

PROGRAM INFORMATION revised 12-8-2008



Reception Center / Intake Process

This information is accurate as of the date printed. However, daily populations fluctuate and therefore these numbers will change. A new update will be published in March 2009, at which time this update will expire.

Youth committed to the Division of Juvenile Justice begin their term at one of three Facility Clinics, where a comprehensive assessment process is completed, and a treatment plan is begun. This procedure takes approximately 45 days, after which the youth is transferred to a long-term treatment program. The 3 facilities statewide which conduct these assessments are as follows:

<u>Facility</u>	<u>Location</u>	<u>Bed Capacity</u>
Preston Youth Correctional Facility	Ione	100
Ventura Youth Correctional Facility	Ventura	69
Southern Youth Correctional Reception Center & Clinic	Norwalk	70

First 24 hours

In cases of multiple simultaneous admissions, youth remain under constant observation in the intake area during processing. Blood/saliva/urine testing and preliminary registration is completed to meet Department of Justice requirements. Youth are given two phone calls to advise family of their status and location. An individual gang interview is conducted to identify population safety issues (may be up to 72 hours at some facilities). Medical, dental and/or mental health screening for conditions which require immediate evaluation and treatment are conducted by a Registered Nurse (RN). Height, weight, vital signs and visual acuity are analyzed.

Mental Health Intervention Program

An initial orientation and Suicide Risk Assessment Questionnaire (SRSQ) are completed within one hour. A Critical Factors Assessment Form (YA 8.371) is completed to assist in identifying immediate mental health needs. High scores on these assessment tools may prompt a referral for an immediate appointment with a psychologist, and may initiate the youth's placement on crisis watch or suicide watch. A Casework Specialist (CSW), with clinical training, will oversee the Youth Correctional Counselors (YCC) working with these youth for the first 10 – 14 days during the completion of the Treatment Needs Assessment.

Medical Evaluation

Within one hour after arrival, newly committed youth receive a full health screening by an RN which includes a personal interview relative to health history covering medical, dental and mental health observations. Vital signs are recorded. Youth who arrive on prescribed medications are evaluated immediately for the need to continue the medication(s), and necessary medications are immediately ordered and dispersed. Youth with urgent health conditions are evaluated by a clinician, or if after hours, the nurse consults with an on-call practitioner for advice. If needed, a referral to an emergency department is initiated.

Youth receive a complete physical examination by a physician or nurse practitioner within 7 days of arrival. During the physical exam females receive a breast exam, and when appropriate a pap smear. Tanner staging of sexual maturity is determined (generally the first PAP smear is performed 3 years after onset of vaginal sexual activity). Males have their Tanner stage determined and a genital examination, including testicular exam, is completed. Immunizations are reviewed and administered as applicable. Lab testing is conducted to check for contagious diseases including HIV (with consent), pregnancy, and any other conditions necessitating chronic care (e.g. diabetes, asthma etc.). Medical History data is reviewed during the physical examination, and follow-up treatment is established as necessary. A Dental examination with classification of dental needs, including cleaning, and dental x-rays is performed. Necessary dental treatment is begun and may continue after transfer to the youth's permanent assigned facility.

Academic Evaluation

Every youth is given a series of tests to measure academic aptitude in language arts and mathematics. The following tests are utilized:

- Comprehensive Adult Student Assessment System (CASAS)
- English Language Arts (ELA)
- Math Diagnostic
- Holland Vocational Inventory
- California English Language Development Test (CELDT) for English Language Learners (as applicable)

Academic records of each youth are reviewed at intake, to identify achievement level, including youth in need of special education services. Individuals with exceptional needs as defined by Section 56026 of the Education Code are identified at the time of acceptance pursuant to Welfare and Institutions Code §1742. The most recent Individual Education Plan (IEP) is reviewed by treatment and education staff as part of the psychosocial assessment, and additional academic testing through the Special Education Department is conducted. The IEP document is reviewed and updated by Special Education staff.

