

Juvenile Justice

Juvenile Justice: A Changing Population

In 2015 COMIO focused on promoting effective ways to prevent juvenile delinquency through evidence-based prevention and early intervention mental health programming. The committee continued this work by reaching out to 23 entities such as the California Parent-Teacher Association to encourage support of programming such as:

- Nurse-Family Partnerships <http://evidencebasedprograms.org/1366-2/nurse-family-partnership>,
- Cognitive-Behavioral Intervention for Trauma in Schools (CBITS) <http://www.promisingpractices.net/program.asp?programid=145>,
- The Incredible Years <https://www.crimesolutions.gov/ProgramDetails.aspx?ID=194>,
- Positive Parenting Program Triple P <http://www.promisingpractices.net/program.asp?programid=272>,

Throughout 2016 COMIO saw further evolution of the Juvenile Justice Committee through both a change in leadership and a growing understanding of the needs of the changing population of youth involved in the juvenile justice system. COMIO heard from programs and experts who spoke to one or more of four distinct aspects of the juvenile justice system, which are:

- Prevention, targeting youth who are not yet in the system,
- Diversion, targeting youth who have had a law enforcement contact and instead are redirected to alternative services,
- Detention, targeting the small percentage of youth who need to go into custody and remain there or are committed to a period of time to custody, and
- Probation, targeting those youth who have penetrated the system and efforts focus on reducing recidivism risk.

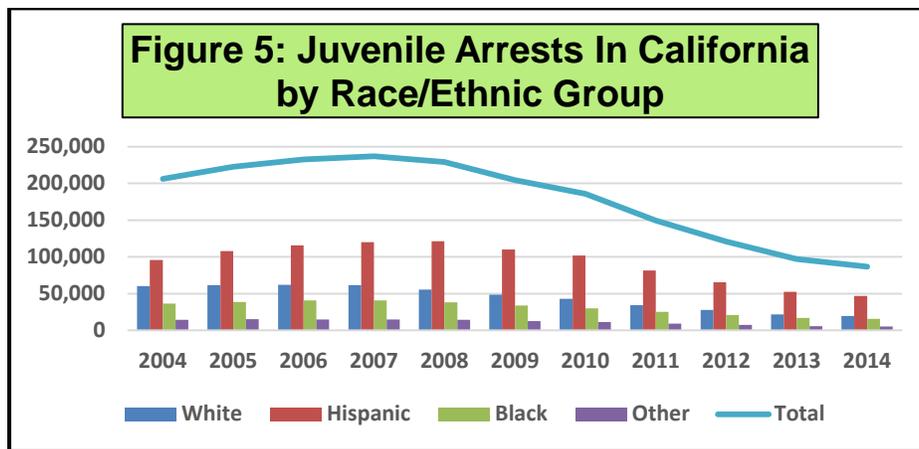
COMIO seeks to prevent juvenile delinquency, support diversion efforts, reduce the number and duration of detention, and increase the effectiveness of programs for youth who are justice-involved or at-risk of becoming so. To support this, the committee will acknowledge programs for accomplishments in one or more of these four distinct aspects of the juvenile justice system.

As the committee conducted its work, they also recognized the substantial impact of significant policy changes, such as the implementation of Continuum Care Reform (CCR), would have on this population in the future. In this section of the report the categories of *investigate*, *identify*, and *promote* are used to examine what is known about this changing population and their needs, recognize existing opportunities for progress, and encourage the future adoption of programs and strategies that are making a difference.

Investigate: Study the Problem and Assess Challenges

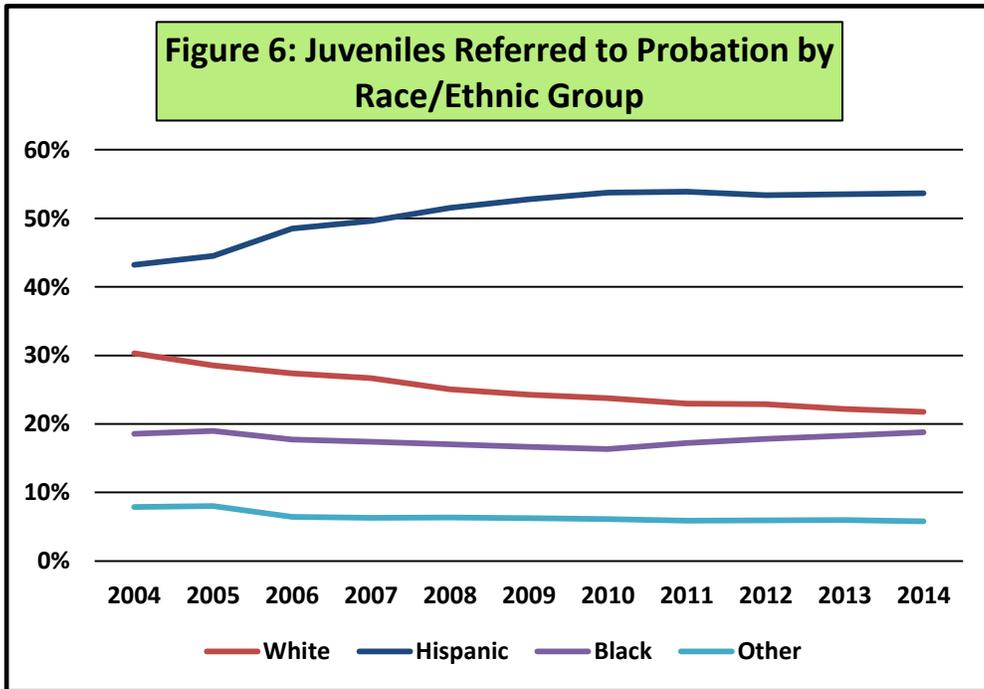
Finding: The juvenile justice population has changed significantly over the last decade

