

**July 31, 2019**



# Implementing Evidence-Based Substance Abuse and Mental Health Treatment Services

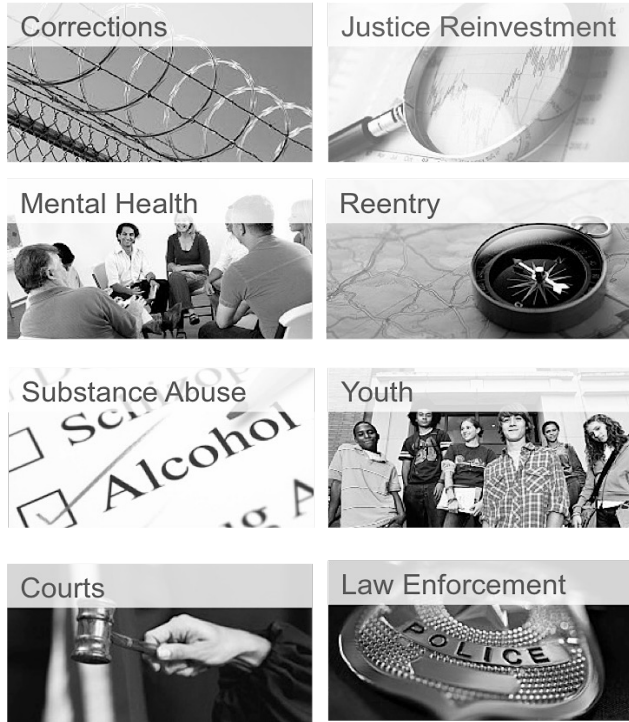
*FY18 Second Chance Act Ensuring Public Safety and Improving Outcomes for Youth in Confinement and While Under Community Supervision*

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# Overview

- 01** **Background**
- 02** Key Findings and Recommendations
- 03** Next Steps

# About the Council of State Governments Justice Center



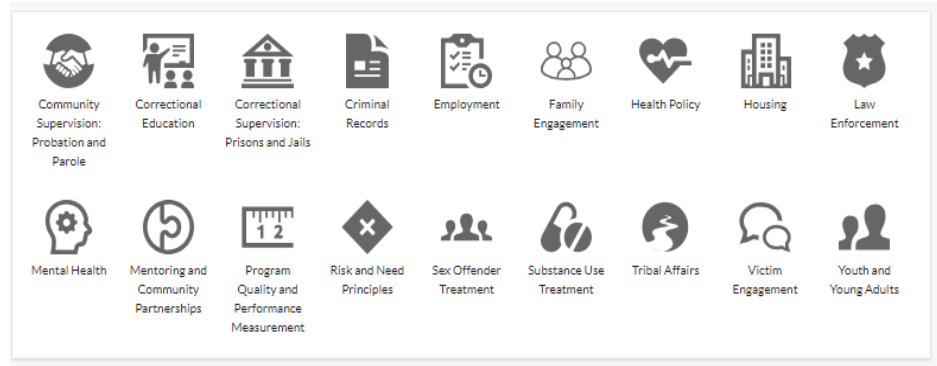
## Justice Center

THE COUNCIL OF STATE GOVERNMENTS

National nonprofit, nonpartisan, membership association of state government officials that engages members of all three branches of state government Provides practical, nonpartisan research-driven strategies and tools to increase public safety and strengthen communities

# The National Reentry Resource Center (NRRC)

- **Delivers** technical assistance and training for SCA grantees
- **Advances** the knowledge base of the reentry field
- **Promotes** what works in reentry and successes of grantees
- **Facilitates** peer networks and information exchange
- **Provides** information for people returning to communities and their families



Funded and administered by the U.S. Department of Justice's Bureau of Justice Assistance, the NRRC is the nation's primary source of information and guidance in reentry.

[www.NationalReentryResourceCenter.org](http://www.NationalReentryResourceCenter.org)

# Timeline and activities for the NRRC's technical assistance process

## May 2019

- Project launch and 1<sup>st</sup> assessment site visit
- Interviews with stakeholders to assess system functioning, policies and procedures, and readiness for project implementation

## June – July 2019

- The NRRC will develop and present findings and recommendations to agency leadership

## July-September

- The NRRC will support DJJ to develop a concrete implementation plan for grant activities and system improvement for OJJDP's approval

## Ongoing

- Site visit to review implementation progress and help advance implementation priorities
- Ongoing assistance with policy and practice development, staff training, and implementation

← Monthly calls and quarterly virtual convenings →

# Key questions that guided the NRRC's system assessment

Are youth with co-occurring disorders and their treatment needs being appropriately and consistently identified?

