Part A: Statement of the Problem

Description of the Problem. Detention offers a critical window to link detained youth to appropriate behavioral health services; however even when youth reach these services, providers are often unprepared to address the alarmingly high numbers of youth in juvenile justice systems nationwide with co-occurring mental health and substance abuse needs and the criminogenic risks that may be the basis of their delinquent and risk-taking behaviors, pose obstacles to rehabilitation, and increase recidivism. Recent studies have shown that 65% -70% of young people in the system meet criteria for mental health disorders three times the rate found in the general population[1]. In addition, 61% of those with mental health diagnoses also met the criteria for a co-occurring substance use disorder. Other reports have shown that these youth have elevated rates of traumatic exposure and PTSD[2] with a clear connection established between victimization, substance use and serious offenses[3,4]. Unfortunately, despite what is known about effective treatment and even when standardized assessment and systematic planning frameworks (e.g. Sequential Intercept, Reclaiming Futures, Project Connect, SF AIIM) and collaborative court models are employed across juvenile and mental health agencies to connect youth to appropriate services, many individual (motivation to seek help), family (problem recognition and treatment engagement) and system barriers (differing justice and mental health perspectives, limited availability of integrated treatment, and lack of cross system coordination and

[1] Shufelt, J.L. & Cocozza, J.J. (2006). *Youth with mental health disorders in the juvenile justice system: Results from a multi-state prevalence study*. National Center for Mental Health and Juvenile Justice, Delmar, NY.
[2] Wasserman, G. A., & McReynolds, L. S. (2011). Contributors to traumatic exposure and posttraumatic stress disorder in juvenile justice youths. Journal Of Traumatic Stress, 24(4), 422-429. doi:10.1002/jts.20664
[3] Wasserman, G.A., Keenan, K., Tremblay, R.E., Cole, J.D., Herrenkohl, T.I., Loeber, R., & Petechuk, D. (April, 2003). Risk and protective factors of child delinquency. *Child Delinquency Bulletin Series.* Washington, D.C: U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention.
[4] Mulvey, Schubert & Chassin (2010). Substance use and delinquent behavior among serious adolescent offenders. *Juvenile Justice Bulletin.* Washington, D.C: U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention.

communication) remain. Without effective treatment, prolonged substance abuse increases recidivism, a deeper involvement in the system and negative life outcomes.

Extent of the Problem. The mental health needs of youth detained in California's Juvenile Justice Facilities remains consistently high. In 2006, one third of detained youth in California had an open mental health case[5]. Sixty-three percent of the juvenile detention facilities in California reported that their facilities needlessly hold youth waiting for appropriate mental health services outside of the juvenile justice system[6]. Needs have remained similarly high in San Francisco. The most recent San Francisco Juvenile Probation Department (SFJPD) Annual Report[7] documented that from 2009-2012, an average of 642 youth per year were admitted to Juvenile Hall. This facility is staffed to provide secure, residential services to approximately 100 youth at any given time (the average daily population during this period was 92). Of necessity then, length of stay is usually short (the average stay was 24.5 days), with nearly half released back into the community in need of services after just a week or less of detention. As a response to this need, San Francisco AIIM (Assess, Identify Needs, Integrate Information and Match to Services) Higher, a DOJ-funded, joint probation-behavioral health program began in 2009 and continues currently to intercept detained youth with mental illness, and match them to appropriate aftercare services in the community from a database of current treatment options and ancillary social services (i.e., housing, vocational). From 2009-2012, of the nearly 1200 youth who received a standardized screen for indicators of mental illness, 72% had one or more moderate to acute problems identified that included trauma (43%), substance abuse (35%), and

[5] Juvenile Detention Profile Survey, 2006 Quarterly Reports, Corrections Standards Authority, California Department of Corrections and Rehabilitation

[6] Waxman , H.A. (2005). *Incarceration of youth who are waiting for community mental health services in California*. United States of Representatives Committee on Government Reform – Minority Staff Special Investigations Division.

