



# Changing the Juvenile Justice Approach for Better Outcomes



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

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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



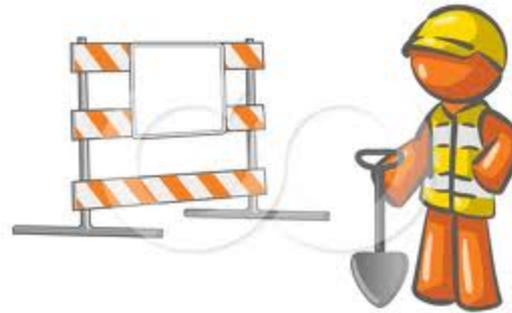
Participants will learn the ways OJJ has been a “game changer “ in it’s growth as a quality system of care and partner in Children's Behavioral Health. Those attending will learn answers to these questions and more:

- 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



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- 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

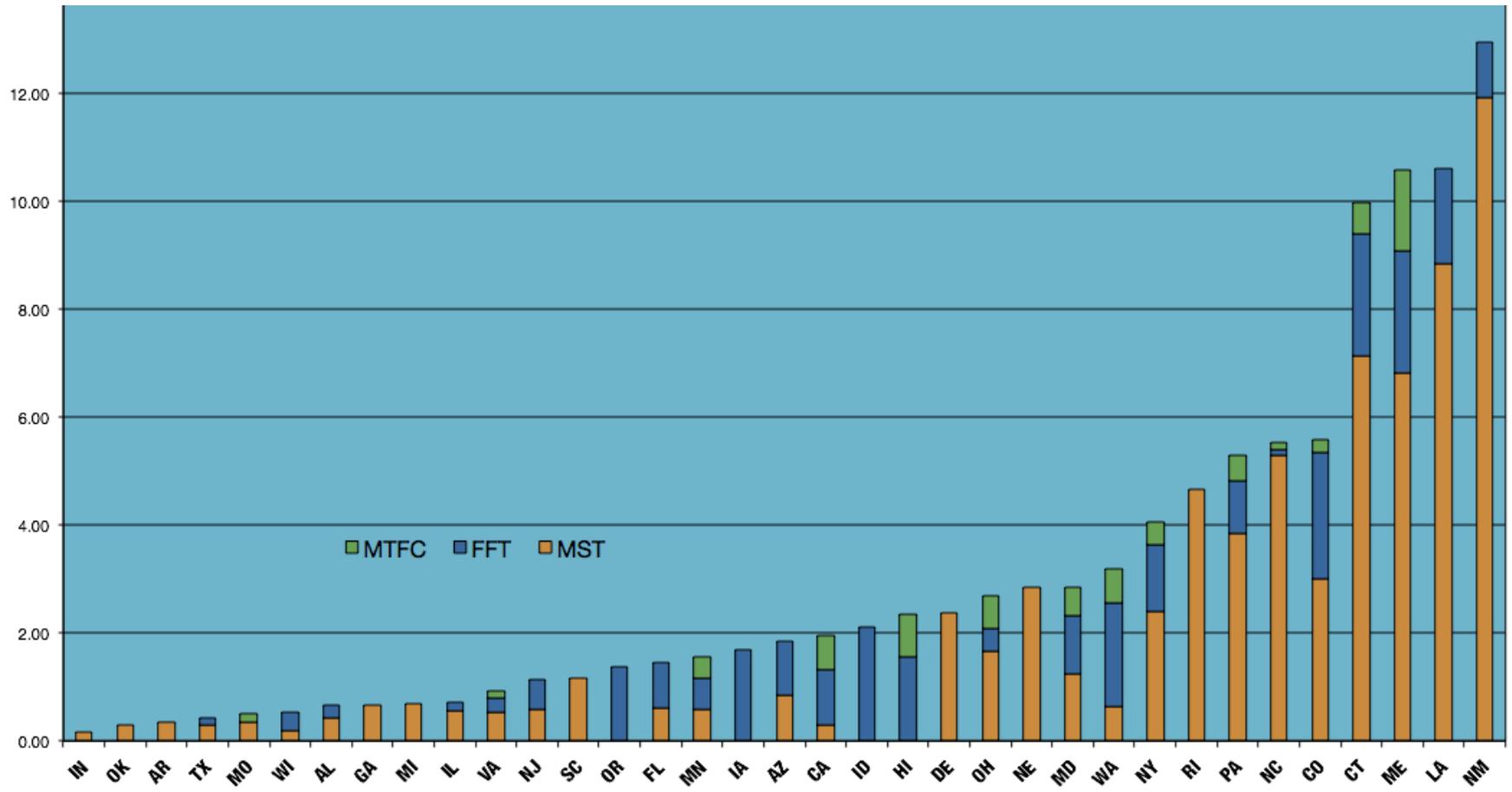
Screening of youth to assure placement of high risk/need youth with significant safety needs are placed in secure care. (SAVRY and other assessment instruments and evaluations)

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.

# National Stages of Implementation





# 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.



# Magellan Behavioral Health in Louisiana

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

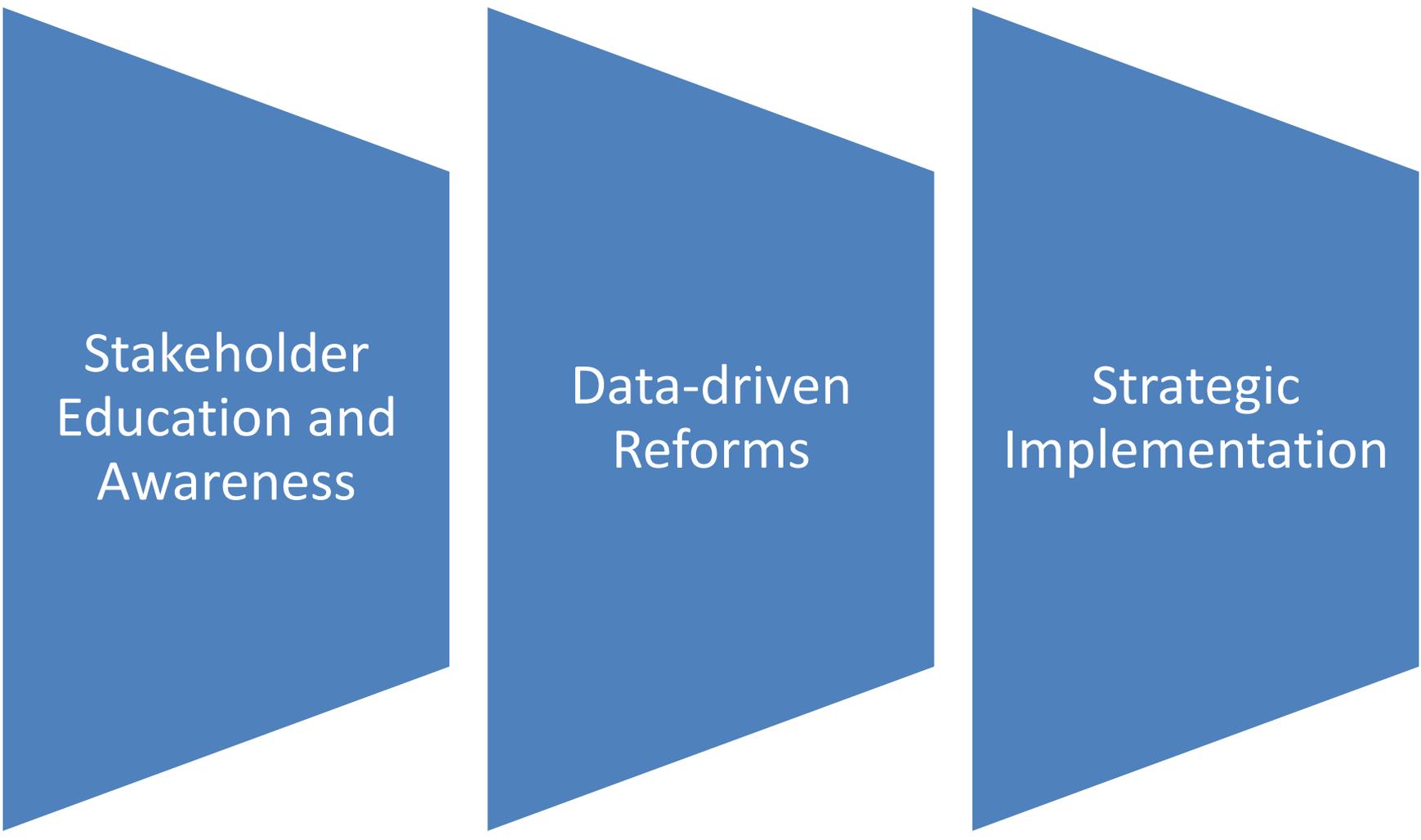
Building Evidence Based Practices in the community is a critical piece in the blue print of this process

