

# Human Services Committee

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The Division of Juvenile Services (DJS) provides intensive case management and exercises placement authority for youth committed to the agency's care, custody and control. Juvenile Courts operating within the District Courts transferred custody to DJS as a disposition option for delinquent youth. Once committed, youth undergo a thorough assessment process in order for the agency to make informed decisions related to services and placement.

Each youth is assigned to the caseload of highly trained Juvenile Corrections Specialist (JCS). The JCS supervises the case from the date of commitment through close of custody. The JCS develops a community placement agreement for youth who are placed at home or arrange for a suitable out-of-home placement utilizing the continuum of care.

In addition to the continuum of care, the state juvenile correctional facility, the North Dakota Youth Correctional Center (YCC), is part of the DJS. YCC provides rehabilitative and educational programming in a secure setting for youth under DJS custody as well as youth placed by the Federal Bureau of Prisons (BOP) or tribal court. It also serves as the local detention facility for pre-adjudicated youth.

Over the course of their treatment, youth make use of a number of programs provided in multiple settings. DJS operates under the philosophy that services should be provided in the least restrictive environment consistent with the practice of assuring safety of society and the well-being of the youth. Some of these programs are made available through public or private non-profit agencies that serve at-risk youth, but DJS also supports several therapeutic intervention services that are not available elsewhere along the service continuum. Funding for Intensive In-Home, Day Treatment and Case Aid services is included in the DJS budget. These programs provide services that either prevent youth from entering or prevent further penetration into the juvenile justice system.

In addition, DJS manages the Interstate Compact for Juveniles (ICJ), a federal act which has established procedures for the cooperative supervision of juveniles on probation and parole between

the 50 states and several US territories. DJS is responsible for training, requests for information, legal documents and interpretation of the rules and regulations in accordance with the ICJ.

## Utilizing the Evidence Base

Now more than ever before, research is helping to establish approaches and programs that effectively change delinquent behavior, lower recidivism, and help young people succeed. DJS must effectively translate research based approaches into useful services for North Dakota's delinquent youth. As a practical matter, it is necessary to define terms in order to discuss how the evidence base is currently utilized within the DJS scope of practice.

The **Evidence Base** refers to approaches that have been empirically researched and proven to have measurable positive outcomes. There are **Evidence Based Programs**, sometimes referred to as **EBPs**, and **Evidence Based Practices**, which are also sometimes referred to as **EBPs**. The Center for Juvenile Justice Reform affirms three main approaches that can be used to translate the research evidence base on effective programs into practice for use by practitioners and policymakers.

*“The first approach is direct evaluation of each individual program used in practice to confirm its effectiveness and, if it is found ineffective, to use that evidence to improve or terminate it. A second is to implement with fidelity a program from a list of model programs certified by an authoritative source as having acceptable evidence of effectiveness. A third approach is to implement a type of program that has been shown to be effective on average by a meta-analysis of many studies of that program type, but to do so in the manner that the research indicates will yield that average effect or better.”*

**Meta-analysis** is a technique that involves studying all available research on the effects of various interventions with juvenile offenders. This makes it possible to achieve an integrated analysis of the comparative effectiveness of different program types and approaches. It also provides the opportunity to search for generalizations about the factors associated with effective programs. Then, practitioners can distinguish between the factors present in effective programs and the general principles that characterize “what works” to reduce recidivism and improve other outcomes.

Using these definitions, the North Dakota Division of Juvenile Services utilizes both evidence based programs and practices that have been shown through meta-analysis to be effective “what works” principles of intervention.

## Evidence Based Practices in ND Youth Corrections

Within the broad evidence based framework of knowledge regarding juvenile justice policy and practice, three essential elements are generally regarded as critical to the infrastructure. Risk Assessment, Needs Assessment and Case Management Planning are the three essential tools, in addition to matching youth to services and programs based on their level of risk, level of need, and level of responsivity. “Responsivity” refers to the fact that youth respond differently to different treatments depending on their individual set of risks and needs, and dynamic case factors. Since the wrong treatment, or the right treatment delivered at the wrong time could exacerbate a problem, careful matching of youth to specific treatment services is paramount to successful outcomes.

