

**Juvenile Justice Realignment Block Grant
Annual Plan**

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County Name: Kings

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Background and Instructions:

Welfare & Institutions Code Section(s) 1990-1995 establish the Juvenile Justice Realignment Block Grant program for the purpose of providing county-based care, custody, and supervision of youth who are realigned from the state Division of Juvenile Justice or who would otherwise be eligible for commitment to the Division of Juvenile Justice prior to its closure.

To be eligible for funding allocations associated with this grant program, counties shall create a subcommittee of the multiagency juvenile justice coordinating council to develop a plan describing the facilities, programs, placements, services, supervision and reentry strategies that are needed to provide appropriate rehabilitative services for realigned youth.

County plans are to be submitted and revised in accordance with WIC 1995, and may be posted, as submitted, to the Office of Youth and Community Restoration website.

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PART 1 – Subcommittee Composition w&l 1995(b)

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PART 2 – Target Population w&l 1995(c)(1)

Kings County will serve youth and young adults 14 years of age and older with adjudications for offenses outlined in 707(b) W&l where the Juvenile Court has made a finding that less restrictive alternative dispositions are unsuitable.

Kings County will not be able to serve youth requiring specialized therapeutic needs, such as sexual offenders and female offenders. For these youth, it is anticipated that Kings County will seek to partner with other agencies and/or regions with these specialized treatment providers through a contract process. However, in the absence of a contract with another agency or region, Kings County does have capacity to accommodate female offenders.

In order to present the most accurate picture of what the Kings County target population may look like, below are two sets of data. The first table contains all youth committed to DJJ over the past five years, 2016-2020; the second table contains the youth in the Kings County Juvenile Center with a 707(b) W&l offense (in February of 2021). For Disposition information, KJC means they were committed to the Kings County Juvenile Center commitment program and home is referring to being home on probation:

DJJ Committed youth: 2016-2022

<u>Year</u>	<u>Offense</u>	<u>Gender</u>	<u>Ethnicity</u>
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

***Current population of 707(b) Offenses**

<u>Age</u>	<u>Offense</u>	<u>Gender</u>	<u>Ethnicity</u>	<u>Disposition</u>
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

*As of February 2022

PART 3 – Programs and Services W&I 1995(c)(2)

Objective

All interventions and interactions with the youth will contribute toward the goal that each youth/young adult will leave the program and transition back to the community with a solid foundation for a healthy and successful life; comprised of strong family and community connections, a good job and/or preparation for advanced education, and safe/secure housing.

Intake & Assessment

Upon intake, each youth will receive comprehensive assessments across several domains, including health/dental/vision, behavioral health (cognitive, emotional and interpersonal functioning), education and family. These assessments will be conducted by a psychiatrist & Wellpath Medical Staff, licensed psychologist, licensed clinician (MFT or LCSW, who will be the Clinical Director of the program), the County Office of Education and the Employment and Training Technician. Additionally, each youth’s criminogenic risk and needs will be identified utilizing the Positive Achievement Change Tool (PACT) administered by the Deputy Probation Officer (DPO).

The initial assessment shall be completed by the psychologist. The assessment shall be a comprehensive evaluation of the youth's historical background, personality assessment, trauma events and other clinical needs. The psychologist shall further assess for risk factors including those such as, suicidal ideation, antisocial behaviors and other potential risks to include for a full report of clinical impression and diagnoses of the youth along with treatment recommendation. The psychologist will utilize evidence based psychological assessments consistent with standard requirements for correctional setting. The psychologist shall include Patient Health Questionnaire (PHQ-9), Addiction Severity Index (ASI), the Ohio Risk Assessment System (ORAS) tool, the Colombia-Suicide Severity Rating Scale (C-SSRS) screener, the PCL-R 2nd edition as antisocial behavior risk screening tool and shall include MnSOST-R for sex offenders.

Upon completion of the assessment process and within 30 days of admission, the Clinical Director will work with the youth, the family, psychologist, psychiatrist, deputy probation officer, the department of education representative, the employment and training technician, and juvenile facility staff to develop a comprehensive and unique case plan to meet the youth's specific needs. The specific interventions and dosage will be commensurate with the youth's risk and needs as identified during the assessment process, along with information gathered from the youth and their family. The goal is to individualize treatment as much as possible within the setting as suggested by research, in order to maximize potential life changing results.