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TREATMENT NEEDS ASSESSMENT PROCESS

I. Psychological Testing

A battery of psychological tests is administered to measure risk levels for any one of the following: suicide, thought disorders, depression, anxiety, anger, drug abuse and violence. The tests are administered by a trained proctor, with the oversight of a psychologist. The five nationally validated assessment instruments utilized are:

- Weinberger Adjustment Inventory (WAI)
- Massachusetts Youth Screening Instrument (MAYSI)
- Youth Self Report (YSR)
- Kaufman Brief Intelligence Test 2 (KBIT-2)
- Voiced Diagnostic Interview Schedule (VDISC) for children, and
- Drug Experience Questionnaire (DEQ)

Tests are scored and analyzed by computer software. The results are printed as a detailed treatment needs profile. The profile is forwarded to the assigned Casework Specialist (CSW). The CSW does an initial review and forwards those profiles indicating elevated levels in any one of the 7 aforementioned areas to a Psychologist for triage. The CSW also conducts a second SRSQ within 2 weeks after arrival. Data gathered from these instruments is utilized for research and assessment of treatment outcome measures.

If a youth scores below 70 on the KBIT-2, then a Weschler's Intelligence Scale for Children or the Weschler's Adult Intelligence Scale (depending on the age of the youth) is administered. These youth are referred for special consideration by the Chief Psychologist who will determine the most appropriate placement. Placement may be a suitable Mental Health unit within DJJ, or in some cases these youth may be deemed most suitable for a placement through the Department of Mental Health or Department of Developmental Services.

The V-DISC is a comprehensive mental health diagnostic screening tool. Questions are displayed on the computer screen as well as read through headphones and the youth answers on a computer. The test identifies emergent risk for harm to self or others, guides future mental health service needs, and generates provisional diagnoses. Although this information is gathered through other tests, this test was instituted because it lends itself to youth with limited reading ability. Additionally, youth may be more apt to self-disclose potentially sensitive information and mental health issues which they may not divulge during an interview situation.

II. Additional Psychological Evaluation

Depending on what assessment scales are elevated, the youth may be referred for a full psychological evaluation, a psychiatric review for medication, screening for placement in a special program (e.g., mental health, sex offender or drug), or a notation may be made in the Field File alerting the receiving facility to watch for certain behaviors or problems. Offenders with sex-related offenses or behaviors will be administered a Sex Offender Referral Document screening. This tool identifies the level of treatment need for the offender in this area.

III. Psychosocial Assessment

The CSW conducts a case file review, including a review of the Ward Information Network (WIN) database, academic testing results, and psychological or community assessment reports. The CSW conducts an in-depth interview with the youth. The CSW makes contact with the youth's family within 2 days of arrival via telephone. The CSW completes a Clinic Summary Report and Initial Individual Change Plan after all data has been gathered and analyzed. These documents identify treatment issues and needs for the youth and become the starting point for counseling. A referral to check on existing warrants is also completed.

IV. Initial Treatment

Each youth is given 3 journal assignments: "What Got Me Here" is a self-guided format to begin to look at current behaviors and their outcomes. "Gangs: the Choice is Yours," which is facilitated by a Youth Correctional Counselor (YCC), encourages youth to look at how gang membership has impacted his/her life. Lastly, "Introduction to My Individual Change Plan" is designed to encourage youth to begin to examine ways to make positive changes in thinking and behaviors. Some journals have video support. These journals are utilized as a guide for discussion in individual and small group counseling sessions.

PROGRAM INFORMATION revised 12-1-08



Sex Behavior Treatment Programs

This information is accurate as of the date printed. However, daily populations fluctuate and therefore these numbers will change. A new update will be published by March 2009, at which time this update will expire.

Four facilities operate Residential Sex Behavior Treatment Programs in the Division of Juvenile Justice. The locations are as follows:

<u>Facility</u>	<u>Location</u>	<u>Bed Capacity</u>
OH Close Youth Correctional Facility	Stockton	60
NA Chaderjian Youth Correctional Facility	Stockton	50
Southern Youth Correctional Reception Center & Clinic	Norwalk	49
Heman G. Stark Youth Correctional Facility	Chino	72

Placement Process

A statewide sex offender database is maintained out of DJJ headquarters. This list contains all youth committed to DJJ for either 1) a sex-related offense, 2) who have such an offense in their history, or 3) who have been identified as having related issues due to behavior exhibited or disclosed during their term in DJJ. In addition to basic identifying information, the list includes their risk assessment score, Penal Code section (if applicable), description of the offense and whether WIC 727.6 applies. Currently, the Sex Offender Referral Document (SORD), a department-developed instrument is used to establish a risk/need score for consideration in placement and treatment. However, the department is nearing the end of an entailed process of transitioning to new screening instruments. The Juvenile Sexual Recidivism Risk Assessment Tool – II, a nationally validated instrument will be used for youth under 18, and the Static- 99, a state-mandated instrument, will be used for youth 18 and older. These two instruments will be used for the same purpose as the SORD. Training on use of the JSORRAT-II has been under way for several months, and implementation will be underway, replacing the SORD as of January 1, 2009. Additionally, the Juvenile Sex Offender Assessment Protocol-II (JSOAP-II) will be utilized for work with youth once placed into the SBTP, monitoring progress, risks and needs as the youth move through the curriculum. Implementation of these three instruments will put DJJ in compliance with Senate Bill 1253 as well as Reform mandates.