“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

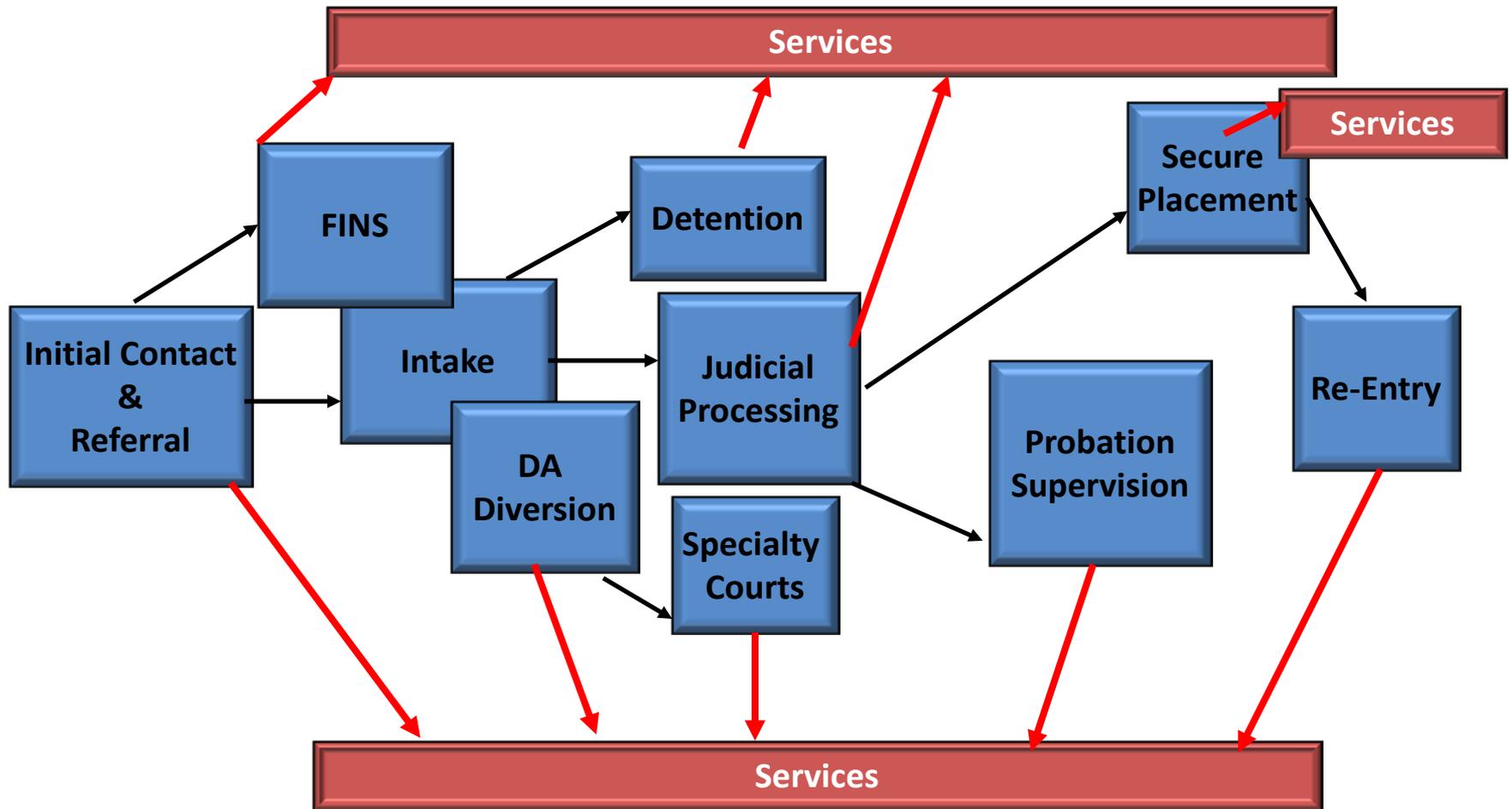
Strategic  
Implementation

# Op Eds... Times Picayune Jan 2010

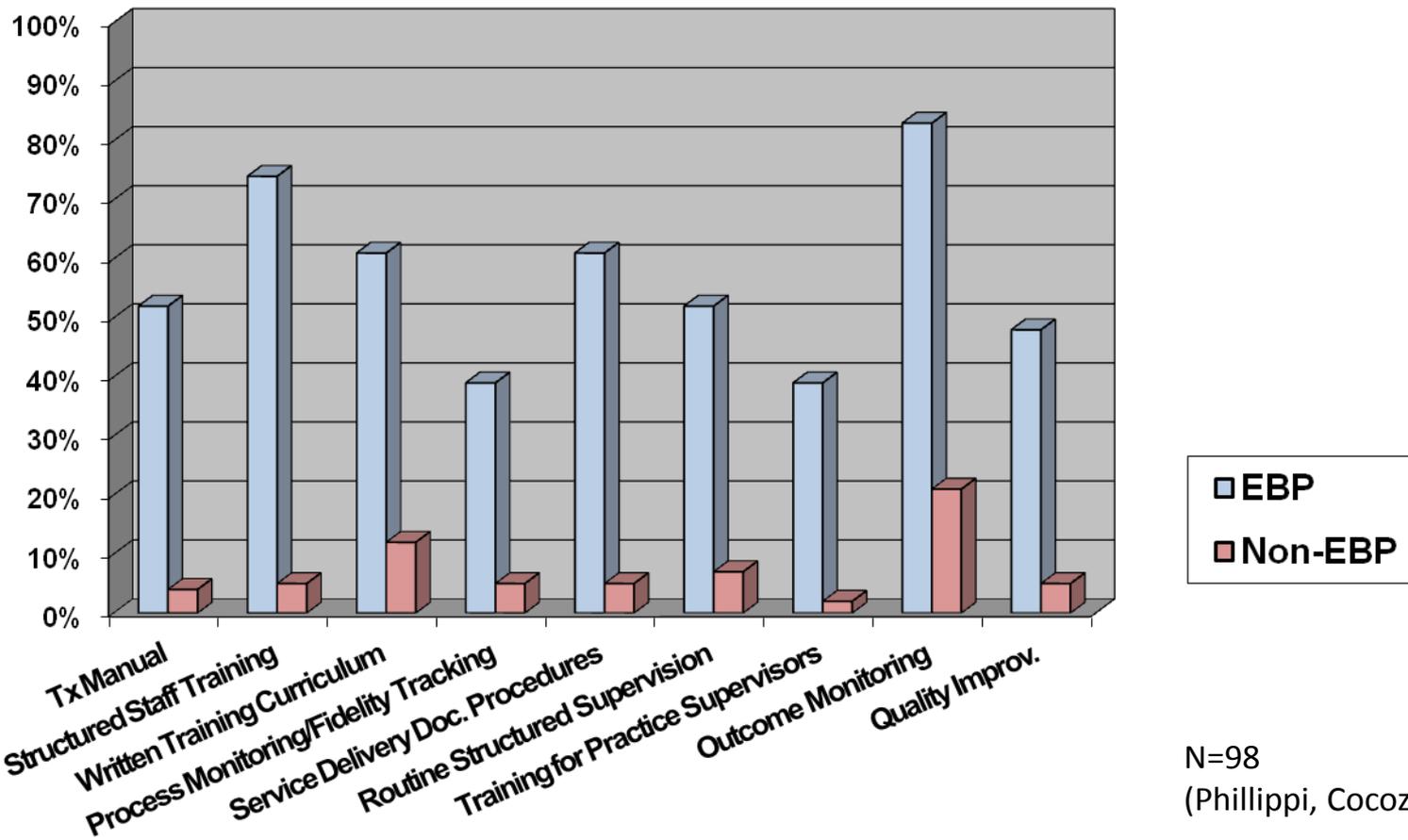
## **Detention Center Expands to 119 beds with projected annual budget of \$6.57 million**

