

SIXTEENTH JUDICIAL DISTRICT COURT
JUVENILE JUSTICE SYSTEM
PROVIDER SURVEY
(Self Report Survey 2007)

Report by

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Louisiana Models for Change Juvenile Justice System Provider Practice Inventory

INTRODUCTION

The *Models for Change* initiative is an effort to create successful and replicable models of juvenile justice system reform through targeted investments in key states. With funding and support from the John D. and Catherine T. MacArthur Foundation, *Models for Change* seeks to accelerate progress toward a more rational, fair, effective, and developmentally appropriate juvenile justice system. In June 2005, Louisiana was selected to be part of the *Models for Change* initiative.

Models for Change partners with selected states to advance reforms that effectively hold young people accountable for their actions, provide for their rehabilitation, protect them from harm, increase their life chances, and manage the risk they pose to themselves and to public safety. Models for Change has grown out of years of juvenile justice-focused grant-making, including considerable investment in research that has expanded knowledge regarding adolescent development and delinquent behavior, and laid the groundwork for significant changes in law, policy and practice. Now Models for Change seeks to advance juvenile justice reform in line with this new knowledge by developing models of successful system-wide reform that can be replicated elsewhere.

In each Models for Change site, the initiative focuses its reform work on a few key target issues. While important in themselves, these are also leverage points. Change in these key areas is expected to radiate change throughout the system. These key issues are called targeted areas of improvement. In Louisiana there are three specific targeted areas of improvement (TAI)...

- **Alternatives to Formal Processing and Incarceration:** *The goal is to improve access to effective programs and services that can serve as alternatives to formal processing in the juvenile justice system, especially for youths needing mental health and other specialized treatment and for minor or low-risk offenders.*
- **Evidence-based Community Services:** *The goal is to increase the availability of community services that reflect current knowledge about what works for youths who come in contact with the juvenile justice system*
- **Disproportionate Minority Contact (DMC):** *The goal is to improve data collection where needed, develop the capacity to analyze data regularly at the state and parish levels, and use data analyses and other research to identify and implement appropriate interventions.*

As a critical step for the Evidence-based Community Services TAI, a survey was developed to assess the current state of affairs within Louisiana parishes with respect to a) the extent and methods of identifying the needs of youth who come in contact with the juvenile justice system, and b) the extent to which evidence-based and promising practices are used to address those needs. The service provider survey will provide a foundation for strategic planning and assessment of change as the work in the Louisiana Models for Change sites progresses. In addition, it is anticipated that the survey will also help advance the work under the other two Targeted Areas of Improvement.

SURVEY METHODS

Juvenile justice system provider practices in the 16th Judicial District (St. Martin, Iberia, and St. Mary Parishes) were surveyed via a web-based instrument delivered to targeted participants identified by the District Attorney's Family Service Division. The instrument, the "Juvenile Justice System Screening, Assessment & Treatment Services Inventory", was developed by the Louisiana State University Health Sciences Center- School of Public Health and the National Center for Mental Health and Juvenile Justice under funding by the MacArthur Foundation and with item development input from two Louisiana Child and Youth Planning Boards, University of New Orleans, the Louisiana Board of Regents, and the MacArthur Foundation's Models for Change in Juvenile Justice National Resource Bank. The goal of the survey was to provide Planning Boards with an inventory of the screening and assessment procedures and existing services and programs available in order to then develop a plan for the adoption and expansion of evidence-based practices in the area's juvenile justice system.

Survey activities in the 16th Judicial District were launched in October 2007 and concluded in December 2007. The survey was administered to a group of providers identified by the District Attorney's Family Service Division. The sample was described as representing all known juvenile justice related providers in the 16th Judicial District. A small number of providers did not have the technological resources to complete the survey on the web, thus some surveys were completed via telephone and fax. These surveys were then entered into the web-based platform by LSUHSC School of Public Health staff and a graduate student. At the conclusion of the survey process 20 providers had participated and submitted information on 16 programs/services and 15 screening or assessment practices. Summaries of those participants' responses are included in this report.

The self-report survey instrument was divided into two sections. Section I was an inventory of screening and assessment. Section 2 was an inventory of programs and services. The survey was distributed to a range of stakeholders, identified in the area as serving in some capacity a function of the wide range of services offered as part of the continuum of Juvenile Justice Services in the 16th Judicial District. Professional services and agency functions vary widely in the Juvenile Justice System, so the survey was designed so not all respondents were required to answer every question in each section. Therefore, the following data is presented at the individual item summary level. Response rates and percentages are based upon the number of providers answering a question applicable to their particular area of service.

FINDINGS SUMMARY

Section 1: Screening and Assessment

Basic Information

- 13 providers representing 15 screening/assessment practices responded to the survey

Overall Screening and Assessment Information:

Survey participants were asked if they provided screening or assessment services for any referrals related to, or at any particular point of contact with, the juvenile justice system. Participants were then asked if any of those practices utilized standardized screening and/or assessment instruments. If yes, they were asked to identify the specific screening and/or assessment instrument(s) that they administer and/or utilize. Respondents were also asked to qualify if these instruments were standardized published/purchased instruments or locally developed/created instruments. Respondents were then asked if the instrument was supported by research. One-third of the fifteen reported screening/assessment practices were reported to be research-based standardized instruments. Results are summarized in **Table 1**.

