

The Louisiana Experience: Building Evidence Based Practices

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**Louisiana Models
for Change**



LSU Health New Orleans
Institute for Public Health and Justice

Presentation Overview

- Background
 - Where did it all begin?
 - Why Focus on EBP's?
- 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

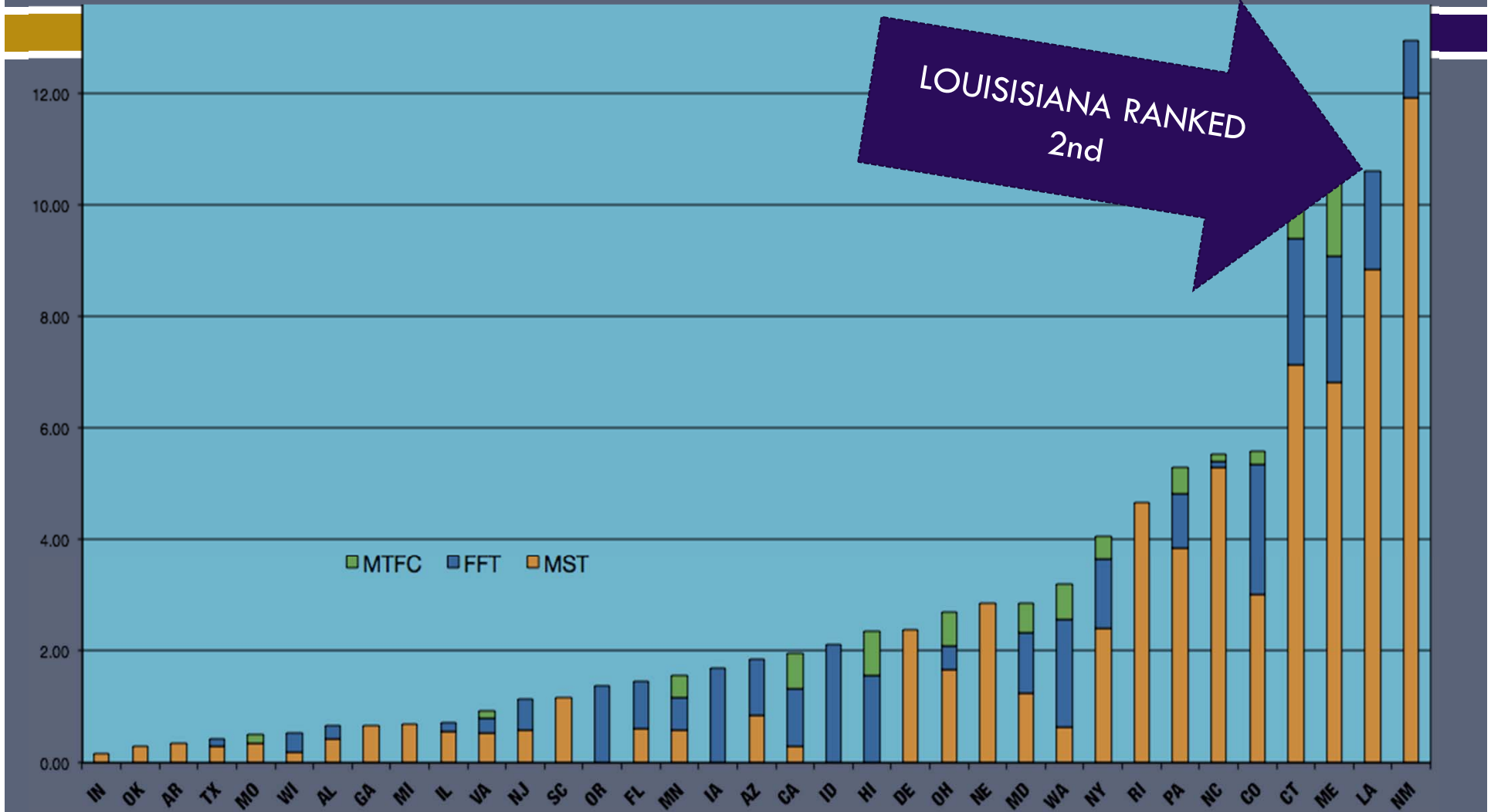
Key Steps in Implementing EBPs on a Statewide Scale

(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)



LOUISISIANA 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



EBP Fact Sheets & Whitepapers

ModelsforChange
Systems Reform in Juvenile Justice

Mental Health / Juvenile Justice
ActionNetwork
A Project of ModelsforChange

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 supports 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?

