

# San Diego County's Screening, Assessment, and Services for Traumatized Mentally Ill Juvenile Offenders (SAST) Program

## Executive summary

### Background and purpose

Recognizing the large proportion of juvenile offenders with traumatic stressors in their lives as well as untreated mental health issues, San Diego Probation applied for and received a 2015 Board of State and Community Corrections Mentally Ill Offender Crime Reduction Grant Program to expand its continuum of services to Probation youth who are out of custody and have trauma-related experiences. Using the most current data and research in the field, Probation formed a Steering Committee comprised of key stakeholders and designed the Screening, Assessment, and Services for Traumatized Mentally Ill Juvenile Offenders (SAST) program. SAST was integrated into the existing San Diego County Comprehensive Strategy for Youth, Family and Community, and was an extension of Probation's Trauma-Informed Care plan. The initial design expanded the MAYSI-2 screening from only those youth booked in Juvenile Hall to all out-of-custody youth who were true found on a petition. Pending the score (number of trauma experiences), along with their assessed San Diego Risk and Resiliency Checklist risk level, the youth would then be referred for a more in-depth clinical assessment (PADDI-5)<sup>1</sup> by a licensed mental health clinician. The results of the PADDI-5 drove the treatment plan that linked the youth to an evidence-based intervention proven effective for traumatized youth or referred them to existing services in the community.

The San Diego Association of Governments (SANDAG) was responsible for conducting both a process and impact evaluation to measure if SAST was implemented as designed and what effect it had on reaching its goals. The evaluation design utilized a mixed-method, pre-post quasi-experimental design. The evaluation was designed with the principles of Action Research driving the process. SANDAG research staff were involved in the collaborative process from the beginning and were tasked with providing timely and valid data to inform the ongoing assessment of the project and to allow the collaborative to make any mid-course adjustments. This involvement, coupled with the ongoing monitoring by Probation of SAST implementation, led to significant program modification and expansion of service modality.

### SAST GOAL

*Address the gap in services to out-of-custody, trauma-exposed adjudicated youth to improve mental health and reduce future involvement in the justice system.*

### SAST Steering Committee members

*San Diego County  
Probation Department*

*San Diego County Public  
Defender's Office*

*San Diego County District  
Attorney*

*Health and Human  
Services Agency – Behavior  
Health Services*

*The Children's Initiative*

*San Diego County  
Sheriff's Department*

*Superior Court of  
California, County of  
San Diego*

<sup>1</sup> PADDI-5 (Practical Adolescent Dual Diagnostic Interview) is a structured diagnostic interview to identify mental health and substance dependence/use in the juvenile justice population.

## SAST goals and program modification

The goals of SAST were to expand Probation’s existing system of care by creating a program grounded in evidence-based practices and intended to better identify and address trauma-related symptoms to reduce youth’s involvement in the justice system.

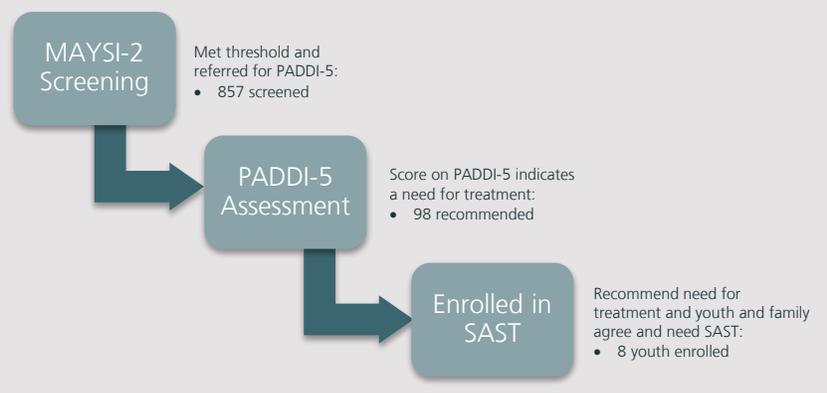
The SAST model involved a MAYSI-2 screening at the time of true finding, which would lead to a connection with a clinical provider who would conduct the PADDI-5 assessment. The result of the PADDI-5 would drive a treatment plan to include one of three SAST Evidence-Based Interventions (EBI):