Are risk and needs assessments used to drive placement, case planning, supervision, and service decisions?

Are evidence based services used to address youth's risks and behavioral health needs in an integrated manner?

Do DJJ facility, day treatment, group home, community, and behavioral health staff coordinate effectively on case planning and reentry? Do collaborations exist with other service systems?

Are key performance measures being tracked and is data used to evaluate and improve agency decisions and youth outcomes?

Focus groups and interviews with system stakeholders—primarily in the eastern part of the state—inform the analysis presented today.

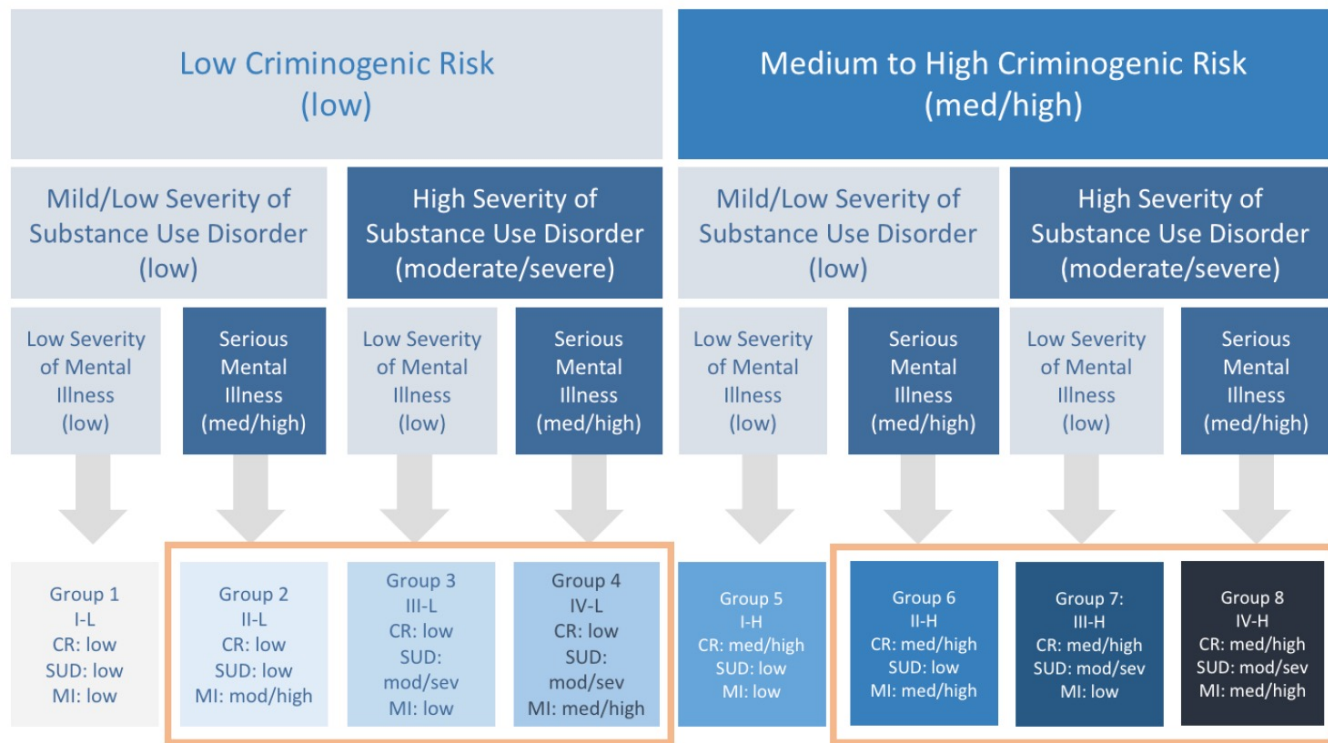
- DJJ leadership and managers
- DJJ YDC and group home staff
- Day treatment staff
- DJJ juvenile service workers
- DJJ qualified mental health professionals
- DJJ evidence-based practice and grant staff
- DJJ advisory board members
- Service providers

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# Principle 1: the integrated use of risk and behavioral health screening/assessment tools is key to matching youth with the right level and type of supervision and services.



# DJJ lacks the necessary information on youth's needs to match youth with the most appropriate level/type of supervision and services from case inception.

- Other than for youth in detention, youth do not receive a validated mental health or trauma screening prior to disposition or classification.
  - Information gathered in detention or as part of the AOC diversion process is not typically shared with the JSWs.
  - JSWs are not directly involved in classification decisions.
- Staff report and agency policies show that court and DJJ supervision/service decisions—such as lengths of time in facilities/community supervision and service use—are almost exclusively based on youth's risk levels and not their criminogenic or behavioral health needs.
- Staff report low-levels of behavioral health needs in facilities, informal methods for making this determination, and many of the qualified mental health professionals have low caseloads.