[7] *San Francisco Juvenile Probation Department Annual Statistical Report*, 2012

anxiety (28%).[8] For the quarter (N=300) identified as having serious to acute needs, AIIM used the Child Adolescent Strengths and Needs Assessment (CANS), a comprehensive and standardized assessment used across the Child, Youth and Family (CYF) System of Care to drive a collaborative decision-making, systematic planning and information sharing process meaningful to youth, families, clinicians and probation officers alike[9,10]. Since 2009, AIIM has changed practice for the better increasing the likelihood that needs are identified and youth and families are linked to the right intensity of aftercare in the community[11]. However, even with over 70% of AIIM youth engaging in three or more visits within the first month following their detention discharge, community-based services for juveniles as currently delivered appear to be falling short. An ongoing review of service delivery and utilization in AIIM's first year indicated treatment as ordered was not being carried out with less than half receiving the right amount or components of care needed to be effective.[12] Moreover, a review of prior utilization of mental health services by SF AIIM Higher youth showed that over 60% had already received treatment in the community prior to detention. The fact that a majority were known to the system points to a critical need for improved cross-agency management of and communication around shared strategies (e.g., graduated sanctions and incentives[13]) that support rather than derail plan implementation and youth progress[14].

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[8] Lyons, J., Kisiel, C., Dulcan, M., Cohen, R., & Chesler, J. (1997). Crisis assessment and psychiatric hospitalization of children and adolescents in state custody. *Journal of Child and Family Studies, 6*(3), 311-320

[9] Anderson, R. L., Lyons, J. S., Debra, M., Price, J. A., & Estle, G. (2003). Reliability of the Child and Adolescent Needs and Strengths-Mental Health (CANS-MH) Scale. *Journal of Child and Family Studies,12*(3), 279–289.

[10]Gerber, E.B., Leland, J., Wong, K. (2013). Mental health services in the juvenile justice system. In *(Eds.)* Maller, D. & Langstrom, *The Praeger Handbook of Community Mental Health Practice*.

[11] Gerber, E.B., Schumm,, J., Leland, J., & Smith, Z. (2012). Turn data into action: Tools to improve care decisions and engage probation youth in behavioral health services. *Global Journal of Community Psychology Practice*, 2(3).

[12] Smith, Gerber, & Ja (2010). SF AIIM Higher First Year Report.

[13] Reclaiming Futures (2005). *The Illustrative Graduated Response Grid*.

[14] Kates, E., Gerber, E.B., & Casey-Canon, S. (2012). Prior service utilization in detained youth with mental health needs. *Administration and Policy in Mental Health Services Research*.

Adding to this challenge in perspective and practice is the existence within California of two separate and distinct treatment systems and cultures, one for mental health and the other for substance abuse[15]. Although integration efforts are ongoing at state and local levels, much work remains. In a recent survey of CYF clinicians[16] (N=100) to identify the supports needed to increase capacity for integrated treatment, most reported that youth substance abuse was a significant problem; however, despite this recognition, only half reported using a standardized tool for identification, most did not raise substance abuse if youth were "in denial," and the usual treatment provided was individual therapy with harm reduction rather than a proven family-focused and recovery-oriented approach. On a bright note, most requested coaching and training, which indicated a willingness to give up allegiance to one system or the other and to develop the core knowledge, skills, and confidence to provide integrated treatment wherever youth and families are and for whatever combination of problems they have.

Trend Analysis. While there has been a significant decline over the past five years in the number of youth detained nationally and locally (-54.1% in San Francisco)[17], those who are detained have higher risks and needs. For example, in 2012, the rate of felony bookings was nearly seven times greater than misdemeanor bookings. Given the consistently high percentages of youth identified at Juvenile Hall with mental health problems (approximately 72% from 2009-12) and the large percentages released swiftly back into the community on probation, recidivism may serve as a rough proxy for the effectiveness of available services. As it happens, nearly 75% of youth with a probation referral at Juvenile Hall in 2012 had prior contacts with the system. These facts make obvious the continuing urgency of finding better, more consistent and

[15] Hawkins, E. H. (2009). *A tale of two systems: co-occurring mental health and substance abuse disorders treatment for adolescents*. Annual review of psychology, 60, 197–227.
[16] San Francisco Community Behavioral Health Services. *Practice Skills and Knowledge: Substance Abuse Treatment for SF Youth Summary of Survey Findings 2011.*
[17] Berkeley Center for Criminal Justice (2010). *Mental health issues in California's Juvenile Justice System.*

insightful ways to ensure that youth with co-occurring mental health and substance abuse needs receive appropriate and effective services.

Project's Geographic Environment. To provide services with maximum leverage, this project will be located at the SFJPD's two residential facilities: Juvenile Hall in San Francisco and the Log Cabin Ranch in rural La Honda, California. The majority of youth detained live in four low-income San Francisco neighborhoods—Bayview Hunter's Point, Visitacion Valley, Western Addition, and the Mission, where most will return following discharge. Securing supports and services for youth before they re-enter these communities and insuring that the treatment for co-occurring mental health and substance abuse disorders is being delivered with fidelity is critical for community safety, and their rehabilitation and healthy development.