An "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 other 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 \$50,000 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.

Evidence-based programs are standardized, replicable practices that have been researched and demonstrate positive outcomes in repeated studies.

WHY EVIDENCE-BASED PROGRAMS?

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 \$50,000 per year, and will likely result in worse outcomes for the youth, family, and community.

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 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 repeatedly 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 Mental Health and Juvenile Justice

Program	Cost/Benefit for Every Dollar Spent	Outcomes related to violence, crime/delinquency or substance use
Functional Family Therapy	\$13.25	Crime reduction
Multi-Systemic Therapy	\$2.64	Crime and drug use reduction
Multidimensional Tx Foster Care	\$10.88	Crime and drug use reduction

The system will not be fixed overnight, but it is ready for a bold path of action. That path includes utilizing state funds to support programs and practices that can produce the best outcomes for youth. Louisiana has already made critical initial investments in practices such as Cognitive-Behavioral Treatment, Multi-Systemic Therapy, and Functional Family Therapy (all evidence-based programs), but that just scratches the surface.

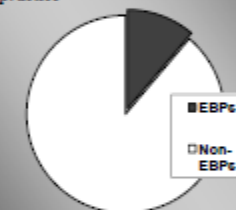
In 2007, the LSU Health Sciences Center School of Public Health and the National Center for Mental Health and Juvenile Justice conducted a survey of seven Louisiana parishes. Parish providers described 152 programs and services actively engaging youth and families affiliated with the juvenile justice system. Of those programs and services, only 17 (11%) were associated with nationally known evidence-based programs.

WHAT CAN LOUISIANA DO TO MOVE FORWARD IN THE ADOPTION AND UTILIZATION OF EVIDENCE-BASED PROGRAMS?

To move from our current system in Louisiana to a more effective and reliable intervention delivery system for the juvenile justice and behavioral healthcare systems the following strategies are recommended:

- Prioritize funding for the implementation of the best evidence-based programs
- Require unproven programs to include an evaluation component to continue funding
- Discontinue funding support for programs evaluated and found ineffective
- Sustain and build capacity for evidence-based programs with mainstream funding (e.g. Medicaid, state contracts, etc.)
- Develop a workforce prepared to deliver evidence-based programs
- Assist smaller providers and rural areas in moving providers towards research informed practices (e.g. motivational engagement, cognitive-behavioral treatment, social-ecological approaches) where staffing patterns and/or budget constraints will not allow for the larger evidence-based programs (e.g. Functional Family Therapy, Multisystemic Therapy, etc.)

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



leaving youth with a 9 out of 10 chance of receiving a non-proven service.

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.lshsc.edu/lamc/> AND CLICK ON "NEW! LOUISIANA EBP WHITEPAPER" IN THE LEFT HAND COLUMN.

