



NATIONAL COUNCIL OF
JUVENILE AND FAMILY COURT JUDGES

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JUVENILE SANCTIONS CENTER

**Graduated Sanctions
for
Juvenile Offenders**

Volume II

**A Program Model and Planning Guide:
Dispositional Court Hearing to Case
Closure**

2005



Office of Juvenile Justice and
Delinquency Prevention

FOREWORD

This **Graduated Sanctions for Juvenile Offenders - A Program Model and Planning Guide: Dispositional Court Hearing to Case Closure – Volume II, 2005** is presented by the National Council of Juvenile and Family Court Judges and the Office of Juvenile Justice and Delinquency Prevention. The principle goals of the Program Guides are to: 1) support the delivery of technical assistance and training to the Juvenile Sanctions Center’s demonstration sites; and, 2) provide guidance to other jurisdictions in their efforts to develop graduated sanctions systems. The first Program Guide was published in 2003 and focused on immediate and intermediate sanctions. This second Program Guide focuses on secure care for serious, violent, and chronic juvenile offenders, including special needs populations. This Guide also focuses on reentry for those juveniles returning to their communities from secure care or other out-of-home placements. The Guide provides conceptual and operational models and examples for all three components of a graduated sanctions system as they relate to secure care and reentry. These three components are programs and services, Structured Decision Making™, and management information systems.

The Juvenile Sanctions Center staff, the National Council on Crime and Delinquency, and a host of other national experts have contributed to this Program Guide.

The Juvenile Sanctions Center was founded in order to serve as the definitive resource for training, technical assistance, and research that is useful to juvenile courts, juvenile justice professionals, and community stakeholders. The Program Model and Planning Guides serve as a resource to support training and technical assistance on graduated sanctions to courts, juvenile justice professionals as well as leading community agency personnel and activists. The Center encourages these groups to form teams in their communities and to use collaboration to design and implement enhancements to their graduated sanctions systems.

It is the Center’s hope that after reading the Program Model and Planning Guide II, community teams will be better prepared to achieve the goals they have established for their graduated sanctions systems. Readers will be better able to make enhancements in their secure care and reentry programs, improve the structure for decision making for juveniles in individual cases, and more effectively monitor and evaluate their graduated sanction systems through information management.

The Program Model and Planning Guide II is intended to be used in conjunction with the **Graduated Sanctions for Juvenile Offenders-Training Curriculum Guide: Dispositional Court Hearing to Case Closure – Volume II, 2005** also published by the Juvenile Sanctions Center. We hope that the Program Guide and Curriculum will both invigorate and assist courts, juvenile justice professionals, and community leaders to make positive changes in the handling of juvenile offenders in their communities.

We trust that you will find this information useful and should you have any comments, questions, or need additional information, please contact the Juvenile Sanctions Center through our website at www.ncjfcj.org (click on the Juvenile Sanctions Center link on the right under ncjfcj news); or by telephoning 775-784-6012 or fax at 775-784-6628.

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GRADUATED SANCTIONS FOR JUVENILE OFFENDERS - A PROGRAM MODEL AND PLANNING GUIDE: DISPOSITIONAL COURT HEARING TO CASE CLOSURE

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Part One:
Background and Overview

CHAPTER 1 INTRODUCTION: COMPONENTS OF A GRADUATED SANCTIONS MODEL

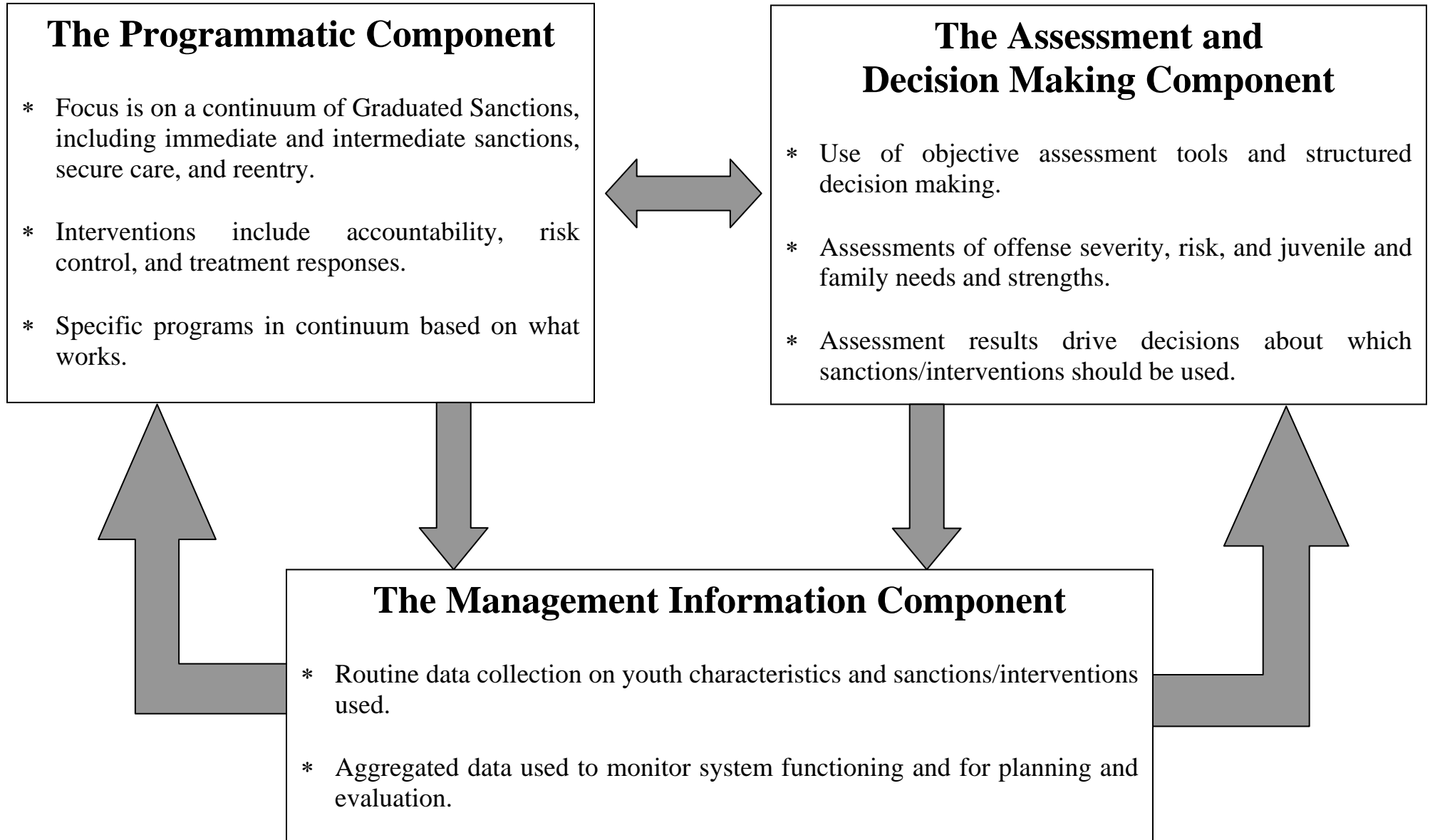
Robert DeComo

For more than a decade, the graduated sanctions model has been the predominant conceptual framework for organizing system interventions with juvenile offenders. The graduated sanctions model envisions a multi-tiered continuum of interventions that allows the juvenile justice system to match its sanctions and services to the specific characteristics of offenders and to monitor and evaluate their impact.

Developing or enhancing a graduated sanctions system (GSS) must involve work on three separate but integral parts or components. These three components are illustrated in Figure 1-1 and include: the program component, the assessment and decision making component, and the management information component. To have an effective GSS involves not only developing a wide array of intervention programs, but also the Structured Decision Making™ (SDM) systems to apply them and the information systems to manage them.

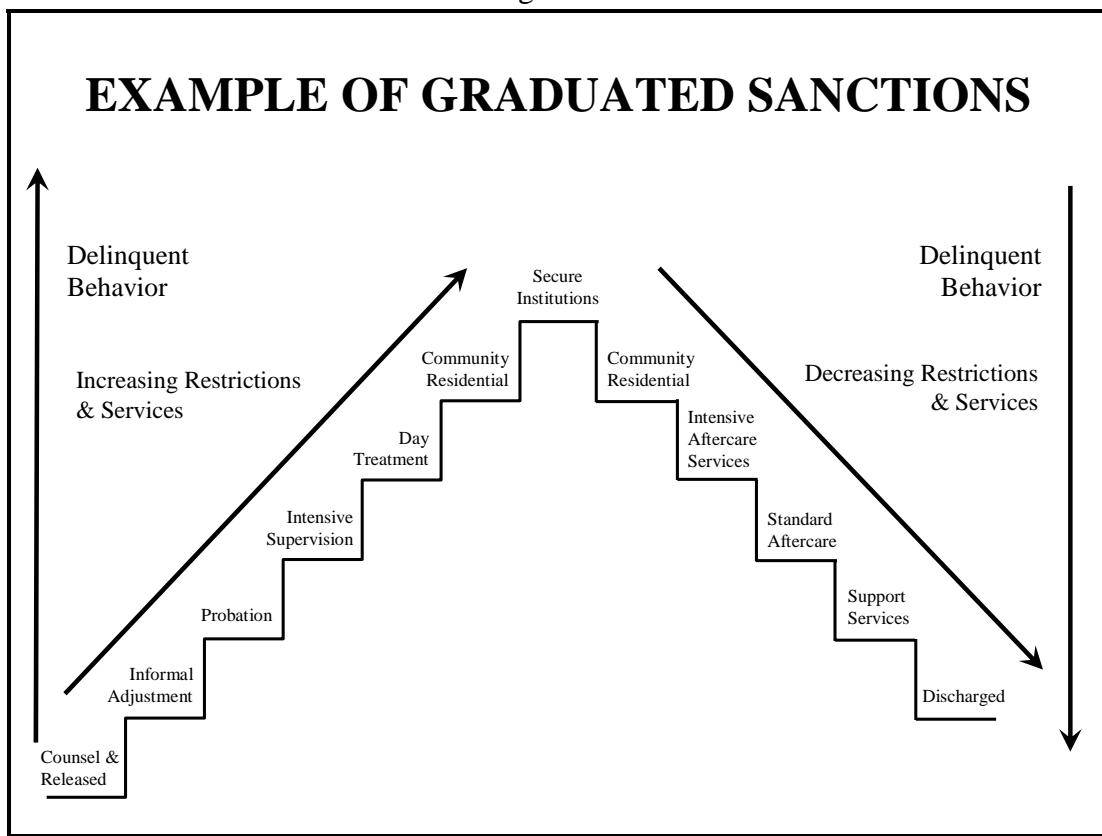
Figure 1-1

GRADUATED SANCTIONS: SYSTEM COMPONENTS



The program component involves developing a continuum of graduated immediate and intermediate sanctions, sanctions for the more serious offenders including secure care, as well as transition and reentry services for those returning from secure care and other out-of-home placements. Figure 1-2 illustrates how graduated sanctions should be arranged in increasing and decreasing levels of restrictions and services. Figure 1-2 illustrates that as delinquent behavior escalates in its frequency or severity, sanctions should be imposed with increasing levels of restrictiveness and intensity of services. Conversely, as delinquent behavior de-escalates, decreasing levels of restrictiveness and less intensive services should be provided.

Figure 1-2



This type of continuum of graduated sanctions must include several types or categories of sanctions. First, a GSS must include immediate sanctions within the community for the vast majority of juvenile offenders who are first time, nonviolent offenders, or repeat, minor offenders. Examples of immediate sanctions include restitution, community service, informal

supervision, mentoring, victim offender mediation, community accountability boards, and family group conferences.

Second, a GSS must include intermediate sanctions in the community for more serious and repeat offenders. Intermediate sanctions would involve increased levels of controls and treatment delivered through formal or intensive probation; specialized treatment such as substance abuse programs that may involve drug testing; electronic monitoring; and day treatment programming. In 2003, the Juvenile Sanctions Center (JSC) published its first Program Model and Planning Guide, which presented detailed information on promising and proven immediate and intermediate sanctions along with guidance for implementation.

In addition to immediate and intermediate sanctions, a GSS must include secure care facilities for the handling of serious, violent, and chronic offenders, and programs for juvenile offenders who are transitioning from secure settings. The importance of reentry has been a focus of juvenile justice initiatives in recent years. Subsequent sections of this guide are devoted to providing detailed descriptions of both conceptual and operational models for secure care and reentry as important parts of an effective GSS.

The second component of an effective GSS (see Figure 1-1) involves developing and applying assessment tools to structure the way sanctioning decisions are made in individual cases. There are several objectives associated with the use of SDM™ in a system of graduated sanctions. First, SDM should be incorporated into all key decision points including intake, diversion, detention, disposition, custody and supervision levels, length of stay, readiness for release, response to violations, and discharge. Later sections in this guide will provide detailed descriptions of models and examples of SDM for multiple decision points relative to secure care and reentry for juvenile offenders.

In addition, SDM should be included in GSS in order to increase the consistency of sanctioning decisions. That is, SDM helps ensure that juveniles with similar characteristics will receive similar sanctions. Finally, SDM should be included in GSS so that juveniles will be placed more appropriately in the sanctions specifically designed for them. For example, higher levels of sanctions such as secure care should be targeted to more serious, higher risk offenders. Using SDM to target the use of sanctioning resources allows the most efficient and effective use of those limited resources. Research has shown that using intensive level resources with low risk juveniles has been found to be wasteful (i.e., does not improve outcomes) and is sometimes counterproductive (actually worsening outcomes for these lower risk offenders). By meeting

these objectives, the use of SDM can be expected to improve the overall effectiveness of GSS including controlling costs and improving outcomes for youth such as reducing recidivism.

The third and final component of an effective GSS is a management information system (MIS). MIS should be designed to capture data on all youth participating in the GSS. These data can be used to support the GSS in several important ways, including tracking individual juveniles, monitoring the overall functioning of the system - such as documenting the numbers and characteristics of juveniles participating in specific types of sanctions - and documenting outcomes for these youth as a result of their GSS experiences. These data can also be used to test or validate SDM assessment tools to ensure they are performing effectively. Finally, MIS data can be valuable for planning for the proper maintenance of the graduated sanctions system (e.g., determining adequate capacity for specific sanctions and services) and evaluating its overall impact on juveniles and the agencies responsible for them.

The final section of this guide presents a nationally recognized MIS model, entitled Performance Based Standards, designed to assist agencies in evaluating the effectiveness of the secure care and reentry components of their GSS.

CHAPTER 2 PROFILE OF YOUTH IN SECURE CARE AND AFTERCARE

Rick Wiebush

This chapter provides a brief overview of the number and characteristics of youth in secure care and on aftercare. It is designed to provide context for the issues and programs discussed throughout this guide. The chapter presents data from national estimates of the placement/aftercare youth population, as well as information from selected states on the characteristics of these “deep-end” youth.

I. Number of Juveniles Placed Out-of-Home

In 1999, the most recent year for which national data are available, 155,200 youth were ordered – at disposition – into an out-of-home placement by the nation’s juvenile courts. These youth represented approximately 9% of all juvenile court referrals and 24% of all referrals that resulted in a delinquency adjudication. The *percentage* of juvenile court cases resulting in an out-of-home placement declined substantially between 1990 and 1999 – from 32% of all cases to 24%. However, due to an increased volume of cases, the actual *number* of youth placed out of the home increased by 24% (from 124,900 to 155,200) during that same period (Puzzanchera et al., 2003).

More recent data suggest that the number of youth being committed to – or at any given time in – juvenile correctional facilities is declining.¹ For example, the number of Virginia youth committed to state institutions dropped from almost 1,600 in 1999 to under 1,200 in 2003 (Waite and Neff, 2004), and the number of commitments in Georgia has also declined substantially – from just over 3,000 in 2001 to approximately 2,500 in 2003 (Georgia Department of Juvenile Justice, 2004). Similar trends are occurring in other states.

The point-in-time populations of juvenile corrections facilities have also recently dropped. The OJJDP-sponsored Census of Juveniles in Residential Placement (CJRP) is a bi-annual count of all juvenile offenders in placement on the last Wednesday of October. The most recent census (in 2001) involved data from almost 3,000 facilities that held committed youth. These data showed that there were 76, 298 committed youth in custody in October 2001. This

¹ There is a need to distinguish between out of home placements generally and commitments to juvenile correctional facilities. Most courts can order an out of home placement (e.g., for substance abuse or mental health treatment) without committing a youth to the state correctional agency. Consequently “commitments” should be understood as a sub-set of all out-of-home placements.

number was 5% lower than that observed on the census date two years earlier (Sickmund et al., 2004). State data reflect this downward trend. For example in California, one of the country's largest juvenile corrections agencies, the population on June 30, 2002 was down 14% from the previous year and down 41% from 1996 (California Department of the Youth Authority, 2004). Similarly, the Illinois committed juvenile population declined 28% between June 30, 1999 and June 30, 2003 (Illinois Department of Corrections, 2004). And in Massachusetts, the committed population was 10% lower on January 1, 2004 than it was on that same date two years earlier (Massachusetts Department of Youth Services, 2004).

The CJRP data also reveal the kinds of facilities in which committed juvenile offenders were placed as of October 2001. Of the approximately 76,000 committed youth in placement:

- 50% were in state facilities, 14% in local facilities, and more than one-third (34%) were in private correctional facilities;²
- two-thirds of the youth were in hardware-secure facilities and the remainder were housed in staff-secure facilities;
- just over half (55%) of the committed youth were from nine states: California, Florida, Illinois, Indiana, Michigan, New York, Ohio, Pennsylvania, and Texas.

CJRP data has also been used to estimate length of stay for committed juveniles. Snyder (2004) examined the 1999 CJRP data and found that the mean time in the facility *as of the census date* was slightly more than six months. About 10% of the youth had been in the facility for approximately 15 months (70 weeks). Using these data and a set of simple assumptions, Snyder estimated that the average length of stay for all youth would be slightly more than one year, with a significant proportion of youth staying for more than two years.

II. Characteristics of Committed Juveniles

A. Demographic Characteristics

The CJRP data show that of the approximately 76,000 youth in custody on Oct 28, 2001:

² The CJRP data reporting system does not include youth in facilities that are exclusively for substance abuse or mental health treatment, those in adult correctional facilities or those in facilities for abused and neglected children.

- 87% were males; 13% females
- 40% of the youth were Caucasian, 39% were African American, 16% were Hispanic, and 4% were “Other”
- 63% were aged 16 or older and 37% were 15 or younger³

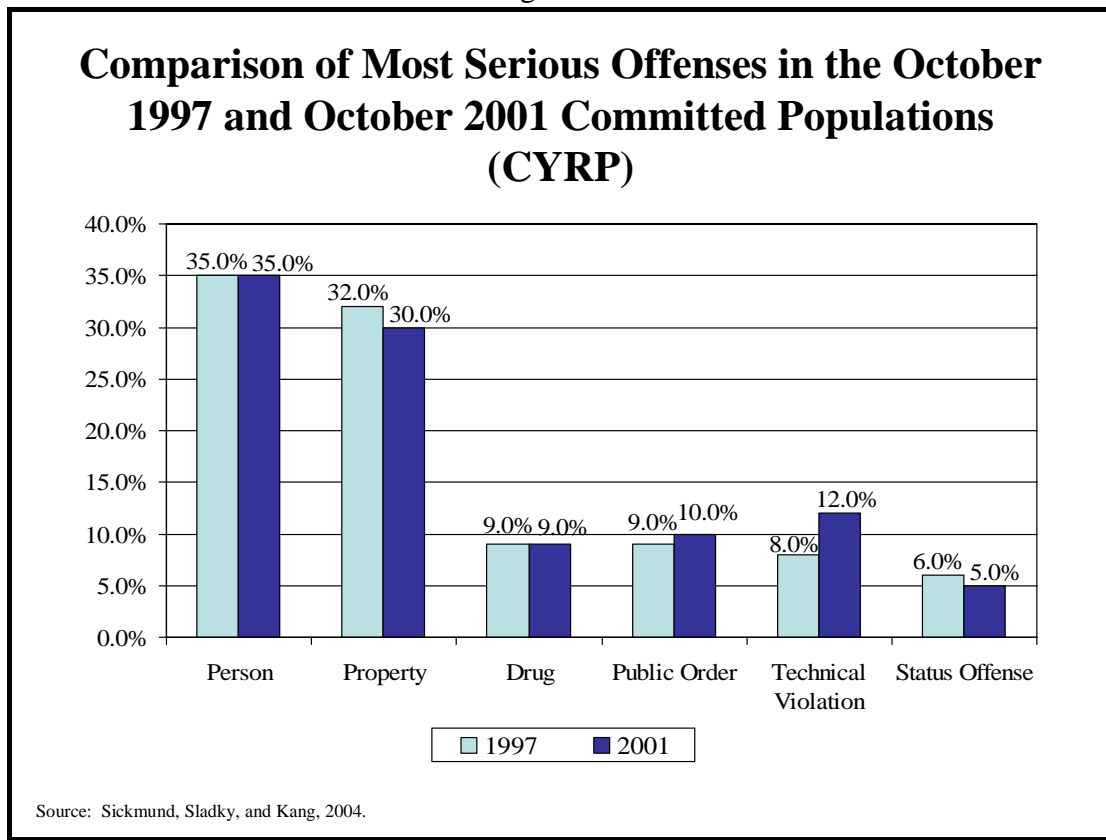
The demographic characteristics of committed juveniles changed only slightly from the 1997 to the 2001 census dates. The 2001 population contained a slightly larger percentage of females (13% vs. 12% in 1997); a somewhat larger percentage of Caucasian (40% vs. 37% in 1997) and African-American youth (40% vs. 39% in 1997); and a somewhat smaller percentage of Hispanic youth (16% vs. 19% in 1997).

B. Offense Characteristics

The offense profile of committed youth (based on CJRP data) reveals that about one-third (35%) were committed for violent offenses; another third (30%) were committed for property offenses; 9% were committed for drug offenses; and 10% were committed for technical violations and public order offenses. There were relatively few changes between 1997 and 2001 in the distribution of committing offenses (see Figure 2-1). The most substantial change was the four percentage point increase (from 8% to 12%) in the number of youth committed for technical violations.

³ Age characteristics based on 1999 CJRP data.

Figure 2-1



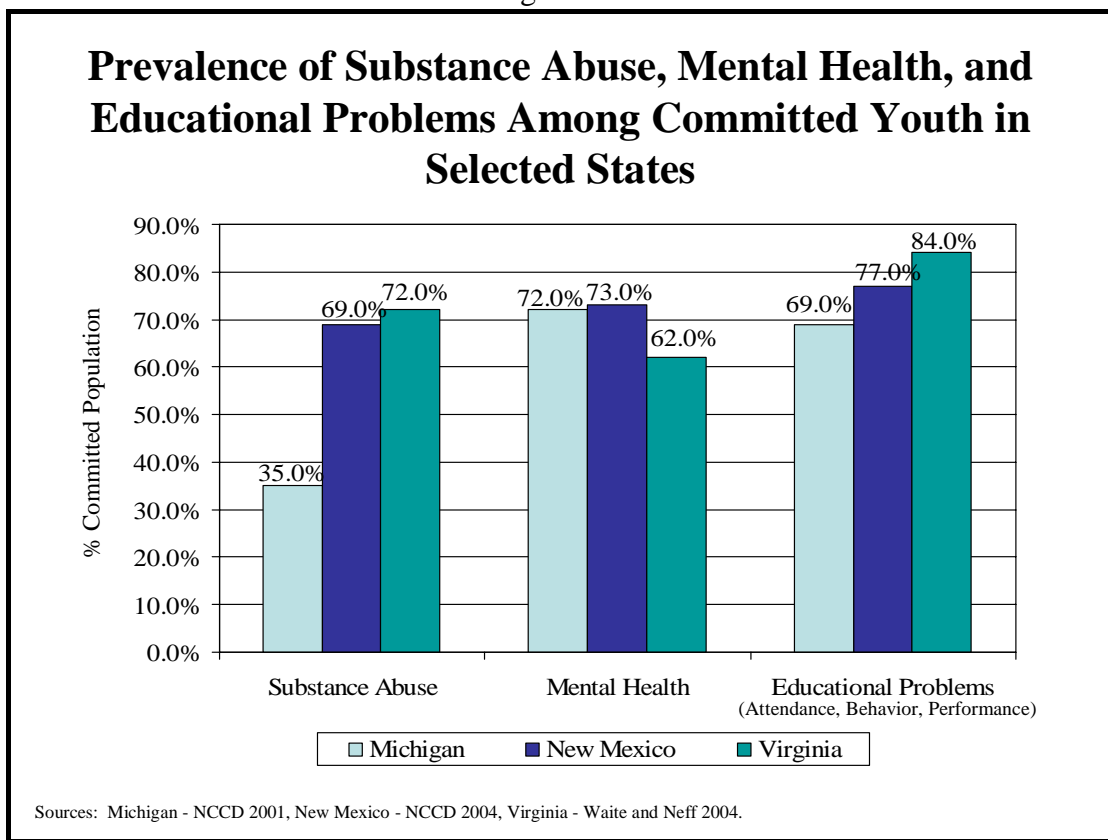
A slightly different offense profile emerges when examining the flow of delinquent cases placed out of the home (i.e., all youth placed during the course of a year) vs. those in facilities at a given point in time. These differences occur due to variations in length of stay by offense type. In particular, since violent or person offenders tend to have greater lengths of stay than other youth, they “stack up” in the facilities. Consequently, they constitute a larger percentage of the population on any given day than they do of the population that is placed out of the home during the course of a year. For example, juvenile court statistics for 1999 (Puzzanchera, 2003) show that of all youth placed out of the home, 38% were for property offenses while just 25% were for person offenses. However the CJRP “snapshot” data for October of that same year reveal that 40% of the committed population consisted of violent offenders and 31% were property offenders (Snyder, 2004).

C. Needs Profiles of Committed Youth

Youth who end up in the nation’s correctional facilities – and subsequently on aftercare caseloads – bring with them a myriad of personal and social problems that require intervention. These include substance abuse and mental health issues, educational dysfunction, victimization, behavioral disorders, sexual offending, and family dysfunction, among others. As shown in Figure 2-2, the extent of these problems is striking. The figure shows the prevalence of substance abuse, mental health and educational issues in the correctional populations of three different states. These data are based on risk and/or needs assessments conducted by the state agencies. (Since the states’ respective assessment instruments measure these problem areas in somewhat different ways, the figure is not meant to be used for cross-state comparison purposes.)

With few exceptions, these data show that roughly two-thirds of the committed youth in each of these states have significant substance abuse and/or mental health and/or educational problems.

Figure 2-2

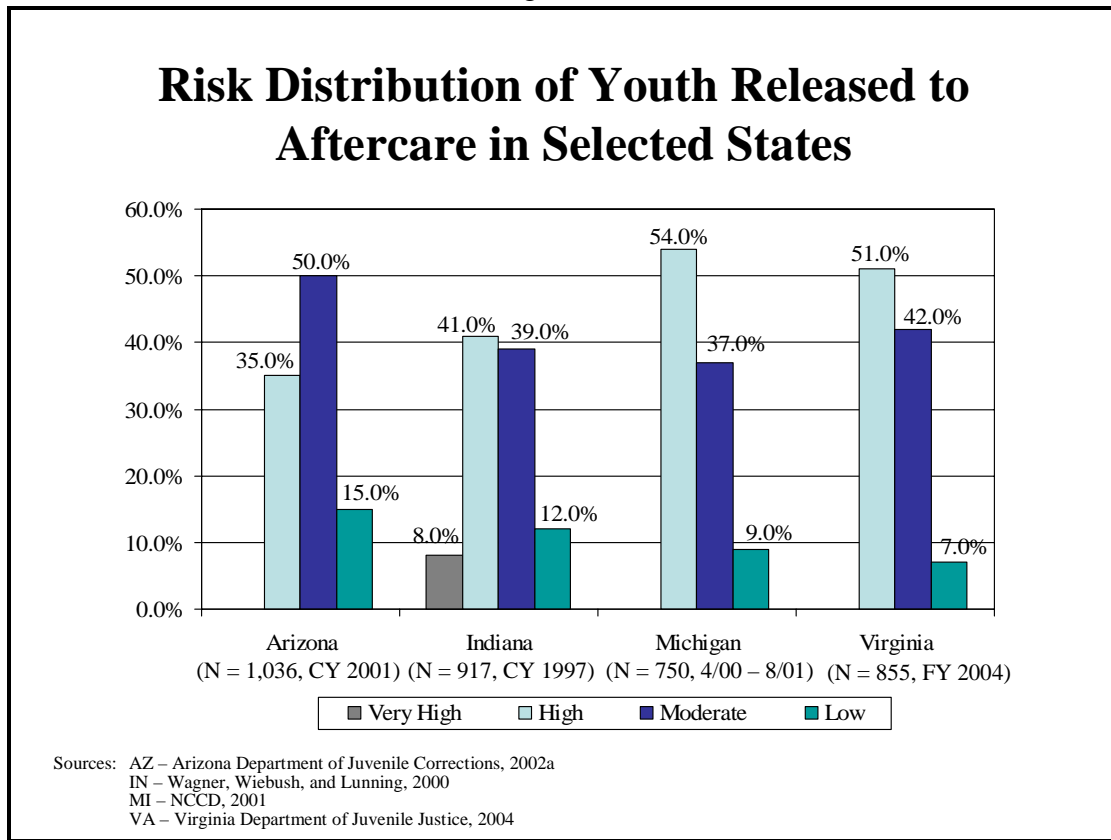


III. Number and Characteristics of Juveniles on Aftercare

There are no national data on the number of committed juveniles released from correctional facilities each year. However, Snyder (2004) used the 1999 CJRP data and estimates about length of stay to calculate that approximately 88,000 youth were released that year. That figure represents a 42% increase over the number of youth released in 1991. In spite of the fact that recent trends in the size of the committed population suggest that the number of youth released to aftercare has declined slightly since 1999, the surge in the size of the aftercare population during the 1990's underscores the need for increased attention to reentry and aftercare issues.

The risk and needs profiles of youth released to aftercare clearly indicate the need for parole agencies to focus on both social control and rehabilitation efforts. Figure 2-3 shows the risk distribution of juvenile parolees in four different states. Each of these states uses a research-based risk assessment tool to classify all parolees based on their likelihood of committing a new offense after their release. The figure shows that in three of the four states (Indiana, Michigan, and Virginia), about half of the youth released to parole are classified as high (or very high) risk. To give some perspective to these data, among the youth classified as "very high risk" in Indiana, 53.8% were rearrested and convicted of a new offense within one year of their release from the institution. Given the size of the high risk populations on aftercare, and their propensity for re-offending, parole supervision resources are likely to be severely tested if they are to provide the kind of close supervision necessary to protect public safety.

Figure 2-3



The underlying needs and problems of aftercare populations also raise issues of resource availability. To what extent can parole agencies and/or their community partners provide the number and types of interventions necessary to deal with the multiple problems evidenced by aftercare youth? The extent of these problems is illustrated in the data from three different agencies in Figures 2-4, 2-5, and 2-6. In these states, significant proportions of parolees have had substance abuse problems and either were not in school prior to their commitment or had significant educational deficits. In each state, half (or more) of the youth were returning to neighborhoods where most of their friends were also involved in delinquent activities. And many of them were returning to highly dysfunctional families where the youths had previously been victims of abuse or neglect and/or where other family members were involved in the criminal justice system and/or where there was significant family disorganization.