Table 1. Reported Use of Standardized Screening and Assessment Instruments (n=15)

Source	%(n)
% of reported practices that use of <i>research-based</i> standardized screening and assessment instruments	33% (5)
% of reported practices that use of <i>other</i> standardized screening and assessment instruments	13% (2)
% of reported practices that do not use a standardized screening and assessment instrument	53% (8)

The type of information collected was reported for seven of the standardized screening and assessment instruments described above. The most common types of information obtained from the instruments were aggressive behavior/delinquency, educational issues, family issues, mental health problems, and substance use. Further detail is in presented in **Table 2**.

Table 2. Type of Information Reported as Collected through Standardized Screening and Assessment Instruments (n=7)

Information Type	%(n)
Aggressive behavior/delinquency	100% (7)
Educational issues	100% (7)
Family issues	100% (7)
Mental health problems	100% (7)
Substance use	100% (7)
Public safety risk	71% (5)
Vocational / work issues	71% (5)
Social / peer risk	57% (4)
Suicide risk	43% (3)
Other	29% (2)

A review was done of the five instruments that were reported to be standardized and research based. Three instruments were identified that qualified as having supportive research in the literature (see **Table 3**). A list of the research-supported instruments and the number of providers utilizing them is offered below (see **Table 4**).

Table 3. External Review of Reported Standardized, Research-based Instruments (n=5)

Category	%(n)
Reviewed and verified as known evidence-based screening/assessment *	20% (1)
Reviewed and qualified as having research support **	60% (3)
Other	20% (1)

* Evidence-based are those instruments that have a test manual, good evidence of reliability and validity, and there is at least one published study from an independent source.

** Having research support means some evidence for reliability or validity exists, but does not mean that the quality of the research has been evaluated for the juvenile justice population.

Table 4. Verified Research Supported Instruments

Verified Research Supported Instruments	# of Providers
CALOCUS (Child/Adolescent Level of Care Utilization Survey)**	1
CASII (Child & Adolescent Service Intensity Instrument)**	2
SASSI (Substance Abuse Subtle Screening Inventory)*	1

* Evidence-based are those instruments that have a test manual, good evidence of reliability and validity, and there is at least one published study from an independent source.

** Having research support means some evidence for reliability or validity exists, but does not mean that the quality of the research has been evaluated for the juvenile justice population.

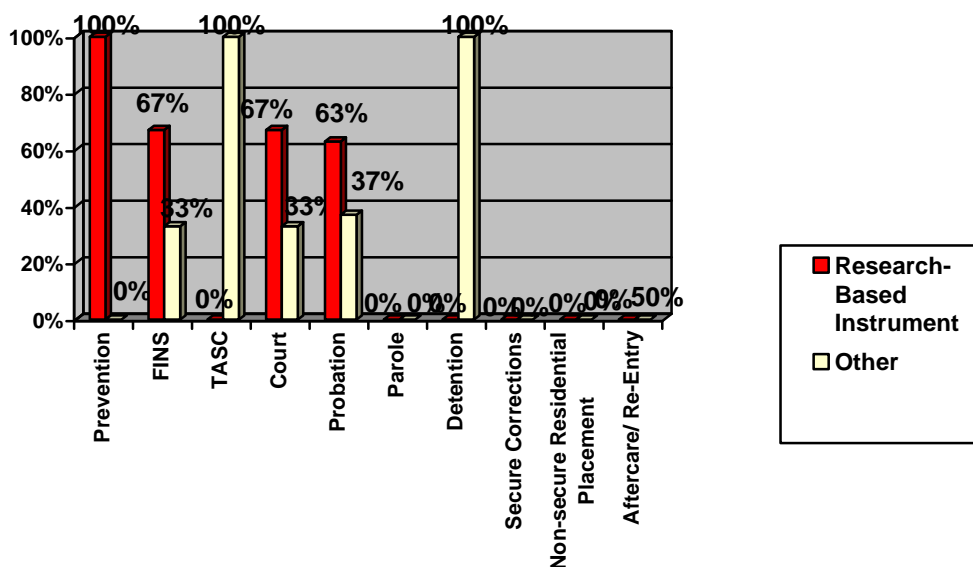
Respondents were asked to identify other ways they gather information on youth and families, other than standardized screening and/or assessment instruments. The majority, approximately two-thirds of the fifteen practices respondents described on this item, identified that they utilize structured parent/caretaker interviews and record reviews as methods of collecting information. All responses are summarized in **Table 5** below.

Table 5. Other Sources/Methods Used to Collect Information about Youth as Reported by Providers (n=15)

Source	%(n)
Structured Youth Interview	40% (6)
Unstructured Youth Interview	33% (5)
Structured Parent/Caretaker Interview	60% (9)
Unstructured Parent/Caretaker Interview	13% (2)
Review of Records	67% (10)
Other	7% (1)

Research-based standardized instruments, as reported by the survey respondents (i.e. not verified) and other standardized instruments were reported to be utilized at various points of contact in the juvenile justice system’s continuum of care. **Table 6** is a summary of those responses. One instrument was reported under prevention, three under FINS, one under TASC, three under court, two for probation, none for parole, one for detention, none for secure corrections, none for non-secure residential placement and aftercare/re-entry (note: some instruments were used by a provider in more than one point of contact).