Although the total number of youth involved in the juvenile justice system has dramatically decreased, the changing demographics of the juvenile justice population demonstrate an increase in racial and ethnic disparities. There is also a disproportionality of mental health cases in juveniles in detention.¹⁰⁹ Similar to patterns among adults, juvenile arrests for youth age 10-17 have fallen to a multi-year low, representing a 54 percent decline since 2006.¹¹⁰ Figure 5 shows data over a ten-year period demonstrating reduction in juvenile arrests, but increased representation from youth of color. In 2014 White youth represented 27.1 percent of the juvenile population from ages 0-17 but only 22.2 percent of arrests while Hispanic youth represented 51.4 percent of the population and 54 percent of juveniles arrested. Strikingly, Black youth represented only 5.4 percent of the population, yet represented 18.1 percent of juvenile arrests.

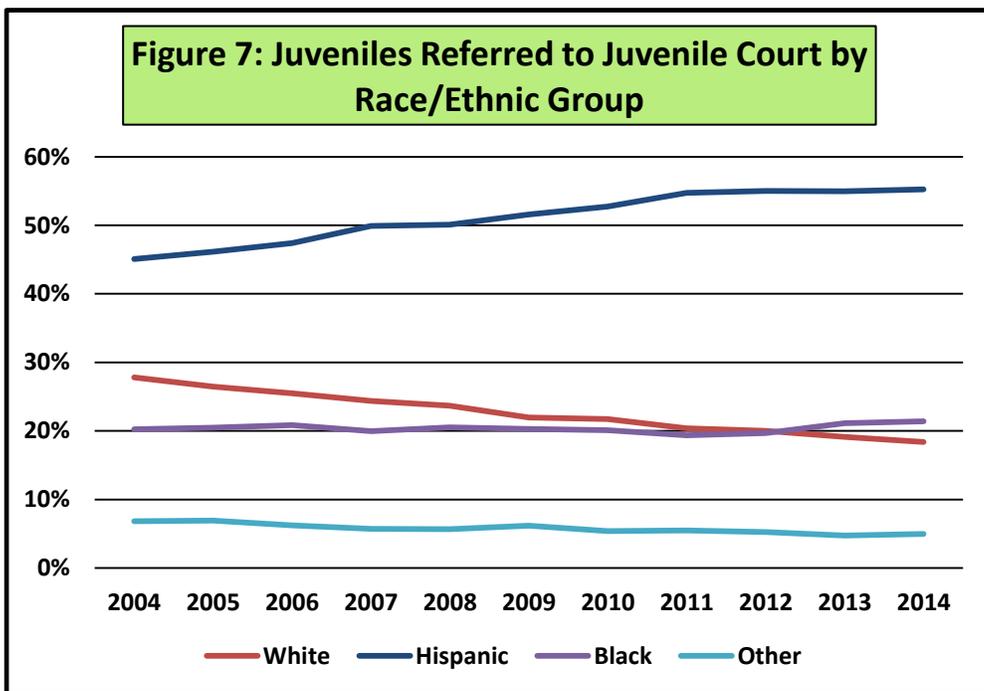


Source: California Department of Justice, Juvenile Justice in California, 2014

The demographics of juveniles arrested in California are consistent with referral to both probation and juvenile court. Figure 6 and 7 illustrate that as youth move through the juvenile justice system, racial disparities remain constant with 54 percent of youth referred to probation and 55 percent of those referred to juvenile court being Hispanic. Twenty percent of the number of juveniles referred to both probation and juvenile court were Black, roughly three times higher than their proportion of the population. These disparities are critical to consider when determining how to address the needs of the system-involved youth.

