to serve the public sector have much better outcomes than those who address the problems single-handedly.

ACKNOWLEDGEMENTS

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RESOURCES

July 1996 ACLU FACT Sheet on Juvenile Justice System.
Juvenile Assessment Center Brochure.
Juvenile Assessment Center Fact Sheet.
Juvenile Assessment Tool.
Legislative Analyst Office, Juvenile Crime: Outlook for California 1995, 48.
Memorandum of Understanding,
San Jose Mercury News Opinions posted Monday, February 17, 2003.
CYA Population Summary Reports: CA Juvenile Hall & CA Juvenile Camps and Ranches.

Millbrae Montara Moss Beach Pacifica Portola Valley Redwood City San Bruno San Carlos San Mateo South San Francisco Woodside. City-Data.com. California. San Mateo County. Based on public records. Inadvertent errors are possible. Some parts © 2021 Advameg, Inc. Compilation, repackaging, or reproduction prohibited. The San Mateo County Community College District is a community college system in California with three institutions: College of San Mateo in San Mateo, Cañada College in Redwood City, and Skyline College in San Bruno. The district serves more than 25,000 students each day with both day and evening classes. San Mateo Junior College was founded in 1922, and the first classes started on August 22 in a building shared with San Mateo High School on Baldwin Avenue and San Mateo Drive (then called Griffith... The San Mateo County Safe Start program focused on serving "kinship families," referring to families in which children. 1. There are two components in CPP: assessment and treatment, with information gained during the assessment used to inform the treatment component. Enrollment and Retention San Mateo County Safe Start received all of its referrals from the KSN. Community workers of the KSN completed an intake process with all potentially eligible families, offered available services, and began working with the family on accessing the services in which they might be interested. Since attrition may be related to treatment factors that lead to selection bias, it can be particularly problematic when it differs across the two groups.