# Principle 1: Potential Opportunities for System Improvement

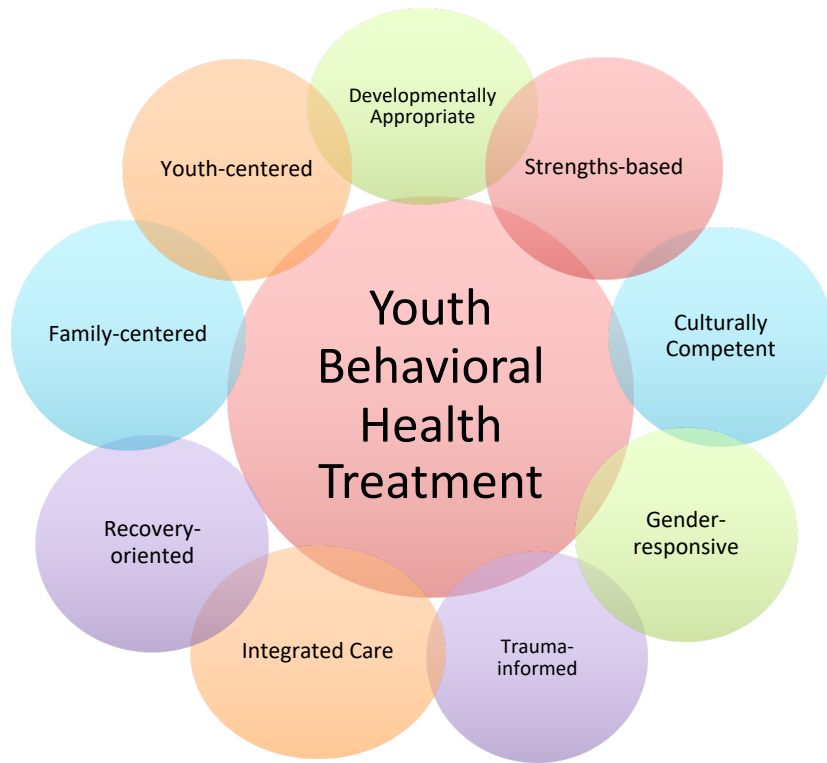
## **Short-Term Opportunities:**

- ❑ Require that all youth receive a mental health, and substance use and trauma screening, as well as a full assessment, if warranted prior to disposition. The results of these screenings/assessments should be shared with the court and inform disposition and DJJ classification decisions.
- ❑ Review all existing JSW, detention, and AOC behavioral health screenings, assessments, and referral forms - and establish a clear structure on who conducts them, when, and how this information is shared amongst all parties and is collected and stored electronically.

## **Long-Term Opportunities:**

- ❑ Develop training, quality assurance, and data protocols to ensure screenings and assessments are completed appropriately, and review and analyze the data to identify youth's needs and align service capacity and resources accordingly.
- ❑ Develop and train all staff in DJJ policies to use risk/needs assessments together to develop case plans for youth with specific treatment goals, ensure youth are matched with the level and type of services accordingly, and base length of stay in facilities and community supervision on progress towards these goals.

# Principle 2: effective services for youth in the juvenile justice system require adherence to key principles of effectiveness.



Principle 2: the ongoing collection and analysis of system performance and youth outcome data at multiple levels helps ensure limited resources are maximized.

## Process outcomes

MH/SU/CO Prevalence

Types of services provided

Number of youth served

Program duration

## Quality assurance outcomes

Services matched to identified needs

Service fidelity to the model

Correct dosage of services

Successful program discharges

## Case outcomes

Recidivism rates

Substance use and technical violations

Positive youth outcomes such as education/employment

## DJJ has a framework for providing evidence-based services in its facilities, but these efforts are not consistently applied and lack quality assurance.

- Youth receive Aggression Replacement Training in some YDCs; have access to robust mental health services; and evidence-based coordinators support EBP adoption.
- Quality assurance on the implementation of EBPs is limited, and DJJ no longer uses the Correctional Program Checklist to assess whether YDC programs/practices are research-based.
- DJJ facilities lack a research-based approach to substance use treatment.
- DJJ group home and day treatment centers do not provide research-based services. More generally, it's unclear what population, risk, or needs that these facilities are designed to serve.
- DJJ staff report receiving an array of training on EBPs but that this training does not regularly result in new policies/practices, and when it does, such efforts are not implemented with fidelity, measured, or sustained.