- 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**



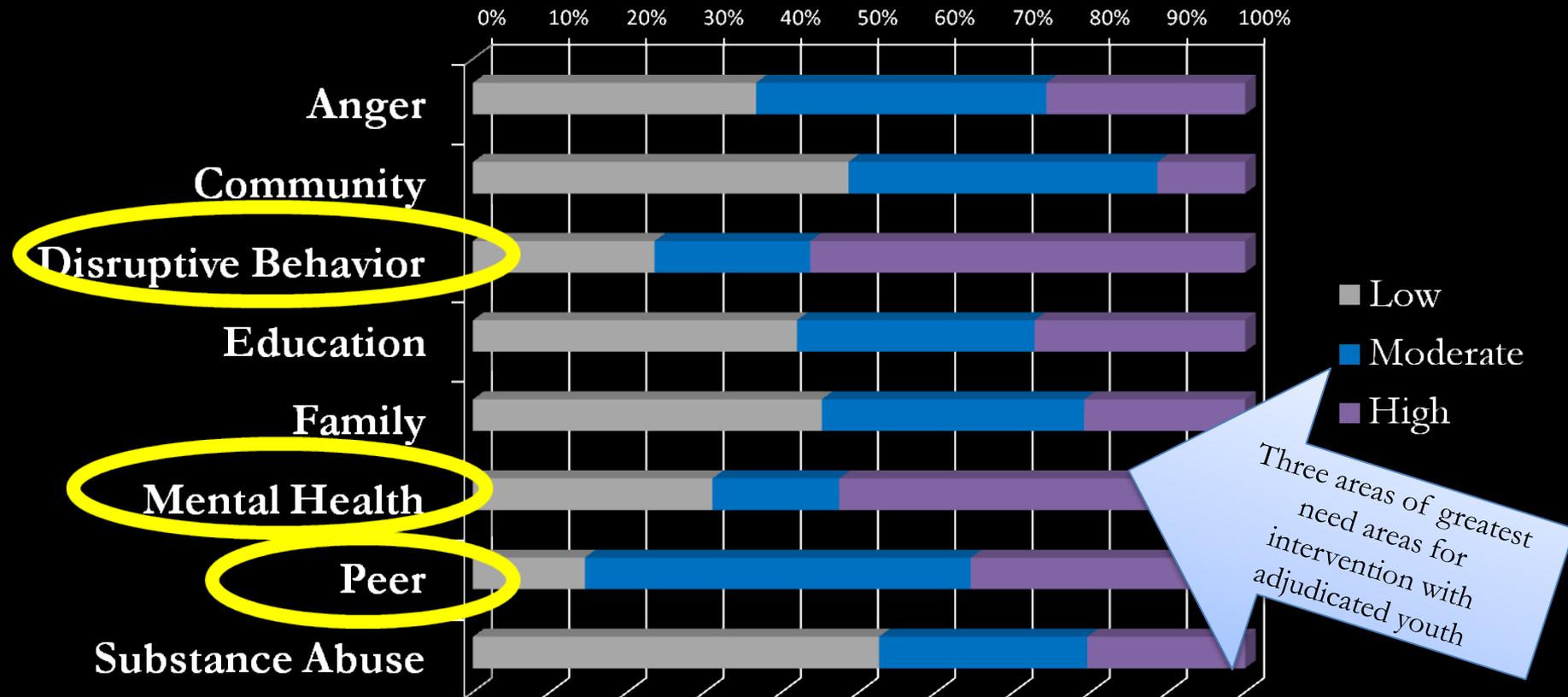
# Quality Difference to Improve Outcomes



N=98  
(Phillippi, Coccozza, Shufelt 2008)

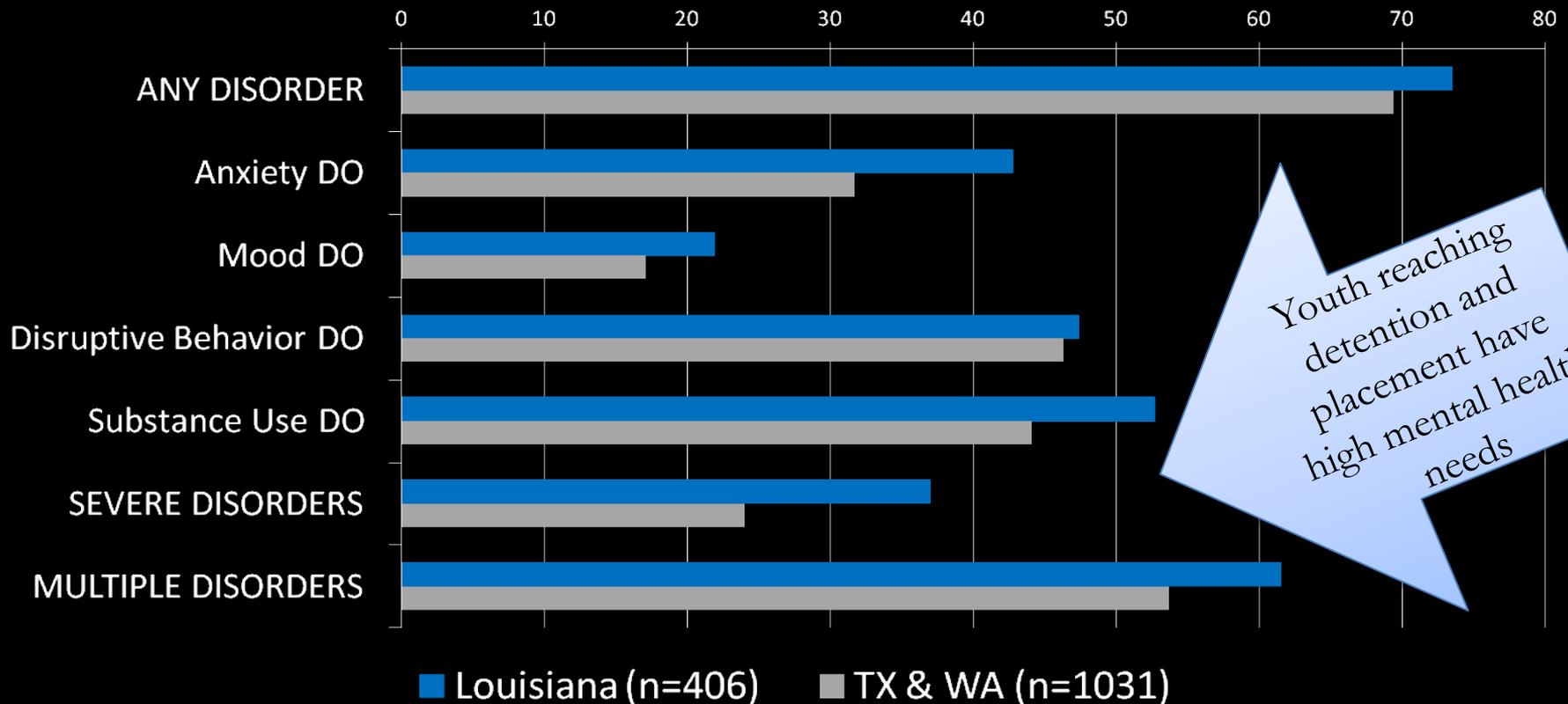
# Crosswalk: What are the needs?

