

Juvenile Justice Outcomes and Challenges



Presentation to the JJPOC
November 13, 2014

Strengthening Families Practice Model

□ Core concepts/strategies

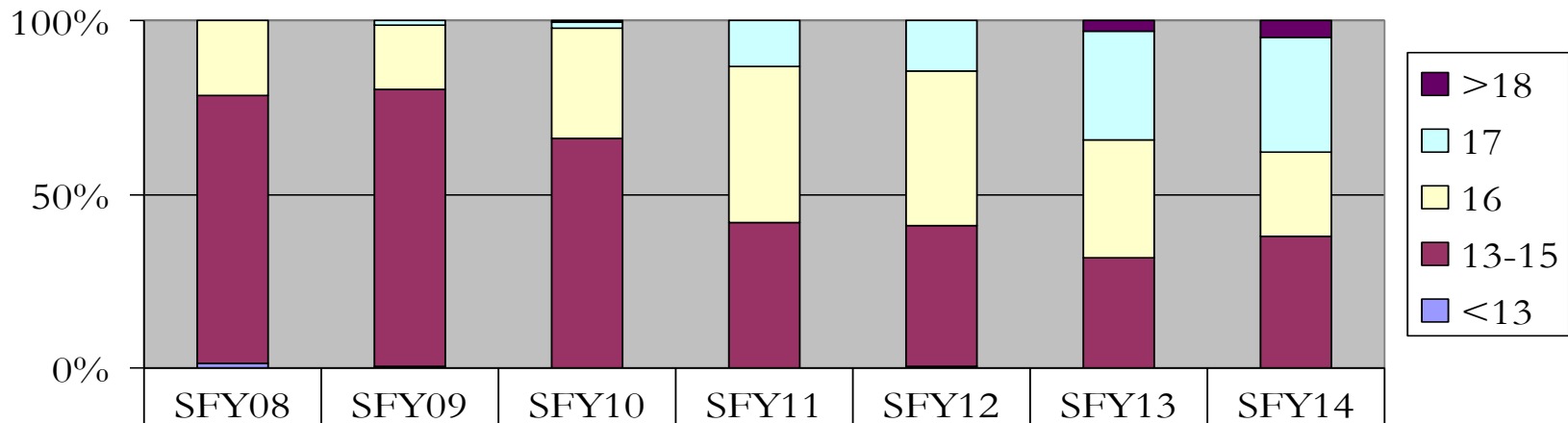
- Child and family permanency teaming
- Family engagement
- Trauma informed practice
- Family centered assessments
- Purposeful visitation
- Effective case planning
- Leadership, management and supervision

□ Desired outcomes

- Improved child well-being
- Prevention (fewer families need DCF services)
- Children remain safely at home, whenever possible
- Youth who must come into DCF care achieve permanency in a timely fashion
- Youth who transition from DCF are better prepared for adulthood