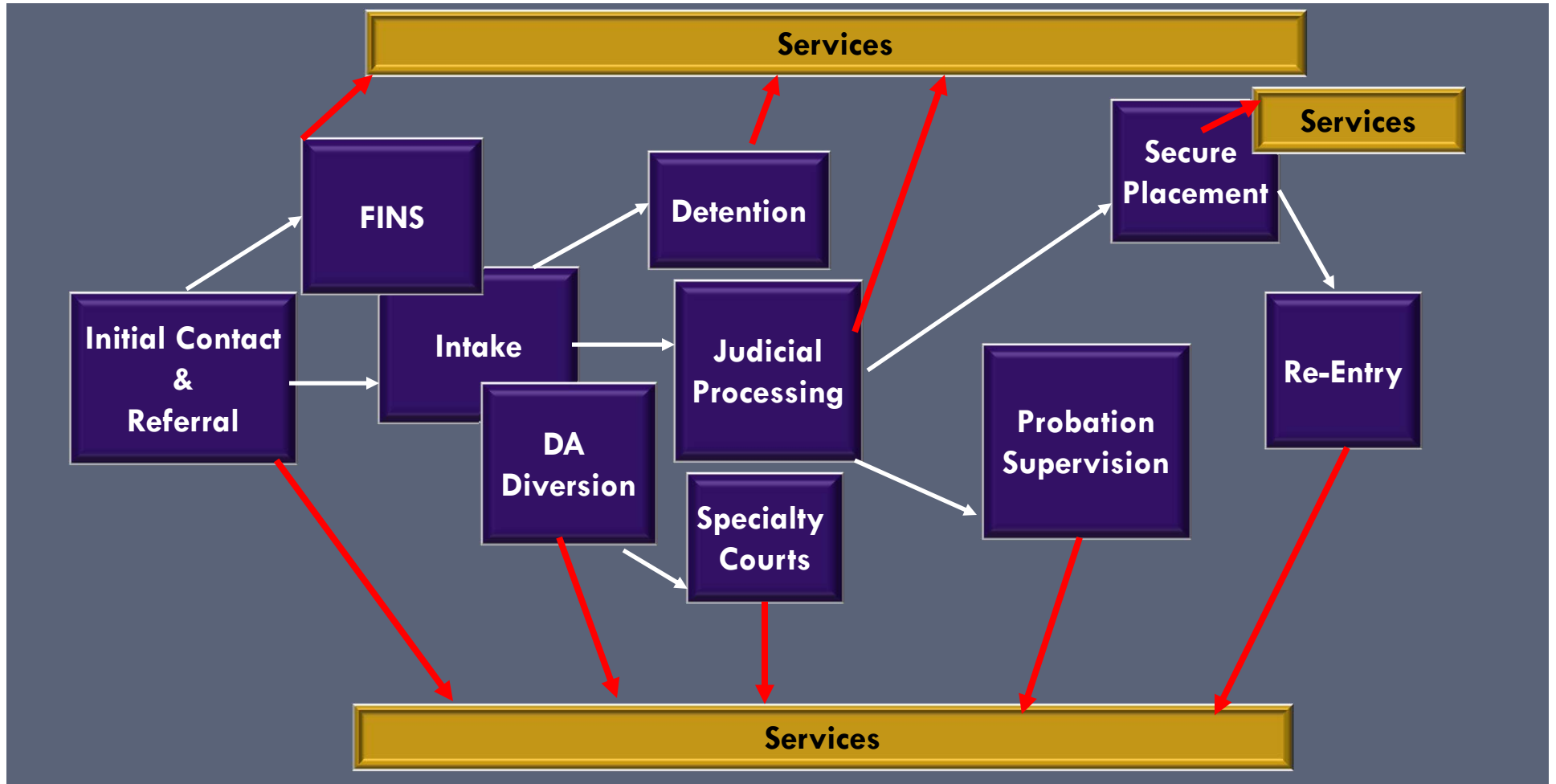
For more information on the overall Model: for Change in Juvenile Justice Reform initiative please visit www.modelsforchange.net.