# DJJ has not established a formal continuum of services to support youth's successful reentry or time spent on community supervision.

- DJJ does not contract for any community-based services other than for the Youth Advocate Program, and reinvestment funding is limited and/or not well directed/coordinated.
- At least in some communities, an array of services are available to meet youth's criminogenic and behavioral health needs, but DJJ has made limited efforts to formally identify such services, what population risks/needs they serve, and to establish both policy directives and tools/resources that guide JSW's on their role in connecting youth to and overseeing such services.
- Limited collaboration with the provider community exists, including formal policies/efforts for:
  - Sharing risk/needs information;
  - Treatment/reentry planning;
  - Training providers on RNR/EBPs and building their capacity to meet the specific needs of justice-involved youth;
  - Creatively addressing geographic barriers to services through videoconferencing or other methods.

## DJJ has not prioritized data collection on key measure of system performance and youth outcomes, and using this data to guide system decisions and investments.

- DJJ does not collect data in a reliable way that facilitates analysis, and lacks the ability to produce robust, flexible, timely reports on system performance and youth outcomes.
  - DJJ lacks standard processes for staff for entering data and does not perform QA on data entry.
  - The case management systems lack ways to validate data upon entry such as drop-down menus.
  - Staff needing data are sometimes unable to receive what they need and rely on time-consuming workarounds such as developing their own spreadsheets.
- The DJJ Information Systems unit has many competing priorities and only a single researcher.
  - No staff are solely responsible for ensuring the department's information systems can produce high quality data for analysis.
  - DJJ has not clearly identified a set of system and youth outcomes performance measures that it has prioritized to measure, and does not engage in regular data analysis and reporting that can inform agency/system decisions and resource allocation.



# Principle 2: Potential Opportunities for System Improvement

## **Short-Term Opportunities:**

- ❑ Establish a more defined role for EBP staff in overseeing quality assurance of facility evidence-based practices, and reinstitute the Correctional Program Checklist and require annual evaluations.
- ❑ Adopt and implement an evidence-based substance use curriculum for all facilities that can relatively align with the grant pilot.
- ❑ Train JSWs on DJJ policies including their role in making service referrals that align with youth's risk and needs, sharing assessment and case plan information, overseeing service progress, hosting treatment team and reentry planning meetings with service providers.
  - Develop service matrices where possible to support service matching.

## **Long-Term Opportunities:**

- ❑ Consider the population and associated risk and needs that group home and day treatment centers are designed to serve and whether resources could be used more efficiently to develop community-based services as alternatives to placement.
- ❑ Establish an advisory group of community mental health and other providers to work together to build community capacity to service justice-involved youth through evidence-based practices.

# Principle 2: Potential Data Opportunities for System Improvement (cont.)

## **Short-Term Opportunities:**

- ❑ Identify the highest priority data needs of the department - including specific system performance and youth outcome measures (recidivism, technical violations, etc.) and prioritize those which can be met with the case management systems currently in place.
- ❑ Incorporate information systems leadership into DJJ leadership discussions regarding performance measurement, grant opportunities, or changes in the agency.

## **Long-Term Opportunities:**

- ❑ Improve data quality assurance by developing standard processes for staff data entry, and train staff on consistent data entry. Develop measures and ongoing protocols to assess the accuracy and timeliness of data entry.
- ❑ Identify and invest the resources needed to improve the analytical, reporting, and data use capacity of the agency, such as staff (business analyst, additional researchers, data quality assurance staff) and other resources like statistical, reporting, or data visualization software.

# Principle 3: Collaborate across systems to address youth's needs

**60 to 70 percent** of youth in confinement have a **mental illness**



**25 to 50 percent** of confinement youth have a **substance use disorder**



**65 percent** of the youth in the juvenile justice system may have past or current



More than **50 percent** of confined youth have reading and math skills significantly below their grade level, have repeated a grade, and have been suspended or expelled



## Opportunities exist to improve internal case planning coordination and external partnership development with providers and other service systems.

- YDC staff report active collaboration with JSWs on youth's progress and reentry planning but group home and day treatment staff have a more inconsistent experience.
- Group home and day treatment staff sometimes conduct duplicate intake, assessment, case planning, and reentry planning processes for the same youth.
- Neither current external service providers or the potential community receiving provider are routinely engaged in reentry planning; at the same time, continuity of care (insurance, medication, service, etc.) is a barrier to successful reentry.
  - Youth can have a case plan with the JSW; facility; current external provider; receiving external providers; and DJJ qualified mental health professional in the community;
  - Relationships with service providers tends to be individual- rather than agency-based.
- Regional collaboratives of providers/other service systems may no longer serve their intended function, and limited other forums exist—particularly with the AOC and child welfare and behavioral health systems—to be developing an efficient, research-based continuum of community-based services.