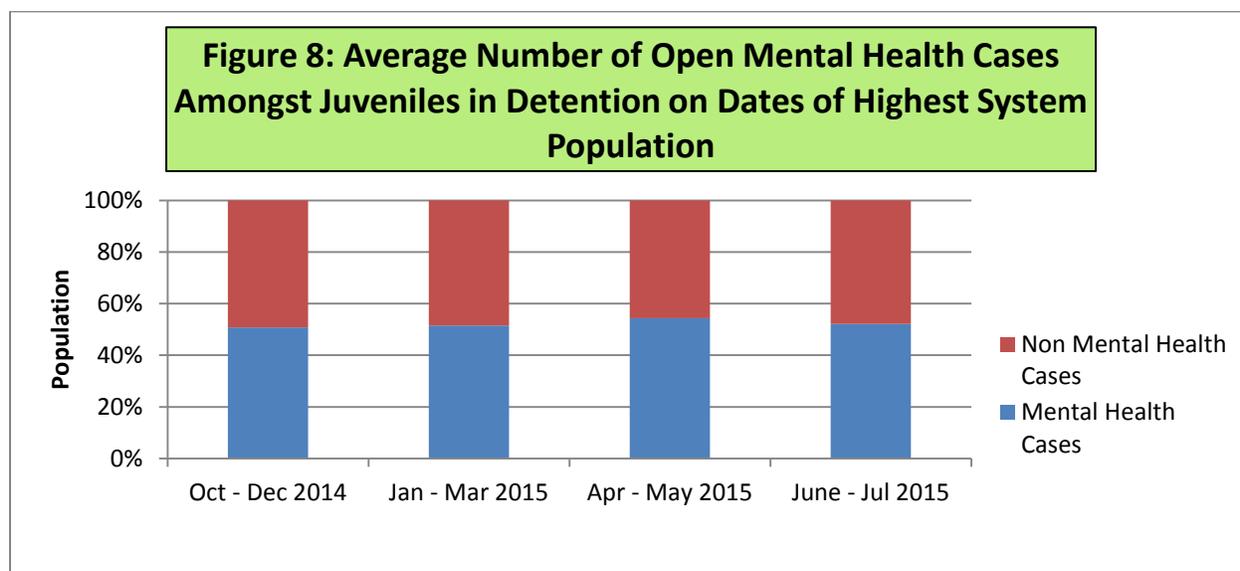


Source: California Department of Justice, Juvenile Justice in California, 2014



Source: California Department of Justice, Juvenile Justice in California, 2014.

In addition to increasing racial and ethnic disparities, more justice involved youth are experiencing mental health challenges. The high rates of mental health issues in juvenile detention have been identified previously. For example one meta-analysis found that youth in detention facilities were about 10 times more likely to suffer from psychosis than the general youth population. Girls were more often than boys to be diagnosed with major depression, (about 30 percent), and both were diagnosed with high rates, (over 50 percent), of conduct disorder.¹¹¹ COMIO heard several times this year from behavioral health providers, probation staff, and advocates who are concerned about the growing number of youth with serious mental health needs who are in detention. Figure 8 displays data on the number of open mental health cases among juveniles in detention in California. According to the most recent data from BSCCs' Juvenile Detention Profile Survey, over the course of one year, the number of open mental health cases among juveniles in detention on the dates in which the system population was at its highest, was over 50 percent. This means that over half of the youth in detention were experiencing a mental health issue.



Source: Board of State and Community Corrections, Juvenile Detention Profile Survey

While the goal should be to address mental health needs prior to detention or even involvement with the juvenile justice system, interaction with the system offers an important opportunity to aggressively and effectively treat unmet needs. This is necessary because it appears that youths' significant mental health needs do not dissipate drastically post detention. In other words, these youth grow up to become un-well adults. A recent study looking at the mental health status of juveniles 5 years after detention concluded that "substantial efforts are needed to address the many needs of delinquent youth so that they can thrive in adulthood."¹¹² The study found that 5 years after detention, when participants were 14 to 24 years old, almost 27 percent of males and 14 percent of females had two or more mental health disorders. Substance use plus behavioral disorders were the most common comorbid profile among males, affecting 1 in 6.¹¹³

It also came to the attention of COMIO that concerns remain high regarding the growing rates of youth who were deemed incompetent to stand trial and the lack of clear guidance about how to best address this situation. COMIO's role here is to ensure that appropriate stakeholders are aware that experts are working on these issues. As part of the final work from the Mental Health Issues Implementation Task

Force staffed by the Judicial Council of California, a joint workgroup was formed to comprehensively review and offer clarifications regarding juvenile competency.¹¹⁴ According to the report, the workgroup will provide recommendation on the following:

- Setting clear standards for determination,
- Clarifying the procedure for the competency hearing,
- Attributing to the minor the burden of establishing incompetence,
- Clarifying what is expected when evaluating a minor,
- Requiring minors who are found incompetent to receive appropriate services, and
- Requiring the Judicial Council to outline what training and experience is needed for juvenile competency evaluators.