1. **Seeking Safety:** An evidence-based treatment model that addresses the co-occurring diagnoses of post-traumatic stress disorder (PTSD) and substance abuse.
2. **Trauma Focused-Cognitive-Based Therapy (TF-CBT):** An evidence-based treatment model to help children and adolescents recover from trauma and trauma-related symptoms.
3. **Cognitive-Based Therapy (CBT):** An evidence-based psychological treatment that aims to change negative behaviors by helping youth understand how their thinking affects their behavior.

The assessment also could assist in reconnecting with treatment for youth who had private insurance or used to be in treatment, referrals to other needed services, or a referral to the EBI Multi-Systemic Therapy provided by San Diego Unified School District for youth who live within its district boundaries.

Figure 1

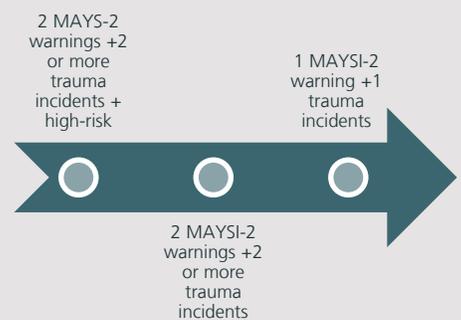
### SAST enrollment path



However, after careful monitoring of MAYSI-2 scores and enrollment numbers, along with reasons for non-enrollment (e.g., family had private insurance), program staff and Steering Committee members made several adjustments to the SAST model to broaden its scope and reach. The first action was to adjust eligibility criteria to lower the threshold and expand the potential target population (Figure 2).

Figure 2

### Flow of eligibility modifications



Even with these changes, after 18 months of implementation, the enrollment numbers continued to be low, prompting Probation and the Steering Committee to make significant mid-course adjustment to SAST. In addition to the original model (renamed Classic), two additional modalities were created.

### **Enhanced SAST service model program description**

1. **TARGET services out-of-custody.** TARGET is a Substance Abuse and Mental Health Services Administration (SAMHSA) evidence-based program<sup>2</sup> that provides education about the impact of complex traumatic stress on the brain's stress response system and strengths-based practical skills for resetting the trauma-related alarm/survival reactions that occur in complex PTSD. The program can be delivered to a group, an individual, or a family (in-home), with Probation choosing the group mode. Youth detained in Juvenile Hall who are assessed as benefiting from more intensive trauma-informed supports while in custody are enrolled in Trauma Response Unit (TRU) and begin TARGET groups (4 out of the 12 modules are offered). While TRU was designed to include a plan to connect youth to TARGET upon release to finish the program in the community, this key step was never put in place. This break in service was identified as a gap that SAST could fill and was consistent with the original intention of the grant to address trauma-exposed youth. SAST was thus expanded to provide TARGET services throughout the five regions of San Diego County through existing Community Based Organization (CBO) partners. Youth who were either exiting TRU, identified by the Court as needing assessment and services, and/or had a MAYSI-2 assessment score that indicated a need were referred to TARGET services provided by one of the newly contracted CBOs.
2. **Service Navigators embedded in regional Probation offices.** The third branch of the expanded service model was to co-locate a mental health clinician in four Probation Offices throughout the region (North, South, Central, and East) to assist Probation Officers (POs) in assessing and referring youth who may have unmet mental health needs to appropriate services. The clinicians worked closely with the supervising PO to either help create the initial Probation case plan upon release from institutions and/or to be a resource for the supervising PO and the youth in the community if the youth was not thriving. The clinician also provided individual and group treatment to the youth and/or family in the community or in their homes, thereby expanding the web of possible mental health supports to youth under Probation supervision. Furthermore, the clinician was able to assist youth and families in accessing additional services (e.g., substance use treatment, public benefits) as needed.