Figure 2-4

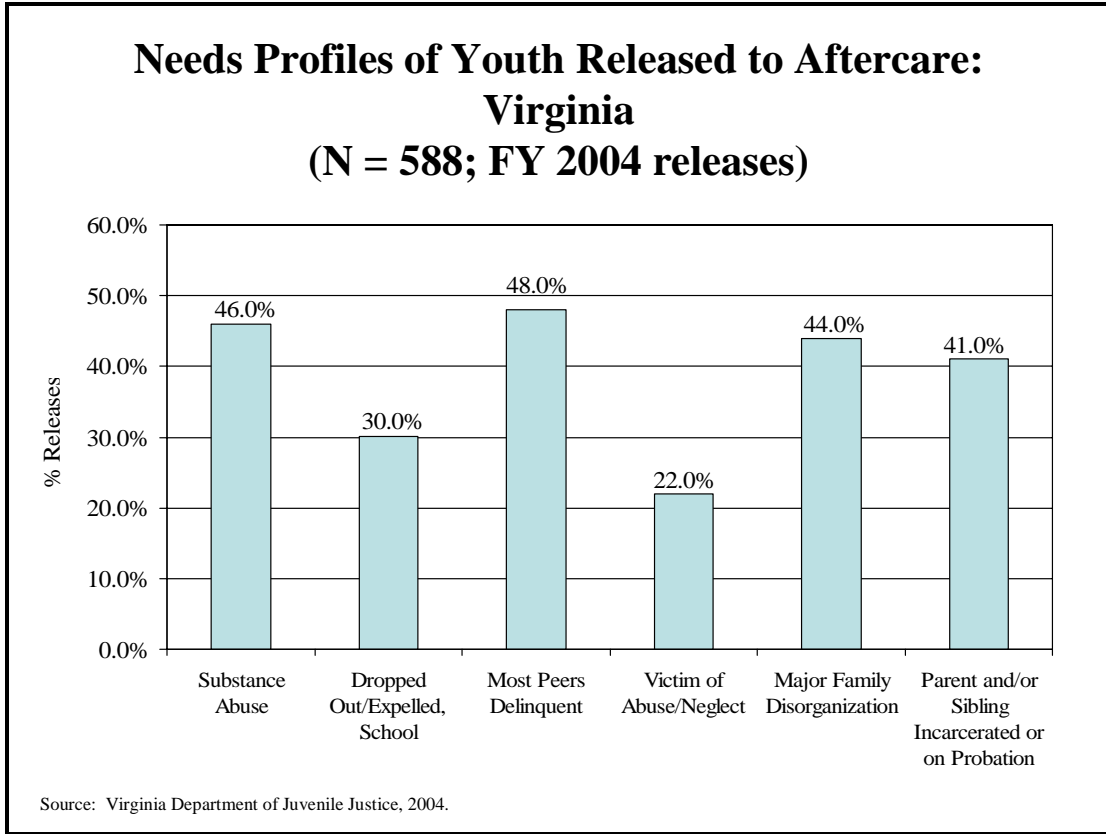


Figure 2-5

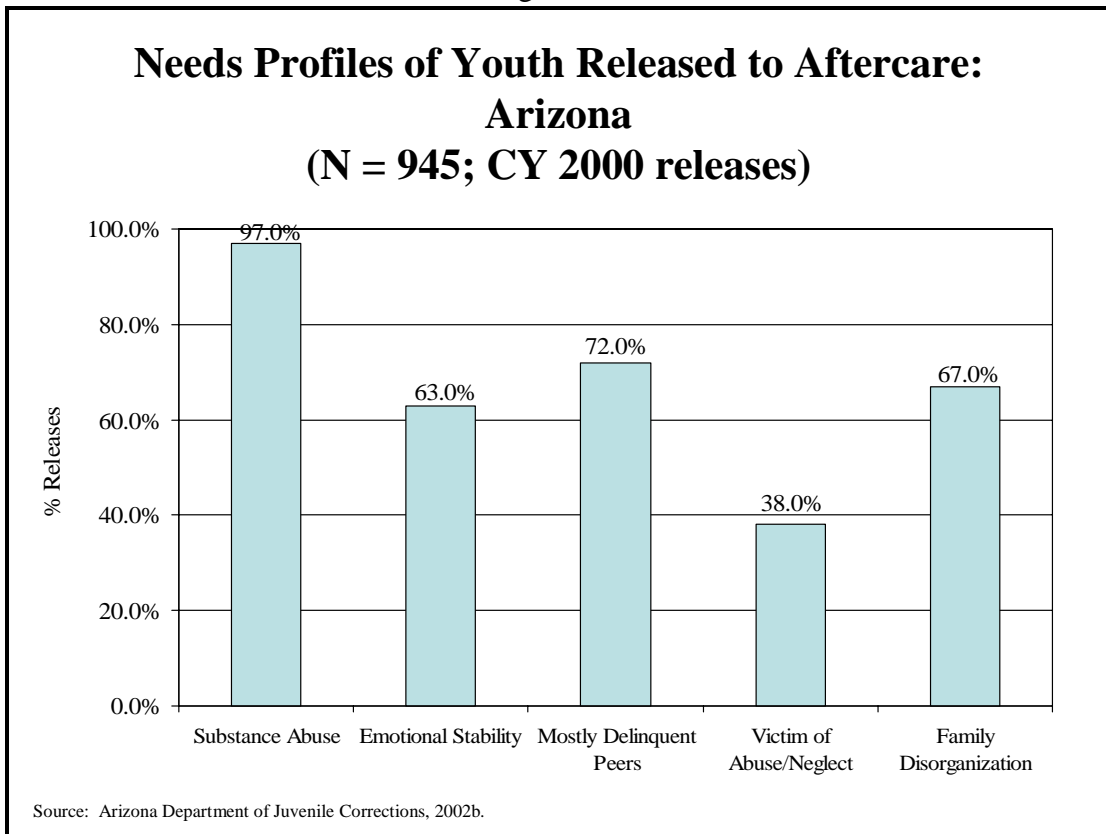
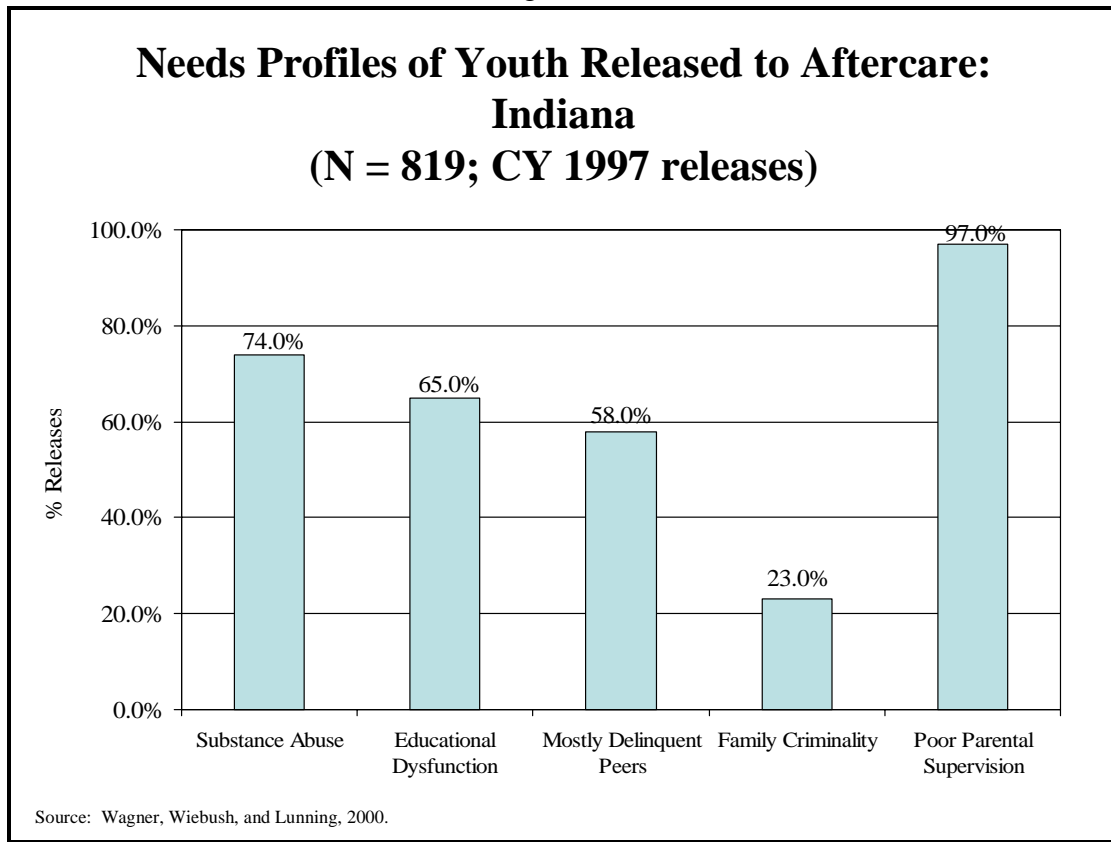


Figure 2-6



IV. Recidivism Rates Among Juvenile Parolees

There is little doubt that committed juvenile offenders – whether they are in the institutions or on aftercare – are a difficult and complex population. There is also little doubt that the juvenile justice system has not had a particularly successful track record of intervening with these youth. A plethora of studies dating to the 1980s has repeatedly shown that recidivism rates – however measured – are very high for juvenile parolees and that many of them continue to offend in their adult years (Beck and Shipley, 1987; Hamparian et al., 1985; Krisberg, Austin, and Steele, 1991; Office of the Legislative Auditor, 1995). For example:

- In Colorado, Boyles (1998) found that 36% of juveniles released from secure care were reconvicted within one year of release;
- In Virginia, Brock et al. (2000) found that 40% of juvenile parolees were rearrested within one year of their release to the community;
- In Minnesota, a study of parolees released from the two primary juvenile correctional facilities showed that two-thirds were re-arrested within two years of

release and that more than half the youth were re-arrested for a felony offense (Office of the Legislative Auditor, 1995);

- In Illinois, 43% of the youth who were released in the year 2000 had been returned to institutional custody within three years (Illinois Department of Corrections, 2004);
- In Arizona, a 2003 study showed that the return to custody rate after one year was 27.5%; after two years it was 38.8%; and that after three years it was 44.6% (Arizona Department of Juvenile Corrections, 2003). This same study examined return to custody rates in several other states (e.g., Florida, Louisiana, Texas, Wisconsin) using comparable time frames and found comparable recidivism rates.
- In a 2004 study that involved *high risk* parolees from several different localities (Norfolk, Virginia; metro Denver, Colorado; Clark County, Nevada), Wiebush et al. found that in each jurisdiction approximately 80% of the youth had been rearrested within one year; that about half had been rearrested for a felony offense during that time; that between 45% and 81% (depending on the site) were convicted of those new offenses; and that between 26% and 58% were returned to custody due to those new convictions.

V. Summary and Conclusion

Recent data indicate that – compared to the late 1990’s – there has been somewhat of a decline in the number of youth in state correctional facilities and on aftercare. However, even with the recent reductions, the number of committed youth that institutional and aftercare staff must deal with is far greater than was the case just a decade ago. In addition, committed youth are extremely difficult to deal with in terms of their risk levels and their complex needs. Substance abuse, mental health, educational shortcomings, and family dysfunction are all widespread and deeply entrenched problems in the institutional and aftercare populations. Efforts to address those problems have often been stymied by bureaucratic inertia and, more recently, by severe cutbacks in state budgets that have affected parole staffing levels and put a strain on the community resources that returning offenders so desperately need.

Recent national developments – such as the Intensive Aftercare Program and the Department of Justice reentry initiative – have focused on the importance of transition and aftercare, and the need to directly link institutional and aftercare services. These developments have served the function of focusing renewed attention on the “deep end” of the juvenile justice system. They have also spurred new ways of thinking about how to best serve committed juvenile offenders. The remaining chapters of this volume are designed to keep that momentum

going and to offer additional guidance for the critical task of strengthening our institutional, transition and aftercare approaches to dealing with this high risk, high needs population of juveniles.

Part Two:
Secure Care

CHAPTER 3 NATIONAL TRENDS AND ISSUES IN SECURE CARE AND REENTRY

David Gaspar

Major trends in secure care facilities over the last five years have included: decreases in the number of youth committed to these facilities, increases in the special needs populations, disproportionate representation of minority youth confined, and a renewed focus on the reentry of youth from these facilities back into their communities. This chapter describes these trends, discusses the issues they present, and suggests strategies for addressing them.

I. Decreasing Populations

Secure care facility populations have been dropping since the late 1990's (Sickmund, Sladky, and Kang, 2004). Professionals in the field suggest that there are multiple reasons for the decline. Among the most often noted reasons are the following⁴:

- **Increased attention from the law enforcement community.** Practices such as community policing have provided law enforcement the opportunity to engage neighborhoods and families at a different level which some suggest has placed officers in a more pro-active position to influence family and individual behaviors. Administrators interviewed believe this has resulted in fewer arrests as a result of their prevention and early intervention activities at the neighborhood and community level.
- **More effective school-based prevention and early intervention efforts.** With the support of federal, state, and local funding of such positions as school resource officers, school-based probation officers, and school-based early intervention and prevention initiatives, more youth stay connected to school. In particular, those directors interviewed whose authority includes the probation services for juveniles in their state reported that their collaboration with school systems appears to be effective in maintaining at-risk students in school.
- **Greater numbers and more effective diversion services and programs operated by the Juvenile Court.** With the expansion of community-based and school-based services and programs, the juvenile justice system has provided more youth and families who are at risk of becoming involved in the juvenile justice system a real opportunity to remain in their communities successfully. A number of community-based stakeholders contribute to an expanded array of

⁴ Personal interviews were conducted by the author with directors of juvenile corrections agencies in the following 19 states: Alabama, Arkansas, Colorado, Florida, Idaho, Indiana, Maine, Michigan, Missouri, Montana, Nevada, New Hampshire, New Jersey, North Carolina, Ohio, Pennsylvania, South Dakota, Utah, and Washington. Observations from the 20th state, Arizona, are included based on the author's five years as director of the state juvenile corrections system there.

services and support systems for youth and families through community-based not-for-profit human services agencies, faith-based organizations, local government agencies, foundations, and local alternative school systems.

- **Development of more probation services and programs that are community-based and supportive of youth and families who are at risk.** Juvenile Court services have expanded their capabilities by designing, developing, and implementing creative community-based services and programs that connect with youth and families. Two prime examples are the local mentoring programs that are neighborhood-based and family specific and other neighborhood-driven informal sanction programs for youth who have committed low levels of delinquent behavior. State juvenile corrections administrators support growth of Juvenile Court services because they believe the services effectively reduce the likelihood of more serious delinquent careers.
- **Development of more effective parole services in correctional agencies that reduce the number of youth who return to secure facilities.** As juvenile correctional agencies focus increased attention on their community-based operations, more programs and services are developed and implemented as part of a graduated sanctions system. These programs and services help to structure effective support systems that maintain youth successfully in their communities, in hopes of reducing the number of youth returning to secure care facilities as parole violators.

With the reduced facility population, administrators now have choices not present when overcrowding was the way of life. Space once used for tightly scheduled programs now can accommodate programs that may involve fewer numbers of youth for longer periods of time and thus come closer to suggested best practice models.

Conditions of confinement, especially those associated with population pressures and overcrowding, have always been a focus of concern throughout the country in juvenile justice systems. Housing units now have more flexibility in selecting room and/or dorm accommodations for each youth, thus reducing the likelihood of youth-to-youth conflicts and an improved general living environment.

It will be important that administrators develop strategies to re-tool staffing and programs that will allow them to maximize this opportunity as a result of reduced populations. For instance, they now must turn their attention to focus on the increased special needs population who are being committed to their facilities and the concerns of increased youth suicides, youth on youth assaults, youth on staff assaults, and general facility disruption.

Administrators should consider strategies to keep and maintain those facilities that are the newest and offer the best programming opportunities. Larger, older facilities that are outdated

should be eliminated. Juvenile justice administrators should focus on building smaller facilities located near those communities where the youth populations are committed and where the youth will return. State juvenile corrections directors report greater confidence and success in achieving treatment goals when facilities are located closer to a youth's home community.

II. An Increase in Special Needs Populations

While the overall youth population is declining in secure care facilities, state directors indicate that the number of special needs youth is increasing dramatically. Instead of funding, sufficient beds, or security of their facilities, directors of corrections agencies report that providing specialized services such as mental health, substance abuse, and sex offender services within the juvenile corrections systems are the most challenging issues they face (Bankhead, 1999).

Many juvenile correctional administrators report that there continues to be insufficient treatment options and limited funding for adolescents with significant mental health, substance abuse, and sex-offending histories in their communities. As a result, greater numbers of youth are being referred to the juvenile justice system for both public safety concerns as well as treatment needs. Typically these youth are difficult to treat successfully in their communities and thus frequently find their way to the juvenile justice system's secure facilities.

Administrators are seeing significant increases in each of the following population types:

- Youth with confirmed DSM-IV diagnosed mental health concerns.
- Youth with significant substance abuse histories.
- Youth with serious sex-offending histories.
- Youth with special education needs.

Efforts to address these problems confront numerous barriers, each of which has a significant impact on how secure care facilities operate. These barriers include:

- Confusion at both the policy and practice levels within multiple agencies serving the youth offender population.
- Inadequate screening and assessment tools and strategies.

- Lack of training, staffing, and programs necessary to deliver services to special populations within the juvenile justice system.
- Limitations imposed by categorical funding.
- Dearth of research that adequately addresses the level and nature of mental health disorders of youth in the juvenile justice system and the effectiveness of treatment models available.

A. Mental Health Issues

Administrators are faced with more youth who attempt suicide, engage in youth on youth conflict, engage in youth on staff conflict, and create major disturbances in facility operations. Often these youth are also unable to effectively engage programs and services offered at the facility.

The mental health needs of youth in the juvenile justice system have received more attention at the federal level in the past five years than in the previous twenty years. During this most recent period, the Civil Rights Division of the U.S. Department of Justice has undertaken a series of investigations that has consistently documented the inadequacy of mental health services in juvenile correctional facilities in a number of states. The U.S. Department of Health and Human Services' Center for Mental Health Services initiated the first national survey of juvenile justice facilities to identify available mental health services. Congress has considered several bills and amendments that mandate comprehensive mental health and substance abuse screening and treatment programs for youth in juvenile justice systems.

The challenge to build appropriate programs for this special needs population has significant implications for facility operations. Administrators today face the challenge of building effective treatment services and programs while re-tooling their facility staffing resources and physical plant in order to meet the needs these youth present. Secure care facility administrators are recruiting more professionals specifically trained in mental health, substance abuse, and sexual disorder programs to assist them in designing, developing, and managing these new and more complex treatment programs and services. They are also moving to re-design their basic training of correctional staff in order to build a foundation for understanding the special needs populations.

Additionally, secure care facilities are seeking to expand their medical and mental health contracts, especially those medical services that come with increases in youth committed with serious mental health diagnoses. Estimates of the growing number of youth with mental health

concerns range from 45% to 65% of the secure care facility population (Otto et al., 1992). In interviews with state directors conducted by the author, they were consistent in their view that the number of youth with significant substance abuse histories is even greater than those with mental health concerns, estimating the abuser population to be from 75% to 90%, while numbers of youth with sex-offending histories also continue to grow. Most communities continue to find it very difficult to operate safe, successful community-based sexual disorder programs for youth.

B. Special Education Issues

A significant number of youth in the juvenile justice system have education-related disabilities and are eligible for special education and related services under the federal Individuals with Disabilities Education Act (IDEA). Estimates of special education eligible youth confined in secure facilities are 30-50% (Casey and Keilitz, 1990; U.S. Department of Education, 2000). (It is generally considered that within any public school population, the special education eligible youth represent 10-12%.) Disabilities that are frequently encountered among delinquents include emotional disturbance, specific learning disability, mental retardation, and other disabilities such as speech or language impairment. The two most common disabilities found in the juvenile justice system are specific learning disability and emotional disturbance.

This build-up of special education eligible youth coupled with federal and state educational initiatives continues to place serious challenges on facility administrators. A facility failing to comply with IDEA may be challenged through administrative proceedings, individual lawsuits, or class action civil rights litigation. Providing special education services to youth in custody presents many challenges. Factors to be dealt with include length of stay, the facility's physical plant layout, and the need for more insightful security practices.

Several of the individual educational plan (IEP) requirements called for in the 1997 IDEA amendments have particular significance for youth in institutional settings. For instance, IDEA requires that when a youth's disruptive behavior in a classroom is assessed as resulting from his disability, the IEP team must put a specific behavioral intervention plan together so that the youth continues his education. This contrasts with the approach to disruptive classroom behavior of youth who are not identified as IDEA-eligible and are typically removed from the classroom. Reconciling IDEA legal requirements with traditional practices of juvenile corrections administration calls for balancing education and security concerns.

The inclusion of transition service needs in the IEP should be closely coordinated with institutional planning for parole or release of juvenile offenders. Additionally the federal requirements prohibit the placing of special education students in self-contained programs and/or classes to the exclusion of their involvement in the general education programs offered to all students.

Due process protections embodied in special education law are particularly important for youth in institutional care. These protections must be structured and managed within the federal guidelines of special education law. At the same time, facility grievance procedures that address due process operate separately and frequently are based on federal guidelines offered by the U.S. Department of Justice. The existence of two systems designed to protect youths' rights presents considerable legal complexity for facility administrators and staff to work through on a daily basis.

Facility administrators must see that parents are included in the IEP process consistent with IDEA. This requirement continues to challenge both facility administrators and their school staff. Secure facilities are often located far from parents. The burden is on the facility to keep all parties, especially parents, involved in the IEP process.

A final dilemma for facility administrators is the IDEA requirement that a youth placed in a lockdown setting must continue to receive educational services. Frequently this youth's institutional behavior gets the full attention of facility staff and the youth's educational needs are placed on hold.

A continued challenge for facility administrators is their ability to recruit, hire, and retain teachers with special education credentials to work with this growing number of special education eligible youth confined in secure facilities.

Facility administrators face external challenges as well. Federal, state, and local legislation and regulations place new expectations on administrators. The No Child Left Behind is but one example of federal direction that will continue to have serious impact on secure care facility educational program strategies.

It is expected that administrators will be responsible for building more specialized programming for this special needs population that will, among other things, raise the per day cost of operating these facilities. This comes at a time in many states that state budgets continue to be reduced.

A key question will be: Will administrators get the support to build the more expensive programs and hire more educationally trained professionals in order to meet these new populations' needs?

C. Female Offenders

In contrast to the declining male youth population in secure care facilities, the female population committed to secure care facilities is reported by state juvenile agency directors to be on the rise. Not only are the numbers of females committed rising; the seriousness of their offenses is escalating as well. As women have achieved greater parity with men in society (education, jobs, opportunities), their involvement in crime and delinquency has increased. Generations of female youth have been committed to secure care for accompanying males as accessories to crimes; today's young women are demonstrating their independence and anti-social behavior by committing crimes as the primary perpetrator.

This – coupled with a well-documented pattern that females often have more significant social, emotional, and mental health concerns – contributes to a growing need reported by state administrators for more gender-specific services and programs in secure facilities. It should also be noted that the female population frequently has serious underlying trauma experiences early in their lives that add to the complexity of effectively supervising and developing services for this population.

Secure care facilities are impacted by female health care costs (gynecological exams and births while incarcerated), visitation arrangements (infant care accommodations and space for extended family), and cultural differences (hair accessories as weapons and physical restraints as a less-acceptable method of discipline).

Future strategies that reflect a full understanding of the gender concerns of this population – coupled with a comprehensive assessment of their social, emotional, psychological, and educational needs – should offer institutional and community juvenile corrections staff positive avenues to effectively serve this population.

Co-ed facilities continue to be common, even though the most recent literature strongly suggests that the female population should have gender-specific services and programs in a facility free of population conflict as a result of being housed with male youth.

Facility administrators will likely continue to face the challenge of deciding how to accommodate the female population in secure care facilities as the numbers continue to increase.

III. Continued Over-Representation of Minority Youth in Secure Care

Minority youth continue to be confined disproportionately in secure care facilities. Concerns about the over-representation of minority youth in secure confinement have long been noted, and much research has been devoted to this issue. It is only within the past decade or so, however, that national attention has been directed to the impact of race on juvenile justice decision making.

In the 1992 amendments to the JJDP Act, addressing disproportionate minority confinement (DMC) was elevated to a core requirement, with future funding eligibility tied to state compliance. As outlined by the Office of Juvenile Justice and Delinquency Prevention (OJJDP), addressing DMC involves five phases of ongoing activities:

- Recognizing where DMC exists;
- Assessing the reasons;
- Developing an intervention plan;
- Evaluating strategies that address DMC;
- Monitoring DMC trends over time.

Research findings from numerous studies sponsored by states to implement DMC efforts support the existence of disparities and potential biases in the juvenile justice system (Feyerherm, 1993; Hamparian and Leiber, 1997; Hsia and Hamparian, 1998; Devine, Coolbaugh, and Jenkins, 1998). Aware of the impact and significance of this issue, state directors suggest that important contributing factors may include inherent system bias, effects of local policies and practices, and social conditions that may place youth at risk. The most significant factors most likely vary by jurisdiction.

The research findings suggest that the local jurisdictions should be the primary focus for examining the existence of DMC. Future planning and implementation of specific strategies to address over-representation should generate policies and practices tailored to local needs and relevant to the local context.

Some meaningful public debate has occurred on this issue; however, there has been minimal change. Minority youth continue to find their way into the juvenile justice system and once adjudicated they are likely to find their way into secure care facilities.

Culturally competent staff and programs continue to be called for; however, minimal progress has been made across the country. The Oregon juvenile justice system currently represents the exception to what is found in many juvenile justice systems. Their initiative

provided for a new decision making tool at intake that has proven to reduce the number of minority youth accepted in detention. This strategy needs to be replicated in other states and it needs to be expanded to other points in system processing in order to address DMC issues.

It continues to be incumbent upon the administrators of secure care facilities to respond to the large number of minority youth committed to their facilities. They must look to re-align their staffing to be more reflective of the population that they are serving. Programs must be modified to reflect culturally appropriate elements. New decision making tools and strategies that prove to be culturally sensitive must be designed, developed, tested, and implemented.

Administrators must seek the necessary resources at the federal, state, and local levels of government to assist them in their efforts to build and successfully operate culturally sensitive programs and services.

IV. Reentry Has Emerged As an Important Focus

The Department of Justice, Office of Juvenile Justice and Delinquency Prevention (OJJDP), and its other federal partners have established as a national priority a reentry initiative for both the criminal justice and juvenile justice systems. This heightened interest is primarily driven out of a concern for safer communities. Statistics show that a significant proportion of juveniles released from secure care are returned for parole violations and new offenses (see for example Brock et al. 2000; Wiebush et al. 2004). This trend has generated the most recent call for additional resources for more programs and stronger support services for youth re-entering their communities from secure care facilities. Much of the recent effort at the federal level has focused on jobs and the belief that employment is a major contributor to a youth's successful stay in his/her community.

The IAP Model of community-based programs funded and championed by OJJDP in the 1980s and 1990s continues to serve jurisdictions in guiding them to build reentry models that include full services for youth. This model recognizes the need for support programs including mental health care, substance abuse care, and a continued avenue of further education services (Altschuler and Armstrong, 1994a).

Many current juvenile corrections agencies compartmentalize reentry in their operations and create fragmented policies and practices. Developing solid case management strategies across departments that focus on each youth's individualized treatment plan should enhance reentry efforts and provide for a more successful transition for the youth. Secure care facility

administrators will need to continue to re-examine their policies, practices, and programs that serve to launch youths' successful reentry to their community.

Facility administrators, along with their community corrections department colleagues, must consider as agency policy-makers adopting an "after care" concept as a new way of approaching offender reintegration. The "after care" model should focus staff's efforts on the youth's case plan from intake to discharge. A single case plan that supports the youth and guides all staff's efforts should enhance the results. Once the youth has successfully transitioned to the community, it will be important to continue with the case plan by providing the necessary services and support that will then provide the youth with a positive sustainability strategy in the community. This should reduce the number of youth who return to a secure care facility for violating parole or for committing another crime.

V. Conclusion

Juvenile corrections leadership and secure facilities administrators are facing a good news, bad news future.

The good news is that the trend of lower secure facility populations allows greater focus on building effective programs that should produce more successful youth and ultimately decrease their chances of returning to secure institutions. This, coupled with a renewed attention to the transition of youth back into their communities, should reduce the number of youth returning as repeat offenders.

The bad news is that the dramatic increase and complexity of the special needs population and the continued over-representation of minorities make the job of building and strengthening strong evidence-based programs and services a daunting challenge for facility administrators. Particular consideration must be given to re-tooling patterns of institutional staffing necessary to work with these special needs populations

Only time will tell how this scenario will be played out across the country.

CHAPTER 4 REFORMING REFORM SCHOOL: THE MISSOURI MODEL FOR JUVENILE CORRECTIONS

Richard A. Mendel

This chapter presents a detailed description of the State of Missouri's unusual and highly successful approach to juvenile corrections, which has been touted by many experts as a national model. Unlike the vast majority of states, which rely on large, congregate-care training schools, Missouri relies exclusively on smaller facilities to house juvenile offenders, and it employs a unique treatment-oriented correctional regime to reverse the delinquent behavior of troubled teens. The chapter details the evolution of the Missouri system, describes many of its key features, and documents the evidence of its effectiveness.

I. Rationale: The Need to Reform the Reform Schools

In most states, the largest piece of the juvenile justice budget is spent on correctional facilities, and most committed youth are sent to “training schools” – large correctional units typically housing 100 to 500 youth. Nationwide, 52 percent of juveniles confined in 1997 were held in facilities with more than 110 offenders (Sickmund, 2000).

Most of these training schools – sometimes known as “reform schools” – are located in rural areas. Inside the facilities, young offenders – most of them minorities, often from urban areas – spend months or years, typically housed in small cells, far from their families and neighborhoods, and disconnected from the social forces that drove them to criminality and to which they will one day return.

Training schools employ teachers and (in most cases) certified mental health counselors, but youth spend much of their time under the supervision of “correctional officers,” many with no post-secondary education, some with little training in or affinity for counseling or youth development. If youth misbehave, they may be locked down in isolation cells.

Decades of research has found that large training schools are not effective in rehabilitating youthful offenders or steering them from crime (Howell, 2003). Indeed, veteran juvenile justice scholar Barry Feld has concluded: “Evaluation research indicates that incarcerating young offenders in large, congregate care juvenile institutions does not effectively rehabilitate and may actually harm them... A century of experience with training schools and

youth prisons demonstrates that they are the one extensively evaluated and clearly *ineffective* method to ‘treat’ delinquents” (Feld, 1999).

Training school confinement is often justified as a necessary step to protect the public. Yet only 24 percent of incarcerated youth (committed) nationwide have been found guilty of a violent felony (Sickmund et al., 2004). Most have committed only property or drug crimes, or disorderly conduct, sometimes only misdemeanors or “status offenses” (like truancy or alcohol possession) that would not be crimes if committed by an adult. Nonetheless, recidivism studies routinely find that half or more of training school youth are convicted of a new offense within three years of release (Krisberg et al., 1991; Office of the Legislative Auditor, 1995; Arizona Department of Juvenile Corrections, 2003; Illinois Department of Corrections, 2004; Mendel, 2000; Mendel, 2003).

In addition, training schools have also suffered frequently with substandard conditions of confinement, overcrowding, and even detainee abuse (Parent et al., 1994; Altschuler, Armstrong, and MacKenzie, 2003). In just the past six years (1998-2004), credible allegations of widespread detainee abuse and/or neglect (media reports, or investigations by the U.S. Department of Justice) have emerged from training schools in more than 20 states.

II. Evolution of Reform

Like other states, Missouri’s juvenile corrections system also long relied on training schools. From 1887 until 1983, the Boonville Training School – a 158-acre campus of two-story brick residence halls – was Missouri’s primary correctional facility for boys, holding up to 650 teens at a time.

Though its stated mission was rehabilitative, the reality at Boonville was often brutal. Soon after losing his job in 1949, for instance, former Boonville superintendent John Tindall described the facility in the *St. Louis Post Dispatch*: “I saw black eyes, battered faces, broken noses among the boys,” Tindall wrote. “The usual corrective procedure among the guards was to knock a boy down with their fists, then kick him in the groin... Many of the men were sadists” (cited in Abrams, 2003). Three boys died inside the facility in 1948 alone.

Conditions remained problematic throughout the 1950s, ‘60s, and ‘70s. A 1969 federal report condemned Boonville’s “quasi-penal-military” atmosphere, particularly the practice of banishing unruly youth to “the Hole” – a dark, solitary confinement room atop the facility’s administration building (Abrams, 2003). Investigative reporter Kenneth Wooden wrote that

during his visit to Boonville in 1973, inmates complained about “staff members having sexual relations with the children, beating them, throwing them into solitary confinement for no substantial reason, [and] pushing drugs” (cited in Abrams, 2003). In 1983, Missouri shut down the Boonville training school. Missouri’s Division of Youth Services (DYS) had begun in the 1970s to experiment with smaller and more therapeutic correctional programs. Liking the results, and tired of the endless scandals at Boonville, the state donated the facility to the state’s Department of Corrections, which turned it into an adult penitentiary.

In place of Boonville, as well as a training school for girls in Chillicothe which closed in 1981, DYS secured smaller sites across the state – abandoned school buildings, large residential homes, even a convent – and outfitted them to house delinquent teens. The largest of the new units housed only three dozen teens.

Today, Missouri operates 42 juvenile corrections facilities statewide, and all but three of them house fewer than 40 youth. (These three all house more than one distinct program, each with separate dormitories and separate staff.)

III. The Importance of Facility Size

According to both Missouri insiders and national justice experts, Missouri’s switch to smaller facilities was crucial to improving its juvenile corrections system. Paul DeMuro, a veteran juvenile justice consultant, suggests that “The most important thing in dealing with youthful offenders is the relationships, the one-on-one relationships formed between young people and staff. And not just the line staff. It’s critical that the director of the facility know every kid by name” (DeMuro, 2003).

Ned Loughran, executive director of the Council of Juvenile Correctional Administrators, warns that “The kids coming into juvenile facilities need a lot of specialized attention, and they need to develop a relationship with staff.”

“A small facility allows the staff to get to know the kids on a very individual basis. The kids interact better with peers and staff,” Loughran adds. Large facilities routinely suffer with high rates of staff turnover and absenteeism, “so the kids spend a lot of time sitting in their rooms... With large [facilities] it’s like going to a large urban high school. Kids get lost, and these kids can’t afford to get lost.” (Loughran, 2003).

David Altschuler, a Johns Hopkins University criminologist, has argued that “It is exceedingly difficult to successfully punish, deter, and treat incarcerated juvenile offenders in

large, locked, secure training schools that are operating over capacity; yet this is the norm in juvenile corrections nationwide” (Altschuler, 1999).

Smaller facilities are not a magic bullet for juvenile corrections reform, however. Kentucky has long housed delinquent teens in small facilities rather than larger training schools, but a federal investigation in 1995 found that Kentucky was ignoring abuse complaints, using isolation cells excessively, and providing substandard education and mental health programming (United States v. Commonwealth of Kentucky, 1995). (Since then, Kentucky has beefed up staff training and closed its worst facilities.)

In Missouri, small facilities likewise produced no immediate miracles. Initially, chaos reigned inside many of the new sites, recalls Gail Mumford, who began working with DYS in 1983 and now serves as the division’s deputy director for treatment services. “It was really crazy,” says Mumford. “We didn’t know what we were doing. The boys ran us ragged [at first]. They were acting up every day, sometimes every hour” (Mumford, 2003).

But conditions in Missouri’s small facilities have improved dramatically since the early 1980s, as DYS built a continuum of care to address the needs of youth with varying risk and need profiles and – thanks to a series of interrelated reforms – developed an effective and comprehensive youth treatment system.

IV. The Missouri Juvenile Treatment Continuum

As in every state, only a small fraction of youth adjudicated in Missouri’s juvenile courts are ever sentenced to the state youth corrections agency. The vast majority are released, placed in juvenile court diversion programs, or – in large jurisdictions like Kansas City and St. Louis – placed in locally-operated youth corrections facilities. In 2002, for instance, of the 42,793 Missouri youth referred to juvenile courts for law violations (Missouri Division of Youth Services, 2003a), just 1,286 (3%) were placed under DYS custody (Gregg, 2004). While DYS does not operate diversion or local youth corrections programs, its budget does include 4.2 million in 2004 to help support intensive probation, day treatment, group counseling, and other diversion programs at the local level.

A. Risk Assessment

Whenever a youth is placed into DYS custody, the first step is to determine the proper placement. For this process, DYS uses a formal risk assessment instrument, which uses a point system to evaluate both the seriousness of the offenses committed and the risk of reoffending. The 23-point seriousness scale is based upon three questions: the seriousness of the current offense (up to ten points), the seriousness of prior adjudications (up to ten points), and the youth's behavior in previous residential placements (up to three points). Because ten points is the cut-off for a "most serious" designation, any youth ever adjudicated for murder, first degree assault, forcible rape or sodomy, first degree robbery, or drug distribution is designated as most serious, while those with lesser offending histories can receive "moderately serious" or "less serious" designations.

The 22-point risk of re-offending scale is based on ten questions concerned with the youth's prior offending and placement history, age at first referral, and problems in peer relations, family disruption, school failure, and substance abuse. Here, too, youth are grouped into high, moderate, and low risk categories.

B. Continuum of Care

As detailed in Figure 4-1, the youth are analyzed on a placement grid and referred to either community-based supervision, non-secure group homes, moderately secure facilities, or secure care.

Day Treatment and Other Community-Based Supervision. DYS places committed youth with the least serious offending histories and the lowest likelihood of re-offending into community-based supervision programs. Statewide, ten percent of DYS youth are placed directly in these non-residential programs.