Description of Targeted Participants. Based on the numbers detained at Juvenile Hall and Log Cabin Ranch and the percentages that have been identified by SF AIIM, a projection can be made of how many youth will be identified each year with a combined mental health and substance use problem:

2012 Data	**Juvenile Hall**		**Log Cabin**	
Total Detainees	N = 465	%	N = 33	%
Total San Francisco Residents	330	71.0	33	100.0
SF Residents With Any Identified Diagnosis	238	72.0	24	72.0
With Trauma	102	43.0	14	43.0
With Co-occurring Substance Abuse	83	35.0	12	35.0

In 2012, seventy-two percent of youth had identified behavioral health needs and this rate is consistent with those found in the multi-state prevalence study cited above. Each year, we expect to screen 300-400 youth and determine that over a third of detained SF youth or around 83 will have co-occurring mental health and substance abuse disorders. While over a third will be

diagnosed, not all will have a need for intensive community-based treatment[18]. Back on TRACK will focus on providing recovery management and support over the course of a 6-month integrated mental health and substance abuse treatment program for 130 system-involved youth (40 in year 1 and 90 in year 2) with the most acute needs severe enough to require immediate intervention either within detention or through linkage to appropriate community-based services. SF AIIM Higher will be utilized to assist youth with less intensive needs. In 2012, the majority of youth detained at Juvenile Hall in 2012 were male (77%) and from ethnic minority groups (95%). More than half (59%) were African American, 24% were Hispanic, 9% were Asian or Asian Pacific Islander (API) and 5% were Caucasian. Similar to other systems across the U.S., minority youth have disproportionate contact with the juvenile justice system. African Americans, for example, made up 59% of the Juvenile Hall population while accounting for just 6% of the San Francisco population overall. Ages ranged from 11 to over 18, with a majority (68%) composed of transitional age youth (TAY), 16 and above. Likewise in 2006, 47 youth were placed at Log Cabin Ranch, all were males (since there is no comparable local facility for girls, they are sent out of state for detention), all were ethnic minorities (57% African American, 34% were Latinos, and 9% Asian or Asian Pacific Islanders), and all were had mental health needs.

Guidelines for Identifying Participants. Eligibility criteria for our program will be as follows: (1) moderate to high level of delinquency risk, (2) high mental health and substance abuse needs, (3) San Francisco Residency, (4) ages 11-21, (5) Medi-Cal eligible or uninsured, and (6) post-

[18] Grisso, T. (2007). Progress and perils in the juvenile justice and mental health movement. *The journal of the American Academy of Psychiatry and the Law*, *35*(2), 158–67.

adjudicated for a non-violent offense. In recognition of funding and time limits, our project will target youth with moderate to serious risks and mental health and substance abuse needs and those who are detained for greater than 72 hours.

Socioeconomic Factors and Priority as a Community Concern. While San Francisco is widely admired as one of the most beautiful cities in the world where 800,000 people live and work, it is also now one of the most expensive. Over the past five years, the child poverty rate has skyrocketed, mean family income has declined, and income inequality has risen. For the nearly 15% of San Francisco families raising children in poverty, their experience is a daily struggle for survival. The City's high cost of living and the impact of the great recession has pushed many families to leave with those left behind in more dire conditions. Not surprisingly, poverty is concentrated in sections of the City where many detained youth live (e.g., 35% of families in Baview Hunter's Point live in poverty).[19] Thirty-two percent of all SF children under 18 grow up in poverty and make up a significant number of public housing residents (41%). Many of these families live with upheaval, chronic economic stress, and violence. Single mothers head most. Their children are at greater risk for health and behavioral problems, school failure and entering the child welfare or juvenile justice systems. For them, the opportunities and supports needed to raise healthy children in San Francisco are fast disappearing. As a result, families are leaving the city at such a fast rate that children under 18 make up just 13% of total population, which is small in comparison to national and state figures.[20] Recent local and state reports demonstrate the extent of community concern about better meeting the needs of juvenile justice involved youth. A survey of 12 California counties found that "mental health services (including treatment, facilities, staff and appropriate jurisdiction) comprised the single most

[19] San Francisco Human Services Agency. *Demographic and poverty trends in San Francisco 2012*.
[20] *San Francisco City Survey 2005*, Public Research Institute, San Francisco, CA.

critical gap in the juvenile justice continuum".[21] The youth and family needs targeted by this initiative are consistent with the California Department of Health Care Services definition of priority populations. In accordance with the California Welfare and Institutions Code, the System of Care is obligated to provide behavioral health services to county residents who have severe and disabling mental illness, which includes children and youth who are emotionally disturbed, and stressed, multi-system involved families impacted by trauma exposure, school failure, substance abuse. Locally, The Mayor's Office of Criminal Justice Citywide Violence Prevention Initiative has committed over 12 million dollars annually to prevention and intervention services for youth at-risk or involved with the juvenile justice system[22].

