



LOS ANGELES COUNTY

PROBATION OVERSIGHT COMMISSION

AUGUST 2024

Substance Abuse Prevention

Programming Survey Report

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Since the inception of the Probation Oversight Commission (POC or Commission) in 2021, it has repeatedly come to the attention of the Commission that substance abuse, treatment, and prevention are pressing and complex issues that the Los Angeles County Probation Department (“Probation” or “Department”) faces in attempting to meet the needs of youth incarcerated in its facilities. Over the last three years, Commission staff and commissioners have repeatedly observed, raised, and heard concerns about various facets of illicit substance use in the facilities. The issue has been documented in the POC’s 2022¹ and 2023² Annual Inspection Reports and in dozens of public POC meetings. Commission staff and Commissioners have also raised the issue privately in meetings with Probation leadership, Probation staff, staff of county co-located partner agencies, County Counsel, and offices of the Board of Supervisors. There have been ongoing reports of contraband recovered inside the facilities, plus public comments from worried family members, program providers, and other stakeholders drawing the POC’s sustained attention to the issue. Additionally, numerous POC commissioners and staff have had first-hand observation of a troubling number of youth who appear intoxicated during formal and informal inspections.

The POC’s 2023 [Annual Inspection Report](#) specifically shares concerns from multiple facilities where youth, Probation Officers, and co-located county partners noted that there was a shortage of programs and services and that what was offered was not well-suited to the population. Specifically, the limited availability of substance abuse programming and services at multiple facilities continued despite observations and reports of illicit substance use and multiple overdose-related hospitalizations amongst incarcerated youth. The opioid poisoning death of Bryan Diaz in May 2023 at Barry J. Nidorf is the constant and tragic reminder of why Los Angeles County must do more to treat the root causes of substance use.

While Probation has undertaken numerous and successful steps to stem the flow of contraband coming into the facilities, questions remained for the Commission about what actions were taken by the Department beyond deterring youth from using substances via consequences rooted in punishment. With the vision of putting care before punishment and considering the County’s adopted vision of Youth Justice Reimagined,³ POC commissioners wanted to know what Probation was offering to address the root cause of illicit substance use, including what types of treatments were being offered to youth in detention to help them to cope with the safety concerns associated with substance abuse, dependency, or experimentation. At the January 11, 2024 POC meeting,

¹[Probation Oversight Commission 2022 Annual Inspections Report \(lacounty.gov\)](#).

²[Probation Oversight Commission 2023 Annual Inspections Report \(lacounty.gov\)](#).

³[Los Angeles County: Youth Justice Reimagined 2020](#)

Commissioners voted unanimously to instruct POC staff “[t]o conduct a brief survey of the current substance use disorder and harm reduction focused programs and services available to young people throughout Probation’s detention and residential facilities...[and] speak to the youth and providers alike to learn about the quality and relevance of what is being provided and report back to the commission with what was learned and any recommendations.” After months of observations, the POC presents the following findings and recommendations.

Findings and Recommendations:

- *Probation should require all officers to carry Narcan on their person and provide annual training to all employees interacting with youth to increase ability to detect opioid intoxication, decrease stigma, and remove any other potential barriers to Narcan deployment.*
- *Probation should ensure that substantial and varied opportunities are available for all young people to participate in a variety of substance abuse prevention services. There is an urgent need for Probation to diversify contracting for the provision of substance abuse prevention services for young people in care, and should include providers with lived experience, specialization in substance abuse, harm prevention and recovery, and culturally humble approaches to engage young people into services.*
- *Probation must regularly audit programming and services calendars at each facility and adjust calendars according to the reality of what is being provided. County and Contracted Providers must work collaboratively with Probation to align calendars and remove any placeholders for programming that is not being provided in an ongoing way for any reason.*
- *Opioid intoxication identification and naloxone training should be widely available to young people during detention at all of Probation’s facilities. Education on harm reducing strategies such as Narcan administration should begin as part of the orientation to detention. Narcan should be made available to all youth during detention and upon release as a matter of best practice. Young people should have access to additional harm reduction supplies during incarceration without consequence.*