In 2016 Assembly Bill 2695 attempted to address some of the recommendations but the bill did not move forward.¹¹⁵

Recommendation 1d. Continue to investigate the root cause of increased severity and acuity of mental illness in juvenile detention in support and partnership with CPOC, CBHDA, Judicial Council and other appropriate expert partners. Specifically explore how best to advance efforts to improve competency restoration for juveniles in the justice system.

Finding: There are significant reforms underway that will impact justice-involved youth

Efforts to improve outcomes for children and youth at high risk of out of home placement have been underway for several years in California under the direction of the Department of Social Services (DSS). After nearly three years of working with experts, providers, administrators, and advocates a 2015 legislative report outlined how the system of care would be transformed through *continuum of care reform* which will improve the experience and outcomes of children and youth in foster care.¹¹⁶ “CCR” refers to the spectrum of care settings for youth in foster care, from the least restrictive and service-intensive to the most restrictive and service-intensive. The existing system will be replaced by two broad levels of service. The lower level will be home-based family care (HBFC) which will rely on family members, county licensed foster family homes and certified resource and foster families. The higher-level system, short-term residential treatment programs (STRTP), will replace congregate care for high need and high risk youth. To read more about CCR please see Text Box J. Changes to this system are directly related to the issues and needs of the juvenile justice system because the children, youth, and families involved are often the same. Referred to as “cross-over” youth (experiences maltreatment and engages in delinquency) or “dual-system” youth (involved in both the child welfare and juvenile justice systems) these youth have placement instability, educational challenges, and an absence of pro-social bonds.¹¹⁷

Text Box J

Continuum of Care Reform (CCR)

After multiple years and a series of reform efforts, AB 403 (Chapter 773, Statutes of 2015), was signed by the Governor in 2015 and aims to improve outcomes for youth in foster care. The bill combines both new and existing reforms to child welfare services to address the need to provide children who are not able to live with their biological parents with nurturing, stable, and permanent families. "Continuum of Care" refers to the spectrum of care settings for youth in foster care, from the least restrictive and the least service-intensive to the most restrictive and most service-intensive."

The law stipulates that "reliance on congregate care should be limited to short-term, therapeutic interventions that are just one part of a continuum of care available for children, youth and young adults" and creates the statutory and policy framework to achieve this. The bill established a new community care facility category called the short-term residential therapeutic programs (STRTP), which are residential facilities operated by a public agency or private organization that provides an integrated program of specialized and intensive care and supervision, services and supports, treatment, and short-term 24-hour care and supervision to children and non-minor dependents. The new requirements put in place the law take effect on January 1, 2017 and are designed to increase capacity for providing home-based family care, residential treatment and core services, and to evaluate provider performance.

For more information on the CCR, visit the following links:

<http://www.cdss.ca.gov/cdssweb/PG4869.htm>

http://www.cdss.ca.gov/cdssweb/entres/pdf/AB403_FactSheet.pdf

COMIO's purpose here is to ensure that the unique needs of probation youth with mental health issues, especially those at risk of delinquency and criminal behavior, are understood and incorporated. The committee identified the following concerns to share with participants involved in CCR implementation:

- Youth and family voice should be the central component of all planning, implementation, and performance monitoring efforts. Efforts to support the use of family partners as system navigators for both the child welfare and juvenile justice systems should be prioritized.
- The lack of a comprehensive system of substance use treatment services for youth, similar to adults, is a significant contribution to justice-involvement. A clear understanding of substance use disorders should be integrated into all services and "abstinence" as a condition needs to be revisited. Efforts to develop and pay for such treatment should be prioritized.
- Similar to gaps in the adult system of diversion, crisis stabilization and community-based alternatives to incarceration are either full or not available at the local or even regional level. Investments to build adequate stabilization services for youth are necessary for diversion and reentry of juveniles in detention with mental health needs. Doing so also supports federal reimbursement for treatment.
- Without adequate planning and support, the removal of congregate care that is able to provide services to the highest risk and highest need youth may result in an increased reliance on incarceration. STRTPs will need resources to provide integrated behavioral health and core

correctional services. Efforts to monitor and quickly assess whether policy and practice changes are increasing juvenile incarceration are needed.

- Rural and small counties will need additional creativity in planning due to significant distances, as well as reduced numbers of youth in population centers, that will challenge the standard STRTP and foster care family operational model.

Recommendation 2d. COMIO will continue to monitor the implementation of CCR so that alternatives for high risk and high need justice-involved youth are adequate including strengthening training, support, and resources that include substance use and correctional services.

