

Presentation to the Committee on Federal and State Affairs – An Overview of JJA

Juvenile Justice Authority
Terri Williams, Acting Commissioner



Agency Mission

The Juvenile Justice Authority assists youth in becoming successful and productive citizens by:

- Implementing the use of evidence based practices
- Operating safe and secure facilities
- Engaging families and stakeholders
- Evaluating processes and results

As we strive to meet our mission, Kansans will enjoy safer communities through prevention, intervention, rehabilitation and reintegration services provided to children and their families.

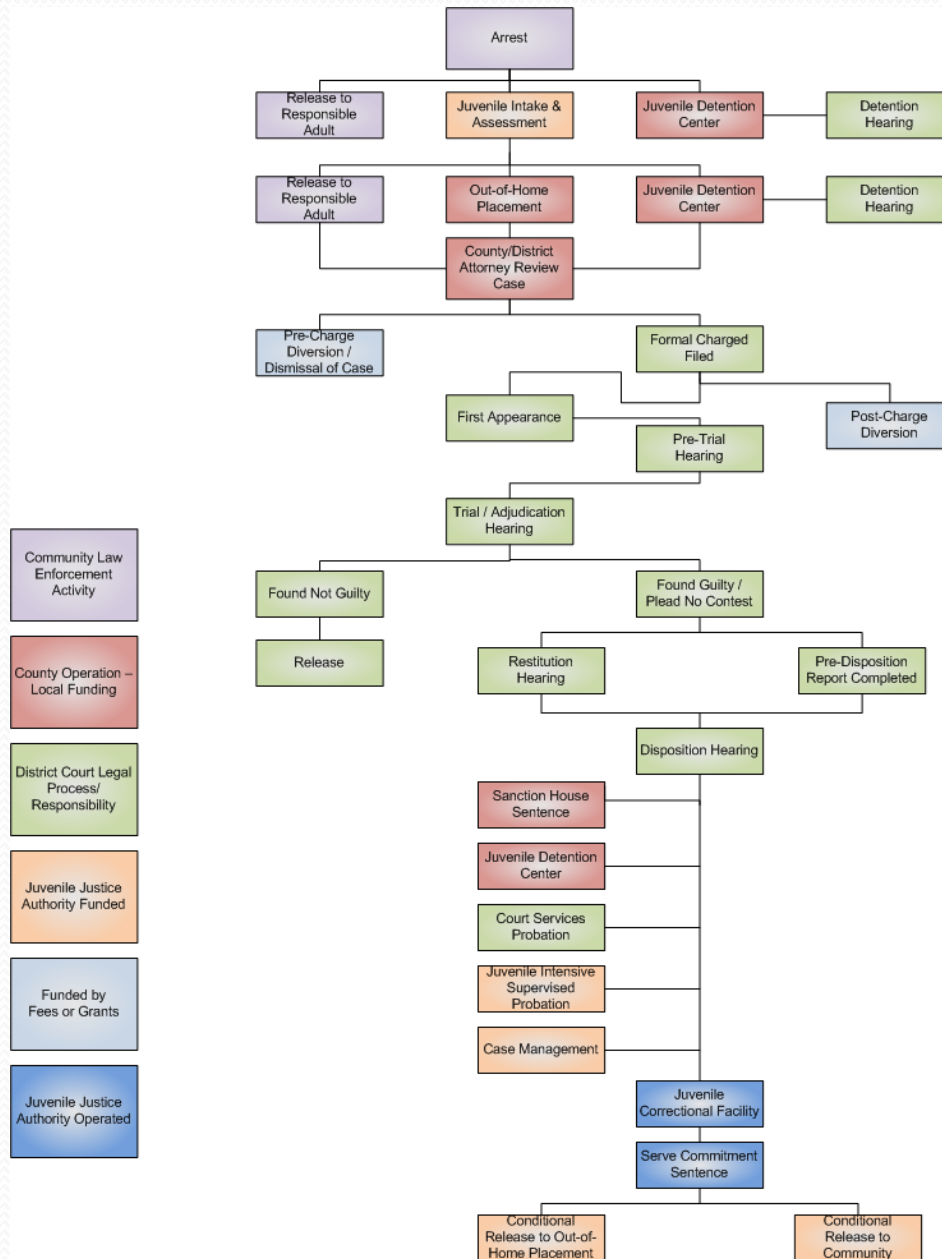
Background of JJA

The Juvenile Justice Reform process implemented in Kansas from 1997 to 2000 is the foundation for juvenile programming in Kansas.

Juvenile Justice Reform was focused on:

- Prevention, intervention, and community-based services,
- That a youth should be placed in a juvenile correctional facility for rehabilitation and reform only as a last resort, and
- Youth are more effectively rehabilitated and served in their own community.

The Juvenile Justice Process



Overview of JJA

There are roughly 1500 youth in the custody of JJA including:

Placement Type	Total
AWOL	96
Community Integration Program	7
Detention	144
Emergency Shelter Facility	6
Family Foster Home	1
Home/Relative	328
Hospital	7
Juvenile Correctional Facility	318
Juvenile Justice Foster Care	40
Kinship/Non-related Kin Care	3
Psychiatric Residential Treatment Faci	44
Relative Placement	10
Residential Drug/Alcohol Treatment	7
Residential Maternity Group Home	1
Sanction House	0
Specialized Family Foster Home	12
Therapeutic Family Foster Home	15
Transitional Living Program	73
Youth Residential Center II	386
Unknown	11
Grand Total	1509

Juvenile Justice Continuum

- Prevention & Intervention Programs
- Law Enforcement and Prosecution
- Detention
- Juvenile Intake and Assessment Services (JIAS)
- Court Services Officer (CSO) probation
- Intensive Supervision Probation (ISP)
- Community Case Management (CM)
- Community Residential Placements
- Juvenile Correctional Facilities (JCF)

Juvenile Correctional Facilities

JJA operates two correctional facilities in Kansas

- Larned Juvenile Correctional Facility (LJCF) in Larned
- Kansas Juvenile Correctional Complex (KJCC) in Topeka

JCF is a sentencing option of the Court, not a placement decision by JJA or the local Case Management program staff