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



# Crosswalk: What are the gaps?

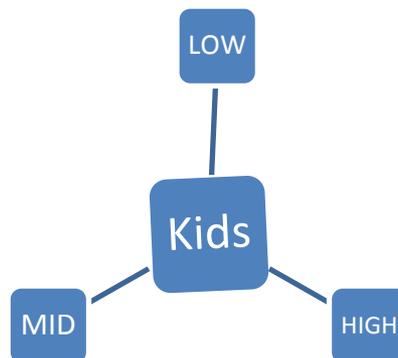
Mental Health Needs of Detained or Incarcerated Youth  
(NCMHJJ – Shufelt & Coccozza, 2006)





# 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???



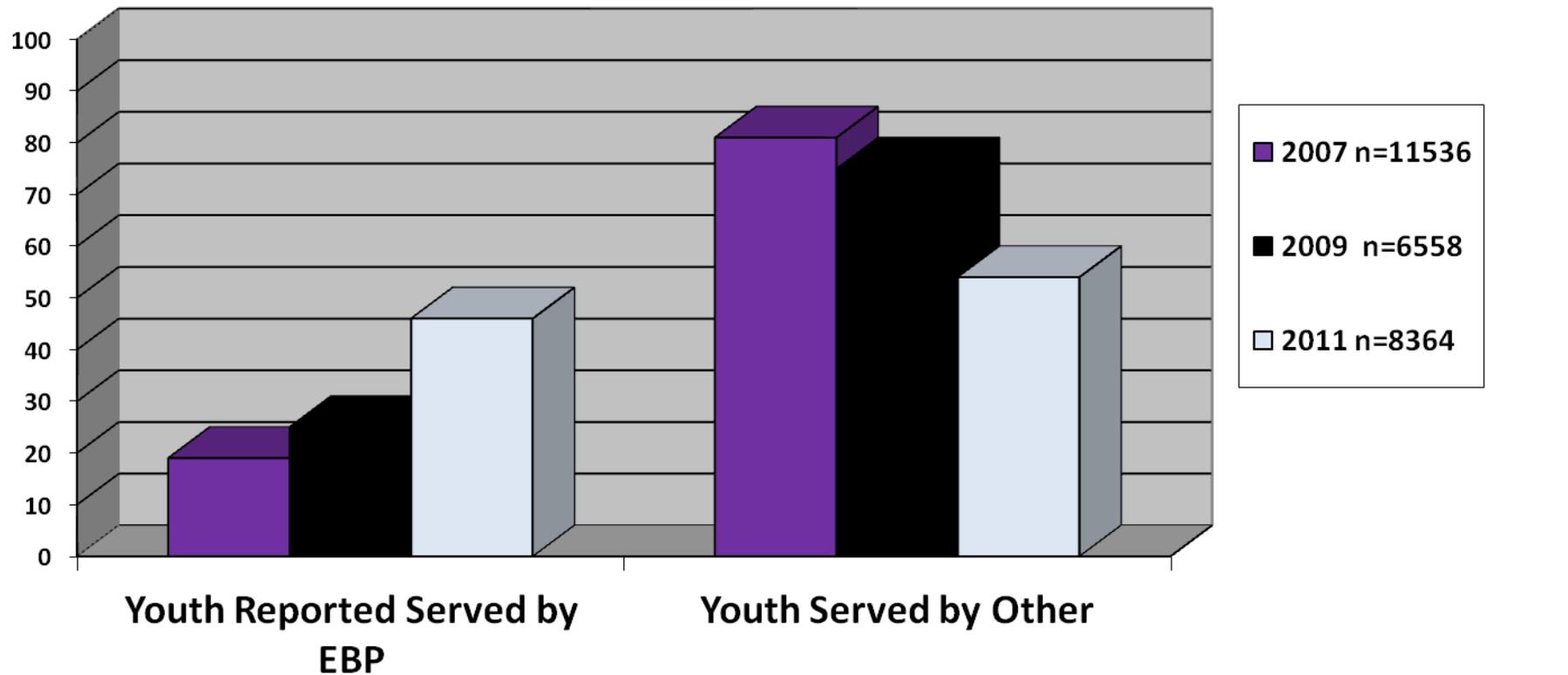
# Linking Kids to Right Service

## Service Matrices

Risk / Need	Family	Educ	Sub Abuse	Mental Health
LOW				
MED				
HIGH				

PROGRAMS TO FIT NEEDS

# Trends in Services



(Louisiana Juvenile Justice Provider Survey, Phillippi 2012)