Programming

All youth will participate in Moral Reconciliation Therapy (MRT) one time per week, for a minimum of 30 weeks depending on the progress of the youth. MRT will be facilitated by a trained DPO. MRT is an emotionally intense program that was initially developed in custodial settings over 30 years ago. The term "reconciliation" refers to a process that alters how we make decisions. MRT is an effective, evidence based cognitive behavioral intervention with years of data to support its efficacy when administered to fidelity. MRT consists of 12 different milestone steps in which the youth will revisit many major aspects of their lives including their past experiences, their upbringing, decision making process, service to others, goal setting and values. The process is meant for the youth to reevaluate their thought process on various levels that affect not only their cognitive functioning, but also their desire to succeed in the future. In MRT it is very common for the youth to take various weeks working on a specific step and may result in the youth revisiting a previous step. This is not seen as a punishment but is rather understood as the youth working through different cognitive distortions. The youth will be able to bring these instances and other difficult moments in individual therapy. Separating the clinician from the MRT sessions will allow the youth to be open to discussion these difficulties and be able to create meaningful and possibly life altering moments. The clinical director, who

facilitates the individual therapy for the youth, may also utilize group therapy to work with a group of youth on a specific clinical need. Step 7 in MRT starts to focus on goal development, starting with a one-year goal and work its way to a 10-year goal using Cognitive Behavioral Therapy intervention skills. It is during this step in which the youth will start working as a mentor to a youth new in the program. Mentorship can continue after the youth completes the full MRT program. When facilitated to fidelity, participants truly think differently following a course of MRT and will have understood the importance and value of healthy relationships, honesty and a better understanding of healthy decision-making.

As a supplement to MRT, youth will also participate in Aggression Replacement Training (ART), which will also be facilitated by trained DPO's or custodial staff one time per week for 30 weeks. ART addresses individual's behaviors, emotions and thoughts that contribute to aggression. Like MRT, ART has also shown to be an effective intervention for youth by reducing future acts of aggression.

Depending upon their criminogenic needs, youth and young adults may also participate in Forward Thinking and Courage to Change, which are interactive journaling systems facilitated by trained staff. This effective intervention addresses a youth's values, thinking patterns, self-control, relationships, substance use and proper use of leisure time. Interactive journaling is a useful evidence-based tool that assists in various aspects including working through cognitive distortions, emotional regulation and decision making.

As mentioned before, the Clinical Director will also provide direct service and help the youth work through any trauma during individual therapy sessions. The Clinical Director will utilize evidence-based modalities such as Cognitive Behavioral Therapy and Dialectical Behavioral Therapy designed to address common cognitive distortions common to all adolescents in addition, anti-social thinking patterns, as well as regulating impulsive thinking and behaviors. The Clinical Director will assign the youth to different groups, where the youth will develop pro-social skills, which will help them develop interpersonal problem-solving skills, perspective taking and continued development of empathy. These groups may target a various clinical needs including depression, anxiety, mindfulness, anger management and more.

Digital Storytelling is a promising practice used in the JC Montgomery School by the Kings County Office of Education. Based upon early positive results, we plan to expand its use. At its core, Digital Storytelling is essentially a computer-based tool through which youth express themselves and tell their own unique story. For example, in the Stories with Style curriculum, youth were able to develop their own beats and create their own rap music, enabling them to express (many for the first time) traumatic events from their lives. The youth also used other forms of music, graffiti, and DJ'ing to express themselves while exploring difficult emotions.

The Clinical Director will also play a key role in training the supervision staff. The core principles of a trauma informed approach to custodial supervision involve educating staff that most youth have experienced significant traumatic events in their lives. Therefore, we seek to minimize the chances of re-traumatization during interactions with the youth. The Clinical Director will create a training program that spans the course of the year and will introduce staff to various topics. These topics will include introduction to mental disorders, working with mental health from a trauma perspective, Interventions and de-escalations, staff mindfulness and vicarious trauma.

The Clinical Director will receive daily updates of significant aspects related to the youth and will staff each case weekly. Case staffing may be on progress; however, the Clinical Director may call clinical meetings based on a more urgent need of a youth. These meetings shall include those providing treatment to the youth including the psychiatrist, psychologist, DPO, Clinical Director, and others identified by the Clinical Director. The purpose of the clinical staffing will be to address the presenting urgent need.