⁴ Motion: Conduct survey of the current substance use disorder and harm reduction focused programs and services

- *Probation should take steps to create facility culture which demonstrates that the Department values the substance abuse services provided by non-Probation staff. Education should be provided to all Probation employees to promote understanding of why youth deserve treatment and why it is critical for the department to adopt a medical model approach to substance abuse treatment alongside the rest of the county. The department should set clear expectations for officers working in the facilities with examples of attitudes and behaviors that support programming. Probation should look to their own facilities that do this well and attempt replication.*

Methods

At the outset of this project, POC staff were aware that substance abuse prevention services were reportedly available to youth in a variety of forms generally categorized as (1) individual therapy or counseling services, (2) Medication Assisted Treatment (MAT), and (3) group programming. Steps were taken to understand the general scope of services and who provides which services at the facilities, including that the Department of Mental Health (DMH) provides individual psychotherapy and psychiatry services, which includes the prescription of MAT. The Department of Health Services-Juvenile Court Health Services (JCHS) Pediatricians assigned to Probation's facilities also have the ability to prescribe MAT. DMH Psychiatrists and JCHS have also forged a monthly "office hours" to consult with one another on cases where substance abuse is prominent. The Department of Public Health-Substance Abuse Prevention & Control (DPH-SAPC) contracts with two community providers to facilitate individual substance abuse counseling services at BJN-SYTF and Los Padrinos.

Current research and many experts in the field of addiction science ascribe to a Medical Model of Addiction,⁵ which acknowledges that substance abuse is a disease that may be responsive to a variety of treatments in conjunction with harm prevention strategies, since it is widely understood that relapse can be an important part of the path to recovery. Utilizing this model and significant guidance from POC Commissioners, POC staff put together a four-pronged approach to learn directly about substance abuse prevention programming and interventions within Probation's facilities which included program observation, a survey with a participating youth, a survey with a Probation officer overseeing the program, and a provider facilitating the program.⁶ In the event of low or no youth participation in the program, a plan was in place to interview at least one youth to understand why they chose to not participate.

⁵[02_webcast_2_resources.pdf \(samhsa.gov\)](#)

⁶See Appendix to review all survey forms.

At every facility except Barry J. Nidorf Secure Youth Treatment Facility (SYTF), it was found that the majority of scheduled groups were set to be delivered by DMH.⁷ While there was an initial plan to directly observe group programming in the room as it occurred to learn about the quality of the programming and participation firsthand, DMH insisted that POC commissioners and staff not listen to the program delivered by their staff due to confidentiality concerns. While groups are not held in a confidential manner due to multiple factors including the location of the groups, presence of probation officers, education services staff, and other non-participating youth, the POC respected DMH's position and agreed to observe any programs facilitated by DMH clinicians from within offices located on living units with doors closed so as to not overhear any exchanged information. These limitations came into place approximately halfway through the project.

POC launched the survey at the three most populated Probation facilities, Los Padrinos Juvenile Hall, Barry J. Nidorf-Secure Youth Treatment Facility (BJN-SYTF), and the Dorothy Kirby Center. POC approached this task with the understanding that at times, time adjustments would be necessary for various reasons including management of safety concerns or other unanticipated delays. On visits to the facilities, those facilitating the survey attempted to arrive to units at least 15 minutes before the start of a program, accounting for the possibility that all youth decline to participate and no group is facilitated. When program providers did not show, time was spent in the units speaking with youth and Probation officers to allow at least an additional 15-30 minutes for someone to arrive and start the program late. Each time programming was not observed, it was confirmed by youth, Probation officers, and on some occasions, supervisors of those living units. In the case of one failed observation attempt, a POC staff and commissioner attempted to complete an observation in the recently launched "SUD unit" at BJN-SYTF, only to find that all youth had vacated the unit the day before. It was reported by youth and Probation officers alike that youth saw placement on the specialized unit as a punishment and once given a choice, the unit was effectively disbanded.