Most youth placed in community supervision are assigned to day treatment centers, where they spend from 8 a.m. to 3 p.m. every weekday in a combination of academic education and counseling. After school, many participate in community-service or academic tutoring activities, or in individual or family counseling. The ten day treatment programs, which can serve up to 171 youth on any given day, also serve as a step-down for many youth following their time in a residential program. (See discussion of aftercare on page 39.)

Figure 4-1			
Missouri DYS Placement/Length of Stay Decision Matrix			
Seriousness	Risk of Re-Offending		
	<i>Lowest Risk 2-10</i>	<i>Moderate Risk 11-17</i>	<i>Highest Risk 18-22</i>
<i>Most Serious 10+</i>	Moderately Secure Residential LOS = 6-9 months	Secure Residential LOS = 9-12 months	Secure Residential LOS = 9-12 months
<i>Moderately Serious 6-9</i>	Community-Based Residential LOS = 4-6 months	Moderately Secure Residential LOS = 6-9 months	Secure Residential LOS = 9-12 months
<i>Least Serious 2-5</i>	Non-Residential LOS = 1-6 months	Community-Based Residential LOS = 4-6 months	Moderately Secure Residential LOS = 6-9 months

A small number of youth in community-based supervision are monitored by “trackers” – community residents or college students pursuing a degree in social work or a related discipline – who maintain close contact with delinquent young people and their families and offer support, mentoring, and troubleshooting assistance. (Trackers, too, are often part of aftercare supervision for teens following residential placement.) Statewide, DYS trackers supervise roughly 250 young people per day.

Residential Confinement. For the remaining 90 percent of youth sentenced to DYS custody, the first placement is to a residential facility. However, most of the residential beds overseen by DYS are not in locked, secure-care facilities. Rather, each of the five DYS regions operates group homes and moderately secure facilities. Typically, these facilities are not surrounded by a perimeter fence. Resident youth are not under 24-hour/day lock and key, and they participate in many outside activities in the community.

- *Group Homes* – Youth with low seriousness and re-offending risk scores are referred to one of the six non-secure group homes scattered throughout the state. Each of these group homes typically houses 10-12 youth who have committed only status offenses or misdemeanors – young people who pose little danger to the community but require more structure, support and supervision than their families can provide. Group home youth attend school onsite, not in public schools, but they spend considerable time away from their facilities in jobs, group

projects, and other community activities. Within the facilities, they participate in extensive individual, group and family counseling.

- *Moderately Secure Facilities.* Youth with somewhat more serious offending histories or higher risk levels are placed into one of the state’s 19 moderately secure residential facilities located in residential neighborhoods, state parks, and two college campuses. Though many youth sent to these facilities are felons, they too spend time in the community. Closely supervised by staff, residents regularly go on field trips and undertake community service projects. Those who make progress in the counseling component of the program and demonstrate trustworthiness are often allowed to perform jobs with local nonprofit or government agencies as part of a \$678,000 per year DYS work experience program.

Figure 4-2				
Missouri DYS Levels of Care				
Level of Care	# of Facilities/ Programs	Total Beds/Slots	Participant Profile	Typical Length of Stay
Day Treatment	10	171	First-time, non-serious offenders, or youth on aftercare following a stay in residential DYS programs	1-6 months
Group Homes	6	70	Less serious offenders, often with high needs	4-6 months
Moderately Secure Care	19	424	Youth with multiple or serious (but mostly non-violent) offenses	6-9 months
Secure Care	6	192	Chronic and/or serious youth offenders	9-12 months
Dual Sentenced	1*	40	Convicted of serious offenses in adult court	Until 21st birthday

* This facility serves a combination of dual-sentenced youth and DYS “secure care” youth.

- *Secure Care.* For the most serious offenders referred by Missouri juvenile courts, DYS operates six secure care residential facilities, each with a maximum capacity of 33 youth or less. These youths seldom participate in activities outside the facility, but in other ways their daily activities are similar to youth in less secure residential settings.

Youth Transferred to Criminal Court. While DYS secure care facilities house the toughest offenders adjudicated in Missouri's juvenile courts, the state's most serious youth offenders are transferred out of juvenile jurisdiction and tried in adult courts. As amended in 1995, Missouri's juvenile transfer laws require a judicial transfer hearing for any youth accused of drug distribution or serious violent crimes (murder, rape, robbery, aggravated assault), and they grant judges discretion to transfer youth accused of lesser offenses.

As DYS's reputation for success has spread, however, judges have transferred fewer and fewer youth to adult courts – just 99 youth in 2002, down from 302 youth in 1996. As in other states, some Missouri youth transferred to stand trial in adult courts are never convicted of crimes, and others are placed on probation. When youthful offenders are sentenced as adults to serve time behind bars, they receive one of two types of sentences.

- *Blended sentence.* Authorized under Missouri's 1995 juvenile reform law, this option allows youth sentenced to long adult prison terms to serve the first years of their sentences under the care of DYS. When a youth reaches 18, the court can either transfer them to adult prison or retain them in DYS custody for continued treatment. Then, as youth still in DYS care approach age 21, the court holds a second hearing to decide whether to: (a) stay the remaining years of their sentences and return youth to the community (under continuing probation supervision); or (b) send them on to prison to complete the full sentence. As of June 2004, DYS had supervised 41 youths sentenced in this manner, of whom 19 remain in DYS custody. Of the 22 blended-sentence youth who have left DYS care, five did not make substantial attitudinal and behavioral changes while in DYS care and were transferred to adult prison. DYS recommended that the other 17 be released to the community based on their progress in juvenile custody, and courts accepted the recommendation in every case (Steward, 2004). As yet, DYS is aware of only two cases in which youth have had their probation revoked following release, and it knows of no case in which a dual-sentenced offender has committed a new violent felony.
- *Adult Prison.* Serious youth offenders who are not offered a dual sentence must serve out their full sentences in adult prisons lacking any type of juvenile programming or services. Thanks to the limited number of adult court transfers in Missouri and the availability of the blended sentence, however, the number of youth serving time in Missouri prisons appears quite small. While Missouri does not keep records on the number of offenders convicted in adult courts and

imprisoned for crimes committed before their 17th birthdays, state records show that as of September 2004, only three youth under 17 were currently behind bars in state prisons.

V. The Missouri Treatment Model

Regardless of custody level, all DYS residential facilities employ a similar correctional strategy. This approach relies on group process and personal development, rather than punishment and isolation, as the best medicines for delinquent teens, and it is strengthened by a host of innovations and enhancements developed and refined by DYS over two decades. The model has several key features:

A Regional Approach. DYS has divided the state into five regions, each of which operates independently and provides a full array of services. Thus, youth in DYS custody almost always remain in their home region, close to their homes and families. This enables DYS staff to remain in close contact with family members and to involve them in all phases of the treatment process.

Group Treatment. At every DYS residential facility, youth spend virtually all of their time in treatment groups of 10-12 youth, living together in a dormitory and participating together in academic classes and group therapy sessions. The teams eat together, sleep together, study together, shower together – always under the supervision of DYS youth specialists (or teachers during the school day). At least five times per day the teams “check in” with one another – telling their peers and the staff how they feel physically and emotionally. And at any time, youth are free to call a “circle” – in which all team members must stand facing one another – to raise concerns or voice complaints about the behavior of other group members. Thus, at any moment the focus can shift from the activity at hand – education, exercise, clean up, a bathroom break – to a lengthy discussion of behaviors and attitudes. Staff members also call circles frequently to communicate and enforce expectations regarding safety, courtesy, and respect.

Case Management. From the moment they enter DYS custody, all youth are assigned to a “Service Coordinator” – a single case manager who oversees their cases before, during, and after their time in DYS facilities. This service coordinator conducts the risk assessment (and also a needs assessment and individual treatment plan) as soon as a teen is placed under DYS supervision, and recommends an appropriate placement.

Once a young person is placed in a residential facility, the service coordinator meets with him or her at least once per month, and the service coordinator also conducts outreach to the

parents and other family members. As the youth approaches the end of a residential program, the service coordinator – in consultation with facility staff and parents – takes the lead in determining the release date as well as the appropriate next placement (for youth whose families may not have a suitable home for the youth).

Finally, once youth are released from a residential DYS facility, the service coordinator meets with them regularly – at least weekly for the most risky offenders, bi-weekly for those with moderate risk profiles, and monthly for those at lowest risk. If the young person fails to follow rules and behave appropriately while on aftercare, the service coordinator has authority to revoke the aftercare status and place the youth back into residential care. For those who remain on track in aftercare, the service coordinator decides when to close the case and release the young person from DYS supervision.

A Humane, Youth-Friendly Environment. Although youth inside DYS facilities are under constant staff supervision, the atmosphere even in secure care facilities is far from prison-like. There are no cells inside most DYS facilities; in fact, other than a metal detector at the front door, there are few locked doors and little security hardware of any type – just video cameras linked to monitors in the central office. As in group homes and moderately secure facilities, secure care residents joke easily with staff, whom they address on a first name basis. Furnishings are new and cheerful in the facilities. Colorful bulletin boards cover most of the walls – featuring their work or positive messages written and designed by youth themselves. The atmosphere is more like a home or college dormitory than like the typical “juvenile correctional center.”

Highly Trained Staff. As DYS struggled to impose order in its new network of small facilities in the 1980s, one of its key policy changes was to upgrade the quality of direct care staff. Rather than requiring only a high school diploma, DYS began staffing its facilities primarily with college-educated “youth specialists,” rather than traditional corrections officers. In addition, DYS developed an ambitious in-service training regimen to steep all new hires in its new treatment-oriented correctional philosophy. Today, all DYS staff must complete 120 hours of in-service training during their first two years on the job.

Double Coverage. According to DYS veterans, the single most important change made by the agency to improve the safety and therapeutic environment in its facilities came in the early 1990s when it began requiring “double coverage” – two DYS staffers present with every group, at all times. Among groups of delinquent teens, the potential for mischief, fighting, and other negative behaviors is ever-present. DYS found that by keeping two sets of eyes and two calming

influences present with the groups at all times, it could minimize these risks and maintain an atmosphere of safety and respect that allows participants to stay focused on their work and positive in their behavior. (Due to budget shortfalls, DYS is no longer able to maintain double coverage on all cases, particularly during night shifts at low-security programs. However, double coverage remains the rule at all times in secure care facilities.)

Education and Training. Youth confined in DYS facilities attend six 50-minute periods of academic instruction every weekday all year round. They break into small groups for GED instruction or class work toward their high school diplomas, work together on special projects or current events, or do individual lessons in a computer learning lab. Teachers are certified, but they are employed directly by DYS rather than working for the public schools. DYS also employs a special education teacher in almost every facility (and contracts for special education services in the remaining facilities). In addition, Title I educators provide additional instruction in many DYS facilities. DYS also provides extensive work and community service experience for many teens, particularly those in the less secure facilities, through its work experience program.

Individual and Family Therapy. Like a growing number of states, Missouri employs mental health counselors to work with youth and their families, and it partners with outside psychiatrists to ensure that confined youth receive appropriate psychotropic medications. DYS places strong emphasis on family therapy, and the regional approach keeps most teens close to their families. Roughly 40 percent of DYS youth participate in family therapy. In some cases, this therapy involves only a handful of sessions prior to release, while in other cases the therapy process is more intensive. Unlike mental health providers in many other states, DYS therapists need not be licensed counselors or social workers. Most are former direct care staff who express interest in counseling and undertake 150 hours of additional in-house training.

The “Treatment Room.” While many states concentrate their treatment efforts in occasional therapy sessions provided by mental health professionals, Missouri operates under a philosophy that treatment occurs 24 hours per day, and it strives to infuse treatment into the fabric of its programming. At every DYS facility, each group meets for an hour each afternoon to talk about their personal histories, their future goals, and the roots of their delinquent behavior.

Some days the teens participate in “group-builders” – shared activities designed to build comradery and help teens explore issues like trust, perceptions, and communication. But in many meetings one particular teen will talk to the group about his or her life. The first of these sessions is a “who am I?” exercise in which youth list their favorite people and foods and cars

and movies. In subsequent sessions, the topics become more personal. In the “life history,” teens are asked to – and often do – talk about wrenching experiences in their lives: domestic abuse, violence, sexual victimization, and family negligence. They are also encouraged to speak about their crimes and other misdeeds. In the “genogram,” teens produce and then explain a coded family tree detailing the incidence of domestic violence, alcoholism, drug addiction, criminality, illiteracy, and other pathologies in their families, as a first step toward exploring the historic roots of their own behavior problems. In the “line of body,” confined adolescents trace their bodies onto a large sheet of paper and then write in the physical and mental traumas they have suffered during their young lives.

Maintaining Physical and Emotional Safety. According to former DYS deputy director Vicky Weimholt, convincing delinquent teens to open up about their troubled pasts is critical in reversing behavior problems. And the key to getting teens talking is physical and emotional safety. “Our staff are always there, and they will not let you get hurt,” Weimholt said. “And on the emotional side, you can’t underestimate the power of group work... There’s safety in knowing that I’m not the only one going through this” (Weimholt, 2003).

In promoting safety, DYS shuns the tactics commonly used in training schools. DYS youth are almost never held in isolation, and DYS staff do not employ “hog ties,” “four-point restraints,” or handcuffs to stifle youth who become violent. Instead, DYS staff train teens themselves to restrain any youth who threatens the group’s safety. Only staff members may authorize a restraint, but once they do team members grab arms and legs and wrestle their peer to the ground. Once down, the team holds on until the young person regains his or her composure.

Ned Loughran, Director of the Council of Juvenile Correctional Administrators, sharply criticizes this practice, which has been abandoned by nearly every other state (Loughran, 2003). But DYS director Mark Steward defends youth restraints on both practical and therapeutic grounds. “We don’t have 200-kid facilities with 100 staff we can call in to break things up,” he said. And even if they did have the staffing, “if we had to wait for the staff to arrive [whenever a fight broke out], someone’s gonna get their head beat in.” Steward says in the last 15 years there has never been a serious injury during a restraint, and never a lawsuit or a formal complaint filed by parents. Steward also cites the infrequent incidence of restraints in DYS facilities and the near-absence of serious fights among youth. “The kids are the only ones who can stop the fights and keep it safe,” Steward says. “So it works much better to give them the responsibility.” (Steward, 2003)

Aftercare. The small scale and therapeutic, family-oriented atmosphere distinguish Missouri's juvenile facilities from training schools common in most states. However, the differences do not end when Missouri teens walk out the doors of a DYS facility. More than most states, Missouri supports youth through the tricky transition when they leave facilities and return home.

“Large, locked, secure training schools frequently fall prey to an institutional culture in which the measures of success relate only to compliance with rules and norms,” writes Johns Hopkins University criminologist David Altschuler, the nation's foremost expert on aftercare for juvenile offenders. “Progress within such settings is generally short-lived, unless it is followed-up, reinforced, and monitored in the community. Having no responsibility, authority, or involvement for anything other than institutional adjustment and progress, the institution and its staff have little incentive or interest in what ultimately happens to youths in the community.” (Altschuler, 1999)

Missouri has made aftercare a core component of its correctional approach. Typically, youth leaving DYS care are placed on aftercare status for three to six months. During this period, they meet frequently with their service coordinators and follow an aftercare plan developed prior to their release. Many youth – about 40 percent of those on aftercare – are also assigned a “tracker,” who meets with them several times per week, monitors their progress, counsels them informally and helps them find jobs. Some aftercare youth are placed temporarily into day treatment programs, often as a bridge period to maintain their educational progress before they can return to a public school at the start of a new semester.

Unlike parole officers employed by most states, DYS service coordinators already have longstanding relationships with teens when they head home, as a result of their involvement with the youth and families during the period of out of home placement. The service coordinators have authority both to decide when the young person will leave residential care and to revoke aftercare and return young people to residential care if they break rules or deviate severely from their aftercare plans.

VI. Organizational Strength

In addition to its reliance on small facilities, its impressive continuum of programs and services, and its unique and comprehensive treatment approach, Missouri juvenile corrections efforts are also bolstered by unique organizational strengths within the Division of Youth Services. In particular, the agency has been blessed with unusually stable leadership and a rare degree of deep, bi-partisan political support.

Organizational Stability. Nationwide, directing a state juvenile corrections agency is typically a high turnover job. In most states, agency leaders come and go with each new governor, or with each new scandal. Missouri, by contrast, has had the same director since 1988. This continuing presence, along with his firm commitment to youth-oriented treatment, have provided crucial stability for DYS. This stability has allowed the agency to develop a strong organizational commitment to its treatment-oriented correctional philosophy and to steadily refine its programs and procedures to make that philosophy effective.

The stability of DYS is further strengthened by the agency's staff – both at state and regional administrative offices, and in the division's facilities. Beginning with the Director himself, every key administrator and every facility manager began their careers at DYS working directly with youth in one of the agency's facility. As a result, DYS leaders statewide share a common understanding of the agency's mission and a shared commitment to seeing it accomplished.

Bi-Partisan Political Support. In his years as DYS Director, Mark Steward has carefully cultivated a network of prominent supporters statewide – including leaders in both political parties. Before his untimely death in 2000, former Democratic Governor, Mel Carnahan, frequently invited Steward to bring DYS youth for visits to his office in the state capitol. Likewise, conservative state Supreme Court Judge Stephen Limbaugh, a cousin and close confidant of conservative commentator Rush Limbaugh, is also a longtime DYS supporter.

As one of his first steps after taking over DYS in the late 1980s, the Director created a state advisory board and filled it with top leaders. By inviting advisory board members, judges, state legislators and other others key leaders to tour its facilities – and by allowing youth themselves to guide these tours and describe in their own words the value of the DYS treatment process – the Director and DYS have earned support across the political spectrum. Also, by placing dozens of facilities throughout the state, it has built a powerful base of grassroots support to maintain its decentralized programming.

According to juvenile justice consultant Paul DeMuro, “Missouri has resisted the get large philosophy, mostly [because] Steward went out and talked with people around the state and built a consensus in support of his approach... He knows how to work the system, and he’s very well respected.” (DeMuro, 2003)

VII. Exceptional Outcomes

Over the years, DYS has sponsored countless facility tours for influential leaders from all over Missouri. And in recent years, as word has spread, juvenile justice leaders from across the nation have come to tour DYS facilities and learn about the state’s unconventional approach to youth corrections.

In these visits, outsiders often respond with surprise, even amazement, at the feeling of safety and optimism inside the facilities, and at the ability of Missouri youth to articulate a positive message and dispel the negative stereotypes that typically surround delinquent teens.

After touring DYS facilities in the Kansas City area in September 2003, Maryland Juvenile Services Secretary Kenneth Montague reported that, “What impacted me most was the atmosphere that existed there. The staff knew these kids very well. They conveyed an attitude of continual support for them, and the kids were really responding to that. That’s the kind of environment we all want.” (Montague, 2004)

Linda Luebbering, a long-time senior official with the Missouri Division of Budget and Planning, vividly recalled her first visit to a DYS facility. “I was surprised that I was walking into a facility like that – these were hard-core kids – and I was completely comfortable to go up and talk to them about their treatment,” Luebbering said. “I ended up in a long conversation with a very well-spoken young man. Only afterward did Mark [Steward] tell me that this kid had committed murder. It made a big impression on me.” (Luebbering, 2003)

A. Low Recidivism

Teaching youth to speak articulately and behave well inside correctional institutions is not the Division of Youth Services’ core mission, however. The division’s statutory purpose is “the prevention and control of juvenile delinquency and the rehabilitation of children” – to minimize the future offending of delinquent teens. The evidence shows that Missouri is succeeding. The most recent DYS recidivism report, compiled in February 2003, found that 70

percent of youth released in 1999 avoided recommitment to a correctional program within three years.

Of 1,386 teens released from DYS custody in 1999, just 111 (8%) were sentenced to state prison or a state-run 120-day adult incarceration program within 36 months of release, and 266 (19 percent) were sentenced to adult probation. The report also showed that 94 youth were recommitted to DYS for new offenses following release. Another 134 youth returned to DYS residential facilities temporarily for breaking rules while on aftercare. DYS does not consider these cases failures or include them in its recidivism data (Missouri Division of Youth Services, 2003b).

Compared to states that measure recidivism in similar ways, these success rates are exceptional. For instance, a 2000 recidivism study in Maryland found that 30 percent of youth released from juvenile corrections facilities in 1997 were incarcerated as adults within three years (Iyengar, 2000). In Louisiana, 45 percent of youth released from residential programs in 1999 returned to juvenile custody or were sentenced to adult prison or probation by mid-2002 (Mendel, 2003).

In Florida, 29 percent of youth released from a juvenile commitment program in 2000 – 2001 were returned to juvenile custody or sentenced to adult prison or probation within 12 months; the comparable figure in Missouri is just nine percent (Florida Department of Juvenile Justice, 2003).

B. Moderate Costs

Missouri's lower recidivism rates do not come with a high price tag. The total DYS budget for 2002 was \$58.4 million – equal to \$103 for each young person statewide between the ages of 10 and 16. By contrast, Louisiana spends \$270 per young person ages 10 to 16, Maryland spends roughly \$192 for each youth ages 10 to 17, and Florida spends approximately \$271 (Mendel, 2003). (Juvenile courts in Maryland and Florida have jurisdiction over youth up to age 17, while Missouri and Louisiana juvenile laws cover youth only up to age 16.)

C. Other Positive Outcomes

In addition, not a single Missouri teen has committed suicide under DYS custody in the 20 years since Boonville closed. Lindsay Hayes, a researcher with the National Center on

Institutions and Alternatives, reports that 110 youth suicides occurred nationwide in juvenile facilities from 1995 to 1999 alone (Hayes, 2003).

Missouri's educational outcomes are also promising. Though DYS youth enter custody at the 26th percentile of Missouri students in reading and the 21st percentile in math, and many have not attended school regularly for years, three-fourths made more academic progress than a typical public school student in 2002, and 222 DYS youth earned their GEDs (Mendel, 2003).

VIII. Conclusion

Based on these positive outcomes, it is clear that Missouri's approach to juvenile corrections should be a model for the nation. Its success offers definitive proof that states can protect the public, rehabilitate youth, and safeguard taxpayers far better if they abandon incarceration as the core of their juvenile corrections systems.

"I think it's a great system," says Barry Krisberg, president of the National Council on Crime and Delinquency. "More than any other state in the country, Missouri provides a positive, treatment-oriented approach that's not punitive or prison-like." (Krisberg, 2003)

"It's the best system in the country in my opinion for [the correctional phases of] juvenile justice," says Paul DeMuro (DeMuro, 2003).

CHAPTER 5 STRUCTURED DECISION MAKING™ FOR SECURE CARE

Robert DeComo

I. Introduction

Structured Decision Making (SDM) is an integral component of a graduated sanctions system and should be used at all decision points to guide the system's response to juvenile offenders including those being considered for or having been committed to secure care. This section discusses the use of SDM at several post-adjudication decision points. These include the dispositional decision; and, for committed youth, decisions about facility placement; decisions about the content of the institutional case plan (and by extension the aftercare case plan); establishing a presumptive length of stay; and facility release decisions based on an individualized readiness assessment.

II. Disposition Decision Matrix

An important application of SDM for graduated sanctions is the disposition decision. A dispositional decision matrix is a tool designed to structure decisions about the most appropriate level of supervision and custody, including secure care, for adjudicated offenders at the time of their case disposition. It can be used in one of two ways: either as dispositional guidelines for the judiciary or as a way of structuring the dispositional recommendations made to judges by probation officers. As with all SDM components, the matrix brings a greater degree of consistency and equity to the assessment and decision making process. The use of matrices have been shown to produce for more efficient use of dispositional resources and improved outcomes (e.g., lower recidivism) by matching dispositions to the specific types of juvenile offenders for which they were designed (Howell, 2003).

A disposition matrix focuses on the level of supervision or custody considered to be most appropriate in each case, so it is based on factors that directly reflect public safety considerations. Usually these factors are the severity of the current and prior offenses, and the youth's potential for reoffending (i.e., risk level). However the offender's need for services must also be taken into account. Under the assumption that public safety is the primary consideration, the matrix is used as a first step to determine the required level of supervision and control for each youth. This should then be followed by an individualized assessment of needs and

strengths, which is then used to determine specific programs or services that each youth should receive within the designated level of supervision/custody.⁵

A. Design of Disposition Decision Matrices

Disposition matrices are developed through a consensus-building process that typically involves a wide range of juvenile justice system officials. A matrix is primarily a policy-based decision making tool, both in terms of the criteria it incorporates and the level of restrictiveness that is associated with each category or “cell” in the matrix.

The design of the matrix should reflect local policy makers’ best thinking about: 1) what factors should be taken into account in determining a disposition; and 2) the appropriate level of supervision/custody for each combination of the selected criteria. While the JSC believes that the three criteria of current offense, prior offenses, and risk level are most appropriate for disposition decisions, specific dimensions of the matrix should be designed taking into account local policy, practice, and resources. For example, the composition of offense classes and their seriousness ranking should be determined by local policy makers, often following statutory classifications where they exist. The same is true with respect to the security level designations associated with each of the matrix cells. Each local jurisdiction also will need to determine how their available dispositional options will be categorized in terms of their level of restrictiveness. The following section describes the JSC’s model for a dispositional matrix based on the aforementioned design considerations.

B. Design of the Model Disposition Matrix

The design of the Model Matrix (see Figure 5-1) reflects features that have been included in matrices developed by several different states. It most closely resembles a matrix developed in Maryland during the late 1990s. It incorporates the three criteria that the Juvenile Sanctions Center and NCCD believe are most critical for dispositional decisions:

- the seriousness of the current adjudication offense (with all offenses grouped into one of five “offense classes”);

⁵ See Appendix for a model needs assessment instrument.

- the number and seriousness of any prior adjudicated offenses (operationalized in the example as two or more prior felony adjudications); and
- the youth’s likelihood of recidivism as measured by the JSC model Risk Scale or some other validated risk assessment tool (see aforementioned JSC publications for model risk assessment).

**Figure 5-1
EXAMPLE DISPOSITION MATRIX FOR YOUTH ADJUDICATED DELINQUENT**

MOST SERIOUS CURRENT ADJUDICATED OFFENSE	HISTORY 2+ Prior Felony Adjudications?	RISK OF RE-OFFENDING			
		Very High	High	Medium	Low
CLASS I: Most serious violent felony offenses (murder, rape, armed robbery, etc.)	Yes	A	A	A	A
	No	A	A	A/B	A/B
CLASS II: Other felony offenses against the person; felony weapon and felony drug distribution	Yes	A/B	A/B	A/B	B/C
	No	D/E	D/E	E	E
CLASS III: Felony property and public order offenses	Yes	B/C	B/C	C/D	C/D
	No	D/E	D/E	E	E
CLASS IV: Misdemeanor offenses against the person	Yes	C/D	C/D	D/E	D/E
	No	E	E	E	E
CLASS V: All other misdemeanors; all status offenses	Yes	C/D	C/D	C/D	D/E
	No	E	E	E	E

PROGRAM LEVELS

- A Secure correctional facilities; Secure psychiatric hospitals
- B Staff-secure correctional facilities; Residential treatment programs; Boot camp
- C Community residential facilities: Group Homes, Proctor Homes
- D Day Treatment, Intensive Probation Supervision, Specialized Programming (e.g., sex offenders; drug dealers)
- E Probation - Minimum, Medium, or High supervision levels

MANDATORY OVERRIDES

1. Any C, D, E designation overridden to B when clinical diagnosis indicates youth requires inpatient drug/alcohol or mental health treatment.
2. Other (as specified by adopting agency)

The matrix structure results in 40 different classification cells, reflecting all possible combinations of the three dispositional criteria. Associated with each of the cells is a presumed level of restrictiveness. These levels range from A-secure care (the most restrictive) through E-Probation (the least restrictive). Many of the cells have a dual or “swing” designation (e.g., A/B), meaning that the cell has multiple placement options.

The use of the matrix is relatively straightforward. For each youth pending disposition, the judge, or the probation officer making the recommendation, would identify the cell (and its indicated level of supervision/custody) that corresponds to the youth’s current offense, prior record, and risk level. While each cell’s designation reflects a presumptive disposition, the matrix also includes override provisions. Such overrides would be based on unique case circumstances that were not adequately captured in the assessment process and that were sufficiently compelling to warrant deviation from the matrix-indicated decision.

The Model Matrix indicates secure care as the *presumptive* disposition for all youth who have:

- a current Class I offense, with two or more prior felony adjudications, and are assessed at any of the four risk levels; or
- a current Class I offense, with one or no prior felony offenses, if they are assessed as a very high or high risk level.

In addition, secure care is an *option* for youth who have:

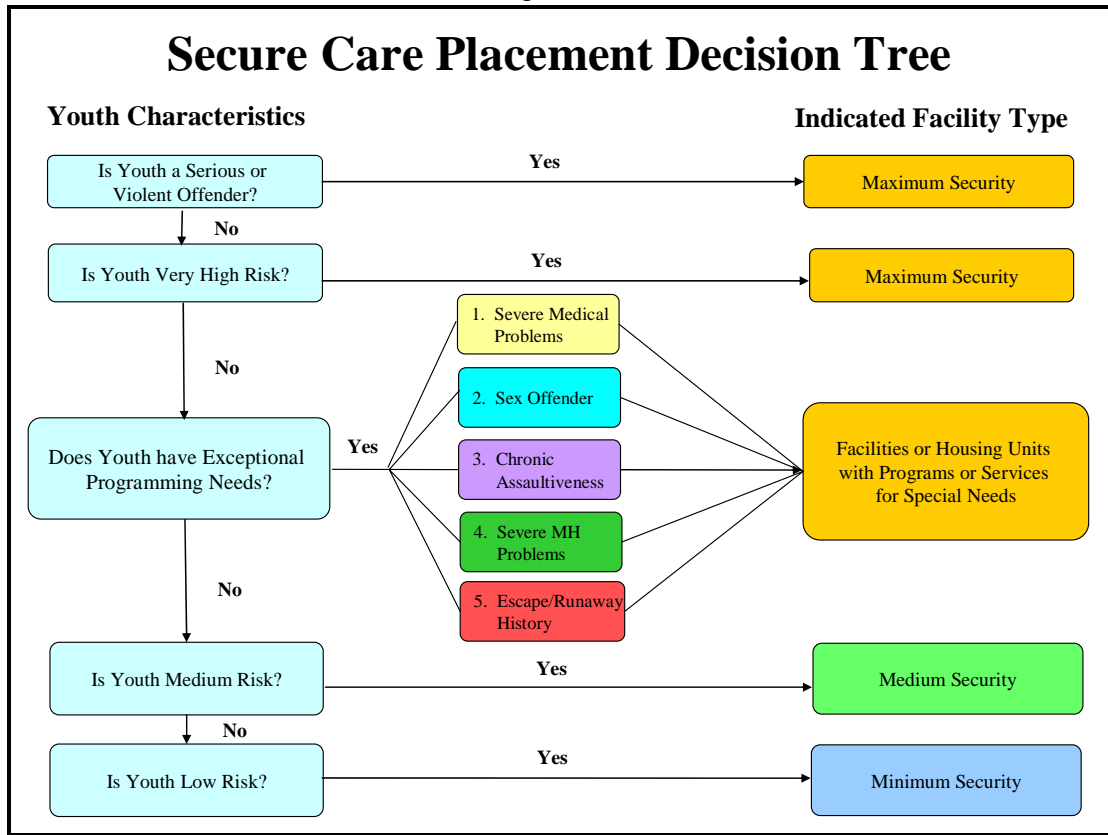
- a current Class I offense, with one or no prior felony offenses and are assessed as medium or low risk levels; or
- a current Class II offense with two and more prior felony offenses who are assessed as very high, high, or medium risk level (swing cells).

III. Structuring the Facility Placement Decision

Following the decision to select secure care as the dispositional option, the corrections agency must make decisions regarding the appropriate placement of these youth in the specific facilities or housing units it operates. Figure 5-2 presents an example of how this decision can be structured using a decision tree model. This is based on a design recently developed in Indiana .

The decision tree format guides the placement decision through a series of questions regarding youth offense, risk and need characteristics. The purposes of this structured approach are to ensure that the facility selected is appropriate for the youth’s characteristics and that similar youth are housed in similar facilities.

Figure 5-2



In this example, juveniles who are determined to have committed serious or violent offenses and/or who are assessed as high risk are placed in a maximum security facility. Those youth who do not have these characteristics but have high needs for specialized programming are placed in facilities that can provide the specialized programs or services. Finally, the decision tree guides the placement of other juveniles into facilities with security levels that correspond to assessed risk levels if they are either medium or low risk.

IV. Needs and Strengths Assessment

Once the disposition and placement decisions have been made it is imperative that a structured assessment of the specific needs and strengths of each juvenile (and his/her family) be conducted. While risk assessment is important for estimating each juvenile's relative likelihood of committing additional offenses, needs and strengths assessments help identify the individual's specific problems that contributed to their delinquent behavior (i.e., criminogenic factors) as well as those factors that reduce the likelihood of delinquent behavior (i.e., protective factors). It is this structured assessment of needs and strengths that should be used as the foundation for the case plan to be implemented while in secure care.

Needs and strengths assessments are designed to describe a youth's functioning in a number of key domains. In developing the model needs and strengths assessment presented in the Appendix, NCCD reviewed the relevant literature and systematically compared assessments used in a variety of jurisdictions to identify those factors that appeared most consistently. The resulting model needs and strengths assessment consists of 20 items, seven of which focus on the family/parents and the remainder of which focus on the juvenile. The items are differentially weighted so that the most critical (e.g., substance abuse) are given a higher priority. Since the primary purpose of the needs and strengths assessment is to develop the case plan, the model assessment contains a section that summarizes the youth's three major needs and the youth's three major strengths. This section is designed to help focus the case plan on the most important issues facing the youth. (For more detailed discussions of needs and strengths assessments see other JSC publications including *Graduated Sanctions for Juvenile Offenders: A Program Model and Planning Guide* (Wiebush, 2003) and JSC Bulletin Vol. 1, No. 2, 2002 entitled *Structured Decision Making for Graduated Sanctions*.)

V. Structuring the Length of Stay Decision

Another important decision about committed youth is their length of stay in secure care. Most agencies with jurisdiction over youth in secure care have some discretion about their length of stay and many have wide discretion in this regard. In some cases, statutory or court ordered mandatory minimums apply, but considerable discretion is still retained for determining the actual length of stay beyond the required minimum. There are several important reasons for structuring decisions about length of stay in secure care. These include fairness, consistency,

defensibility for discretionary decisions, incentive for youth, risk management, and resource management.