There is currently little to no wait to be placed in a residential Sex Behavior Treatment Program (SBTP) once a youth has gone through the diagnostic process and any other necessary programming. There has been no wait for Southern California beds for several months, and it is anticipated that the waiting list will be extinct by July of next year. Some youth however, may be placed into a residential Mental Health Program prior to the SBTP, as certain mental illnesses take precedence over an SBTP placement (youth must be stabilized mentally before they can go through the SBTP curriculum effectively). Concurrent with the mental health treatment groups, these youth do however receive treatment from trained Outpatient SBTP staff while in a mental health program.

Staffing

For each Sex Behavior Treatment Program staffing is as follows: 1.5 Psychologists, 1 Senior Youth Counselor, 6 Youth Counselors, 1 Half-time Parole Agent, 1 Half-time Caseworker, 1 Program Administrator and 1 Supervising Casework Specialist. New additions also include a Research Specialist and Sr. Psychologist.

Program Components – Residential Treatment

The Residential Sex Offender Treatment Program curriculum utilizes a multi-modal, multi-systemic approach with emphasis on cognitive-behavioral concepts. The Curriculum is being updated by an outside expert who is under contract. The updates will include an outpatient component which matches the residential in entirety. The anticipated completion date for the revised curriculum is Fall 2008. The curriculum is divided into four phases as follows:

The *Orientation Phase* is approximately 28 weeks long. In this stage, youth gain an understanding of treatment concepts, rules of group therapy, psychological testing and overall rules/expectations, including the expectation of full disclosure. The *Core Program Phase* is approximately 40 weeks. In this phase, youth go through an intense exploration of their sexual offender behavior patterns, identifying triggers, antecedents, perceptions, cognitions and emotions. They learn their assault cycle and how to interrupt it. They complete this phase when they can demonstrate internalization of their assault cycle and the factors impacting it. The *Relapse Prevention Phase* is approximately 20 weeks. This is the development of a detailed plan on how to interrupt the sexual offending cycle and prevent or eliminate criminal behaviors. By this stage, youth serve as role models to their peers and have a complete written Relapse Prevention Plan. This plan is presented verbally to peers and staff for feedback and approval. The *Transition Phase* lasts approximately 2 months. In this stage, youth complete their transition planning and move to an outpatient program either in another DJJ living unit or on parole. Program completion is competency-based. Therefore progress through the stages varies based on the offender's performance level. The curriculum is taught to the youth in a variety of methods, and by varied staff as follows:

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Sex Behavior Treatment Programs

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Program Components – Residential Treatment (continued):

- Sex Offender Group (6-7 youth) facilitated by a psychologist and/or a Youth Correctional Counselor
- Residential Program Large Group twice a week for 2 hours led by the Sr. Counselor and all treatment team staff on shift
- Resource Groups (victim awareness, addiction, anger, social skills etc.) twice per month, led by education staff and/or Youth Counselors twice a week
- Individual treatment work which includes Case Conference and sessions with Psychologist, Youth Counselor, Sr. Counselor, Caseworker, Parole Agent or Board
- Sex offender treatment homework including: behavioral task assignments, family interaction assignments and other treatment activities (non-educational/vocational)

Length of Program:

The average time required to complete the program is 24 months.

Program Components – Outpatient Treatment

Youth in an outpatient program complete the same curriculum as those in residential programs. However, they are housed in core program units, and complete fewer hours per week of therapy. These youth may be higher functioning socially, and are deemed better able to move through the curriculum with less oversight. However, their treatment is facilitated and overseen by a psychologist just like the youth in residential programs. Currently youth utilize the same curriculum as those on Sex Behavior Units. However, the new curriculum will incorporate the difference in format for youth residing on Core Program Units. Outpatient programs are under way at all 5 facilities where the SBTP's exist. As stated, youth in Mental Health programs also receive this outpatient treatment.