In addition to serving families, SAST also aimed to address any racial and ethnic disparities by addressing gaps in mental health services and by providing training to Probation staff on implicit and cultural bias.

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<sup>2</sup> SAMHSA's National Register of Evidence-based Programs and Practices (7/15/2014), available at <https://www.ctntraumatrain.org/uploads/4/6/2/3/46231093/target.pdf>.

### **Expanded target population and service modalities**

#### **Classic SAST:**

*Out-of-custody youth assessed as in need of trauma-related mental health treatment*

**TARGET:** *Youth involved in the TRU, housed in the institutions, or in the community who have unmet trauma needs will continue or start TARGET services in the community*

#### **Service Navigators:**

*Youth under probation supervision in the community and in need of assessment and possible mental health support*

## Participant characteristics

Between February 17, 2016, and June 30, 2018, a total of 241 youth (32 youth received both TARGET and Service Navigator services) were enrolled in one of the three SAST program components, with Classic enrolling 8 youth, Service Navigators serving 107, and 158 referred to TARGET.

Figure 3A

### SAST participants' characteristics

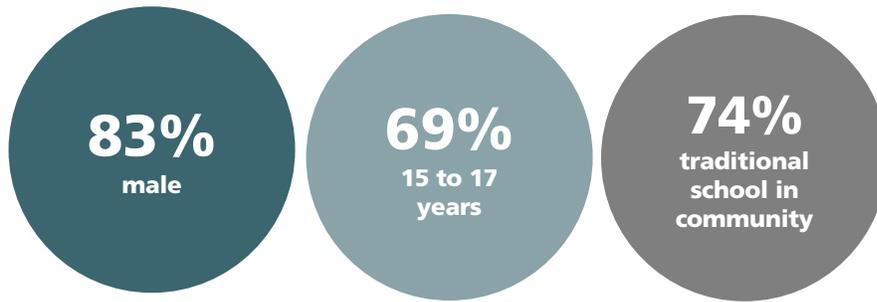
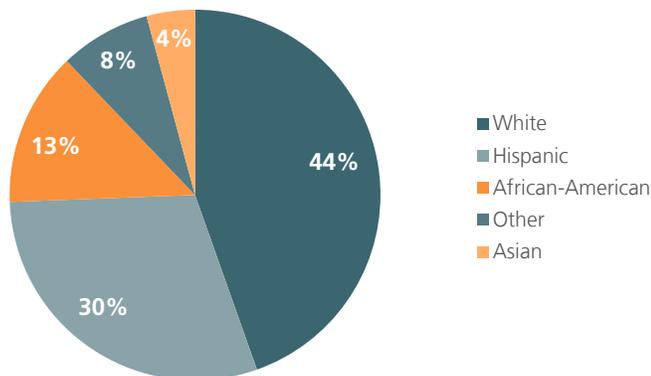


Figure 3B

### SAST participants' race/ethnicity



A review of the youth's prior criminal history showed that a large proportion had recent contact with the system. Specifically, about one half (49%) had been arrested within the six months prior to entering SAST, 23 percent had an institutional commitment, and two thirds (66%) had been detained (for a median of 39 days [range 1-166]). More than one third were assessed as either High (34%) or Medium (37%) risk for recidivism, and a smaller proportion as Low risk (29%).

Figure 4

### Risk level of SAST participants



Given the different pathways to SAST and the different program component, the demographics and risk levels varied by program.

## SAST

Overall, SAST had several notable accomplishments as well as challenges that it had to address.