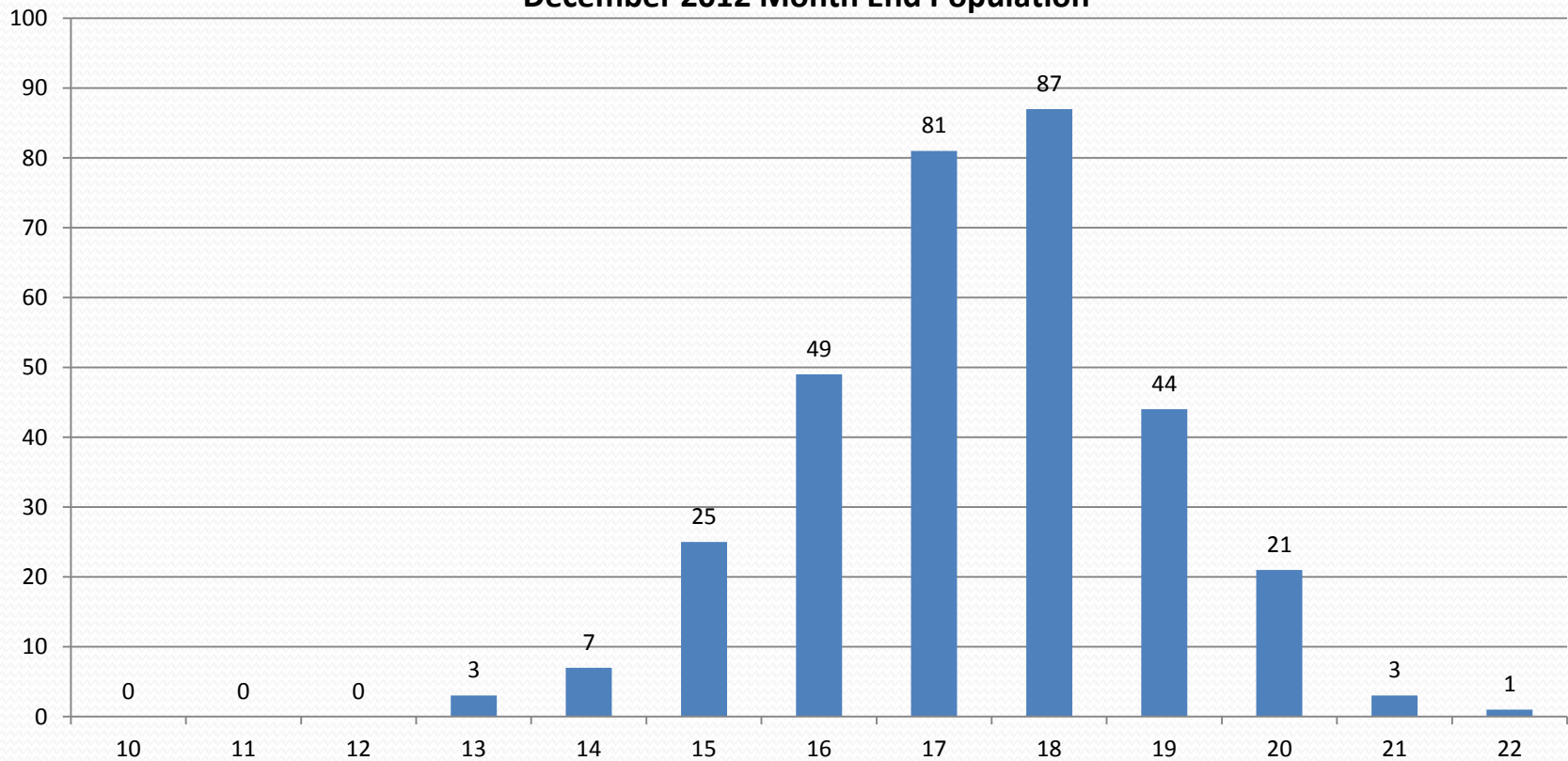
- Secure facility for purposes of rehabilitation and safe confinement

JCF Goals

- Provide public protection through changing the behavior/thinking of youth residents
 - Provide a safe humane environment
 - Provide effective education and programming opportunities (Research based)
 - Provide medical and psychiatric services that meet the community standard of care
 - Remain focused on the youth – youth outcomes are the measure of success