An NCCD informal survey of length of stay policies and practices across the country observed considerable variation in how length of stay decisions are made. For example, length of stay ranges varied considerably with minimums of one to several months and maximums of several years. This was particularly true in jurisdictions that allowed for extended sentencing beyond the upper age of juvenile jurisdiction (e.g., youthful offenders, dual sentencing). There is also considerable variation in how length of stay decisions are made in individual cases. In some jurisdictions, the length of stay criteria are very vaguely stated (if at all) and consequently are subject to wide variability in interpretation. In these jurisdictions, length of stay decisions are made by designated staff members often functioning as paroling authorities. In other jurisdictions, length of stay decisions are structured by guidelines which vary in complexity but generally include similar criteria. These criteria include severity of the current offense, delinquency history (often operationalized as a risk assessment), override provisions (e.g., aggravating and mitigating circumstances), and policy exceptions to be decided on an individual basis and outside any guidelines (e.g., capital offenses).

One example of SDM length of stay guidelines is from Arizona. Arizona law mandates that length of stay guidelines be developed cooperatively between the state juvenile corrections authority and the juvenile court, and that these guidelines be reviewed annually.

Figure 5-3 shows the example length of stay guidelines. The guidelines are informed by two basic criteria: offense severity and risk of reoffending. The offense severity dimension uses seven offense classifications. These offense categories are ranked according to Arizona's statutory classification of offense severity.

The second dimension of the guidelines matrix is risk assessment. This dimension relies on the results of a validated risk assessment instrument. The risk tool classifies juveniles into three categories of risk, based on their likelihood of reoffending in the community.

Figure 5-3			
Length of Stay Guidelines for Secure Care			
Offense Severity Class	High	Medium	Low
Class 1 Felony	24 months or 18 years of age	24 months or 18 years of age	24 months or 18 years of age
Class 2 Felony	12-24 months	12-24 months	12-16 months
Class 3 Felony	9-18 months	9-15 months	3-6 months
Class 4 Felony	6-12 months	6-9 months	3-6 months
Class 5 Felony	6-9 months	3-6 months	2-4 months
Class 6 Felony and Misdemeanors	3-6 months	2-4 months	1-3 months
Non-Delinquent Violations	60 days	60 days	N/A

The matrix consists of 21 cells, each of which includes a presumptive length of stay. The presumptive length of stay in many cells is expressed as a range with a presumed minimum and maximum. In the case of Class I Felonies the guidelines call for a minimum of 24 months or until age 18 which is the upper age of juvenile jurisdiction. By including the upper age in this classification it may result in a shortening of this minimum. In other instances (e.g., Class 2 Felony) the range may be as wide as 12 to 24 months - providing for considerable discretion in the actual length of stay. In the case of non-delinquent violators who are low risk the guidelines do not specify a range and allows for the possibility of immediate release to community supervision following intake.

Although these are structured guidelines, they establish only the presumptive lower and upper boundaries for length of stay. For determining specific release dates, other individual considerations about juveniles must be evaluated. The criteria for making the readiness for release decision within the range of guideline discretion should also be structured and is the subject of the following section.

VI. Structuring the Readiness for Release Decision

Once a youth in secure care has met any required minimum lengths of stay, a periodic (e.g., every 90 days) and structured assessment should be made of their readiness for release. Figure 5-4 presents an example of a structured set of criteria that can be used to make this assessment. In this example, assessment criteria are weighted and organized into three categories:

- delinquent status
- treatment status, and
- behavioral/supervision status.

Delinquent status first involves an assessment of risk to reoffend. This is based on the same validated risk assessment that is used in the length of stay decision. Juveniles at higher risk levels are given both longer presumptive lengths of stay and are required to meet higher standards before release in this assessment.

Delinquency status also considers severity of the committing offense. In this example misdemeanors, status offenses, and other non-delinquent violations are assessed as low severity, while all felony offenses are considered moderate or high offense severity. For those juveniles committed to secure care for probation violations, this portion of the assessment is based on the most serious prior adjudicated offense.

Finally, delinquent status considers law violations while under jurisdiction of the secure care authority. This insures a higher measure of accountability for these delinquent offenses in making the readiness for release decision.

The second category of release criteria is treatment status. This involves a review of level of participation and progress in rehabilitative programming. Treatment status considers level of compliance and achievement of goals and objectives as set forth in an individualized case plan. It also involves an assessment of academic and vocational participation (e.g., attendance, attitude) and progress (e.g., grade equivalency, certificates, diplomas). Finally, treatment status involves an assessment of participation and progress in social skills development including the ability to problem solve.

The third category of release criteria involves an assessment of the juvenile's compliance with behavioral expectations. This assessment considers any prohibited behaviors while in a secure environment including escapes, assaults, and the use of illegal substances.

Following the completion of assessment on all the criteria, individual scores are added to derive a total release eligibility score. In this example a total score above 20 would not meet readiness for release standards while a score of 20 or below would be considered indicative of readiness for release.

The final step in the assessment is the consideration of possible overrides to the assessed edibility. Overrides may be based on policy. In this example agency policy calls for overriding the assessed release eligibility if the juvenile has committed a serious sex offense and requires an

extended length of stay for programming purposes, or is determined to be an immediate threat to themselves or others. Overrides may also be permissible based on the discretion of the releasing authority with justification and documentation.

VII. Summary and Conclusion

This chapter has presented a series of SDM tools that are designed to inform: 1) placement decision making at the court level and, 2) for youth who are committed to a state corrections agency, decisions about facility placement, length of stay, case planning, and release decision making.

The tools that are shown here are provided as examples of how these important decisions can be structured. They should be considered “starting points” for other agencies that may be interested in developing similar tools for their jurisdiction. As is the case with all SDM tools, they can provide an agency with a foundation for more consistent and equitable decision making, and help ensure the most efficient use of limited resources.

Figure 5-4
READINESS FOR RELEASE ASSESSMENT

Instructions: Complete all items based on compliance during the previous ninety (90) days. Check the most appropriate response in each section. Record the score in the right side column.	
DELINQUENT STATUS	SCORE
A. RISK-TO-REOFFEND SCORE <input type="checkbox"/> 0 Low <input type="checkbox"/> 6 Medium <input type="checkbox"/> 12 High	
B. MOST SERIOUS COMMITTING OFFENSE <input type="checkbox"/> 0 Low <input type="checkbox"/> 3 Moderate or High	
C. ADJUDICATIONS / PENDING CHARGES FOR BEHAVIOR WHILE UNDER ADJC SUPERVISION <input type="checkbox"/> 0 None <input type="checkbox"/> 6 One or more in previous three months	
TREATMENT STATUS	
D. CONTINUOUS CASE PLAN / PROGRAM COMPLIANCE <input type="checkbox"/> 0 High level of compliance / Preparation Stage of Change <input type="checkbox"/> 6 Moderate Compliance / Contemplation Stage of Change <input type="checkbox"/> 12 No or minimal compliance / Pre-contemplation Stage of Change	
E. EDUCATIONAL / VOCATIONAL PROGRESS <input type="checkbox"/> 0 High level of progress <input type="checkbox"/> 3 Moderate progress <input type="checkbox"/> 6 No or minimal progress	
F. PROBLEM SOLVING SKILLS <input type="checkbox"/> 0 Has successfully completed all prescribed social skills / problem solving groups <input type="checkbox"/> 2 Partial completion of prescribed social skills / problem solving groups <input type="checkbox"/> 4 No participation or rarely displays pattern of appropriate responses to problems	
BEHAVIORAL / SUPERVISION STATUS	
G. ESCAPES / ATTEMPTS <input type="checkbox"/> 0 None <input type="checkbox"/> 10 Has escaped, attempted escape, or admitted to Separation as an escape risk	
H. ASSAULTIVE / INJURIOUS BEHAVIOR <input type="checkbox"/> 0 None <input type="checkbox"/> 10 One or more incidents, or multiple threats	
I. DRUG / ALCOHOL USE WHILE UNDER ADJC SUPERVISION <input type="checkbox"/> 0 No evidence of use <input type="checkbox"/> 10 Evidence of use	
Calculate the total score; <u>eligibility requires a score of 20 or below.</u> Check the appropriate summary statement below.	Total Score
<input type="checkbox"/> Has not met readiness standards. <input type="checkbox"/> Has met readiness standards. <input type="checkbox"/> Committed for a Mandatory Override Offense or Serious Sex Offense. Has not met classification requirements. <input type="checkbox"/> Youth poses as an <u>immediate</u> threat to harm self or others. <input type="checkbox"/> Youth remains on a detainer or has pending charges from other jurisdiction(s). <input type="checkbox"/> Administrative override requested.	

Part Three:
Reentry and Aftercare

CHAPTER 6

JUVENILE OFFENDER REENTRY: TRANSFORMING SECURE CARE AND AFTERCARE INTO CONTINUITY OF CARE

David M. Altschuler

Despite the relatively recent popularity of what is called offender “reentry,” juvenile correction systems have been grappling for decades with the challenge of how to link the world of correctional institutions with that of community corrections. It is not a mystery why correctional institutions in general and secure facilities in particular face an uphill battle in efforts to create what some term “continuity of care.” Continuity of care, much like it sounds, refers broadly to an orderly and sequenced process in which each and every step is linked to both the preceding steps and successive steps. While this may sound simple enough, there are several widely recognized reasons why continuity of care has been so difficult to achieve in juvenile corrections. This chapter will discuss the reasons with particular emphasis on what specific actions can be taken to implement continuity of care.

It is important to note that continuity of care as defined, is not embraced by all components of the juvenile justice “system” as either one of their goals or a guiding force driving what is done operationally. Rather, each component operates largely on its own, functioning without much consideration of what has occurred beforehand or what will happen afterwards. Even when institutional corrections and aftercare are lodged within the same agency or department, they have proven remarkably resistant to even communicating, much less coordinating and collaborating. Why is this the case, can it be remedied and how?

I. Correctional Goals and Mission

Correctional facilities are understandably very focused on maintaining a safe, secure, and orderly operation. Indeed, it is difficult to imagine how much of anything could be accomplished without establishing such control. The problem is that it is not uncommon for safety and security concerns to become an end to themselves, rather than a means to an end. While some argue that the ultimate mission of correctional institutionalization is principally preparing the offender for return to the community through programming focused on risk and protective factors, others believe the primary mission is punishment or retribution - quite apart from whether such punishment results in public safety when offenders return to the community.

Therein resides at least part of the problem because corrections must be sensitive to both types of goals, not one or the other.

When correctional facilities are not clear on how to balance operationally (i.e., in practice) the goal of preparing the offender for return to the community with the goal of punishment, it is not uncommon for punishment - as well as extreme forms of control and discipline - to eclipse concerns over programming and its contribution to long-term public safety. Creating a workable balance among these potentially conflicting goals is the responsibility of the chief juvenile corrections administrator and senior management. They are the professional authorities when it comes to corrections and it is these correctional administrators that have a responsibility to lead and set the tone. The potential for conflict between these two goals is as old as is corrections and though it must be delicately handled, it requires clear and decisive direction from the top down. Leaving the resolution of this potential conflict to the inclinations or philosophies of individual managers or supervisors is ill advised and likely to produce discontinuity of care and incoherence, which may jeopardize - not ensure - long-term public safety.

Creating a workable balance in which both goals are emphasized requires careful attention to the specifics of budget, personnel (e.g., hiring, firing, promoting), policy and standard operating procedures, program content and approach, day-to-day practices, and training. This is true when running most any complex, multi-faceted and large-scale organization and corrections is no exception. A number of the major stumbling blocks and various approaches that have been taken to address them will be discussed.

II. Reintegration Objectives

Community-based workers responsible for traditional aftercare mostly are required to do just what the term “aftercare” literally suggests: focus on supervision and the provision of other services **after** release from the facility, not beforehand. If this practice is to change, then the role and tasks performed by these workers need to change, as does the definition of what constitutes aftercare. The term that more accurately conveys what is being sought by offender reentry is “reintegration.” Reintegration focuses on offenders and their ability to function within society, as well as offenders’ effect on their families, victims, the community at large, public safety, and the corrections system itself (e.g., prisons, parole, and contracted services). It addresses what occurs both while offenders are incarcerated and when they are back in the community.

Whatever term is used, efforts based on a reintegration approach are concerned with three distinct yet overlapping objectives:

1. Prepare offenders for reentry into the specific communities to which they will return,
2. Establish the necessary arrangements and linkages with the full range of public and private sector organizations and individuals in the community that can address known risk and protective factors, and
3. Ensure the delivery of prescribed services and supervision in the community.

The problem is not that there is opposition to these three reintegration objectives in concept. Rather, it is that policies, programs and practices revolve around what each component of the juvenile justice system considers its highest priority. These of course differ for secure care and aftercare and they are naturally tied to what each component regards as its key job. Institutional corrections view conformance to its rules and norms, as well as offender progress while at the facility, as the benchmarks for judging its performance. Failure later is not relevant. Community corrections, meaning aftercare, sometimes attributes failure to inadequacies with what the facility did and sometimes with problems they were not in a position to address. Stated differently, two frequently heard refrains capture the dilemma: that's not my job and I don't have any control over that!

How can institutional corrections and aftercare get beyond these refrains and can they operate as if they are one team jointly assuming responsibility? One way that is associated with the Intensive Aftercare Program (IAP) model centers upon the creation of direct service teams that include designated staff from the facility and the community (Altschuler and Armstrong, 2001, 1994a, 1994b). While the specific division of labor will differ across jurisdictions having such teams, the common denominator is simultaneous and coordinated activity on cases in which both facility and community efforts are pursued in tandem. For example, routine case reviews need to incorporate reports from each team member and the frame of reference should be the major domains and constituent risk and protective factors associated with each domain (Altschuler and Brash, 2004). Efforts focusing on the family and on the development of community-based supports must begin as soon as possible after admission to secure care, not shortly prior to community reentry. Likewise, community-based service providers need access to committed offenders early on during secure placement allowing them to begin engaging the

client. In ways such as these, the intent is to have outcome shared by facility and community corrections, whether it is success or failure.

III. Targeted Reintegration

High case volume, limited resource availability, and the typical distance between community and institution, often make it unrealistic to attempt to provide all the services that each case might require. This raises the question of how is it decided what a particular case requires and who is most qualified, competent and resourced sufficiently to deliver the required services.

If all the offenders were to receive equal amounts of services and supervision, it is likely that everyone would receive a little and no one would receive a lot. It is widely agreed however that not every offender needs the same level and type of service and sanction, and that offenders differ on their likelihood to re-offend once released back into the community (Wiebush, 2003). This is one reason why jurisdictions assess and classify offenders, and then make determinations on risk of re-offending potential and services required. Some jurisdictions explicitly give greater priority to those offenders judged riskier or they handle differently the higher and lower risk (of re-offending) clients. Reserving intensive surveillance and monitoring only for those offenders most at risk is likely to ensure that truly intensive surveillance can actually be delivered.

Additionally, lower risk but high need offenders do not need intensive surveillance resources wasted on them and it potentially jeopardizes their successful adjustment (Andrews, Zinger, Hoge, Bonta, Gendreau, and Cullen, 1990; Baird, 1983; Clear, 1988; Clear and Hardyman, 1990; Erwin and Bennett, 1987). The jeopardy has to do with the increase in technical violations that often accompanies intensive surveillance. Noncompliance with the various imposed conditions and restrictions are more likely to be detected under intensive surveillance, but such noncompliance by lower risk offenders oftentimes has nothing to do with likelihood to re-offend. Lower risk to re-offend juveniles might well benefit from various services available but not intensive surveillance. This is one instance in which it is critical that as a matter of policy a set of clear guidelines be formulated and implemented. Determining which offenders will be part of an intensive reintegration program versus a routine or standard reintegration program should be no different than identifying who among the newly admitted juveniles are in need of specialized treatment related to a mental health concern or a drug and alcohol problem.

IV. Overarching Case Management

If there is a sincere commitment to the popular adage “aftercare (i.e., reintegration) begins at day one,” and if there is recognition that it would be safer to provide the more risky offenders a higher level of aftercare, then there must be a strategy detailing how this will occur and precisely what will be done, when, and by whom. It is critical that there be no ambiguity regarding what is meant by a “higher level of aftercare” since this does not mean that lower risk juveniles receive no aftercare and it does not preclude lower risk juveniles from receiving intensified services when warranted. Rather, so-called “intensive aftercare or reintegration” has at its core, five overarching case management components, **all** of which are applicable to the high-risk juvenile. Some of the components are unquestionably suitable for all incarcerated juveniles, as well as juvenile offenders placed into any kind of out-of-home placement.

Overarching case management should not be confused with the management of an individual case. The former refers to what a program strategy and implementation plan must contain if it is to be coherent, logical, and practical. The five components of overarching case management establish the process used to: identify the appropriate offenders who will participate in the different levels of aftercare; determine and integrate the services and supervision that will be provided both in the facility and in the community; and promote consistency and continuity through a collaborative team incorporating facility and aftercare staff. Included among the components are:

1. risk assessment and classification for establishing eligibility;
2. a consolidated facility and community case plan that incorporates a family and social network perspective;
3. a mix of intensive surveillance and enhanced service delivery focused on risk and protective factors;
4. a blending of graduated incentives and consequences (i.e., graduated responses) coupled with the imposition of realistic, individualized and enforceable conditions; and
5. service brokerage with community resources and linkage to non-correctional youth serving agencies and groups.

The five overarching case management components are general in the sense that different jurisdictions have come up with implementation plans that vary (see, for example, Figure 6-1).

Figure 6-1			
Transition Components of IAP Programming			
Transition Component	IAP Site		
	Colorado	Nevada	Virginia
Early Parole Planning	Initial plan done at 30 days after institutional placement final plan done at 60 days prior to release	Initial plan done at 30 days after institutional placement final plan completed 30 days prior to furlough	Initial plan done 30 days after institutional placement final plan done 30 days prior to release
Multiple Perspectives Incorporated in Plan	Case Mgr + instit. staff + youth + parent + community providers all routinely involved	PO + Instit/Comm. Liaison + Instit. Staff + youth; parent participation limited	PO + Instit IAP Case Mgr. + youth + inter-agency "Community Assess Team" + parent
PO Visits to Institution	1-2 x per week; routine	1x per month; routine since Spring 97	1-2x per month; routine
Treatment Begun in Institution and Continued in Community	Via community providers: includes multi-family counseling life skills, ind. counseling and voc. skills; done routinely	Via Instit/Comm Liaison + POs; includes life skills and D/A curricula; done routinely until Liaison vacancy	Via 1 provider @ Hanover only; D/A treatment; sporadic use. State policy doesn't allow contract services while youth at institution.
Youth Pre-Release Visits To Community	Supervised day trips to community programs, beginning 60 days prior to release	Not allowed	Not Allowed
Pre-Parole Furlough	Overnight/weekend home passes beginning 30 days prior to release	30 days conditional release to community, prior to official parole	Not allowed
Transitional Residence	Not part of design, but occurs for some youth	Not part of design	2 Group homes in Norfolk 30-60 day LOS; used for most youth
Transitional Day Programming	2 Day Tx programs in Denver; Used for almost all youth during first few months after release	1 Day supervision/treatment program; used for most youth	Day TX used for youth who do not go to group home
Phased Supervision Levels On Parole	Informal system: 1x/ week contact in first few months, down to 1x/mo later	4 phase system: 4x/week contact during furlough; 3x next 90 days; 2x next 60-90 days; 1x next 30-60 days	4 phase system: group home; 5-7 contacts/week next 60 days; 3-5x next 60 days; 3x last 30 days

Source: Wiebush, McNulty, and Le, 2000.

This is to be expected as jurisdictions differ on such factors as urban versus rural, distance between committing jurisdiction and correctional facility, number of juvenile offenders and staff, and availability of resources in the committing jurisdiction. At the same time, these five components establish a blueprint or foundation from which reintegration and community aftercare strategic planning, program development and implementation can proceed.

V. Policies, Procedures, and Personnel in Secure Care

It is sometimes argued that maintaining safety and security in correctional facilities requires adherence to a set of rules and procedures even though they may impede the pursuit of continuity of care. For example, daily institutional schedules cannot be easily adjusted, access to residents or facility staff by “outsiders” (e.g., community aftercare workers, volunteers, community providers, family, visitors) is severely limited or prohibited, in-facility programming and services have no explicit connection to community-based programming and services, and discharge planning largely occurs without the meaningful involvement of the workers who oversee the community aftercare. These practices and others similar to them have been at times justified on the basis of security and safety considerations, but none has been demonstrated to actually pose a threat to security or safety. The convenience for staff or the longevity of a practice cannot be regarded as justification for practices such as these.

Sometimes program procedures and practices are codified through workplace rules, civil service requirements, and union contracts, which make change and reform very difficult to implement. For example, there are oftentimes rules on working nontraditional hours, removing non-performing staff, and maintaining dedicated caseloads of uneven sizes. Each of these should be clearly identified and addressed as representing a potential impediment to continuity of care that requires action. Staff with a dedicated caseload of high-risk offenders (that therefore require much more attention and supervision) may only be able to handle a small caseload when compared to officers with all lower risk cases. If there are furloughs or home visits, staff availability may be needed at night or over weekends. Initiating work by community aftercare staff early on during incarceration and maintaining a focus on tasks both at the facility and in the community rarely happens because community corrections staff frequently do not assume responsibility for cases until shortly before reentry into the community.

VI. Aftercare Staff Roles and Reintegrative Teamwork

In much the same way that some correctional facilities have a tendency to focus inward and operate in literally a very self-contained fashion, aftercare workers can also fall prey to a very narrow conception of what their job requires, where they conduct business, and how they will relate to their offender clients. There are jurisdictions where aftercare workers, whether they are probation officers or parole agents, largely provide supervision and surveillance, monitor compliance with conditions, and react when there are infractions and violations. This can be the case even when the job descriptions call for involvement with family, brokering with and monitoring the performance of service providers, and the counseling of their clients. The aftercare staff may or may not have any responsibility for work on the case at the facility or in the community until such time that the youth is either close to reentry or being released.

These all represent issues that must be tackled at the policy, program and practice levels. There have been numerous changes involving the development of differential contact standards, though in many instances these changes represent little more than a fuller elaboration of how often to perform the *supervision* function for particular cases. How much time will be spent with the client or collateral person, what it is that should occur during a contact, and even the qualifications and competency of workers to fulfill the differing roles are not addressed.

Reintegration requires thinking quite differently about how staff are used, what qualifications are required, what skills staff need, how training should be approached, and on what basis staff performance should be assessed. Veteran staff may not always be receptive to the kinds of changes suggested, but it can be very difficult to make personnel changes in many jurisdictions. Turnover, particularly among newer and younger staff is common, sometimes because starting salaries are low. Additionally, the red tape, as well as workplaces where resistance to a change in approach is widespread, can quickly affect morale.

One solution that some jurisdictions pursuing reintegration are trying is the creation of specialized units, where the facility-aftercare teams become in effect small-scale, semi-autonomous operations (Altschuler and Armstrong, 2001). The policies and procedures under which these teams operate are separate and apart from those applicable to other units. Sometimes members of these teams are contract workers or obtained through on-loan agreements with other agencies. One advantage of such arrangements is that the reintegration effort is strategic, targeted, and small-scale, which may generate fewer objections and permit the use of changed policies and procedures that do not threaten the established order. Disadvantages are that small pilot efforts may be easily disrupted by bigger currents of change in an organization,

that these efforts may be short-lived because of special funding, or that “going to scale” at a later date may be questioned as an untested and unwarranted reform. These advantages and disadvantages need to be carefully weighed.

VII. Promising Program Approaches

A very exciting development is the growing evidence that programs incorporating cognitive-behavioral approaches and interpersonal skill training are yielding positive outcomes in both institutional and community-based settings. This has important implications for reintegration and continuity of care since a central tenet of each concept is continuity in program and service content. While many of the research findings on the impact of various types of intervention come from small, research-oriented, demonstration programs rather than programs operating on a large scale, these findings offer the best evidence to date on what direction corrections should take.

Broadly speaking, cognitive-behavioral approaches seek to develop pro-social patterns of reasoning by maintaining a focus on managing anger, assuming personal responsibility for behavior, taking an empathetic perspective, solving problems, setting goals, and acquiring life skills. A meta-analysis by Lipsey, Chapman, and Landenberger (2001) found that cognitive-behavioral demonstration programs with juveniles on probation, parole, and in custodial institutions led to large reductions in recidivism. Generally, treated offenders exhibited one-third to two-thirds the recidivism rates of the untreated controls. Cognitive-behavioral approaches appear uniquely well suited to address the current juvenile justice system’s difficulties in treating young people and to permit the psycho-social maturation believed necessary for a successful transition from childhood to adulthood (Lipsey, Chapman, and Landenberger, 2001; Pearson, Lipton, Cleland, and Yee, 2002).

In earlier work, Lipsey and Wilson (1998) looked separately at institutional and non-institutional programs and found among both that cognitive-behavioral oriented approaches and interpersonal skill training were producing reductions in recidivism. This overlap of effective treatment types between the institutional and non-institutional programs would certainly suggest the potential for stronger and more lasting recidivism reduction if effective institutional programs were followed up by quality non-institutional programs (Altschuler, Armstrong, and MacKenzie, 1999). The overlap of effective treatment types also supports the argument for integrating

community aftercare programs and their staff into the planning and treatment activities in the institution.

VIII. Continuity of Care Components

How might cognitive-behavioral approaches and interpersonal skill training be incorporated into the reintegration approach discussed above? It is by subdividing continuity of care into five discrete operational components that it becomes apparent how this could be accomplished. The continuity of care challenge can be conceptualized as including the following five components (Frederick, 1999): 1) continuity of control, 2) continuity in the range of services, 3) continuity in program and service content, 4) continuity of social environment, and 5) continuity of attachment. Underlying these components is the assumption that any positive changes experienced by juveniles in institutions can have little long-lasting value if they do not directly relate to pressing concerns in the daily lives of these young people when they re-enter the community (Altschuler 1984; Altschuler, Armstrong, and MacKenzie, 1999). The components can be regarded alternatively as barriers to, or enabling factors in establishing continuity of care. It all depends on whether and how each component is part of the implemented approach.

Continuity of control refers to the extent and nature of the structure, control, and regimentation experienced by adolescents as they move through a program or system. Adolescents returning to the community from secure care sometimes face an abrupt and disorienting reentry experience. High levels of structure and control that are not gradually reduced can produce great anxiety and stress, as well as excessive and extreme behaviors. A gradual transition process is often recommended, with decompression explicitly built-in to the reentry (see, for example, Altschuler and Armstrong, 1997; Center for Substance Abuse Treatment, 1998). This could be accomplished through the use of a step-down stage relying on a less structured group home, an intensive day treatment program, or a phased reduction in supervision requirements and restrictions keyed to demonstrated progress. Graduated incentives and positive reinforcements designed to complement graduated sanctions and consequences should be incorporated into a comprehensive response capability. While viewpoints differ on whether intensive community supervision and involvement upon reentry should be applied to identified “high risk” adolescents or to all adolescents, agreement exists that the risk for failure may be the greatest at points of transition, such as return to the community.

Continuity in the range of services provided is often of concern, in part because adolescents in secure care receive services that meet a variety of needs. Often when they return to the community, some of these services are no longer available (Dembo, Livingston, and Schmeidler, forthcoming; Center for Substance Abuse Treatment, 1999a). For example, when no appropriate schooling, vocational training, or employment is provided, housing or food is inadequate, or psychotropic medication is not maintained, the risks for failure are elevated. Adolescents with co-occurring disorders (also known as dual diagnosis) especially require attention on multiple fronts (GAINS Center, 1997), as do “high risk” adolescents who by definition have multiple problems (Altschuler and Armstrong, 1994a). The reasons that services may not be available in the community, as opposed to inside residential or institutional programs, include funding restrictions and levels, governmental policy and insurance limitations, availability of providers, access to treatment, and treatment appropriateness or quality. Early identification of barriers and impediments such as these is essential in order to formulate a strategy for addressing each. Creating new partnerships and obtaining funds through previously untapped sources (e.g., Federal Title IV-E Funding) are examples of how some jurisdictions have proceeded.

Continuity of service and program content is also a concern. This is critically important when it comes to education, vocational and social skills taught, treatment/behavioral management approaches and principles, medications prescribed, and special needs addressed (e.g., mental health disorders, drug abuse, sex offending interventions). Many believe that reinforcing what offenders have accomplished in placement by employing the same treatment approach after they are released increases their likelihood of success in the community (Altschuler, 1984; Coates, Miller, and Ohlin, 1978; Empey and Lubeck, 1971; Haley, 1980; Whittaker, 1979; Wolfensberger, 1972). Triggers, negative influences, and temptations can be readily found in community settings. It is there that the lasting power of what was accomplished in placement is truly tested. Most experts do not regard reentry into the community as the time to dramatically change course or withhold treatment.

Few would argue with the premise that as setting, context, and social environment change, so does the way people conduct themselves. Adolescents are surely no exception. The real issue for the value of secure care is the extent to which it establishes a foundation on which young people may build when they return to the community. Adolescents have difficulty recognizing appropriate and acceptable interaction patterns in different settings. They also face powerful peer pressure, place a premium on social acceptance, and are likely to consider

rebellion an imperative. As a result of these factors, the importance of family, peers, neighborhood and school have become central features of several different promising approaches (Altschuler and Armstrong, 1994a; OJJDP, 2001; Center for Substance Abuse Treatment, 1998; Center for Substance Abuse Treatment, 1999b; Lipsey and Wilson, 1998).

Continuity of social environment recognizes that the engagement and involvement of an adolescent's social network (e.g., family, antisocial and prosocial peers in the community, neighborhood hangouts, school and/or job) cannot be ignored or given short shrift, either during residential care or upon return to the community. Various family-focused and in-home oriented programs have been designed explicitly to engage family and other sources of pro-social support in the community.

Continuity of attachment refers to the adolescent developing a trusting relationship with responsible people in the community who are in a position to exert a positive influence. This may well require staff effort to locate prospects and assist in getting the connection started. It may involve nothing more than identifying who among the network of people already involved with the youngster may be willing and able to become such a person. Regardless, it will likely require the involvement of staff with the training and experience to understand what they will need to do to foster this type of continuity (Altschuler and Armstrong, 2001). These kinds of objectives are being pursued by mentorship-type programs and by the involvement of various community systems of support such as faith-based groups and voluntary organizations.

IX. Conclusion

In a juvenile justice context, the reentry into the community from secure care requires a frame of reference incorporating continuity of care. The five continuity of care components draw attention to the specific ways in which what occurs in secure care must connect to what happens following reentry into the community. It is reintegration or what has traditionally been called aftercare that is suppose to bridge the world of institutional and community corrections, but all too often these two worlds are allowed to function as if the other did not exist.

This chapter highlights major impediments to achieving reintegration. It suggests that through the five components of overarching case management and the five continuity of care components, it is possible to engage in strategic planning at the policy levels and program development at the implementation level that is directly keyed to reintegration. A major challenge is that reintegration and continuity of care are frequently not a guiding force driving

what is done operationally by corrections and that the corrections system, such as it is, does not support reintegration, overarching case management, and continuity of care objectives and components. This need not be the case however.

The tone must be set at the top. It is from there that the broad mission, strategic direction and policy must be established. Institutional and community corrections must be aligned in mission, must coordinate and collaborate, and must engage jointly in planning. Direct service teams that include facility and community staff and which jointly work on cases, particularly those at high risk, are needed. Consistency in the thrust of the treatment and behavior management (cognitive-behavioral and interpersonal skill training) in the facility and the community is critical. Reserving intensive surveillance and monitoring only for those offenders most at risk is likely to ensure that truly intensive surveillance can actually be delivered. Lower risk, but high need offenders do not need intensive surveillance resources wasted on them and potentially jeopardizing their successful adjustment.

It will take sustained commitment, leadership and an openness to change in policy, procedure, programs and staffing to begin the transformation toward reintegration. It is a long-term process but it can be pursued in a small-scale and targeted fashion that is non-threatening. This is in contrast both to some of the larger system-wide reform efforts of the past and doing nothing at all: it is surely worth the time and effort with little to lose and potentially much to gain.

CHAPTER 7 THE JUVENILE REENTRY COURT

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Patrick Griffen
Greg Halemba
Cathy Lowe

I. Background and Rationale

A reentry court is a court that manages the return to the community of individuals being released from secure or other out of home placement. Much like drug courts and other “problem solving” courts, reentry courts use the authority of the court to apply graduated sanctions and positive reinforcement and to marshal resources to support the offender’s reintegration. The concept of a reentry court has been supported by the Office of Justice Programs since 1999 (Office of Justice Programs, 1999). Nationally, there are relatively few reentry courts currently in operation. Some serve adult offenders, others juvenile offenders. This chapter focuses on the use of reentry courts with juveniles. It discusses design and operational issues and profiles two of the earliest examples of juvenile reentry courts, one in Marion County, Indiana and one in West Virginia.

There are substantial reasons that a reentry system managed by the juvenile court applying a drug court approach can contribute to better planning and preparation, community supervision and service delivery:

- The committing court usually has access to extensive information regarding the offender and family, the offense history, social history, educational records, knowledge of neighborhood and community context, and interventions already applied and their respective outcomes.
- The juvenile court can convene local private and public service providers, as well as state agencies, to marshal their resources and to guide more effective communication and collaboration across traditional institutional and disciplinary boundaries.
- During the transition and community supervision phases, the juvenile court can administer a wide range of graduated sanctions and supports proportional to compliance and progress. This would include a structured, gradual “decompression” of supervision and monitoring following release, contingent on how the offender performs through each stage.
- Where statute or policy permits, the juvenile court can continue to ensure the delivery of services to the family throughout the placement period, and can

compel compliance by the family with the treatment plan. This can be especially important where the institution is a great distance from the family, making the provision of family-focused services by the institution impractical.

- The local juvenile court is singularly situated to enforce certain dispositional orders such as restitution and reparation, and address victim and community safety issues.
- The juvenile court, in collaboration with the state correctional or other agency operating the placement facility, can work to ensure continuity and integration of institutional and post-institutional programming, enhanced by consistency of key personnel assigned to the case such as the case manager, probation officers and/or parole officers.
- The juvenile court is uniquely positioned to assure intensive supervision and monitoring of offender compliance with the conditions of release, relying on existing linkages between the court, local law enforcement, and other local agencies.
- Frequent appearances before the court with the offer of assistance, coupled with the knowledge of prompt and predictable consequences for failure, and rewards for success, assist the offender in taking the steps necessary to get his life back on track.

II. Jurisdictional Issues

In many states after the juvenile court makes a disposition of commitment to a state “training school,” many of the significant decisions affecting reentry are no longer under control of the local court or local agencies. These often include the selection of the specific institution at which the youth will be placed, the types of programs which the offender will complete, when to release and under what conditions, and post-release programming and supervision. This can appear to be a barrier to extending the juvenile court involvement in reentry. Reconfiguring which agency has authority over these significant reentry decisions would in many states require statutory amendments and involve complex policy issues affecting the relationship of the executive and judicial branches of government. These changes would also have significant budget ramifications. However, for a jurisdiction that wishes to have greater court and local agency involvement in reentry, there are alternative avenues to consider in the absence of legislative change.