Op Eds... Times Picayune Jan 2010

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

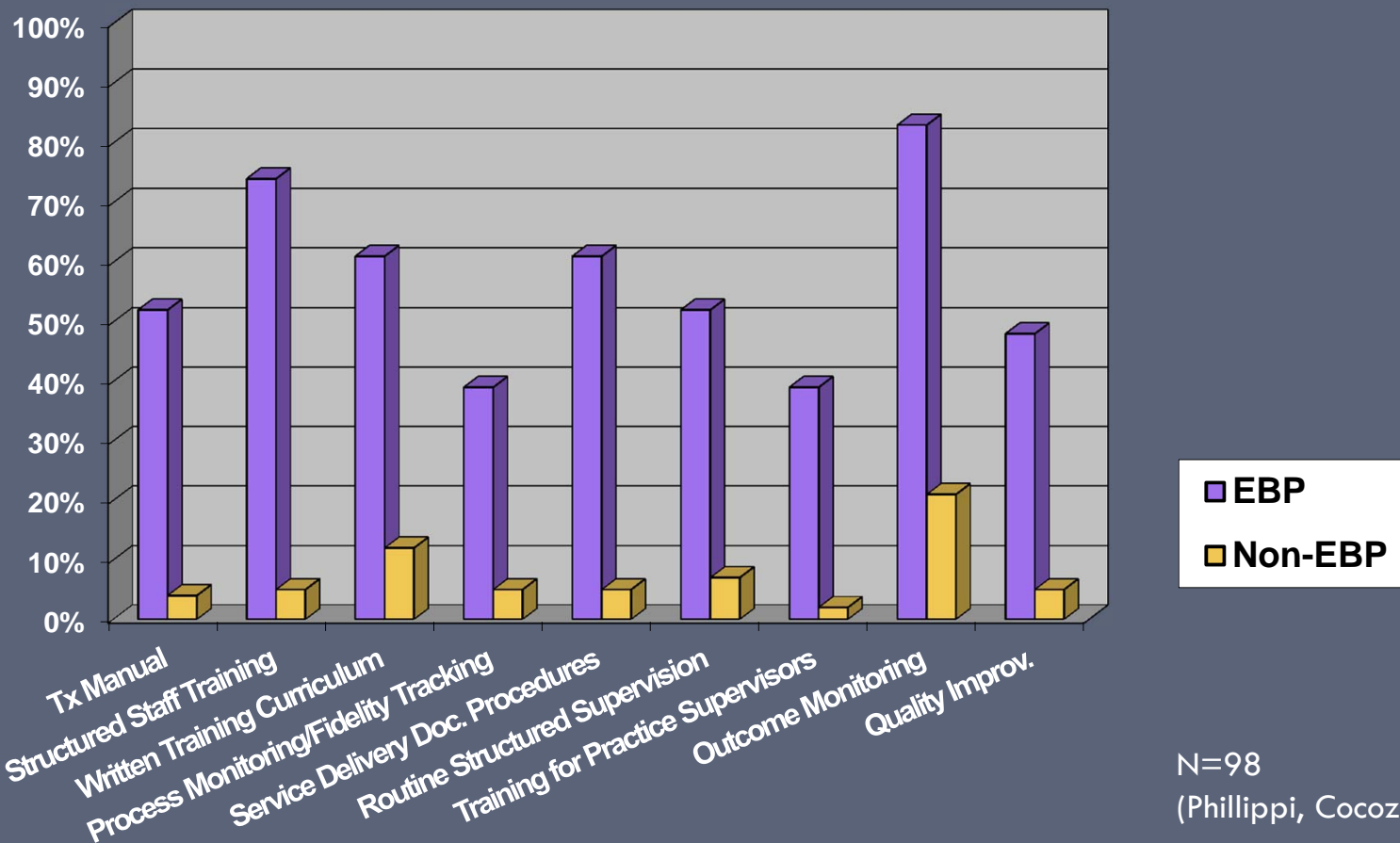


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Survey

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.