Snapshots of the DCF JJ Universe

New Delinquency Commitments by Age

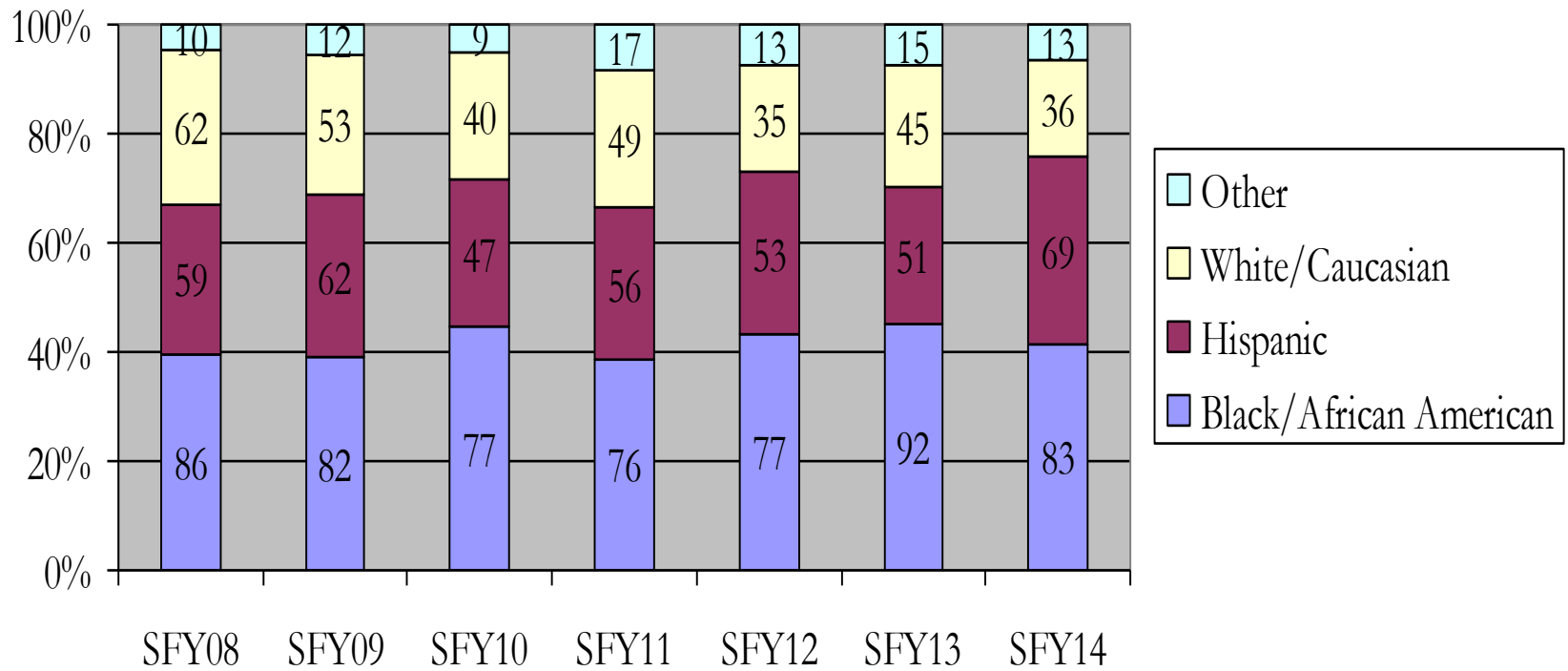


	SFY08	SFY09	SFY10	SFY11	SFY12	SFY13	SFY14
>18			1			6	10
17		3	3	26	26	64	66
16	47	38	55	89	79	69	49
13-15	167	167	114	83	72	64	76
<13	3	1			1		

Source: Condoit

Snapshots of the DCF JJ Universe

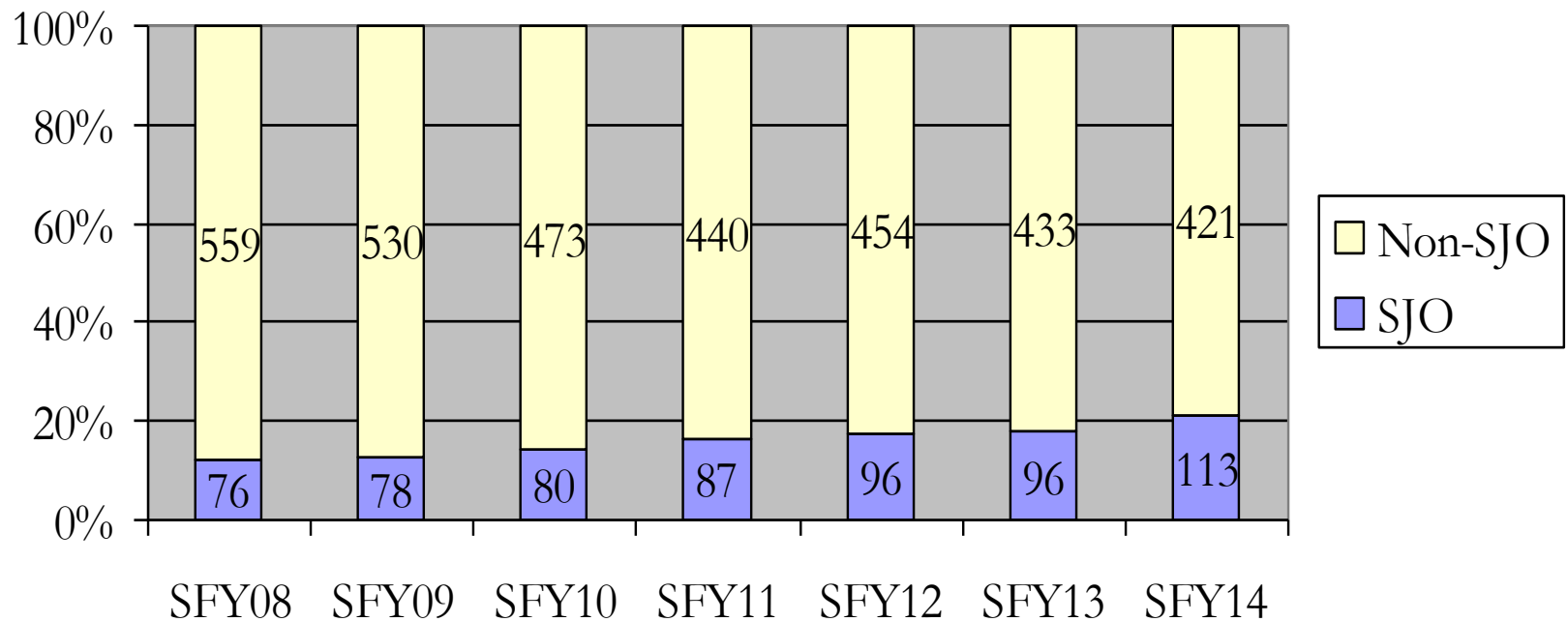
New Delinquency Commitments by Race/Ethnicity