Table 6. Reported Research-based Instruments and Other Instruments by Point of Contact (n=7)



Screening and Assessment Information by Type of Respondent

Information on the types of screening and assessment instruments that are used with youth involved with the juvenile justice system was collected from two types of Respondents - both “Providers” (community providers who receive referrals from the juvenile justice system) and the “Justice System” (juvenile justice agencies who also provide screening/assessment services). Information presented in the following tables is presented by type of respondent (“provider” or “justice system”).

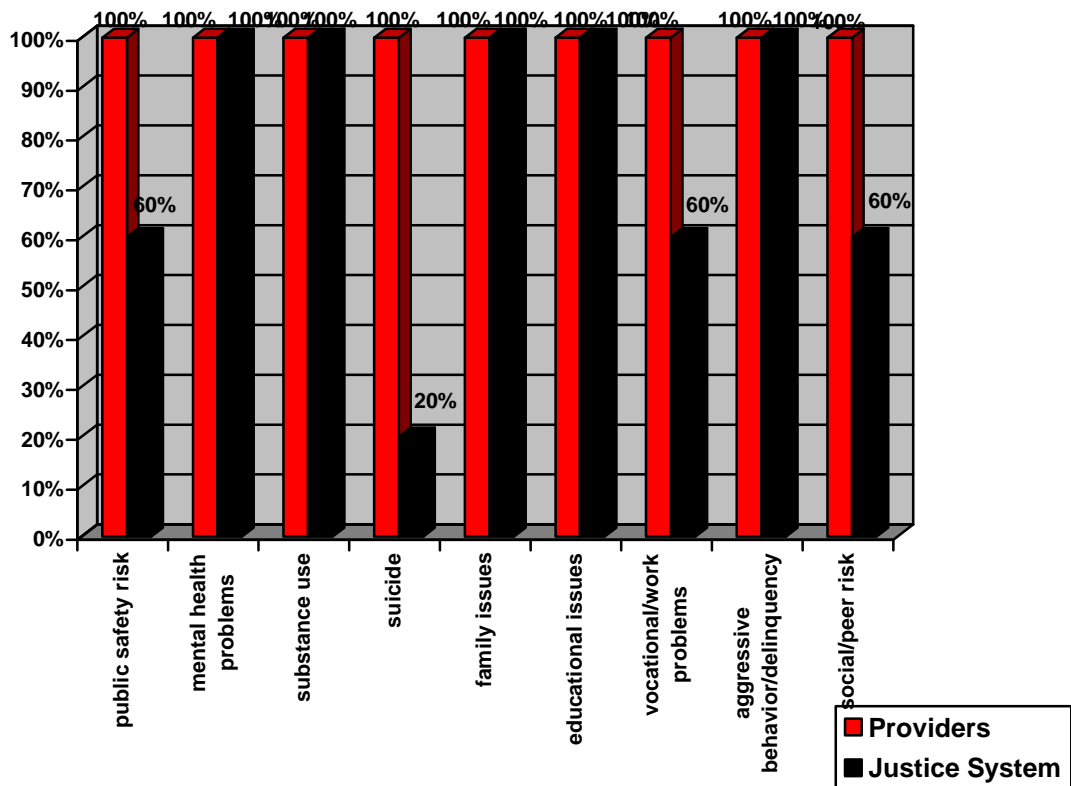
Providers and juvenile justice system agencies reported utilizing research-based standardized screening and assessments at about the same rates, noting that both rates of utilization are low. A comparison of the provider and justice system staff responses is listed in **Table 7**.

Table 7. Reported Use of Screening and Assessment Instruments by Respondent Type

	Provider Programs (n=5)	Justice System Agencies (n=10)
% that use a <i>research-based</i> standardized screening and assessment instrument	40% (2)	30% (3)
% that use <i>other</i> standardized screening and assessment instruments	0% (0)	20% (2)
% that do not use a standardized screening and assessment instrument	60% (3)	50% (5)

Survey participants were asked to describe the type of information collected through their use of standardized screening and assessment instruments. Providers reported high rates of collecting information on all juvenile justice risk areas noted in the survey. Justice system personnel reported the highest rates of seeking information on mental health, substance use, family issues, educational issues, and aggressive behavior/delinquency. See Table 8 for further details.

