Changing the Juvenile Justice Approach for Better Outcomes

Providing Safe and Effective Individualized Services to Louisiana’s Juvenile Justice Involved Youth

Presented by J. Claude DeVillier, MSW, LCSW, BACS and Tracey S. Flores, Probation and Parole Supervisor-Juvenile
Working together with other stakeholders and state agencies, OJJ has made huge strides in meeting the needs of today's youth, with an overall focus on rehabilitation and safety.

This presentation will share some of the reasons why Louisiana’s delivery system has well known and even acclaimed for the changes in service delivery.
Objectives

Participants will learn the ways OJJ has been a “game changer” in its growth as a quality system of care and partner in Children's Behavioral Health. Those attending will learn answers to these questions and more:

• How has the fact that larger number of Juvenile Justice youth present with behavioral health diagnosis changed the work of the JJ system?

• What is OJJ doing different to address outcome based programming expectations or evidence based programming??

• What are some of the tools and practices that are being used now to determine placement recommendations and approaches to determine level of violence and risk of recidivism in special needs populations?

• How does OJJ use research on Adolescent Development in its programming for community based services, residential placement and secure care settings?

• What is JJ doing to interface with new systems like CSoc, Local Governing Boards to bring positive change to youth served by juvenile justice?

• How are officers, courts, court judges and others being assisted by JJ to forward and embrace reform/change?
Where have we been, where are we and where do we plan to go?

• Background

• Challenges

• Changes
  – The SAVRY

• Sustaining Improvements
History of Reform

US DOJ Lawsuit in 1999 based upon conditions of confinement

LSUHSC and State Built Best Practice Models in Facilities

Release from US DOJ Lawsuit in 2006

Act 1225 (Juvenile Justice Reform Act)
Creation of the Juvenile Justice Implementation Commission

Louisiana Models for Change (2006-2012)
Development & Implementation of LaMod –Secure and more
Institute for Public Health and Justice (IPHJ) Created
IPHJ Commissioned by JJIC to study status of JJ Reform
High numbers of incarcerated youth, limited rehabilitative efforts, uninformed court directives
LA Mod- EBP in Secure Care

Screening of youth to assure placement of high risk/need youth with significant safety needs are placed in secure care. (SAVRY and other assessment instruments and evaluations)

Implementation of EBP like Motivational Interviewing, Thinking for Change, CYT, LaMod in the secure setting for rehabilitation verses incarceration approach to JJ.

Training of staff in youth management within the rehabilitation model and developmentally appropriate intervention.

Engaging families in rehabilitation of our youth/their children. Family Liaison program etc.
Focus for Louisiana Models for Change *increasing access to Evidence Based Services*

- **Goal:** Increase the availability of scientifically supported community level interventions and the use of sound screening and assessment practices that divert youth into outcome based interventions

- **Multi-Faceted Approach focusing on:**
  1. Outcome-Driven Reforms
  2. Stakeholder Awareness, Education and Partnerships
  3. Strategic Implementation (local and state)

- **Creation of Infrastructure for Statewide Reform**
- **Development of the “Louisiana Resource Bank”**
EBP Reform Models

Local Models

- Screening and Assm at Key Pts.
- EBP Contracting Model
- School Intervention Model
- Triage/Referral Center
- Juv Drug Court Triage, Assessment and Service Model
- Children and Youth Planning Boards – EBP Strategic Development
- Partnerships with Higher Education

State and Regional Models

- Post Adjudication Assessments
- Outcome based contracting
- Community Service Assessment Model for Planning Boards
- Juvenile Drug Court Guidelines
- Service Guidelines for Status Offenders (study commission)
- EBP Education Modules
- Regional Model for EBP development
- DA Diversion Guidelines
Several areas of consensus emerged:

- Improved services in the juvenile justice system
- Further develop juvenile justice best practices for:
  - Status Offenders (Informal FINS)
  - Detention Reform and Alternatives to Detention
  - Graduated Sanction Model for Probation and Aftercare System
- Creation of a data and training resource for JJ System
Historical Behavioral Healthcare in LA

Defined system success through “What we do” – Often a reactive position

- Number of people served
- % utilization of inpatient / residential beds

Completion of a program was based on:

- Length of stay
- Completion of general program curriculum

These were the tools we had, and they took us as far as they could.
We are transforming this system, which means a fundamental shift in how we define success. Accomplishment or ‘Outcome’ Driven Decision Making:

What have we accomplished as a system? Has our member’s life been changed in a measurable & positive way?