Finding: Sufficient data collection, performance measures, and outcomes are needed to monitor effective programs

The National Institute of Justice (NIJ) has a resource called www.crimesolutions.gov that uses research to rate the effectiveness of programs and practices to inform practitioners and policy makers about what works, what doesn't, and what's promising in criminal justice, juvenile justice, and crime victim services.¹¹⁸ This resource has analyzed 266 juvenile justice programs, classifying 59 as effective, 156 as showing promise, and 51 as not effective. Knowing which program is more effective than another, under certain conditions and for particular target populations, is critical, but the ability to implement such programs requires an expansion of data collection capacity and analysis to apply what is learned from performance and outcome monitoring. In 2016 the California Juvenile Justice Data Working Group issued a report to the Legislature that included recommendations to improve data collection, performance measures and ultimately outcomes for California youth.¹¹⁹ After extensive assessment the working group narrowed and prioritized recommendations based on essential need, timeliness, and efficient use of resources. The following are the key recommendations of the workgroup:

- Replace the juvenile court and probation statistical system currently housed at the California Department of Justice because it lacks capacity and flexibility to capture the range of data needed for today's system,
- Consolidate all state-level juvenile justice data collection and reporting responsibilities into a single state agency,
- Expand the range of caseload and outcome data collected and reported at the state and local level,
- Make improvements to the juvenile detention profile survey managed by the BSCC;
- Establish a web-based California juvenile justice data clearinghouse, and
- Establish a juvenile justice data development taskforce or commission with responsibility for implementation of these recommendations.

COMIO strongly supports prioritizing investments in building data-driven practices statewide, and identified two areas where state priorities could be effective:

- Collect only the data that is needed to monitor performance, which could support local capacity to retain the ability to do further research and evaluation on best practices, and
- Support data infrastructure that can monitor trends and patterns to inform policies and practices.

Recommendation 3d. Support the work of the BSCC and the Juvenile Justice Data Working Group to improve data collection, performance measures, and outcomes for California’s youth offender.

Identify: Recognize and Examine Existing Opportunities

Finding: Seize opportunities to develop a continuum of crisis care for children and youth

Similar to adults, the lack of a continuum of crisis services for children and youth can result in ill-equipped first responders, unnecessary or over-reliance on emergency rooms and other in-patient care settings and even incarceration. The availability of these services is essential to youth diversion. In 2015-16 the MHSOAC embarked on a project to gain a greater understanding of what services exist for children and youth in crisis, document challenges, identify effective service delivery models, and advance specific policy, funding, and regulatory changes to improve service quality and outcomes.¹²⁰ This important and timely project has brought together the expertise of counties, providers, families and advocates. Together they can provide helpful insight to CHFFA regarding the administration of grants specific to children’s crisis services as part of the larger Investment in Mental Health Wellness Grant Program for Children and Youth (IMHWG-CY).

The 2016-17 budget provided \$27 million in funding for a competitive grant program to develop services for children and youth in crisis with an emphasis on providing early intervention and treatment, expanded community-based services, mobile crisis support teams, crisis residential and stabilization beds and expanded family respite. Funds from the grant will support facility acquisition, construction/renovation, equipment acquisition and start-up costs. Counties would be responsible for providing necessary behavioral health services. Funds must be appropriated by 2019.¹²¹

COMIO is pleased to see that one of the objectives of the IMHWG-CY grant program is to reduce recidivism and wait times experienced by law enforcement. In addition to measuring recidivism, best practices in crisis services for training, mobile response, and assessment should accompany such infrastructure investments. Some examples are provided in the section below.

Recommendation 4d. COMIO will encourage counties to use best practice models in responding to children and youth in crisis and monitor how this investment is supporting diversion and contributing to reduced recidivism.

Finding: Strengthen efforts to support on-going program investments that show promise and innovation to prevent youth justice involvement

Programs for youth to avoid justice involvement or re-involvement are becoming equipped to treat the unique needs of at-risk youth with mental health needs. In a presentation to COMIO from CPOC representatives, there was acknowledgment that there has been growth in the use of evidence-based practices in California. More youth are being diverted from the system on the front end, and for those that remain who have higher risks and needs, the use of assessments and monitoring fidelity of evidence-based programs have played an important role in preventing continued justice-involvement. Furthermore, CPOC noted how partnerships with judges, attorneys, behavioral health providers, and schools has led to improved community responses to delinquency and cross-system interventions that address recidivism risk and behavioral health and educational challenges.¹²²

The purpose of the National Council on Crime and Delinquency (NCCD) is to help practitioners and policymakers improve outcomes for young people by using research to make better decisions.¹²³ Through their work they have identified common themes and core elements of effective programs with empirical research findings that suggest using the following approaches:

- Use of valid assessments,
- Focus resources and target interventions only to youth likely to re-offend or be re-arrested;
- Ensure effective interventions are implemented as intended,
- Reduce the use of corrective sanctions and placement in secure settings, and
- Serve youth in the community and focus on positive youth development.