# Trends in Services

## Louisiana FFT and MST Teams 2006

MST

MST

MST: 6 Teams  
serving 199  
families annually

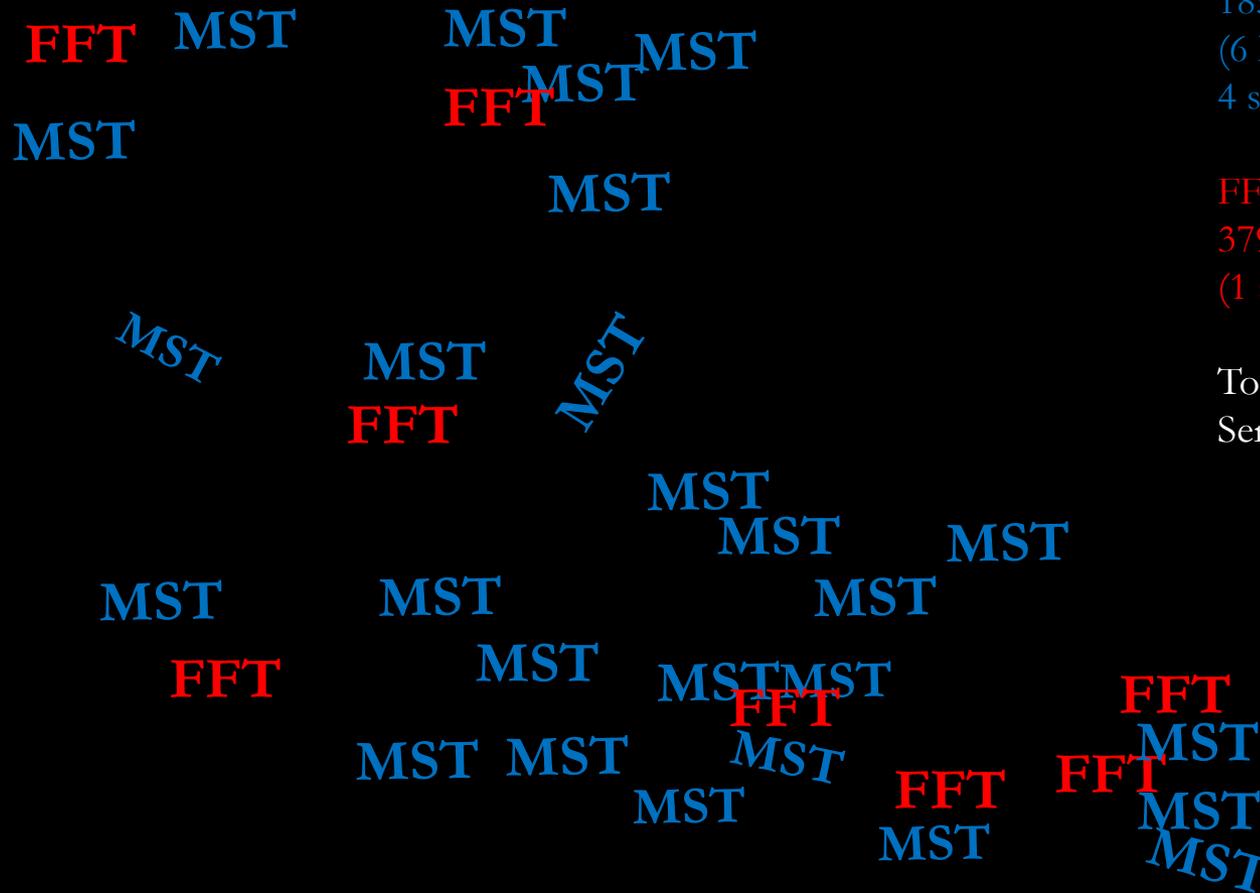
FFT: 0 Teams

Total Youth &  
Families Served  
Annually: 199

MST

# Trends in Services

## Louisiana FFT and MST Teams 2011



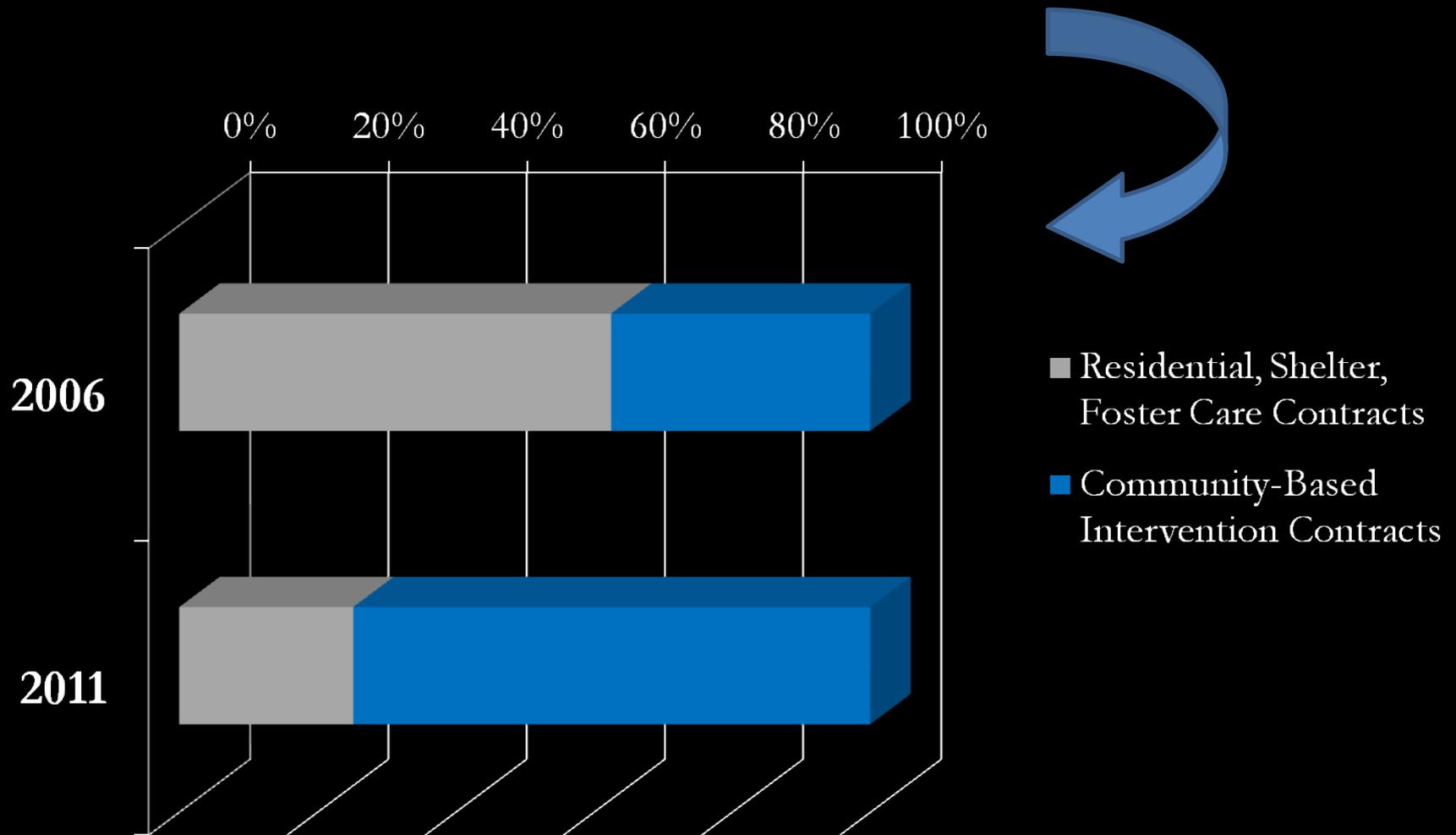
MST: 36 Teams serving  
1856 families annually)  
(6 lost since 2006  
4 starting in 2012)

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.