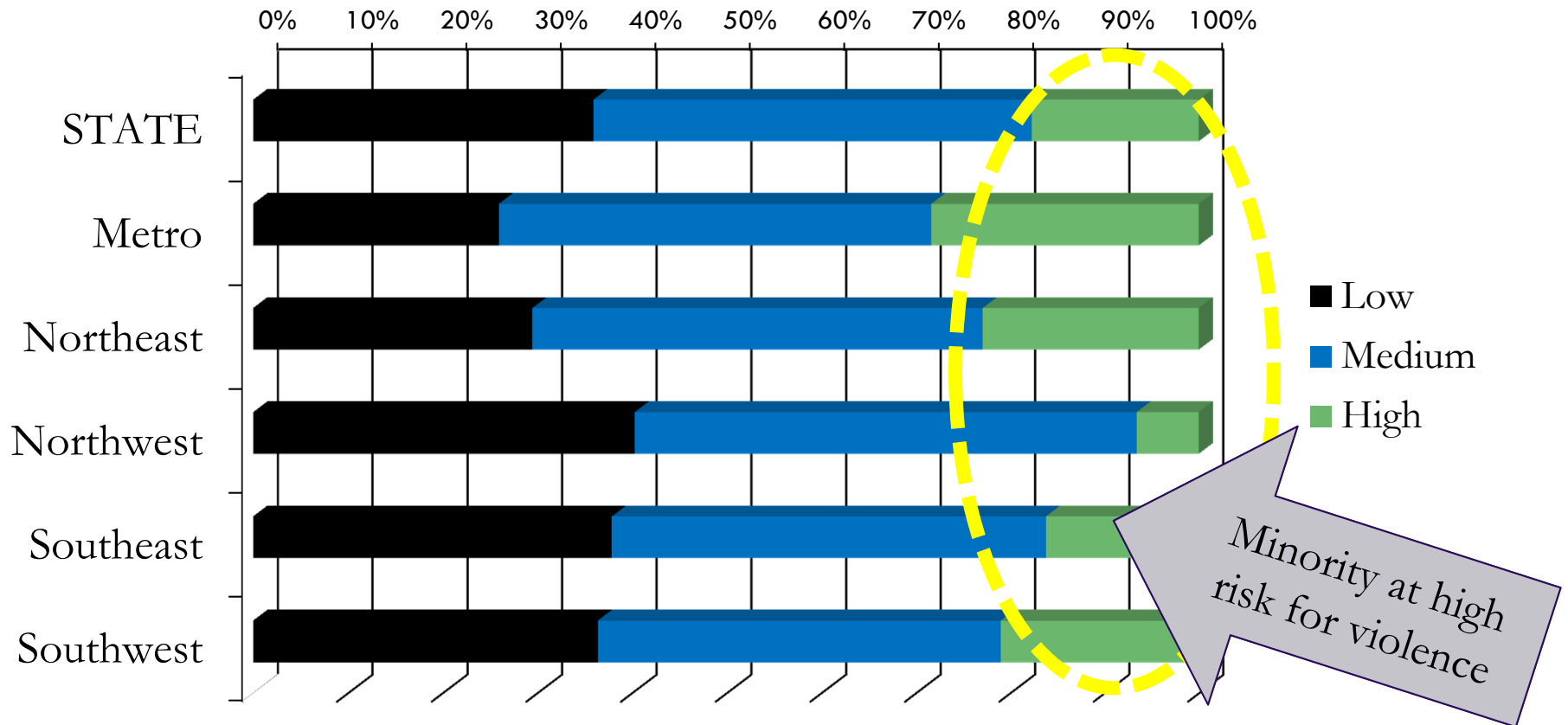
Quality Difference to Improve Outcomes



N=98
(Phillippi, Coccozza, Shufelt 2008)

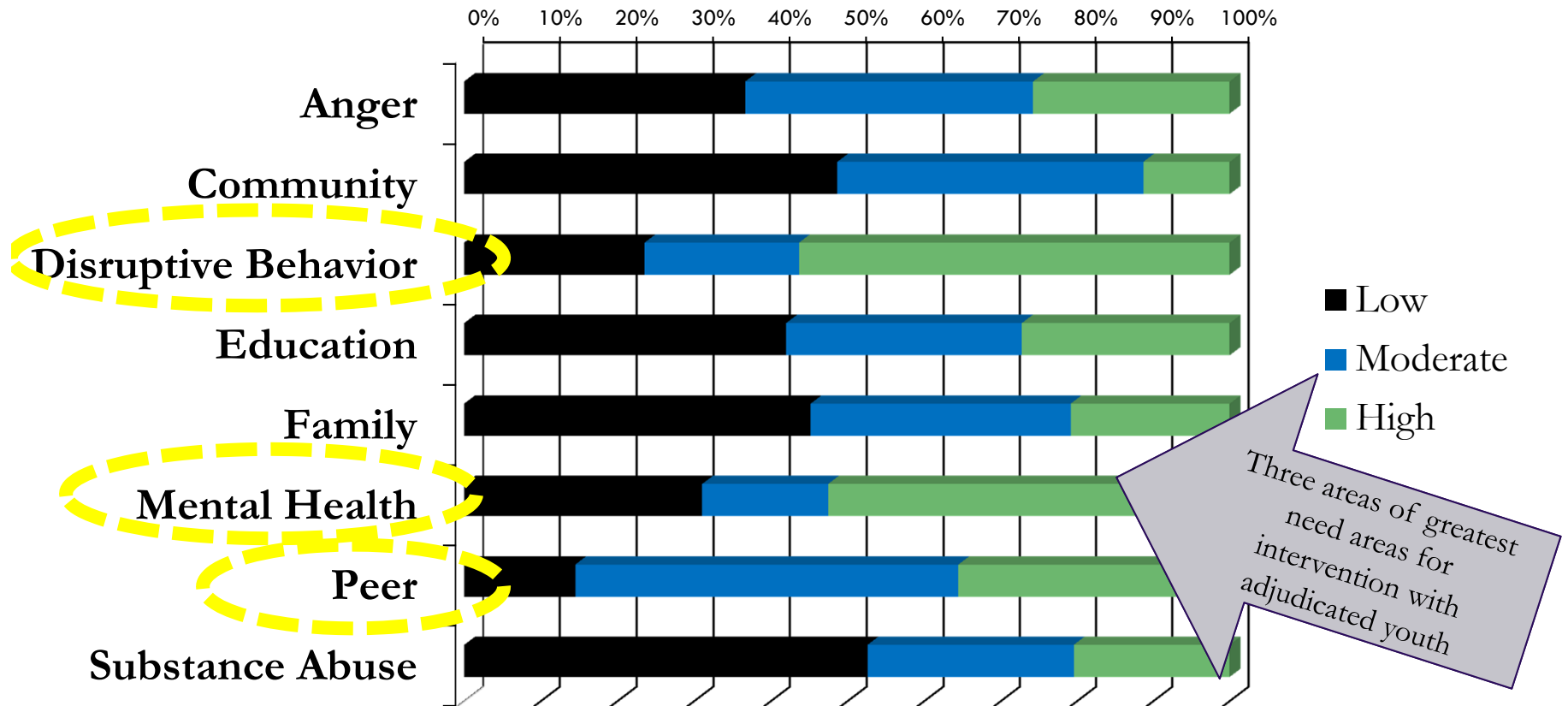
Crosswalk: Who are the kids?

