

Juvenile Justice Workgroup

Friday, June 25, 2021

1:00 PM – 3:00 PM

Zoom Webinar

Workgroup Purpose: To evaluate the impact of the COVID-19 Public Health Emergency on the behavioral health of children and youth involved in the juvenile justice system, as well as formulate recommendations for CCJBH's 2021 Legislative Report.

Council Member Advisors:

Mack Jenkins, *Chief Probation Officer, Ret. San Diego County.*

Danitza Pantoja, *Psy.D., Coordinator of Psychological Services, Antelope Valley Union High School District*

Panelists:

David Diehl, *Ed.D., Coordinator of the Student Support Services, Monterey Peninsula Unified School District*

Daniel Lee, *Psy.D., CSP, Deputy Superintendent of Equity, California Department of Education*

CCJBH Staff:

Brenda Grealish, *Executive Officer, Council on Criminal Justice and Behavioral Health*

I. Welcome & Introductions:

Ms. Grealish welcomed participants and reviewed the agenda.

II. Impact of the COVID-19 Public Health Emergency on the Behavioral Health of Children/Youth Involved in the Juvenile Justice System:

Danitza Pantoja, *Psy.D., Coordinator of Psychological Services, Antelope Valley Union High School District*

David Diehl, *Ed.D., Coordinator of the Student Support Services, Monterey Peninsula Unified School District*

Daniel Lee, *Psy.D., CSP, Deputy Superintendent of Equity, California Department of Education*

Ms. Grealish introduced Chief Mack Jenkins as the facilitator for the panel discussion and Chief Jenkins asked the panelists to provide a brief introduction about themselves.

Dr. Danitza Pantoja is a Councilmember on the Council of Criminal Justice and Behavioral Health, and currently serves as the Coordinator of Psychological Services for the Antelope Valley Union High School District in the northern part of Los Angeles County. She is also a board member of a mental health nonprofit in the city of San Fernando. She had been in education for ten years as a school psychologist prior to being the Coordinator of Psychological Services for the high school district.

Dr. David Diehl is the Coordinator of Student Support Services for the Monterey Peninsula Unified School District and works in the department of Multi-Tiered Systems of Support (MTSS). The district is very strong within the MTSS system, with the Assistant Superintendent leading the department and a great team. He is honored to be able to speak on behalf of some of the issues being faced. He was in law enforcement for 25 years and left to get into education. He wanted to be a fifth grade teacher, but his path took him to alternative education. He spent five years with the county of Monterey working inside the Juvenile Hall which was an enlightening experience, even more so than his 25 years in law enforcement. He learned from wonderful young men and women who were incarcerated in the system, and became passionate about putting educational systems in place to act as a preventative barrier to reduce the trajectory of negative outcomes that often occur.

Dr. Daniel Lee is a licensed psychologist, a certified school psychologist, and a certified special education teacher. When he was teaching, he had students who would be classified in this category and needed support. One of his first private practice contracts was as a consultant psychologist for people who were providing alternative education programs, disciplining the population, and providing support for court involvement for the special education and general populations of school. He works with this population clinically in school settings and does program design. In his current role as a Deputy Superintendent, he is overseeing our Educational Options Diversion, which supports community programs in which our youth participate. He will be leading the work around the behavioral health initiatives that are coming through the department, including community day schools and whole school interventions. He is tasked with making sure the high need students get the support they need and that we work with the school system to equitably distribute funds to target this population.

Q: In your observation/experience, what impact(s) has the pandemic had on children/youth who have behavioral health needs and who are involved in the juvenile justice system?

A: Dr. Lee stated he wanted to make sure the audience is left with the idea that all our students are impacted by the pandemic regardless of their “classification”, everyone on the panel has even been impacted by the pandemic. We need to understand what disproportionality looked like before, how it was highlighted by the pandemic, and be intentional about addressing it moving forward. From a department perspective, particularly the branch to which he’s committed, we want to make sure the billions of dollars the State is putting out for one-time funds get connected to the highest need populations, including the ones being talked about here. We need to understand they have the same needs as everybody else and make sure resources get to them.

A: Dr. Diehl echoed Dr. Lee’s sentiment and stated the pandemic has highlighted behavioral health needs for all students. Youth involved in the juvenile justice system have always had additional barriers to navigate, such as their home, neighborhood, probation conditions, and how they’re dealt with in schools. They need more support than many of the kids are going to need, and it’s known all our students will need significant support coming out of the pandemic. We should focus on what they

needed before the pandemic, and how that has become exponentially more significant with what they've experienced the last 18 months.