One option is to develop an agreement with the state agency(s) that has statutory authority for placement and aftercare so that the juvenile court and local agencies have greater

involvement in programming and case management. For example, the state juvenile corrections or parole agency could order the offender – as a condition of release – to comply with orders issued by the local court or probation office. This strategy has been utilized in a number of jurisdictions to support the operation of adult and juvenile reentry courts. Such an arrangement requires a higher degree of communication, cooperation and collaboration between the court and local probation on the one hand and the state office of juvenile corrections on the other than presently exists in some locations. However it is precisely this type of working relationship that is the foundation of an integrated approach to reentry where all involved agencies properly see each phase of the case – placement, transition back to the community and community stabilization – as parts of a seamless continuum and not as discreet, unconnected operations.

Another approach is for the reentry court to focus its program on a population which, although placed out of the home, remains subject to local court jurisdiction and probation supervision after disposition. Difficulty in reintegration is not limited to offenders ordered into a secure placement operated by the state. Any youth in an out of home placement will face some degree of disruption in relation to family, school, peers and neighborhood. Such disruption will be greater depending on the length of placement and the physical proximity of the placement to the offender’s home community. The more extended or distant the placement, the greater the need to carefully plan for and oversee the process of release back to the community.

Research tells us that successful reintegration requires intensive supervision and extensive services (Altschuler and Armstrong, 2003). Allocating resources for an intensive aftercare program designed to serve non-committed juveniles who are placed out of the home can be justified when considering that these offenders usually will have a substantial history of chronic or serious offending and many will be assessed at high risk to recidivate. Targeting this group also makes sense because they, like those committed to secure placement, represent a costly investment. For an offender coming back to the community after lengthy placement in a group home that has cost several thousand dollars per month, recidivism represents an expensive failure.

III. Reentry Court Planning

The development of a reentry court requires a careful and comprehensive planning process. While a detailed discussion of planning requirements is beyond the scope of this chapter, a full discussion of planning and implementation issues that can be adapted to a reentry

court can be found elsewhere.⁶ The following discussion will focus on concerns particular to a reentry court.

A. Core Planning Team Members

Identification of a broad-based, multi-disciplinary planning team or task force is recommended as the first step in the planning process. The planning process itself presents an opportunity to begin the communication and collaboration among key actors that is essential to the successful operation of a court-based reentry model. At a minimum, the reentry court planning team should include a representative from each of the following entities:

- Juvenile Court
- Juvenile Probation
- School District
- Local Workforce Investment Board
- Prosecutor/ District Attorney's Office
- Law Enforcement
- Public Defender's Office
- Social Services
- Mental Health/Public Health
- Alcohol and Drug Treatment Providers
- State Department of Youth Corrections – if the target population will be youth committed to their custody

B. Assess the Nature and Scope of the Problem

A detailed understanding of the nature and scope of the problem of reintegrating offenders is necessary to determine the type and extent of services required, and to inform the policies and procedures to be adopted. Data should be obtained on the number of youth being returned to the community after out of home placement, which institution they were placed in and recidivism rates for that population. Records and data from local probation, court and state corrections records may be sources of information. Other data can be obtained from the state Statistical Analysis Center. Since recidivism rates can be measured by arrests, technical probation/parole violations, the filing of a new juvenile petition/criminal charges, or adjudications/convictions, the data should specify the measure used. Recidivism measured by a

⁶ See Wiebush, 2003. "Graduated Sanctions for Juvenile Offenders: A Program Model and Planning Guide," Chapter VII.

technical violation may suggest a significantly different problem – and response – than recidivism measured by a new conviction.

Risk and needs assessment data if available should also be compiled on the target population. Such data should include: alcohol and other drug usage, educational needs and attainment, vocational readiness needs, restitution obligations, community service obligations, mental health diagnoses and services, and housing requirements. These data will assist the treatment team in identifying service needs and gaps in the service continuum and in developing the system of graduated sanctions and supports needed.

1. *Define Goals, Objectives, and Activities*

Goals express the desired outcomes of a system, program, or plan. They are general statements that are then described in quantifiable objectives. As an example, the Marion County Reentry Court Initiative chose five project goals:

1. Prevent re-offending
2. Enhance public safety
3. Re-deploy and leverage existing community resources
4. Assist the juvenile and family to avoid delinquent acts, engage in pro-social activities and meet family responsibilities
5. Ensure program sustainability

Objectives are clear statements of the specific steps required to achieve the goals. In the action planning context, objectives concretely describe what participants in the reentry court project are to do. They should be quantitative to allow for evaluation of the program’s success. The highest level of specificity is in the design of the activities needed to achieve each objective: activities identify who is responsible for what, when, and how.

2. *Convene Stakeholders*

The planning team should consult those who may not be represented on the team but whose support for the project is critical. This “stakeholder” group might include: local/state

elected officials, local/state budget administrators, the media, victim advocacy groups, department of youth corrections representatives, the public housing authority, job or vocational training providers, members of the business community, community service organizations (such as Boys’ and Girls’ Clubs and the YMCA), and the faith community. Court-involved youth and their families are also important stakeholders who should not be overlooked in this process.

In addition to securing their input into the planning process, convening stakeholders can also serve the purpose of securing their buy-in. Participation contributes to community “ownership” of the complex problems surrounding the reentry and reintegration of youthful offenders into the community.

3. *Identify Resources and Gaps*

High risk youth tend to be high needs youth. The service continuum needed by these offenders and their families during transition and community supervision is extensive and includes:

- Mental health treatment
- Vocational training and job placement
- Secondary and post-secondary education
- Individual and family counseling
- Mentoring
- Recreational programs
- Health services
- Social skills development
- Culturally competent and gender-specific programs
- Intensive supervision, surveillance, and monitoring
- Drug testing and substance abuse treatment services
- Transitional and alternative housing
- Transportation
- Spiritual counseling, if desired and appropriate

Beyond compiling an inventory of available services, the planning team should understand the eligibility and intake requirements of each agency or program to confirm its actual availability for the offenders and families who will be referred.

In addition to services, sanctioning options must be explored. Although there is continuing debate about the value of short-term detention as a sanctioning option, any

jurisdiction wishing to use it as part of its menu of responses should ascertain space availability, policy restrictions, payment issues, and the availability of educational and mental health services in the detention facility.

Following the drug court approach, a system of incentives and rewards for achievement of program milestones should be developed. Some forms of recognition and reward may be given by the juvenile court judge, such as:

- In-court recognition
- Certificates or tokens
- Relaxed curfew
- Less frequent court appearances
- Less frequent drug testing
- Reduction in community service hours, and
- Faster progress through the community supervision program, or early termination.

Drug courts have shown creativity in assembling an array of incentives, such as tickets to sporting events, and gift vouchers often donated by community service organizations.

4. *Define the Target Population*

Since the success of the reentry effort places heavy demands on resources by depending on small caseloads, frequent and meaningful contact with the case manager, regular multi-disciplinary team case review and plan modification, the target population must be carefully chosen. Selection of the target population at the local level will be influenced by statute, local policy and priorities, and resource availability.

The greatest public safety and long-term cost benefits from a reentry program will be realized by focusing on youthful offenders at highest risk to recidivate. It is not safe to assume that out of home placement or even commitment to a training school is a sufficient and reliable marker of a high-risk offender at the time of release to the community. In practice, training school and other residential commitments are based on a variety of factors, including a history of chronic minor delinquent acts. In some jurisdictions, commitment to state custody may be seen as the only avenue to secure needed diagnostic and treatment services, due to the paucity of local resources. Not every offender returning to the community from secure placement is at high risk of re-offending, or is a viable candidate for participation in a focused reentry effort. As explored

more fully below, comprehensive risk and needs assessments should be used to determine eligibility.

Consideration must also be given to the potential “aging out” of older offenders and a determination made as to whether there will be sufficient time for the reentry plan to be effective before the court loses jurisdiction. The services needed for the target population must also be available in the community.

The juvenile reentry court in West Virginia, which oversees reentry of juvenile offenders from ten different counties, selects candidates based on the following predetermined criteria:

1. Offender’s age (must be between 14 and 21 years old)
2. A plan that the offender will return to a county participating in the reentry court program
3. At least six months of secure or residential placement
4. Assessed at high risk to re-offend during the reentry phase
5. Will be subject to probation (under formal court supervision) after release

For the Juvenile Reentry Court for West Virginia, the decision regarding participant eligibility is reached jointly by the Juvenile Court Judge, Probation, and the State Department of Juvenile Services Aftercare Coordinator. If the offender appears to meet the eligibility criteria at disposition the court recommends to the institution that he or she be placed in the reentry program. A notable feature of this program is that participants can earn early release through successful completion of the institutional reentry program providing an additional compliance incentive for the offender.

5. *When to determine eligibility*

Consideration must be given as to *when* the determination of eligibility should occur. As noted above, the Juvenile Reentry Court in West Virginia makes a recommendation for acceptance into the program at the dispositional hearing with eligibility determined shortly after commitment to the correctional facility. Early selection of candidates allows specific reentry programming for both the offender and family to begin at an early point in the institutional phase.

Many institutions administer risk assessments periodically as the offender progresses through the program which can be used to identify candidates for the program. At a minimum, it is suggested that individual eligibility be determined, and specific reentry case planning initiated, at least 90 days prior to release. This is done to ensure that the offender and family have been adequately prepared for the transition and to have in place all of the community-based components of the reentry plan prior to the release of the offender.

6. *Adopt Risk, Needs, and Strengths Assessment Instruments*

In the reentry court context, assessments serve three fundamental purposes:

- to assist in candidate selection,
- to determine the appropriate level of supervision, and
- to formulate the reentry treatment/service plan.

Determination of risk, needs, and strengths should be based on assessments using validated instruments that are locally accepted as consistent with both state law and court policy. Many instruments are in use with this population, with varying degrees of research-based reliability and validity. Some instruments focus only on risk, others on areas of needs and strengths, and still others combine all in a single instrument.⁷

Assessment may already be standard procedure both locally and within the institution at key points in case processing (e.g., disposition, at institutional intake, or preceding institutional release). If the institution(s) to which the offenders will be committed uses a particular instrument, the planning team should review the instrument, the assessment process, and the

⁷ The subject of risk, needs, and strengths assessment is addressed more comprehensively in NCJFCJ's *Graduated Sanctions for Juvenile Offenders: A Program Model and Planning Guide, Chapter V* (Wiebush, 2003). Also, see Chapter 9 of this volume.

conclusions it generates to decide whether or not the information yielded is sufficient for reentry court purposes. Use of different instruments by different agencies can cause difficulty in determining offender progress and can result in inconsistent recommendations for supervision and services.

The court/planning team should ensure that risk/needs/strengths assessment is conducted well before the release date to permit determination of eligibility and formulation of an individualized reentry case plan prior to release. Because of the importance of family involvement in the aftercare plan, assessments should capture critical data on family needs, strengths, and areas of dysfunction.

7. *Develop Policies and Procedures*

The reentry planning team should prepare a policies and procedures document that at a minimum defines:

- The respective responsibilities and activities of the local court staff and the state corrections agency.
- Information and record sharing protocols.
- Court procedures.
- A system of graduated sanctions that will form the basis of the court's response to either positive or negative behavior by the offender.
- Minimum length of time, if any, that offenders must remain in the program.
- Criteria for determining successful completion of the reentry program and case termination.

The collaborative decision making and treatment approach which characterizes the operation of drug and other problem solving courts often requires individual team members to accept roles which may differ in some respects from their traditional ones. The operation of a reentry court can be expected to require similar adjustment. It is important to recognize this during the planning and operations phases since traditional roles may initially lead members of the planning team to advocate policies and procedures inconsistent with the philosophy and principles of the reentry court.

8. *Execute An Interagency Memorandum Of Understanding*

A number of key issues in philosophy, policy, and practice must be resolved if non-traditional interagency partnerships are to be successful in supporting the reentry process. A Memorandum of Understanding should be executed stating the purpose of the project, and defining each agency's role and primary responsibilities.

9. *Define The Role Of The Case Manager*

Although a probation or parole officer has traditionally been the primary case manager for delinquent youth, the responsibilities of the case manager working with an intensive reentry court program are more varied and require more frequent contacts with the minor, the family, and service providers than those of a traditional probation/parole officer. It is the case manager who should be the central figure in developing the case plan, ensuring service delivery, monitoring offender performance for the court, coordinating transitional and aftercare services, and maintaining linkages with institutional staff, community service providers, and others involved in the aftercare plan. In some jurisdictions case management will remain the responsibility of institutional staff during the placement phase and the local case manager will only take over the central role after release (although case planning activities should commence prior to release). Even with this type of arrangement during the placement period, the local case manager should meet regularly with institutional staff, the offender and family, and with service providers.

When the offender is released and under the active supervision of the reentry court the case manager will need to convene regular and frequent meetings of the treatment team to ensure that the offender is on track, the plan is appropriate and services are actually being delivered. The position will be responsible for obtaining current information on all services and activities involving the offender and family, reporting on the status of the case, and making recommendations at each review hearing to the reentry court on matters such as supervision, and imposition of sanctions or rewards.

10. *Determine Caseload Size*

The experience of the Intensive Aftercare Program underscores the need for the case manager to carry a smaller caseload than is common for traditional probation supervision. There

must be sufficient time for frequent and meaningful contact among the case manager, offender, and family, both during placement and following release; preparation for frequent review hearings; and working closely with service providers and others involved in the aftercare plan.

Since effective juvenile aftercare requires intensive supervision and services, caseload recommendations developed for intensive probation supervision can give some guidance to an appropriate client/staff ratio. It should be kept in mind that these ratios are for traditional juvenile probation supervision and, as noted earlier, a reentry case manager can be expected to handle a wider range of duties. The National Advisory Committee for Juvenile Justice and Delinquency Prevention and the National Advisory Committee on Criminal Justice Standards and Goals recommend an average caseload 12/1 for cases requiring intensive supervision, compared to an average supervision caseload of 25/1, and 40/1 for cases needing minimal supervision. The American Bar Association suggests a ratio of 15/1 for intensive supervision cases, 35/1 for medium supervision cases, and 50/1 for low-level cases.

11. *Provide Public Information*

The return of serious offenders to the community is a matter of legitimate public concern. Public understanding and support of the reentry program are critical.

Presentations to local legislative bodies, service organizations, professional organizations, and media releases can be used to provide information about the reentry program, and are potential opportunities for the planning team to become aware of and respond to concerns of community members. Positive ongoing relationships with media representatives can inform the public, garner public support, and sustain public interest in the reentry effort. It may be useful to stress the public safety benefits of an intensive reentry court program, which are supported by risk assessment and by close, collaborative interagency supervision and behavioral services to offenders and their families.

IV. The Management Information System

A critical component of a court-based reentry program is the ability to track its caseload in an automated fashion: the larger the reentry program, the greater the need. The value of such a system in day-to-day operation of the court cannot be overstated. Moreover, a growing

emphasis on evaluation of the effectiveness of juvenile justice programs warrants that the development and implementation of the system be given high priority.

A court-based reentry program tracking system should have a number of basic functionalities. That is, the system should be able to do many of the following – either as part of the core automated reentry tracking system, or as part of an integrated court management information system:

- Conduct eligibility and risk screening as well as permit the court to develop accurate summary demographic, offender, and risk profiles of program participants.
- Track individual case progress (including length of time in the program); progression through various supervision levels; types of services provided and their timing; frequency/timing of surveillance/supervision activities; and compliance with program requirements and specific court orders (including restitution and completion of community service hours).
- Monitor program implementation and performance to ensure that cases are accepted and progress through the program in a fashion consistent with procedural requirements and to identify any mid-course procedural modifications needed (e.g., changes in the program’s target population; expectations regarding timing, types and level of services provided; frequency and types of surveillance contacts).
- Evaluate programmatic outcomes (short term and long term) including the percentage of youth successfully completing all program requirements; percentage of youth remaining recidivism-free for specified time periods after program completion; and assessing longer-term competency objectives such as graduating from high school/completing GED and maintaining employment.

Figure 7-1**Data Elements for Reentry Court MIS**

The following are data elements that a reentry court should track and monitor at the case level (for each juvenile participating in the reentry program). These include data elements that will allow the court to differentiate reentry cases using key case characteristics; facilitate close case tracking; and provide the court basic information related to program performance. Some data elements need not be tracked within the automated reentry tracking system if that system functions within the larger court system from which the same data are easily retrievable.

The suggested list of data element categories includes the following:

- Basic client demographic information (date of birth, gender, race/ethnicity, parental information, key addresses, phone numbers, and contact information);
- Key parties assigned to the case (reentry court judge, case manager, attorney, community supervision/surveillance staff, treatment providers, guardians, or *Guardian ad Litem* (GAL));
- Offense and placement history-most importantly, the offense(s) that resulted in secure placement, and key dates related to court activity including: petition filing, adjudication and disposition, placement and release;
- Eligibility, risk, and service needs data collected as part of eligibility screening;
- Placement tracking while in the program (including begin and end dates, and reasons for placement changes);
- Reentry plan information (including dates plan approved/revised/completed, and information on specific plan components);
- Review hearings and resulting court orders (as well as reentry team meeting dates);
- Sanctions and services provided (including types/levels of services and related dates); compliance with sanction and service requirements, and progress achieved within program components;
- Educational attainment and work history while in the reentry program;
- Tracking of restitution, community service hours, fines, and supervision fees;
- Supervision and surveillance data (including timing and frequency of contacts);
- Reentry violations, both technical and substantive (curfew and house arrest violations, positive drug tests, new arrests);
- Supervision level progression (including dates of changes in levels of supervision and reasons for changes); and
- Case closure data (including date and reason for case closure/termination).

V. Reentry Court Operations

A. The Institutional Phase⁸

The period of placement should be thought of as the preliminary phase in preparing for reentry. In many jurisdictions attainment of this goal, i.e., viewing the period of placement as part of the reentry continuum, will require closer communication, more consistent information sharing, and structured collaboration between the local court and state correctional agencies. An important caveat: The role of the court during the period when the offender is in placement should not be one of overseeing or managing the day-to-day administration of the program. Deference must be given to the institutional need to control allocation of resources and staff, maintain discipline, and have flexibility in responding to the offender's issues promptly as they arise.

1. *Dispositional Report*

Where the juvenile court has continuing authority during the period of commitment or placement, either by statute or through a voluntary sharing by the agency that has such authority (often the state department of juvenile corrections) planning for reentry ideally should begin at disposition when the committing court can designate the institution of choice and direct or recommend the programs and services to be delivered during placement.

In many respects a dispositional hearing for a "reentry case" may be the same as other delinquency cases but a sharper focus should be on identifying issues that could be impediments to eventual reintegration.⁹

If offender eligibility for the reentry court program is determined at disposition, after adjudication the case manager should be responsible for developing the dispositional plan in consultation with the reentry team. A full risk, needs, and strengths assessment should be completed that includes family issues. The specific composition of the reentry team may vary depending on the characteristics of the individual offender and family as shown by the comprehensive assessment. The case manager should be responsible for ensuring that all team members have the records necessary to meaningfully contribute to development of the case plan.

⁸ The term "institutional phase" is used here for consistency with the terminology used by the Office of Justice Programs' Serious and Violent Offender Reentry Initiative as well as the Intensive Aftercare Program. However the principles and practices discussed here also apply when the target population of the reentry court is youth whose disposition is not to a secure state operated training school but rather residential placement in other, non-secure settings such as group homes, camps, or residential treatment facilities. For those cases the term will refer to the period during which the youth is placed out of the home.

⁹ State codes generally specify procedural and substantive matters that must be addressed by the court at disposition. Recommendations in this text on dispositional matters are limited to reentry issues.

The risk assessment component of the report should guide the court in determining the appropriate level of placement and supervision. Accurate identification of needs and strengths can drive the formulation of the case plan and support the rehabilitation process. The report should include a plan to build on and develop specific offender and family strengths.

The dispositional report should inform the court of the programs available in the institution being recommended and the services in the community that address the identified needs of the offender and family. In keeping with the perspective that reentry should be seen as a process that transcends the barrier between institution and community, the issues addressed in the dispositional report should not be limited to the placement period, although it would be premature to prepare a detailed plan for the transition and community supervision phases.

Care should be taken that the dispositional plan addresses:

- Education
- Vocational training
- Mental health issues
- Substance abuse
- Life skills
- Victim restitution and safety
- Community service
- Services needed by the offender’s family

2. *Family Involvement*

In some jurisdictions the juvenile court has authority to compel the youthful offender’s family to enroll in and complete appropriate programs. Whatever the extent of the court’s specific legal authority, it is critical to include the family in treatment (on a voluntary or involuntary basis), since institutional gains can be undermined after release if areas of family dysfunction have not been addressed. The compliance of the family with the case plan should be a part of the regular review hearings and their personal appearance should be required.

The prevailing “best” or “preferred” practices treat the youth in the context of his/her family, and include the family in both case planning and treatment. Optimally this involves regular direct contact between family and aftercare case manager throughout the period of placement as well as after release, and the development of an individualized case plan addressing the unique needs of the youth and family. If the family is unable or unwilling to effectively participate in developing and implementing the reentry plan family reunification may not be a feasible aftercare goal, and alternative community placement should be considered.

Where a choice of placement locations is available preference should be given to placement as close to the offender's home as possible to facilitate frequent contact between the offender, the family, and the case manager – usually by visits to the institution – and increase the likelihood of family participation in any programs that the institution may offer.

During the transition phase some institutions allow offenders trial home visits or day passes as the scheduled release date nears. Such brief releases, which not only can be used for home visits, but also for school enrollment, employment applications and interviews, and meeting with service providers, can test the offender's readiness for the transition from the highly controlled and structured institutional environment to the relative freedom of the community. Placement close to the offender's home makes this valuable tool more feasible.

3. *Review Hearings*

Where the court retains jurisdiction after commitment/placement the court should set the first review date at the dispositional hearing. State codes may specify at what interval the matter must be reviewed but it should not be less frequent than every six months. In addition to reviewing the offender's progress at the review hearing the court should verify the delivery of services, look for causes for any delays and if necessary attempt to facilitate their timely delivery.

As the offender progresses through the treatment program the court may need to revise the plan at the review hearings, and most importantly just prior to release – the transition phase. Although a focus on reentry should at all times inform the plan, the emphasis on reentry logically will be more intense in the months just prior to a scheduled release date.

In many jurisdictions the state correctional agency gains custody and control of the youthful offender from the time the commitment order is executed to the date of release. In that situation the committing court at the time of disposition may be limited to making a commitment order with the juvenile corrections agency conducting an assessment at intake and formulating the treatment program. If local court involvement is interrupted during the period of placement arrangements should be made for the correctional institution to provide regular progress reports. For example, the Marion County Reentry Court by a cooperative agreement the reentry court is to receive progress reports every 90 days from the institution. Ongoing and detailed information on the institution's educational and vocational training program, counseling and life skills programs, risk and needs assessments will assist in fashioning a plan by the reentry court at the

transition phase that reinforces gains made during placement, or addresses gaps in the program. Additionally the case manager should maintain regular contact, preferably face to face, with the offender and family.

B. The Transitional Phase

The transitional phase spans the latter stages of placement and the initial period of community release. Efforts to prepare the juvenile for returning to the less structured life in the community should be intensified during this phase. In jurisdictions where the treatment program during the institutional phase is not determined by the court, this will be the juncture at which the local reentry team will develop a plan to guide the offender's reintegration into the community. If the reentry team has had a role in determining the treatment plan during placement this will be an opportunity to revise the plan to focus on the change from a highly structured and controlled environment back to the community.

If the release decision is not made by the committing court, a procedure should be in place for the institution to advise the court of the offender's prospective release date. The Marion County Reentry Court has a procedure by which the Department of Corrections will notify the court at least 90 days prior to the projected release date. During that 90-day period institutional programming focuses on preparing the offender for release. Simultaneously the Marion County reentry team begins the process of formulating a Reintegration Plan.

1. *Transition Planning*

The case manager should obtain a current comprehensive risk needs and strengths assessment. The often dramatic changes that a youthful offender may undergo during the institutional phase warrants having a current assessment to anticipate the required level of community supervision, transitional housing requirements, and wraparound services. The case manager should secure input from the offender and family in formulating or revising the treatment plan. This can increase family support and cooperation in implementation. An exception to family involvement should be recognized when the plan recommends independent living, emancipation, or extended foster care. If the offender otherwise is ready to be released but there are unresolved family problems making immediate placement with the family undesirable, transitional placement (temporary detention, half-way house, group home,

community-based residential treatment facility) should be considered until return to family or independent living is feasible.

The case manager must ensure that all relevant educational, health, mental health, counseling, and other records are provided to the community agencies or service providers identified in the reentry plan. This should be done sufficiently prior to the anticipated release date to allow eligibility issues to be resolved so that the offender and family can participate *immediately* upon release – and without delaying release. The plan should incorporate a gradual de-escalation of monitoring and control contingent on the offender’s progress through the service component of the plan and general compliance with the terms and conditions of release.

During the period of institutional placement, the reentry plan should have begun preparing the family for the offender’s return, if reunification is a goal. The period of institutionalization or out-of-home placement is disruptive of the offender’s relationship with his/her family. This, coupled with behavioral changes resulting from intense cognitive and behavior modification programs, create the potential for major changes in family relationships. This is particularly problematic when a youth who has been stabilized and shown progress during placement will be returned to a family that has been characterized by substance abuse, psychological or physical abuse, parental criminality, or previous parental rejection. The focus on family dynamics should continue during the transition phase and counseling services should be in place to respond to problems that are likely to arise.

The most successful reintegration plan involves the community in supporting and strengthening the family unit. Involving community resources reinforces the concept that the goal is successful integration into community life rather than merely adaptation to the demands of the juvenile justice system. These resources include school, employers, training programs, and churches. The faith community can serve a powerful role. Faith-based services should be offered on a voluntary basis and are subject to the same expectations and evaluation requirements as their secular counterparts.

2. *Formal Adoption of the Reentry Plan*

The reentry plan should be adopted in open court with the offender, family, case manager, appropriate members of the reentry team, the district attorney, and defense counsel present. Where jurisdiction allows, the court should order the family to comply with those aspects of the plan that apply to them.

Many drug courts have found it useful to draw up a contract between the court and the offender based on the reentry plan, incorporating the obligations of each, identifying rewards for achievement, and specifying the consequences for non-compliance based on the system of graduated sanctions. The contract may incorporate the parts of the reentry plan that delineates what services are to be provided by whom. A contract assures a clear understanding by the offender of his/her obligations and of potential sanctions and supports and can be formally entered into at the hearing when the reentry plan is adopted and ordered by the court.

C. The Community Supervision Phase

Once the youth has been released from the physical custody of the institution or completed the period of out-of-home placement, the juvenile court (through the case manager and treatment team) will provide intensive supervision, deescalating in planned increments over time. It is at this point that the court has the greatest opportunity to manage reintegration through intensive judicial supervision and the application of graduated sanctions.

1. *Graduated Sanctions and Incentives*

A common weak point of centrally administered juvenile parole systems is their inability to impose a sanction proportional to the seriousness of the violation. The result is that minor matters may go without consequence and the only available response to more serious violations is return to secure placement. The court-based system can more readily apply a system of graduated sanctions or responses that escalate or deescalate, depending on the youthful offender's compliance. Graduated responses need not be rigidly applied. They do not merely comprise a system of graduated punishments, but rather a full range of options available to the court and its agents to support treatment and behavioral accountability. A rational system of responses provides *incentives and services* as well as consequences.

The court should have a clear policy – communicated to the offender – on what discretion is given to the case manager and/or probation officer to administratively impose sanctions or rewards and what matters should be brought to the attention of the court for more formal handling.

For sanctions to be effective, it is widely recognized that they must be imposed promptly following a violation. Like drug courts, reentry courts should adopt an informal and less

adversarial tone to proceedings, which can facilitate a more expeditious resolution of issues. However, the imposition of sanctions, particularly loss of liberty, requires a measure of due process. The process required will vary to some extent based upon the legal status of the offender, e.g., conditional release, parole vs. probation, etc. which may vary in different jurisdictions, the nature of the violation and the type of sanction that may be imposed. The procedure utilized by the court must accommodate the competing values of promptness and fairness. A policy requiring timely exchange of relevant information and establishing procedures for discovery is essential to resolving compliance issues promptly and fairly.

A feature of a court-based system of graduated responses should be the court's ability to impose and enforce various levels of restraint. Upon release from placement the court may require, either on a case-by-case basis or as a uniform aspect of the first part of the intensive supervision phase, "step-down" custodial provisions such as reporting to a day reporting center, placement in a halfway house, house arrest, and electronic monitoring. The Marion County Reentry Court orders electronic monitoring in all cases for the first 30 days following release.

2. *Review Hearings*

For the first 30 days following the offender's release the case should be calendared for frequent review hearings, as often as weekly. Appearance by the offender and the family should be mandatory at review hearings. Consideration should be given to calendaring hearings at a time when it least interferes with offender or family responsibilities such as school, work, or counseling.

In drug courts, the treatment team commonly meets informally before each regularly scheduled review hearing. This is a forum for exchanging information on the offender and family's progress and for formulating case recommendations. Courts may have different policies regarding the appearance of counsel at these informal meetings and the ensuing court hearing. However, if it is anticipated that sanctions for non-compliance may be imposed, or a change in custody or level of supervision or modification of the treatment plan will be proposed, resolution of such matters can be expedited by the presence of defense counsel. For matters not subject to informal resolution, contested hearings should be given priority in calendaring to assure swift and sure consequences, and to prevent the case from languishing in a state of uncertainty.

At the review hearing the court should obtain a brief report from the case manager. The report should include information from service providers verifying the youth's progress in

achieving each objective of the case plan.¹⁰ The court should explicitly recognize successes, address setbacks, and apply graduated responses. Consequences for unexcused non-compliance should be promptly applied and be consistent with the contractual specifications between the reentry court and the offender.

As part of each review the court should compel “quality assurance” by requiring the timely administration of designated services and programs, and evaluate the *quality* of supervision provided by the case manager, and other court personnel. The court should enforce accountability by service providers as well as the offender.

3. *Dealing with Setbacks*

Given the nature of the youthful reentry population, their “special needs” and the system’s difficulty in meeting them, instances of non-compliance with the reentry plan should be anticipated. A rigid policy of re-institutionalization for technical and minor violations can sabotage the entire reentry process, cost substantial taxpayer dollars for reversion to the most costly level of care and control, with the challenge of reintegration still to be faced. While accountability is an essential component of rehabilitation and community safety must be given high priority, a system of graduated responses allows room for administrative and judicial discretion through an established “override” process (one in which the standard response does not fit or is out of proportion to the offense, and is “overridden” by the court or by the case manager at the discretion of the court).

During the final part of the community supervision phase – the stabilization period – the focus is to support the offender in forging healthy connections to the community. Those connections include family relationships, positive peer groups, school enrollment and attendance, employment, structured community activities (such as those sponsored by service groups), voluntary church membership, and working with *and as* a mentor. When the justice system is no longer providing structure and guidance youth should be capable of making productive and law-abiding choices independently, or knowing how and where to obtain assistance and support when needed. The goal is to have informal social control replace the formal control of the juvenile justice system.

¹⁰ A well-designed management information system can greatly facilitate maintaining and providing to the court current and historical case information. Without such a system the preparation of reports with the frequency needed for intensive judicial supervision can be difficult.

4. *Celebrating Successes*

The Drug Court Model has demonstrated the value of incentives, rewards, and public celebration of incremental successes in the context of case supervision. The notion of support and acknowledgement permeates the Drug Court movement, and while it is most visible at “graduation” it is present at every milestone along the path. Since reentry is a phased process, the movement from intensive supervision down the continuum of sanctions lends itself to a sense of progression leading to goal attainment and “graduation.”

Inclusion of the youth’s family and others significantly involved in the youth’s life is as important here as it is throughout the community treatment, surveillance and supervision aspects. In addition to high profile graduations, other interim incentives may include such tangible rewards as tickets to concerts or athletic events; intangible rewards such as reduced restraints or community supervision time, peer mentor training to allow the most successful youth to serve others in the reentry population; and employer or school recognition for positive performance.

Since community support is critical to the success of the local juvenile reentry court, it is important to include stakeholders in the celebration of successes, as well as in the initial planning process. Media coverage of these successes can contribute to continued community support for the reentry court initiative.

5. *Case Termination*

Case termination or closure can occur in one of four ways, reflecting degrees of success or failure. They are:

1. **Revocation**, or return to the state training school or other placement.
2. **Waiver to adult court for a new offense.** Waiver, or certification, may be ordered upon the commission of a new crime at any point during the juvenile reentry process. With their offense history and prior unsuccessful interventions, the juvenile reentry population is ripe for waiver. Like revocation, waiver is costly and ineffective in achieving rehabilitative goals. It is also an implicit statement of failure at the juvenile court level and should be invoked only when the concentrated resources of the juvenile reentry court have been ineffective in protecting the community and promoting behavioral change.
3. **“Aging Out” of the juvenile justice system.** State law defines maximum age that comprises the parameters of juvenile court jurisdiction. The common upper age of juvenile court jurisdiction is 17 (expiring on a youth’s 18th birthday).

4. **Successful case closure.** The majority of cases processed by a juvenile reentry court should be successfully closed when behavioral and treatment goals are substantially met. Research shows that interventions must be of sufficient duration if they are to have a long-term effect on recidivism. This lends support for a policy that requires a minimum period of participation in the program after release from placement.

Ideally, case closure should not signal a sudden cessation of support services: family counseling, drug and alcohol counseling, educational and job training activities – even treatment team and case manager access should continue to be available on a voluntary basis. During the community supervision stage the offender and family should have been linked to services they can access without a court referral. Financial and eligibility issues for such voluntary services should be resolved prior to case termination.

Successful case closure for this complex and challenging population represents long term gains for the youth, his or her family, the institution (in terms of reduced recommitment rates), the community (in terms of dealing with its own problems, and directly contributing to strengthening the family and the workforce) and the juvenile reentry court and its partners (in terms of demonstrating the power of collaborative partnerships). On the most pragmatic level, taxpayers are also beneficiaries of lower crime rates and their related costs.

VI. Profiles of Two Existing Reentry Courts

The West Virginia Division of Juvenile Services Reentry Court Program had its origins in a three-county reentry court pilot project launched in the state's 21st Judicial District in June of 2000 – arguably the nation's first juvenile reentry court. Now funded through the Office of Justice Program's Serious and Violent Offender Reentry Initiative, the program has been expanded to cover ten largely rural counties in the state's northeastern panhandle region. It is a state-local partnership, in which the Division of Juvenile Services (DJS) provides enhanced supervision and case management to returning "high-risk" juveniles in participating counties, while local courts provide oversight in the form of monthly court hearings to review progress and enforce conditions.