### ACCOMPLISHMENTS

- The local juvenile justice system instituted a system change to administer the MAYSI-2 to all out-of-custody youth with a true finding, resulting in 857 youth who would otherwise not have been screened. Of these youth, 27 percent met the threshold to receive a trauma-focused assessment (i.e., PADDI-5), 54 percent received a PADDI-5, and 83 percent, or 98 youth, were recommended for some type of mental health support (Figure 1).
- The SAST Steering Committee and partners used the data to closely monitor implementation and made modifications throughout the implementation process.
- In response to not enrolling the expected number of youth and having a clear understanding of why, Probation expanded the original program design to include additional trauma-focused components: TARGET and the co-location of Service Navigators in regional Probation Offices. These two additions broadened the trauma support net to trauma-exposed youth exiting the institutions and/or supervised by Probation in the community.
- Overall, the majority of youth (79%) remained crime-free during their program participation. Specifically, 15 percent had a new arrest, 2 percent had a true finding, and 8 percent had a new commitment.
- Probation conducted one implicit bias training involving 79 staff to help address RRED.

### PROBLEMS/CHALLENGES

- The assumptions underlying the implementation of SAST were not borne out by the data, and therefore the expected target numbers were not met. Only 8 youth were enrolled in the original SAST model.
- There were several Probation leadership changes over the course of the grant, which created a challenge to providing consistent monitoring of services and delayed modifying the program. As a result of these challenges, few SAST participants exited the program in time to allow for the needed 6- and 12-month follow-up periods to pass. Specifically, only 11 participants had 6-month follow-up data and 4 had been out long enough to collect data 12-months post-exit.
- The reduced number of youth served during the beginning of the grant and the focus on modifying the program model were barriers to addressing RRED at a systemwide level.

### SOLUTIONS

- Steering Committee members reexamined the system to identify any other service gaps in meeting the trauma and mental health needs of adjudicated youth.
- The result of the inquiry led to an enhanced SAST model with implementation of TARGET and Service Navigators.
- Contracts with existing CBOs were expedited and services were delivered throughout the County (North, South, Central, and East).
- The evaluation limited its recidivism analysis to the time period youth participated in the program (i.e., during).
- Probation has committed to reexamining factors contributing to RRED through a three-year contract with a research partner.

**79%**  
SAST youth  
remained crime-  
free during  
program  
participation

#### Type of justice contact during program participation

- 15% had a new arrest
- 2% had a new true finding
- 8% had a new commitment
- 8% were detained for median of 54 days

## Classic

While each of the program components contributed to the overall SAST accomplishments, each also had their own successes.

### ACCOMPLISHMENTS

- Co-located the mental health clinician at Juvenile Probation Center to improve attrition from Court to appointment, thereby increasing the percentage of youth who received the PADDI-5 assessment.
- Discovered that more youth had access to services through private insurance and/or involvement in existing treatment than previously believed, thereby increasing the awareness of the population and its needs.
- All eight participants remained crime-free during the program.

### PROBLEMS/CHALLENGES

- Not as many youth needed the services as originally designed, so the program did not meet its intended numbers.

### SOLUTIONS

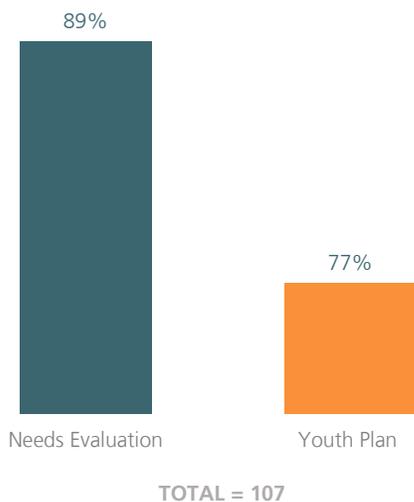
- Expanded services to out-of-custody youth.