Observations and surveys were always conducted in pairs. The constant was Sarah Gongora, Psy. D, POC Project Director of Programs and Services, along with one other interviewer. Other participants included POC commissioners and staff, Office of Inspector General staff, and staff from the Office of Child Protection.

⁷DMH refers any groups facilitated by their clinicians as "Group psychotherapy services" but for the purposes of this report, will be called "programs" and "groups"

The initial goal was to observe five or more programs each at BJN-SYTF and Los Padrinos and two at Dorothy Kirby Center, but due to the number of no shows and short notice cancellation that occurred, the project was completed earlier and with fewer results than initially expected.

Statistics

POC attempted to observe 13 hours of scheduled substance abuse prevention programming between the three facilities, six at BJN-SYTF, six at Los Padrinos, and one at the Dorothy Kirby Center. Nine of the 13 were to be facilitated by DMH and four by Tarzana Treatment Center, which is contracted through DPH-SAPC for services at BJN-SYTF.

Of the nine attempted observations of DMH facilitated programs, four occurred. Of the four attempted observations of Tarzana Treatment Center, two occurred. Reasons offered for the non-occurrence of scheduled programs varied. At Barry J. Nidorf on multiple occasions it was reported by youth and Probation officers that it was known and understood that DMH did not show up to do groups as scheduled on the program calendars. It was also reported that on days of planned observations, programs were cancelled with short notice. Both attempts to observe DMH programs at Barry J. Nidorf ended in clinician no-show and no programming. One attempt to view programming on the specialized unit at Barry J. was thwarted when all youth were allowed to decide whether they wanted to be housed on that unit. All left the unit on the day of the planned observation, so the programming did not occur. At Los Padrinos, three of the six attempts to observe DMH facilitated substance abuse focused programming did not occur. In one of those instances, the clinician reported delivery of a different type of group which was not substance abuse focused. The other two instances appeared to be clinician no-shows. In one case, on a unit identified to provide housing for youth with developmental disabilities, Probation officers and youth reported that they had not had the group at any time they could remember and stated that they did not regularly have a clinician on the unit.⁸ One observation was attempted at the Dorothy Kirby Center and the program occurred as scheduled.

In total, six scheduled programs were observed. Four of the six observed programs occurred for approximately 30-35 minutes of the hour that they were scheduled for on the provided Programs & Services calendar.⁹

⁸Concerns regarding programming no-shows and the report that a unit was not regularly visited by a clinician were reported immediately to Probation and DMH in order for the partners to communicate amongst themselves to resolve. Los Padrinos leadership vowed to work with DMH on the issues, DMH reported that the problem was an inaccurate calendar and that the reports of DMH absence from the unit were “simply untrue”.

⁹Programs scheduled on monthly calendars tend to be listed at one hour and occasionally longer.

Program Observations

Of the six observations, there were two names for the programs: “Substance Abuse” and “Seeking Safety”¹⁰ and each was observed three times. A main thread between all but two of the observed programs was that the providers were struggling to build rapport and hold the attention of the young people willing to participate. The programs observed were not supported by Probation staff in the units. Multiple televisions and music blared in the day room, Probation officers interrupted youth participating in the program, youth left the programs to make phone calls, etc. Attendance was low, typically with three to five youth participating at a time. In one observation, five youth sat in for the program, but only one spoke. During another observation, three youth participated, almost all at different times as they entered and exited the group for various reasons. Some youth were very focused and trying to contribute to the conversation, others seemed too distracted by the rest of the unit to meaningfully participate.

The programming observed did not include very much discussion about substances, and most of the time was spent attempting to sustain engagement with the provider around topics like anger management or naming feelings. Almost all sessions observed appeared curriculum based, and three included a worksheet. One observation conducted was almost entirely comprised of a provider reading a script from a paper. Two of the three seeking Safety groups observed spent significant time reviewing a worksheet about self-care which appeared not to engage most of the participants.

