Juvenile Justice Programs

Kelley Molton, LCSW  Program Manager
Chyrl Williams, LCSW Unit Supervisor
What we know...

- “[C]hildren who experience violence are more likely to become ensnared in a cycle of violence that leads to future violent behavior, including aggression, delinquency, violent crime and child abuse. (Guerra and Dierkhising, Nov. 2011)”

Mission of the Juvenile Justice MH Programs

**Youth Engagement**
- Relevant/client based services
- Meet client where they are
- New Youth Friendly Clinic

**Rehabilitation**
- Harm reduction
- Relapse Prevention

**Collaboration**
- “It takes a village”
- Removing barriers to care
Primary Referral Sources

- Self
- Education
- Family
- Court
- DSS
- Probation
Critical Elements

Mental Health Services
- Individual Therapeutic Services
- Group Therapy
- Family Therapy
- Medication Support
- Crisis Intervention

Collaborative partnerships:
- MCOE
- Juvenile Probation
- Natividad Medical Center
- Department of Social Services
- Door to Hope (ICT)
- Door to Hope (Santa Lucia Residential Facility)
- Turning Point
- Rebekah’s Children’s Center (WRAPAROUND)
The Juvenile Justice Programs

Prevention
- SSRC
- Seaside Diversion

Least Restrictive (Outpatient)
- Culinary/Construction Academy
- AB3015
- Youth Center Aftercare/DJJ Re-Entry

Most Intensive (Outpatient)
- CALA
- JSORT
- Juvenile Drug Court

In Custody
- Juvenile Hall
- Placement Services
- Youth Center

2 BH Counselors
15 PSW’s
2 SWIII’s
1 Sr. PSW
Program Strategy

**Closing Service Gaps**
- Moving Placement Services to Juvenile Justice
- Increase support for families upon the youth’s return from Placement

**Increasing Outpatient Services**
- Realigning clinical assignments to address the increased need for outpatient services
- Increase the number of Master’s Level interns

**Keeping Kids at Home**
- Supporting the efforts of Probation and DSS with Continuum of Care Reform Mandates
- Increase PROACTIVE intervention efforts to keep youth home
### Juvenile Hall Services

#### Juvenile Justice Team
- Full time staff to address the needs of all youth
- Medication Support Services

#### CSOC
- For youth already involved with BH, clinical staff from all teams are able to provide services within the facility
Juvenile Hall Clinical Contacts
July '17- June '18

N = 1850

Mental Health, 1236, 67%

SEW, 591, 32%

Court, 23, 1%
Trends

Increased Acuity
- Complex Trauma
- Longer Term Treatment

Continuum of Care Reform
- Increase in WRAPAROUND Referrals/Services
- Increased need for CFTs

Increase in Monolingual Spanish Speaking youth
- Need for more bilingual/bicultural staff

Staff
- Secondary trauma
- Increased intensity of cases
- Burnout
- Staff retention
Strategic Program Approach = Meeting Client Needs

Ongoing Program Evaluation

- Current Juvenile Justice Services
- Identifying unmet needs/service gaps
- Strategically realigning resources
- Evaluate impact of resource realignment
- Changing regulations and legal updates
Questions?

For additional information or questions contact:

Kelley Molton, LCSW, Behavioral Health Service Manager
831-755-5522

Marni R. Sandoval, Psy. D., Deputy Director of BH, CSOC
831-784-2170

Thank you!