Part B: Project Design and Implementation

Description of Proposed Approach. SFJPD and SFDPH have been working together for some time with the Seneca Family of Agencies on SF AIIM Higher and other initiatives (ART, MST, SB 163 Wrap) and many other community-based partners to prevent detained youth from penetrating deeper into the juvenile justice system and to turn around their lives. This long history of collaboration has most recently resulted in a rapid expansion supported by Local, State and Federal dollars (Medi-Cal and Mental Health Services Act) to create a blended team of County and Seneca staff (5 MSWs and a child psychiatrist). A critical review of the current community-based treatment system and its capacity to address the needs of juveniles with co-occurring disorders, however, has identified the following gaps: (1) limited access to a continuum of integrated mental health and substance abuse treatment; (2) differences within and across justice and mental health in perspectives, terminology, responsibilities and training related to youth substance abuse; (3) lack of know how and inadequate use of best practices to treat co-

[21] Juvenile Detention Profile Survey: Annual Report 2005. Corrections Standards Authority, Sacramento, CA.
[22] Mayor's Office of Criminal Justice. *Violence Prevention Plan 2008-2013*.

occurring disorders; and (4) uncoordinated and ineffective communication around supervision and treatment strategies. Our proposed Youth Back on TRACK (**T**reatment to **R**ecovery through **A**ccountability, **C**ollaboration and **K**nowledge) Program will utilize a "recovery coach (RC)" model based on the theory and science of recovery management and the success of other nation-wide recovery-focused systems transformation initiatives [23]. The RC will use cross-system coaching to scaffold youth and family progress and improve provider practices. As a licensed behavioral health provider certified in addictions treatment, the RC will also have special expertise regarding programs, implementation science and practice, improvement cycles, and organization and system change methods needed to support a systems change effort. In partnership with juvenile probation, the RC will create recovery capital, and be accountable for making it happen; for assuring that effective community-based interventions and effective implementation methods are in use to address identified needs and produce intended outcomes for children and families as presented in more detail below.

Identified Problem/Barriers	Project Purpose	Project Goal	BJA Objective
Limited access to integrated mental health and substance abuse assessment and treatment.	To increase access to and availability of appropriate and effective care.	1. Ensure consistent identification of youth who need integrated treatment and build a treatement network to address their needs.	Obj.1: Provide courts with appropriate treatment options
Differences in perspectives, terminology, responsibilities and training	To develop a shared justice and therapeutic framework to more effectively manage juveniles with co-occurring disorders.	2. Through cross-training and work planning, develop and implement a probation-mental health approach to increase understanding of co-occurring disorders in youth and shared strategies to promote youth progress.	Obj. 2:Increase capacity to assist juveniles through communication, collaboration, training, and partnerships
Limited use of best practices to address the mental health and substance abuse needs of justice involved youth and their families.	To integrate and improve services to more effectively address criminogenic risks and co-occurring mental heath and substance abuse disorders.	3a. Train and coach network providers to implement comprehensive and integrated services that better engage youth and families and meet their needs in a timely manner.	Obj. 3: Reduce recidivism and improve functioning

[23] Lamb, R, Evans, A.C., White, W.L. (2013). *The role of partnership in recovery oriented systems of care: The Philadelphia experience.* Faces & Voices of Recovery, Washington, D.C.

