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Women's Fund
OF SANTA BARBARA

**The Impact of Poverty on:
Children and Families**
in south Santa Barbara County

A Report by the Women's Fund Research Committee (2019-2020)

Table of Contents

Introduction	3
A Word about this Paper.....	3
General Note on Data Sources.....	3
Children and Family Support Services	4
Executive Summary.....	4
Poverty’s Impact in Early Childhood.....	4
Family Income.....	4
Impact of Adverse Childhood Experiences	5
Santa Barbara County Resiliency Projects	7
Child and Youth Mental Health	8
Early Care and Education.....	10
Other Considerations.....	11
English Language Proficiency	11
Foster Care and Adoption	11
Child Abuse and Neglect.....	12
Juvenile Justice.....	12
Alternative Approaches to the Juvenile Justice System	13

Introduction

A Word about this Paper

Mission: The Women's Fund of Santa Barbara is a volunteer-led collective donor group that enables women to combine our charitable dollars, providing significant grants focused on the critical needs of women, children and families in south Santa Barbara County.

The intent of this report is to provide information regarding the critical needs impacting underserved families who are living in our community. In this way, we hope it can educate and serve as context for member voting, helping us to become better informed philanthropists when we vote on the ballot that is presented each year by the Research Committee.

General Note on Data Sources

Each year, the Research Committee of the Women's Fund of Santa Barbara spends ten months exploring potential grants by talking with agency executive directors, other funders, and community leaders. In addition to analyzing agency financials and vetting agency leadership, the researchers read local and national studies as well as articles that chronicle issues that impact families in our region.

The statistics cited in this report are derived from various government agencies and other entities that use their own data sources, hence the use of different reporting years, terms and definitions. Every attempt has been made to use the most relevant data and disclose the sources and definitions used. The contents of this report are not intended to support or verify the statistical information referenced from other sources. Accordingly, no representations are made concerning the accuracy of the data presented.

Children and Family Support Services

Executive Summary

Poverty's Impact in Early Childhood

According to the [California Lifting Children and Families Out of Poverty Task Force Report](#), beneficial early childhood experiences are crucially important. They require the availability of health care for mothers and children, income and other basic supports, good parenting by birth parents or alternative caregivers and child development experiences both within and outside of the home. High quality early care and education benefit young children, and may particularly help children in low income families. The benefits include short-term improvements in children's readiness for school and their well-being, which typically result in enhanced social skills, fewer behavioral problems, and improved language, reading and math skills. Studies have demonstrated that the benefits of good early care and education can last into adulthood, leading the child to pursue additional years of education and achieve higher earnings. The provision of subsidies to low-income families to support access to early childhood education, together with parents' employment and education, can create a path toward self-sufficiency and economic stability.

Family Income

In [Santa Barbara County](#), 22% fall below the California Poverty Measure threshold. Meanwhile, [child poverty in Santa Barbara County](#) is substantially worse, with 24% below the line.

[Public safety net programs](#) provide a lifeline to children in poverty-level households. Children comprised 64% of the individuals receiving CalFresh (food aid), 54% of the individuals receiving Medi-Cal (health coverage), and 80% of the individuals receiving CalWORKs (cash aid). Without the social safety net, [child poverty](#) would be much higher. In 2016, CalFresh and the combined federal and state earned income tax credits lowered the child poverty rate by the largest amounts (4.0% and 3.9%, respectively). CalWORKs, the federal child tax credit, housing subsidies and school meals collectively reduced child poverty by 1.5% to 2.3% each.

In the Santa Barbara Unified, Goleta Union Elementary and Carpinteria Unified School Districts, 53.7%, 40.9% and 63.9%, respectively, of the students in the 2018 school year were categorized as [socioeconomically disadvantaged](#). This is defined as students who are eligible for free or reduced-price meals; or have parents/guardians who did not receive a high school diploma. For the 2018-19 academic year, the income limit for a household of four was \$43,435 for a reduced-price meal and \$32,630 for a free meal.

Impact of Adverse Childhood Experiences

[Adverse childhood experiences](#) (ACEs) is a term used to describe types of abuse, neglect and other traumatic experiences during the first 17 years of life that impact later health and well-being. In a landmark study conducted jointly by the Centers for Disease Control and Prevention (CDC) and Kaiser Permanente from 1995 to 1997, physicians studied the link between ACEs and adult health and wellbeing. Their findings provided strong evidence that long-term exposure to severe chronic stress and the absence of a supportive adult during childhood can profoundly affect the developing brain (particularly during the first five years of life) and lead [to negative effects on learning, behavior and health](#) throughout the lifespan.

