The Louisiana Experience: Building Evidence Based Practices

STEPHEN W. PHILLIPPI
ASSISTANT PROFESSOR, INSTITUTE OF PUBLIC HEALTH AND JUSTICE

CRAIG COENSON
CEO, LOUISIANA MAGELLAN

JOHN RYALS, JR
EVALUATION/TREATMENT SUPERVISOR, JEFFERSON PARISH DEPT. OF JUVENILE SERVICES

KERRY LENTINI
DIRECTOR, LOUISIANA SUPREME COURT DRUG COURT OFFICE

JOSEPH COCOZZA
DIRECTOR, NATIONAL CENTER FOR MENTAL HEALTH & JUVENILE JUSTICE

Louisiana Models for Change
Presentation Overview

• Background
  – Where did it all begin?
  – Why Focus on EBPs?

• Panel
  – Partnerships advancing EBPs- Higher Ed & State/Regional Collaboration
  – Implementing EBPs- Local Government
  – Growing EBPs to Scale- State Entities

• Discussion
  – Summary & Questions
The Impetus for Best Practices

- US DOJ Lawsuit in 1999 based upon conditions of confinement
- LSUHSC and State Built Best Practice Models in Facilities
- Release from US DOJ Lawsuit in 2006
- Act 1225 (Juvenile Justice Reform Act)
- Creation of the Juvenile Justice Implementation Commission
- Louisiana Models for Change (2006-2012)
- Institute for Public Health and Justice (IPHJ) Created
- IPHJ Commissioned by JJIC to study status of JJ Reform
Key Steps in Implementing EBPs on a Statewide Scale (Greenwood, Welsh & Rocque, 2012)

- Turn crisis into opportunity
- Structured involvement of all key stakeholders
- Development of local expertise
- Pilot testing of new evidence-based programs
- Creation of Information Resource Center
- Designation of EBPs to be supported by state
- Special funding for designated evidence-based programs
- TA to counties re needs assessment, program selection and implementation
National Stages of Implementation
(Greenwood, Welsh & Rocque, 2012)

LOUISIANA RANKED 2nd
Focus for Louisiana Models for Change

*Increasing Access to Evidence-Based Services*

- **Goal:** Increase the availability of scientifically supported community level interventions and the use of sound screening and assessment practices that divert youth into outcome based interventions

- **Multi-Faceted Approach focusing on:**
  1. Outcome-Driven Reforms
  2. Stakeholder Awareness, Education and Partnerships
  3. Strategic Implementation (local and state)

- **Creation of Infrastructure for Statewide Reform**

- **Development of the “Louisiana Resource Bank”**
EBP Reform Models

Local Models
- Screening and Assm at Key Pts.
- EBP Contracting Model
- School Intervention Model
- Triage/Referral Center
- Juv Drug Court Triage, Assessment and Service Model
- Children and Youth Planning Boards – EBP Strategic Development
- Partnerships with Higher Education

State/Regional Models
- Post Adjudication Assessments
- Outcome based contracting
- Community Service Assessment Model for Planning Boards
- Juvenile Drug Court Guidelines
- Service Guidelines for Status Offenders (study commission)
- EBP Education Modules
- Regional Model for EBP development
- DA Diversion Guidelines
Juvenile Justice Consensus Building (September 2012)

- IPHJ hosted Regional Meetings for JJ Leadership
- Several areas of consensus emerged:
  - Improved services in the juvenile justice system
  - Further develop juvenile justice best practices for:
    - Status Offenders (Informal FINS)
    - Detention Reform and Alternatives to Detention
    - Graduated Sanction Model for Probation and Aftercare System
  - Creation of a data and training resource for JJ System
Areas of Consensus for Future Reform

- Improving **access to services**
- Greater availability of **specialized services** for distinct juvenile justice populations
- Creation of **services where gaps exist**, such as crisis or respite care
- Ensuring youth with **mental health needs** are appropriately **diverted to the mental health system**
- Work with DCFS to identify “**crossover youth**” to decrease penetration into juvenile justice system
Magellan Health Services

• “Ensuring high quality, affordable health care with integrity innovation and partnerships”

• As Louisiana changes, working to provide behavioral health services for youth in partnership with stakeholders and providers

• Partnering with the IPHJ to advance EBP adoption and utilization in Northeast Louisiana
TOOLS FOSTERING MOVEMENT TOWARDS EVIDENCE-BASED PRACTICES
Tools to Support our Community Development Model

- Stakeholder Education and Awareness
- Data-driven Reforms
- Strategic Implementation
Stakeholder Education & Awareness
EVIDENCE-BASED PROGRAMS FOR JUVENILE JUSTICE REFORM IN LOUISIANA

To most effectively serve Louisiana’s youth and their families, it is important that the state give priority to services that offer young people the best chance of becoming successful adults while, at the same time, maintaining public safety. When funding services or support in the juvenile justice system, Louisiana agencies should give the highest priority to services that are community-based, that are in the least restrictive setting, and that are shown to be effective. Studies on evidence-based programs continue to consistently illustrate that they are more effective than traditional intervention methods.

