

**SAN BERNARDINO COUNTY
PROBATION DEPARTMENT PROCEDURE**

**Community Corrections Bureau Procedures #97-05-120-J on Skill Building Programs:
Youth Justice Center, Focus West, and Project Focus (Barstow and Victor Valley)**

Authority: Chief Probation Officer

Narrative Statement:

Youth Justice Center, Focus West and Project Focus (Barstow and Victor Valley)

Project Focus are community based public-private youth service partnerships designed to meet the needs of at risk children and their families. The goal of these partnerships is to advance positive growth in youth and their families through meaningful programs and services offered through school based centers.

Services are available in the San Bernardino, Ontario, Barstow and Victor Valley areas.

Programming for juveniles varies from site to site, but usually includes the following areas:

- A. Drug/alcohol education, counseling and support groups.
- B. Gang education and intervention.
- C. Anger management.
- D. Values clarification.
- E. Parenting skills
- F. Building communications within families
- G. Dealing with abuse issues.
- H. Teen pregnancy/intervention program.
- I. Community work service.
- J. Petty theft intervention program
- K. Assertiveness training.
- L. Young men as fathers.

Referrals

The following juveniles would be appropriate referrals to Project Focus in order of descending priority.

- A. Wards of the court (W&I 602)
- B. Minors supervised on informal probation (W&I 654)
- C. Minors who have contact with CST Officers (W&I 601, 602)
- D. Minors referred by Juvenile Traffic Court
- E. Minors referred by YABs
- F. Minors referred by law enforcement or other public or private agencies
- G. Minors referred by their parents or guardians

A referral is made by using a referral form (Attachments A and B) for juveniles. Attach a parental permission slip (Attachment C) and liability waiver form to the referral form. Forward the forms to the Project Focus Coordinator for your area. Informal referrals may be made by a phone call to the area coordinator's offices as follows: Youth Justice Center (909) 382-4152, Focus West (909) 945-4001, Project Focus Victor Valley (760) 243-8280 and Project Focus Barstow (760-256-2357).

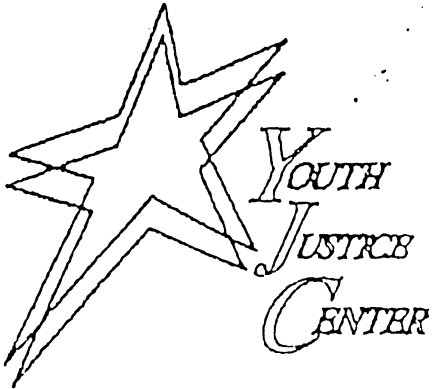
**Community Corrections Bureau Procedures #97-05-120-J on Skill Building Programs:
Youth Justice Center, Focus West, and Project Focus (Barstow and Victor Valley (Cont.)**

Issued by: _____, Deputy Chief Probation Officer

Date: _____

Revised: _____

Policy Reference: _____



CLIENT REFERRAL FORM

NAME: _____ DATE: _____

DATE OF BIRTH: _____ P.O. _____ REFERRED BY: _____

ADDRESS: _____

HOME PHONE: _____ WORK PHONE: _____

MOTHER: _____ FATHER: _____

MINOR LIVES WITH: _____ PHONE: _____

OFFENSES: _____

COMPONENT REFERRED TO: _____

REASON FOR REFERRAL: _____

GANG/MONIKER: _____

HISTORY OF ABUSE: () PSYCH. () PHYSICAL () SEXUAL () EMOTIONAL

ARE PARENTS COOPERATIVE?: () YES / () NO

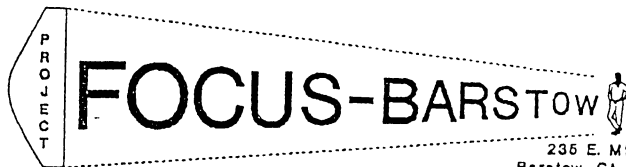
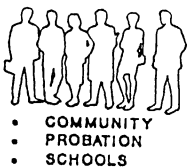
MINOR'S READING ABILITY / LEARNING DISABILITY: _____