Education

Youth who have not graduated will participate in educational services provided at JC Montgomery School under the Kings County Office of Education. Students at JC Montgomery are provided with A-G coursework through standards-based classroom instruction and online Edgenuity credit recovery coursework. During classroom instruction, students are provided with culturally responsive, hands-on learning experiences that align with assigned course texts and resources. Through Edgenuity, students are able to enroll in coursework to earn their diploma and to enroll in Career and Technical Education (CTE) courses for transition back to their comprehensive programs should that be the goal. Students who are within 30 credits of earning a diploma have the opportunity to become dual enrolled students through a partnership with West Hills Community College. The site transition specialist provides academic services to students, including support to complete the FAFSA applications and to research post-secondary educational opportunities, including vocational or technical programs. Students who are English Learners are provided with daily designated ELD support by a classroom teacher. Students on IEP's receive individualized support from the on-site RSP teacher. All student progress is monitored through site benchmark assessments every 6-8 weeks. Once youth have received their high school diploma, they will have the opportunity to enroll in community college coursework toward a degree program of their choosing.

Career and Technical Education

Many youth and young adults have no desire to attend a university. According to 2019 data compiled by Resource Development Associates (RDA), for 25–64-year-olds in the San Joaquin Valley, only 8% of respondents had an associate degree, 12% had a bachelor's degree and less than 5% had a postgraduate degree. Additionally, of the 18–24-year-olds, 60% were not enrolled in any type of postsecondary education (JobsEQ Demographic Profile Summary – San Joaquin Valley Associated Counties). Therefore, for the youth and young adults in our program, preparing them for a vocation of their interest is an ideal alternative to degree programs. Partnering with the Kings County Job Training Office, youth and young adults will receive on-site courses to facilitate the development of foundational career skills that are requisite in a competitive job market. These in-person programs, taught by JTO staff members, include workplace etiquette, DMV study for a driver's license, building self-confidence and self-esteem, interviewing skills, resume development, typing and Microsoft office skills. Once youth have completed these foundational courses, they will have access to vocational programs, both on-site and off-site, including building maintenance, landscaping, culinary, forklift, HVAC, truck driving, welding and pre-apprenticeship opportunities in the trades of carpentry, electrical and plumbing. For youth who are unsure of their career path, assessments for job aptitude and job interest will be available.

Family

From the outset of each youth and young adult's commitment, we will begin working closely with their family. Healthy community and family connections are critical for continued healthy development and we believe all families possess strengths upon which future success can be built. The goal of family interventions is to reduce stress and conflict among family members and solve any problems, versus trying to identify any single "cause" within the family. Families will receive psychoeducational services, counseling, learn to handle conflict, develop/increase communication skills and reduce overall stress. Case managers will work with the Kings County Human Services Agency to ensure families are connected with any benefits to which they may be entitled. The family will be involved in all aspects of the youth/young adult's case plan development. In addition to direct services to the family and youth, the family will have in person, face to face visits with the youth at least twice a week, ongoing telephone contact and Zoom visits. Family will also be invited to participate in family events, such as movie night or dining with the youth. In summary, the family will be involved in all aspects of the youth's program and the treatment team will maintain frequent contact with the family to ensure everyone is informed on the treatment plan, progress and any issues that may arise during the commitment.

Medical

Through a contract with Wellpath, each youth will receive health, dental and vision assessments to address any unmet needs followed by ongoing care. The youth's health is the foundation upon which all programming depends; therefore, maintaining their physical wellbeing is of paramount importance. Psychiatric services will also be available for youth and young adults. Most medical services can be provided on-site. However, for most dental and vision needs, youth and young adults may be transported to treatment providers in the community.

Pre-release Preparation

Currently, the average DJJ commitment is 24 to 28 months, and we anticipate similar commitment times. Therefore, within 6 months of program completion, pre-release planning will be initiated. The entire treatment team, comprised of the youth, their family, Clinical Director, deputy probation officer, educational/vocational representative, medical staff and a representative from the human services agency if needed, will meet to develop specific goals for the youth as they prepare to transition back to the community. This team will ensure the youth is supported in their transition with emphasis placed on their medical needs, medication needs, Medi-Cal/health insurance, housing, education, employment and overall support and encouragement. Experiences may be different for each youth, however, as this is a transitional period for the youth, the Clinical Director will evaluate specific clinical needs and goals that the client will focus on as they work through the release process. The Clinical Director/DPO will facilitate a group focused on re-entry for youth who are within 6 months of being released.

Based upon the structure of the disposition ordered by the court, the youth may be subject to probation supervision following their release. The probation officer's primary role will be one of support as the youth transition back to the community. The youth and family will also continue to receive any services they require, including mental health, group counseling, assistance with continuing education and employment related services from the employment and training technician.