The most common substance addressed by program providers was cannabis, and any discussion of other substances was initiated by youth. During two observations of Seeking Safety, program providers made quick transitions when substances were mentioned by youth, rather than exploring the issues. It was also observed that clinical language was used often by the providers, sticking to terminology like “substance abuse” and “PTSD”(Post-Traumatic Stress Disorder) rather than using colloquial terms used by participants or plain, accessible language that describes behaviors or symptoms.

During two of the programs observed, Probation provided support, working in concert with the provider to either turn off media sources or ask non-participating youth to lower televisions and music. In these instances, it was clear that program providers had individually established rapport with the youth and with the Probation officers on the unit prior to the observation. Though discussion

¹⁰[Seeking Safety - Treatment Innovations \(treatment-innovations.org\)](https://www.treatment-innovations.org/)

of substances remained fairly general, youth participated more. At one DMH observation, a clinician used language that was noticeably more accessible to youth, destigmatized previous substance use, and prompted young people to drive the direction of the group and topics discussed. In this observation, the program provider named themselves as a short-term “accountability partner” and spent time empowering youth about ways to seek out harm reducing strategies such as this for the future when they are in the community and faced with hard choices.

Youth Interviews

Five youth were interviewed regarding the six observed sessions.

Interview #1: Youth reported that it was his first time attending the group. He said he could not report whether he liked the group or not since he had only gone once and wanted to be fair. He did not feel that providers were honest with him and felt that sharing was expected of youth but that the providers shared nothing about themselves and read from a paper for the program. He reported that he did not feel respected in the work since providers “Don’t introduce themselves to us even though they’re in our house.” He did not feel that providers showed interest in understanding his life experiences or point of view, though he had ideas about how they could do that and discussed his interest in participating in the group in Spanish, since that is his preferred language. During the interview, the youth told the programming providers who were still on the unit that he would not attend the group again due to his perception of being disrespected by their supervisor. Since it was his first time attending the group, he could not answer a number of the survey questions.

Interview #2: Youth reported attending the group four times. He reported liking the program because it provided him with people to talk to and because the provider is his assigned one-on-one clinician with whom he had a positive relationship. The youth had positive things to say overall about the clinician. He felt that the provider was honest, respectful, that language used in the group was easy to understand (and when it was not, the provider explained it). He reported that he felt safe in the group and that the group was a place to build upon his strengths. He reported that the group did not really discuss drugs or related topics that were relevant to him. He said that the group was a place “to talk about feelings, but we don’t really ever go into any detail about that stuff”. He shared that the provider mostly “tells us to say no and stay away from drugs” when the topics arise.

Interview #3: Youth reported attending the group at least 10 times. She said that her feelings were mixed about the program because she did not feel that it always applied to her, but that she didn’t

mind going because “they give good advice”. This youth reported that she felt that the provider was honest because they shared some life experience with substance use and was respectful toward youth because they “don’t cut us off”. The youth reported that language used in the group was easy to understand. She reported that the program helps to point out her strengths. She reported that she had never been asked if the program was meeting her needs or for input about what might improve the program. Finally, the youth reported that while she didn’t feel like the program had been particularly helpful for her, she “would rather be here than in my room.” She shared that she thought Probation welcomed in the program because they did not ever interrupt it.

Interview #4: Youth reported that it was his first time attending the group. He said he felt that the group was respectful because people took turns talking. He found the group easy to follow and in understandable language and like an activity in which youth were to identify behaviors that are “Red Flag/Green Flag” i.e. positive or negative. The youth reported that while the topic discussed on this day was relevant to him, and he summarized the topic as “How to avoid problems”, no substance abuse or related topics were discussed during the group. The youth reported that he was open to trying any programs offered to do something outside of watching television in the dayroom, and that he found all options boring. Since it was his first time attending the group, he could not answer a number of the other survey questions.

Interview #5: This youth reported that he participates in the group because he likes the clinician who facilitates it. He reported feeling respect and caring for the clinician since they had checked in with him during a previous mental health decline that resulted in being moved to another unit for a brief period of time. He felt that the provider showed care and respect for all of the youth because they “keep their door open and everyone goes in and out” of their office. He reported that the group confronted substance abuse or related topics “now and then”. The youth reported that he would continue participating in the group because he felt it was good overall for his mental health “to hear other people’s stories” and participate in the available programming.