Program Components - Healthy Living

The Healthy Living curriculum has been completed. This provides general sexual education and information for youth deemed appropriate for this level of treatment. It is a 12-week course taught in a classroom setting, with clinical staff oversight, but delivered by treatment staff, not necessarily with clinical background. The department is in the process of training staff on the implementation of this aspect of sex behavior programming.

Anticipated Enhancements Within the Next Year:

Reforms to the Sex Offender Program will include standardized psychological assessments expanded to include a component for parole violators, pre and post testing, and an oversight task force to evaluate curriculum and programming on an ongoing basis. The revised curriculum is hoped for by Spring of next year, after which the outpatient program will be standardized statewide. Implementation of the new, validated risk assessment instrument (JSORRAT II) nears, as was previously stated. Over the next several months, some of the existing residential sex offender treatment programs will be expanded and some programs may be moved to other facilities in an effort to consolidate resources and further implement DJJ reform.

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Substance Abuse Treatment Program

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Description: The Substance Abuse Treatment Program is a 6 month program for the treatment of addictive behaviors and chemical dependency. Individuals are expected to participate in and complete a curriculum providing treatment and training delivered through a Therapeutic Community (TC) model.

<u>Facility/Location</u>	<u>Bed Capacity</u>
O.H. Close YCF in Stockton	50
Ventura YCF in Camarillo	34
Heman G. Stark YCF in Chino	100

Screening Process:

- Screening process of various testing instruments is administered at clinics, i.e., Drug Experience Questionnaire (DEQ).
- History of chemical dependency or past criminal activities involving drugs and/or alcohol.
- No serious disciplinary actions that involve violence, weapons, threats, disturbances, or serious gang activity within the past two months.
- Must have a recommendation to the SATP at the Initial Case Review, have a recommendation from staff, or be requested by the youth with appropriate screening.
- Youth with mental health history are evaluated by the institution treatment team to determine the appropriateness of placement.

Average Length of Wait Prior to Admission: There is not an average waiting period to enter a Substance Abuse Treatment Program. After acceptance the wait is usually no more than 2 weeks.

Staffing: This program includes the following staffing classifications: Treatment Team Supervisor, Senior Youth Correctional Counselor, Youth Correctional Counselor, SATP Youth Correctional Counselor, and Case Manager.

Program Components: The Substance Abuse Treatment Program (SATP) consists of 25 hours of treatment per week, an average of four hours per day, five days per week. In addition physical fitness training is conducted five days a week. A Journaling Process with the following modules is utilized:

- A New Direction (Hazelden)
- Personal Journal (The Change Companies)
- Employability Skills
- Victim Awareness
- From the Inside Out (Anger Management)
- Gang Awareness
- Parenting or Abused Boys/Wounded Men
- Life Plan

Education: Academic components provide each youth with direct contact with institutional teachers. Youth are expected to make progress towards the completion of a High School Graduation Plan. Special Education students will receive designated instructional services, such as counseling, speech, language, or other educational resources as required through their Individualized Education Program (IEP).

Drug Testing: Every youth will be tested for drug use at entry, 30 days prior to parole, at random intervals and when there is reasonable suspicion. Ten percent of the population is randomly tested each week.

Removal Criteria: Refusal to participate in the program. The 3rd violation of any drug related offense. Time adds that cause a parolee/ward to exceed 4 months participation in the program, and significant decomposition.

Re-Admission Criteria: A ward may be reassigned to the program if: No Level 3 behavior reports for 60 days other than for substance abuse related offenses. Ward must sign a "Program Return Contract". A ward who has a mental health history or who is currently taking psychotropic medications will be evaluated by members of the SATP treatment team for appropriateness of placement. A ward may not be admitted directly from an SMP/BTP. He must wait at least 30 days after release from an SMP/BTP before consideration for admission. Ward has participated in a fully integrated program, e.g., school, group living, religious programs, etc., for at least 60 days. Ward must have sufficient time (PBD/ACT) to complete the program. Ward must have no Level 3 behavior reports within the last 60 days that involve violence, weapons, threats, disturbances or serious gang activity and no more than three (3) Level 2 behavior reports within the past month.

Anticipated Enhancements: An additional Substance Abuse Treatment Program and a Short Term Substance Abuse Treatment Program for Parole Violators are scheduled to begin at Preston Youth Correctional Facility in the months to come.