Source: Condoit

Snapshots of the DCF JJ Universe

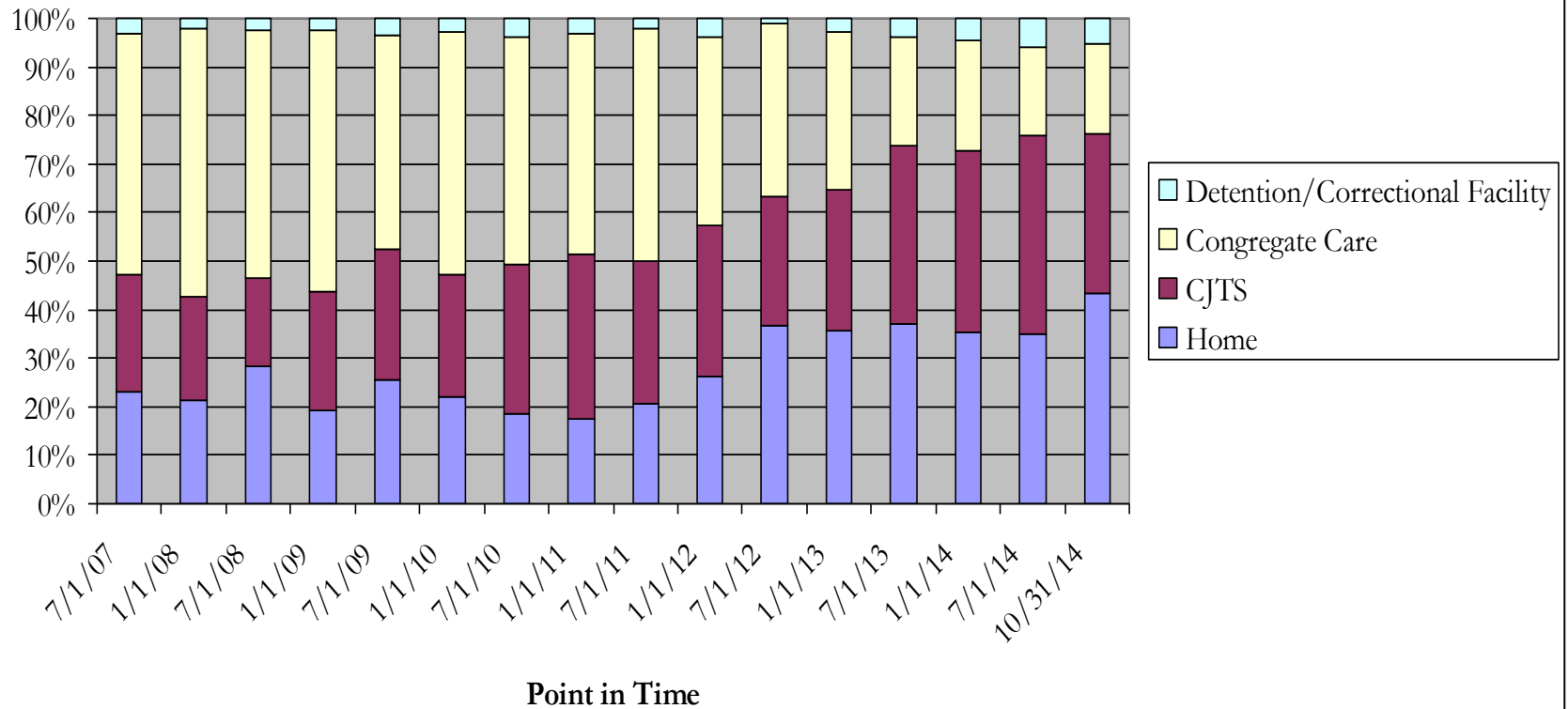
Juvenile Justice Youth Served
By Serious Juvenile Offense (SJO) Status