Interviews were also conducted with youth who opted to not participate in programming. Most reported that they had previously participated in substance abuse focused programming at least once but found the services difficult to connect to. One youth reported that he only spoke Spanish and that the services on his unit were not offered in Spanish.

Probation Officer Interviews

The consistency between Probation officers' answers about the six observed programs was surprising. Almost all reported that more substance abuse focused programming was needed on their unit, that programming should be creative, dynamic, and not read from a paper, and that they observed most providers making efforts to build or maintain positive rapport with youth. While Probation officers thought that a limited number of youth would be interested in these programs, they thought that more engagement efforts through the use of relatable language and content could help pull more youth in. Some Probation officers talked about the need for program providers to make more effort to consult and build better relationships with the officers providing supervision on the units, since the knowledge they hold can help provider's understanding of the tone of the unit or issues affecting youth in the group. Some officers did report that program providers make efforts to build relationships, and others do not. Some Probation officers reported concerns that the lack of space caused problems for the facilitation of groups, including a lack of privacy, noise levels that interrupt the groups, and the general lack of privacy. One officer reported the need for groups to be conducted in a dedicated space instead of the middle of the dayroom.

In speaking to Probation officers on units where the programming did not occur, there was a common thread of complaint around the lack of regular presence on the units by providers, including DMH clinicians who would potentially also be providing psychotherapy services. Probation officers reported that they were typically not given any information from administration when program providers cancelled. Officers also identified some substance abuse focused programs on the Programs & Services calendars as "placeholders" that do not occur.

Provider Interviews

Five providers were interviewed after programming observations. One provider declined to participate in an interview. The main commonality between providers was the acknowledgement that they were struggling to sustain the attention of young people in uncomfortably noisy, and sometimes cramped spaces. Some providers shared that their relationships with Probation officers working on the units helped because then officers would encourage youth participation or support in asking others to lower the volume on media sources. These providers reported satisfaction with Probation officer's role in conducting the groups. Some providers interviewed stated that they communicated only through facility leadership because they had repeatedly felt unwelcomed on the units by officers as a result of

verbal exchanges and lack of support for the provided programming. Some providers shared their interest in being able to engage youth with incentives or games as youth regularly requested snack foods in order to participate, and shared that they felt limited by the privacy, space, and noise issues.

Harm-Reduction Observations

The POC also assessed Probation's progress in making interventions available to youth that could decrease the likelihood of harm from substance use or abuse, paying specific attention to the availability of substance-focused education and naloxone (also known as Narcan), a lifesaving overdose reversal medication.

Probation has made multiple efforts to provide education to youth. At BJN-SYTF a representative from Victims of Illicit Drugs (VOID) came to the facility to share his personal story of loss and there was a 20-minute movie screening followed by a question and answer for the youth. At the Dorothy Kirby Center, a piloted partnership between DMH+UCLA and Probation to develop six paid peer counselors ran for five months. This pilot included opportunities for youth to participate in narrative storytelling, psychoeducation, learning about various recovery models, and training on how to use naloxone and fentanyl testing strips. Educational opportunities surrounding substances beyond individual counseling or groups were not learned about at Los Padrinos.

Visits to all three facilities demonstrated that about half of all Probation officers working directly with youth carry Narcan on their person, including supervisors encountered. All Probation officers had access to Narcan within a locked office or cabinet within the living units.

There was no facility or unit that made Narcan widely accessible to youth. During interviews with youth, many reported an openness to being trained to identify the signs of overdose and a few shared harrowing tales of loved ones lost. Some reported wanting to learn how to use Narcan in case they could be able to save someone's life one day. It was reported that in the summer months of 2023 there had been training at BJN-SYTF for a handful of youth to identify the signs of opioid intoxication and Narcan administration, but with no Narcan available to them, those few would not be able to utilize the skill under any circumstances.