The original study included ten ACEs, which fall into three types: abuse, neglect and household dysfunction. Specifically, the study found that there is a dose-response relationship: as ACE scores increased, so did the chances of encountering a health or social problem. The ten recognized Adverse Childhood Experiences are categorized under three main headings:

Abuse	Neglect	Household Dysfunction
<ul style="list-style-type: none">▪ Physical▪ Emotional▪ Sexual	<ul style="list-style-type: none">▪ Physical▪ Emotional	<ul style="list-style-type: none">▪ Mental illness▪ Incarcerated relative▪ Mother treated violently▪ Substance abuse▪ Divorce

Without intervention, those with multiple ACEs were more dramatically more likely than their peers to experience [health risks](#), including alcohol and substance use/abuse, depression and suicide attempts, multiple sexual partners and sexually transmitted diseases, and physical inactivity and obesity. Consequently, the number of ACEs was associated with many of the leading causes of morbidity and mortality in the U.S. In addition, they are likely to have [lower educational attainment and earnings, and to experience unemployment or incarceration](#).

A series of studies since the CDC/Kaiser Permanente study have shown similar findings; that is, that ACEs are prevalent among U.S. children, and there is a consistent and strong relationship between the cumulative number of ACEs and several common chronic medical and behavioral health conditions. The studies found that the [associations between ACEs and chronic illness](#) status start early in life and can have a range of effects on development during childhood. In particular, one study found that children with three or more ACEs were three times more likely to fail academically, five times more likely to be chronically absent, and six times more likely to have behavioral problems like disruptive or violent outbursts. [The effects can continue into adulthood](#).

According to [Dr. Robert Block](#), the past president of the American Academy of Pediatrics, “Children’s exposure to ACEs is the greatest unaddressed public health threat of our time.”

Childhood stress reshapes the young brain by triggering the release of cortisol, the “fight or flight” hormone. In normal amounts, cortisol is important for a child’s development; levels rise in response to stress, and fall when the stressor passes and children learn emotional regulation. But when children are exposed to multiple chronic stresses (such as neglect, abuse and parental depression or discord), particularly in the absence of a supportive adult, cortisol levels rise and remain high. Excessive or prolonged activation of the stress response is known as toxic stress, and it impacts the child’s developing brain, immune and hormonal systems. [Toxic stress](#) changes the parts of the brain that control executive functions and memory, impacting how a child behaves and how a child learns. These impacts often create problems for children at home and school. Over time, the child may adopt negative coping mechanisms, including substance abuse and self-harm, and these unhealthy coping mechanisms can contribute to disease, disability and social problems, as well as premature mortality.

New research is underway to examine the impact of other types of trauma that were not included in the CDC/Kaiser Permanente ACE study. Examples include exposure to community violence, bullying, homelessness and racial/ethnic discrimination.

In California, 62% of adults have experienced at least one ACE and one in six, or 17%, have experienced four or more ACEs. The most common ACE among California adults is [emotional \(or verbal\) abuse](#). It is estimated that 44% of children ages 0-17 in California have at least one ACE, and 18% have two or more. A retrospective study of adults in [Santa Barbara County](#) released in 2014 showed that approximately 57% had experienced at least one ACE while growing up, and over 13% had four or more ACEs. These statistics are based on the original ten ACEs and do not include some of the adversities that are significant for many children in Santa Barbara County. For example, housing instability and food insecurity are factors that create stress for local children, and race and bullying are reportedly escalating within our schools and communities. Crowded living situations impact children’s sleep and ability to study. Further, children of immigrant parents are especially vulnerable to immigration trauma, including the fear of deportation of a parent.

Compared to those who have not experienced traumatic events, adults with [four or more ACEs](#) are 12 times more likely to attempt suicide, ten times more likely to use injection drugs, seven times more likely to be an alcoholic, and five times more likely to suffer from depression. They are four times as likely to be diagnosed with Alzheimer’s or dementia, twice as likely to suffer from heart disease, and nearly twice as likely to have asthma, kidney disease, cancer, or diabetes. They are 21% more likely to be below 250% of the Federal Poverty Level, 27% more likely to have less than a college degree, and 39% more likely to be unemployed. The negative outcomes that are associated with high ACEs can be reduced by supporting resiliency in children, youth and families.