INTAKE AND COURT SERVICES UNIT

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PROGRAM INFORMATION

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Mental Health Treatment Programs

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The Division of Juvenile Justice (DJJ) offers three levels of Mental Health care and programming: Outpatient, Residential and Inpatient. The continuum of mental health treatment is designed to address the intensity of the individual youth's mental health needs while ensuring placement in the least restrictive treatment environment.

Screening Process: Upon reception, all youth are administered a Treatment Needs Assessment (TNA). The TNA is a comprehensive overview of the youth's history and is designed to raise flags, which trigger further in-depth evaluations of the youth. If appropriate, a Special Program Assessment Needs (SPAN) evaluation is completed by a mental health clinician. This is the mechanism for determining a youth's mental health level of care needs for residential programs. The results of the SPAN, along with centralized clinical oversight, will determine the youth's assignment to a mental health program. In addition, as of July 2007, all new arrivals are given a Voice Diagnostic Interview Schedule for Children (V-DISC). This standardized and validated instrument is designed to determine a youth's initial mental health diagnosis and is currently used in conjunction with the existing diagnostic process.

Average Length of Wait Prior to Admission: Admission and placement into all mental health programs is prioritized based upon a youth's current need and availability of beds. Currently, there is a short wait for youth, under the age of 18, needing admission into an Intensive Treatment Program in Southern California. The youth receive outpatient treatment on non-mental health living units pending placement. There is no delay in placing a youth who is need of inpatient psychiatric care.

Length of Program: The length of each program varies based upon the youth's individual treatment plan and his/her response to treatment.

OUTPATIENT MENTAL HEALTH SERVICES

Outpatient mental health personnel provide outpatient services in response to referrals from youth, their families, staff, youth discharged from residential mental health programs who require ongoing mental health services in a core treatment setting. Outpatient services consist primarily of consultation, medication management screenings, assessments, crisis evaluations, referrals and are provided to any youth whose mental health needs are not addressed in the program to which they are assigned.

RESIDENTIAL MENTAL HEALTH PROGRAMS

Specialized Counseling Program (SCP)

The SCP is a sub-acute, rehabilitative, residential counseling-enriched program designed to stabilize youth. Some are prescribed psychotropic medications, but all are involved in individual and group psychotherapy and psycho-educational groups.

Locations: SCPs are located at N.A. Chaderjian Youth Correctional Facility in Stockton, Ventura Youth Correctional Facility in Camarillo, and Heman G. Stark Youth Correctional Facility in Chino

Bed Capacity: N.A.Chaderjian Youth Correctional Facility –24 Juvenile Beds/ 24 Adult Beds
Ventura Youth Correctional Facility - 24 Female Beds/ 24 Adult Males Beds
Heman G. Stark Youth Correctional Facility - 24 Adult Beds

Staffing: This program includes the following staffing classifications: Psychiatrist, Senior Psychologist, Clinical Psychologist, Licensed Psychiatric Technician, Supervising Case Manager, Case Manager, Senior Youth Correctional Counselor, Youth Correctional Counselor, Youth Correctional Officer, Office Technician and Education staff.

Intensive Treatment Program (ITP)

The ITP is a sub-acute, rehabilitative residential mental health treatment program for mentally ill youth that are less stable and more in need of intensive therapy than SCP youth. Many are prescribed psychotropic medication and all are involved in intensive therapy sessions (individual and group), as well as psycho-educational groups.

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Locations: ITPs are located at N.A. Chaderjian Youth Correctional Facility in Stockton, Ventura Youth Correctional Facility in Camarillo, Southern Youth Correctional Reception Center and Clinic in Norwalk and Heman G. Stark Youth Correctional Facility in Chino.

Bed Capacity: N.A. Chaderjian Youth Correctional Facility – 24 Juvenile Beds/ 24 Adult Beds
Ventura Youth Correctional Facility - 24 Female Beds
Heman G. Stark Youth Correctional Facility - 24 Adult Beds
Southern Youth Correctional Reception Center and Clinic -24 Juvenile Beds

Staffing: This program includes the following staffing classifications: Psychiatrist, Senior Psychologist, Clinical Psychologist, Licensed Psychiatric Technician, Registered Nurse, Supervising Case Manager, Case Manager, Senior Youth Correctional Counselor, Youth Correctional Counselor, Youth Correctional Officer, Office Technician and Education staff.

Intensive Behavior Treatment Program (IBTP)

Youth with both serious mental disorders and aggressive/violent behaviors are placed in this specialized program to address their mental health issues while providing intensive treatment that offers them skills in redirecting their rage into pro-social behaviors rather than violence toward themselves or others. Youth assigned to IBTPs are primarily from other programs within DJJ.