A: Dr. Pantoja stated Maslow's Hierarchy of Needs is important and addressing those needs first, before addressing wounds and academic needs. In a past workgroup, we had a couple of adult offenders who were involved in the juvenile justice system and they shared their experiences of abuse as children, which is a concern for the students since they have been at home for the past 18 months, and schools are often a place that reports child abuse. It is unknown what has been going on while children have been home or how that has impacted them. It's been a traumatic event for everyone with grief and loss, which could be another area of impact. Student's attendance and getting students back on campus is also a concern.

Dr. Diehl's perspective on MTSS will be critical for schools, with tier one being to make sure students feel safe and secure when they return, and having that reconnection will be crucial. Unfortunately, some of our justice-involved students had to be placed in residential facilities during the pandemic, which was challenging because some were not taking students due to the risk of COVID-19 exposure. An unfortunate situation occurred with a student who was released back home to reduce COVID-19 exposure without supports. The particular student was justice-involved and released without the proper supports because the judge was unfamiliar with the case. Two days later, the mom was calling and saying she couldn't handle the child because her mental health needs were so severe. Placement was found for her in California, but that didn't work out because of her severe mental and behavioral health needs. She is now in a facility out of state and her needs are being addressed and she is doing much better. A few other students have needed to be placed in residential, so the familial and community support will be crucial to support the youth moving forward.

Q: Chief Jenkins asked the panelists for their definition of the term "behavioral health needs."

A: Dr. Diehl stated from his perspective, and especially from a school perspective, with kids involved in the juvenile system you're often looking at anxiety, depression, substance abuse, self-medication, suicidal ideations, and dysregulation that either has occurred or will occur. It is critical that staff members, teachers, and administrators in the education system understand these are behavioral health needs and not to criminalize them. The response does not need to be punitive, it needs to be informed from a mental health perspective with trained people on site who can understand that. The response should not confuse mental health issues with outbursts that would get law enforcement involved and get someone put into custody when they really need mental health treatment.

A: Dr. Lee stated from the space of the Diagnosis and Statistical Manual of Mental Disorders or the International Statistical Classification of Disease Related Health Problems we have many disorders and diagnoses. There is also the piece of trauma, Adverse Childhood Experiences (ACEs), and the accumulation of trauma. We are having conversations with the Department of Health Care Services about prevention, wellness, and navigating diagnoses. Once you get diagnosed with a disorder, there is externalizing that could lead to acting out, or internalizing, which

doesn't always meet the clinical threshold for a diagnosis, but still requires support. Behavioral health from a preventative perspective needs to be discussed, so when signs like cutting, ideations of self-harm, or homicidal ideations about wanting to harm others are seen, that should trigger an investigation into making sure the systems have the resources to support the youth's needs. Once you get to a diagnosis, it's too late and services need to start going upstream. Although diagnoses aren't static, once they have it most people stick with it, so it will be helpful to look at all the precursors to what students need.

Q: As we continue to move through the pandemic, and many schools are expecting to return to full in-person learning, what do you anticipate will be the unique needs of these children/youth?

A: Dr. Lee stated the department has been talking about the transition from a virtual space back to an in-person experience. You will have the natural issues of anxiety, stress, navigating social engagement, and maybe a spike in behavioral issues because people need to learn to live in the context of structure, which they haven't had for a while. It needs to be looked at it from a perspective of normalizing the transition to school and thinking about it from a space of providing social emotional learning and support to the adults and students. You can't expect everyone to be business as usual, and we need to understand there will be a variety of responses, so we need to increase our threshold and bandwidth to be able to provide support, especially for the adults in the building to really help contain behavior and move into a space where we are able to support someone who's acute or having dissipating behavior. Everyone is waiting in anticipation to see what it will look like in August or September, with an expectation of understanding.

A: Dr. Diehl stated that something they're trying to do, even more intentionally, is having intentional support plans in place for youth who return from being incarcerated or, in this case, who have been out of school for a year. The support plan would have an advocate for students that are system-involved when they return to their campus, and additional supports for both the student's academics and mental health. The plan could potentially link them with a community member advocate who knows the student's environment and can interface with the school and be the caring adult that's hugely important for many young people. It will also be critical to support the family because many of these students were already disengaged and placed in alternative settings. We need to reengage the students and give them hope, opportunity, and purpose to build their self-esteem and self-worth, which was likely damaged over the past year.