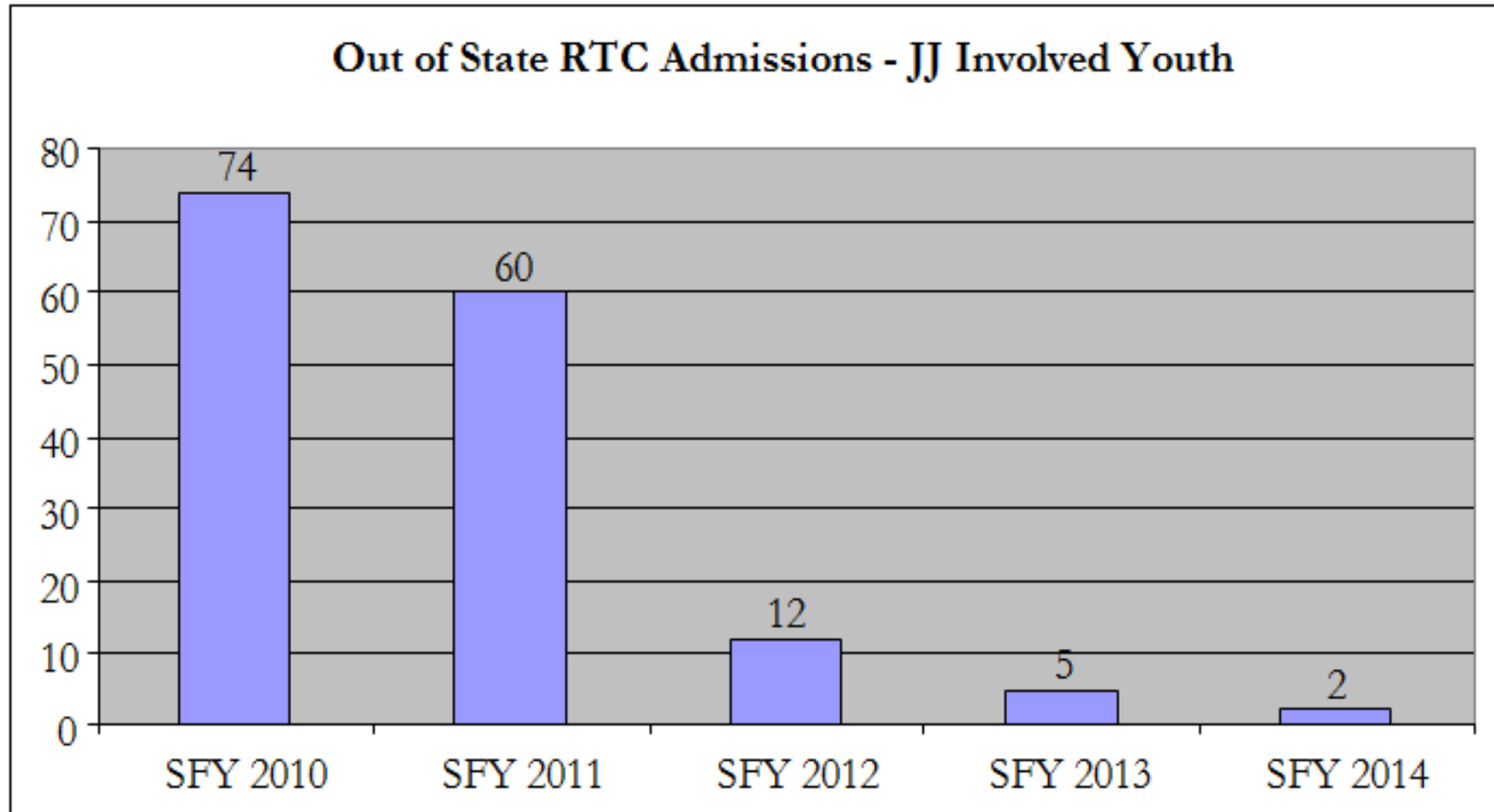
Source: Condoit

Overall Placement Types

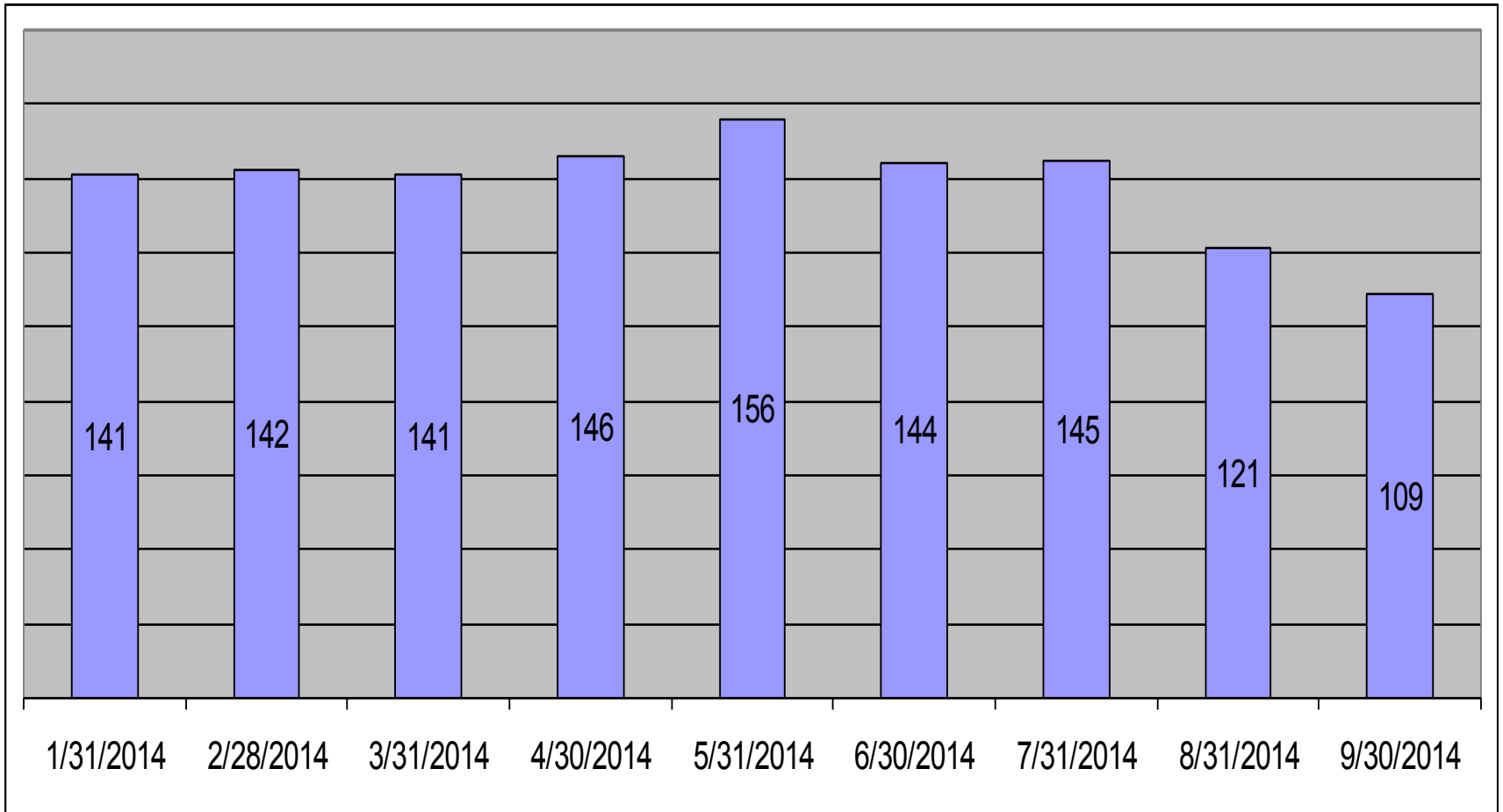
Placement Types



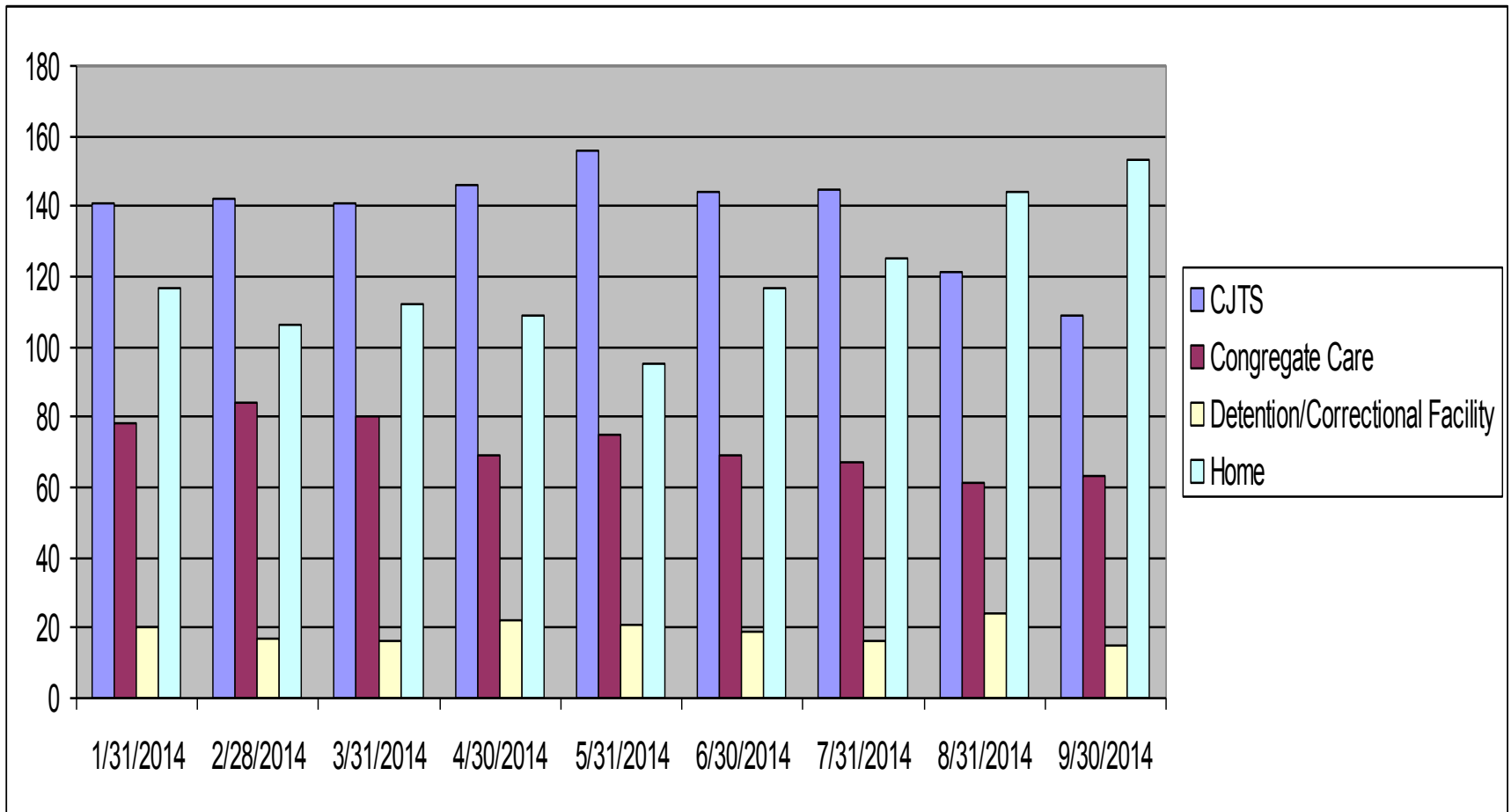