Age of JCF Population

Age of All JCF Youth
December 2012 Month End Population

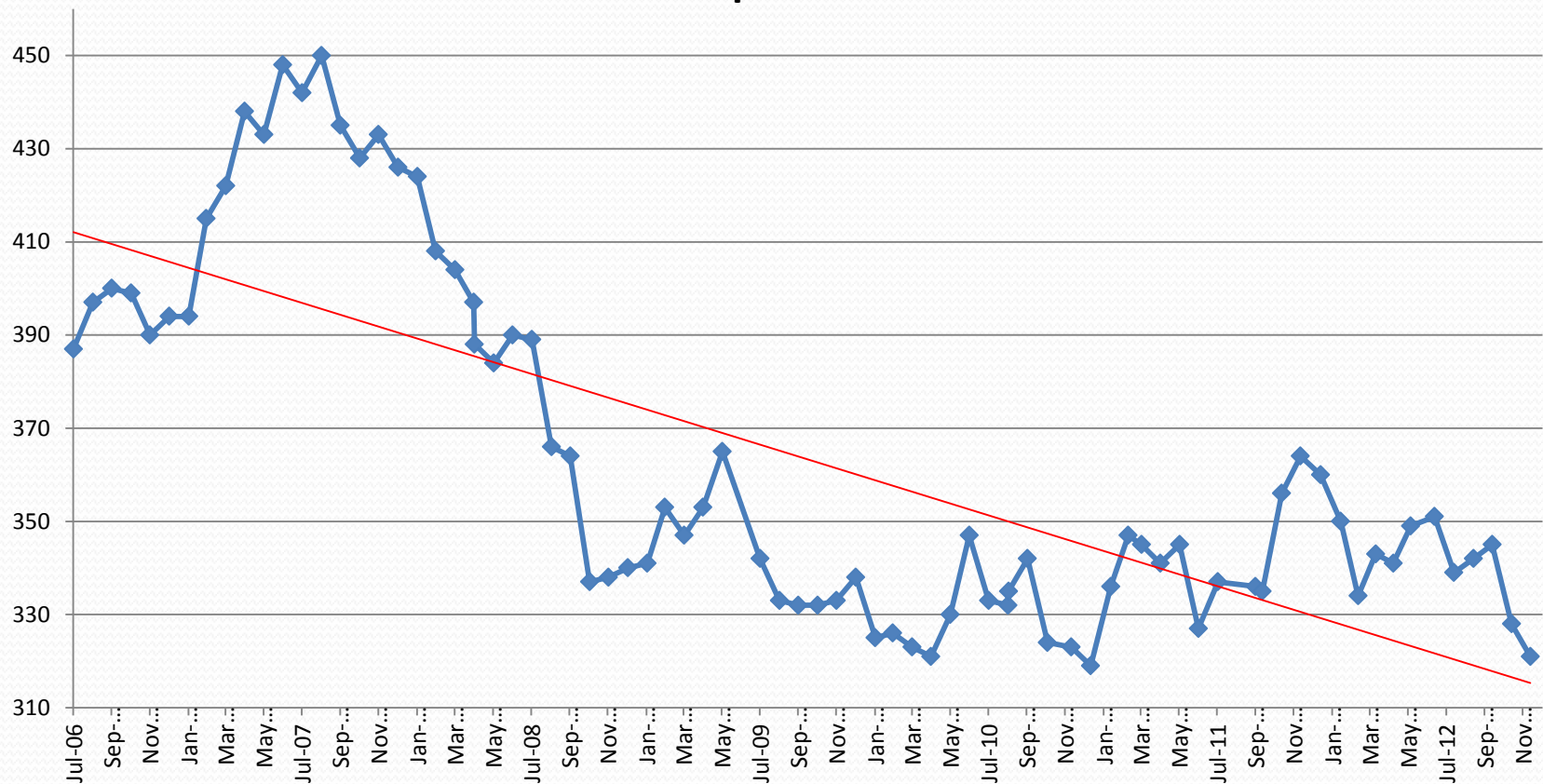


Programs at JCF

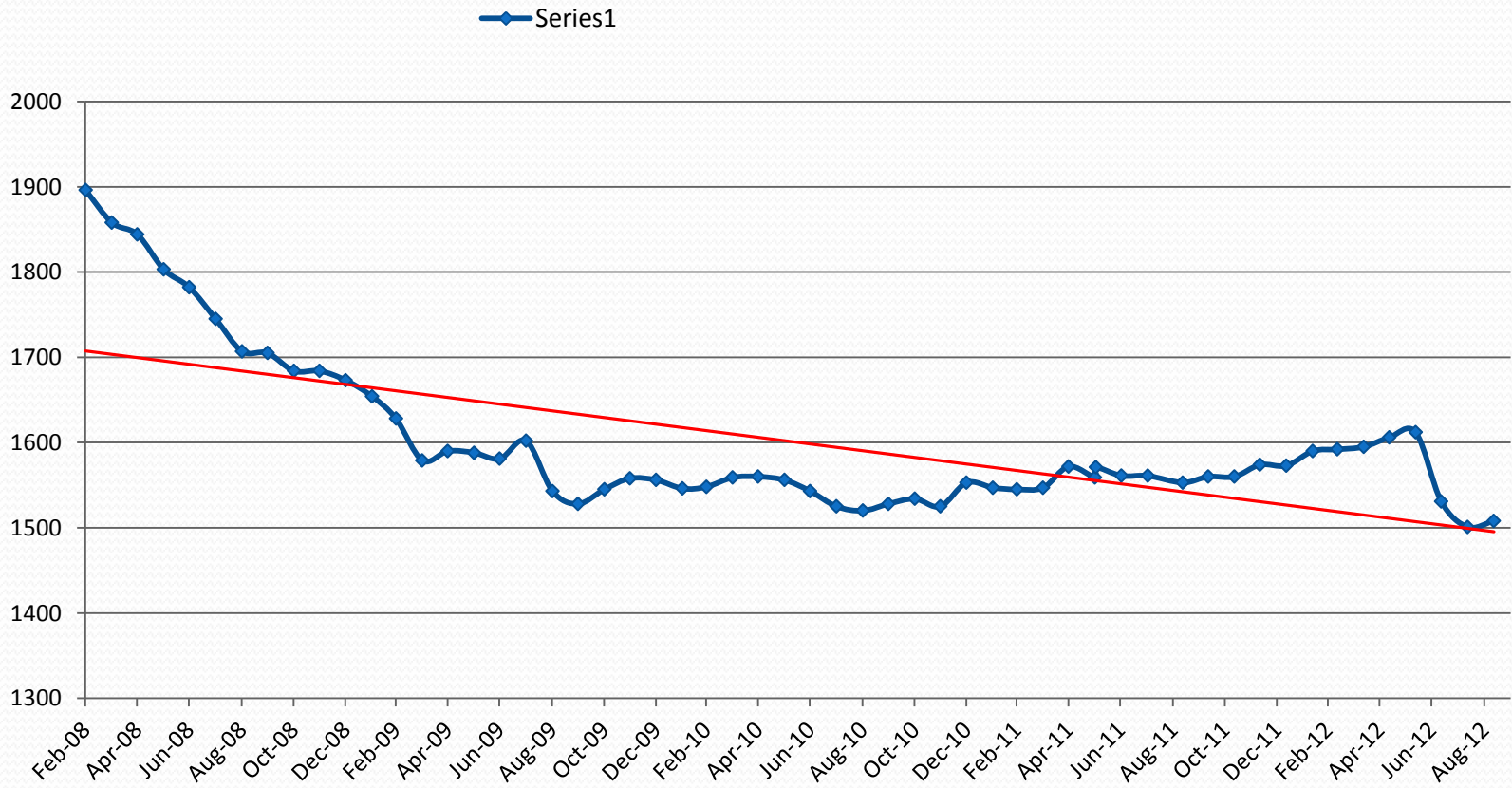
- ✓ Educational/Vocational
- ✓ Substance Abuse Education
- ✓ Sex Offender Treatment
- ✓ Anger Management
- ✓ Cognitive Behavioral Therapy
- ✓ Mental Health Services
- ✓ Life Skills
- ✓ Parenting