A: Dr. Pantoja stated they recently held a training with staff security about being more compassionate and what to expect when students return since they may be acting out due to anxiety, or other feelings, and not have the right social emotion skills. Being aware of these behaviors and what the students have experienced is important. The training also covered having a more compassionate approach, rather than punitive, and knowing the support services the district has to offer to help students who are acting out or who have behavioral needs. Los Angeles County has youth mental health courts and many students have advocates who work with the family and students. The advocate will attend the youth's Individualized Education

Plan (IEP) for youth who are justice-involved. There are also attorneys who serve the students who are on probation and they attend the IEP meetings, as well. It can be a challenge when students are at school for a month, detained for weeks, then released and sometimes detained again. It is helpful to have an advocate to navigate this back-and-forth, communicate with the school what is going on with the case in order to prepare for the student returning to campus, and support them. It is also helpful for assessments to gauge the level of support the student will need upon return.

Q: Chief Jenkins asked the panelists what their message would be to the probation officers and teachers in anticipation of a spike in behavioral health issues.

A: Dr. Lee stated at the Department of Education and the local and State levels, they're being intentional and thinking about all the stakeholders involved with youth right now and the interagency conversations being held. The number one thing is to be intentional about educating everyone on how to support these students, whether it be teachers, probation officers, mental health professionals, parents, or the students themselves, depending on where they are in terms of their development. We want to make sure we can direct everyone to the appropriate resources and teach them how to be a partner in this process. It's not just sharing information and resources, there are intellectual exercises about practically working with this population. Resources should be clearly identified when working with county Offices of Education, or other local educational agencies, and that they understand the overall vision. We want an intentional approach to the "no wrong door" philosophy so that whoever is coming in for support can get to where they need to go. Support is needed for a lot of different players, and we need to make sure information is available no matter who you contact and that, ultimately, the student gets the help they need. From a teacher perspective, we want you to understand that all the supports are going to require a shift in the way we think about education and we understand that teachers didn't go to school to do mental health. The same thing goes for administrator. We have to communicate, strategize, and invest in a climate shift so that we can really talk about how social emotional learning is just as important as intellectual and cognitive learning.

A: Dr. Diehl stated he'd like to speak to the teachers and tell them the kids who have been incarcerated value respect. They even have an innate ability, almost like a survival sense, to know who cares about them and who doesn't. They may not act like they're engaged or that they care, but they do. They want to be cared about, and need to be given respect and compassion. They sometimes expect teachers to push them out of the classroom, so they may need to be given a little extra act of compassion and leverage their abilities. These kids are very resilient, loyal, and respectful, and if you acknowledge and leverage that you will find them to be much more engaged, and you will improve their self-worth. It is also important to look at probation conditions not as conditions to be violated or adhere to, but as truly creating a supportive and rehabilitative plan. Kids are going to make mistakes no matter who they are, and we have to work with their transgressions as learning experiences. Incarceration can be very traumatic and we are just going to

retraumatize them, so we should avoid incarceration unless they're a danger to themselves or others.

A: Dr. Pantoja stated she agrees with Dr. Diehl on the importance of respect. She worked at a community day school for two years as a school psychologist. Students went there when they were expelled and were usually justice-involved. In her experience, they want to be respected and to be given the time to build a relationship. She was helping a student get through his math, and he was so excited because he got it. They want to learn. It's just taking that extra step and extra time to get to know the students and respect them. Working at the community day school was a great experience. She never had any issues with the kids even though some people were afraid to work there because the "bad kids" went there. When they would see her on a comprehensive campus, they would ask if she remembered them because they had that relationship.

Q: What should schools and other entities that support student behavioral health do to prepare for the return of students in the fall to ensure these unique needs are addressed with cultural humility?

A: Dr. Lee stated the definition of cultural humility is intriguing to him because it's just acknowledging that you don't know everything about everybody and you need to be intentional about learning. This fits into the trauma-informed work of what is happening rather than why you're doing something. We need to keep an emphasis on asking everyone to participate in a paradigm shift around education. Everyone keeps saying they don't want to go back to what it was, so we need to be intentional about what we need to become. This goes back to the adults in the room because they shape what happens to the students. The students who have emotional issues don't wake up and decide to be a problem in school, but things happen that lead to consequences. We need to understand that it's the same situation as children continue to grow and become independent, but that doesn't mean they're powerful. People sometimes equate power and independence, but there are still things they don't have control of and you have to respond from a space of cultural humility. You can do this by asking different, or better, questions and taking time to actually allow student voices to be heard. Let their voices translate into policy and practice, don't just listen to them as a checkbox experience, but really let it drive your engagement and instruction. These are the kinds of changes that need to happen in schools. You could frame support for behavior in the same context – ask them what they need and create a strategy development process from that.