In the POC's collaboration with the Office of Child Protection's facilitation of a Youth Opioid Response grant, multiple offers have also been made to Probation leadership to install harm reduction supplies, including Narcan, COVID-19 tests, and hygiene supplies, minimally at Los Padrinos for the public visiting their children to access. These offers have been met with silence since January 2024.

Conclusion

The observations and interviews conducted for this report uncovered a host of challenges for Probation's largest facilities in getting youth meaningful access to services that could help prevent substance use and abuse, while in detention and beyond. With the limited observations made of programming, the relevant takeaways from this study surround the overarching failure of the Probation Department to demonstrate a consistent and serious commitment to creating culture that provides treatment and care to youth who may be using a range of illicit substances.

During the months of observations, the POC provided feedback to leadership at all three facilities regarding observations. Remarkable changes were observed at BJN- SYTF to confront and remedy identified issues, including new procedures for officers on each unit to report when scheduled programs did not occur, inter-agency meetings to discuss and remedy repeated DMH no-shows, and regular revisions of the facility's monthly programming calendar.

Los Padrinos lagged behind in reporting a process to verify which programming occurred and leadership at the facility reported further difficulty in coordinating a process with DMH. Inaction to remove placeholders from program calendars despite direct feedback persisted at Los Padrinos over the course of several months. After the project ended, it was noted in June 2024 that changes were made to the Los Padrinos calendar that reflected a more accurate schedule, including notation that some DMH programs are offered every other week. The installation of a DPH-SAPC provider at Los Padrinos also appeared to be a step in the right direction to diversify dependence on DMH to exclusively provide such programs. While these are steps in the right direction, the divergence in action and receptivity to oversight between these two facilities indicates a lack of a unified position from Probation leadership to make clear across facilities that offering care and adequate substance abuse focused programs to all youth is a valued priority.

Observing programs at both BJN-SYTF and Los Padrinos that were repeatedly interrupted by Probation officers and in steady competition with other media sources speaks to a lack of support of the services overall. This lack of support likely happens for a variety of reasons, including an unspoken culture within the Probation Department that sees substance use and abuse as a personal failing and a behavior that warrants punishment. Direction is needed from leadership to make the Department's mission clear and address lingering misconceptions amongst all employees to promote understanding that providing services and interventions is a worthwhile activity that reduces harm to

youth and can help prevent tragedy. This is particularly important to address in the Department's commitment to having all employees in the facilities carry and deploy Narcan. With understanding that during an opioid overdose or poisoning, the seconds it takes to apply the life-saving intervention matter, observations that approximately half of officers carry the overdose-reversal medication are lackluster and communicate an external locus of responsibility for helping youth in an emergency. That the Department has not provided Narcan to youth at any facility despite the March 2023 Board motion, "Addressing Emergent Illicit Substances and Contraband Entering the Los Angeles County Juvenile Halls ", in which Probation was directly instructed to work "with the Department of Public Health to make Narcan readily and easily accessible to youth and educating and training youth on how to use Narcan" reaffirms that there is hesitation within the Department to empower youth in this area.

In order to promote the accessibility of substance abuse focused programs and interventions in the facilities, Probation leadership should examine widely held beliefs about people who use substances, substance abuse, treatment, and challenge those that do not align with a Care First approach.

¹¹[Motion: Addressing Emergent Illicit Substances and Contraband Entering the Los Angeles County Juvenile Halls](#)



SUBSTANCE ABUSE PREVENTION PROGRAMMING SURVEY

Roll Up Form

Date & Time :	Facility Location :
Agency :	Program Observed :
Reviewer(s) :	
Name of Provider(s) :	
# of Youth Attending :	Duration of Program :
# of Youth Interviewed :	Did youth actively participate : y / n
Probation Interviewed : y / n	Provider Interviewed : y / n

Substances Addressed :