DJS uses a comprehensive risk and needs assessment that has been normed specifically with the North Dakota DJS population, and has been demonstrated to be valid with sub-validations for Native American youth as well as girls. Compas, an automated risk and needs assessment tool established specifically for juvenile offenders, is designed to take advantage of research on factors most strongly linked to juvenile delinquent behavior. The tool creates a typology for each youth that is linked to specific responsivity and matching of interventions to measured risk and need. Typology data indicates that 96% of youth under DJS custody could be categorized as serious offenders based on their risk and needs assessment. 46% are chronic offenders, meaning that if left unsupervised they would continue to commit crime. In addition, 44% are also considered at risk of being violent. Evidence Based Principles research suggests correctional resources are most effective when they focus services on serious, chronic and/or violent offenders.

All youth committed to the DJS initially go through a 14-21 day assessment period at the Youth Assessment Center, located on the Youth Correctional Center campus. The Assessment Center provides a centralized point for processing, evaluation, and referral. Staff utilize a number of tools for assessment to develop a comprehensive case management plan that best links the juvenile to services and interventions that will provide them the treatment, skills and competencies to live a

crime-free life. The assessment period concludes with a multi-disciplinary staffing to discuss the assessment findings and develop the Treatment and Rehabilitation Plan. This process meets several of the evidence based principles that appear in meta-analysis: it involves the family and engages the natural supports; considers strengths as well as deficits; utilizes an actuarial risk/needs assessment; targets interventions; and makes use of intensive case supervision. In 2011, the NDYCC Youth Assessment Center won the Barbara Allen Hagen Award, a national recognition of excellence awarded to facilities that best exemplify the core principal of the Performance-based Standards (PbS) program: “to treat all youths in custody as one of our own.”

The plan for treatment and rehabilitation is submitted to the committing court and a progress report follows every 90 days. Case management services operate from eight regional offices across the state. DJS offices are located in Williston, Minot, Devils Lake, Grand Forks, Fargo, Jamestown, Bismarck and Dickinson. The Juvenile Corrections Specialists (JCS) work collaboratively with the local juvenile court, county social services, law enforcement, private human service agencies and schools to provide individualized rehabilitative programming for youth.

Placement decisions are made by balancing the principles of least restrictive, most appropriate placement with the need for insuring safety. The agency’s philosophy is that youth should maintain connection to the home community as much as possible, and if placed out of the home, successful community reentry should remain the focus for the duration of the order. In order to individualize treatment planning, it is critical that staff have a range of placement services from which to choose. The placement continuum includes the option of remaining in the parental home, relative care, family foster care homes, residential foster care facilities, and psychiatric residential treatment facilities. Youth who make use of the North Dakota foster care system are eligible to make use of Title IV-E and Medicaid funding, and receive a blend of funding support from local school districts and counties. In addition, some services may be provided through private health insurance benefits.

Several community-based services with a therapeutic approach are utilized to enable youth to stay in their home community and avoid out-of-home placement. *Intensive In-Home Services* uses high quality professionals to provide family-based services that will strengthen the family unit and promote self-sufficiency. This program has operated with positive outcome data for more than 20 years and has a high success ratio based on the prevention of out-of-home placements and/or further involvement with the juvenile justice system. *Intensive In-Home Services* have traditionally been funded solely through the Division of Juvenile Services budget, but will be funded in the current

biennium with the addition of dollars from the Juvenile Court. Services are provided in the following regions: Grand Forks, Minot, Devils Lake, Fargo and Bismarck, with Williston and Dickinson being added this biennium. This intensive in-home model is designed specifically to target the needs of older at-risk youth and their families, and is not the same as the child welfare model funded through the Department of Human Services.

***Day Treatment Programming*** provides school-based treatment for students who are at risk of out-of-home placement or more restrictive placement because of their behaviors. The program provides assessment, counseling, anger management, social skills training, behavior management, and academic remediation. Day Treatment has a theoretical basis in several of the evidence based principles, and has more than 20 years of positive outcome data which illustrates its effectiveness. Day treatment uses a blend of state general fund dollars coupled with local school district support. Day treatment sites operate in Beach, Belcourt, Dickinson, Dunseith, Grand Forks, Jamestown, and Bismarck.

***Tracking Services*** have been provided on statewide basis for the entire history of the Division of Juvenile Services. These services had previously been provided through a contract with a private provider; however, to maximize cost effectiveness, tracking services are now provided through case aides working for the Division of Juvenile Services. Case aides support case management activities on a statewide basis. Tracking services utilize the evidence based principles found in the highly successful and well researched mentoring programs. The core beliefs of these services are that at-risk youth do best when supervision includes structure, accountability, and relationships with caring and appropriate adults.