PART 4 – Juvenile Justice Realignment Block Grant Funds W&I 1995(3)(a)

FY 2021/2022

Realignment Funds				\$423,000
Description	Hours	Rate	Amount	Balance
Licensed Mental Health Clinician			\$137,978.00	\$285,022.00
Licensed Psychologist	120.0	\$150.00	\$18,000.00	\$267,022.00
(1) FTE JCO III			\$87,272.00	\$179,750.00
(1) FTE Employment & Training Tech.			\$81,398.00	\$98,352.00
Operating Expenses - Juv Center			\$65,000.00	\$33,352.00
Statewide Consortium		1%	\$4,230.00	
Total			*\$393,878.00	\$29,122.00

- This is an estimate on year one costs.

The foundation of the program will be the hiring of a (FTE) Licensed Mental Health Clinical Director will serve as the treatment team leader and will be responsible for continuing to build a robust and rigorous treatment program, provide direct service to the youth, train staff and work with the Probation Department Management team to develop a culture where rehabilitation and treatment inform all interactions with the youth. A contract psychologist will be brought in for the initial assessments to provide an in-depth and comprehensive case plan. The psychologist will be contracted for at total of 10 hours per youth for the initial assessments, testing, report writing and consultation with the Clinical Director; the contract will also include a total of four additional hours per quarter for ongoing consultation. One (FTE) Employee & Training Technician from the Kings County Job Training Office (JTO) will provide ongoing job skills training and career technical education and one (FTE) Juvenile Corrections Officer III will be added to oversee the supervision aspect of the program. Since year one will take place in the current 100 Unit of the Kings County Juvenile Center, we can leverage current staffing and no additional staff will be needed if the department is able to maintain all currently allocated positions. Lastly, the county has paid into the statewide consortium for the placement of youth into specialized programs.

FY 2022/2023

Realignment Funds				\$1,200,000
Description	Hours	Rate	Amount	Balance
Licensed Mental Health Clinician			\$137,978.00	\$1,062,022.00
Licensed Psychologist	120.0	\$150.00	\$18,000.00	\$1,044,022.00
(5) FTE JCO I/II (9 total)			\$717,552.00	\$326,470.00
(1) FTE JCO III (2 total)			\$174,544.00	\$151,926.00
(1) FTE JCO IV			\$95,159.00	\$56,767.00
(1) FTE Employment & Training Tech.			\$81,398.00	(\$24,631.00)
Operating Expenses - Juv. Center			\$65,000.00	(\$65,000.00)
Total			\$1,289,631.00	(\$89,631.00)

In late 2022 or early 2023, it is anticipated that Kings County Probation will move the current custodial operation to the former branch jail that will be re-modeled following the county's award of funds under SB 81. At that time, the 100 Unit of the current Kings County Juvenile Center will house realigned youth exclusively. This will also open up additional space for programming, educational and vocational training. With most of the custodial staff re-located to the new facility, additional supervision staff will be required, including (5) FTE JCO's, (1) FTE JCO III to serve as a lead officer, and (1) FTE JCO IV to supervise all staff. Additional costs in year two include the costs to run the physical plant.

FY 2023/2024

Realignment Funds				\$1,800,000
Description	Hours	Rate	Amount	Balance
Licensed Mental Health Clinician			\$137,978.00	\$1,662,022.00
Licensed Psychologist	120.0	\$150.00	\$18,000.00	\$1,644,022.00
(5) FTE JCO I/II (12 total)			\$1,110,336.00	\$533,686.00
(1) FTE JCO III (2 total)			\$201,874.00	\$331,812.00
(1) FTE JCO IV			\$110,244.00	\$221,568.00
(1) FTE Employment & Training Tech.			\$81,398.00	\$140,170.00
Vocational Ed. Infrastructure			\$45,000.00	\$95,170.00
Vocational Education			\$35,000.00	
Operating Expenses - Juv. Center			\$65,000.00	\$30,170.00
Total			\$1,804,830.00	(\$4,830.00)

In year three, three (3) additional JCO I/II's are added to the supervision staff for the youth. Additionally, all staff are calculated to reach top step in their respective positions, which increases overall costs. In year three, additional funding is added to bolster the vocational training programs and the space needed for on-site training to ensure the youth leave the program with the requisite skills to get a good job.

PART 5 – Facility Plan w&l 1995(c)(4)

During 2021 and 2022, all male youth and young adults committed to the program will be housed in the 100 unit of the Kings County Juvenile Center for housing, programming and education. The 100 Unit has two single rooms and 11 double rooms. However, if a youth is committed with special needs based upon their age, gender, propensity for extreme behaviors, or other factors that would pose a significant disruption to the youth or other youth, they may be housed in the 200 or 300 unit. Staffing will meet or exceed the Title 15 Standards for juvenile detention facilities.