That simple shift—from “what we do” to “what we have accomplished” informs the direction of our LA Behavioral Health System.
Magellan Behavioral Health in LA

Building Evidence Based Practices in the community is a critical piece in the blueprint of this process

“Ensuring high quality, affordable health care with integrity, innovation and partnerships”

Working to build stronger behavioral health services for our youth in partnership with stakeholders and providers
Tools Fostering Movement Towards Evidence-Based Practices
Tools to Support our Community Development Model

- Stakeholder Education and Awareness
- Data-driven Reforms
- Strategic Implementation
Detention Center Expands to 119 beds with projected annual budget of $6.57 million

- PRICE PER BED...$55,210
- ALTERNATIVES...Each bed expense would afford
  - 55 kids to receive Big Brother Big Sister services each year OR
  - 16 kids and their families to receive FFT OR
  - 12 kids and their families MST OR
  - 2 youth and their parent(s) MDTFC (the most intensive residential EBP for delinquency/violence intervention)
Research Driven Reform- Who’s doing what with whom, how, & where
Quality Difference to Improve Outcomes

N=98
(Phillippi, Cocozza, Shufelt 2008)
Crosswalk: What are the needs?

Statewide Needs Summary of Youth Referred to OJJ Based on the SAVRY: 2011 (N=1,134)

- Anger
- Community
- Disruptive Behavior
- Education
- Family
- Mental Health
- Peer
- Substance Abuse

Three areas of greatest need areas for intervention with adjudicated youth.
Crosswalk: What are the gaps?

Mental Health Needs of Detained or Incarcerated Youth
(NCMHJJ – Shufelt & Cocozza, 2006)

Youth reaching detention and placement have high mental health needs.
STRATEGIC IMPLEMENTATION

Louisiana EBP Selection Assessment Guide & Service Matrices
Readiness Guide Areas

- Target Population
- Funding
- Level of collaboration
- Level of evidence
- Recognized Practice
- Structure of the Practice
- Family Involvement/Engagement
- Youth Outcomes
- Diversity
- Workforce Requirements
- Feasibility of Implementation
- Organizational Experience with EBPs
- Organizational Readiness
Who goes where???
## Linking Kids to Right Service

### Service Matrices

<table>
<thead>
<tr>
<th>Risk / Need</th>
<th>Family</th>
<th>Educ</th>
<th>Sub Abuse</th>
<th>Mental Health</th>
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</thead>
<tbody>
<tr>
<td>LOW</td>
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<td>MED</td>
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<td>HIGH</td>
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Trends in Services

Youth Reported Served by EBP

Youth Served by Other

(Louisiana Juvenile Justice Provider Survey, Phillippi 2012)
Trends in Services

Louisiana FFT and MST Teams 2006

MST: 6 Teams serving 199 families annually

FFT: 0 Teams

Total Youth & Families Served Annually: 199
Louisiana FFT and MST Teams 2011

MST: 36 Teams serving 1856 families annually (6 lost since 2006, 4 starting in 2012)

FFT: 8 Teams serving 379 families annually (1 starting in 2012)

Total Youth & Families Served Annually: 2235
Trends in Contracting

Changing emphasis of contracted OJJ contracted programs.

- 2006
  - Residential, Shelter, Foster Care Contracts: 40%
  - Community-Based Intervention Contracts: 60%

- 2011
  - Residential, Shelter, Foster Care Contracts: 20%
  - Community-Based Intervention Contracts: 80%
LOCAL Government Implementing EBPs
Creating the local model....
Early Barriers

- Knowledge of programs
- Motivation to change or adopt something new
- Behavior routines - Can the existing structure be changed?
- Insufficient professional development
- Cost or availability of training for a program
- Some of our programs had not been evaluated, but may be effective (Lack of evidence does not mean lack of effectiveness)

“I am not giving up what I believe works to try something new that might not work.”

or

“Not possible to get individuals/families to participate in a program like this. It takes too much time, too many sessions.”
Strategies for Success

- Leadership & Management
- Collaboration/Stakeholder support
- Realignment of Resources
- Align interventions with community needs
- Training
- Developing sustainability plan including program evaluation
Community Impact
Increased Access to Evidence-Based Practices and Services

- **Individual/Family** - Motivational Interviewing (MI) – Cognitive Behavioral Therapy (CBT)
- **Functional Family Therapy**
- **Multisystemic Therapy**
- **Aggression Replacement Therapy**
- **Active Parenting for Teens, Triple P, & Common Sense Parenting**
- **Moral Recognition Therapy**
- **MI, CBT, Relapse Prevention based Substance Abuse Treatment**
- **Trauma-Focused Cognitive Behavioral Therapy**
- **Sexual Perpetrator Therapy** - CBT, Relapse Prevention Model
- **Boys Town In-Home Family Therapy Program**
Percentage of Youth Referred for Evidence – Based Services

- 2007: 7%
- 2008: 35%
- 2009: 54%
- 2010: 95%
Percentage of Treatment Budget Spent on Evidence-Based Practices

- 2007: 9%
- 2008: 77%
- 2009: 78%
- 2010: 95%
Recidivism is defined as an arrest for a new delinquent charge after successfully completing probation.