Locations: IBTP's are located at N.A. Chaderjian Youth Correctional Facility in Stockton and Heman G. Stark Youth Correctional Facility in Chino.

Bed Capacity: N.A. Chaderjian Youth Correctional Facility – 16 Juvenile /Adult Beds
Heman G. Stark Youth Correctional Facility – 16 Adult Beds

Staffing: This program includes the following staffing classes: Half-time Psychiatrist, Half-time Senior Psychologist; Clinical Psychologist, Licensed Psychiatric Technician, Registered Nurse, Supervising Casework Specialist, Casework Specialist, Senior Youth Correctional Counselor, Youth Correctional Counselor, Youth Correctional Officer, Office Technician and Education staff.

In addition to the 16 youth, 4 peer mentors are assigned to each IBTP.

INPATIENT MENTAL HEALTH PROGRAMS

Intermediate Care Facility (ICF)

The ICF is an inpatient psychiatric program, which provides 24-hour nursing care and clinical services to mentally ill youth of any age that require inpatient treatment beyond the short-term stabilization period offered in the CTC (see description below). The ICF treats youth for four or more months, if necessary. The primary focus of the treatment team is to stabilize self-destructive behaviors and decrease or eliminate the symptoms of serious mental illness (i.e., depression, psychosis, bipolar disorder, etc.).

Location: The ICF is located at the Southern Youth Correctional Reception Center and Clinic in Norwalk.

Bed Capacity: 20

Current Staffing: Staffing is driven by the actual number of patients per Title 22 Regulations

Correctional Treatment Center (CTC)

The CTC is an 11-bed, acute inpatient psychiatric unit for youth of any age that are a danger to self, danger to others or gravely disabled due to a serious mental disorder. The Department of Health Services granted a license to DJJ to operate the CTC per Title 22 to treat youth for a short-term stabilization period, up to 30 days. Once a youth is stabilized and considered to be ready for a less intensive program, he/she is referred for step-down to either the ICF or an ITP.

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Location: The CTC is located at Heman G. Stark Youth Correctional Facility in Chino.

Bed Capacity: 11

Staffing: Staffing is driven by the actual number of patients per Title 22 Regulations.

Psychiatric Hospitals- Contracted Beds

DJJ maintains contracts with two community psychiatric hospitals for youth who are currently housed at a DJJ facility, and in need of acute psychiatric care.

Locations: Behavioral Health Center Alhambra Hospital in Rosemead (males only, age 18 or older) and Sierra Vista Hospital in Sacramento (males only, all ages).

In addition, the DJJ maintains a Memorandum of Understanding with the Department of Mental Health which allows DJJ to place chronically disturbed youth, age 18 or older, currently housed at a DJJ facility, in any State hospital operated by the Department of Mental Health.

Bed Capacity: 10 beds at DMH state hospitals; beds at community psychiatric hospitals vary upon need.

ANTICIPATED ENHANCEMENTS WITHIN THE NEXT YEAR

In early 2009, DJJ will activate one additional SCP at OH Close Youth Correctional Facility in Stockton for juvenile males.

PROGRAM INFORMATION

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IMPACT Gang Intervention Program

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The Juvenile Gang Operations Unit within the Office of Correctional Safety is responsible for administering the Division of Juvenile Justice's (DJJ) gang intervention efforts. Partnerships have been developed with community-based organizations to break the power and influence that gangs and violence wield within DJJ facilities.

Incarcerated Men Putting Away Childish Things (IMPACT) has been identified as a program that has the expertise to deliver a cognitive restructuring curriculum that best meet the needs of gang involved and violent youthful offenders and has the potential of reducing gang/racial related violence and assaultive behavior among its participants. DJJ Gang Operations Unit has had an opportunity to collaborate and work with IMPACT since January 1, 2006 to address the needs of young offenders.

As an intervention strategy, IMPACT is designed to make facilities safer, improve opportunities for youthful offenders, and prevent further crime and victimization by reducing violence. IMPACT also provides an opportunity for offenders to disassociate from gangs, make connections to the community, and develop other competencies and skills, which supplement and enhance their current treatment plans.