A: Dr. Diehl stated it is important for teachers to understand that we don't know everything and that many of our teachers don't come from the same neighborhood as the students they teach. They have expectations and assumptions, and are sometimes unaware of the environment and challenges the students face. He hopes that every teacher could go to the neighborhoods their students come from and do a home visit to meet the parents and families to explore how to best support the student. We should take time to do that at an elementary level, before the kids are in the juvenile justice system, and start to build those connections and awareness. He had the opportunity in his previous career to see the things that go on, so not a lot surprises him, but he thinks the teachers would be surprised. If they had a better

awareness, they would have a different compassion and understanding of the kids who come into the classroom, how to best support them, and an appreciation for the challenges the families face. It would allow the teachers to understand why the parents are facing the challenges they are facing without coming from a place of judgement, which would create a paradigm shift.

A: Dr. Pantoja stated it is important to look through a lens of “what happened to you” rather than “why are you behaving this way” or blaming the student. This was important when she was practicing as a school psychologist and it is something she is trying to instill in her school psychologists. Maybe assessments can’t be done in-person, but the parent and student interviews are important learning tools. She remembered one student she was testing; the teacher said the student wasn’t engaged and was constantly daydreaming. After doing the student interview and finding out about the student’s life, she understood the trauma in his life and that he had no trust in adults. He was in the community day school because he was expelled, but all his behaviors had to do with the trauma, lack of trust with adults, and lack of adult support. She tells her psychologists that this is better information than a standard score because you can look at the student as a whole. She stated that staff have been given an opportunity to look at things differently moving forward, and should not go back to what was normal. She has been encouraging her school psychologists to look at the student from a qualitative perspective rather than just from quantitative data. This means taking into account interviews, observations, reviewing the student’s record for trends, and not just relying on standard scores. She will be training her staff in the summer to assess for trauma, which staff should have been doing years ago, but they now have an opportunity to look at things differently moving forward.

Q: What are the new funding opportunities of which you are aware and how do you think these funds may best be leveraged to meet these unique needs?

A: Dr. Lee said there is a lot of one-time funding proposed, although they are still waiting for the May Revenue to settle, so he spoke with the caveat of speculation. There are going to be billions of dollars of investment around mental health and community day schools in terms of expanding opportunities to get schools in a position to be resources and centers of wellness. The goal is to make sure every population gets benefited and that we are intentional about the population we’re speaking about. Stephanie Welch was the first to ask what we are going to do to leverage the school’s funding around behavioral health and create an integrated care model. Ms. Welch stated they want to build physical health around mental health, but that they are missing the process of creating instructional programs that make sense for this population. It’s not just about all the supports around schools, but it’s also building schools as a resource for intervention and supporting multi-tier systems of service. The American Rescue Plan is providing a lot of money and schools are flooded with resources, so the issue isn’t with funding, but with being accountable and creating a level of coherence around these resources. We need to be looking through an equity lens and be intentional that everybody doesn’t get the same, but everybody gets what they need. We want to make sure the folks who

need more get it, and that we can incentivize some projects, like community day schools, to elevate the needs of their population and design effective resources.