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



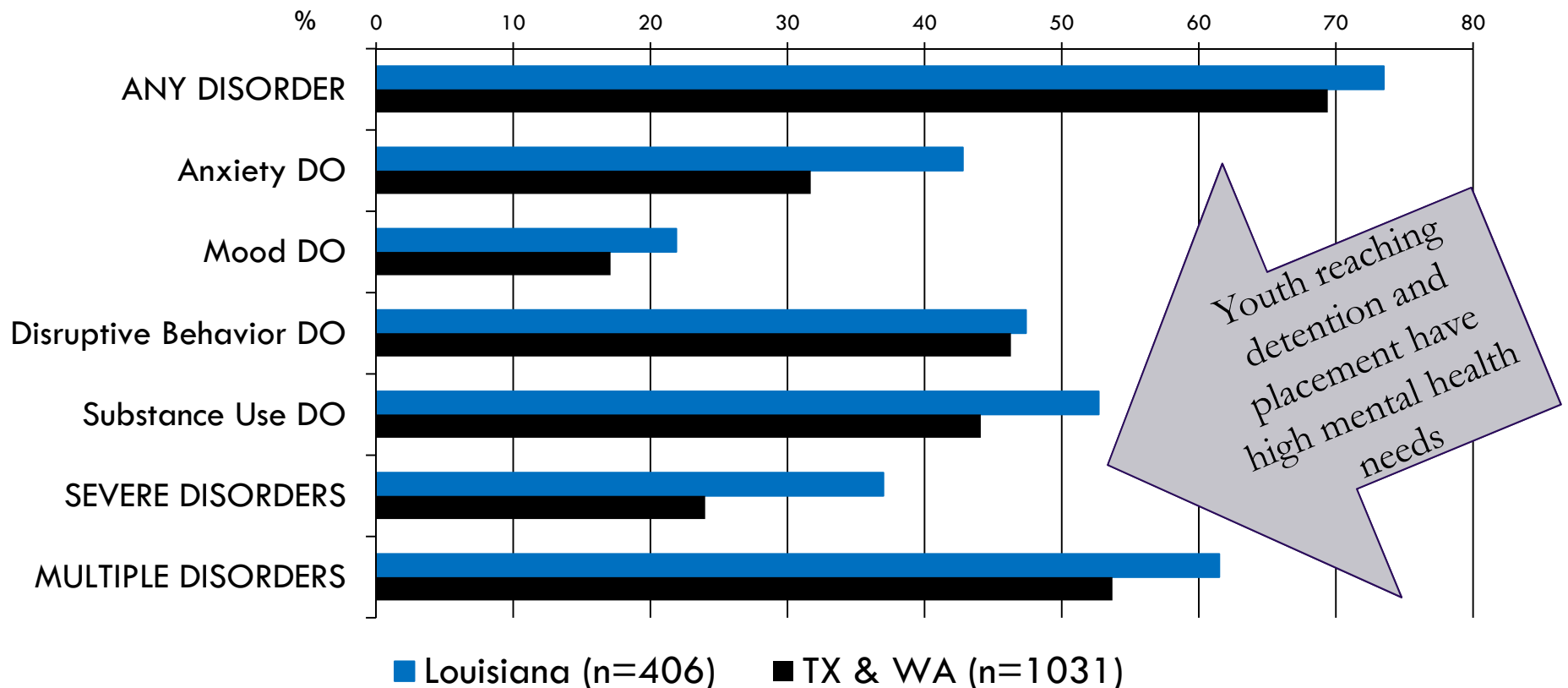
Crosswalk: What are the needs?

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



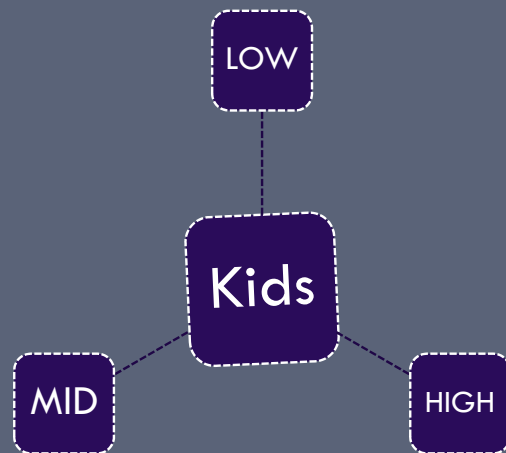
Crosswalk: What are the gaps?