## Service Navigators

### ACCOMPLISHMENTS

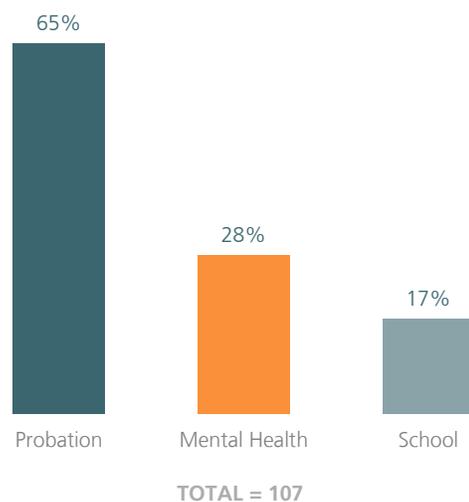
- 107 youth were referred to Service Navigators and around 8 out of 10 (89%) received a needs evaluation and more than three quarters (77%) had a case plan developed.
- The median number of contacts by Service Navigator was 10 (range 2 to 72), which included attempts to contact the youth and family as well as collateral contacts with Probation (65%), mental health providers (28%), and/or the youth's school (17%).

Figure 5A



SOURCE: Service Navigator Program Treatment Tracking Form, June 2018

Figure 5B



SOURCE: Service Navigator Program Treatment Tracking Form, June 2018

- 71 youth received a referral for services, of which 35 percent attended their first appointment.
- Three quarters of youth either completed the program successfully (56%) or made satisfactory progress (19%).
- Eighty-six percent (86%) of participants remained crime-free in the during period.

### PROBLEMS/CHALLENGES

- None noted

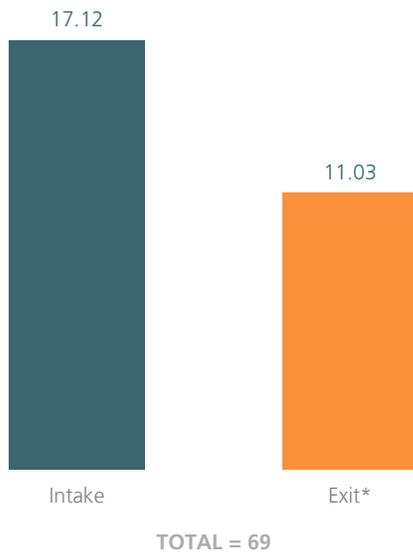
## TARGET

### ACCOMPLISHMENTS

- 158 youth were connected to TARGET services and 49 percent attended all 12 modules, thereby completing the program successfully.
- Seventy-three percent (73%) remained crime-free during the program.
- Youth exhibit improved mental health symptoms after participation as measured by significant decreases in their STRESS severity score (17.12 at intake to 11.03 at exit) and those youth who successfully completed the program decreased their score to a greater degree (-7.15, SD=12.00) than those that did not successfully complete the program (-1.93, SD=7.48).

Figure 6

### TARGET youth significantly decrease their STRESS symptom severity score post program



\*Significant at  $p < 0.05$

SOURCE: TARGET Program Files, June 2018

## Lessons learned

1. **Better understanding of youth in the system:** As noted earlier, one of the greatest lessons learned was more out-of-custody youth have access to care (i.e., private insurance, involvement in current treatment, and/or receiving services through another Probation program), than originally assumed. In addition, the project showed a different need for youth who have been in custody and who are under Probation's supervision in the community. Specifically, helping youth connect to resources and/or continue treatment started while in custody was a need. The information gained through this process provided the seeds for additional service modalities, one of which will continue to operate beyond the grant period (i.e., Service Navigators).
2. **Timely and accurate information is important to the process:** Because Probation and the stakeholders were committed to using data to inform their decisions, they were able to make significant mid-course corrections to better serve trauma-affected youth within the system. The one area of improvement could have been instituting the changes earlier in the grant cycle.
3. **RRED needs to have action steps:** Probation has made substantial system changes to address RRED that are outside the scope of this project. It also carried out its grant commitment to provide RRED training to its staff. However, there were no other action steps in place to keep the discussion of RRED afloat when the staff needed to make significant adjustments in the program model. Having more concrete steps to address RRED may have aided in keeping the discussion about how SAST was addressing it at the surface.
4. **Increase cultural competency by engaging the community:** To better understand any barriers to accessing mental health and/or substance use treatment, advocates and members of the community being served (specifically Hispanic and African-American youth) should be included in the planning and implementation process.