JCF Population FY07-13 YTD

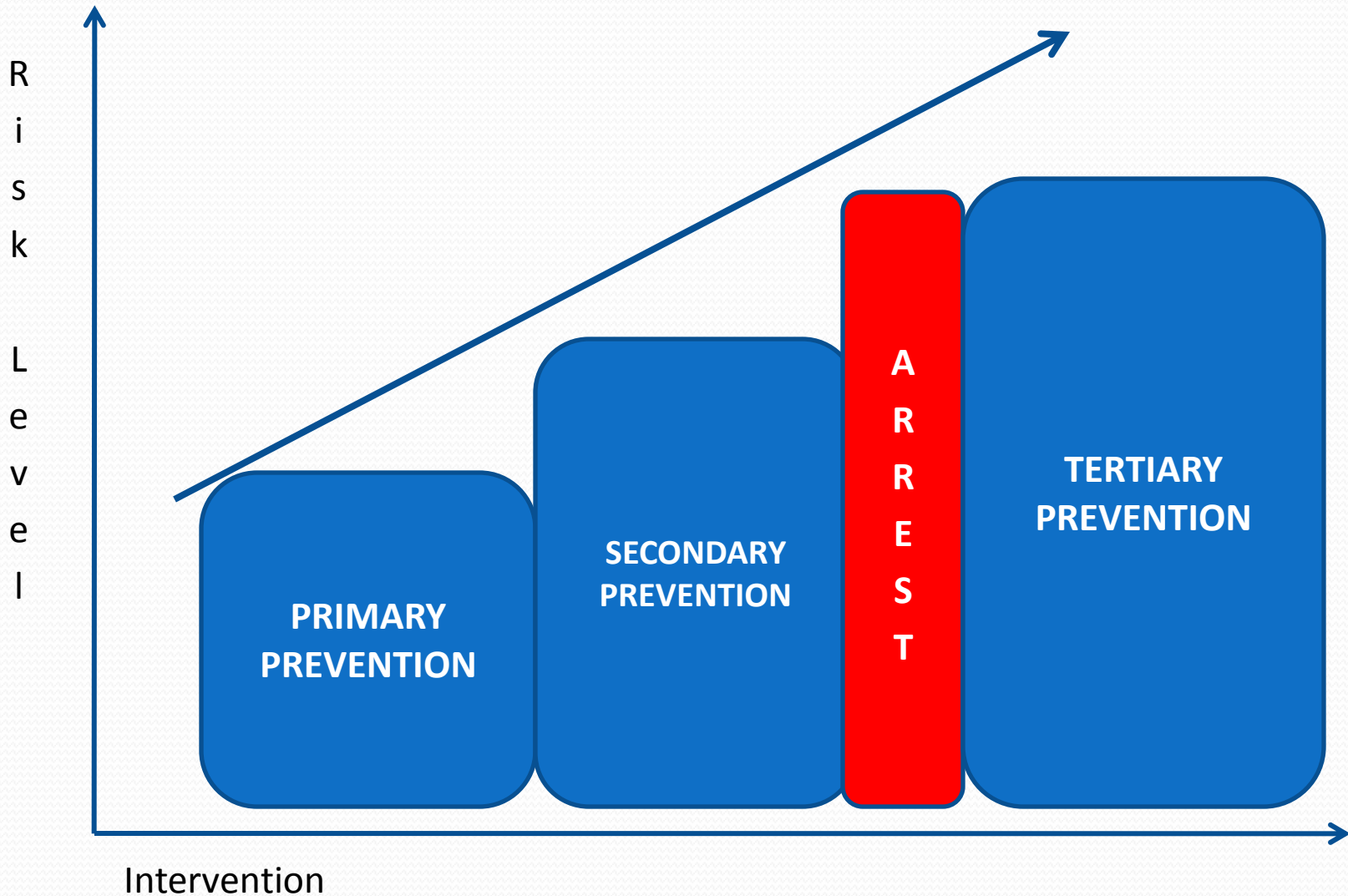
JCF Population Trend



Custody Population FY08-13 YTD



Prevention Categories by Risk



Detention

- Operated by local government in twelve (12) Kansas counties
- JJA has no jurisdiction over detention centers, however the Kansas Department of Health and Environment (KDHE) licenses them
- Their purpose is the detaining of youth who are a public safety risk at the point of arrest and/or during Court processing (youth can be held pre or post adjudication)

Juvenile Intake and Assessment Services

- Operated by local government agencies on a twenty-four hour a day, seven-day week basis to assist law enforcement by allowing them to return to patrol while intake staff assess the youth's needs
- Determine what community based services may be appropriate for the youth and family as well as to determine if the youth can be returned home or if placement is appropriate pending a subsequent court hearing