The following factors, among others, can support this resilience:

- Screening young children for ACEs and linking families to interventions that can promote healing and resilience;
- Encouraging partnerships between the medical and social service sectors to identify and support vulnerable children who may be experiencing trauma or toxic stress;
- Strengthening resiliency by addressing individual and family needs and connecting families to resources that will alleviate stress and build protective factors;
- Increasing access to trauma-informed mental health services;
- Creating networks of support that include Family Resource Centers and treatment-focused organization; and
- Developing trauma-informed and resiliency-focused systems of care, made up of organizations and service providers who understand the widespread impact of trauma and who commit to using trauma-informed approaches to service delivery.

Santa Barbara County Resiliency Projects

The [Santa Barbara Resiliency Project](#) is developing a model to screen families with young children ages 0-3 for ACEs during well child checkups and then provide resiliency services to support these families. The project is housed at Santa Barbara Neighborhood Clinics, where the screening occurs. If a child is determined to be high risk in this screen, the family is referred to a clinic wellness navigator who works with the family to access resiliency services to support the family and child. Resiliency services include social services or behavioral health services. The Neighborhood Clinics are partnering with CALM and other resiliency service organizations to develop this referral and treatment system. The Resiliency Project follows child health and other metrics to look at efficacy of services. They are partnering with researchers at the University of California to develop a rigorous program evaluation system. They expect this project to spread to all pediatric care in Santa Barbara and provide the community with a strong and multi-faceted resiliency safety net. The Resiliency Project's ultimate goal is to provide an innovative model for holistic care of all families with children ages 0-3.

The recently launched [Carpinteria Adverse Childhood Experiences and Resilience Project](#) is a partnership among the Carpinteria Health Care Clinic, the Carpinteria Children's Project and CALM, which works to identify and support parents and children who have experienced ACEs. Visiting nurses from Maternal Child Adolescent Health of the Public Health Department and pediatricians at the Carpinteria Health Care Clinic screen children up to 24 months old and their parents during well child checkups. If this screen reveals risk factors, the parents are given the opportunity to engage in interventions, family coaching, and referrals for additional services at the Carpinteria Children's Project Family Resource Center.

Governor Gavin Newsom is leading the State of California's effort to combat ACEs by including \$45 million in his proposed 2019-2020 budget to fund screening for ACEs. He has also appointed [Dr. Nadine Burke Harris, M.D.](#), as California's first Surgeon General. Dr. Burke Harris has dedicated her career to understanding the link between ACEs and long-term chronic health issues, and she has consistently advocated for the treatment of all children and families that have experienced trauma.

Beginning January 1, 2020, the California Department of Health Care Services (DHCS) will provide a supplemental payment to Medi-Cal providers for conducting ACEs screening for adults and children with full-scope Medi-Cal coverage, using Proposition 56 funds. These screenings will be billed and reimbursed in both the managed care and fee-for-service delivery systems. These Medi-Cal payments will be in addition to the amounts paid for the office visit that accompanies the screening in fee-for-service scenarios or capitation paid by Medi-Cal managed care health plans.

Child and Youth Mental Health

Each year, the [Santa Barbara County Department of Behavioral Wellness](#) serves over 3,000 children and youth who have been diagnosed with severe mental illness and/or substance use disorders. However, it is likely that there are many children and youth who are experiencing social-emotional and behavior challenges at home and/or at school who have not been identified or diagnosed with a disorder. Identification and diagnosis can lead to effective early intervention. However, the labeling of children and youth can create stigma that may be detrimental to their future success. Accordingly, it is difficult to determine the scope of the problem within Santa Barbara County.

The following trends have been identified:

- Numbers have remained steady for mental health program;
- There has been a decrease in the number of youths receiving treatment for severe drug and alcohol disorders;
- Adjustment disorder is the most common primary diagnosis, followed by mood or bipolar disorders; and
- Psychiatric inpatient admissions for Santa Barbara County youth have risen steadily since 2010.