WHAT IS AN EVIDENCE-BASED PROGRAM?

As “evidence-based program,” or EBP, is an approach to prevention or treatment that has been scientifically proven to work. A program that “works” with regard to juvenile justice, and frequently co-occurring mental health issues, reduces crime, delinquency, family conflict, substance use, academic failure, behavioral problems, and associations with delinquent youth. In addition, evidence-based interventions can yield significant cost savings in both financial and human capital. For example, an evidence-based program that can successfully treat delinquent youth in a Louisiana community may cost between $1,300 and $5,000 per family per year, while incarcerating just one youth will cost more than $20,000 per year. Evidence-based programs are also standardized and can be replicated. In short, to be considered “evidence-based,” a program must be effective and have the ability to be implemented as designed.

WHY EVIDENCE-BASED PROGRAMS?

Better outcomes are associated with evidence-based programs and include improved public safety due to reduced rates of re-arrest; improved family functioning and school performance; reduced rates of out-of-home placements of youth; fewer days in more costly and restrictive facilities; higher retention rates of participants with fewer program dropouts; decreased drug use and symptoms of mental illness; and cost-effectiveness when compared to other interventions. Evidence-based programs also increase both provider and system accountability by directly linking services to treatment outcomes. Furthermore, recent research has shown that many practices do not work and some are even harmful. With that information in hand it is only ethical to avoid referring youth to programs with harmful effects and wastefully spending taxpayer dollars.

Evidence-based programs have been shown to successfully treat delinquent youth in the community at a cost between $1,300 and $5,000 per family per year. Incarcerating just one youth will cost over $20,000 per year, and will likely result in worse outcomes for the youth, family, and community.

Only 11% of Louisiana juvenile justice providers surveyed are utilizing an evidence-based practice.

LEAVING YOUTH WITH A 9% CHANCE OF RECEIVING A NON-PROVEN SERVICE

“Evidence-based practices are moving the fields of juvenile justice and behavioral healthcare from the conclusion of the last century that little to nothing worked to being able to reliably and visibly demonstrate positive outcomes for youth and families. Evidence-based practices improve the quality of care provided to youth and their families and promote child, parent, and family growth and development.”

Joseph Cocozza, PhD, National Center for Miami Health and Juvenile Justice

TO VIEW THE FULL REPORT ON EVIDENCE-BASED PRACTICES FOR JUVENILE JUSTICE REFORM IN LOUISIANA, GO TO THE LSU MODELS FOR CHANGE WEBSITE: http://publichealth.lsu.edu/lajm/ AND CLICK ON “NEW LOUISIANA EBP WHITEPAPER” IN THE LEFT HAND COLUMN.

For more information on the overall Models for Change in Juvenile Justice Reform initiative please visit www.modelsforchange.net.
Detention Center Expands to 119 beds with projected annual budget of $6.57 million

- PRICE PER BED...$55,210
- ALTERNATIVES...Each bed expense would afford
  - 55 kids to receive Big Brother Big Sister services each year OR
  - 16 kids and their families to receive FFT OR
  - 12 kids and their families MST OR
  - 2 youth and their parent(s) MDTFC (the most intensive residential EBP for delinquency/violence intervention)
Research Driven Reform - Who's doing what with whom, how, & where
Research Driven Reforms- Provider Capacity

Survey

The goal of this survey is to provide your local Planning Board with an inventory of the screening and assessment procedures and existing services and programs available - a critical first step to developing a plan for the adoption and expansion of evidence-based practices in your parish.
Quality Difference to Improve Outcomes

N=98
(Phillippi, Cocozza, Shufelt 2008)
Crosswalk: Who are the kids?

Violence Risk Rating for Youth Referred to OJJ
Based on the SAVRY: 2011 (N = 1,128)
Crosswalk: What are the needs?