Several strategies and programs that are showing promise are described below.

Positive Youth Development (PYD) is a policy perspective that emphasizes providing services and opportunities to support all young people in developing a sense of competence, usefulness, belonging and empowerment. While there are individual PYD programs, such as diversion, restorative justice, and mentoring, the approach works best when the entire community, including young people, is involved in creating a continuum of services. PYD programs operate within the multiple aspects of the juvenile justice system from prevention to probation. Some of the key elements to the Youth Development approach include policies and programs focusing on the evolving developmental needs and tasks of adolescents and families, schools and communities working together to develop environments that support youth.¹²⁴

In 2012 the Sierra Health Foundation launched the *Positive Youth Justice Initiative (PYJI)* and positive youth development was one of four distinct elements that counties were to use to build new approaches to serve the most difficult juvenile justice populations. Other design elements included trauma-informed care, wraparound service delivery, and improved operational capacity. With additional support from the California Endowment and the California Wellness Foundation four counties, Alameda, San Diego, San Joaquin and Solano, were funded to implement reform plans.¹²⁵ For example, the San Joaquin County Probation Department focused on training and building capacity to expand mental health services that treat adverse childhood experiences for foster care youth also involved in the criminal justice system (crossover youth). The department also used the PYD approach to support programs to train crossover youth to be leaders and mentors and trained parent partners to bridge gaps between families and probation. The county created data-sharing agreements across several agencies and departments and plans to measure whether or not these efforts are associated with reduced justice involvement by analyzing probation violations, arrests and length of stay in detention.¹²⁶

Positive Behavioral Intervention and Supports (PBIS) is a framework that typically is used in school settings for prevention purposes but is now being used in detention facilities to organize the use of evidence-based practices and their implementation, and to maximize health, academic, and social behavior outcomes for justice-involved youth.¹²⁷ At the foundation of this approach is cultural change grounded in the use of positive reinforcement. At CDCR's Division of Juvenile Justice (DJJ) the approach is referred to as the *Integrated Behavioral Treatment Model* that includes youth, staff, family and community to reduce recidivism and increase and promote success by teaching, modeling and reinforcing pro-social skills.¹²⁸ Key ingredients for the model include following the principles of risk-need-responsivity, evidence-based interventions, individualized plans, and quality assurance. Lessons learned so far include:

- The importance of leadership setting the tone for change,
- The principles of positive reinforcement used with the youth also needs to be used with the staff,
- Mental health staff need to take the lead and focus beyond just a diagnosis but how to change behavior, and
- Learning how to use incentives rather than punishment and sanctions to manage behavior.

While DJJ is still undergoing improvements the organization is experiencing a true shift in culture, but changing attitudes takes time and diligence in enforcing policy. In 2016 a lawsuit from 2003 was dismissed when a judge agreed that DJJ had succeeded in making a number of improvements, including improving mental health treatment and deterring future criminal behavior. Similar efforts to shift to systems of positive reinforcement are taking place across California (e.g. Los Angeles) and the nation (e.g. Georgia and Florida).

Crisis Intervention Teams for Youth (CIT-Y) are programs similar to the standard CIT model discussed in section three of this report, but with an emphasis on enhanced understanding of the adolescent brain and behavior, youth response to substance use, the impact of trauma and adverse childhood experiences, and how to work with schools, families and juvenile courts. Two types of CIT-Y are emerging with one being an additional 8 hours of training beyond CIT's standard 40 hours and the other being 40 hours of CIT training specific to youth.¹²⁹ In the best case scenario, a CIT-Y trained officer is able to connect youth and their families with the behavioral health services they need, and prevent involvement with the justice system. The National Center for Mental Health and Juvenile Justice recently developed a CIT-Y like training geared towards school resource officers called Adolescent Mental Health Training for School Resources Officers.¹³⁰ Locally a similar model is used in Alameda County where behavioral health staff embedded in the sheriff's department train school and campus police officers through the county. Similar work and curriculum has also been developed in San Antonio, Texas.¹³¹

Crisis Response Programs are programs that provide crisis response to support law enforcement, schools, families and other agencies that need immediate response and connection to behavioral programs, rather than emergency rooms or the justice system.¹³² Trained case workers respond quickly by phone or in-person to assess the situation and determine the best course of action. In Illinois they created a crisis response program to reduce police officers reliance on arrest and detention as the best way to keep youth and families safe during a family crisis. Protocols were amended to allow police to make referrals to a designated community social service provider and parents can also do the same if the youth is not already involved with law enforcement. Services available through the provider include crisis counseling, mediation, counseling, recreation, and linkage to other services. Early evaluation shows that 80 percent of youth demonstrate improvement on assessments from the time of intake through program exit.¹³³