Intensive Supervision Probation

- Operated by local governmental agencies
- Supervision of youth who failed on Court Services or at sentencing the Court determined intensive supervision to be more appropriate
- Supervision based upon the adult Community Corrections intensive supervision model of more frequent supervision and intensive intervention

Community Case Management

- Operated by local governmental agencies
- Supervision of youth placed in custody of Commissioner
 - Sentenced to out of home placement
 - Sentenced to a state juvenile correctional facility (JCF)
 - Serving period of conditional release (CR) after JCF
- Manage placements of youth
- Work with youth and family on reintegration
- Case management approach to connect youth to needed programs and treatment in placement and the community (i.e. mental health, substance abuse, education, etc.)

Community Residential Placements

- Mostly private companies who contract with JJA to provide placements
 - Reno and Sedgwick County own and operate placements in Kansas
- Accept referrals from Community Case Management programs who determine placement need and match to type
- Most commonly utilized placement types include:
 - Foster homes
 - Youth Residential Centers II's (YRCII)
 - Transitional Living Programs (TLP)
 - Community Integration Programs (CIP)
 - Psychiatric Residential Treatment Facility (PRTF)
 - PRTF requires screening and approval by the Mental Health system

Community Placement Costs

- JJA invests significant amounts of resources in community placements - In FY 2013, JJA is projected to spend over \$31 million in various residential placements.
- Roughly \$20 million was spent in FY12 on Youth Residential Centers and Detention alone.
- Kansas is a high consumer of group home services nationally (13th highest use per 100,000).
- We don't have systemic data on the effectiveness of the programs (individually or by model type).
- Our current contracting process requires most provider models to maintain licensure with KDHE and each provider determines program content, so among like models, there is great variation.
- Evidence-based services are not required.
- Lack of rate increase over several years is voiced as a challenge by providers in augmenting services.

Alternatives to Current Practices

Possible Options to Improve System

- ✓ Develop data collection requirements and baseline performance score for providers.
- ✓ Develop training opportunities to providers in Evidence-Based Programs (EBP).
- ✓ Consider restructuring rates based upon performance (which would build in preference for fidelity to EBP). Higher score – higher rate. Lower scores – lower rate.
- ✓ Add to menu of services to include more EBP - Reinvest savings from diverted residential placements.

Multisystemic Therapy (MST) - Overview

- Intensive family and community-based treatment that targets offenders at high risk for out of home placement
- Requires fidelity to model – licensure by MST Institute
- Currently licensed MST programs in use in 32 states, the District of Columbia and 12 other countries
- Kansas currently has no licensed MST programs
- Well researched model with solid outcomes
- Will be piloting a program - Spring 2013