Out of the youth who successfully completed probation in January 2009, over half (53%) were re-arrested within a year.

Out of the youth who successfully completed probation in March 2011, only 21% were re-arrested within a year.

On average, the felony recidivism is 39% of all re-arrests.
JDC-Recommended Areas of Change

Evidence-Based Practice Recommendations for Juvenile Drug Courts

Improved Outcomes for Juvenile Drug Court Treatment
SAVRY implementation: Identifying Need/Resources

OJJ recognized the need for an assessment tool:
• As a next step in continuation of reform;
• To identify needs of youth in order to provide effective treatment;
• To target agency resources appropriately;
• Awarded Models for Change grant to include assistance from NYSAP in selection of assessment tool.
Assessment Tool Characteristics

- Evidence-based:
  - Standardized – performed the same way each time
  - Relevant – assists in making the necessary decisions
  - Reliable – similar conclusions reached by independent raters
  - Valid – research-based evidence that it measures what it is supposed to

- Can be administered by non-clinicians
- Risk/need factors that would guide interventions/treatment planning
- Dynamic factors that could be used for re-assessment and be able to measure youth’s progress
- Cost effective
Selection Process

• Presentation by Dr. Vincent on recommendations for post-adjudication/pre-disposition decision making.
• Decision makers from OJJ as well as local probation departments were involved.
• Four of the leading assessment tools were reviewed.
• Structured Assessment of Violence Risk in Youth (SAVRY) was selected and Pilot Regions began to use it in late 2009.
SAVRY - The **Structured Assessment of Violence Risk in Youth** is an evidence-based assessment designed to assist professionals in making judgments about a youth’s needs for case planning. This assessment comprises 24 risk/need items which were identified in existing research on adolescent development and on delinquency and aggression in youth. Six protective factors are included in the SAVRY which have also been identified by current research as potentially mitigating the risk of future violence and delinquent activity.

- **24 Risk Items:**
  - 10 Static
  - 14 Dynamic
  + 6 Protective Items

- Items rated a on 3-pt scale using interviews and all available info
SAVRY Historical risk factors

- History of violence
- Criminal history
- Early initiation of violence
- Past supervision/intervention failures
- History of self-harm or suicide attempts

- History of abuse
- Parental criminality
- Early caregiver disruption
- Exposure to violence in the home
- Poor school achievement
SAVRY Social/contextual risk factors

- Peer delinquency
- Peer rejection
- Stress and poor coping
- Poor parental management

- Lack of personal/social support
- Community disorganization
SAVRY Individual risk factors

- Negative attitudes
- Risk taking/Impulsivity
- Substance use difficulties
- Anger management problems

- Low Empathy/remorse
- Attention deficit/hyperactivity problems
- Poor compliance
- Low interest/commitment to school
SAVRY Protective Factors

- Prosocial involvement
- Strong social support
- Strong attachment and bonds
- Positive attitude toward intervention and authority
- Strong commitment to school
- Resilient personality
SAVRY

- Being used by local probation as well as OJJ.
- Assessments/reassessments being administered to youth:
  - On probation
  - In non-secure out-of home placements
  - In secure placement
- Prior to completing the SAVRY, the Social History (which includes the Parent Interview Form and Youth Interview Form) is completed by the Probation Officer assigned to the case. Information obtained from the SAVRY and all other information such as psychological evaluations, psychiatric evaluations, school records, information from prior services, etc. are considered when making recommendations to the court and addressing risk/need areas of the Service Plan
From Assessment to Case Planning

- Youth/Parent Interview (PDI/Social)
- Assessment
- Service Plan
- Matrix Referrals
Service Plan & Services

- Service Plan/Case Plan directly relates to the results of the SAVRY assessment
- Goals are developed based on the identified risk/needs of the client
- Re-assessments are held approximately every 6 months.
  - Incorporate new information into service plan.
- Regular monitoring and updating is done when youth experiences major changes

- Each Region has a “service matrix” which includes an inventory of services used to match risk/need areas with appropriate services.
  - Mental Health/Emotional Stability
  - Education/Employment
  - Substance Use
  - Disruptive Behavior/Antisocial Attitude
  - Etc.

Office of Juvenile Justice
## Service Referral Matrix

### Youth Risk/Need Area

(Statewide Example)

### Service Area

Low risk indicates low probability of future violence and/or delinquent behavior. Enhance protective factors by actively recognizing strengths and strategically building upon pre-existing strengths. Remember, increased exposure to the juvenile justice system increases risk of low risk juveniles.