The following chart illustrates the number of youth supported through each service during the 2011-2013 biennium:

## 2,429 Youth Supported

AGENCY CUSTODIAL SERVICES	NON-CUSTODIAL SERVICES (YCC)	COMMUNITY THERAPEUTIC SERVICES	INTERSTATE COMPACT	TRACKING SERVICES
Committed Youth = 485	Detention Placements = 188 BOP/Tribal Placements = 24	Day Treatment = 336 Intensive In-Home = 212* *741 family members	Compact = 998	Tracking = 186

Also, DJS utilizes evidence based programs and principles across its case management system. DJS trains its entire staff to deliver *Equip*, a cognitive restructuring program that teaches youth to think and act responsibly through a peer-helping approach. In addition, all DJS staff are trained to employ *Effective Communication/Motivational Strategies (ECMS)*. *ECMS* is based in Motivational Interviewing, a strategy that allows staff to be attuned to a youth's ambivalence and level of readiness for change. Motivational Interviewing is an evidence based intervention. 90% of youth who participate in cognitive restructuring show an increase in their cognitive reasoning after the program. The DJS uses *ECMS* and *Equip* to address youth behaviors, attitudes and social skill challenges. An additional program, the *Mandt System*, is utilized at the Youth Correctional Center. The *Mandt System* provides the foundation for the Youth Correctional Center's behavioral management program. Based on over 20 years of research, the *Mandt System* is a comprehensive, integrated approach to incident prevention and behavioral de-escalation. *Mandt* teaches the core values of dignity and respect, and allows YCC to manage youth behavior based on those values.

# Profile of Juvenile Corrections Youth

63% have mental health concerns

- A majority of youth have a mental health issue that requires a medication which must be managed by a psychiatry.
- These issues will be ongoing following discharge.

74% have a substance abuse diagnosis

- A majority of youth used alcohol before the age of 15, and /or marijuana weekly before their admission.
- Even with treatment, these youth require support following discharge.

69% have unstable families

- A majority of youth have families that struggle economically, have witnessed family violence and/or have lived with multiple caretakers.
- Many youth will not have a functional or economically capable home following discharge.

64% have academic problems

- A majority of youth have failed 3 or more classes and/or have special education needs.
- Unless youth graduate before discharge, these youth require academic support following discharge.

89 % have issues with cognitive reasoning

- Cognitive reasoning refers to the level of manipulative and dominant behavior, willingness to lie, inability to take responsibility for self, and lack of remorse or guilt.
- Any services provided in the community must be proven interventions for this population, or they will be ineffective.

81% lack adequate social skills

- These youth are characterized by a lack of engagement in positive activities in their communities, negative self perceptions of self and others, and lack of positive role models and social support.
- These youth require significant outreach in order to positively engage. They are not generally able to seek out and participate in services without support.

99% have criminogenic risk factors

- Services received while under supervision results in significant reductions in criminogenic risk and delinquent behavior. However without sufficient support post-discharge, their significant ongoing social needs drive recidivism.

# Permanency in Concept and Practice

The concept of planning for permanency has long been embedded in the case management practice of the North Dakota Division of Juvenile Services. One of the core principles of the intensive case management process, the practice of figuring out a permanent plan has gone under different titles over the years, but has always centered around the same basic idea: the work isn't finished until the youth is restored to a community-based placement and is living a life that has a reasonable expectation of a successful future.

The notion of Permanency has proven to be remarkably successful cornerstone principle over the years. Data indicates that over time, youth released from the corrections system succeed at staying out of state correctional custody (juvenile or adult) more than 85% of the time. These results are most certainly related to a correctional case work philosophy that values the concept of permanency as a central goal of case planning.

Permanency, as a case management goal, is envisioned somewhat differently for each youth. The road to successful community reintegration must be highly individualized, taking into account the unique set of risks and needs associated with each case. The North Dakota youth corrections system has adopted a process that utilizes the expertise of the youth's community case manager coupled with the resources of the youth correctional facility in order to accomplish this purpose.