Table 8. Type of Information Collected Through Standardized Screening and Assessment Instruments Reported by Respondent Type (n=7)



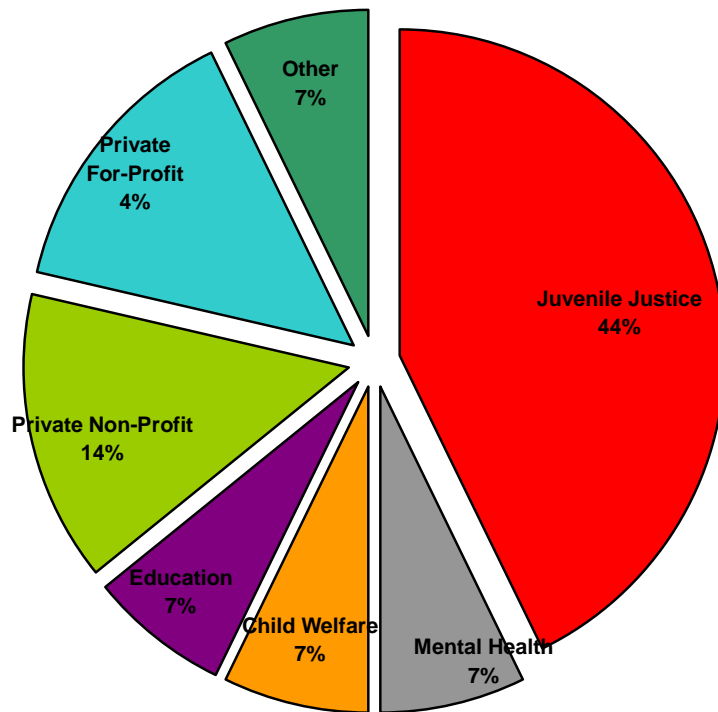
Section 2: Programs and Services

Basic Program Information

- 10 providers representing 16 programs responded to the survey

Programs were asked to identify the type of agency that implemented the program being described (see **Table 9**). Most programs (44%) were reported to be implemented by juvenile justice agencies.

Table 9. Type of Agencies Responding



Respondents were asked to identify the age, gender, ethnicity, and race of the youth they served. Most clients were described as male and reported to be in the 11 to 12 year old age range. Most were non-Hispanic, and racially described as Black/African American (See **Tables 10 a,b,c,d**). Respondents reported that the services these youth received were delivered in English; no programs reported offering services in any other language.