The Reentry Initiative in Marion County (Indianapolis), Indiana, which is also funded by the Serious and Violent Offender Reentry Initiative, began operating in the late summer of 2003, and is still in the early stages of implementation. Like the Reentry Court

Program in West Virginia, it is a state-local planning and supervision partnership, with a juvenile reentry court committing itself to frequent oversight/enforcement hearings. One big difference lies in its urban setting. Another is the critical role given to a nonprofit managed care contractor, which undertakes all case management services under the program.

A. Targeting Aftercare Resources

The two programs discussed here differ in the degree to which they use risk assessment to determine client eligibility. Marion County's goal is to select 50 juveniles per calendar year. The selection criteria include the offender's age (14 to 17); the location of the correctional facility in which the youth is placed (three of the Department of Corrections Indianapolis-area juvenile facilities are participating); the youth's home community (juveniles must be returning to one of three impoverished/high-crime Indianapolis neighborhoods participating in the federal "Weed and Seed" program); and, assessed risk (a "high" or "very high" score on an assessment instrument routinely administered by the DOC).

Selection for West Virginia's Reentry Court Program likewise requires a "high" score on the Youthful Offender Level of Service Inventory (Y-LSI), a risk/needs assessment screen routinely administered by the Division of Juvenile Services to institutionalized juveniles at intake. However, largely because of resource limitations selection is further limited to those who, in the opinion of local probation officers, would be "good candidates."

B. Transition Planning and Preparation

For all institutionalized West Virginia juveniles, pre-release aftercare planning takes place at Multidisciplinary Team Meetings (MDTs). These meetings take place toward the end of the six-month treatment program at the Division of Juvenile Services' medium/minimum security Davis Center. A juvenile's MDT is attended by institutional staff and the community resource coordinator who will be working with the juvenile in the community following release, as well as by the juvenile and the juvenile's family. For juveniles who will be recommended for the Reentry Court Program, an MDT also involves participation by the probation officer who will be sharing responsibility for supervising the juvenile in the community.

Pre-release planning procedures in Marion County are similar, but more elaborate. The Reentry Initiative's work plan calls for the formation of a "Transition Team" during the 90 days

before the release of a juvenile qualifying for the program. The team consists of facility staff, the case manager employed by the private contractor, the DOC parole agent who will have supervisory responsibility during the period immediately after release, the Marion County probation officer who will take over supervision thereafter, the juvenile and his or her family, and miscellaneous community and service provider representatives.

C. Oversight Authority Upon Release

In both programs juveniles are released from institutional care subject to juvenile court jurisdiction and juvenile probation supervision. But different means are used to reach this common end.

In Indiana, juvenile courts do not normally retain jurisdiction over juveniles whom they have committed to the state Department of Corrections, retaining only the authority to oppose proposed releases. Thus, the establishment of a reentry court in Marion County necessitated the execution of a formal, multi-party Memorandum of Understanding, which committed the Juvenile Division of the Marion Superior Court, the DOC, and the DOC's Parole Division and other organizations to a sharing of post-release responsibilities. Moreover, the program itself was structured as a voluntary early release program: in exchange for a conditional 30-day "temporary leave" from incarceration (which if successful will merge into a longer probationary period at home), the juvenile accepts certain conditions, *including the reassertion of juvenile court/probation authority* in addition to DOC Parole supervision.

In West Virginia, the law does authorize post-commitment probation orders, though the power is not often used. At the time of release, a court participating in the Reentry Court Program can make use of this latent power to order the juvenile to complete a period of probation, subject to terms and conditions contained in the aftercare plan. DJS workers can then provide more intensive aftercare supervision, with probation as a mechanism enforcing compliance.

D. The "Danger Time"

Every aftercare program must have some strategy for dealing effectively with the danger time – the first month or two immediately following release from an institution. This period

coincides with the first experience of freedom, when newly released juveniles are most likely to fall into old patterns, consort with negative peers, drink or use drugs, and commit crimes.

The most striking feature of the Marion County approach to the danger time is its intensive deployment of judicial resources very early in the process. The program employs a special part-time magistrate, bailiff, and court reporter to hold frequent reentry court hearings. The magistrate has no docket apart from reentry cases, and is able to hold evening and weekend hearings if necessary to accommodate the juvenile and his or her family. The hearing cycle begins on the afternoon of release, with an initial hearing to review and reinforce the reintegration plan, to clarify what is expected of the juvenile and lay out sanctions for noncompliance, to speak directly to the juvenile about the meaning and importance of the coming transition, to set immediate, practical goals and assign responsibility for achieving them, and to schedule a follow-up hearing – generally just one week later. At subsequent hearings the parties review progress toward goals, explore obstacles, and make necessary changes to the reintegration plan. Over time, hearings become less frequent. But for as long as they are held, they tend to shine an intense light on reentering juveniles, discourage backsliding, keep the parties on task, and place the whole weight of the court’s authority behind the reentry effort.

Although the West Virginia reentry court also holds special hearings on a monthly basis for the first three months after release – with the same basic aims as reentry court hearings in Marion County – a more distinctive feature of the program is its effort to maintain frequent face-to-face contacts with juveniles who have been released to the community. Given the available resources and the geographical territory that must be covered, this is far from easy. As noted above, DJS community resource coordinators often must drive hundreds of miles to conduct home visits. For that reason, regular DJS aftercare entails a total of just three post-release home visits, one per month, followed by telephone contacts at six, nine, and 12 months. In the Reentry Court Program, however, community resource coordinators carrying smaller caseloads are able to visit released juveniles in their homes at least twice that often. In the one post-release case closely observed, the coordinator carried a caseload of just five juveniles, and had made five face-to-face contacts with the released juvenile in the previous three weeks – although in each instance this entailed a round-trip drive of about 80 miles over mountain roads!

E. Services and Supports

Both programs take steps to ensure that reentering juveniles have access to the treatment and other forms of help they need to succeed. Each uses a case management model, in which juveniles whose institutional assessments indicate a need for services are linked with service providers in their communities.

F. Sanctions and Rewards

In Marion County the array of sanctions available to the reentry court magistrate for use in case of juvenile violations – after the initial 30-day period of “temporary leave” elapses and supervisory responsibility passes to the probation department – include additional supervision, home detention, community service, additional counseling or services, more frequent hearings, and detention. These are all in addition to the ultimate sanction – revocation and return to the institution.

G. Integration with the Community

Ultimately, the successful reintegration of a juvenile returning from an institution cannot be achieved by a reentry program alone, no matter how well-designed. True reintegration requires that the juvenile be restored to the surrounding community, reconnected with its social network, and acknowledged as one of its own. The process cannot be forced, but it can be facilitated. The two reentry court programs are seeking to do this primarily through informal partnerships with community-based organizations. For instance, the Marion County reentry court model focuses on juveniles returning to Weed and Seed neighborhoods, partly in order to take advantage of crime prevention and revitalization partnerships with community agencies already established under that program.

VII. Summary and Conclusion

Although they are a fairly recent development in the effort to improve aftercare services for delinquent youth, juvenile reentry courts would appear to hold considerable promise for facilitating successful reintegration. A variation of the drug court model, reentry courts coordinate and monitor highly specialized, intensive services for a particularly difficult

population. Their promise derives from several factors including: 1) their high degree of specialization and sharp focus on juveniles returning to the community; 2) their intimate knowledge of the juveniles, their communities, and available services; 3) their enhanced capacity to monitor and respond to a juvenile’s everyday behavior; 4) their expanded range of sanctions and rewards, which provide greater flexibility for responding to the juvenile’s performance on aftercare; and, 5) their authority and leadership position in the community, which can translate into the ability to marshal additional resources to better serve returning youth.

This chapter has provided an outline of the issues that need to be addressed in the design and operation of a reentry court. It also has provided examples from two jurisdictions that are currently operating such courts. It should be clear that there is no one “model” for reentry courts – they need to be tailored to the local context and take into account local operational realities, organizational relationships, and available resources. In particular, there are some potentially very “sticky” jurisdictional issues (i.e., court vs. state correctional agency authority for aftercare) that will need to be resolved. Although the development of a reentry court is not an easy proposition, continued expansion and refinement of the concept is clearly warranted. As the field of juvenile justice continues to focus on reentry and aftercare issues, reentry courts can become an important tool for ensuring public safety and successful reintegration.¹¹

¹¹ For assistance in implementing a court-based reentry model in your jurisdiction, contact the National Council of Juvenile and Family Court Judges in Reno, Nevada, its National Center for Juvenile Justice in Pittsburgh, Pennsylvania, or the Office of Juvenile Justice and Delinquency Prevention in Washington, D.C.

CHAPTER 8 THE ALLEGHENY COUNTY COMMUNITY INTENSIVE SUPERVISION PROGRAM

James Rieland

“Community based aftercare is one of the most critical components in any well developed system of juvenile court interventions. Aftercare represents a unique opportunity to facilitate the transfer of the institutional treatment experience to the community. Intensive community-based aftercare services may be the critical difference between remaining crime free or returning to delinquency” (Altschuler and Armstrong, 1990).

This chapter describes an intensive, community-based aftercare program that serves youth from five high-crime neighborhoods in Allegheny County (Pittsburgh) Pennsylvania. In addition to discussing the program’s philosophy and operations, the chapter emphasizes the relationship between the aftercare centers and the communities in which they are located. It also presents a series of “lessons learned” that may help inform the development of similar programs in other jurisdictions.

I. Background

The Community Intensive Supervision Program (CISP) is operated by the Allegheny County Juvenile Court and has been in operation since June of 1990. Originally designed as an alternative to institutionalization for repeat juvenile offenders, CISP has also functioned as a reentry program for youth since 1997.

In 1997 the Allegheny County Juvenile Court completed a three-year initiative to established “Accountability Based Community (ABC) Interventions,” a system-wide strategy of intervention, treatment, and rehabilitation for serious, violent, and chronic juvenile offenders. The project was funded by the US Department of Justice’s Office of Juvenile Justice and Delinquency Prevention (OJJDP) and facilitated by the National Center for Juvenile Justice (NCJJ).

As part of that larger reform effort, aftercare services were closely scrutinized. The neighborhoods eventually chosen for CISP centers have been traditional “busy” areas for the Court. Prior to CISP, a high percentage of youth from these neighborhoods were recidivating and were being Court ordered into residential placement. While a variety of aftercare services were available to these youth, these resources were not fully developed or implemented as effectively as they could have been. Although specialized intensive aftercare caseloads were

functioning, aftercare was inconsistently applied, uncoordinated, and was often an “after thought.”

Two aftercare consultants recommended greater use of CISP for aftercare services. Both Troy L. Armstrong and Robyn Klitgaard, in separate assessments of Allegheny County’s aftercare programs, recommended a more consistent and expanded use of CISP as a formal aftercare option available to the Court (Thomas, 1997).

II. Program Description

The CISP Program provides Judges and Probation Officers with a true community-based reentry program for juvenile offenders released from residential placement. All youth are Court ordered to participate in CISP. A full range of programming, including drug screening, is offered in five specially designed neighborhood centers during late afternoon and evening hours, seven days per week. The CISP program operates Monday through Friday, 3:30 p.m. to 11:30 p.m., and Saturday and Sunday, 2:00 p.m. to 10:00 p.m. Youth are normally in the center or participating in required activities from 4:00 p.m. to 10:00 p.m. (See Figure 8-1 below.) Supervision of youth continues throughout the night by the use of an active electronic monitoring system. In addition to traditional Probation Department personnel, the program is staffed by “Community Monitors,” who are often adult residents of the same neighborhoods in which the youth reside.

Figure 8-1	
CISP Daily Program Schedule	
Time Slot	Activities
3:45 – 4 PM	Youth report to Center; school attendance/behavior reports collected and reviewed
4 – 5 PM	Homework; Computerized Educational Program; Drug Testing
5 – 6 PM	Dinner and clean-up
6 – 8 PM	Individual and Group counseling; Victim Awareness Curriculum; Community Service
8 – 9 PM	Recreation
9 – 10 PM	Transport youth home
10:30 – 11:30 PM	Staff monitoring and parental contacts

III. Program Objectives

The primary CISP Program objectives are as follows:

1. To operate an intensive supervision program for repeat offenders in the community, which provides balanced attention between the offender, community, and victim (Balanced and Restorative Justice Philosophy).
2. To successfully impact the recidivism of youth reentering the community, thereby impacting the number of youth requiring repeat institutional placements.
3. To provide a real world learning experience in the community, rather than an artificial or sterile environment of an institutional setting.
4. Engage the community as a partner for intervening with neighborhood offenders.

A. Target Population

Three geographic regions of the City of Pittsburgh and two neighborhoods within Allegheny County have CISP centers. These are densely populated urban areas that have experienced a high rate of juvenile crime and a high rate of institutional placements. The CISP program is designed for male offenders, ages 10 – 17, who are under Court jurisdiction and who require ongoing intensive supervision as part of the reentry process. Allegheny County made the decision to exclude females from CISP due to the disproportionate female referral base – 80% male and 20% female.

The typical CISP reentry offender is an African-American, 16-year-old male property offender. Although property offenders make up the majority of youth placed in the program, drug offenders, weapon violators and assault related offenders have all been placed and done well in the program. The only group of offenders who have been automatically excluded have been sex offenders. Even though the offender is living in the community, it has been the Probation Department's experience that most neighborhoods strongly object to bringing these offenders into a community-based center. Since 1997, all youth, 17 and younger, reentering a CISP neighborhood from residential placement are Court ordered into CISP. Occasionally 18 and 19 year old youth are placed in CISP, however each youth is closely evaluated prior to entering the program.

The five CISP centers supervise approximately 25-30% of all youth in Allegheny County receiving reentry services. On any given day CISP supervises 100 – 110 youth, 50 classified as reentry. In 2003 180 youth were placed in CISP.

IV. Staff

Each center has a staff of 14, including:

- A center supervisor
- An assistant supervisor/probation officer
- One drug/alcohol specialist
- Two senior monitors
- Seven community monitors
- One part-time community monitor
- One secretary

This level of staffing is critical to providing the intensity of supervision offered by the CISP centers. From a budgeting perspective, the temptation to reduce staff and cut cost, should be summarily rejected. The key to providing intensive supervision and safely operating the center rests solely with an adequate staffing pattern.

The staff is the most important component of the CISP. When possible, staff members are selected from the community where they work. Staff are predominately African-American males, however the male/female ratio varies in each center. In some instances, staff grew up in the community where they are now working or they may now reside in the community. At a recent staff meeting at the Hill District CISP Center, a young “Community Monitor” told those in attendance that he was so proud and thankful to be part of the CISP Program, because he grew up just a few blocks from the Center. He relayed that when he was a teenager he would watch CISP vans (everyone knows them) drive through the neighborhood dropping off one of his friends. His friend talked about the program, the activities and the staff. In fact, his mother went to high school with his friend’s primary Community Monitor. His friend also talked about the time he tried to “con” the staff by telling them that before he came to CISP he hung out with only good guys down at the “corner.” Nobody ever got into trouble. He only tried that once because staff said “Ok, you mean on the corner where Big Man sells guns out of the trunk of his black BMW” or “do you mean where Jamar got shot?” The point was made that the staff actually “knew” the neighborhood. There is no substitute for staff with life experiences similar to the youth they will be working with. In addition to having intimate knowledge of a particular neighborhood, staff are positive adult role models for the youth in the CISP program. Although turnover is minimal, new staff are recruited by existing staff members. The philosophy of recruiting and hiring neighborhood residents has proven to be invaluable to the success of the program over the past 14 years.

The center's Supervisor, Assistant Supervisor, and Drug and Alcohol Specialist have a minimum of a Bachelor's degree and all other staff have some post secondary education.

V. Parental Support

Since all youth in the CISP Program live at home with their parent(s) or guardian, parental involvement and support is vital to the overall success of a youth in CISP.

Upon admission to the CISP Program, all youth are confined to their home on house arrest under the direct supervision of their parents. Youth are only permitted to attend school/work and CISP activities. They are given a predetermined amount of travel time to get to and from approved destinations. Obviously, parental cooperation is critical to monitoring and enforcing these conditions, and CISP staff work closely with parents regarding supervision issues. At the same time, program staff provide support to the parents by holding youth accountable for their behavior while in the home.

In addition to these supervision issues, parents are invited to be involved in all aspects of their child's participation in CISP, and a parent support group is held monthly in each CISP center.

Unfortunately, some youth do not have a strong supportive home environment. Although staff offers families support, youth are expected to comply with program expectations in spite of their family's dysfunction. However, if a youth's safety is being jeopardized by remaining at home, or when the youth's basic needs are not being met, a referral is made to the County's child welfare agency.

VI. Supervision Practices

All youth placed in CISP are monitored by an active electronic monitoring system. This system has the ability to record all entries and exits by the youth from his home.

The transmitter worn on the youth's ankle incorporates state-of-the-art electronic technology. The transmitter is the size of a common business card and weighs only 3.8 ounces. Because it is waterproof and tamperproof, youth may participate in any activity. Staff also utilize a drive-by unit, which is a hand-held monitor. It permits the electronic monitoring of youth by just driving by their home, school, or place of employment. The unit displays the transmitter identification number and confirms a youth's presence at a particular location.

The in-home monitoring system provides continuous, 24-hour a day coverage of youth in CISP. At any time, day or night, it can be determined if a youth is or is not in his home. Through cooperative agreements with local police, youth violating their conditions of supervision may be apprehended and taken directly to the detention center. If the program is serious about community safety through “intensive supervision,” then all steps need to be taken to deliver that message to the youth in the program. Therefore, if there are electronic monitoring violations, whether they are unauthorized leaves or tampering with the equipment, the staff response needs to be swift and consistent.

Because the CISP program is not an institution in a community setting, staff must be trained and policy developed on how to properly supervise youth on activities outside of the center. Community members are judging the program every time youth leave the center. It only takes one incident to initiate an onslaught of negative community reactions. As a general rule, the CISP program adheres to a youth to staff ratio of five to one on community activities. This is obviously another reason to budget for an appropriate staffing level.

VII. Building Youth Competencies

The major treatment theme in CISP is Drug and Alcohol education, assessment and treatment. All youth are involved in some aspect of Drug/Alcohol programming due to their ongoing exposure to drug use, sales and violence.

Substance use, abuse, and dependency continue to have a devastating impact on inner-city communities. Crime, unemployment, family dysfunction, and mental health issues are all exacerbated by the use of alcohol, tobacco, and other drugs. Youth living in these neighborhoods often suffer the most. The majority of CISP youth have been adversely influenced by the drug culture. Whether they were enticed into drug sales, drug usage, live with addicted parents, or all of the above, they have been victimized as a result of the influx of drugs into their neighborhoods.

The Drug and Alcohol Specialist in each center conducts a series of educational groups on drug use, and evaluates each youth’s involvement with drugs. The substance abuse curriculum enables youth to critically review their personal substance abuse, substance abuse of significant others including family members as well as community substance abuse issues. CISP staff provide youth the opportunity for making more informed choices about drug and alcohol use through improved problem solving and refusal skills. A great deal of time is also spent on

learning alternatives to drug dealing. Over the years the program has developed the expertise to provide on-site evaluations, education, and treatment intervention. Staff lead youth through a culturally specific curriculum that addresses the history of substance abuse in the African-American community; individual and cultural self-esteem, and developing trust as a means of reducing offending behaviors. Additionally, the program has collaborated with Narcotics Anonymous and Children of Alcoholics support groups. A key tool in the assessment of all youth is the on-site urinalysis testing, which is randomly administered.

Upon completion of the individual assessment, a referral is made for the appropriate level of care. CISP Drug and Alcohol Specialists directly provide prevention and outpatient treatment services. Contracted vendors provide inpatient treatment or residential care. The CISP Drug and Alcohol Specialist is also able to provide aftercare services to youth returning from various drug and alcohol residential treatment facilities.

Additionally, youth are involved in anger management sessions, victim awareness, group counseling, peer counseling, family intervention, and competency skill development. For example, the Victim Awareness Curriculum (Bender, 1999) is a 15-hour program that has been developed in conjunction with Victim Service Advocates. The curriculum is presented in all five centers with the goal of “putting a face on crime.” The victim is not an insurance company; the victim is your neighbor, your brother, your sister or your grandmother. Victim Service Advocates co-facilitate many of the sessions with CISP staff.

The primary treatment objective for each youth in CISP is to develop pro-social behaviors and to one day become a tax-paying citizen. This is achieved through exposing youth to numerous topical seminars and educational programs, including urban survival skills. Realizing that many youth associated “manhood” with chronological age, CISP staff developed a program entitled, “Maleness to Manhood.” The Maleness to Manhood program is a group process designed to facilitate the transformation process of a male becoming a man. The program consists of ten sessions and is designed to assist adolescent males to learn and cope with the journey of “Maleness – Boyhood – Manhood” (Akbar, 1991). CISP staff facilitates these programs; however, outside speakers and experts are utilized when needed.

Every aspect of the CISP Program is designed to change negative behaviors through education and through staff serving as positive role models.

In order to successfully complete the CISP Program all youth must complete the following:

- Drug/Alcohol Education and Assessment
- Anger Management
- Victim Awareness
- Maleness to Manhood

VIII. School/Work

Youth placed in the CISP Program are encouraged to continue attending school and are also permitted to work. All youth in this phase of the program are held accountable for daily attendance and performance. Youth attending school are required to have their teacher's sign the youth's daily attendance log. CISP staff also maintain close contact with school attendance officials. A CISP Community Monitor from each center works from 8:30 a.m. to 4:30 p.m. and has the responsibility to check school attendance, behavior, and academic performance daily. This staff also attends numerous conferences with parents and school officials throughout the school year. Since most youth in CISP are attending school, staff place a high priority on educational performance. Because of this relationship CISP learns of school problems and successes on a daily basis.

Specialized educational resources are utilized when and where appropriate. These services are used for school suspensions, tutoring, evaluation, reentry, and youth advocacy. Successful school adjustment during reentry may be the best predictor of ultimate success. The transition is difficult and CISP staff attempt to ease the adjustment process by providing ongoing support and monitoring.

Part of each day in the CISP Program is dedicated to learning, homework, or other educational activities. Through the efforts of a contracted tutor, educational services are provided in each CISP Center four days per week. Although outside resources are used, CISP staff are directly involved in all educational activities.

As mentioned, reentry youth are permitted to work while in the CISP Program. When a youth has a job, his hours and travel requirements are verified prior to employment. If a youth owes restitution, he is required to make regular payments through the Juvenile Court Restitution Department.

IX. Recreation/Cultural Enrichment

This component provides youth the opportunity to engage in structured recreation, physical education and cultural activities. The goal is to teach youth appropriate recreational skills, sportsmanship, and socially acceptable behavior in the community.

The CISP Program schedules a series of educational, recreational, physical, and cultural activities several days a week in each center. Recreational activities include, but are not limited to, memberships in the Boys Club, YMCA, and the use of City and/or County parks, recreational facilities, ball fields, and swimming pools. The Centers also make arrangements to attend local movie cinemas, museums, libraries, sporting events, cultural activities, and events throughout the County.

X. Community Service

Community service is an integral component of the CISP Program. All youth participating in CISP are required to perform a minimum of 50 hours of community service.

The primary purpose of community service is to hold offenders accountable for their actions by requiring them to perform work that is valued by the community. The CISP Program, through its community service effort, helps to preserve and maintain the local environment and gives needed assistance to those public, private, nonprofit and community-based agencies, which depend on volunteer help. Community service projects most often occur in the youth's neighborhood and the projects are identified by community organizations.

The opportunities for community service projects are endless. Project ideas have been requested from community organizations, religious organizations and governmental bodies. For years the Hill District Center has developed and cared for a community garden located across the street from the center. When the crops are “harvested” they are provided to the elderly in a local high-rise apartment building. Both staff and youth have delivered the “goods” with a great deal of pride.

This past spring, after a parent support meeting at the McKeesport Center, a father asked the staff if his new church building could become a community service site. Without seeing the church staff agreed, only to have serious second thoughts after visiting the church. The site had been in serious disrepair and would become a major project for the center over the summer. Youth worked at the church, cleaning, putting up drywall, painting, repairing and refinishing pews, and other miscellaneous tasks. After months of work, the church reopened and staff and

youth were brought before the congregation for recognition and celebration. What a powerful community connection!

Offenders have gained enriching work experience and by “volunteering” they have gained some inner satisfaction from knowing their work is appreciated by the community. By youth performing community service in the public’s view, the activity has been a powerful method for youth to regain community acceptance as a valued member of the neighborhood. In 2003 the five CISP Centers completed 9,200 hours of community service. Additionally, youth in CISP completed restitution payments in the amount of \$17,552. The five centers also hold an annual car wash and donate the proceeds to a community victim advocacy agency. In 2003, the program presented a \$1,000 check to the Center for Victims of Violence and Crime.

XI. Sanctioning System

Youth who are noncompliant with CISP program rules and expectations are sanctioned by a variety of methods. These include short-term placement in a “backup” unit (overnight placement) and/or participation in the Seven-Day Boot Camp experience. The ability to remove a youth temporarily from his home due to program violations is absolutely vital for a successful program. Youth and families must understand that participation in CISP is an alternative to long-term placement in a residential program. Consequently, negative behavior results in serious consequences for the youth and swift and firm action from CISP staff. The fact that CISP is Court operated permits immediate admission to detention and immediate access to Judges for Court hearings when necessary.

XII. Lessons Learned

This section offers insight into some of the “lessons learned” after 14 years of CISP operations. Hopefully the information will help others avoid costly and time consuming missteps in the process of program development.

A. Court vs. Contractor Operations

Depending on local factors, the first decision to be made is, “who owns and operates” the program. The basic choice is whether the Court (via Probation) should run the program directly,

or whether the program should be operated by a private vendor. The CISP program is owned and operated by Allegheny County Juvenile Court. All employees are Court employees who are answerable to the Administrative Judge. Allegheny County chose this strategy for CISP because the Probation Department wanted the line of authority in the program to be clear, direct and efficient. CISP staff needed to operate with the authority of the Court behind them. In the simplest terms, this means that program staff could directly sanction a youth or otherwise hold a youth accountable, without first having to ask for permission from someone from outside of the organization. Youth and families needed to clearly understand that the Probation Department actually operated the program and that the Court's Judges therefore had a vested interest in CISP.

B. Neighborhood Acceptance

An early mistake that was made in developing CISP was assuming that neighborhoods would openly accept a program that proposed to supervise delinquent youth also "living" in the neighborhood. How could a neighborhood reject its own youth?

Not only did two of the original three neighborhoods not accept the program; they actively fought against locating the CISP Centers in their neighborhood. Neighborhood groups were not swayed by statements such as, "But these youth live here in the neighborhood too." Of course, all sorts of rumors about prisons and detention centers being located in the community circulated within the neighborhoods and within political groups representing the neighborhoods. It soon became next to impossible to sort out fact from fiction in neighborhood meetings. Obviously, without community support a program like CISP would fail and never achieve its objectives.

The assumption of community acceptance was made based on years of experience in opening group homes and other residential programs where the main complaint was always, "you are bringing delinquents into our neighborhood from all over the County or from other counties and we do not need or want their problems." All of the typical, "Not in my backyard," statements were very routine. The Court's thinking for CISP was, "How could people object to working with youth who already lived in the neighborhood?" In fact, young offenders would receive more intensive supervision in CISP compared to supervision of youth reentering the community directly from placement prior to the creation of CISP. This fact was lost in the community's distrust of the Court and the process. As a result of the distrust, community members did object to CISP and they objected very loudly.

The lessons learned from this experience are to know the community and involve community members at the earliest possible time, as Allegheny County did in opening the last two centers, with strong community support. Do not assume that your proposal will be embraced and supported by community members with limited information about the project. A mistake of this nature can lead to numerous delays and poor community relations. At this point in time, all five CISP Centers enjoy a great deal of community support and, through community service efforts, have become a valued member of the community.

C. CISP Centers

The CISP program operates out of neighborhood centers. A reentry program of this nature requires a center as a base of operation. A “Center” provides a number of advantages over an “intensive caseload” model. In addition to providing a physical community identity, a center provides staff the opportunity to provide “eyeball” supervision of youth six hours a day. A caseload management model CANNOT provide for this level of intensity.

CISP Centers have also become a source of pride for the young offenders who have attended the program over the years. It has become “their” center and graduates will often stop in to talk with staff or to check up on young men currently in the program.

The center itself should be designed to accommodate 22 – 25 youth actually coming to the center on a daily basis. The center staff can be responsible for up to 30 youth, several of whom may be on a non-reporting status. Of course, the actual center design will meet local needs, however over the last 14 years Allegheny County has settled on the following:

- Overall square footage – 5000
- Five individual staff offices
- One large assembly/recreation room
- One kitchen
- Three group counseling/tutoring rooms
- All should be on the same level to more efficiently supervise youth

The center design should provide for a safe, functional environment for staff, youth, and visitors. Care should be taken to avoid becoming an “institution” located in the community. The primary goal of CISP is to assist youth with the necessary skills to be a responsible community member. Therefore, the more opportunities youth have to engage community members in pro-

social situations, the greater the opportunity for community attachment. When a community group calls the CISP Center for assistance at a local food bank or to participate in the Community Pride Day, the program has affirmation that it is accepted and valued. The center should provide space for numerous activities, however at the same time youth and staff should routinely engage community members through community service, recreation, and cultural events as well as other activities that will lead to successful community reentry.

D. Defining the “Community”

It is also advisable to clearly define the geographic boundaries of the community from which participating youth will be selected. If the program is truly “community-based,” then the referral area must be identifiable by the youth as “their” neighborhood. Youth in the CISP program typically live within a 1½-2-mile radius of the center. Since the CISP program is neighborhood based, youth reenter their own community and they are introduced to positive and supportive community resources.

In most instances youth are required to walk to their centers – a daily test to by-pass distractions and report on time. At the conclusion of the day’s programming center staff transport all youth home. Once this task is completed, staff at each center make random visits to youth’s homes to speak with a parent and to re-enforce the program’s adherence to “intensive” supervision.

E. Court-Ordered Participation

Finally, all youth participating in CISP are Court ordered to participate. This has been an important feature of the program because youth and families understand that CISP is backed by the power of a Judge and the Court. Youth also clearly receive the message that CISP is serious business and that violations and non-compliance are met with serious consequences. Figure 8-2 is the Conditions of Supervision Agreement that must be adhered to by all youth participating in CISP.

Figure 8-2
Conditions of Supervision

I understand that participation in the Juvenile Court Community Intensive Supervision Program (CISP) is mandatory and was ordered by my judge. I am accountable to the CISP program 24 hours a day, seven days a week. I will be held accountable for the following:

1. **SUPERVISION:** Beginning immediately, I am confined to my home under my parents/guardians supervision unless otherwise instructed by CISP staff. I am only permitted to attend school and CISP program activities. When I am not doing either of these I am confined to my home. Permission must be granted 24 hours in advance for any events where youth will not be in the home, or change of schedule.
2. **ELECTRONIC MONITORING:** I will be monitored by an electronic monitoring system. This system has the ability to detect my movements in and out of my home. Any time I am not at school or participating in a CISP activity I am confined to my home.
3. **SCHOOL:** Beginning immediately I will attend school on a regular and punctual basis. I will not cut classes and will attend homeroom each day. I will have my teachers sign my class attendance sheet everyday. I will maintain a grade average of **“C/(2.0)” or better**. I will obey all teachers, security, and school rules.
4. **HOME:** I will respect and abide by all limits and controls set by my parent(s)/guardian(s) with respect to my behavior, conduct, and activities. I will make every attempt to control myself at all times and I will be persistent in getting along with everyone in my home.
5. **DRUG/ALCOHOL:** I understand that I will be randomly tested for drugs and alcohol, while in the program. I will not drink alcoholic beverages, smoke marijuana or hashish, or take any pills unless doctor prescribed; I will not use cocaine or crack at any time or in any form.
6. **COMMUNITY INTENSIVE SUPERVISION PROGRAM:** I understand that I am to report to the CISP center seven days a week from 4:00 - 9:00 p.m. Monday - Sunday (hours may vary on weekends and when school is not in session). I will participate in all activities and abide by rules of the program which will include: homework, counseling, personal grooming (i.e., haircut), hygiene and appropriate dress, drug/alcohol counseling, recreation, and community service. I will cooperate with CISP staff and will behave in the center and on outside activities.
7. **COMMUNITY SERVICE:** All crime has a negative impact on the community. The primary purpose of community service is to hold the offenders accountable for their actions by requiring them to perform community service as a way of symbolically paying back the community for the wrong they have done. All youth participating in the CISP program are required to perform 100 hours/50 hours (aftercare) community service. Community service projects will most often occur in my neighborhood, but I may also be involved in any activity anywhere in Allegheny County.
8. **SMOKING/TOBACCO:** For many years now the Surgeon General and other health organizations have spelled out the hazards of smoking and using tobacco products. The addiction of smoking is a major concern to CISP staff. The CISP program will not permit you to use any tobacco products while under program supervision.
9. **SHUMAN CENTER:** Because my absolute participation in the CISP is so important to my judge and the Juvenile Court Probation Department, violations of program rules will be handled quickly and severely. My judge has authorized CISP staff to place me in Shuman Center for program violations.

I, _____, have read and understand these Conditions of Supervision. My signature indicates my understanding of their meaning and importance.

XIII. Outcomes

Youth reentering their home and community through CISP generally participate in the program for a minimum of 90 days. Their performance is monitored and assessed daily. If, after progressive sanctioning, program violations continue or a new crime is committed, the youth is returned to Court. In most situations where a “Failure to Adjust” allegation is filed with the Court, the youth is returned to placement. In the past 14 years, 65% to 75% of the youth discharged from CISP have successfully completed the program. In 2003, 68% successfully completed CISP. Approximately 9% of the youth discharged from CISP in 2003 committed a new crime while in the program. This percentage has varied only slightly (from 6%-9%) each year since the inception of the program.

Table 8-1				
CISP Discharges*				
Year	Number Youth Discharged	% Positive Discharges	% Failure to Adjust Discharges	% New Crime Discharges
2000	155	70%	24%	6%
2001	159	73%	21%	6%
2002	184	72%	23%	5%
2003	190	68%	23%	9%
4 Year Total	688	71%	23%	7%

* Includes all program participants. Separate data not kept for aftercare youth.

Although program staff strive for all youth to successfully complete the program, violations and non-compliance are confronted swiftly and with consistency. Program youth clearly understand the consequence for program violations. On the positive side of this practice and philosophy, youth readily conform to the program model. In terms of community acceptance, as well as the program’s contribution to community safety, youth must be held accountable, and the program’s survival depends on it being a “good neighbor.”