# 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

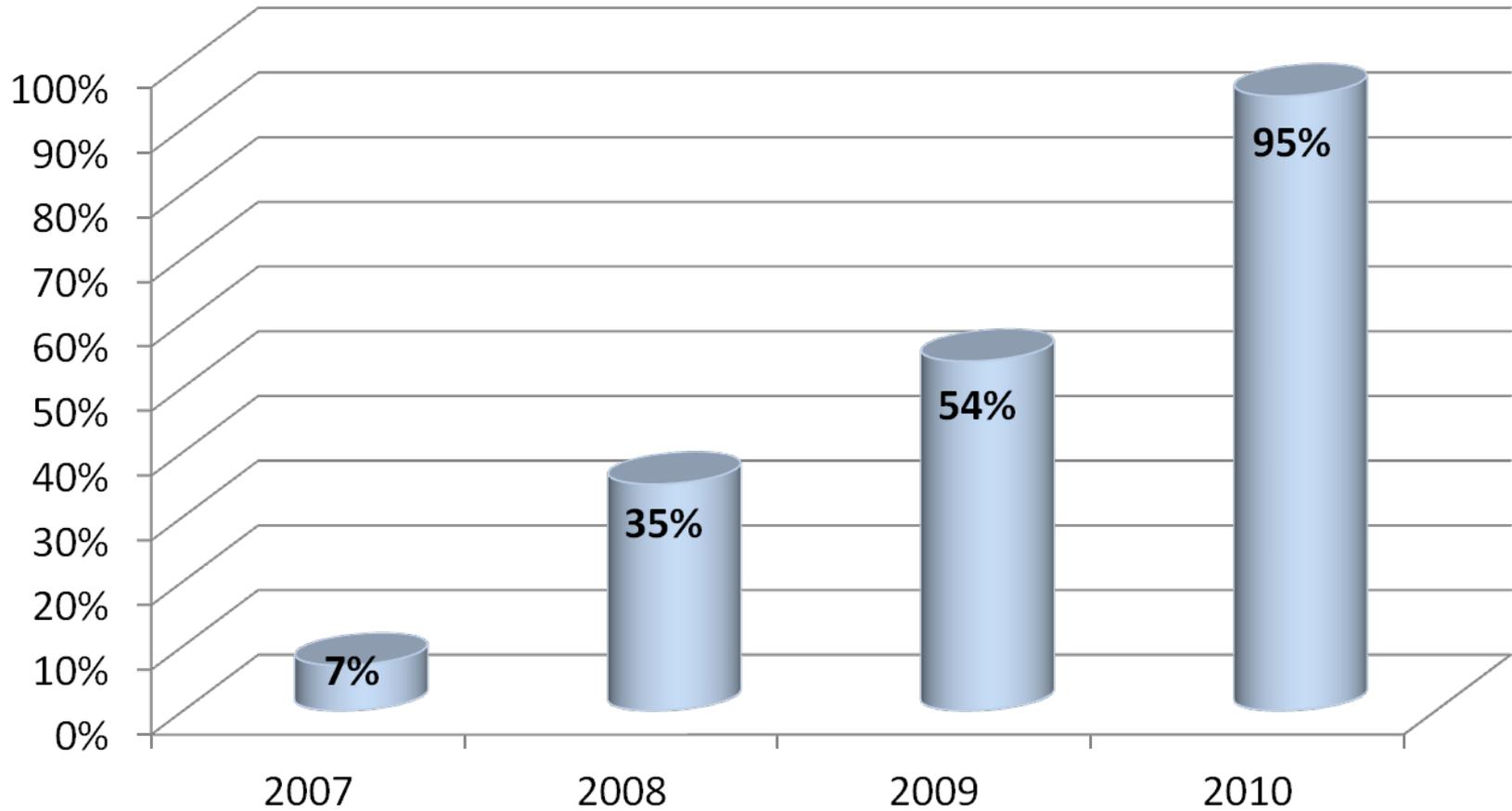




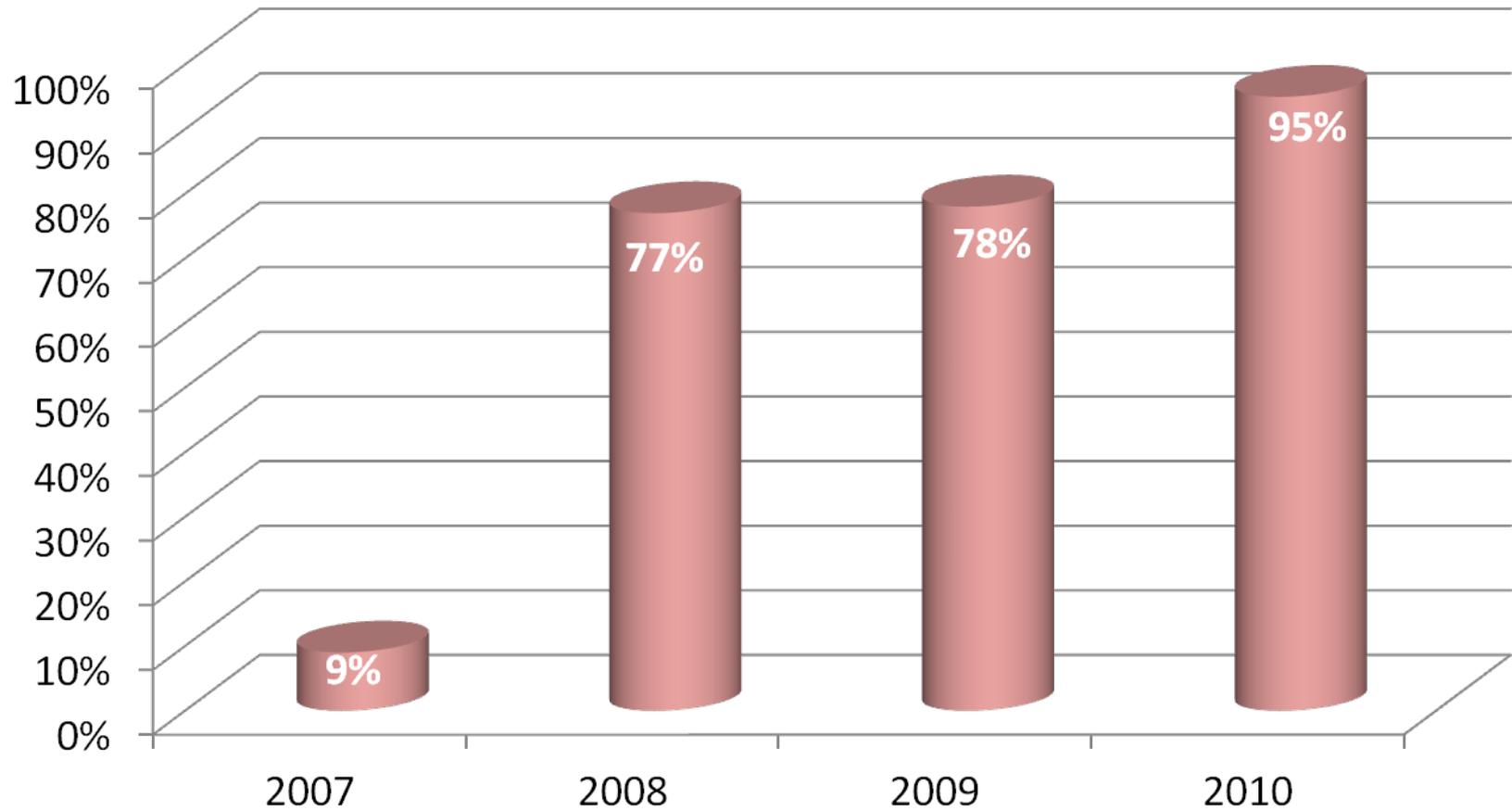
# Increased Access to Evidence-Based Practices and Services

- 👍 **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**

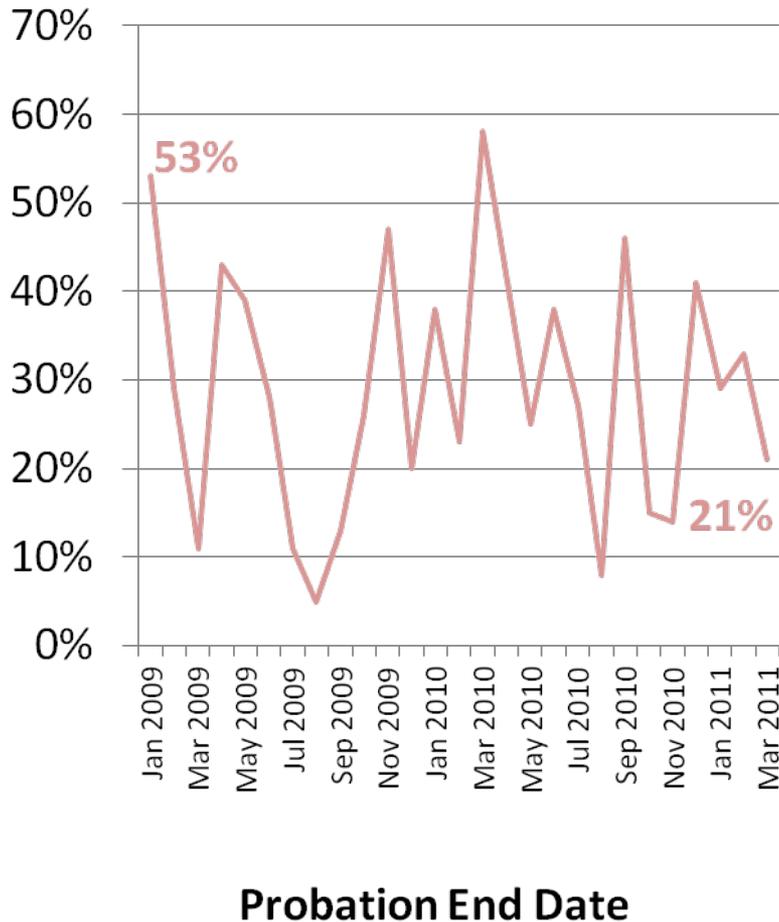
# Percentage of Youth Referred for Evidence – Based Services



# Percentage of Treatment Budget Spent on Evidence – Based Practices

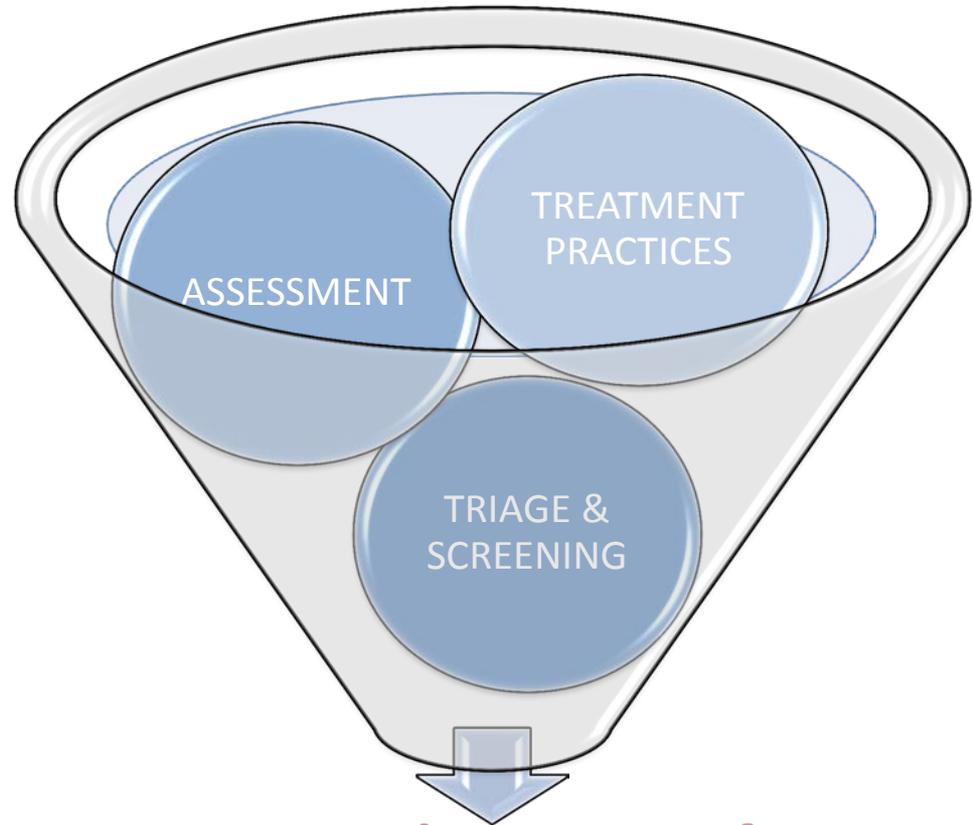


# Probation Recidivism



- **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



**Improved Outcomes for  
Juvenile Drug Court Treatment**

Evidence-Based Practice Recommendations for  
Juvenile Drug Courts

by the National Center for Mental Health and Juvenile  
Justice in collaboration with the Louisiana Supreme Court  
Drug Court Office