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

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

![Chart comparing mental health needs in Louisiana and TX & WA.](chart.png)

Youth reaching detention and placement have high mental health needs.
Strategic Implementation

Louisiana EBP Selection Assessment Guide

Kids

LOW

MID

HIGH

Service Matrices
Finding the Right Program

- Louisiana EBP Selection Assessment Guide
  - Framework for determining community’s and/or organization’s readiness to select and adopt EBPs
  - Structured questionnaire to map key readiness questions
  - Assists local decision makers in anchoring discussions, priorities, and key concerns
## Readiness Guide Areas

- Target Population
- Funding
- Level of collaboration
- Level of evidence
- Recognized Practice
- Structure of the Practice
- Family Involvement/Engagement
- Youth Outcomes
- Diversity
- Workforce Requirements
- Feasibility of Implementation
- Organizational Experience with EBPs
- Organizational Readiness
## Linking Kids to Right Service

### Service Matrices

<table>
<thead>
<tr>
<th>Risk / Need</th>
<th>Family</th>
<th>Educ</th>
<th>Sub Abuse</th>
<th>Mental Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>LOW</td>
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<tr>
<td>MED</td>
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<tr>
<td>HIGH</td>
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<td>LOCAL PROGRAMS TO FIT NEEDS</td>
</tr>
</tbody>
</table>

![Image of kids and educational resources]
Trends in Services

Youth Reported Served by EBP
Youth Served by Other

(2007: n=11536)
(2009: n=6558)
(2011: n=8364)

(Louisiana Juvenile Justice Provider Survey, Phillippi 2012)
Trends in Services

Louisiana FFT and MST Teams 2006

MST: 6 Teams serving 199 families annually

FFT: 0 Teams

Total Youth & Families Served Annually: 199
Louisiana FFT and MST Teams 2011

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

FFT: 8 Teams serving 379 families annually) (1 starting in 2012)

Total Youth & Families Served Annually: 2235

Trends in Services
Changing emphasis of contracted OJJ contracted programs.

Trends in Contracting

- Residential, Shelter, Foster Care Contracts
- Community-Based Intervention Contracts
Juvenile Arrest Rates in Louisiana and the U.S.
LOCAL GOVERNMENT IMPLEMENTING EBPS

Creating the local model....
Jefferson (2007) - In the beginning

- Programs reporting receiving Jefferson JJ referrals for prevention, early intervention (e.g. TASC & FINS), and intermediate intervention (e.g. court & probation)
Finding Common Ground

- Practices in place were at the least not Evidence Based, and in some cases may be actually harmful.
- We were duplicating these practices
- We had gaps in service delivery.
- We were at times not Family Friendly.
- We had not developed the most effective and efficient services for the community.

We were not spending our dollars wisely.

Jefferson Parish Children and Youth Planning Board

1546-B Gretna Blvd
Harvey, LA 70058
Phone (504) 364-3750, ext. 226
Fax (504) 364-3577 MVillio@jeffparish.net

The Jefferson Parish Children & Youth Planning Board (JPCYPB) recognizes that Louisiana has the opportunity to develop a juvenile justice system that holds young offenders accountable for their actions, provides programs and services to enhance their competency, protects them from harm, increases their life chances and manages the risks they pose to themselves and public safety.
Early Barriers

- Knowledge of programs
- Motivation to change or adopt something new
- Behavior routines - Can the existing structure be changed?
- Insufficient professional development
- Cost or availability of training for a program
- Some of our programs had not been evaluated, but may be effective (Lack of evidence does not mean lack of effectiveness)

“I am not giving up what I believe works to try something new that might not work.”

or

“Not possible to get individuals/families to participate in a program like this. It takes too much time, too many sessions.”
Strategies for Success

- Leadership & Management
- Collaboration/Stakeholder support
- Realignment of Resources
- Align interventions with community needs
- Training
- Developing sustainability plan including program evaluation
COMMUNITY IMPACT
Increased Access to Evidence-Based Practices and Services

- **Individual/Family** - Motivational Interviewing (MI) – Cognitive Behavioral Therapy (CBT)
- Functional Family Therapy
- Multisystemic Therapy
- Aggression Replacement Therapy
- Active Parenting for Teens, Triple P, & Common Sense Parenting
- Moral Recognition Therapy
- MI, CBT, Relapse Prevention based Substance Abuse Treatment
- Trauma-Focused Cognitive Behavioral Therapy
- **Sexual Perpetrator Therapy** - CBT, Relapse Prevention Model
- Boys Town In-Home Family Therapy Program
Percentage of Youth Referred for Evidence – Based Services