Table 10a. Age of Youth Served by Programs

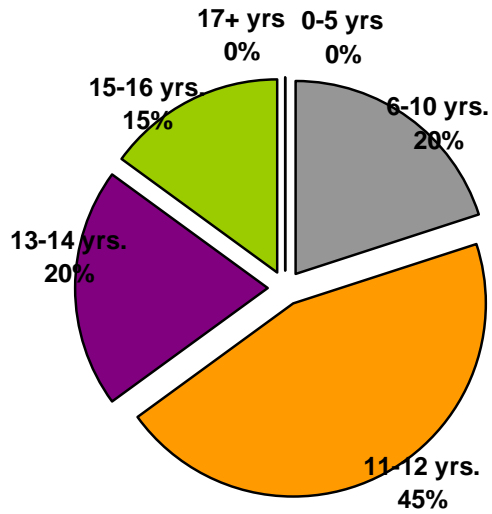


Table 10c. Ethnicity of Youth Served by Programs

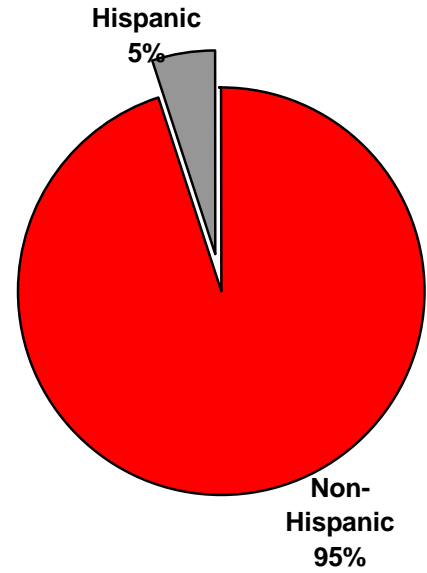


Table 10b. Gender of Youth Served by Programs

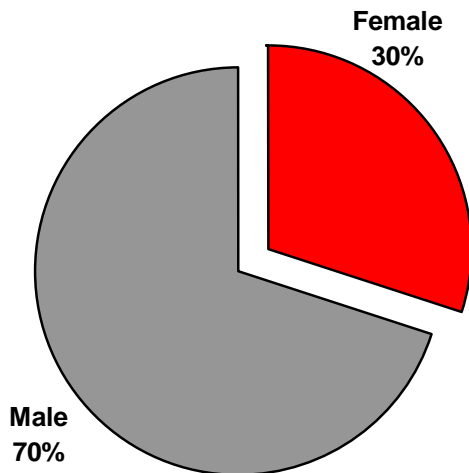
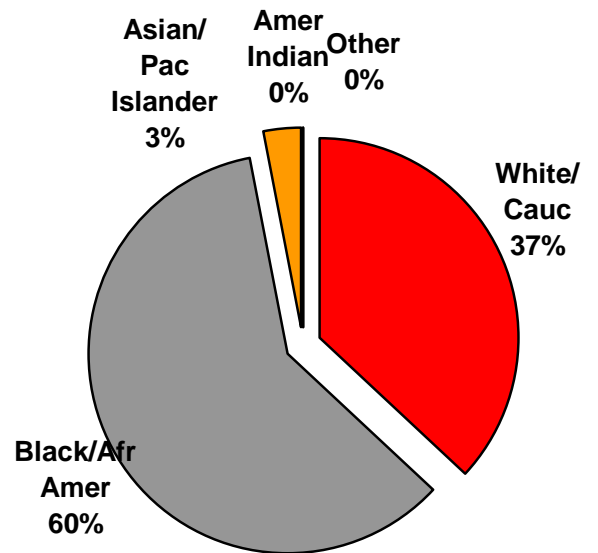
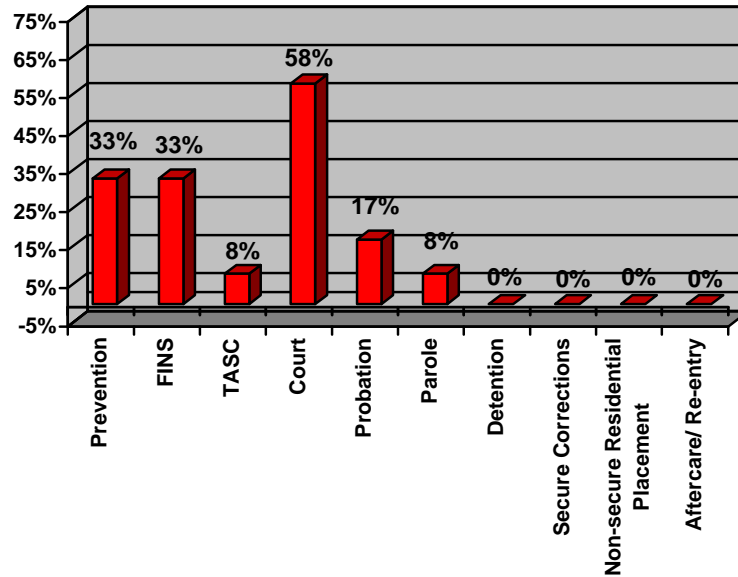


Table 10d. Race of youth Served by Programs



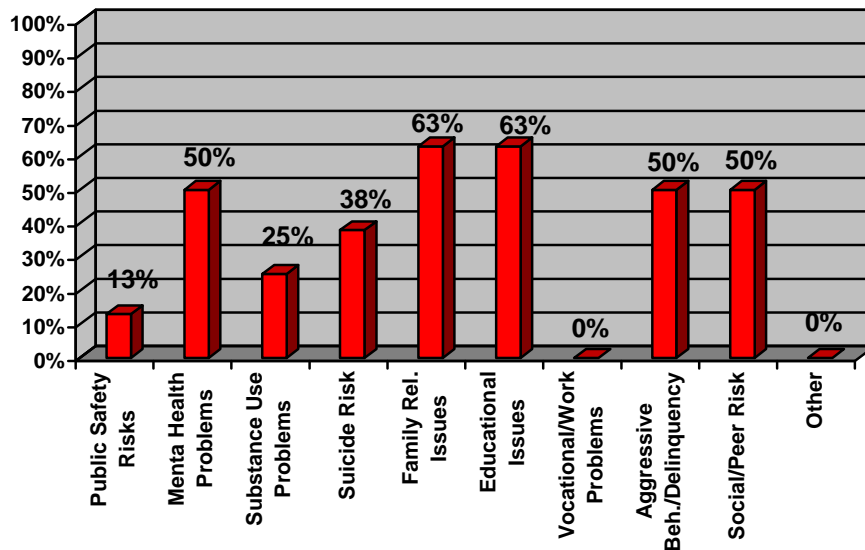
Service providers were asked to identify the source(s) of referral to their programs. Responding programs identified several sources of referral from the juvenile justice system (see **Table 11**). Over half of all referrals to the twelve programs that responded to this question identified the court as a significant source of referrals.

Table 11. Reported Program Referral Sources (n=12)



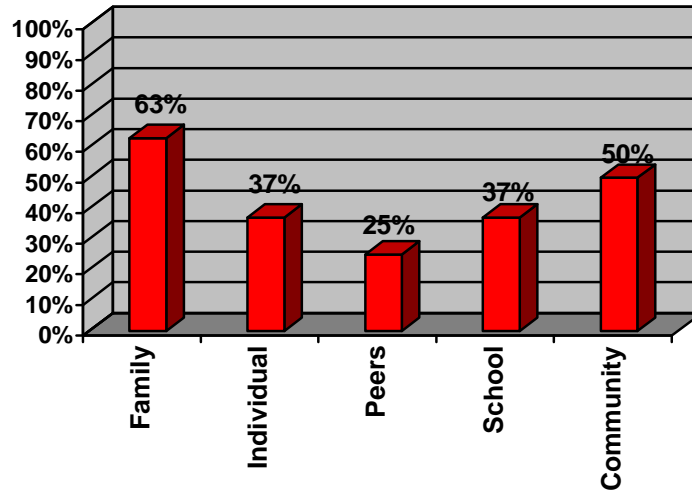
Providers were asked to identify the issues that their programs targeted. Just under two-thirds of the eight programs that responded to this item reported targeting family relationship and educational issues. (See **Table 12**).

Table 12. Reported Targeted Issue Areas (n=8)



When asked what domains their programs targeted for intervention, just under two-thirds of the eight programs responding to the item identified family level interventions (See **Table 13**).