In addition to the work of the state youth corrections agency, creating permanency for youth who are corrections-involved requires substantial commitment between youth serving systems. In North Dakota, the juvenile courts, child welfare system, and private provider networks share a common value concerning the importance of permanency. Best practice guidelines, interagency agreements, funding strategies, cross-training and a host of other relationship building efforts contribute to statewide partnerships that for the most part work together to put the needs of youth and families first. Communication is a key strategy. Consistency in the leadership message is also significant.

Permanency is concept that is embedded at all decision making points within this case management model. It is more than a case management process; it is a value shared across youth serving systems. Agencies must act as partners who share similar outcome goals. The youth corrections agency has a sound practice, but it cannot achieve its goals without the support of other systems and the ability to access appropriate services for youth and families.

# Exit from Juvenile Corrections

As was outlined above, many youth who are in correctional custody require some sort of out-of-home care before returning home, and may have received services somewhere along the continuum. However, in virtually every case, the court order eventually ends and youth must move out of the “system” and away from formal services.

Youth are supported as they make the transition home. “Home” may be a parent, grandparent, other family member or another home agreed upon by the youth and family. Case management and community based services are provided. Cases are sometimes supervised for several months prior to the end of the custodial order. Court ordered jurisdiction can be extended until the goals of the plan are achieved, unless the youth has reached an age where agency custody must end. All cases have a back-up plan in case the primary plan does not work. Sometimes, there is even a third plan.

Youth over the age of sixteen are referred and receive independent living education. In very selective cases, a youth may be a candidate for living independently after the age of 18. In those cases, a plan with services is implemented that attempts to put strong supports in place. Although most youth and families do not maintain contact with the agency following the expiration of the court order, some do.

All youth have a plan in place at the close of custody based on their continuing needs. This might include enrollment in school, appointments for medication management, mechanisms for prescription refills, established relationships with other service providers or agencies, or employment. However, with no formal case supervision in place, this transition point marks an extremely vulnerable time for youth and families who have been involved intensively with the system for a number of months or years.

As youth complete the process of treatment and rehabilitation and prepare to exit the corrections system, they face significant challenges. Their mental health and substance abuse problems will follow them well into adulthood and perhaps all of their lives. Furthermore, they frequently are not able to return to a stable home, and many still need to complete their education.

In addition to these practical issues, typical corrections-involved youth have distorted thinking patterns and lack social skills. A large portion of this population has experienced a significant level

of childhood trauma that requires specific ongoing intervention. In other words, these youth require specialized therapeutic approaches coupled with significant programmatic structure in order to gain the trust and cooperation necessary to make progress in treatment.

The DJS aftercare case management system provides a critical link to services and supervision for these very troubled youth as they move towards young adulthood. Sometimes the DJS case manager is the only resource available to these youth and their families.

## Study of Behavioral Health Needs of Youth

As the Human Services Committee continues to study the behavioral health needs of North Dakota's youth, consideration should be given to the apparent gaps that exist for highly at-risk older youth who are exiting the current youth serving systems:

1. Affordable, accessible housing with sufficient structure for young people ages 18-21.
2. Community based mental health, substance abuse, and case management resources that are based on effective methods of intervention for this population, readily accessible with sufficient capacity.

It is important to emphasize that interventions must be geared towards this population if they are to be effective. In fact, there is evidence that putting these youth into traditional talk-therapy, insight oriented interventions worsens their behavior. This population requires highly structured programming that includes cognitive-behavioral approaches and has an operational philosophy that is able to withstand the level of behavior this population brings to the table. Those who work with this population should be required to have specialized training in trauma intervention.

3. Opportunities for youth to engage in relationships with appropriate adult role models. Relationships help connect youth to communities. Youth need to have a sense of place and belonging, and need to be valued for the contributions they can make to communities.

All young people need a place to belong, adults to belong with, and lives filled with activities that allow them to build on their successes and learn from their failures and mistakes. All youth need opportunities to practice, make mistakes, and then clean up their messes and try it again.

Corrections involved youth are no exception.

# COST

Behavioral health services are provided in both institutional and community settings. Services provided in an institutional setting are delivered directly by DOCR employees. The 2013-15 behavioral health budget for the DOCR juvenile institution (YCC) is \$2.5 million (96% general funds, 4% special funds). Services provided in the community are delivered via contracts and grants with various vendors and local units of government. The 2013-15 behavioral health budget for DOCR juvenile community services is \$3.0 million (51% general funds, 36% federal funds, 13% special funds). As noted in the previous testimony, in excess of 2,400 youth are provided services with these funds.