		3b. Track whether youth are getting better or worse as a result of care.	
Uncoordinated and ineffective communication around supervision, treatment and youth progress.	To implement a performance-driven information feedback system to improve coordination and communication.	4. Improve justice mental health collaboration and communication to ensure accountability of systems, families and youth with co-occurring disorders.	Obj. 3: Reduce Recidivism and improve functioning

Project Activities Related to Purpose, Goals and Objectives. Various activities will be undertaken to achieve the four short- and long-term goals listed in the table above. **Goal 1**: SFPJD, CYF and Seneca already have partnered successfully to establish SF AIIM Higher, a joint probation-behavioral health assessment, aftercare planning and service linkage program with blended staffing (CYF & Seneca Center) that we will serve as a base for TRACK. AIIM combines information gathered from the Youth Assessment and Screening Instrument (YASI; Orbis Partners, Inc., 2007) to assess delinquency risk and protective factors and the CANS to identify behavioral health needs. For SF Back on TRACK, all youth who screen positive for co-occurring mental health and substance abuse needs, need intensive treatment, and are identified, on the YASI, as safe to return to the community will be triaged to a project-funded Recovery Coach (RC). The RC will utilize the web-based, self-administered Comprehensive Health Assessment for Teens (CHAT; Inflexxion, 2009) to translate needs and assets into a recovery, self-management planning, and motivation to change process with everybody on the team at the table - youth, family, the probation officer, and an Integrated Adolescent Treatment (IAT) Network clinician. The CHAT has been found to be both valid and reliable in research funded by the National Institute on Drug Abuse (NIDA). IAT community-based network providers committed to developing an integrated treatment model have already been identified and include Asian American Recovery Services (AARS), the Family Mosaic Project (FMP), and Youth Transition Services (YTS). Providers identified for the IAT already offer either substance abuse or mental health services through the CYF System of Care, have established relationships with

probation, and extensive expertise working with the juvenile justice population. Ancillary services (primary care, housing, vocational/educational support and so on) are also available through SFJPD's Community Support Services Unit and the CYF SOC and will be offered as part of the integrated treatment to recovery plan. **Goal 2**: A six-month collaborative planning process coordianted by the Recovery Coach (RC) will engage already identified behavioral health providers and probation officers, judges and other legal stakeholders in developing a blueprint for cross-system collaboration and treatment that will address the need for a common understanding of the causes, symptoms, and non-linear course of youth co-occurring mental health and substance abuse disorders, and aligning effective supervision and case management strategies (e.g., drug testing and graduated incentives and sanctions) with integrated treatment planning and intervention processes (e.g., contingency management with a points and level system). By better anticpating and planning for points where natural cross-system tensions around perspectives and practices are likely to emerge (e.g., court-ordered vs. voluntary consent to treatment, consequences for dirty UAs decision-making), we can reduce the chances of a misunderstanding undermining supervision and/or treatment effectiveness. G**oal 3**: During the project planning period, the Recovery Coach will work with IAT network providers to develop a uniform evidence-based program model that clearly articulates phases and components of intensive and integrated outpatient treatment (IOT) for youth. The RC will provide continuous implementation support for improved practice (e.g., coaching on family-focused approaches, co-leading relapse prevention groups, development of peer-led recovery support) to supervisors, clinicians, youth and families. **Goal 4**: Continuous information feedback and communication about plan goals and progress are critical to ensure that youth, families, probation officers, courts, and providers stay on the same page. The Recovery Coach will track processes like plan

development, communication, engagement in services, client functioning and recidivism data to guide cross-system planning and actions at the individual, program and systems level. A database already exists to track YASI risk scores and CANS needs and strengths scored. Under TRACK, this information will be merged with another project specific database that will hold data on TRACK participants. The project's evaluation team will be responsible for analyzing engagement and outcome data at an aggregate level to determine whether TRACK contributes to improvements in community safety, integrated treatment delivery and youth health and well being. This logic model shows how we envision the improved client experience of the juvenile justice system under the TRACK program, consonant with its announced goals and objectives.

Part C: Capabilities/Competencies

As is appropriate for an application for a Planning and Implementation grant, SFJPD and SFDPH's Child, Youth & Family System of Care (CYF) working in alliance with Seneca Center and many other excellent community-based partners, have already been working together to identify gaps in the current system of care for youth and families involved in the juvenile justice system and connect them to the right type and amount of care. While we have improved our ability to identify youth with co-occurring needs this has not necessarily translated into better care, which is a gap targeted by this initiative. Acting as members of the Juvenile Justice

Coordinating Council, JPD and CYF along with other City agencies continue to identify promising, and effective ways to address these unmet needs (See the Juvenile Justice Local Action Plan) http://sfgov3.org/Modules/ShowDocument.aspx?documentid=708

Among the most significant accomplishments to date has been the formation of the MDT at Juvenile Hall and its counterpart, the Case Review Team (CRT) at Log Cabin Ranch. In addition to SF AIIM Higher, another example of productive interagency collaboration among SFJPD, CYF and other justice stakeholders was the recent start up in 2010 of San Francisco's first juvenile mental health collaborative court and joint implementation of SAMHSA Children's System of Care Grant.