Table 13. Reported Targeted Domains (n=8)



Services provided by Respondent Programs:

Respondents were also asked whether they provided evidence-based **or** promising practices, **and** whether the services were supported by research – either external or internal. **Table 14** summarizes the results of these questions. Evidence-based practices are those that have been tested using rigorous research designs; have demonstrated consistent positive effects in favor of the experimental treatment; and for which there is a high level of standardization (a manual or standardized training materials is available). Promising practices are those for which positive results have been demonstrated through research, but either less rigorous study designs were utilized or there is inconsistency in the results; or there is documented consensus among experts in the field that, given current knowledge, the program is likely to produce positive outcomes. **Table 14** represents a description of self-report information from survey respondents.

Table 14. Reported Type of Services Provided (EBP/External, EBP/Internal, Other) (n=15)

Source	%(n)
% of Programs that provide an Evidence-Based Practice supported by <i>external</i> research *	47% (7)
% of Programs that provide an Evidence-Based Practice supported by <i>internal</i> research only	0% (0)
% of Programs that provide Other Services	53% (8)

A review was done of the programs reported to be evidence-based or promising practices by the providers. The review cross-referenced the name/model of service they described with the matrix of nationally recognized programs maintained on the Blueprints for Violence Prevention (www.colorado.edu/cspv/blueprints/index.html), National Institute on Drug Abuse (www.nida.nih.gov), and National Registry of Evidence-Based Programs (<http://nrepp.samhsa.gov/find.asp>). Five of the seven practices were cross-referenced with nationally known models as either being an evidence-based practice or having some research support (See **Table 15**). This review did not assess any local programs fidelity to the model programs.

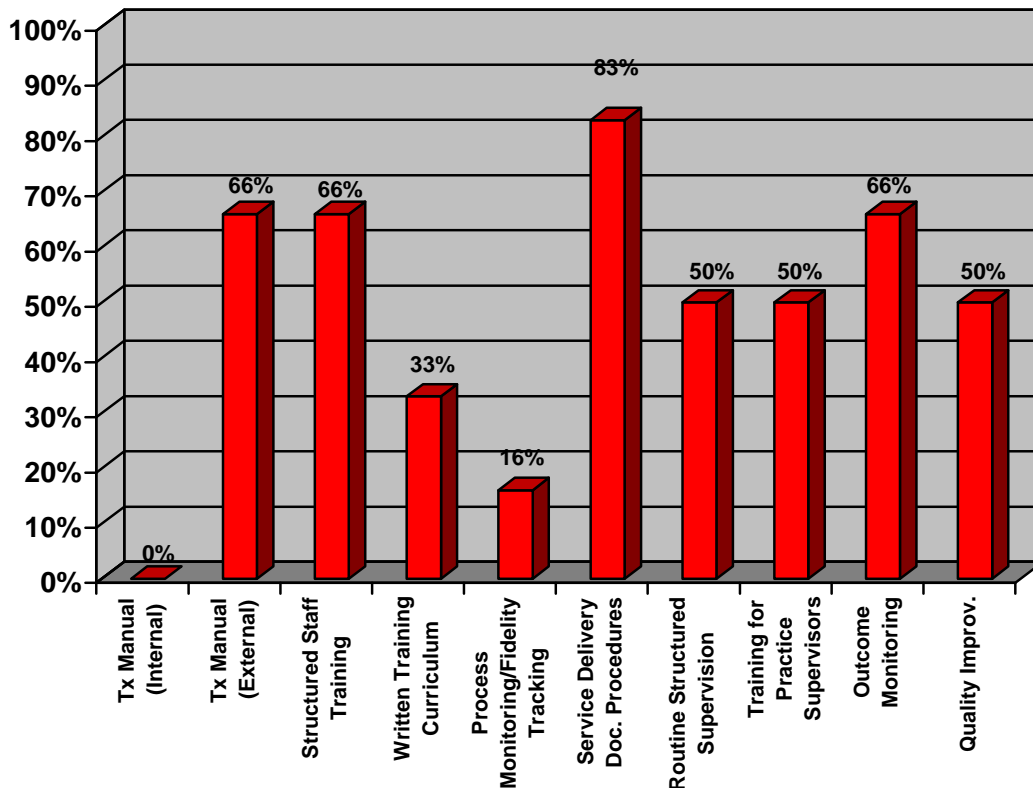
Table 15. Cross-referenced Research Supported Programs*

Evidence-Based or Promising Practices per National Listings *	# of Youth Served Last 12 months
Cognitive/Behavioral Treatment	Not Reported
Incredible Years	100
Parenting Wisely	64
SCARE	100
Strengthening Families	100