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



Strategic Implementation

Louisiana EBP Selection Assessment Guide



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



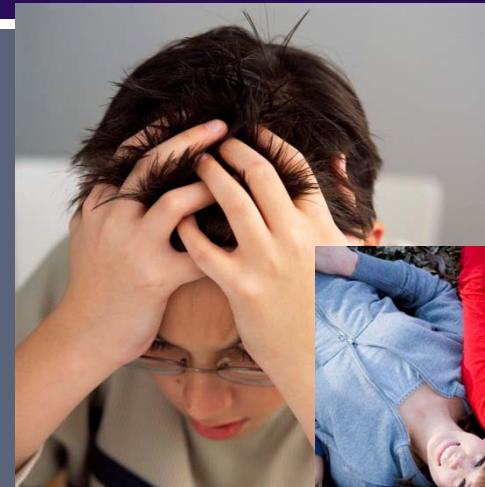
Readiness Guide Areas

- 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

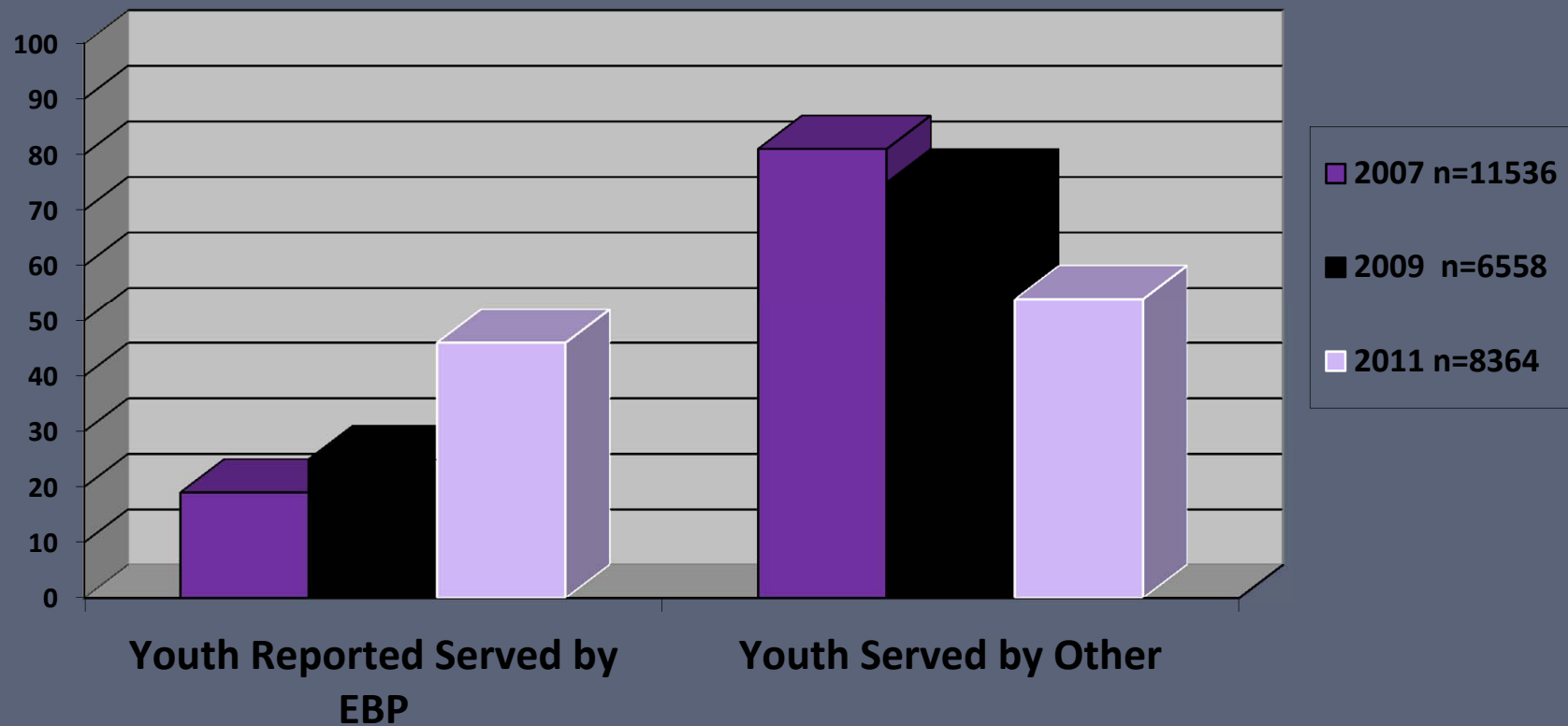
Linking Kids to Right Service

Service Matrices

Risk / Need	Family	Educ	Sub Abuse	Mental Health
LOW				
MED	LOCAL PROGRAMS TO FIT NEEDS			
HIGH				