Families are affected by mental illness in many ways. Among the ten ACEs identified in the original ACE study, are "living with a parent who has a serious mental health condition" and "living with a parent who is abusing alcohol or other drugs." Both indicate household dysfunction that impact children. As previously noted, parental substance use and mental illness contribute to a child's ACE score, and higher ACE scores are correlated with a greater probability of depression, anxiety, psychosis, suicide and risky behaviors later in life. To improve outcomes in health and well-being, [mental illness in both adults and children](#) must be addressed.

Children and youth may experience symptoms of mental illness or substance use disorder that is independent of other family members. Mental illness, once it develops, becomes a regular part of a child's behavior and typically becomes more difficult to treat. Since research shows that the development of most mental disorders typically starts early in life, it is essential to help young children and their parents manage problems when they first appear to help prevent the later development of more significant disorders. Severe mental illness, if not diagnosed and treated effectively, can lead to isolation, difficulty handling school or employment, and greater risk for disability, homelessness, and/or criminal behavior. [National statistics](#) demonstrate that:

- Suicide is the second leading cause of death in youth ages 10-24, and 90% of those who died from suicide had an underlying mental illness;
- Approximately 70% of youth in state or local juvenile justice systems have a mental illness (in Santa Barbara County, 84% of youth in custody in 2015 were receiving mental health services); and
- Approximately 50% of students with mental illness drop out of high school.

In 2017-18, the [California Healthy Kids data for the Santa Barbara Unified School District](#) reported the following percentages of students experiencing chronic sadness/hopelessness:

- 19% of 7th graders
- 25% of 8th graders
- 28% of 9th graders
- 30% of 10th graders
- 32% of 11th graders
- 29% of 12th graders
- 44% of students in continuation, community day and other alternative school types.

The California Healthy Kids data also reported on the following percentages of students that considered suicide:

- 15% of 9th graders
- 16% of 10th graders
- 15% of 11th graders
- 13% of 12th graders
- 24% of students in continuation, community day and other alternative school types.

Data are similar for the [Carpinteria Unified School District](#) where suicidality among students in grades 9-12 ranged from 8-14%.

In a study based on the [National Survey of Drug Use and Health of U.S.](#), adolescents and adults, the researchers assessed age, period and cohort trends in mood disorders and suicide-related outcomes since the mid-2000s. The study found that the rates of

major depressive episodes in 2018 increased 52% from 2005-2017 (from 9% to 13%) among adolescents ages 12 to 17, and 63% from 2009-2017 (from 8% to 13%) among young adults ages 18 to 25. Serious psychological distress and suicide-related outcomes in the last year also increased among young adults ages 18 to 25 from 2008-2017 (with a 71% increase in serious psychological distress).

The data suggested that the trends among young adults are primarily due to cohort (a group whose members share a significant experience at a certain period of time or have one or more similar characteristics), with a steady increase in mood disorder and suicide-related outcomes between cohorts born from the early 1980s (Millennials) to the late 1990s (iGen). The cultural trends that contributed to the increase in mood disorders and suicidal thoughts and behaviors since the mid-2000s include the rise of electronic communication and digital media, and the reduced duration of sleep.

Early Care and Education

Early Care and Education (ECE) poses a critical need for children and their families, as well as being a critical concern for employers and communities. Without access to affordable child care, parents may struggle to find and keep jobs or to go to school. Unfortunately, California ranks as one of the least affordable states in the nation based on the [cost of child care](#).

According to the Santa Barbara County Child Care Planning Council's 2015 [Needs Assessment](#), approximately 35,000 of the 77,000 children ages birth to 12 years in the County need ECE services, yet the County has about half as many spaces as children in need of care. There are fewer than 18,000 licensed ECE spaces, including family child care homes, center-based programs, and after-school care. The problem is particularly severe for infants and toddlers (children aged birth to two years), with available spaces for only one in five children. Preschools are able to serve about 75% of children aged three to five, who need care, and spaces for children aged six through 12 can accommodate only about 50% of those estimated to need care.

Families also face the challenge of the [cost of child care](#). While subsidized care is available, many families do not qualify for subsidies, and those that qualify compete for the limited spaces. California's subsidized child care and development system is designed to serve families with low and moderate incomes, but there are far more children eligible for subsidized child care than what is funded by the state and federal governments. In 2017, just 1 in 9 children eligible for subsidized child care and development programs in California were enrolled in a program that could accommodate families for more than a couple hours per day and throughout the entire year.