Note: *Local fidelity to national model not confirmed

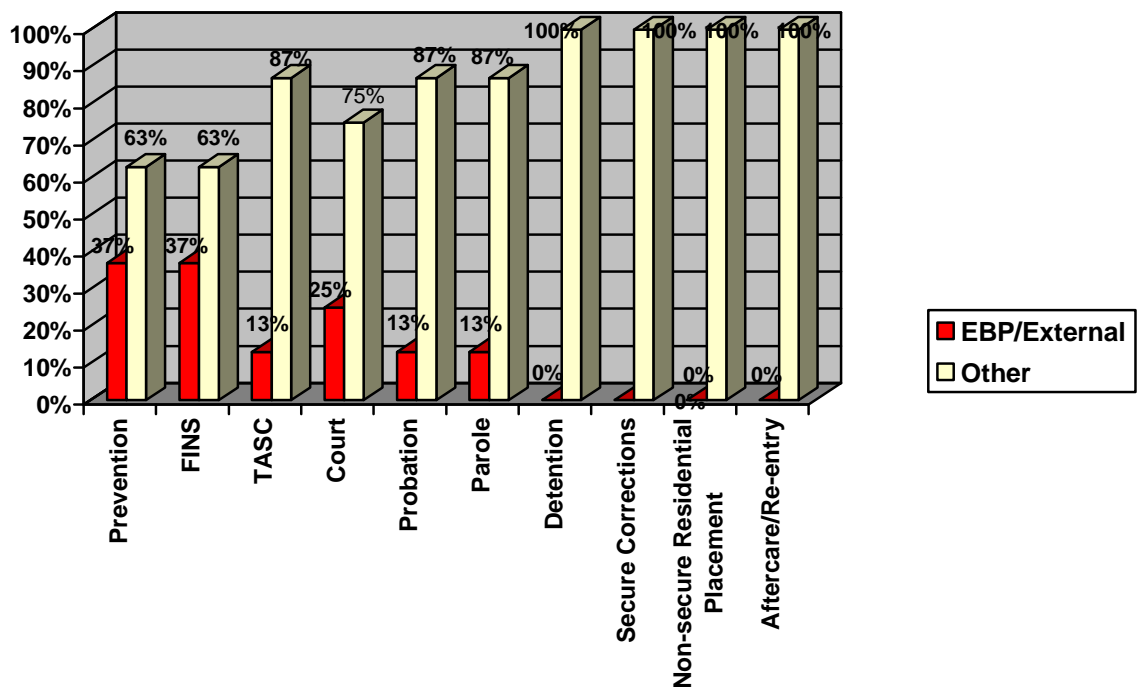
Respondents were also asked about whether their services included a list of various components typically associated with Evidence-Based Practices. A summary of these results is provided in **Table 16**.

Table 16. Reported Program Components (n=6)



Providers' responses regarding their provision of externally tested evidence-based practices and practices the provider identified as not evidence-based were combined with the source of the programs referrals. Results are summarized below in **Table 17**. In describing services available in the continuum of prevention, early intervention, and intermediate intervention levels of the 16th Judicial District juvenile justice system, providers reported a greater use of non-evidence-based practices.

Table 17. Type of Service (EBP/External or Other-Non EBP) Reported by Referral Source (n=8)

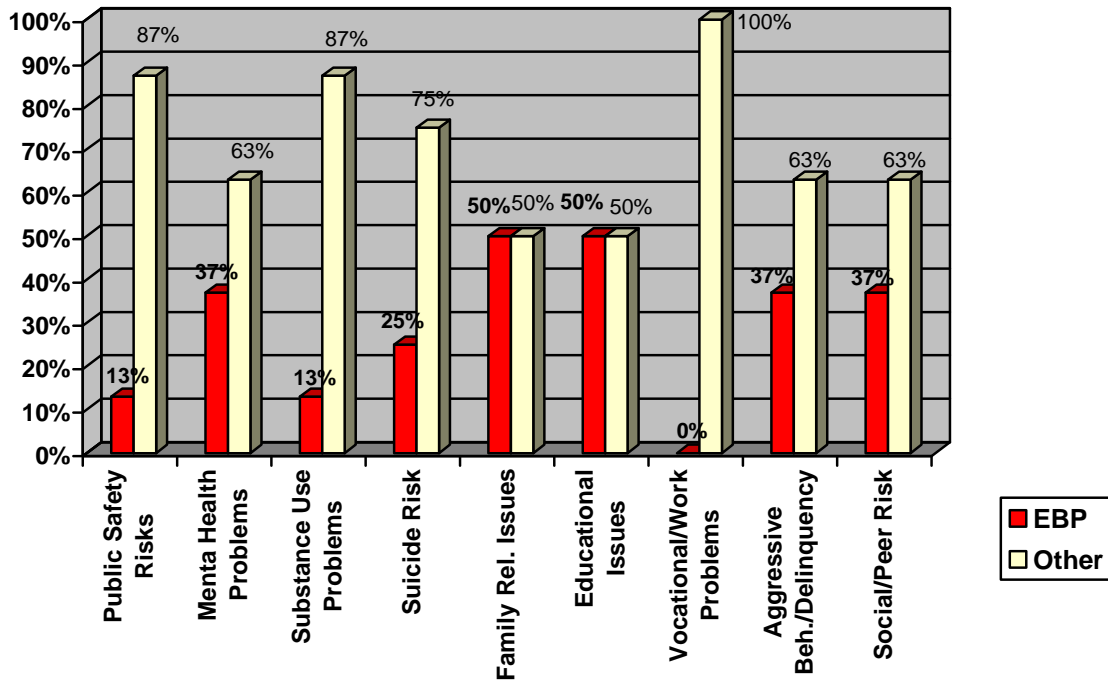


Five programs reported accepting referrals from prevention sources (e.g. community, schools, etc.), early intervention (e.g. TASC and FINS), and intermediate intervention (e.g. court and probation). Four of these providers reported serving a total of 170 youth with 39 staff allocated to the efforts. Of those programs, 3 reported (note: not confirmed) that their program was evidence-based practice supported by external research. Those programs reported as evidence-based practices, reported serving 164 youth. **The number of programs reporting this information was very low so no conclusions should be drawn from the information.**