HOBBIES: _____

- () FLAG FOOTBALL
- () BASKETBALL
- () WEIGHT TRAINING
- () RACQUET BALL
- () SOFT BALL
- () OTHER _____

- () ROLLER HOCKEY
- () IN-LINE SKATING
- () MOUNTAIN BIKING
- () TENNIS
- () MARTIAL ARTS

IF YOU HAVE ANY QUESTIONS PLEASE CONTACT DAN OCHOA 387-7476



236 E. Mt View
Barstow, CA 92311
(619) 266-4741

PROJECT FOCUS REFERRAL - JUVENILE

NAME: _____ DOB: _____

ADDRESS: _____ P.O.: _____

PHONE: _____

PARENTS: _____

ADDRESS: _____ HOME PHONE: _____

WORK/MESSAGE: _____

REFERRAL SOURCE

REFERRING PERSON: _____

REFERRING AGENCY: _____ PROBATION _____ Y.A.B. _____ C.S.T.

_____ PUBLIC SCHOOL _____ C.P.S. _____ LAW ENFORCEMENT

_____ OTHER

REASON FOR REFERRAL

_____ DRUG ABUSE	_____ GANG AFFILIATION	_____ ALCOHOL ABUSE
_____ THEFT	_____ PARENTING SKILLS	_____ ANGER CONTROL
_____ FAMILY VIOLENCE	_____ JOB READINESS	_____ CHILDBIRTH PREPARATION
_____ LIFE SKILLS	_____ IMMATURE	_____ STAYED EXPULSION
_____ FAMILY ISSUES	_____ SHOPLIFTING	

THE FOLLOWING INFORMATION IS NEEDED FOR FUNDING PURPOSES. ALL INFORMATION IS CONFIDENTIAL.

RACIAL OR ETHNIC IDENTIFICATION (OPTIONAL)

_____ NATIVE AMERICAN _____ BLACK

_____ ASIAN/PACIFIC ISLANDER _____ CAUC

_____ HISPANIC _____ OTHER

ECONOMIC STATUS - ANNUAL INCOME (OPTIONAL)

_____ 0 - \$15,000

_____ \$15,000 - \$25,000

_____ \$25,000 - \$50,000

_____ OVER \$50,000

_____ A.F.D.C. RECIPIENT

COUNTY OF SAN BERNARDINO
PROBATION DEPARTMENT
PROJECT FOCUS

PARENTAL PERMISSION SLIP AND LIABILITY WAIVER

I hereby grant permission for my child, _____, to accompany authorized staff or volunteer of the San Bernardino County Probation Department on any authorized community service or field trip activities. I further waive any claim to liability or compensation on the part of said Department or _____ for any incident or accident which may occur to my child while engaged in these activities.

MEDICAL CONSENT

I further authorize the staff, coordinator or volunteer of the San Bernardino County Probation Department to secure any emergency medical care needed as a result of any incident or accident occurring to my child while engaged in any community service or field trip activities.

Signed

Dated

Witness

Title

DA { } \$10.00
AM { } \$10.00
PP { } \$25.00
BM { } \$10.00

DOB _____ AGE ____
INTERVIEWER _____
CASE# _____
P.O. NAME _____
P.O. PHONE _____

FOCUS WEST
ADOLESCENT INTERVIEW
QUESTIONNAIRE

Student name _____ Date of Birth _____
 LAST FIRST MI

Address/Apt.#/City/Zip _____

Home Phone# _____ Message Phone# _____

Parent/Guardian Work Phone _____

Is transportation needed yes/no (circle one)

If so give directions: _____

On probation?yes/no (circle one)

Who is your probation officer _____

Location of P.O. _____ P.O. Phone# _____

Refereed by: _____

Reason for referral:

SCHOOL INFORMATION:

Are you currently in school?yes/no(circle one)

If yes, where _____

If not, expected date to return _____

Other: _____

INTAKE

INSIDE QUESTIONS

DO YOU BELIEVE YOU HAVE AN ALCOHOL PROBLEM...()

DO YOU BELIEVE YOU ABUSE ALCOHOL...()

ARE YOU AN ALCOHOLIC..()

DO YOU BELIEVE YOU ARE DEPENDENT UPON DRUGS..()

DO YOU BELIEVE YOU ARE ADDICTED TO DRUG..()

WHAT KIND OF ALCOHOL DO YOU DRINK _____

WHAT KIND OF DRUGS DO YOU USE _____

WHAT PRESCRIBED MEDICATION ARE YOU USING _____

AT WHAT AGE DID YOU FIRST USE ALCOHOL...()

AT WHAT AGE DID YOU FIRST USE DRUGS.....()