- A:** Dr. Diehl stated he hopes we can use the funds as an investment to build a sustainable system. Hopefully, this opportunity helps build the system so that even when funding runs out, there are best practices in place to provide the appropriate support and interventions. How can the money be used to build sustainable systems and provide the proper training, building systems, learning from our youth, and collecting data to inform interventions? Attention could be steered to look at the kids who are incarcerated and end up in community day schools, and go back to their early childhood to follow the path of occurrences and where interventions weren't done. Staff can learn from that to provide early intervention to increase engagement and reduce the disengagement that occurs around fifth or sixth grade when they start to enter the system. The ultimate goal is to get to a point where early intervention is provided effectively and targets these kids properly.
- A:** Dr. Pantoja stated her district is meeting in July to discuss the use of funds since they are one-time funds. They want to look at sustainability and be careful of how the funds can be used so that changes can be sustained. They are looking at training their mental health practitioners on best practices, such as Aggression Replacement Therapy. Community day schools in her district have gone from two to one, which means they aren't expelling as many students, but they need to provide more services and support because those students need it the most. They hope to use the funds to address those areas and trainings for teachers and mental health practitioners.
- A:** Dr. Lee added since it is one-time dollars, they have to reimagine how schools have always worked with them. Usually people hear one-time dollars and think they can't sustain it, so they don't want to invest in people. They want to come up with strategies that can lead to sustainability and continue promoting service plans with their Local Education Agencies (LEA) and equity partners. They understand the students coming back are going to have the highest need in terms of intervention and resources, and that the needs won't be the same a few years from now. They need to think about titration and starting off with a lot of intervention then fading out. From a behavioral health perspective, they need to leverage these one-time dollars for capacity building across the State and creating sustainability. The California Department of Education (CDE) is in the process of creating a Department of Integrated Care and Services to help systems and LEA's build capacity to sustain a network around behavioral health. They have had conversations about what activities are billable for students and who can bill so they can formulate strategies. It will take an investment from schools in terms of a titration and surge plan. They are going to need a lot of upfront support and more people because we can't manage these issues with the same staff. They need to get their community and school-based mental health partners involved in the service design and framework for multi-tier systems and universal design systems. They're hoping people will be creative with the dollars and leverage it with resources that will come down the pipe and be sustainable. They are appreciative of the Governor's investment and CDE wants to

be a part of the health system in a creative way to leverage the dollars for sustainable plans.

Q: Is there any other advice/guidance you think would be good for the Council to be aware of as we prepare recommendations for our 2021 Legislative Report? What recommendations would you make to the Legislature?

A: Dr. Lee stated one consideration for the Council pertaining to this population, particularly through legislation, is how to get uniformity and consistency across counties. They are getting calls from county offices asking what resources are available, but we need to know how we can work with all the counties in a methodical and consistent way. Any recommendation should lead to consistency of approach or allow them to think about it from an integrated care perspective, including education, behavioral health, and physical health. The recommendations should also consider feedback loops so they have a sense of what impact and accountability measures need to be in place. They also need recommendations about data so they can monitor and ensure they have the necessary resources and tools. With the youth over age 18, they can also integrate CDE's education programs and services. They are looking at a continuum and partnerships. An internal recommendation is the disproportionality workgroup that is in the process of being rebooted at CDE. They have a task force focused on this population to make sure they are aware of what's happening and how to leverage CDE resources. The disproportionality workgroup initially existed for discipline, but outlived its legislative responsibility. The superintendent thinks it's something that needs to continue, so they are broadening the mandate of the group to look at targeted populations, such as multilingual learners, foster care, homeless, African Americans, Native Americans, and issues like chronic absenteeism, suspension, and law enforcement. After meeting with CCJBH, they are interested in including this population into our targeted population groups.

A: Dr. Diehl reinforced the importance of transition plans when students are leaving juvenile hall, coming out of their disposition, and being released by the judge. They need to make sure there is communication between the court system, the county Office of Education, and a liaison for each school district. If it requires a Memorandum of Understanding to share information, then those should be created. Students shouldn't spend 21 days in juvenile hall, then be released and show back up at school without a system of support plan in place and an advocate. The advocate can help with things even as simple as partial credits on their transcript and how that plays into inhibiting their ability to remain in a comprehensive school, and forces them into alternative schools, which makes it more difficult to graduate. AB 2306 addresses that, but youth have to be in 11th grade before it kicks in. Cooperation and communication between schools and juvenile hall schools is critical, and it goes into the disproportionality faced by this population that is coming out of incarceration and back into our schools. A liaison of communication can act as a bridge between the court, county Office of Education, probation, and the school system working together as a team and sharing information to get the students the support they need for success.

A: Dr. Pantoja stated she agrees with Dr. Diehl that better communication between county Offices of Education and the school district is needed. When it comes to students who violate their probation consistently, the school doesn't know what they've done in the community and the student is going back-and-forth between being detained and waiting for a court date to be released to come back to school. We should examine the circumstances of their probation to see if they can be diverted instead of detained for things such as attendance issues due to mental health. They need a lot more community and parental support, especially with the pandemic. One student they had to place in residential was under our radar because he didn't get in trouble at school, was on track to graduate, and was very respectful, but he had behavioral issues at home and was suicidal and aggressive toward his parents. He was hospitalized, which is why it came to their attention, and he was then assessed. The parents called law enforcement since this happened at home and the student ended up being detained and is now on probation. If the parents had more support, or somewhere to go besides calling law enforcement, the youth may not have ended up being justice-involved. But now the youth is involved in the court because of whatever familial issues and coping strategies he didn't have to address his mental health needs. He was removed from the home for a while to live in residential, then was placed elsewhere through the school district. The student ended up graduating and probation was involved in his IEP meetings to help plan his next steps after graduation. The student had an advocate through the mental health court, which was also very helpful. She thinks they are going to do a lot more parent training this year on the signs of anxiety and depression and stress management for parents.