Overall Placement Types



CJTS: Population



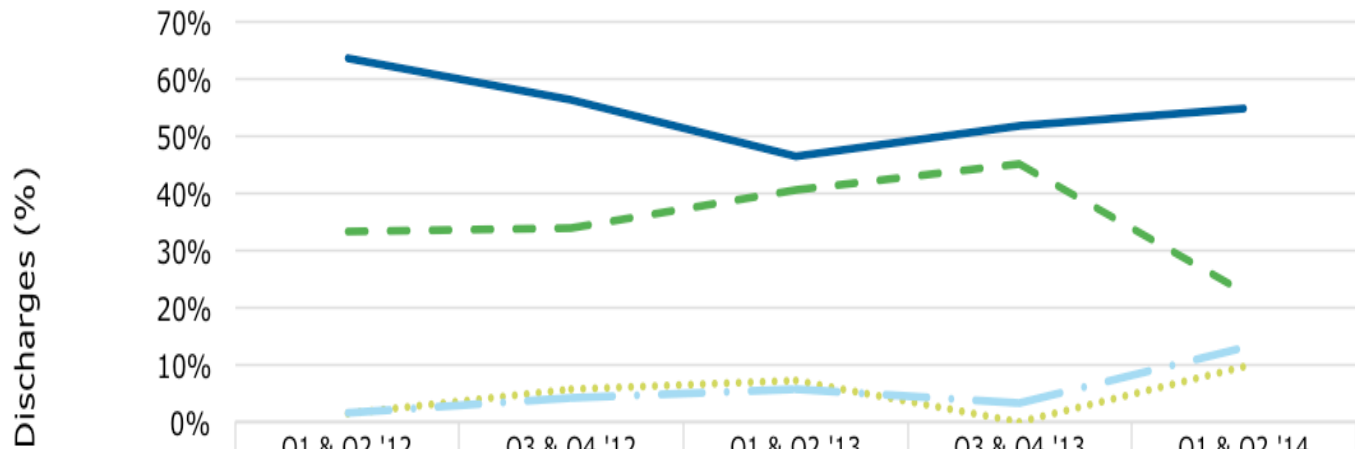
Placements Types: Point in Time 2014



Outcome Measures - Discharges

Residential Treatment Centers - In State

ValueOptions Performance Improvement Center
 In- State RTCs: Juvenile Justice and Dually Committed Youth Discharge Residence
 January 1, 2012 - June 30, 2014