Statewide, the median annual cost of care for an infant in a licensed child care center is over \$15,000. In a family with two working parents earning low wages, each parent would have to work 147 hours per week to avoid paying more than the federally recommended 7% of income on the cost of child care for their infant. The annual cost of

care in a licensed center for older children is also out of reach for many families -- \$10,200 for a preschool-age child and \$5,800 for a school-age child. While the prices may be lower with a licensed home-based provider, this option is still [prohibitively expensive for families who are struggling to cover basic expenses](#).

[Quality childcare](#) is also important. Children's brains develop fastest between birth and age three, and their development is shaped by daily experiences and environments. High-quality ECE is particularly important for children whose families are affected by poverty, racial and ethnic disparity, language barriers, low levels of parental education and ACEs—circumstances that create high levels of family stress. Children may start showing poor outcomes as early as nine months of age, and by 24 months the gap is widening between children who have these risk factors and those who don't. Disparities appear in cognition, social skills, behavior and wealth.

According to the [2017 Children's Scorecard](#), quality childcare can help buffer children from stress, while providing support for healthy brain development. Without quality early care and education, developmental needs may not be detected and children will likely struggle to succeed when they enter kindergarten.

Governor Newsom's proposed 2019-2020 budget includes a large investment in young children. However, while the proposal expands full-day, full-year preschool and sets aside hundreds of millions of dollars in one-time funding for subsidized child care facilities and teacher training, it does not immediately expand [access to subsidized child care](#) program for children from low- and moderate-income families.

Other Considerations

English Language Proficiency

In the 2018-19 school year, 20% of the students in the Santa Barbara Unified School District are considered English learners; while in Goleta Union the figure is 26%; and in Carpinteria Unified it is 34%.

Foster Care and Adoption

Historically, there have been 400-500 children and youth in foster care in Santa Barbara County at any given time. However, the number has been declining from 594 in 2009 to 280 in 2018 despite the stability of the youth population. It is believed that the decrease results from the availability of additional in-home services to support families, less drug use by parents, better assessment tools such as the ACEs questionnaire, and the availability of counseling resources to counteract the effects of trauma. This trend corresponds to the decline in the number of children being placed in foster care each year.

When children cannot remain safely at home, they are taken into protective custody and placed in foster care. The Department of Child Welfare Services (CWS) supports

reunification whenever possible and seeks to provide a continuum of care for children and youth. The focus is on safety, permanency and well-being. Placement is made with “resource families” consisting of relative caregivers, foster families or adoptive families, or through short-term residential placements. CWS maintains an Adoptions Unit that works to find loving, permanent homes for children in foster care. Despite these efforts, there are not enough resource families in Santa Barbara County to meet the placement need.

The key is [placement stability](#) because each time a child is moved to a new home, school or neighborhood, relationships are disrupted and the child is re-traumatized. Foster youth typically have poorer outcomes than their peers with regard to health and education, and are at greater risk for lifelong negative outcomes like unemployment, incarceration and homelessness. This is predictable because foster youth typically have high ACEs scores. Placement stability has improved, with placements of young children being more stable than those of older children and youth. In addition to placements through CWS, Juvenile Probation supervises approximately 45-50 youth who have been placed in care outside the home through the juvenile justice system.

California has made a commitment to support foster youth through their 21st birthday with the passing of AB 212. CWS runs an [Independent Living Program](#) that helps Foster and Probation youth ages 14-21 to prepare for successful independent living after emancipation.

Child Abuse and Neglect

CWS investigates approximately 3,200 reports of suspected child abuse and/or neglect each year. However, CWS can intervene only when findings meet the definitions in statutes. In some cases, reports of suspected abuse don't rise to the level of permissible CWS intervention, so referrals to community partners play a critical role in linking families to services that promote child safety.

Child abuse or neglect is a precursor to traumatic stress, which increases the risk of behavioral, emotional and health challenges later in life. See “Impact of Adverse Childhood Experiences” above. A 2012 study by the Centers for Disease Control and Prevention estimated the average lifetime cost per victim of nonfatal child maltreatment at \$210,000. Multiple systems are impacted by survivor needs, including health care, education, criminal justice and social services.