IMPACT is taught through a cognitive restructuring curriculum that is meeting the needs of our young offenders. The curriculum consists of eight modules, delivered each week in two-hour classes. Every module is self-supporting and each one is topic based. On average, each module lasts approximately 11-weeks. The key to IMPACT is having rehabilitated ex-offenders who have successfully transitioned into society, facilitate the concepts and principles of the IMPACT curricula and explain step by step how they were able to change into a law abiding citizens utilizing the same information they teach. These same ex-offenders developed this program as a self-help program while in prison and facilitated the program over a course of 10 years. These facilitators are living proof to young offenders that change is possible.

DESCRIPTION OF MODULES

MODULE I - WHAT IS A MAN?

Session One - Definition Of Terms
Session Two - Where Are You?
Session Three - Image Vs. Reality
Session Four - Who Are You?
Session Five - How Do You Measure Up?

MODULE III - ADDICTIONS

Session One - Addictions
Session Two - Denial
Session Three - Treatment
Session Four - Recovery
Session Five - Maintenance
Session Six - Relapse

MODULE V - A MAN'S ETHICS

Session One - Morality
Session Two - Stability
Session Three - Spirituality
Session Four - Integrity
Session Five - Love

MODULE II - VIOLENCE PREVENTION

Session One - Violence Prevention
Session Two - Time Outs
Session Three - Body Signals
Session Four - Self Talk
Session Five - Conflict Resolution

MODULE IV - RELATIONSHIPS

Session One - Relationships
Session Two - Relationship Dynamics
Session Three - Cultivating Relationships
Session Four - Specific Relationships

MODULE VI - LIFE SKILLS

Session One - Financial Literacy 101
Session Two - Education/Occupation
Session Three - Employment Skills
Session Four - Leisure Time
Session Five - Basic Computer Skills

JUVENILE GANG OPERATIONS UNIT

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MODULE VII - LIFE MANAGEMENT

Session One - Parenting Skills
Session Two - Health & Fitness
Session Three - Financial Literacy 102

MODULE VIII - THE NEXT STEP

Session One - Reflections
Session Two - Reconciliation
Session Three - Gentlemen's Society

PROGRAM PARTICIPATION

The IMPACT program is currently operating at the following facilities; Southern Reception Center, N.A. Chaderjian, O.H. Close, Heman G. Stark, Ventura, and Preston Youth Correctional Facilities. Below is a summary of offenders that have been served since the inception of the IMPACT program in January 2006:

	Sessions	Youth Attended	Youth Completed	Percentage
2006	8	236	169	71%
2007	10	1189	825	69%
2008	18	1559	1363	87%
Total	110	2984	2357	78%

ANTICIPATED ENHANCMENTS WITHIN THE NEXT YEAR

In addition to the facility program, IMPACT will provide one (2 hour) workshop to parolees in each DJJ parole office transitioning into the community. Youthful offenders who have participated in the IMPACT Program in the facilities will have an opportunity for additional support once they are paroled. Making the connection to community members while in the facility will greatly enhance their success on parole, by having a support system in the community. Seminars will reinforce what they have already learned in IMPACT and will also learn valuable life skills, overcoming obstacles, and accessing community resources.

In an effort to reduce recidivism and address public safety, the Governor is providing funds necessary to fight the state's most serious threats to the public with an anti-gang initiative to combat gang violence in California. The Governor's Anti-Gang Initiative aims to augment and expand IMPACT by establishing two 10-bed transitional facilities in the community to provide a more coordinated effort statewide to reduce gang membership, gang violence and gang activity.

The transitional living programs will be established in Northern and Southern California. Each facility will have up to 10 beds designated for DJJ parolees upon their release from a DJJ facility. The IMPACT Transitional Living Program will provide a continuum of enhanced services, inclusive of housing, casework management, cognitive restructuring services, and social reintegration resources. This will assist DJJ parolees with a seamless transition and reentry to the community.

The uniqueness of this acquisition is that IMPACT will allow for a continuum of care once offenders are released on parole, which is consistent with the Department Strategic Plan. Offenders will now be offered positive programming opportunities that link their risk and need assessment to a continuum of programming targeting reintegration to the community.

Augmenting and expanding IMPACT's institutional program into the community will greatly enhance offender's chances of successful on parole, protect the public, and reduce recidivism, while supporting the Governor's efforts to reduce gang membership, gang activity, and gang violence.