A: Dr. Diehl stated when talking about behavioral health that this should include substance abuse. Adolescents involved in the justice system need to be given the same type of treatment for addiction and substance abuse as an affluent child. A violation doesn't need to be given every time they get caught using drugs when they are trying to get through drug addiction as an adolescent because it's very difficult. Mental health resources need to be brought to the student instead of making them travel 25 miles to their treatment location or to go to "drug court" where they sometimes have to leave school to attend. The best resources possible need to be brought to our students experiencing substance abuse, not a punitive response. Through a mental health lens, someone suffering from drug abuse is likely to relapse multiple times, and that's part of the process of recovery. Best practices in addiction recovery don't say someone should be locked up when they relapse. Only those who are unfortunately put in the juvenile justice system get locked up when they're trying to get their mental health and substance abuse conditions taken care of. There are times when a student does need to be confined for their own welfare, but that doesn't need to be done in a jail cell because it re-traumatizes the person. There is a big spike in drug use during the pandemic and a big spike in overdoses, even some resulting in fatalities with the fentanyl on the streets.

Q: Ms. Grealish highlighted the notion that there is a spike in behavioral health and expressed concern that justice-involved kids will be more susceptible and vulnerable to having their behavioral health confused with misbehavior. What is the best way to

make sure that teachers and educators are aware of this notion and what is the best way to do that through funding?

- A:** Dr. Lee stated it needs to be looked at from multiple perspectives, such as parent engagement and family engagement. It is not just about the educators, but educating all stakeholders in the system so everyone can be an effective partner in the process. In terms of the question, everyone is struggling with deciding the most effective way to do it, but what is known is what has been done in the past can't be the only avenue. The reach need to be increased by thinking about it from a multi-tier system, by engaging parents and partners, using the superintendent, and inviting people into the process to participate in a paradigm shift. Everyone needs to be making an informed decision to participate in the process.
- A:** Ms. Grealish suggested the approach of bringing players across systems to understand and collaborate with one another. The pandemic caused everyone to mobilize very quickly in ways they were not able to before.
- Q:** Ms. Grealish asked if the trauma training Dr. Pantoja is doing is based off of the ACEs.
- A:** Dr. Pantoja stated that six years ago they were training staff of ACEs and trauma. They have a lot of students in vulnerable populations so they have already talked about it. Psychologists will be assessing students as well, maybe using ACEs.

*****PUBLIC COMMENT*****

- Q:** A participant commented that COVID-19 has impacted children in many ways. It is important for schools to identify those families who have suffered losses, especially the loss of the caregiver, and how the school can provide these resources when they do not have enough personnel to do so. The children might be fearful of going back to school, and their lack of knowledge of COVID-19 could cause anxiety and behaviors. Are schools taking time to explore triggers and reasons for behavior?
- A:** Dr. Diehl stated that the district is focusing on the welcoming environment and building of relationships. Almost every kid has experienced some form of negativity or trauma. The district is focused on building the routines, relationships, and safety component mandated for all of the teachers and staff. The district has also provided professional development and training for teachers and staff. That is the focus of the first six weeks of school, not the academic part of learning, but more on the emotional health and safety of students.
- A:** Dr. Pantoja stated that the district has a meeting on July 1st to discuss next steps. They will be using multi-tier systems of support and advised having a system that supports parents and teachers. The district is focusing on the social and emotional wellbeing of students the first couple weeks of school versus the academic part.
- Q:** A participant commented that, just as with adults, people with lived experience need to be enlisted. There is a difference in how kids in juvenile hall respond to people they identify with, and it may be even more remarkable than adults.
- Q:** A participant was wondering if there are any plans to create programs for at-risk kids and gang prevention. Los Angeles Police Department (LAPD) has a gang program,

but a lot of cities are missing gang prevention, especially for kids that have mental health. My son had Attention Deficit Hyperactive Disorder (ADHD), so he was very impulsive and had trouble with socialization skills, which caused him to be at risk. It ended up that he was involved in the juvenile justice system and is now in the adult system, but there are no program's out there. While work in the mental health field and trying to help parents find this type of program, it can be seen that there are none. Also, putting money for the prevention of at-risk kids. And for those coming out of juvenile hall, will there be programs to get them involved in either preparation for jobs or where they can feel connected? There are not a lot of programs for these children other than to go back on the streets and do what they were doing. Will there be resources and classes for parents for support?