**Models for Change**  
Systems Reform in Juvenile Justice

# 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

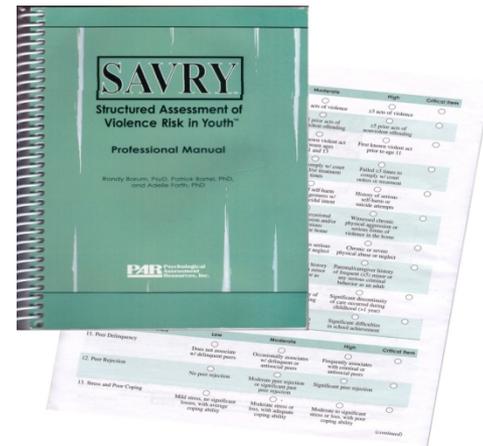


# Selection Process

- 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 us 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





# 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.



**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.*

		<b>Disruptive Behavioral Problems</b>	<b>Mental Health/ Emotional Stability</b>	<b>Substance Abuse Alcohol/Drugs</b>	<b>Family</b>	<b>Education/Employment</b>	<b>Peer/Social Skills and Supports</b>	<b>Community</b>
<b>NEED LEVEL</b>	<b>Low</b>	- Parent will be encouraged to supervise youth and request assistance, if needed, from Church and family - Community Service Work	- Parent will be encouraged to monitor youth closely for signs of emotional instability, and make appropriate mental health referrals if needed	- Parent will be encouraged to monitor youth for signs of usage and/or abuse incidents	- Parent will be encouraged to spend quality time with youth, so as to strengthen relationship	- Parent will monitor youth's attendance, behavior, and grades	- Parent will monitor peer associations and encourage appropriate relationships with other youth - Parent will encourage youth to participate in extracurricular activities at school; such as sports, band, clubs, etc...	- Parents will be encouraged to get youth involved in a local Church and/or recreation program
	<b>Moderate</b>	- Trackers - OJJ Social Worker	- Functional Family Therapy - OJJ Social Worker - Case specific service provider	- Substance Abuse Clinic for assessment / treatment - Case specific service provider if clinic not available - Drug screens	- Trackers - Functional Family Therapy - Multisystemic Therapy - OJJ Social Worker	- Tutoring - Educational Evaluation - GED/Vocational placement	- Community Service Work - Recreational Services (Big Brothers/Big Sisters, Community Leagues) - Trackers	- Community Service Work - collect restitution; if applicable - letter of apology to the victim, if applicable
	<b>High</b>	- Day Treatment Program (related to behavior Problems in school) - Functional Family Therapy - Multisystemic Therapy - Youth Challenge Program - Alternate / relative placement	- Psychological Evaluation - Psychiatric Evaluation - OJJ Social Worker - Case specific service Provider - Multisystemic Therapy (MST) - Office of Mental Health for assessment / treatment - In patient treatment - Office for Citizens with Developmental Disabilities	- Substance Abuse Clinic for assessment / intensive treatment - Drug Court (if scores high for substance-use difficulties AND moderate or high overall) - In patient treatment - Drug screens	- Functional Family Therapy - Multisystemic Therapy - Youth Challenge Program - OCS referral (if neglect or abuse is suspected) - Family Preservation Services - Alternate / relative placement	- Day Treatment Program (not related to emotional or developmental disability) - Youth Challenge Program - Job Corp - Office for Citizens with Developmental Disabilities - OJJ Education Specialist - Referral for IEP	- Community Service Work - Collect restitution, if applicable - Letter of apology to the victim, if applicable	

**Try to keep plans to a maximum (not minimum) of the 3 major need areas that score Moderate or High risk. If a youth scores High in 3 or more need areas and requires services are not attainable, a referral should be made for an ISC. Consider EMP for those at highest supervision level with multiple high risk areas.**

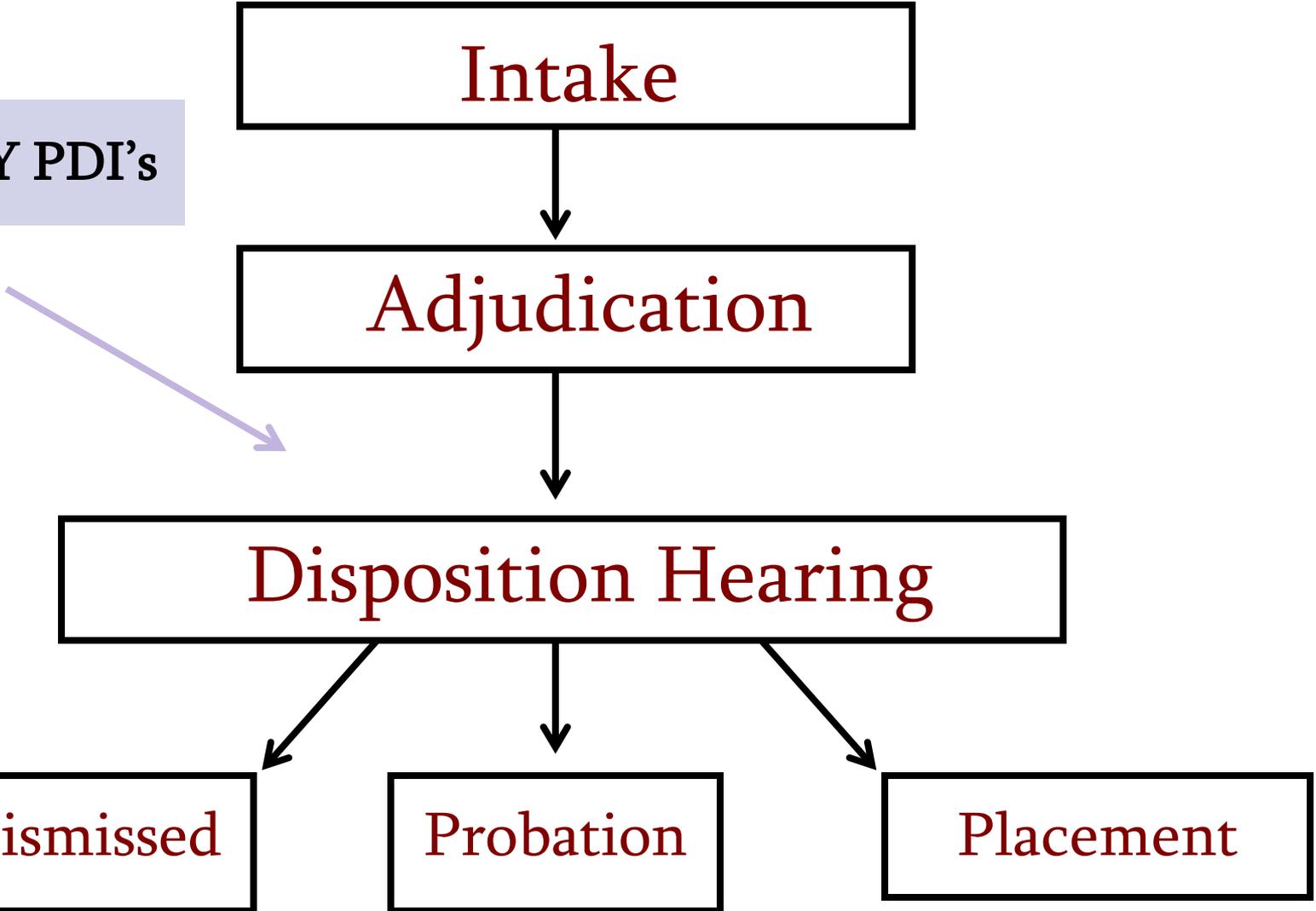
**Additional Need Areas and Level of Need:**