Juvenile Justice

Santa Barbara County's juvenile justice system is intended to ensure community, youth and victim safety. The system responds to juvenile offenses by providing guidance, supervision and accountability while preserving the youth's individual rights. The number of youths supervised by Santa Barbara County Probation has decreased 19% from a high of 646 on June 30, 2017 to 529 on March 29, 2018. Through collaboration with its justice partners, the Department has identified and deployed effective strategies to positively impact this trend. The majority of youth being supervised in Santa Barbara County were male (75%), Latino (80%) and between 15 and 18 years of age.

In the Juvenile Division of the Probation Department, officers evaluate referrals from law enforcement agencies and perform risks and needs assessments to determine an appropriate level of intervention. Some cases are handled informally through community diversion programs while others are managed formally with a referral to the District Attorney's Office. The Division's goal is to limit the number of youths referred to the Juvenile Court and to instead promote positive change at the lowest possible level of intervention.

Probation officers also supervise services to all Santa Barbara County communities. These services are prioritized to address the needs of youth who represent the greatest risk to reoffend. Officers contact offenders at their homes, schools and other community locations, and work closely with offenders' parents and families in addressing the factors that contribute to delinquent behavior. They develop case plans with youth and their families with rehabilitative goals and will refer youth to community-based programs. The Juvenile Division also provides oversight to any youth placed by the Court in a residential treatment program.

In June 2019, the Santa Barbara County Probation Department was selected as one of 30 recipients of a Youth Reinvestment Grant. Awarded by the California Board of State and Community Corrections, the \$795,000 grant will help divert about 800 Santa Barbara youth from entering or reentering the juvenile justice system over the next four years through "evidence-based, trauma-informed and culturally relevant diversion programs."

Alternative Approaches to the Juvenile Justice System

One alternative to the juvenile court system is the [Santa Barbara Teen Court](#) run by CADA (Council on Alcoholism and Drug Abuse). In May 2018, the Women's Fund provided a grant to expand the Teen Court to respond to the unmet mental health needs among the adolescents served by the program. Teen Court is an intervention and prevention education program that gives first offenders a second chance by diverting them from the juvenile justice system, while holding them accountable for their actions. In lieu of regular juvenile court, the teen appears before a jury of his/her peers who decide upon a legally binding sentence drawn from a menu of offense-specific sentencing options. If the Teen Court contract is carried out, the juvenile offense is shown as "closed at intake." Teens may be referred to the program by the Probation Department or directly by law enforcement. School administrators also use Teen Court as an alternative to suspension, or as a remedy for chronic truancy. Teen Court is also an opportunity to assess the needs of youth who are at risk for involvement in the juvenile justice system and respond to those needs with educational and therapeutic interventions to help them build personal strengths and resiliency.

Teen Court is often an entry point into substance abuse treatment or other behavioral health services that the teen and their family would not otherwise engage in. The Teen Court case managers conduct an initial assessment with the youth and their family and help the youth schedule the completion of their contract components within the time

frame allowed (typically 90 days). The case manager work with the family to address any barriers to the successful completion of the contract and assesses the need for other services to deal with health, economic, and school issues. Parents are encouraged to attend a 6-week parent support and education group offered by Teen Court.

A second alternative is the [Restorative Justice Partnership Initiative \(RJPI\) of Santa Barbara County](#), run by the Conflicts Solution Center. Restorative Justice is a community-based approach to dealing with crime, the effects of crime, and the prevention of crime. The goals of the RJPI's interventions (victim/offender mediation) are to give victims and community members a voice as to how they were affected and how to repair harm; keep minors out of the juvenile justice system and have them take responsibility for their actions; keep the community protected; hold the offenders accountable to the victim and community; and re-integrate the youth into the community as productive members. The process is initiated by a law enforcement officer and/or probation intake officer who is trained to screen for potential RJ cases. If the RJPI staff finds the case to be appropriate, a mediator team is assigned. A meeting is held with the offender and at least one parent. If the offender is willing to proceed, the victim is contacted and a meeting is scheduled. If the victim is willing to participate, a joint restorative, face-to-face conference/mediation is held. Each party is given the opportunity to describe how they experienced the offense, agree that the injustice/violation has been recognized, and work at restoring equity (reparation). Copies of the agreement reached at the mediation are distributed to the parties and sent to Probation. Case specific support systems are put in place to address some of the underlying causes of the destructive behavior. Upon completion of the agreement, the case may be dropped and the youth is monitored for one year for repeat offenses.