- A:** Dr. Pantoja stated in a meeting a couple weeks ago they had gotten the request for funding for LAPD house program. It is open to all youth, as a form of prevention and tutoring. They will be starting an auto mechanic program. It had been asked if they work with county probation because it could be great for juvenile youth involved. It is a safe space for youth to go. They were not connected with LA county probation. It was asked if they were connected to mental health resources and they are not. It is something that they are still going to look into. There are a lot of great programs out there, but making those connections is important. The more connections you have, the more resources youth will have. What other networks and community resources can you tie youth to?
- A:** Chief Jenkins stated that the Juvenile Justice Crime Prevention Task Force in LA County has tens of millions of dollars that go to programs that include mental health services for justice involved youth. That is a starting point if folks have not already contacted those groups to see where the money is going into the community based programs for youth leaving incarceration that will be under probation supervision. Those meetings are public for a reason – so that the decision-makers around the table can hear what the needs are of the youth in the community. A recommendation would be to go to the LA County Probation County website and see where the meetings are held and to learn the points of contacts. They are supposed to be funding programs for youth that have those types of needs.
- Q:** A participant commented that the conversation of how to move forward in making changes in the system was impressive. One of the most important things said today is focusing on hearing the youth and the parents and what they need, not what we feel they may need. For example, working within their strengths, going to their homes and seeing how they live, and working within their means. This is all very impressive, and they hope to collaborate more within San Diego County with their justice-involved youth on prevention and early intervention.
- A:** Chief Jenkins showed appreciation for recommendations around uniformity and consistency across the counties, better data connections, disproportionality issues, and transition plans that include all stakeholders interested in serving the justice involved youth. There is much information known today, in 2021, about effective responses to substance use disorders that was not known 40 years ago. There are focused efforts to integrate that knowledge into the justice system practices on youth, in particular. The conversation has been rich, and the practical

recommendations for Legislative Report are appreciated. The theme was recurrent around systemic collaboration, including the youth and their families. There are many things that can be done and hopefully the Council can move forward that way.

A: Ms. Grealish stated this conversation can be applied to the juvenile justice population to help advance the system. Having been a Councilmember, often times they tend to talk about issues within the behavioral health and criminal justice systems, so this is a great opportunity to expand into the educational systems, and do a deep dive from the educational perspective. So many investments are being made and so much will be funneled into the educational system. There is the notion that multi-tier systems are needed to do this effectively, so trying to model what it looks like to have that multi-system engagement. It is great to bring in the Department of Education into the Council's work toward prevention and intervention before youth get into the justice system.

III. Juvenile Justice Recommendations:

Brenda Grealish, *Executive Officer, Council on Criminal Justice and Behavioral Health*

Ms. Grealish stated that the Legislative Report must be completed by December 31st each year. This year CCJBH pushed back the timeline in order to have thoughtful discussions early on and have a lot of time for review and discussion before the report is finalized at the end of the year. In the Diversion and Reentry Workgroup last week, a robust discussion occurred that will be used to formulate recommendations. The same thing will be done with the Juvenile Justice Workgroup. The March 2021 workgroup meeting on SB 823, plus today's discussion, will be used to develop recommendations for this year's report.

Chief Jenkins recommended that the Legislative Report speak to both prevention and intervention of youth who are already in the criminal justice system, and those who are at-risk of getting into the system. Along the lines of prevention, the Legislative Report should discuss supporting interventions that are research proven to be effective at keeping kids from entering the system. Kids who are a great risk for entering the system and penetrating deeply into the system need to be recognized. All the studies around youth in the justice system are decades old and they are consistent with defining those who penetrate deeply into the system and who stays in the system. The report should speak to areas of prevention – when these youth are on the radar and prevention efforts should be focused on academic support. Prevention should be tailored toward the youth who are chronically truant, who are not willing to engage, who show behavioral issues, and with their families. Family support can be a predictor of youth who will enter the system. It has a lot to do with family structure. Prevention efforts should be focused on trying to offer family support to youths before they enter the system. Supporting mentor types of opportunities may be needed. Many youth entering the system do not have a nurturing family environment, so our support can emphasize the significance of positive mentors. On the intervention side, if the prevention efforts have not worked and the youth have come into the system, there are a number of research supported interventions that can be used to positively impact those youth while they are in the system. The