1. \_\_\_\_\_
2. \_\_\_\_\_



# Louisiana Assessment Point

SAVRY PDI's



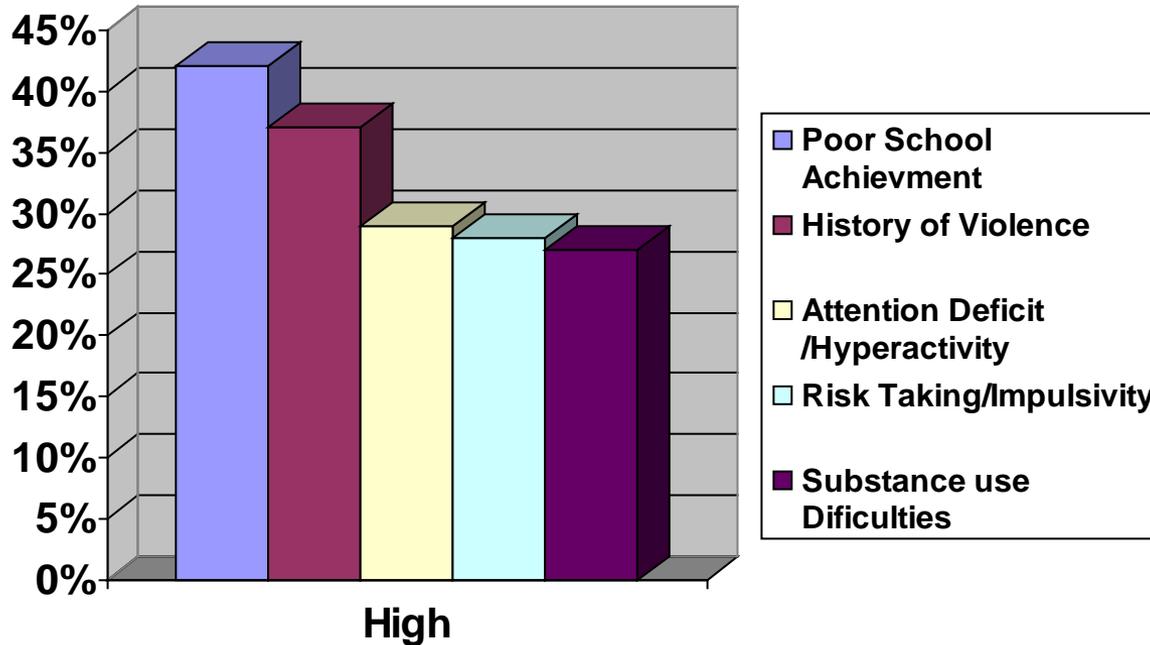


# Presenting SAVRY Results

- 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





## **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

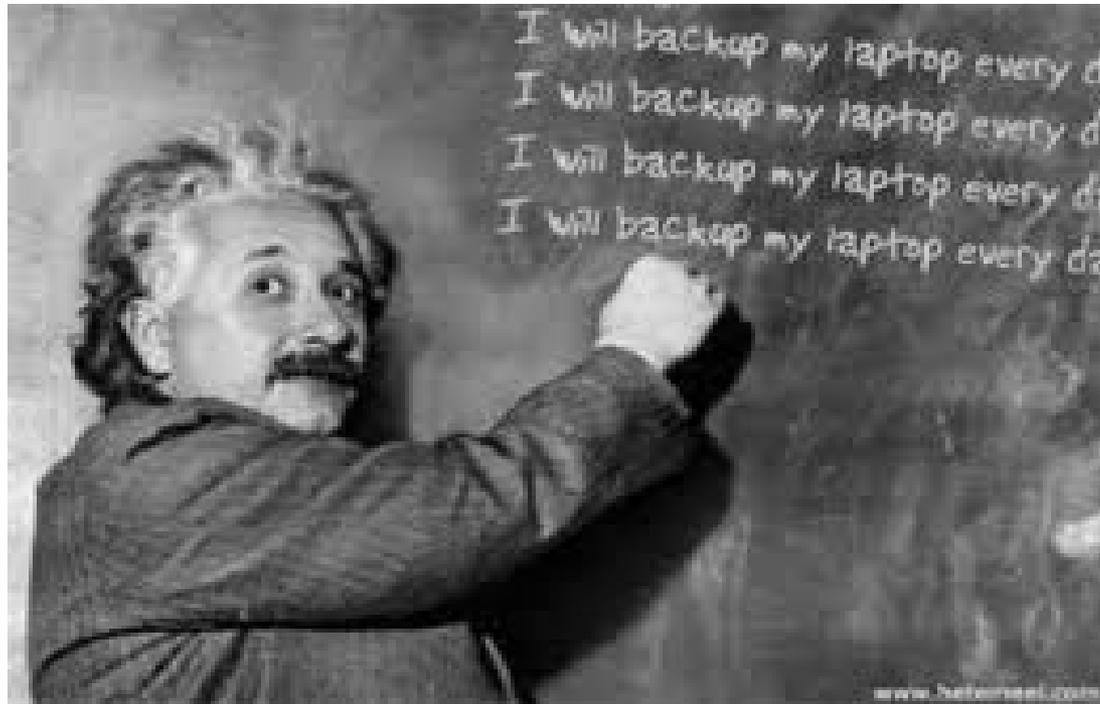
Program Orientation



# Recommendations: Treatment

- Comprehensive and well-coordinated
- Evidence-based practices (MI, CYT, SFBT)
- Family engagement

# Summing it Up





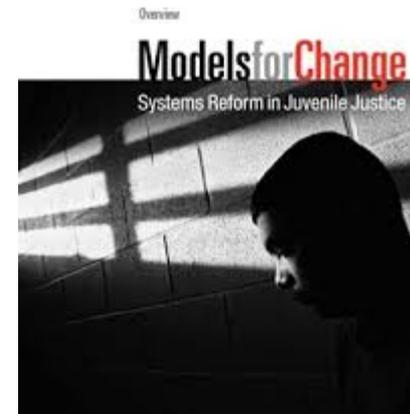
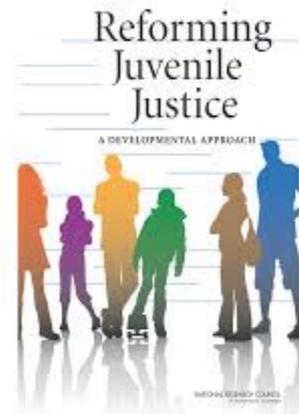
What is  
**multisystemic  
therapy?**



Research

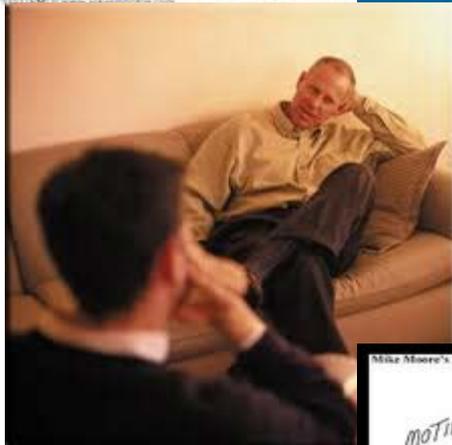


**A Dilemma of Cognitive Dimensions – Why do Juveniles Commit Crimes and What Do We Do With Them When They Do? One Argument in Support of the Juvenile Justice System.**



# 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 led 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 .