XIV. Program Cost

In 2003 the CISP Program provided 54,769 days of service, which translates to a per diem of \$63.60. The average length of stay in the reentry component of CISP is 105 days or a reentry cost of \$6,678 per youth. In Pennsylvania, the per diem for residential programs ranges

from \$110 to \$350. The placement management philosophy followed in Allegheny County is to reduce the length of stay in residential placement by at least one month and to invest that per diem savings in reentry services. Community-based programming – when done correctly – is not an inexpensive venture. As in any program, most of the operational budget (typically 75%) is earmarked for staff expenditures. However it is also imperative to adequately budget for recreational supplies and activities. Attempting to facilitate attachment to the community by becoming engaged with community members and organizations translates into additional costs for things such as YMCA memberships, tickets to cultural and sporting events, etc.

XV. Attending to Fundamentals

Recently a Community Monitor asked, “How can we become a better program?” The answer is relatively simple. As most, if not all, NFL coaches have uttered, “We will be a better team when we pay attention to the fundamentals!” The same can be said for CISP. The challenges for supervisors and managers is to avoid staff complacency with the fundamentals, i.e., providing effective community supervision. Staff must do it right every time – while in the center, while doing community service, while out on a recreational outing and while reviewing electronic monitoring results. The program could be conducting the very best treatment groups but if supervision is lax or ineffective, the program is a failure. In CISP successful community supervision is a top priority 24 hours per day, seven days per week. Just as in football, the difference between success and failure rests with the program’s ability to “get the fundamentals right” every time.

XVI. Summary

The CISP program is a community-based effort that strives to be seen by community members as a good neighbor – one that makes valuable contributions to individuals, organizations and the community at large. When pro-social community engagement is successful, there are no losers! Difficult youth who have been removed from the community by the Court are given the opportunity to reenter their community with support, guidance and encouragement through CISP. Youth are also given the opportunity to assist with victim restoration through restitution and community service. Historically, the youth who were returned home without intensive intervention experienced high failure rates, resulting in a return to

residential placement. The CISP program, although not a “silver bullet” by any means, offers hope to both youthful offenders and the community that successful reentry is possible at a relatively modest cost compared to re-institutionalization.

CHAPTER 9 STRUCTURED DECISION MAKING™ FOR TRANSITION AND AFTERCARE

Rick Wiebush

I. Introduction

This chapter discusses how Structured Decision Making (SDM) can be used to inform key decisions in the reentry, transition and aftercare processes for juvenile offenders. These decisions include: 1) the nature and duration of transition or “step-down” from secure care to the community; 2) the level of supervision provided during aftercare; 3) the nature of services required for each juvenile; and 4) alternative ways of responding to technical violations of aftercare. In each of these areas, we present examples of assessment tools and decision protocols that can be used at each decision point, and discuss how these tools can be used in conjunction with transition and aftercare strategies such as the Intensive Aftercare Program (IAP).

The rationale for the use of SDM as part of transition and aftercare is exactly the same as the rationale for using SDM in other phases of the juvenile justice system:

- There is a need to ensure that decisions are made in a *consistent* and *equitable* fashion. This means that it is considered critical to have the same fundamental set of assessment questions asked of all youth by all staff, and that it is even more important for youth with similar characteristics to be treated in similar ways. Consistent and equitable treatment of youth is – or should be – a fundamental value underlying all decision making. This is, after all, a juvenile *justice* system.
- There is a critical need for agencies to be able to *target their resources* in a way that will maximize their impact on offender re-integration and the safety of the communities to which the youth are returning. In spite of recent declines in juvenile crime and institutional commitment rates, juvenile corrections agencies continue to be hampered by limited resources. SDM provides mechanisms for prioritizing how those resources should be used, by: 1) identifying youth at the highest levels of offense severity, risk, and need; and 2) structuring decisions so that a disproportionate share of resources is targeted toward those youth.

II. Structuring Reintegration and Step-Down Activities

One of the fundamental tenets of reintegration strategies is that the transition from secure care to the community should be a phased process that incorporates gradually reduced levels of custody and control, rather than a precipitous plunge from the high levels of institutional control to unencumbered freedom in the community (Altschuler and Armstrong, 1994a; Center for

Substance Abuse Treatment, 1998). There are various mechanisms that have been used to provide phased reentry. These include (among others) pre-release cottages, weekend furloughs, group homes and half-way houses, day treatment centers and intensive supervision programs. While many correctional agencies use one or more of these strategies, they are frequently used in an ad-hoc, non-systematic fashion, and the criteria for determining which youth will participate in which transitional programs is often vague, inconsistently applied or irrelevant. For example:

- One youth may be stepped down to a community-based group home, while a youth with similar characteristics is released directly to home (or held in the institution) because a group home bed is not available;
- A low risk youth with a relatively short institutional LOS may be stepped down to a group home because he has had a good institutional adjustment, while a high risk youth who has been in custody for two years does not get that same opportunity; or,
- All youth – regardless of risk level – are placed into intensive supervision for the first 60 days of aftercare.

Clearly, some of the inconsistencies in how transition is handled can be attributed to a lack of resources. As in the first example above, the agency simply may not have enough group home beds that would allow them to transition in that manner all youth who need it. However, many of the problems result from the inappropriate use of the resources that are available, such as in the second and third examples. In the one case, we would question why “institutional adjustment” is a critical factor in the decision, when it would appear that the second youth is the one in greater need of a transitional experience. In the other case, the agency is probably wasting resources by intensively supervising low and moderate risk youth who, by definition, do not require that level of intervention.

We believe that the real issue is the failure to develop a systematic approach to transition that: 1) clearly specifies what youth characteristics need to be taken into account in transition planning; 2) assesses the availability of transition-related facilities and programs; and then, 3) develops criteria for determining what types of youth should be assigned to which types of transition programming, so that available resources can be used in the most efficient and effective manner.

Figure 9-1 provides an illustration of what a structured approach to transition-related decisions might look like. It is a matrix that uses two key criteria – risk of re-offending and

institutional length of stay – to guide decisions about the nature and duration of the transition process. The use of these criteria reflect a presumption that the longer a youth has been in placement, and/or the higher the risk level, the longer and more gradual the transition process should be.

The example matrix uses four levels of intervention which, arrayed according to level of control and cost, are: regular aftercare, intensive supervision, day treatment, and transitional facility. As shown in the figure, which of these interventions a youth would receive, and how long he or she would remain in each, would be contingent upon their institutional length of stay and level of risk. For example, a low risk youth who had been incarcerated for six months or less would be placed directly into a “regular” aftercare caseload, reflecting the presumption that, relative to all other youth transitioning to the community, this youth would need the least amount of transition time and programming. At the other end of the spectrum is the “very high” risk youth who had been out of the community for a year or longer. The transition period for this youth would go through several phases, reflecting the need for a very gradual re-integration process. These phases would include an approximate two-month stay at a transition facility, followed by another one to two months in a day treatment program, followed by another three months under intensive supervision. The nature and duration of additional aftercare supervision would then be determined by a risk re-assessment. Should risk remain very high, he might stay under intensive supervision. Should it decrease to moderate or low, he would be moved to the corresponding level of supervision on “regular” aftercare.

Figure 9-1				
EXAMPLE TRANSITION PROCESS FOR YOUTH IN SECURE CARE				
LOS	Risk of Reoffending			
	Low	Moderate	High	Very High
6 Months or Less	<ol style="list-style-type: none"> 1. Regular Aftercare Supervision 2. Reassess risk and supervise accordingly 	<ol style="list-style-type: none"> 1. ISP - 30 days 2. Reassess risk and supervise accordingly 	<ol style="list-style-type: none"> 1. Day Tx - 30 days 2. ISP - 60 days 3. Reassess risk 	<ol style="list-style-type: none"> 1. Day Tx - 30-60 days 2. ISP - 90 days 3. Reassess risk
6 - 12 Months	<ol style="list-style-type: none"> 1. Regular Aftercare Supervision 2. Reassess risk and supervise accordingly 	<ol style="list-style-type: none"> 1. Day Tx - 30 days 2. ISP - 30 days 3. Reassess risk and supervise accordingly 	<ol style="list-style-type: none"> 1. Transition facility 30 days 2. ISP - 60 days 3. Reassess risk 	<ol style="list-style-type: none"> 1. Transition facility 30 days 2. Day Tx - 30-60 days 3. ISP - 90 days 4. Reassess risk
More Than 12 Months	<ol style="list-style-type: none"> 1. Day Tx or ISP– 30 days 2. Reassess risk and supervise accordingly 	<ol style="list-style-type: none"> 1. Transition facility - 30 days 2. ISP - 30 days 3. Reassess risk and supervise accordingly 	<ol style="list-style-type: none"> 1. Transition facility 30 days 2. ISP - 60 days 3. Reassess risk 	<ol style="list-style-type: none"> 1. Transition facility 60 days 2. Day Tx - 30-60 days 3. ISP - 90 days 4. Reassess risk

This matrix is not presented as a “model” that should be adopted as is. Rather, it is a conceptualization of how decisions about transition could be structured to achieve more consistency in decision making and to more effectively target transition and supervision resources to the youth who need them the most. The specifics of the matrix would vary from jurisdiction to jurisdiction, depending upon local practices and resources. For example, in jurisdictions with an average length of stay of 15 months (and a range of 6 to 24 months), the length of stay parameters in the matrix would likely be configured differently (e.g., 6 to 11 months; 12 to 19 months; 20 months or more). Similarly, jurisdictions with fewer, more, or different types of resources would need to determine which resources should be associated with each cell in the matrix and how progression through the programs should be sequenced. Finally, additional criteria for decision making may need to be taken into account. For example, a high or very high risk youth with a significant substance abuse problem might have as a first transition step placement into a residential drug treatment program instead of a transition facility.

III. Risk Assessment

A research-based risk assessment tool – one which effectively classifies youth based on their likelihood of re-offending in the community – can be used to inform several decisions related to transition and aftercare:

- In jurisdictions that are providing specialized/intensive transition and aftercare services to only a *portion* of the youth in secure care, a risk assessment tool can be used as the basis for selection into the program. If, for example, the program is targeting “high risk” youth for participation, an empirically-based risk scale should be used to determine which youth can be characterized as “high risk.”
- As discussed above, one of the central criteria for determining the overall nature and duration of the transition process is the youth’s level of risk. The greater the risk, the more carefully graduated the transition process. Once again, if risk is going to be one of the criteria for making these decisions, the mechanism for assessing risk should be the application of a research-based risk tool.
- Risk should be used to determine the level of supervision a youth will receive on aftercare. A well-designed risk scale will be able to identify sub-groups of aftercare youth that are much more (and much less) likely to recidivate than other youth (see Figure 9-3 for example). This information allows the agency to target its resources more effectively by using a differential approach to supervision. Contact standards for high risk youth should be set at a much higher level than for

low risk youth (e.g., four face-to-face contacts per month for high risk, vs. one face-to-face contact per month for low risk). A risk re-assessment should be used at periodic intervals – typically every 90 or 120 days – to assess progress or lack thereof, and to make appropriate adjustments to the level of supervision.

- The youth’s risk level – in conjunction with other criteria – can also inform decisions about how aggressively the system should respond to technical aftercare violations. Under this approach to dealing with parole violators, a youth who is “very high” or “high” risk to re-offend may be sanctioned more severely than a low risk youth, even when similar infractions have been committed (see “Responding to Violations” below for a full discussion of this use of risk assessment).

A. What Kind of Risk Assessment Tool?

There are at least two potential approaches to developing a research-based risk assessment tool for an aftercare population. The first is to conduct the risk research exclusively on an aftercare population. This means that the research sample will consist only of aftercare youth and that the results will allow risk classification of parolees *in relation to each other*. Use of this approach is most appropriate for a state corrections agency that has responsibility for secure care and all parole supervision. For this agency the question is: “of all *parolees*, which ones are most/least likely to commit a new offense?” As discussed above, this approach will allow the agency to differentiate the population it serves and target the use of its resources accordingly. (This is true both in relation to the step down/transition process and to the use of differential supervision in the community.)

The second approach to developing a research-based risk scale for aftercare youth would apply primarily to agencies that have responsibility for serving both probationers and parolees. Here the risk question is more likely to be: “of *all the youth we serve* (i.e., probationers and parolees), which ones are the most/least likely to commit a new offense? Development of a risk assessment tool for this population obviously requires a sample that includes both probationers and parolees. One potential issue with this type of risk tool is that – because it is attempting to classify two different populations based on a single scale – it tends not to sort the parole population into different risk levels as well as a parole-specific tool. Generally, this type of risk scale will tend to place most parolees into the higher risk categories because, as a group, they tend to be higher risk than probationers. This outcome is a good one from a community protection and agency resource allocation perspective. However, because it limits the agency’s ability to discriminate risk within the parole population, it could have a negative impact on

efforts to identify and deliver specialized services (such as an intensive aftercare program) to the highest risk parolees. In larger agencies that have responsibility for supervising both probationers and parolees, it may be possible to develop two separate risk instruments – one based on the intake/probation population and another based solely on the aftercare population.

The foregoing discussion presumes that an agency interested in using a research-based risk tool for aftercare would be able to conduct (or contract for) the necessary research. Another option might be to adopt a parole-specific risk scale that had been developed in a different jurisdiction. There are several caveats to such an approach due to the variations across jurisdictions in offender characteristics and system practices that can have a major impact on how risk scales work. Consequently any jurisdiction considering this strategy should invest a substantial amount of time in analyzing the comparability of the two jurisdictions before deciding to adopt another agency's risk scale. Moreover, the adopting agency should also be prepared to eventually (i.e., within two years) conduct the research to validate the risk tool on its own parole population.

B. Example Parole Risk Scale

In *Graduated Sanctions for Juvenile Offenders: A Program Model and Planning Guide* (Wiebush, 2003), we offered a “model” risk tool for use at intake and/or probation that consisted of items routinely found on research-based risk scales. However, because of the limited number of jurisdictions that have conducted parole-specific risk research, this volume does not include a similar “model” tool for aftercare. For illustration purposes, a research-based risk scale recently developed (Wagner, Wiebush, and Lunning, 2000) for the Juvenile Division of the Indiana Department of Corrections is shown in Figure 9-2.

The effectiveness of this scale in classifying the parole population based on risk is then shown in Figure 9-3. Note that the tool works extremely well. It identifies a “very high risk” sub-set of the parole population that has a recidivism rate that is almost eight times greater than that found among the “low risk” parole population (54% vs. 7%) and even twice as great as that found among “high risk” parolees (54% vs. 25%). The tool is used – along with other criteria – to inform decisions about institutional placement and the level of supervision while on aftercare.

Figure 9-2

Revised Indiana Department of Correction - Juvenile Division
Initial Risk Assessment

7/17/00

Youth's Name: _____ M / F DOC#: _____ Assessment Date: ____ / ____ / ____

True Findings Offense Code: _____ Offense Description: _____ Offense Class: I II III IV

		Score
R1.	Age at First True Finding	
	a. 14 or older.....	0
	b. 13 or younger.....	1
R2.	Total Number of True Findings (up to present date; do not include probation or parole violations)	
	a. One.....	0
	b. Two or three.....	1
	c. Four or more.....	3
R3.	Total Number of True Findings for Specific Delinquent Acts (up to present date; check each category that applies)	
	i. <input type="checkbox"/> Drugs: Dealing, possession, sale, manufacturing of controlled substances (200-218, 260); Do NOT include paraphernalia or alcohol related offenses.	
	ii. <input type="checkbox"/> Auto Theft: Auto theft (406), receiving stolen auto parts (303)	
	iii. <input type="checkbox"/> Other Theft: Theft (400), receiving stolen property (302)	
	iv. <input type="checkbox"/> Battery: Battery (615), aggravated battery (614), sexual battery (710)	
	v. <input type="checkbox"/> Weapons: Handgun/firearm related, explosives, knife (336-365, 609, 630); chinese star (198); burglary with weapon (403, FB only); robbery with deadly weapon (603, FB only)	
	Count the number of categories checked and enter the point value of corresponding total.	
	a. No categories.....	0
	b. One or two categories.....	1
	c. Three or more categories.....	3
R4.	Total Number of True Findings for Probation or Parole Violations	
	a. None or one.....	0
	b. Two or more.....	1
R5.	Age at Time of Most Recent IDOC Commitment (or institutionalization as sustained parole violator)	
	a. 15 or older.....	0
	b. 14 or younger.....	2
R6.	Youth Intellectual/Educational Functioning	
	a. No Problem: Youth has never repeated a grade and tested intelligence is at or above their grade placement.....	0
	b. Problem: Youth has repeated one or more grades, or tested intelligence is below their grade placement, or diagnosed as having exceptional educational needs.....	1
R7.	Substance Abuse	
	a. Not dependent: SASSI test results include not dependent, invalid, or unknown.....	0
	b. Dependent: SASSI test results indicate dependency.....	2
R8.	Behavioral Problems (Symptoms must be documented by court records, IDOC assessment, or clinical diagnosis) Check all that apply: <input type="checkbox"/> Withdrawn <input type="checkbox"/> Oppositional Behavior <input type="checkbox"/> Verbally abusive	
	a. None of the above apply.....	0
	b. One or more behavioral problems noted.....	1
R9.	Family Criminality	
	a. Parents/siblings not currently incarcerated or on probation or parole.....	0
	b. Parents/siblings currently incarcerated or on probation or parole.....	1

TOTAL RISK SCORE

Scored Risk Classification: ___ 0 to 3 Low Risk ___ 4 to 6 Medium Risk ___ 7 to 9 High Risk ___ 10 to 15 Very High Risk

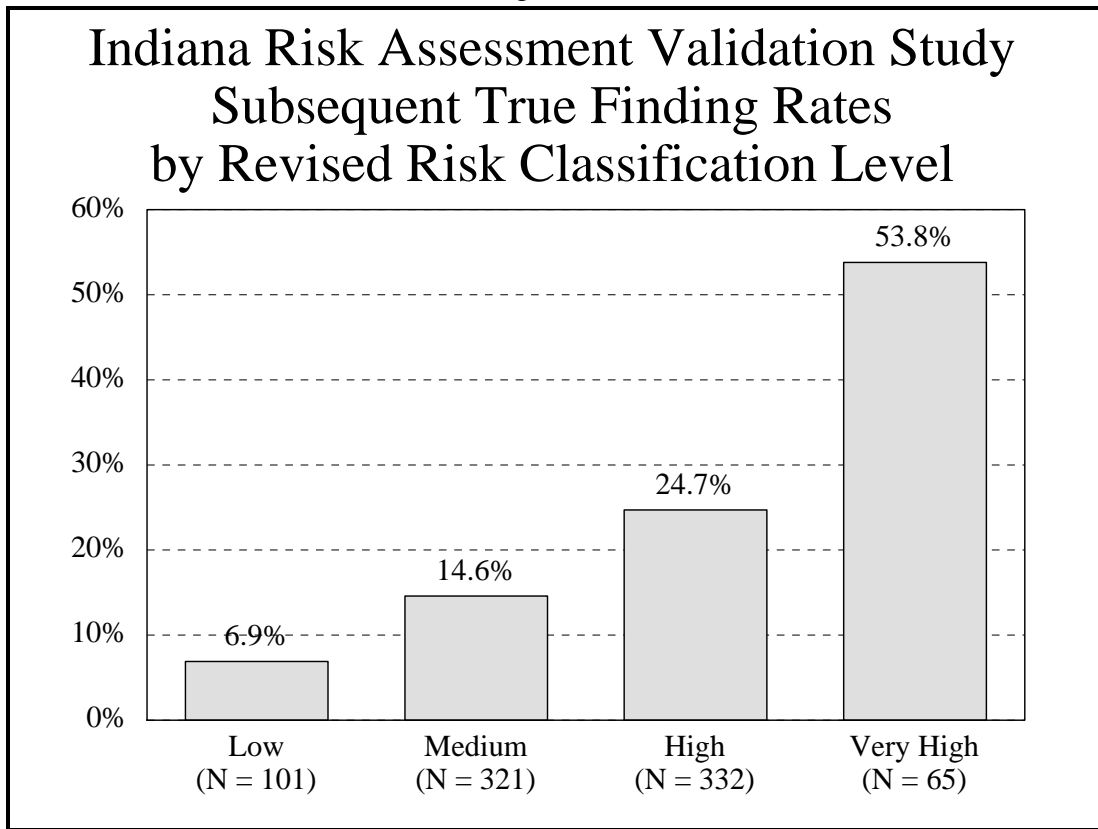
Mandatory Overrides: _____ Parole Violators and Recommitments: override to **one level** above scored level
(For Institutional Placement) _____ Low risk youth pending adult charges or waiver hearing: override to **medium or above.**

Mandatory Overrides: _____ Parole Violators and Recommitments: override to **one risk level** above scored level
(For 1st 30 days of Aftercare) _____ Sex Offenders (ASOP participants): override to **Intensive** risk
_____ Currently committed for murder, manslaughter, reckless homicide, arson + attempt or conspiracy
for these offenses: override to **Intensive** risk

Discretionary Override: _____ Override (up or down) **one level** of risk based on unique case circumstances.
Reason: _____

Final Risk Classification: ___ Low Risk ___ Medium Risk ___ High Risk ___ Very High Risk

Figure 9-3



IV. Risk Reassessment

Risk reassessments are conducted to determine whether and to what extent changes have occurred during the youth’s aftercare supervision that may have affected his/her level of risk. Routine reassessments (e.g., every 90 or 120 days) ensure that staff are routinely assessing changes in the case and making any needed adjustments to the level of supervision. (Similarly, routine reassessments of needs and strengths provide the foundation for any necessary adjustments to the case plan and service interventions.)

As shown in Figure 9-4, risk reassessments consist primarily of the same items that are found on the initial risk assessment tool, but the dynamic risk factors (i.e., those that can change) are separated from the historical factors, scored differently, and weighted more heavily. Factors such as substance abuse, family functioning, and peer relationships are scored based on the extent to which the problem existed *during the most recent period of supervision*, rather than on whether they ever existed. In the reassessment, it is the recency and severity of the dynamic risk factors that drive the overall risk score, and hence the youth’s supervision level.

Figure 9-4
Indiana Department of Correction - Juvenile Division
Risk Reassessment for Community Supervision

Youth's Name: _____ M / F DOC#: _____

Institutional Release Date: _____ Date of this Assessment: _____ Reassessment # 1 2 3 4 5 6

	Score
RR1. Age at First True Finding	
a. 14 or older.....	0
b. 13 or younger.....	1
RR2. Total Number of True Findings (up to present date; do not include probation or parole violations)	
a. One	0
b. Two or three.....	1
c. Four or more	2
RR3. Total Number of True Findings for Specific Delinquent Acts (check each category that applies)	
i. <input type="checkbox"/> Drugs: Dealing, possession, sale, manufacturing of controlled substances (200-218, 260); Do NOT include paraphernalia or alcohol related offenses.	
ii. <input type="checkbox"/> Auto Theft: Auto theft (406), receiving stolen auto parts (303)	
iii. <input type="checkbox"/> Other Theft: Theft (400), receiving stolen property (302)	
iv. <input type="checkbox"/> Battery: Battery (615), aggravated battery (614), sexual battery (710)	
v. <input type="checkbox"/> Weapons: Handgun/firearm related, explosives, knife (336-365, 609, 630); chinese star (198); burglary with weapon (403, FB only); robbery with deadly weapon (603, FB only)	
Count the number of categories checked and enter the point value of the corresponding total	
a. No categories	0
b. One or two categories	1
c. Three or more categories	2
RR4. Total Number of True Findings for Probation or Parole Violations	
a. None or one.....	0
b. Two or more	1
RR5. Age at Time of Most Recent DOC Commitment (or institutionalization as sustained parole violator)	
a. 15 or older.....	0
b. 14 or younger.....	1
Rate the following items based only on behavior/conditions that existed during the most recent assessment period.	
RR6. School/Employment	
a. No Problem: In school and functioning at appropriate age/grade level or, not in school but employed at least half-time	0
b. Some Problem: In school, but one or more of the following apply: has exceptional educational needs or, functioning below expected age/grade level or, truancy or behavior problems.....	1
c. Major Problem: Not enrolled/not attending and not working at least half-time	2
RR7. Substance Abuse	
a. No Problem: Youth never assessed as alcohol/drug dependent, or was assessed as dependent, but successfully completed treatment or is involved in required aftercare counseling and is not currently using drugs... 0	0
b. Problem: Youth previously assessed as dependent, and did not successfully complete treatment or refuses involvement in required aftercare D/A counseling or is currently using drugs.....	2
RR8. Behavioral Problems (Check all that apply. Symptoms need to be documented.)	
<input type="checkbox"/> Withdrawn <input type="checkbox"/> Oppositional Behavior <input type="checkbox"/> Verbally abusive	
a. None of the above apply	0
b. One or more behavioral problems currently exist	1
RR9. Family Criminality	
a. Parents/siblings not currently incarcerated or on probation or parole	0
b. Parents/siblings currently incarcerated or on probation or parole	1
RR10. Response to Supervision (do not consider new arrests in answering this question)	
a. No Problem: Youth consistently adheres to supervision requirements and is actively participating in case plan/service requirements	-1
b. Some Problems: Youth sometimes violates supervision requirements and/or is inconsistently participating in case plan/service requirements	1
c. Major Problems: Youth consistently violates supervision requirements and/or refuses to comply with case plan and/or technical PV filed or pending, but no new arrests.....	3
RR11. New Arrests (select highest applicable category only)	
a. No Problem: no new arrests	-1
b. New Status Offense Arrest.....	1
c. New Misdemeanor Arrest: one or more; but no new felony arrests.....	3
d. New Felony Arrest: one or more.....	4

TOTAL RISK SCORE

Scored Risk Classification: ___ -2 to 3 Low Risk ___ 4 to 6 Medium Risk ___ 7 to 9 High Risk ___ 10+ Very High Risk

Discretionary Override: ___ No ___ Yes If yes, reason: _____

Final Risk Classification: ___ Low Risk ___ Medium Risk ___ High Risk ___ Very High Risk

V. Needs Assessment

Current reentry and transition strategies place significant emphasis on the need to provide services to offenders in order to address the underlying problems that contributed to their offending behavior and subsequent institutionalization. Moreover, models such as the IAP stress the need to: 1) begin the assessment, case planning, and service delivery process shortly after commitment; and, 2) insure continuity in service delivery across the institution, transition, and aftercare phases of the intervention.

A critical component of these strategies is the use of a structured needs and strengths assessment to drive the case planning process. By using a formal assessment tool, agencies can insure that certain key problems are considered by all staff for all youth, thus lending greater consistency to the assessment. Greater *continuity* in assessment and case planning across the various phases of intervention is facilitated by using the same needs and strengths assessment tool at critical points in the life of a case:

- shortly after admission, to plan for institutional services;
- one to two months prior to release to plan for transition and aftercare services;
- at specified intervals (e.g., every 90 days) during aftercare to make any needed adjustments to the case plan and to determine what kinds of services the youth will need to remain linked to once he/she has been discharged from supervision.

The use of a structured needs and strengths tool as part of an on-going assessment/reassessment process has the additional benefits of providing a gauge of the youth's progress in relation to identified problems, and providing a common framework and language for assessment and case planning for institutional and aftercare staff.

A “model” needs and strengths assessment tool is shown in the Appendix. This model was originally presented in *Graduated Sanctions for Juvenile Offenders: A Program Model and Planning Guide* (Wiebush, 2003), where it was suggested for use with intake and probation populations. However, the scope and structure of the assessment tool makes it especially appropriate for institutionalized and aftercare youth. It consists of 20 items, seven of which focus on the youth's family and the remainder of which focus on the youth. The inclusion of the family section is particularly important for a secure care population because it serves as a

constant reminder to staff of the need to attend to the contextual issues that the youth will be facing when he is released.

Several comments are in order regarding the potential use of this assessment tool. First, because its primary purpose is to inform development of the case plan, the scores for the individual items do not need to be totaled to get an overall needs score. For case planning, the key task is the identification of the most important problem areas and developing services to address them. On the other hand, the tool does allow for the totaling of the individual scores (see item #14) and the assignment of a needs classification. This could be useful if an agency wanted to use the needs classification in conjunction with the risk classification to determine the level of supervision for each youth, or if it wished to record and report on the overall reductions in needs experienced by youth between the times they entered and exited care.

Note also that the last page of the assessment has a section for summarizing the youth's three major needs and strengths. This is designed to: 1) keep the case plan focused on the youth's most pressing issues (which would be selected based on the item weights); 2) avoid the potential of overwhelming the youth with an extensive laundry list of issues that need to be addressed; and, 3) call attention to the need to take a youth's *strengths* into account when devising case plans.

Finally, the needs and strengths tool is not designed as an in-depth assessment of any given domain, nor is it intended to be a diagnostic tool. The assessment process can however identify problems in certain areas (e.g., substance abuse, mental health) that may indicate the need for more specialized diagnostic testing. The last section of the tool provides a place to record the areas that may require additional attention.

VI. A Structured Approach for Responding to Parole Violations

In recent years there has been increased attention to the problem of dealing with technical violators on probation and parole. While it is clearly important to respond in a meaningful way to technical violations, current practices have been criticized as being wildly inconsistent, frequently inequitable, and often counter-productive. Altschuler and Armstrong (1994a) get at the heart of the issue in saying:

“Unfortunately, juvenile aftercare has tended to impose immediately on parolees the most stringent conditions and restrictions at its disposal, leaving little opportunity for caseworkers to

respond to misconduct with graduated sanctions in proportion to the infraction. Without a specified hierarchy of consequences at their disposal, aftercare caseworkers have little recourse but to do nothing – thus undermining the aftercare program – or to impose sanctions that are not in proportion to the misconduct. In the case of the latter, the sanction may be incarceration for a technical violation or minor offense. Since re-incarcerating technical violators contributes to the institutional crowding problem, some observers have noted that intensive supervision is as much a cause of institutional crowding as a potential solution.”

In addition, the Casey Foundation – through its work on the Juvenile Detention Alternatives Initiative (JDAI) – found that technical violators account for an extraordinary percentage (as much as 42%) of detention admissions in some jurisdictions. They attribute the problem in part to the typical “lengthy checklist of conditions” for youth under supervision, the lack of clear guidelines for handling violators, and the lack of mid-range or graduated sanctions that could be used to hold violators accountable, without resorting to the use of detention (Steinhart, 1999). Multnomah County (Portland, OR; one of the original JDAI sites) addressed these problems by adopting an SDM approach to probation and parole violators.

The agency first developed a menu of potential sanctions for technical violators, ranging from a verbal warning through placement in detention or commitment to a state institution. It then created a matrix – based on the seriousness of the violation and the youth’s risk of re-offending (as measured by a research-based risk assessment tool) – to delineate which sanctions could be applied to which violations. A modified version of the Multnomah County violation matrix is shown in Figure 9-5.

As shown in the figure, the matrix consists of nine cells corresponding to three levels of violation severity (minor, moderate, severe) and three levels of risk (low, moderate, high). The contents of each cell identify the available options for sanctioning each type of violator. For example a low risk, minor violator could be sanctioned with a warning, a day of community service, or increased office reporting (among others). At the other end of the spectrum, a high risk youth who committed a severe violation would be subject to one of a set of sanctions that ranged from community service to three weeks attendance at a day reporting program, or a week or more of house arrest, or up to eight days in secure detention, or even commitment.

Figure 9-5

**Graduated Administrative Sanctions for Probation/Parole Violators
(Multnomah County Model)**

Violation Severity	Risk Of Reoffending		
	Low	Moderate	High
Minor	Warning Problem Solving 1 Day Community Service Court Watch Office Report	Problem Solving Written Assignment 1 Day Community Service Court Watch Office Report Day Reporting 2-4 Days Court School	Problem Solving Community Service 1 Day Day Reporting 4-10 Days Court School
Moderate	Problem Solving 1-2 Days Community Service Mediation Court Watch Office Report House Confine/Parent 1-3 Days	Community Service 1-2 Days House Confine/Parent 1-5 Days House Confine/Dept 1-5 Days Day Reporting 4 - 14 Days Forestry Project 1 Weekend Court School	Community Service 1-2 Days Day Reporting 7-21 Days EM 8 Days House Arrest 1-8 Days Forestry Project 2 Weekends Court School Detention 2-5 Days Extended Probation Commitment
Severe	Community Service 1-5 Days House Confine/Parent 3-5 Days House Confine/Dept 3- 5 Days Day Reporting 2-7 Days EM 5 Days Extended Probation	Community Service 1-6 Days House Confine/Dept. 5-10 Days Day Reporting 7-14 Days EM 5-8 Days House Arrest 1-4 Days Forestry Project 1-2 Weekends Court School Detention 1-4 Days Extended Probation Commitment	Community Service 1-5 Days Day Reporting 21 Days EM 8+ Days House Arrest 8+ Days Forestry Project 2 Weekends Court School Detention 2-8 Days Extended Probation Commitment

Note that low risk violators (no matter how severe the infraction) and moderate risk violators (with a minor or moderate violation) could not be sanctioned by a detention stay or commitment. What Multnomah County has done in developing this matrix is to say in effect: “we have got to assess the offender’s violation in the context of their overall threat to public safety. Since low and moderate risk offenders do not present a significant public safety threat, it makes little sense to respond to them as though they do. Yes, they need to be held accountable; no, they do not need to be locked up.”

In essence, Multnomah County has created a clearly defined system of graduated administrative sanctions that: 1) promotes consistency in how sanctioning is done; 2) holds all offenders accountable for violations; 3) uses the offender’s risk to public safety as a key criterion in determining the severity of the sanction; and, 4) focuses the use of the system’s resources so that the most intrusive and expensive interventions (i.e., detention, commitment) are used only for youth who have committed serious violations and are high risk.

Because the system designed by the county makes such sense, we offer it here for consideration as a “model” approach for dealing with violations. We do not mean that this tool should necessarily be adopted as is. Each jurisdiction considering this approach would have to work through a number of issues including how to categorize violation severity, determining what sanctions are available, and deciding which sanctions should be tied to each combination of violation severity and risk. It is considered a “model” because of the way the response to violations is structured, because the sanctioning options are clearly defined and graduated, and because of the way the model focuses the use of resources by restricting the use of the most intrusive interventions to high risk, severe violators. That said, we believe that the two criteria used in the matrix – violation severity and risk of reoffending – are exactly the criteria that should be taken into account for these decisions and should therefore be seriously considered by any adopting jurisdiction.

VII. Summary

This chapter has presented a series of structured assessment and decision making tools that are designed to facilitate effective and efficient transition and aftercare programs. As with all SDM tools, the ones discussed in this chapter will promote consistency and equity in the assessment and decision making processes, and help agencies focus the use of their limited resources so that they can get the “biggest bang for the buck.”