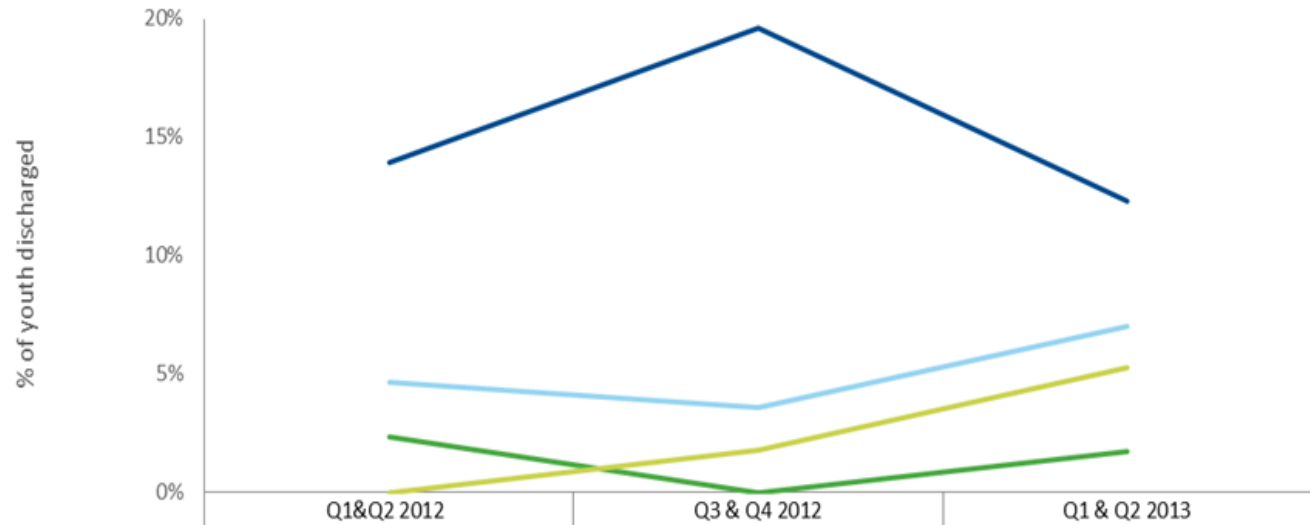


	Q1 & Q2 '12	Q3 & Q4 '12	Q1 & Q2 '13	Q3 & Q4 '13	Q1 & Q2 '14
Total Discharges	63	71	69	31	31
— Less Restrictive Placement	63.5%	56.3%	46.4%	51.6%	54.8%
- - Equal or More Restrictive Placement	33.3%	33.8%	40.6%	45.2%	22.6%
..... Unknown Placement	1.6%	5.6%	7.2%	0.0%	9.7%
••••• AWOL	1.6%	4.2%	5.8%	3.2%	12.9%

Outcome Measures – Readmissions

Residential Treatment Centers

ValueOptions Performance Improvement Center
 Admissions to Same and/or Higher Level of Care within 365 days of discharge from In-State RTCs
 Juvenile Justice & Dually Committed Youth; January 1, 2012 - June 30, 2013



	Q1&Q2 2012	Q3 & Q4 2012	Q1 & Q2 2013
Total Discharges with eligibility	43	56	57
Residential Treatment Center (RTC)	14.0%	19.6%	12.3%
Cares (CRS)	2.3%	0.0%	1.8%
Inpatient Hospital (IPF)	4.7%	3.6%	7.0%
Psychiatric Residential Treatment Facilities (PRTF)	0.0%	1.8%	5.3%

Contracted Community Programs Utilized by JJ Involved Youth

	Programs	Slots
Reentry	Fostering Responsibility Education and Employment (FREE)	297
	Multidimensional Family Therapy (MDFT)	60
	Multisystemic Therapy-Family Integrated Transitions (MST-FIT)	60
	Community Targeted Re-Entry Pilot Program(CTRPP) Boys & Girls Club	40
	Multisystemic Therapy for Transition Aged Youth (MST-TAY)	12
	Multisystemic Therapy- Problem Sexual Behavior (MST-PSB)	48
	Subsidized Vocational Employment funds SYF \$140,859.54	148 youth
	A full range of other DCF contracted services are available to committed delinquent youth including but not limited to Adolescent Community Reinforcement Approach/Assertive Continuing Care (ACRA/ACC), mentoring, Work to Learn	

