

Scenarios For CPOC HR Presentation

Prompt:

For the following scenarios, we will read the scenario and then utilize discussion questions for each of them. While discussing them, please consider both your role as a probation officer, but also what you would advocate for in court. Also, we are not that experienced with probation cases and these scenarios may have inaccuracies to what is realistic. We would appreciate feedback on that as well. Discussion questions for the scenarios:

Discussion questions for the scenarios:

- What are the concerns?
- Which concern creates the greatest safety issue for child, or others?
- What are conventional intervention options for a specific risk?
- What are harm reduction intervention options for specific risks?
- What would you do/recommend and why?

Scenario #1

SP is a 15-year-old female, originally arrested with 35-year-old male, together in a car, for use and possession of cocaine; SP was also in possession of \$300 in cash; SP received probation. There is a concern for CSE; however, SP stated she has a Tinder account that represents her as 18 and was only on a date with the man she was arrested with. She states she uses Tinder to meet men that offer “adventures” sometimes fancy dinners or travel, and that the cash was her savings. Her parents were not aware SP was out with older men, even when away from home overnight; SP uses lies about staying over at homes of friends that cover for her; the parents are unsure about the cash. SP has had some sporadic issues with missing school, but her grades are average to good. Mandatory school attendance was part of the probation order.

SP missed school on a Friday and then did not come home until late Saturday. The parents were worried and called law enforcement Friday evening.

Notes for Discussion:

- What are the concerns?
 - CSE
 - Substance use
 - STDs/pregnancy/rape
 - MFC/running away from home
 - Truancy
- Which concern creates the greatest safety issue for child, or others?
- What are conventional intervention options for a specific risk?
 - Bench warrant?

- o Drug testing?
 - o Detention?
- What are harm reduction intervention options for specific risks?
 - o Keeping child with family and providing services
 - o TCA
 - o CSE lived experience advocate consultation
 - o Safety planning for while away from home
 - ♣ Cell phone
 - Dumb phone
 - ♣ Keeping in contact – multiple options
 - ♣ Emergency transportation if in trouble
- What would you do or recommend and why?

Other Notes:

- Previous to [SB 1322 \(STATUES OF 2016, CHAPTER 654\)](#), a conventional intervention could have been including a charge of prostitution. SB 1322 is an example of Harm Reduction.
 - o Compare Sac Police to Sac Sheriff policies
- Probation and substance use treatment are also harm reduction

Scenario #2

MC is a 16 year old male. History of gang violence and crimes including assault and theft. Currently on probation and placed in an STRTP near his home and school of origin. MC sometimes misses class, is often missing from care for mostly short durations, sometimes overnight. MC adjusted well to the STRTP at first, but has recently broken more rules, had outbursts, and gotten into arguments with staff and other children. MC states that when he leaves the STRTP overnight he usually stays at a friend's house. The STRTP no longer thinks it is a safe placement. MC states that his gang would often make him do things, but was way better than dealing with the crap at the STRTP. He is close to his Uncle, who he enjoys hanging out with, but his uncle is not a suitable placement due to housing stability issues and criminal background clearance issues related to gang association.

Notes for Discussion:

- What are the concerns?
 - Gang association
 - CLT
 - Violence
 - MFC
- Which concern creates the greatest safety issue for child, or others?
- What are conventional intervention options for a specific risk?
 - Placement in a more restrictive or OOC STRTP
 - Return to juvenile hall for violating terms of probation
- What are harm reduction intervention options for specific risks?
 - Discuss possible CLT – forced criminality?
 - Working with STRTP with services, respite care or alternative caregiver?

Other Notes: Discuss CLT – forced criminality, if not already discussed

Scenario #3

JQ is a 14-year-old female that is on probation for theft, assault, recruitment related to exploitation. She has a 3-year history of sexual exploitation. Her first known exploiters were her parents; she is currently being exploited by a man she considers to be her boyfriend. She is diagnosed with depression/anxiety and is medication compliant. She was recently placed at an STRTP. The STRTP recently reported that she left care for 3 hours; when she returned, she smelled like marijuana. She admits to smoking when with her boyfriend.

Notes for Discussion:

- What are the concerns?
 - STDs/pregnancy/rape
 - Recruitment
 - Marijuana use
- Which concern creates the greatest safety issue for child, or others?
- What are conventional intervention options for a specific risk?
 - OOC or more restrictive placement
 - Drug testing
 - Not allowing her to spend time with other children during activities or at the STRTP
- What are harm reduction intervention options for specific risks?
 - Birth control and condoms
 - Transparent discussions about recruitment and placement in the STRTP
 - Safety planning
 - Recruitment
 - ♣ TCA - Ensuring that all other children are aware of the risks of recruitment
 - ♣ Allowing her to spend time with other children
 - Acknowledging that she has a boyfriend and trying not to disrespect the relationship, not creating rules to fully prevent spending time with him – consider allowing ways to spend time more safely? Meanwhile trying to engage with her about how he treats her.

Scenario #4

DJ is a 17-year-old male. He has a long history of interactions with law enforcement including theft of a car, resisting arrest, and substance use; he is currently in juvenile hall but being released with probation. DJ has been diagnosed with autism and several mental health diagnoses including bi-polar disorder, depression, and oppositional defiance disorder. He has been prescribed several medications but is not usually medication compliant. He has had a few 5150 holds and one 5270 hold. He is a foster child and a dual-agency placement with a regional center. Recent placements include vendorized foster homes, vendorized group homes and an Enhanced Behavioral supports home. His preferred friends are experiencing homelessness, and he often wants to hang out with them in the park. His parents are still in his life but are unable to provide care; they are particularly worried about his recent meth use that has gotten worse and is causing health problems.

Notes for Discussion:

There may be HR options; however, this scenario is meant to be an example where harm reduction may not be an effective intervention. Other options may include a more restrictive placement through mental health, such as an out of state PRTF, or even conservatorship.