Upon completion of the county's SB 81 re-model project at the end of 2022, the current pre-disposition and commitment programs will be transferred to that location. Thereafter, the current location of the Kings County Juvenile Center will only house the realigned population in the 100 Unit.

Within that unit, infrastructure grant funds will be used to install a camera security system and control panel for the cameras. Additionally, the wireless internet capabilities in the facility will be enhanced for the youth's programming and education needs. Lastly, home like furnishings will be purchased in an effort to make the environment much more comfortable with a less institutional feel.

PART 6 - Retaining the Target Population in The Juvenile Justice System w&l 1995(c)(5)

The Kings County Probation Department works with the Minor's Advocates Office and the Kings County District Attorney's Office to ensure fair, consistent and equal treatment of all justice involved youth. Our collective goal is to work with the youth and family in resolving delinquency and restoring victims using the lowest level of intervention possible.

The Probation Department will continue to offer prevention and early intervention services to youth and families to minimize the number of cases referred to the District Attorney. Further, only when the Juvenile Court finds the rehabilitative efforts of the juvenile system inadequate in a given case will it then be transferred to the jurisdiction of the Adult Criminal Court.

In the past 10 years, the intersection of the latest neuroscience and the law have led to fundamental changes in the Probation Department's approach to addressing juvenile offending and all of our interventions. We know from the latest brain science that adolescents are far more likely to engage in risk-taking and life endangering behaviors compared to adults given the developmental differences in the brain. The difference in the prefrontal cortex of a 16-year-old raised in a stable environment and someone ten years older is substantial; so much so that these two clearly cannot be treated the same when they have engaged in the same misconduct. However, most of the youth with whom we work at probation were not raised in a stable environment; most of our kids have

experienced significant childhood trauma or have endured consistent and persistent environmental and familial stressors such as violence, domestic violence, drug use, abuse, neglect, parental imprisonment, economic stress and difficulty with education. The resulting difference between such a 16-year-old youth and his 26-year-old adult counterpart is a chasm significantly greater. Therefore, it is the responsibility of the Probation Department to properly inform and educate all parties of these factors in every case to ensure a just outcome for the youth, family and community. Additionally, probation staff receive ongoing training on the latest neuroscience and factors considered in cases such as *Jones v. Mississippi* (2021) and *Miller v. Alabama* (2012), all in an effort to ensure our reporting in juvenile cases is thorough, developmentally informed and as impactful as possible.

PART 7 – Regional Effort w&l 1995(c)(6)

Kings County will likely seek to contract with another County or Regional hub to provide services for adolescent sex offenders. Given the high level of specialized treatment required by this population, coupled with the low number of commitments, it will be more beneficial for the youth and their treatment to contract with a County with larger numbers of youth with similar treatment needs.

Likewise, Kings County will seek to contract with another County or Regional Hub to provide services to female offenders. There are significantly fewer female commitments, and programming them together is a better alternative than housing them alone. However, in the absence of a contract, Kings County would house and program any female commitments in the 200 Unit where other females are housed pre-disposition.

PART 8 – Data w&l 1995(c)(7)

The Clinical Director will be responsible to coordinate the maintenance of records and data collection. The program shall maintain all client records as set forth by HIPAA standards and guidelines. The program will utilize an Electronic HealthCare Record for record keeping.

The program will maintain a database to track the entry and programming of the youth along with tracking key events and progress. The program shall further utilize a weekly progress report to assist with tracking progress of the youth in the program. These progress reports will be utilized as the weekly staffing and provided to court for the Judge during periodic reviews. The program will also develop a multi survey system to track program progress and evaluate needs of the program including both youth and staff. These surveys will be administered at the inception of the program, at six months and a year into the program. Further, there will be group interviews that will be conducted to help in assessing the needs and progress of the program.

Just as important as measuring “what” the program did for the youth, is “how” services were provided. It is crucial to gauge a youth and family’s perspective on whether or not, and to what degree, they were treated fairly and with respect by those working in the program. Therefore, through questionnaires, we will measure concepts such as trust, fairness, transparency and impartiality.

Currently, there are a number of incident driven data that are collected and maintained pursuant to Title 15. This includes but is not limited to documentation of room confinement, use of force, restraint, injuries, fights, due process and grievances, PREA related incidents and self-harm. This incident related information will continue to be documented and tracked in the same manner.