Juvenile Assessment and Resource Centers serve as "diversion" hubs similar to the Urgent Care and Restoration Centers discussed previously in this report. Here, police officers, families, and school personnel can bring youth who need a safe place to go or are engaging in minor misbehavior. These centers have trained professionals that can conduct assessments and then connect youth and families to the appropriate service. Police and school personnel can return quickly to their work, and many of these models are open 24 hours 7 days a week. Last year city and county leaders in Gresham, Oregon developed a youth crisis reception center modeled on a center that was in Portland, but due to the distance it was not feasible for Gresham officers. By garnering political support they were able to develop their own center.¹³⁴

Recommendation 5d. COMIO can promote primary prevention programs with an evidence-base to prevent delinquency in the future and increase opportunities for cross collaboration between education, child welfare, criminal justice and behavioral health sectors. Efforts should include a focus on the entire family and not just the youth. The BSCC, through its State Advisory Committee on Juvenile Justice and Delinquency, could be an effective venue for fostering this collaboration.

Recommendation 6d. COMIO can promote examples of cross-system collaboration (Probation, Behavioral Health, Education, Juvenile Courts) that are grounded in shared resources and outcomes through the website and newsletter. Such partnerships can blend resources (MHSA, Medi-Cal, Education, Child Welfare, and Juvenile Justice) to be responsive to emerging issues like the need for a trauma informed system of care.

Recommendation 7d. Continue to monitor and promote for opportunities for youth diversion programs under Prop 47 and promote the use of evidence-based prevention and early intervention programs for youth who are justice-involved or at risk of justice-involvement.

Promote : Effective Practices in the Juvenile Justice System

In 2016 COMIO did not have the opportunity to visit and take testimony from as many juvenile justice programs as other committees, but here are two that the committee strongly endorses.

The W. Haywood Burns Institute for Juvenile Justice, Fairness and Equity (Burns Institute)

The disproportional over-representation of youth of color in the juvenile justice system is a critical issue that nearly all systems have a role to play in addressing. As such with this complex issue it is difficult to know where or how to begin making changes. The Burns institute seeks to eliminate racial and ethnic disparities by building a community-centered response to misbehavior that is equitable and restorative. Because the Burns Institute is dedicated to working at the grassroots level by developing relationships and solutions locally, they are well equipped to assist California's local-controlled, administered justice, and behavioral health systems. The institute has 11 sites in California in small, rural and urban counties and they provide assessment, consultation, training and evaluation services. The Burns Institute operates under the guidance of the following values:¹³⁵

- The culture and history of people of color is valuable and central to healing,
- Systems should use the least restrictive options to address youthful misbehaviors,
- Children are best served by caring adults in their communities,
- All young people and their families deserve to be treated justly,
- Youthful misbehaviors must be addressed through a process that is restorative and equitable,
- Child well-being can only be achieved when adults are working relentlessly and urgently,
- The perspective of young people, family, and communities is central to the collaborative data-driven process,
- Systems must be accountable and share decision-making power with the communities most impacted in order to reach their maximum potential toward child well-being,
- Systems must collect, analyze, and utilize data to reduce racial and ethnic disparities and achieve justice, and
- The existence of racial and ethnic disparities is evidence of injustice.

Skills and approaches enhanced can target improvements in all four distinct aspects of the juvenile justice system – prevention, diversion, detention, and probation. COMIO will promote the Burns Institute’s resources, include training and technical assistance and will reach out to the BSCC’s Reducing Racial and Ethnic Disparities subcommittee to learn more about how we can support their efforts and the dissemination of best practices.

San Diego County Probation Department – Trauma Responsive Unit (TRU)

In November 2016 the San Diego County Probation Department and TRU were honored with a COMIO Best Practices Award for a commitment to evidence-based practices that make a difference in people’s lives. The unit was developed as part of a larger response team, to the changing juvenile justice population, consistent with what was described at the beginning of this section.¹³⁶ In 2009 San Diego had roughly 800 youth in detention and today they have less than half of that number. Of those remaining, 97 percent are medium to high risk youth with 70 percent meeting the criteria for a mental health diagnosis. These youth also have high levels of trauma exposure, multiple traumas, and nearly a third meet criteria for PTSD. TRU was developed as part of a trauma-informed continuum care of services that the county is in the process of implementing.

TRU is a cross system collaboration that involves probation, education, health and human services and correctional counselors. It uses TARGET (trauma affect regulation for education and therapy) to skill build to improve regulation and behavioral control and intends to enable youth to gain control of trauma related reactions triggered by current daily life stressors. TRU has shown to have significant impact on behavior, reducing assaults and suicidal behavior and 77 percent of youth that complete the program report reduced trauma symptoms. The program requires rigorous quality assurance and fidelity monitoring which is aiding implementers to identify where to focus improvements. Efforts associated with TRU successfully target reducing the duration of detention and achieving improved outcomes for youth who have penetrated the system. COMIO will continue to follow and share lessons learned from TRU.