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916-262-0968

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Office of Victim and Survivor Rights and Services Juvenile Services Unit

*This information is accurate as of the date printed however, daily populations fluctuate and therefore these numbers will change.
A new update will be published in December 2008, at which time this update will expire.*

The Office of Victim and Survivor Rights and Services (OVSRS), Juvenile Services Unit, provides services to victims of juvenile offenders housed in the California Department of Corrections and Rehabilitation (CDCR), Division of Juvenile Justice (DJJ). The OVSRS works with victim/witness assistance agencies, probation departments, and courts to enhance services to victims.

The OVSRS services are based on the premise that the justice system is accountable to victims and has a responsibility to offer services and implement programs that address the impact of crime on victims.

Services to Victims

- Notification of offender status: Notification may include transfer, escape, release, or discharge.
- Notification of annual case reviews: Hearings are held annually to determine progress towards treatment goals.
- Notification of parole hearings: Hearings are held to consider release to parole supervision.
- Accompaniment to parole hearings: The OVSRS staff assists victims with the hearing process. Accompaniment is often helpful in a correctional environment.
- Restitution collection and disbursement: 50% of each deposit into a ward's trust account goes towards paying restitution. The OVSRS distributes that money to the rightful party. For this reason, it is essential to have the appropriate payee's name and accurate amount or balance listed on the court order.
- Assistance in preparing victim impact statements: The OVSRS provides direct assistance to victims who wish to make Victim Impact Statements in person or in writing at DJJ hearings.
- Referrals: OVSRS provides victims with information and resources for civil recovery, counseling, financial assistance, and restraining orders.

For OVSRS to best service victims, it is helpful to have the courts, probation, and victim/witness assistance agencies provide specific victim information, e.g., the victim's name and last known address, victim's next of kin contact information, victim's guardian contact information, and specific victim names for stay away/restraining orders, for OVSRS to best service victims.

Restitution Collection: The OVSRS reviews cases for victim restitution orders, Victims of Crime claims and fine assessments. These efforts are enhanced by a California Victim and Government Claims Board (VCGCB) interagency agreement, which has resulted in aggressive identification of offender restitution obligations, increased assessment, collection, and disbursement of money to victims and the VCGCB. The OVSRS works together with probation departments, courts, and county revenue collections units to clarify restitution orders and balances. Through aggressive collection efforts, interagency agreements, staff/offender training, system development, and legislation, restitution collection continues to increase.

OFFICE OF VICTIM AND SURVIVOR RIGHTS AND SERVICES - JUVENILE SERVICES UNIT

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Interagency Collaboration

- **Victims Reparation Project:** The OVSRS and VCGCB entered into an interagency agreement to permanently fund the Victims Reparation Project. The project ensures offenders are held accountable for the financial consequence of their criminal activity. Cases are monitored for restitution compliance and contact is made with the committing court to amend orders.
- **Direct Services Enhancement Project:** The Office of Emergency Services awarded Victims of Crime Act funding for the Direct Services Enhancement Project. The project provides services to victims of more serious and violent offenders committed to the CDCR DJJ, many of the victims/survivors having no previous contact with the OVSRS. Services include an update on the offender's status and current location, assistance in preparing victim impact statements, and accompaniment to hearings. The project also focuses on outreach to victims, translated victim assistance materials, and emergency travel funds to attend DJJ hearings.

Victim Focused Offender Programs: The CDCR DJJ authored the original *Impact of Crime on Victims (ICV)* program, which has been replicated locally and nationally. The curriculum covers specific crime topics and includes video clips and activities to reinforce learning. Whenever possible, victim speakers personalize the impact of crime by speaking face to face with juvenile offenders in a classroom setting. The OVSRS provides ICV training and resource support to the DJJ.

The OVSRS implemented and presents *Offender Restitution Training* to DJJ offenders. The objective is to educate offenders regarding restitution and its governing laws, and improve offender accountability and responsibility; thus, increasing the payment fines and victim restitution payments. The training includes an overview of laws and CDCR DJJ policies related to fines and victim restitution collection. In addition, video segments and scenarios are also included providing offenders an opportunity to understand how victims are financially impacted and how restitution assists them.

National Crime Victims' Rights Week: The OVSRS facilitates and participates in National Crime Victims' Rights Week through a variety of statewide and local site activities.

Agency Collaboration: The OVSRS has collaborative meetings or activities with the VCGCB, the Attorney General's Office and the California Victim/Witness Coordinating Council as well as many local non-profit victim-serving agencies.

Legislation: The OVSRS advocates on behalf of victims by proposing and monitoring legislation related to crime victims' rights, offender accountability, and public safety.

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