### Disruptive Behavioral Problems

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<thead>
<tr>
<th>Low</th>
<th>Moderate</th>
<th>High</th>
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<tbody>
<tr>
<td>Parent will be encouraged to supervise youth around those who need socialization, especially those who are in need of appropriate healthcare.</td>
<td>Parent may need to seek support from a trusted adult for youth who need socialization.</td>
<td>Parent may need to seek support from a trusted adult for youth who need socialization.</td>
</tr>
<tr>
<td>Low Social Worker</td>
<td>Medium Social Worker</td>
<td>High Social Worker</td>
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### Mental Health/Emotional Stability

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<th>High</th>
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<tr>
<td>Parent will be encouraged to monitor youth.</td>
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<tr>
<td>Low</td>
<td>Moderate</td>
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<tr>
<td>Family</td>
<td>Education/Employment</td>
<td>Peer/Social Skills and Supports</td>
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### Substance Abuse Alcohol/Drugs

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<th>Moderate</th>
<th>High</th>
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<tr>
<td>Parent will be encouraged to monitor youth for signs of increased substance use and to seek appropriate medical care.</td>
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### Community

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<th>Low</th>
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<tr>
<td>Parent will be encouraged to participate in local Church and/or recreation programs.</td>
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### Additional Need Areas and Level of Need

1. 
2. 
3. 
4. 
5. 

Office of Juvenile Justice
Louisiana Assessment Point

Intake

Adjudication

Disposition Hearing

Dismissed
Probation
Placement
Presenting SAVRY Results

• When making recommendations to the court, the Probation Officer considers the youth’s overall level of risk for reoffending or for being violent, and the items identified in the SAVRY, as contributing to the youth’s delinquency. The Social History/contextual items and individual/clinical items are dynamic factors that, if rated High (and in some cases, if rated Moderate) should be targets for intervention. This information is presented to the court in the form of a PDI or report. Although the court is NOT given a copy of the SAVRY form the results are presented.
Highest identified risks/needs based on initial SAVRY Assessment
1/1/13 – 12/31/13

- Poor School Achievement
- History of Violence
- Attention Deficit / Hyperactivity
- Risk Taking/Impulsivity
- Substance use Difficulties
STATEMENT OF YOUTH’S BEHAVIORAL PROBLEMS, ASSESSMENT OF CAUSE AND POTENTIAL FOR POSITIVE OUTCOME

A number of risk and protective factors associated with future general re-offending and violence in youth have been consistently identified in the literature. The Structured Assessment of Violence Risk in Youth (SAVRY) summarizes the available research and expert opinion and this instrument was used to assist in estimating the risk of future re-offending and violence for this youth.

At the present time [youth’s name] presents [low, moderate, high] risk for non-violent and other delinquent re-offending and [low, moderate, high] risk for violence.
A system founded on EBP is crucial to reform and must be able to:

A) Identify the variety of needs of youth who come in contact with JJ system through sound **screening and assessment instruments** and

B) refer youth to range of **evidenced based services** to meet their identified needs.
Recommendation: Screening and Assessment

1. Standardized, scientifically sound, and appropriate for the population served
2. Clear decision rules and response policies
3. A thorough assessment process to validate substance abuse or dependence diagnoses
4. Designed to assess and address the presence of co-occurring mental health disorders
5. Policies to establish what information will be shared and how it will be communicated
Screening: Case Management Measures

SASSI (Substance Abuse Subtle Screening Inventory)
CRAFFT (Care, Relax, Alone, Forget, Family/Friends, Trouble)
MAYSI-2 (Massachusetts Youth Screening Inventory)
CASI (Comprehensive Adolescent Severity Inventory)
Drug Screen
Program Orientation
Recommendations: Treatment

• Comprehensive and well-coordinated

• Evidence-based practices (MI, CYT, SFBT)

• Family engagement
Summing it Up
What is multisystemic therapy?
Combination of EBP & Programs
Group and Individual Therapy, Family Therapy and Engagement, Assessment and Motivation Interviewing
The Office of Juvenile Justice embraces partnerships with families, communities and stakeholders. These partnerships have lead to implementation of rehabilitation focused interventions that address behavior health needs of the youth in care at all levels.

OJJ’s referrals, contracting and program management strives to advance outcome driven and Evidence based practices like CBT, MST, FFT and specific programming to address needs of youth. Tools for the screening and assessment of youth are structured and objective (ie SAVRY, MAYCI-2 etc)

Latest research on adolescent brain development and stages of development are used to train all JJ staff in age appropriate intervention skills, communication and behavior modification that meets the needs of the youth. Secure settings, as well as community based services and placement resources are striving to use EBP and models that are outcome based.

The Office of Juvenile Justice has formed partnerships with and is represented actively in Magellan’s movements in Behavioral Health as well as Local Governing Entities (LGEs) or Human Service Districts.