Outcomes - MST

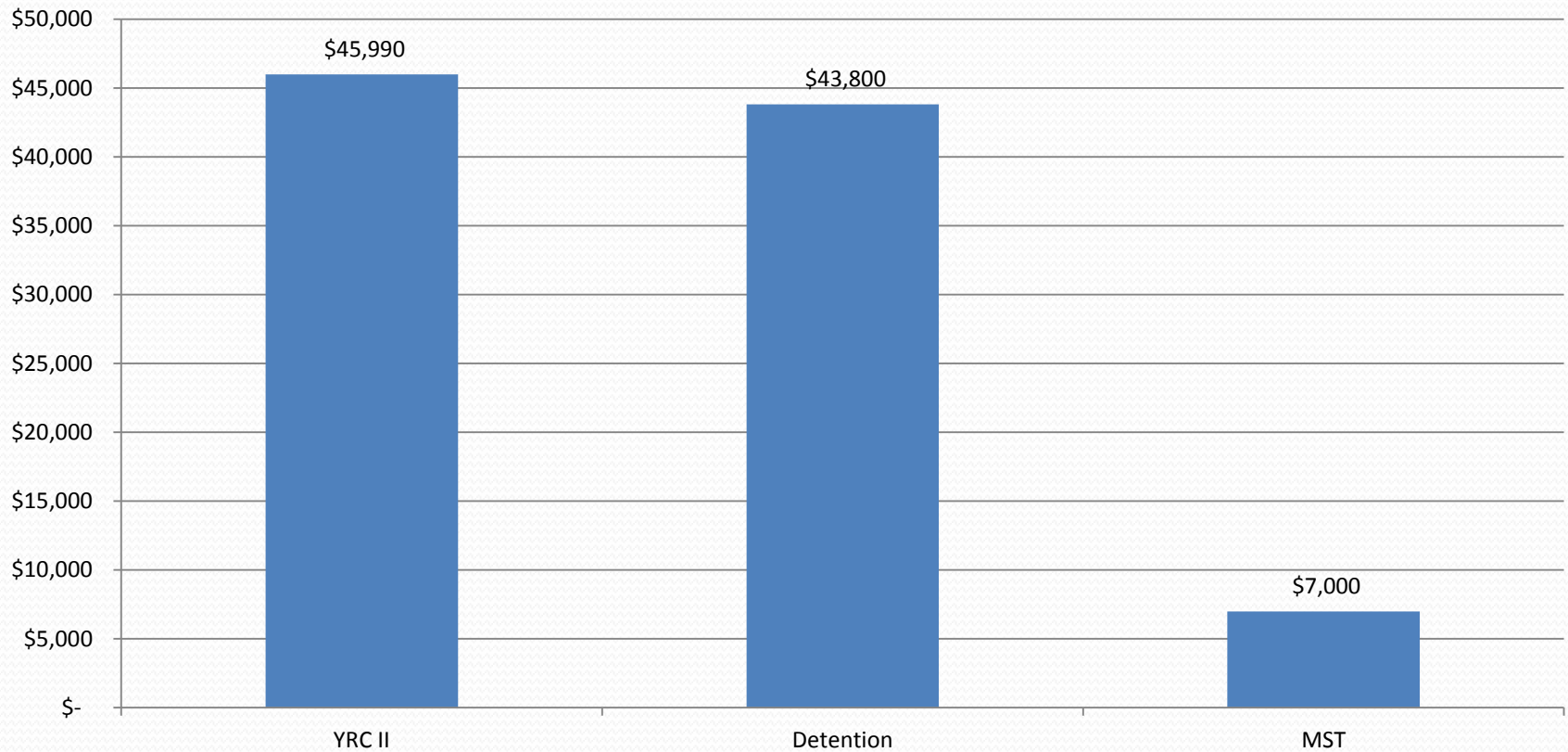
- Long-term re-arrest rates reduced by 25-70%
- Out-of-home placements reduced by 47-64%
- Decreased substance use and fewer mental-health problems for serious juvenile offenders

Long term outcomes - A **14-year** follow-up study by the Missouri Delinquency Project showed youths who received MST had:

- up to 54% fewer re-arrests
- up to 57% fewer days of incarceration
- up to 68% fewer drug-related arrests
- up to 43% fewer days on adult probation

Cost Comparison

Yearly Cost by Program Model



Cost Effectiveness

MST Return on Investment Model



\$1 → \$12.40 to \$28.33

Every \$1 spent on Multisystemic Therapy today can be expected to return \$12.40 to \$28.33 to taxpayers and crime victims in the years ahead.

Other Considerations

- Would need to ensure that we actually diverted youth from residential placement.
- Sustainability and replication of pilot site
- Other EBP options available – Functional Family Therapy (FFT) and Brief Strategic Family Therapy (BSFT)
- Develop a mechanism to reinvest a portion of the \$31+ million dollars to fund EBP Models
- Need to Strengthen Continuum of Services and Focus on “What Works”



Wrap-up and Questions