<input type="checkbox"/> Nicotine & Vaping	<input type="checkbox"/> Inhalants	<input type="checkbox"/> MDMA	<input type="checkbox"/> Methamphetamine
<input type="checkbox"/> Ketamine	<input type="checkbox"/> Alcohol	<input type="checkbox"/> Fentanyl	<input type="checkbox"/> Synthetic Cannabinoids
<input type="checkbox"/> Heroin	<input type="checkbox"/> Prescription Opioids	<input type="checkbox"/> Cannabis	<input type="checkbox"/> Hallucinogens
<input type="checkbox"/> Xylazine	<input type="checkbox"/> Other :		

Program Observations (mark all that apply) :

Abstinence-Based	12 Step	Consequence-Focused	Accessible Language
Strength-Based	Mentorship	Considered Participants' Culture	Harm-Reduction
Curriculum-Based	Lecture	Collaborative (with youth / probation)	Low Attendance
Evidence-Based	Interactive	Trauma Responsive Psychoeducation	High Attendance
Other (specify) :			

Other Issues Addressed (mark all that apply) :

Adverse Effects of Poverty	Homelessness	Multiple Agency Supervision	Housing Access
Cultural/Language Barriers	Child Abuse	Inadequate Family Support	Immigration Issues
Extraordinary Care Burdens	Chronic Runaway	Inadequate Social Support	Illness/Disability
Life/Home Disruption	Mental Illness	Treatment Compliance	SOGIE
Domestic Violence	Parenting	Incarceration	Other (specify) :

SURVEY FORM: YOUTH

FACILITY: _____ AGE: _____ DATE: _____

AGENCY / PROGRAM: _____

GENDER: Male Female Transgender Non-binary Prefer Not to Answer

RACE / ETHNICITY: Hispanic / Latino White Asian African American / Black

Native Hawaiian / Pacific Islander American Indian / Alaska Native Biracial Multiracial

QUESTIONS:

1. About how many times have you attended this program? _____

Do you like this program? If yes, what do you like about it? If no, what could be better? YES NO

2. _____

Do you feel like the program provider is honest with you? Example: YES NO

3. _____

Do you feel like the program provider is respectful towards you and other youth? Example: YES NO

4. _____

5. Is the program delivered in language that is easy to understand? YES NO

Do you feel like the program provider tries to understand your culture (e.g., your race/ethnicity, background, neighborhood you come from, thoughts and beliefs)? Example: YES NO

6. _____

7. Is the program always with the same person? YES NO

DATE:

SURVEY FORM: YOUTH

QUESTIONS:

8. Are there program providers in the program who make you feel safe, cared about, or valued? YES NO

9. Are there program providers in the program who keep it real with you and push you to be your best? YES NO

10. Is there anything that the program provider does that show they are trying to understand your life experiences or point of view? Example: YES NO

11. Was there ever a time where you got to give input or an idea about what could improve this program for you personally? What happened? YES NO

12. Do you feel like this program points out your strengths or points out how to use your strengths to reach your personal goals? YES NO

13. Has the program or the provider ever checked in with you to see how the program is meeting your needs? YES NO

14. Does the program discuss substances and topics that are relevant to you? YES NO

15. Has the program helped you? Can you tell me how? YES NO

16. Does it seem like Probation welcomes this program in? How can you tell? YES NO

DATE:

SURVEY FORM: YOUTH

QUESTIONS:

17. Does this program help you explore your goals for yourself? YES NO

Does this program support your goals for yourself? How? YES NO

18. _____

19. Does this program directly plan with you for when you leave detention? YES NO

20. Does anyone from the program ever communicate with your family or others in your support network? YES NO

Does the program ever address other stressful things that might be going on in your life (other than substance use)? Example:

21. _____

ADDITIONAL NOTES :

DATE:

SURVEY FORM: YOUTH

QUESTIONS:

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Does this program support your goals for yourself? How? YES NO

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Does the program ever address other stressful things that might be going on in your life (other than substance use)? Example:

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ADDITIONAL NOTES :

DATE:

SURVEY FORM: YOUTH

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9. Are there program providers in the program who keep it real with you and push you to be your best? YES NO

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20. Does anyone from the program ever communicate with your family or others in your support network? YES NO

Does the program ever address other stressful things that might be going on in your life (other than substance use)? Example:

21. _____

ADDITIONAL NOTES :