Table 19 illustrates the availability of evidence-based practices to address various needs of youth in the juvenile justice system in the 16th Judicial District. In all areas except

family relationship issues and educational issues, there is a greater utilization of non-evidence based practices suggesting that youth and families are less likely to receive an evidence-based treatment to address critical concerns/needs they might present.

Table 19. Type of Service (EBP or Other-Non EBP) Reported by Targeted Issues (n=8)



Areas for Discussion

The results of the survey in the 16th Judicial District suggest several areas the three parish district may wish to focus on as strategic planning begins to improve the reliance on evidence-based practices. These areas are discussed further below, and are offered as a first general step to further detailed discussion of the data and as a prelude to next steps in strategic planning.

These comments are based solely on the data as it was reported by the survey respondents. As the 16th Judicial District moves forward in reviewing the data and discussing next steps, several limitations of the data should be kept in mind. First, because this was part of an initial pilot for an instrument being developed for broader application, the instrument had limited testing prior to administration in the 16th Judicial District. Second, almost every item in the survey had small respondent counts, which have a large effect on the percentages reported. Finally, this survey relies solely on self-report information; therefore, no independent verification of the implementation of specific practices is provided (e.g. that programs that reported using evidence-based practices are actually implementing them with fidelity, for the intended audience, and with appropriate training).

General comments:

1. Use of the *Juvenile Justice System Screening, Assessment & Treatment Services Inventory* is recommended as a repeated measure to re-evaluate the area's progress in moving towards greater utilization of evidence-based practices, which is a cornerstone of many of the juvenile justice reform efforts being sought throughout Louisiana.
2. These data suggest that further education regarding what constitutes an evidenced-based practice and the benefits of EBPS might be helpful to the community providers. Over half reported offering programs that were not evidence-based. A few of those respondents reported that they believed their practice was an evidence-based or promising practice, yet identified no testing of the model, external research, internal research, or critical components of most EBPs, such as a treatment manual, structured training, and/or process monitoring/fidelity tracking.
3. Currently, the 16th JDC has very few programs and may be easily tracked by those wanting to make referrals; however, as services and the number of providers grow, we recommend considering further application of the information gleaned from this survey. For example, provider names, programs, contact information and targeted areas of service, targeted age groups, etc. are already contained in the dataset. This information may be adapted so that it automatically populates a web-based directory of juvenile services for use by the local provider network.

Comments related to screening & assessment:

1. Overall one-third of the respondents report utilizing research-based standardized screening and assessment instruments, and this represents a total of five providers serving three Parishes. The use of research supported screening and assessment by the small number of providers is more evident in prevention, FINS, court, and probation. All other areas of the juvenile justice continuum of services had no reported research supported screening and assessment instruments in place. A thorough assessment of the needs of the providers, youth and families at these points of the continuum is encouraged, as is the utilization of research supported instruments.
2. Research supported screening and assessment practices were un-likely to be provided by providers in the community. Follow-up is recommended with local providers to introduce

them to instruments that might enhance their practice as they continue to work with youth in the juvenile justice system.

3. Since only 20% of the current tools being utilized by the juvenile justice system capture suicide risk, further discussion around screening and assessing for suicide risk with standardized instruments is critical. Public safety, vocational /work and social/peer risk are all critical to juvenile justice related services as well. Further examination of standardized tools to capture and report this information would benefit service planning and delivery with the justice system agencies.

Comments related to programs & services:

1. A substantial focus of both the Models for Change initiative and the Louisiana juvenile justice reform efforts are to increase the use of EBPs. We recommend using the 3 programs reported using an EBP in Table 14 as your baseline, and begin to set specific targeted goals to increase the number of EBPs available.
2. In the rural setting of the 16th JDC, it is unlikely that small providers will be able to take on the full implementation of model EBP programs; however, they may benefit from learning the common treatment practices that have been shown to be more effective with juvenile justice involved youth and families (e.g. motivational interviewing, cognitive-behavioral treatment, and ecological/systems approach to treatment).
3. Vocational/work services and substance abuse services were among the least noted items being addressed by survey respondents. Vocational/work development services have substantial support for diverting youth from unsupervised, truant, and/or after school high risk hours when a high percentage of delinquent acts are committed. The prevalence of substance abuse is very high in juvenile justice populations, and treatment for substance abuse is a key element in a comprehensive system of care. There are a number of substance abuse treatment programming options that have been shown to be more effective with adolescent populations. Further review and consideration of such programming is recommended.