Post RTA Service Enhancements 2013-2014

- Services:
 - JRBs
 - MST-PSB
 - Two SWEPT programs
 - Summer Youth Employment—
 - Has expanded every year since 2011 and now has 324 slots
- Trauma Focus Cognitive Behavioral Therapy expansion with the addition of a JJ learning collaborative (September 2014)
- Opened MTFC slots for JJ youth (2014)

Education

- Raise the Grade
 - Coordinators assigned to each Region
 - USD II Efforts
 - Regional Implementation Guide (July 2014)
- Connecticut Child Justice Foundation
 - Pro bono attorneys and Judges who intervene on each child's behalf and protect a child's full educational rights
 - 14 JJ served in one year

What has driven our movement?

- **Fostering a culture change within our organization:**
 - Implementation of the Strengthening Families Practice Model
 - Technical assistance from the Center for Juvenile Justice Reform at Georgetown
 - Reorganizing staff resources to embed Juvenile Services within the regional structure
 - Improving our use of data: Began JJ specific monthly and quarterly data dashboards
 - Requiring Commissioner level approval on returns to CJTS for certain DCF offices
 - Policies and practice guide in juvenile services published in 2014
 - Structured a length of stay determination process at CJTS and Pueblo (October 1, 2014)

What has driven our movement?

□ Adjustments to the service array:

- Opened two residential programs for older adolescent males exiting Manson Youth Institute (August, 2012)
- Expanded substance abuse services at one co-ed RTC program (September, 2014)
- Added community substance abuse treatment slots statewide
- Re-opened multidimensional treatment foster care for JJ involved (2 referrals accepted, Oct. 2014)
- Opened residential program for youth with sexual behavior problems
- Expanded specialized community services (e.g., MST-PSB)
- Added community based behavioral health supports
- Improvements in CJTS programming (e.g., fatherhood programming and enhanced vocational opportunities)

What has driven our movement?

□ **Workforce Development:**

- Developed specialized training in gender responsive programming and in DMST
- Technical assistance to congregate care treatment providers on preventing police intervention (2013)
- Technical assistance to congregate care treatment providers in writing individualized crisis prevention plans for youth (2012)
- Provider conference (2013) featuring workshops in managing aggressive behaviors through positive engagement/strengths based programming/PBIS.
- Established unit of specialized juvenile justice social workers certified in gang awareness
- Filmed video on risks of signing out of DCF prematurely (theme of housing insecurity) (October, 2014)

Planned efforts to address remaining challenges

□ **Workforce Development:**

- Training for treatment providers, foster care providers, and our DCF facilities in family engagement and permanency work (Dec., 2014)
- Training to group care treatment providers and DCF facilities in Six Core Strategies (emergency services reduction and violence prevention)
- Continue to develop a training certification package for our JJ social workers
- Reduce police calls/arrests in congregate care settings***
- Develop formalized guidelines for graduated responses***
- Adopt definition of recidivism and develop tracking system***
- Crossover Youth Project

*** priority areas

Planned efforts to address remaining challenges (continued)

- Achieve racial justice: DCF's performance expectations now include addressing racial justice. Conversations on racial justice and DMC will be held in supervision and in management team meetings and within local workgroups***
- Establish length of stay guidelines in partnership with providers
- Establish process for returns to CJTS from a treatment setting
- Development of an improved risk assessment tool to help guide case planning
- Address data deficiencies:
 - Data development agenda for new SACWIS system and with Value Options
 - Short and long term interoperability planning to allow for electronic interfacing between new SACWIS system and CMIS

*** priority areas

Planned efforts to address remaining challenges (continued)

□ **Service Array Development:**

- Enhance FREE program to include anger management and substance abuse
- Expand financial literacy program for older adolescents
- Invest in an research based literacy program for JJ involved youth (October 2014)
- Enhance Gender Responsive Programming:
 - Awarded a Federal grant to fund improved response to DMST (2014)
 - Partner with a girls group home provider to offer planned respite for JJ involved adolescents
 - Work with a provider to offer opportunities for independent living/self sufficiency to older adolescent girls (particularly girls who are parenting/pregnant)

Planned efforts to address remaining challenges (continued)

- Reinvigorate life skills programming for all DCF youth (Spring, 2015)
- Open a short term unit serving older adolescent males from CJTS who need substance abuse treatment
- Open short term respite programs grounded in intensive family support/intervention
- Expand our financial training for older adolescents (October, 2014)
- Social Impact Bond to scale up services that provide treatment and recovery supports for parents/caregivers and adolescents in foster care/juvenile justice (2015)
- SAMHSA System of Care CONNECT grant