Obviously, the use of these tools alone will not create a good reentry, transition, or aftercare model. There is a myriad of policy and program issues that need to be taken into account to develop effective intervention strategies in these areas. At the same time, we believe that a truly effective system must incorporate structured tools that: 1) facilitate appropriate client selection; 2) provide a sound basis for determining which youth will go through which transition processes; 3) ensure that decision making based on risk is done in a valid way; 4) consistently assess and reassess offender needs to drive case planning; and, 5) provide a rational, consistent basis for responding to inevitable violations of aftercare supervision. These are issues that repeatedly arise in the literature on reentry, transition, and aftercare. The models and examples of tools presented in this chapter are offered in the hope that they will encourage careful thinking about the need for SDM in reentry and aftercare, and that they will provide at least a starting point for the development of such tools in those agencies having responsibility for juvenile offender transition and aftercare services.

Part Four:

**Monitoring System Performance in
Secure Care and Aftercare**

CHAPTER 10

PERFORMANCE-BASED STANDARDS (PBS) FOR YOUTH CORRECTION AND DETENTION FACILITIES: A TOOL FOR CONTINUOUS IMPROVEMENT AND ACCOUNTABILITY

Kim Godfrey

I. Introduction

Juvenile correction agencies and facilities are charged with the difficult task of caring for delinquents in a way that both protects public safety and improves the behaviors and competencies of the youths while in custody so they return to the community as contributing individuals. Until the development of Performance-based Standards (PbS) for Youth Correction and Detention Facilities, very little information was known about what was happening within the facility walls: Staff and agency leaders had anecdotal evidence of programs that worked but no data showing positive impact on youths; the public perception of juvenile justice was often formed by the media coverage of a single horrendous event and youth and government officials could not demonstrate that tax dollars were being used to provide effective services. Transfer laws across the country moved more youths into the adult system. Critics declared the juvenile justice system was broken.

The Council of Juvenile Correctional Administrators (CJCA) began development of PbS in 1995 under a cooperative agreement with the US Department of Justice, Office of Justice Programs, and Office of Juvenile Justice and Delinquency Prevention (OJJDP). CJCA is implementing PbS in facilities in 26 states and the District of Columbia as a tool to understand and improve the safety and security of a facility as well as the effectiveness of services and programming such as education, health, and mental health, using performance outcome data. PbS was chosen a winner in the 2004 Innovations in American Government Award by the Ash Institute for Democratic Governance and Innovation at Harvard University in recognition of its ability to demonstrate government accountability, restore confidence in government, and potential for tremendous social impact to improve the quality of life for the more than 300,000 youths in residential placements across the country.

II. History

In 1994 OJJDP released a report that documented deplorable conditions in the facilities housing juvenile delinquents across the country. The Congressionally-mandated study found

that in the nearly 1,000 facilities, there were “substantial and widespread deficiencies” in living space, security, control of suicidal behavior, and health care. The facilities were overcrowded, youths and staff were suffering high rates of injuries, suicidal behavior was frequent, and health and mental health care was inadequate and sometimes unavailable. The report entitled: Conditions of Confinement Study (Parent et al., 1994) also found that the conditions were no better in facilities that met correctional accreditation standards. Joining businesses and government in the movement toward performance measurement, OJJDP called for the development, field testing, and implementation of national performance-based standards and a new way of doing business for juvenile corrections. OJJDP selected CJCA to lead the field out of that dismal situation through the development of standards set with the highest expectations of facility operations and outcome measures that indicate performance and changes in performance.

PbS provides facilities and agencies with a blueprint for safe, productive and successful management of youths in government care and a model for proactive learning organizations through a cycle of activities:

- Data collection;
- Analysis of results; and
- Planning and implementing improvements, which are measured by the next collection of data as the cycle starts again.

PbS asks facilities to report data twice a year on 106 outcomes that indicate performance toward meeting 30 standards derived from seven goals, one goal for each of the following components of facility operations: safety, security, order, programming (including education), health/mental health, justice, and reintegration. Facilities collect the data from administrative records, youth records, youth exit interviews, incident reports, and climate surveys of youths and staff. PbS capitalized on Internet advances to build a secure data collection and reporting network that provides easy access and quick feedback to geographically diverse facilities. Information entered into the web portal is reported back in easy-to-read bar graph reports that vividly depict each individual facility’s outcomes to enable a quick analysis of performance over time and in comparison to the field. The outcomes reflect critical indicators such as injuries, suicidal behavior, assaults, time in isolation, average duration of isolation or confinement, percentages of youths receiving suicide and mental health screenings, changes in academic achievement from admission to release, and percentages of youths completing educational, life

skills, and behavior management curriculum. PbS provides over-time comparisons to show changes in performance and comparisons to the national averages to provide standards for self assessment. Ultimately with experience and further research CJCA expects to establish benchmarks for outcomes to guide all agencies and facilities.

III. Purpose

For the first time since juvenile institutions opened more than 100 years ago, data is available across the country on the conditions of youth correctional facilities and the services provided to the delinquents in custody. Moreover, the previously risk-averse government agencies responsible for the youths and facilities now volunteer to collect the data and use it to improve operations and demonstrate accountability. Before PbS, the data did not exist; the mere counting of events usually was the first step of a pending legal or investigatory action against an agency. PbS is not mandated by the federal government or tied to any funding incentives. Currently 115 facilities in 26 states have volunteered to report their practices by participating in PbS, providing a picture of the quality of institutional life for about 11,000 youths.

Historically the agencies feared data because it counted mistakes and poor practices without showing how they responded. For example, if a facility screened youths for risk of suicide and the screen indicated that a youth was at risk, the facility would be liable for addressing the needs of the youth and keeping him or her safe. Lacking data to demonstrate activities undertaken to keep the youth safe, too many facilities in the past opted not to collect data and relied in part on good luck to protect youths. PbS is different from other disclosure efforts because it gives facilities the opportunity to show how they improve negative data and count what has not happened, such as a reduction in suicidal behavior from one data collection cycle to the next.

An example: On December 13, 2000, in South Dakota, a federal court judge approved the settlement agreement (*Christina A. v. Bloomberg*) giving the Department of Corrections one year to abolish the use of restraints as punishment, limit the use of isolation and increase mental health and education services for the youths – and demonstrate that the practices had changed in the juvenile training school in Plankinton. Under the watchful eye of the Youth Law Center, the agency implemented less punitive behavior management systems and presented to the court its PbS data demonstrating no incidences of restraints, reduced use of isolation, and increased services delivered to the youths. In December 2001 the federal court judge found the state in

substantial compliance and ended its involvement. On January 14, 2003, South Dakota Governor M. Michael Rounds signed Executive Order 2003-01 recognizing PbS as “an effective and efficient process of program evaluation designed to improve conditions of confinement,” and ordered the corrections agency to maintain active participation in PbS in all juvenile facilities and to report PbS results at least annually to the state legislature.

IV. Content of PbS

PbS addresses seven areas critical to the success of a juvenile justice facility. Each area is listed below with the goal driving the standards and outcomes as well as examples of measures designed to indicate a facility’s performance toward meeting the goal.

CJCA originally drafted standards for just six areas of operations, as requested by OJJDP. In response to requests from the PbS participants, CJCA developed and implemented reintegration standards and outcome measures beginning in 2001 to collect information and demonstrate what facilities were doing to help youths prepare to return to the community while the youths were in custody. In 2004, again listening to the interest and demands of the field, CJCA began development of PbS for community programs and plans to complete field testing for the new standards and outcome measures in 2005.

SAFETY

Goal: To engage in management practices that promote the safety and well-being of staff and youths.

Outcome measures: Number of injuries to youths; number of injuries to youths by other youths; incidents of suicidal behavior with and without injury by youths; percent of youths and staff reporting that they fear for their safety.

ORDER

Goal: To establish clear expectations of behavior and an accompanying system of accountability for youths and staff that promote mutual respect, self discipline, and order.

Outcome measures: Incidents of youth misconduct; use of physical restraint; use of mechanical restraint; use of isolation or room confinement, and; average duration of isolation or room confinement.

SECURITY

Goal: To protect public safety and to promote a safe environment for youths and staff, an essential condition for learning and treatment to be effective.

Outcome measures: Incidents involving contraband (weapons, drugs, other); lost keys and tools.

HEALTH/MENTAL HEALTH

Goal: To identify and effectively respond to youths' health, mental health, and related behavioral problems throughout the course of confinement through the use of professionally-appropriate diagnostic, treatment, and prevention protocols.

Outcome measures: Percent of youths who had various intake screenings completed within a time frame considered critical by national experts; percent of youths who had various assessments completed within a time frame considered critical by national experts and; percents of youths who received the health and mental health treatment that was prescribed in their individual treatment plans.

PROGRAMMING

Goal: To provide meaningful opportunities and services for youths to improve their education and vocational competence, to effectively address underlying behavioral problems, and to prepare them for responsible lives in the community.

Outcome measures: Percent of youths confined for over six months whose reading and math scores improved between admission and discharge; percent of non-English speaking youths who have treatment plans written in the appropriate language; percent of youths who have had in-person contact with a parent or guardian and; percent of youths who reported that policies governing telephone calls were implemented consistently.

JUSTICE

Goal: To operate the facility in a manner consistent with principles of fairness and that provide the means of ensuring and protecting each youth and family's legal rights.

Outcome measures: Percent of interviewed youths who report understanding of the facility rules and their legal rights; percent of youths who say they understand their facility's level system and; percents of youths and staff that reported filing a grievance and indicate that their grievance was addressed.

REINTEGRATION (Long-term commitment facilities only)

Goal: To prepare youths for successful reintegration into the community while they reside at the facility through:

- Individualized planning from the perspective of family and community;
- Programming and activities that prepare them for transition and continue, when appropriate, after the youth leaves the facility; and
- Linkages and activities between the facility, the aftercare manager, and outside service providers or key community agencies.

Outcome measures: Percent of youths confined for more than 60 days who have finalized concrete written aftercare treatment plans within 30 days of release from the facility; percent of youths who have had contact with the person responsible for their supervision upon release while they were incarcerated and; percent of youths whose home has been assessed to determine suitability for future placement.

V. Implementation: The PbS Cycle of Continuous Improvement

The PbS cycle has three parts:

1. Data collection;
2. Site report and analysis; and
3. Facility improvement planning, which is taking the PbS data and turning it into an action and monitoring plan to demonstrate accountability and effectiveness.



PbS' cycle is modeled on the business quality assurance processes, current government emphasis on performance measurement, and the philosophy and principles of learning organizations. Its goal is to use data to improve, manage, demonstrate effectiveness, show accountability, and drive decision-making.

A. Data Collection

Each participating site is required to gather information and enter it into the PbS web portal during April and October of each year. Prior to the first data collection sites receive comprehensive training on protocols to obtain and enter the correct information.

PbS collects data using the following six forms:

- **Administrative Form:** This form provides both general and specific information about each facility. Questions range from numbers of youths and staff to types of assessments as well as the number of hours per day that youths are engaged in structured programming.
- **Youth Records:** Each site is required to obtain and enter information for a minimum of 30 randomly selected youths who have left the facility over the last six months.

(For sites that have less than 30 departures in a six-month period all youths will be included.) Information is reported on screenings, assessments, treatment plans, and language-appropriate documents for non-English speaking youths, as well as preparation for reintegration into the community. (Reintegration is for long-term facilities only.)

- Incident Reports: All incidents meeting the PbS standard of an incident report are entered into the web portal for the months of April and October each year. Incident Report (IR) information ranges from the basics such as time, date, number of staff and youths involved, up to and including use of restraints, length and type of confinement, and if medical services were provided by facility staff.
- Youth Climate Surveys: The PbS portal will guide you in the proper method of administering surveys to 30 randomly selected youths (if your facility has a population of less than 30 you will be provided specific guidance prior to your initial data collection). Ideally, the surveys are to be answered in a one-on-one situation but can be administered in groups not to exceed five youths. The information the surveys yield provide valuable insight into youths' perceptions of the education, medical, and mental health services provided, as well the food quality, consistency in application of rules, and if they have feared for their safety.
- Staff Climate Surveys: Sites are required to administer surveys to 30 randomly selected staff. The same guidelines for administering surveys to youths pertain to staff members. Staff will respond to some of the same questions as youths as well as perceptions of how effective various systems are in treating youths and what types of training they believe would improve effectiveness at your facility.
- Youth Exit Interviews (Corrections only): Correctional facilities are asked to interview each youth released since the last data collection. There are two main strands of questions: The first is to replicate some of the regular Youth Climate Survey questions to ascertain if a youth presents a different picture as they prepare to leave; secondly, youths are asked to provide information on how they were prepared to return to the community.

B. Site Report and Analysis

Shortly after the PbS data collection period and data entry period ends, participants receive a draft Site Report that asks site coordinators to verify the data entered. Any concerns or possible discrepancies are discussed and addressed through technical assistance by CJCA staff members. Shortly thereafter, the final Site Report is available for review and analysis.

Successful PbS teams usually meet as a group to review the Site Report. There are at least four different steps to the analysis that CJCA recommends:

- First, review the initial site assessment questionnaire and identify definitional differences that may have impacted results in the site report.
- Next, review results in the areas critical to operations, such as the safety and order measures. Is the PbS Team pleased with the results, are there outcomes to celebrate or outcomes that need to be addressed to yield better results next cycle?
- Next, analyze the overall results: What outcomes did the facility do better than the field average? What outcomes improved since the previous data collection? The PbS comparisons to other participants as well as over time are key analysis tools.
- Lastly, look for measures the facility has particular interest in, has been working on, or focused resources on: Did the efforts work?

At the end of the Site Report review the PbS Team has a good list of outcomes and areas they want to focus improvement efforts on and plan for the development of the PbS Facility Improvement Plan (FIP).

C. Facility Improvement Plan

The PbS FIP is the tool that takes the PbS data and turns it into a continuous improvement process. The FIP is the document that identifies the specific outcome measures you want to improve and is used as the action and monitoring plan.

For example, if a facility's data shows that the number of youths receiving a suicide screening within the first hour of admission has been dropping – 90 percent last data collection and now 70 percent. The facility managers and administrators have the information they need to make a quick and potentially life-saving change to assure youths are screened and problems are detected immediately.

On the other side, an agency may have developed and trained staff on de-escalation techniques to reduce the use of restraints because their PbS reports shows the use of restraints is way beyond the field average of the other PbS sites. Subsequent PbS site reports will tell them if the new practice is working.

The PbS team is responsible for developing and updating the FIP. Each component along with specific action steps are then entered into the website. The PbS website includes areas for approval and comments related to the FIP by facility administrators, agency directors and the assigned PbS consultant.

VI. PbS Certification

CJCA strongly endorses PbS as the catalyst for change within the field of juvenile correction and detention. CJCA is committed to working to increase the number of facilities and agencies that use PbS as well as integrate the PbS process and methodology into existing facility and agency operations. PbS has been designed to gradually transfer the knowledge, responsibilities, and implementation of PbS from the federally-funded project staff to facility and agency personnel.

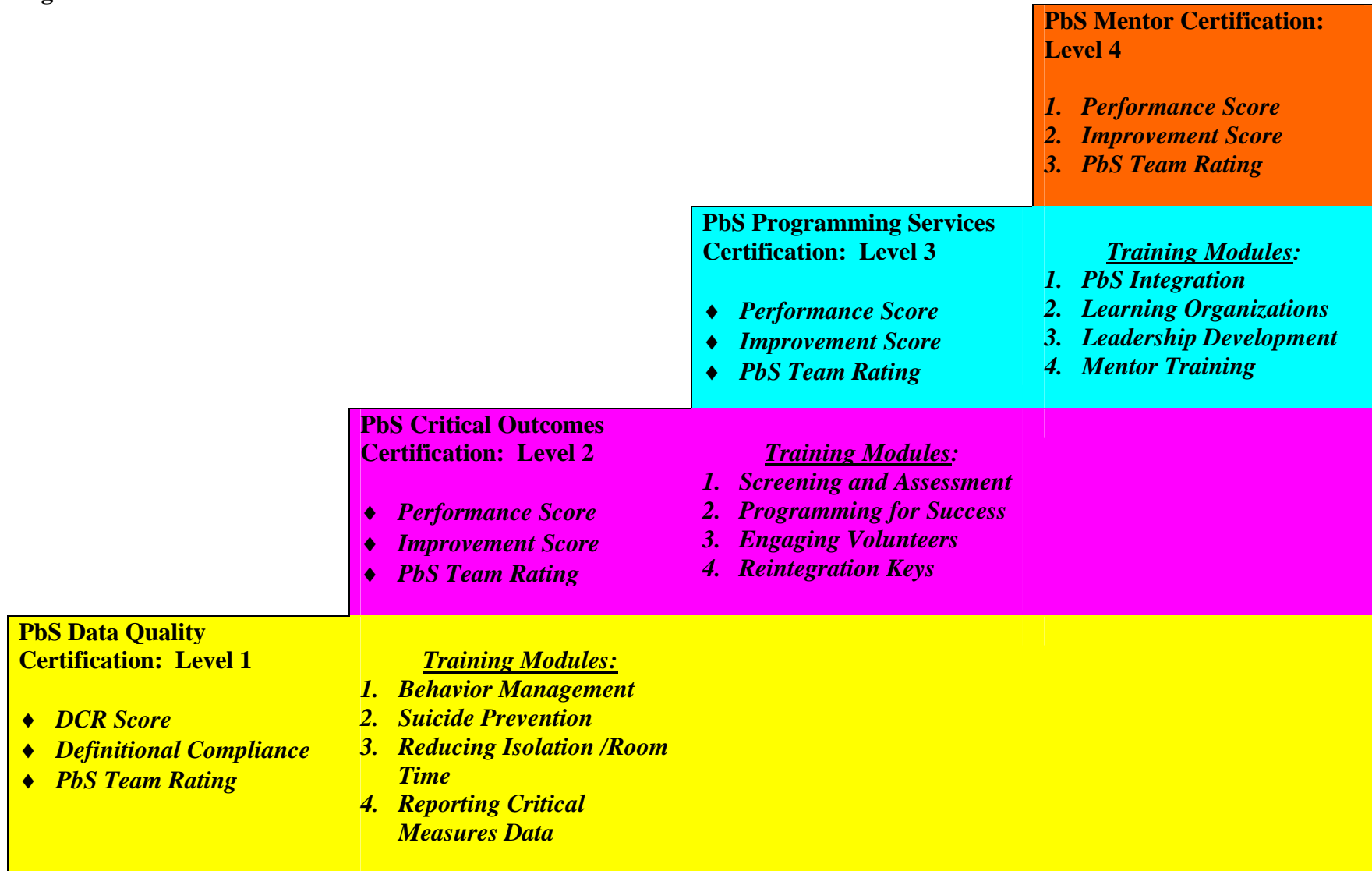
To sustain, expand, and deepen the implementation of PbS within the field, CJCA has created the PbS Levels Certification system. The Levels replicate the PbS model that has enabled proven successes to be achieved. CJCA first identified the ideal or complete implementation of the PbS continuous improvement system. It then established guidance through a clear pathway for facilities and agencies to follow in order to:

- Move from data collection to a review and analysis of the information garnered;
- Work in teams and effectively collaborate internally and externally;
- Develop and implement successful improvement plans;
- Establish PbS as an on-going process within a facility that includes a quality assurance component; and
- Ultimately assimilate the PbS system and methodology into existing daily operations of the oversight, parent agency.

CJCA learned over the past nine years that while PbS is data driven, successful implementation at sites was due to the practices and processes established by staff to integrate PbS' continuous improvement system. Similarly, CJCA recognized that the best teachers to new PbS sites were people who were using PbS at a nearby facility – they knew where to find the data, what staff positions were instrumental on the PbS team, and ways to analyze the results. The experience supported the concept of Levels of implementation, recognition of levels of achievement, and complete implementation as the springboard for mentoring.

The PbS four-level certification process is illustrated in Figure 10-1.

Figure 10-1: PbS Levels Certification



The data quality certification, Level 1, will be required of all sites to ensure the data used by sites are accurate, complete and meet the PbS sample size before inclusion in the field average. Following data certification, PbS will review a sample of the facility's data each year to monitor reporting compliance.

The figure also indicates the outcomes that will be the focus of the different levels certification and the protocols to be used to determine the certification score. Following Data Quality Certification, a site will have two years to prepare for the Critical Outcomes Certification, Level 2. During those two years CJCA will continue the annual FIP visits with the addition of training modules that address the next level certification to help move sites toward the highest level of complete PbS implementation.

The certification process includes analysis of the facilities' data, outcome reports, FIPs, and a team visit to verify by observation and interview that the facility is in compliance to PbS methodology. The visit will result in a determination of certification or action plan to meet certification criteria over the next year.

VII. Community-Based Programs

CJCA has developed PbS with continual feedback from participating facility staff, agency leaders, and national experts. In 1999 the field cried to add standards and outcomes reflecting facility efforts to prepare youths for reintegration and in 2001 the seventh area of reintegration was added to PbS. Shortly afterward the calls came for standards for community-based programs and CJCA has begun development on two sets of standards for community programs – residential and non-residential.

At this writing, the standards, outcomes, and data collection protocols are still being drafted. The pilot testing of the community residential standards is scheduled for early 2005; the non-residential program standards later in 2005. CJCA has used its experience and sites' feedback over the years to improve the standards and outcomes in the community residential standards, which are similar to the facility standards. In June 2003 the National GAINS Center for People with Co-occurring Disorders in the Justice System sponsored a meeting of mental health and substance abuse practitioners and experts to review the draft community standards on mental health. The National GAINS Center similarly sponsored meetings for the first set of facility standards and again for the addition of reintegration standards to ensure they include the best practices and knowledge available from the mental health and substance abuse fields.

CJCA's community standards will apply to residential programs, defined as programs with three or more youths that provides 24-hour-a-day, on-site supervision, and non-residential programs that assist youths living in the community by providing services or links to services (such as intensive family counseling, aftercare case management, outreach, and tracking). The standards will address nine programmatic areas: safety, order, security, health, mental health/substance abuse, programming (education), justice, and reintegration (for residential programs). CJCA will use the national PbS facility model with goals, standards, outcome measures, expected practices, and processes as the blueprint for its Community-Based Programs component.¹²

¹² If you would like more information about CJCA, PbS, or how to join PbS, please visit the PbS website at: www.pbstandards.org, send an email to the PbS Help Desk at: help@pbstandards.org, or contact the CJCA office at: 170 Forbes Road, Suite 106, Braintree, MA 02184, telephone: 781.843.2663.

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Appendix

Model Needs Assessment Instrument for Youth in Secure Care and Aftercare

MODEL YOUTH AND FAMILY ASSESSMENT OF NEEDS AND STRENGTHS

Youth Name: _____ **Case #:** _____ **County:** _____
DOB: ____/____/____ **Race:** 1. African- American 2. Caucasian 3. Hispanic 4. Other **Gender:** 1. Male 2. Female
Intake/Probation Officer: _____ **Assessment Date:** ____/____/____ **Type Assessment:** 1. Initial 2. Reassessment

A. FAMILY NEEDS AND STRENGTHS

_____ **1. Substance Abuse**

- 0 = No known current use or history of use by caregiver(s).
- 1 = Uses, but no dependence; occasional/social use; relationships with family members not strained due to use
- 2 = Previous history of abuse but caregiver is currently in recovery subsequent to the completion of a treatment program and has had no relapse incidents.
- 3 = Some disruption in functioning; use has negative impact on employment, family life, legal involvement or other areas. May include caregiver in recovery who has had relapse incidents.
- 5 = Major disruption in functioning resulting from frequent or chronic use of alcohol or illegal substances. Indicators may include loss of job, multiple arrests, chronic disruption of family life, and/or abusive destructive behavior due to substance abuse. Any admitted or clinically-diagnosed dependency. Any previous or current referral for intensive out-patient/day treatment or in-patient treatment.

_____ **2. Family Relationships** (Consider Parent - Parent; Parent - Child; Child - Child)

- 1 = Strong, supportive family relationships. While conflicts may occur, the home environment is very stable.
- 1 = Parent-to-parent, parent-to-child verbal conflict is frequently disruptive, but appears to have no long term impact on family stability.
- 2 = Family conflict/fights occur on a routine basis and create a highly unsettled and/or hostile family environment. Sporadic instances of physical assault may have occurred, but no serious injury has resulted. Conflict has a negative impact on family functioning according to family members or other reliable reporters. There is a probable need for outside intervention to address parent-parent or parent-child conflict.
- 4 = Conflict in the home has resulted in repeated instances or a chronic condition of physical or emotional abuse, or any instance of physical abuse has resulted in injuries that required medical attention.

_____ **3. Living Situation/Finances**

- 0 = Suitable living environment and family has adequate resources to meet basic needs of children.
- 2 = Family has housing, but it does not meet the health/safety needs of the children due to such things as inadequate plumbing, heating, wiring, housekeeping, or size. Current financial stress which results in family conflict and need for outside assistance.
- 3 = Serious problems, including nomadic lifestyle or failure to provide meals or medical care to meet health/safety needs of the children. Family has eviction notice, house is condemned or uninhabitable, or family is homeless.

_____ **4. Parenting Skills**

- 1 = Both caregivers or single caregiver displays strong parenting practices which are age-appropriate for the children in areas of discipline, expectations, communication, protection, and nurturing.
- 1 = Some improvement of basic parenting skills is needed by one or more caregivers to effectively control or nurture children. Parents obviously care about children and make efforts to provide appropriate parenting, but there are shortcomings in discipline and/or extent of structure and supervision.
- 3 = Significant shortcomings in parenting skills as evidenced by constant conflict over discipline; children frequently left unsupervised, repeated instances of parent-child role reversal
- 4 = Caregiver(s) display destructive/abusive parenting. Parental discipline and control is almost non-existent.

Parents contribute to child's delinquency or make excuses for it. Parents refuse responsibility for youth or abandons youth.

_____ **5. Disabilities of Caregivers**

- 0 = Caregiver(s) has no known physical disabilities, mental illness, emotional problems, or cognitive disabilities or, if present, do not interfere with parenting.
- 1 = Emotional, physical, and/or cognitive disabilities that negatively affect family.
- 2 = Caregiver(s) has ongoing need for formal mental health treatment or has a serious chronic health problem or cognitive disability that seriously impairs ability to provide for youth.

_____ **6. Intra-Familial Sexual Abuse**

- 0 = No know problems or reason to suspect intra-familial sexual abuse.
- 2 = Intra-familial sexual abuse has been alleged and/or substantiated. Includes child welfare reports, self-reports by youth and abuse suspected by others.

_____ **7. Family Criminality**

- 0 = No caregiver or siblings have been convicted/adjudicated for criminal acts in last three years.
- 1 = Caregiver(s) and/or siblings have record of convictions/adjudications within last three years.
- 2 = One or both caregivers and/or siblings are currently incarcerated, or are on probation or parole.

B. YOUTH NEEDS AND STRENGTHS

_____ **1. Peer Relationships**

- 1 = Peers provide good support and influence. Friends not known to be delinquent or to have influenced involvement in delinquent behavior.
- 0 = Youth is primarily a “loner”.
- 1 = Youth sometimes associates with others who have been involved in delinquent/criminal activity, but this is not primary peer group.
- 3 = Youth regularly associates with others who are involved in delinquent/criminal activity and/or drug/alcohol abuse. Youth usually is negatively influenced by peers, OR youth usually provides a negative influence.
- 4 = Youth is a gang member OR is a loner who commits serious solitary delinquent acts.

_____ **2. Adult Relationships**

- 1 = Youth has good relationship with parent(s) and has strong relationships with several other pro-social adults in the community (e.g., teacher, coach, employer, neighbor)
- 0 = Youth has poor relationship with parents (or parents a negative influence), but has strong relationships with several other pro-social adults in the community.
- 1 = Youth has poor relationship with parents (or parents a negative influence), but has a strong relationship with a pro-social adult in the community.
- 3 = Youth has no strong relationships with any pro-social adults at home or in the community.

_____ **3. School Functioning**

- 1 = Youth displays strong attachment/commitment to school as indicated by work effort, involvement in school activities, positive attitude toward school/teachers and absence of behavioral or attendance problems.
- 0 = No history of attendance and/or behavior problems.
- 1 = Occasional attendance or disciplinary problems that were handled at home/school.
- 3 = Chronic truancy or severe school behavior problems that required outside intervention such as referable to the police or placement in an alternative educational program.
- 4 = Youth is not attending school (dropped out/withdrawn) or has been expelled.

Is youth receiving, or diagnosed as needing, special education services? ___ Yes ___ No

_____ **4. Employment/Vocational Preparation**

- 0 = Youth does not attend school, but is employed full-time OR the youth is in school full time.
- 1 = Youth is not in school and is not working, or is working less than 20 hours per week. Is motivated to work and has vocational interests, but needs to receive additional training through vocational education, apprenticeship or other employment-related program.
- 3 = Youth is not in school, is not employed, has few employment-related skills and is not motivated to work or obtain training.

5. Substance Abuse

- 1 = No known current use or history of use.
- 1 = Occasional use, but no dependence; satisfies curiosity/peer pressure; no pattern of strained relationship with parents concerning use.
- 3 = Some disruption in functioning; use has negative impact on scholastic achievement, attendance, employment, family life, legal involvement, or other areas. Any previous or current referral for out-patient substance abuse treatment. May include youth in recovery who has had relapse incidents..
- 5 = Major disruption in functioning resulting from frequent/chronic use of alcohol or illegal substances. Indicators may include drug/alcohol-related chronic truancy or drop-out, multiple school suspensions or expulsion; multiple substance abuse-related arrests; chronic family conflict related to substance abuse; abusive/destructive behavior; or an admitted or clinically-diagnosed dependency. Any previous or current referral for intensive out-patient/day treatment or in-patient substance abuse treatment.

6. Aggressive/Assaultive Behavior

- 0 = Youth generally interacts with others in a positive way and resolves conflict without resorting to verbal threats, attempts to intimidate or assaultive behavior.
- 2 = Occasionally provokes fights with peers or is sometimes threatening/verbally abusive to peers and/or adults. May have low tolerance for frustration or criticism and respond with angry outbursts.
- 4 = Frequently involved in threatening and/or assaultive behavior with peers and adults. Pervasive mood of anger and irritability. Uses anger, violence or intimidation across situations and people. Any use of a weapon (knife, firearm) in threat or assault OR two or more arrests for a violent felony offense such as armed robbery, aggravated assault, etc. OR history of chronic or severe cruelty to animals.

7. Sexual Behavior

- 0 = Youth appears to be sexually well-adjusted and none of the following problems have been identified.
- 2 = May have sexual identity issues that result in conflict with self, family, or peers; OR may be engaging in sexual practices that are potentially dangerous to health.
- 3 = Youth's sexual behavior inappropriate and/or disruptive of the youth's functioning. Excessive use of sexual language or references to sexual body parts; inappropriate touching of self or others; indecent exposure; involved in prostitution, incestuous relationships, etc..
- 4 = Adjudicated for any sexual offense, and/or uses sexual expression/behavior to attain power and control over others, harming and/or instilling fear in the victim.

8. Emotional Stability (Mental Health issues other than those described in items 6, 7 and 8)

- 0 = Appropriate adolescent response; no apparent dysfunction; or youth with conduct or substance abuse problems who present behavioral difficulties (not result of emotional instability) .
- 3 = Periodic or sporadic responses which limit but do not prohibit adequate functioning. Has moderate levels of symptoms such as flashbacks to traumatic events, depression without suicidal gestures, disabling anxiety, and/or mood shifts. Any previous or current referral for out-patient mental health treatment.
- 5 = Responses which prohibit or severely limit adequate functioning. Current or prior symptoms may include hearing voices, delusions, confused thinking, dramatic mood swings; history of suicidal gestures or self-mutilation. May also have a previous or current diagnosis - by a licensed mental health provider - such as depression, anxiety, psychosis, suicidal/homicidal gestures. Any previous or current referral for in-patient mental health treatment. Or, youth may require psycho-tropic medication to aid in managing behavior.

9. Attitudes/Values

- 1 = Expresses and generally abides by pro-social values and conventions; accepts responsibility for anti-social behavior and law violations. Usually takes responsibility for feelings, attitudes and behaviors.
- 2 = Expresses mixed values: some pro-social and some anti-social. May believe social norms/expectations don't always apply to him/herself. Justifies, minimizes, denies or blames others for involvement in delinquent activities. Often does not take responsibility for attitudes and behaviors.
- 4 = Consistently expresses negative, anti-social values; accepts or proud of delinquent activities; attitude reflects criminal thinking.

10. History of Abuse/Neglect as a Victim

- 0 = No history or indication of physical, sexual, or emotional abuse or neglect.
- 2 = One or two incidents (alleged or substantiated) of physical abuse or neglect.
- 4 = Chronic pattern (alleged or substantiated) of physical abuse or neglect OR any history of sexual abuse.

- _____ **11. Parenting**
 0 = Youth is not a teen parent; or, is a parent with adequate parenting skills.
 1 = Youth is a parent (or about to become one) and lacks some child rearing skills; needs assistance/training to provide adequate care for the child.
 2 = Youth is a parent (or about to become one) and has minimal knowledge/skills for child rearing and nurturance, or has abdicated responsibility for the child, or has demonstrated abusive/neglectful parenting.

- _____ **12. Physical Health/Hygiene**
 0 = No apparent problem.
 1 = Youth has medical, dental, or health education needs.
 2 = Youth has physical handicap or chronic illness which limits functioning and/or requires regular medication or occasional hospitalization.

- _____ **13. Involvement in Structured Activities**
 -1 = In school and involved in one or more structured extracurricular activities such as athletics, clubs, employment.
 0 = In school and involved in unstructured activities/hobbies or, not in school but working full-time.
 1 = Interested but not involved in any structured or unstructured activities.
 2 = Not involved and not interested in any structured or unstructured activities.

- _____ **14. Total Family/Youth Score and Strengths/Needs Classification**
 _____ -8 to 15 Low Needs _____ 16 to 35 Medium Needs _____ 36 + High Needs

CASE PLANNING

List the three most serious problems to be addressed in the case plan:

Problem Area	Description
1. _____	_____
2. _____	_____
3. _____	_____

List the youth's major strengths that can be utilized in case planning:

Strength	Description
1. _____	_____
2. _____	_____
3. _____	_____

Specialized Assessments

Indicate areas where there may be a need for additional, specialized assessments to determine the full extent or nature of a problem. Items on which the family or youth has scored 2 or more points may require specialized assessments. Particular attention should be paid to: 1) family problems involving substance abuse, family conflict and parenting skills and 2) youth problems involving school, substance abuse, assaultive behavior, sexual issues, and emotional stability.

Problem Area	Person Involved	Issue Needing Further Assessment
_____	_____	_____
_____	_____	_____