- 2007: 7%
- 2008: 35%
- 2009: 54%
- 2010: 95%
Percentage of Treatment Budget Spent on Evidence – Based Practices

- 2007: 9%
- 2008: 77%
- 2009: 78%
- 2010: 95%
Probation Recidivism

- **Recidivism** is defined as an arrest for a new delinquent charge after successfully completing probation.
- Out of the youth who successfully completed probation in January 2009, over half (53%) were re-arrested within a year.
- Out of the youth who successfully completed probation in March 2011, only 21% were re-arrested within a year.
- On average, the felony recidivism is 39% of all re-arrests.
Not just Jefferson

- Caddo
- Calcasieu
- Rapides
- Ouachita & Morehouse
- 16th JDC
State Entities moving EBPs to Scale

Louisiana Juvenile Drug Court Model
JDC-Recommended Areas of Change

Evidence-Based Practice Recommendations for Juvenile Drug Courts

Improved Outcomes for Juvenile Drug Court Treatment
Recommendation: Screening and Assessment

1. Standardized, scientifically sound, and appropriate for the population served
2. Clear decision rules and response policies
3. A thorough assessment process to validate substance abuse or dependence diagnoses
4. Designed to assess and address the presence of co-occurring mental health disorders
5. Policies to establish what information will be shared and how it will be communicated
Screening:
Case Management Measures

- SASSI (Substance Abuse Subtle Screening Inventory)
- CRAFFT (Care, Relax, Alone, Forget, Family/Friends, Trouble)
- MAYSI-2 (Massachusetts Youth Screening Inventory)
- CASI (Comprehensive Adolescent Severity Inventory)
- Drug Screen
- Program Orientation
Recommendations: Treatment

• Comprehensive and well-coordinated

• Evidence-based practices (MI, CYT, SFBT)

• Family engagement
Current Juvenile Drug Court Program Standards

Phase I (8 Wks) (Screening, Orientation, Group)
Phase II (16 to 24 Wks) (Grp Tx, Family Tx)
Phase III (12 to 24 Wks) (Grp Tx, Family Tx, Gradual Reduction in Services)
Graduation!!

Track is a minimum of 36 Wks for all clients
Two Tracks Tailored to Legal and Tx Needs

Track 1 -- Orientation
< 1 yr

Phase I - 3 wks
CASl, IDTS, Socrates, MET

Phase II/III - 12 wks
Teen Grp, FSN Grp, Ind./Fam, SFT

Aftercare - 9 wks
As needed support & monitoring

Graduation!!

24 vs. 36 weeks

Track 2 -- Orientation
≥ 1 yr

Phase I - 3 wks
CASl, IDTS, Socrates, MET

Phase II/III - 12 wks
Teen Grp, FSN Grp, (Ind./Fam - as needed)

Phase IV - 12 wks
SFT, Ind./Fam

Aftercare - 9 wks
As need support & monitoring

Graduation!!
JDC- Evidence Based Treatment

- Family Engagement & Parent Involvement
- Motivational Interviewing
- Solution Focused Brief Therapy
- Cannabis Youth Treatment
- Relapse Prevention
## JDC Outcome Monitoring System

<table>
<thead>
<tr>
<th>Demographic Information of Youth</th>
<th>Offense Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education Information</td>
<td>Juvenile Drug Court Information</td>
</tr>
<tr>
<td>Parent Information</td>
<td>Treatment Information</td>
</tr>
<tr>
<td>Mental Health History</td>
<td>Discharge Information</td>
</tr>
<tr>
<td>Screening/Assessment</td>
<td>In-Program Recidivism</td>
</tr>
<tr>
<td>Drug Usage</td>
<td>Post-Program Recidivism (collected every 6 months for 2 years)</td>
</tr>
</tbody>
</table>
Qualities of Current DCCM

• Provides drug court professionals with valuable tools to:
  – Manage treatment
  – Capture historical data
  – Monitor case information
  – Share information
  – Monitor progress
  – Evaluate youth AND program outcomes

• Standard reporting

• Access to custom-queried excel data file
SUMMING IT UP
Discussing EBPs

• Based on what you have heard today, what are the areas of most interest for you as a key stakeholder?
• What are the major barriers to implementation you have experienced?
• What kind of technical assistance might be needed?
THANK YOU FOR ATTENDING!

INSTITUTE FOR PUBLIC HEALTH AND JUSTICE
P: 225-578-7646
WWW.PUBLICHEALTH.LSUHSC.EDU/IPHJ