Positive Youth Justice model uses the strengths of a child, as well as criminogenic and delinquent needs, to do collaborative case planning. Everyone that has an interest in the youth's wellbeing, such as community providers, educators, and probation, should be involved and work collaboratively to use the youth's strengths to fashion a plan to address the needs of the youth and family. Juvenile wraparound services work well for folks outside of the system. It utilizes money that was focused at one point on social services and child welfare, but it is now used for the high-need delinquent youth and their families. There are plenty of research studies that show these services are very intense and intrusive, but the research shows positive results attached to them. The last one is Crossover Youth Practice model. California has had some pilot sites and early legislation to support the Crossover Youth Practice model, but what that means is blending or combining child welfare and probation in juvenile justice to work with youth to decide which system best serves their needs. A lot of kids that penetrate deeply into the system have a child welfare history. That is where we see the trauma impact because they were victims before they were victimizing other folks. The Crossover Youth Practice model is a well-established model. Whenever you hear the term evidence-based practice, it is referring to probation services from a therapeutic standpoint, which was the intent of juvenile probation from the beginning. When we talk about responses to behavior, not from an incarcerated response, but from the therapeutic standpoint, the balanced approach is an approach that many probation departments are using right now. What is now taught is called CCP, Core Correctional Practices. When talking about training probation departments, it is an engagement model from the therapeutic standpoint. It is respective of the issues that the youth might have experienced that brought them into the system. It teaches competencies for probation officers to better engage with youth. There should be a focus on training to a level of competency to new skills. Last thing, the report needs to be mindful of the juvenile courts. Probation as an entity does not exist without the juvenile court. The courts interest in well serving youth has to be included or recognized.

Dr. Pantoja recommended some type of reentry plan for back to school is very crucial. Reentry plans are done for students who have been hospitalized, so they should follow the same process for students who have been released from juvenile hall back to their comprehensive campus or district. Students lose credits, so making sure that a student has an IEP or pending assessments would help. A wrap around model, such as full service partnership, there is an awareness that the family needs support, so they provide in home support. This should be done early on with our juvenile justice system-involved, such as prevention and intervention. A lot of parents get overwhelmed because so many people might be involved, such as probation and schools. There need to be a careful way to provide services because it may be very intrusive and awareness need to be brought around that.

Chief Jenkins stated it's important to be mindful of successes, and sometimes the 71,000 youth who were diverted from entering into the juvenile justice system by probation in 2020 are not discussed. Thinking of the juvenile justice continuum, there are a number of points for intervention and diversion, even after prevention has not happened. There is still an opportunity for redirection to other services that have been done successfully. There is better focus on data collection statewide that will

serve us all. This is because the data gaps were identified and conversation around how to close those gaps, and where there needs to be system connection or integration, to collect better data around youth that will better serve our goals.

*****PUBLIC COMMENT*****

Q: A participant stated more money is needed to offer wrap around services, which have greatly decreased due to funding in the past year. The participant became a parent partner of peer support due to the lived experience with her son and navigating the juvenile justice halls. At the beginning, they would get a lot of services from probation, but that has completely diminished due to funding. It is intrusive, but it does work if changes are made in the home. If things do not change in the home, then youth are going up against a lot. School is very important. A lot of schools do not want to take partial credit, and youth who put in effort in juvenile hall lose all those credits because they are not transferable and they lose their motivation to continue school. Also, being aware of when schools border right in the middle of two adjacent gangs, and then making kids go to that school will just add more pressure to them to act in a certain way. Making exceptions to the schools that they can participate in, knowing they are going to be safer, before getting involved. Back to programs, she has called all over the place trying to find these programs to get the kids that are at risk, those that have mental health, and those who are already showing tendencies that they are going to end up in the juvenile system, calling around for any programs. The city of LA is the one that has more, but in other cities there are none. There are agencies that help once they have gotten involved or once they do have mental health, but what about preventative programs? New ones can be created that are run by the same entities to provide services across the counties, not just for one specific city.

IV. Announcements & Adjourn

The next Juvenile Justice Workgroup Meeting will be on Friday, September 10, 2021, from 1:00 PM – 3:00 PM. CCJBH's next Full Council Meeting will focus on the housing and homelessness issue and the significant investments being made in the area for the reentry population and youth.