## DJJ faces key challenges, and also opportunities, to more efficiently employ its human and financial resources to effectively address youth's needs.

- Legislative reforms imposed specific mandates on system functioning, but it's unclear that DJJ has devoted sufficient time to adopting its own vision, and developed a strategic and concrete action plan for aligning its human/financial resources and policies/procedures accordingly.
- Staff and program resources are potentially not being employed in the most efficient manner possible:
  - Facilities are underutilized;
  - JSW and QMHCP's caseloads are low;
  - Staff roles and responsibilities are sometimes unclear, they feel siloed, and in some cases, are not being fully utilized.
- Frequent staff turnover undermines the adoption and high-quality implementation of EBPs while emphasizing the needs for an agency-wide approach to service capacity building and partnerships.

# Principle 3: Potential Opportunities for System Improvement

## **Short-Term Opportunities**

- ❑ Establish and train staff on DJJ policies that require a collaborative case planning and management model (e.g. treatment team or family /team conferences) for JSWs, staff at both group homes and day treatment centers, qualified mental health professionals and community providers where each are working from a common case plan.
- ❑ Reassess the mission and goal of regional collaboratives of providers/other service systems to foster better collaboration and communication – particularly with AOC, child welfare and behavioral health systems to better serve youth in juvenile justice system.

## **Long-Term Opportunities:**

- ❑ Launch an agency-wide strategic and action planning processes that includes evaluating the way in which staff, facilities, and program resources are currently utilized and allocated agency-wide and identify where resources and staff can be repurposed in a more efficient, resource-based manner. As part of this process, partner with the legislature/Justice Cabinet to address structural and pay issues that undermine staffing hiring and retention.

## Principle 4: Community supervision should focus on promoting positive youth behavior change and addressing youth's risk and needs.

Focus on Only Surveillance	Focus on Positive Behavior Change
Laundry list of supervision conditions	Developmentally appropriate conditions
Fixed and uniform case contact requirements	Contact requirements based on youth's assessed risk level
No collateral contact requirements	Required family and school collateral contacts, engagement, and support
Large caseloads, "check-in" visits	Small caseloads with sessions focused on behavior change/relapse prevention planning
Minimal training	Training in family engagement techniques and strategies with working with youth who have co-occurring substance addictions and mental illnesses
Minimal use of incentives/rewards	Frequent use of incentives/rewards to promote treatment progress and hold youth accountable

# DJJ lacks a robust approach to ensure supervision and services are based on a developmentally appropriate approach.

- YDC staff appear to make an effort to engage families in case planning, but most JSWs see families as more of a barrier than an asset; families are not required partners in case planning; and family therapeutic services are limited.
- It's unclear what "success" looks like for youth while on community supervision; JSWs don't necessarily see themselves as agents of positive youth behavior change (as opposed to monitoring the conditions of supervision); and there is no formal supervision/case planning model or curriculum to support such a role.
- There is no formal use of incentives; formal policies/matrices around the use of graduated responses are limited; and revocations for technical reasons for youth release from facilities is not uncommon and results in youth returning to a potentially unfamiliar facility.



# Principle 4: Potential Opportunities for System Improvement

## **Short-Term Opportunities:**

- ❑ Host annual training for all JSWs, behavioral health and facility staff on adolescent development, youth and family engagement, motivational techniques, and working specifically with youth who have co-occurring substance addictions and mental illnesses.
- ❑ Establish formal case planning/curriculum for community supervision that position JSWs primarily as agents of positive youth behavior change rather than condition monitors.
- ❑ Develop a more formal system of incentives and graduated responses that minimize violations/revocations for non-public safety reasons and are used to hold youth accountable while promoting positive behavior change and treatment progress.

## **Long-Term Opportunities:**

- ❑ Develop formal and structured case planning and treatment meetings where youth and families are required to participate in an effort to identify and inform supervision and treatment goals.

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# Next Steps

1. Prioritize grant readiness recommendations with grant staff for grant implementation and develop an implementation/technical assistance plan.
2. Prioritize DJJ/system-wide improvement recommendations and establish work groups that include agency leadership, line staff, and community partners to develop concrete action plans for improvement with specific deliverables, timelines, and responsible parties.
3. Collaborate with the NRRC to facilitate grant implement and support working group activities, including policy development, reviewing models from other states, training on best practices, etc.