Collaborative Project Structure. Our project will receive oversight from a governing body jointly chaired by Dr. Kenneth Epstein, LCSW, Ph.D. Director of CBHS's CYF-SOC, Allen A. Nance, Assistant Chief Probation Officer for SFJPD, Charlotte W. Woolard, Supervising Judge for Family Unified Court, and Mark Nickell, M.Div., SF Division Director, Seneca Family Agencies, and IAT Network Directors (Jay Avila, Family Mosaic; Sunjung Cho, AARS, Dana Landry, Youth Transition Services). The governing body will insure the overall direction and status of project activities and short (work plan development, cross-training for core knowledge and skills, increased capacity for integrated treatment) and long-term goals (integrated systems transformation). This monthly meeting will also include network members (AARS, FMP and Seneca YTS) and peer and family advocates to share lived experience and invaluable feedback about project implementation in the community. CYF-SOC's Emily Gerber, Ph.D., who will serve as Principal Investigator, and Rita Perez, LCSW, Clinical Director, SF AIIM Higher and the Adjudicative Competency Remediation Program as Project Director, will jointly oversee TRACK's operations team. This team will also include Linda Lane, JPD Officer for Juvenile

Mental Health Court and Competency Remediation Services, Robán San Miguel, LCSW, SPY Program Director for Behavioral Health Services, who will oversee the provision of integrated treatment services to detained youth at Juvenile Hall at Log Cabin Ranch, the Recovery Coach (to be hired through Seneca), and IAT clinicians. This group will be responsible for the day-to-day management and implementation of TRACK. They will meet at Juvenile Hall on a weekly basis for planning, operations, resource mapping, and monitoring of project benchmarks and implementation and to anticipate and address any potential barriers or issues that may arise.

Part D: Plan for Collecting the Data

The TRACK data collection and evaluation team will be led by Emily Gerber, Ph.D. and Melissa Mollard, Ph.D., Seneca Director of Strategic Initiatives and Performance Improvement. Drs. Gerber and Mollard will establish protocols, procedures, and supervise data collection. As discussed in the Project Design and Implementation section, existing JPD (Juvenile Justice Information System) and CYF (Avatar Electronic Health Record and Utilization System, SF AIIM Higher Level of Care and Service Linkage database) information systems are already utilized for planning and outcomes. Additional data for this project will be collected and extracted through the CHAT system. JPD, CYF and Seneca IT staff will assist in the extraction and integration of datasets into a project database.

Part E: Plan for Measuring Program Success to Inform Sustainability

The TRACK project will utilize internal CYF and Seneca IT and research staff to plan, develop and implement the evaluation of TRACK. The roles are clearly delineated in the project timeline. Our evaluation design will encompass both outcome and process components in assessing planning and implementation success. CYF and Seneca will partner in developing the protocols

and procedures for this shared evaluation. Seneca will conduct data analysis, while CYF will compile data from their integrated data sources as well as extract tracking, referral, and process information from administrative and case management sources. CYF and Seneca Research staff will be responsible for on-going feedback to the governing body, operations team and semi-annual reports.

Process and Outcomes. The design for assessment of implementation outcomes of the 130 youth targeted will be quasi-experimental (within subject, pre-post design) with two components. We extract data from San Francisco county agency data sources to address the required performance measures indicated in the grant announcement. TRACK has three primary objectives: Objective 1, Provide appropriate treatment options and improve outcomes (Source: Avatar, YASI, CANS, CHAT), Objective 2, Increase capacity to assist juveniles through communication, collaboration and partnerships (Source: SF AIIM database), and Objective 3, Reduce recidivism and provide detention alternatives (Source: JJIS). These data sources will provide the necessary process and outcome data to respond to performance measure requirements and to demonstrate TRACK's effectiveness.

Leveraging of Evaluation and Partnerships. Evaluation data reporting will review collaborative relationships (process evaluation) of both CBHS and SFJPD. Findings reported in the semi-annual and final report will provide evidence of the enhanced collaboration between these two agencies, as well as among collaborating agencies and CBOs. Findings from both performance measure data and intermediate outcomes will illustrate and document any potential positive findings (and concerns) of this collaboration. Preliminary and final reports will be widely disseminated to community partners and potential funders to foster support and potential future resources for sustainability.