¹⁰⁹ The Board of State and Community Corrections (2016). Juvenile Detention Profile Survey and on-line querying available at: http://www.bscc.ca.gov/m_data&research.php

¹¹⁰ California Department of Justice, 2014 Juvenile arrests for all youth age 10-17.

¹¹¹ Fazel, S., Doll, H., Langström, N. (2008). Mental disorders among adolescents in juvenile detention and correctional facilities: a systematic review and meta-regression analysis of 25 surveys. *Journal of American Academy Child and Adolescent Psychiatry*. 47(9):1010-9.

¹¹² Abram, K., Zwecker, N., Welty, L., Hershfield, J., Dulcan, M., & Teplin, L. (2015). Comorbidity and Continuity of Psychiatric Disorders in Youth After Detention. *JAMA Psychiatry*, 72(1): 84–93.

¹¹³ *ibid.*

¹¹⁴ Judicial Council of California (2015). Mental health issues implementation task force: final report. Available at: <http://www.courts.ca.gov/documents/MHIITF-Final-Report.pdf>; For more information about juvenile competencies recommendations for policies and practices visit http://www.njcn.org/uploads/digital-library/NJCN_MfC_Juvenile-Competency-to-Stand-Trial_FINAL-Nov2012.pdf

¹¹⁵ To review the text of the bill see:

https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201520160AB2695

¹¹⁶ California Department of Social Services (2015). California’s child welfare continuum of care reform: legislative report available at: http://www.cdss.ca.gov/cdssweb/entres/pdf/CCR_LegislativeReport.pdf.

¹¹⁷Office of Juvenile Justice and Delinquency Prevention (2012). Improving Outcomes for Multi-System Involved Youth Who Cross Over Between Child Welfare and Juvenile Justice, webinar available at:

<https://www.nttac.org/index.cfm?event=trainingCenter.traininginfo&eventID=27&from=training&dtab=1>

¹¹⁸For more information visit: www.crimesolutions.gov

¹¹⁹The California Juvenile Justice Data Working Group was established by statute enacted in 2014 and was attached to the Board of State and Community Correction (BSCC) with the purpose of producing a report to the Legislature that provided analysis and recommendations for comprehensive juvenile justice data system improvement. The full report is available at: <http://www.bscc.ca.gov/downloads/JJDWG%20Report%20FINAL%201-11-16.pdf>

¹²⁰To learn more about the MHSOAC and any updates regarding this work on children's crisis services visit:

<http://www.mhsoac.ca.gov/childrens-crisis-services-0>

¹²¹For more information visit the CHFFA website at:

<http://www.treasurer.ca.gov/chffa/staff/2016/20161110/7.pdf>

¹²²To learn more about CPOC visit: <http://www.c poc.org/about-c poc>

¹²³For more information about NCCD, research, and resources for technical assistance visit:

<http://www.nccdglobal.org/>

¹²⁴Positive Youth Development, National Clearinghouse on Families and Youth (LADMH), 2001, available at:

www.ncfy.com

¹²⁵For more information visit: www.sierrahealth.org/assets/pubs/SHF_RJJ_Report_Final.pdf

¹²⁶This information was presented at NCCD's annual conference in October 2016 in Orange County. For more information visit: https://www.sigov.org/beta/department/prob/youth_justice

¹²⁷For more information about PBIS visit: <https://www.pbis.org/>

¹²⁸DJJ presented to COMIO in June 2016 and information about their programs can be reviewed at:

<http://www.cdcr.ca.gov/COMIO/Uploadfile/pdfs/2016/June15/Evolution%20of%20DJJ%20Presentation.pdf>

¹²⁹Tamis, K., Fuller, C. (2016). It takes a village: diversion resources for police and families. Vera Institute for Justice available at: https://storage.googleapis.com/vera-web-assets/downloads/Publications/it-takes-a-village/legacy_downloads/it-takes-a-village-report.pdf

¹³⁰See the National Center for Mental Health and Juvenile Justice at Policy Research Associates, "Adolescent Mental Health Training for School Resource Officers," <https://perma.cc/8C2X-WAK3>.

¹³¹For more information about this curriculum, COMIO staff has received a copy from the San Antonio Police Department, please email michelle.grant@cdcr.ca.gov for assistance.

¹³²Tamis and Fuller, It takes a village.

¹³³*Ibid.*

¹³⁴*Ibid.*

¹³⁵To learn more about the W. Hayward Burns Institute for Juvenile Justice, Fairness and Equity visit:

<http://www.burnsinstitute.org/our-work/>

¹³⁶Information about the Trauma Responsive Unit from San Diego County was presented to COMIO in September and presentation materials can be accessed at: <http://www.cdcr.ca.gov/COMIO/meetings-2016.html>