AT WHAT AGE DID YOU FIRST STEAL.....()

AT WHAT AGE DID YOU EVER FEEL ABANDONED..()....NEVER DID...()

AT WHAT AGE DID THINGS NOT REALLY MATTER ANYMORE.()..MATTER..()

HAVE YOU EVER HAD PROBLEMS: AT HOME () .. WORK()..SCHOOL()

HAVE YOU EVER HAD PROBLEMS WITH FRIENDS ()

HAVE YOU EVER HAD PROBLEMS EXPRESSING YOUR FEELINGS..()

HAVE YOU EVER OVERDOSED ..()...WHEN()..WAS IT ACCIDENTAL.()
WERE YOU HOSPITALIZED()

TREATMENT PLAN REVIEW

CLIENT'S NAME

CLIENT'S NUMBER

PROBLEM:

- 1) SUBSTANCE ABUSE 2) ANGER 3) STEALING 4) ACTING OUT AT SCHOOL
- 5) ACTING OUT AT HOME 6) OTHER

TREATMENT PLAN TO BE REVIEWED AT THE END OF THE (THIRD) (FIFTH)

AND (SEVENTH) SESSION WITH A FINAL EVALUATION PRESENTED ON THE (EIGHTH) AND FINAL SESSION.

DATE	PROBLEM	GOAL	TASK	DUE	COMPLETED
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

NOTES:

COUNSELOR: _____

INTAKE

FAMILY BACKGROUND

NAME	AGE	OCCUPATION	ALC/DRUG USE
MOTHER _____	_____	_____	_____
FATHER _____	_____	_____	_____
STEPMOTHER _____	_____	_____	_____
STEPFATHER _____	_____	_____	_____
GUARDIAN _____	_____	_____	_____
SISTERS _____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
BROTHERS _____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PERSON TO BE NOTIFIED IN THE EVENT OF AN EMERGENCY:

NAME _____ TELEPHONE(____) _____

ADDRESS _____

RELATIONSHIP _____

YOUTH JUSTICE CENTER 1996

The Youth Justice Center is a community-based day reporting and treatment program providing intermediate sanctions and a wide range of services for Probation youth and their families. This multi-agency program, serving those living in the Central Valley area from Fontana to Yucaipa, brings together a diverse array of public and private sector services designed to help at-risk youth and their families develop those skills necessary to compete in today's society. In July of 1996 the program moved to our new facilities at Norton and with this move came a dramatic improvement in our ability to service families.

Major on-site contributors to the Youth Justice Center Program are numerous. The Department of Public Health provides health screenings and referrals, immunizations and information on a variety of issues such as nutrition and parenting. Individual and family counseling is made available by the Department of Behavioral Health. Los Padrinos has helped develop the Youth Justice Center Gang Redirection Intervention Program and is a job placement referral source for program participants. Inland Behavioral Services has increased their participation in anti-drug program delivery. It is anticipated the number of on-site contributors will increase in the next year as several additional community based organizations have expressed their interest in joining the new Norton collaborative.

The largest component of the Youth Justice Center is the on-site school offered under the auspices of the County Superintendent of Schools. Four teachers, Three Instructional Aides and an Intake Counselor are assigned to the Center and provide instruction to approximately 60 students. One teacher emphasizes Math and Science, one focuses on Language Arts and Social Studies, one specializes in life skills and all utilize computers for instructions in their classrooms. We will be adding two additional classrooms to the program in the spring of 1997 thereby expanding the enrollment to approximately 100 students.

A second primary element in the Youth Justice Center Program is recreation. Participants in the Youth Justice Center Programs are regularly offered the opportunity to take part in such activities as: basketball, volleyball, racquetball, weight training, roller hockey, bowling and cycling. Hiking and camping trips are also frequent occurrences. The recreational program has also grown since our move to the Norton site. We averaged one hundred youths participating in daily recreation activities the last quarter of 1996 and expect continual growth in 1997.

YOUTH JUSTICE CENTER 1996 - continued

Numerous social skill building components were added to the treatment milieu in 1996. Consequently, there were over one thousand instances when youths attended treatment programming. In total, there were over twenty-six thousand instances when youths participated in activities at the Youth Justice Center in 1996.

The increased service activity was consistent with program expectations and it is anticipated the Youth Justice Center will see continued growth as a result of the efforts put forth in 1996.