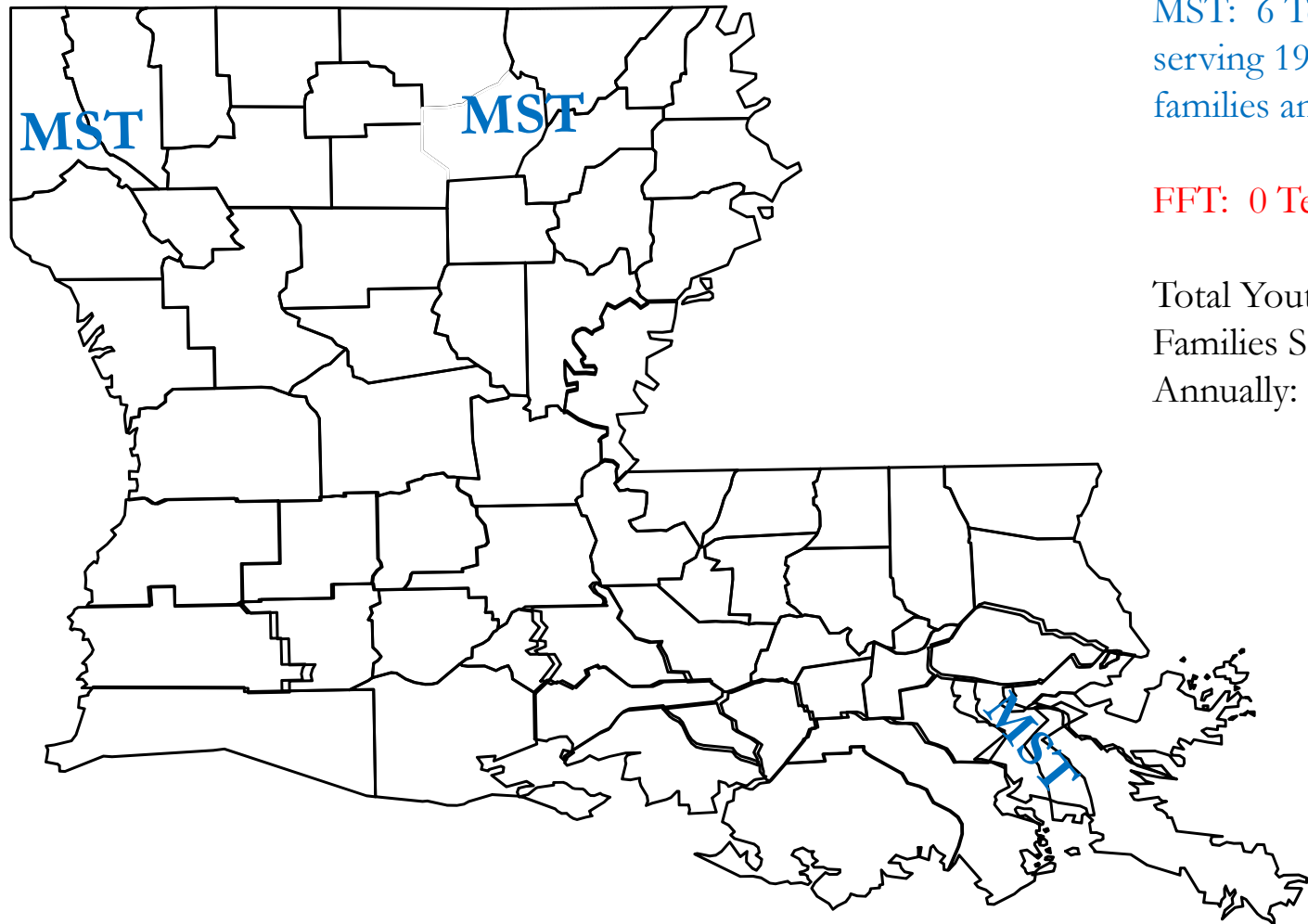
Trends in Services



(Louisiana Juvenile Justice Provider Survey, Phillippi 2012)

Trends in Services

Louisiana FFT and MST Teams 2006



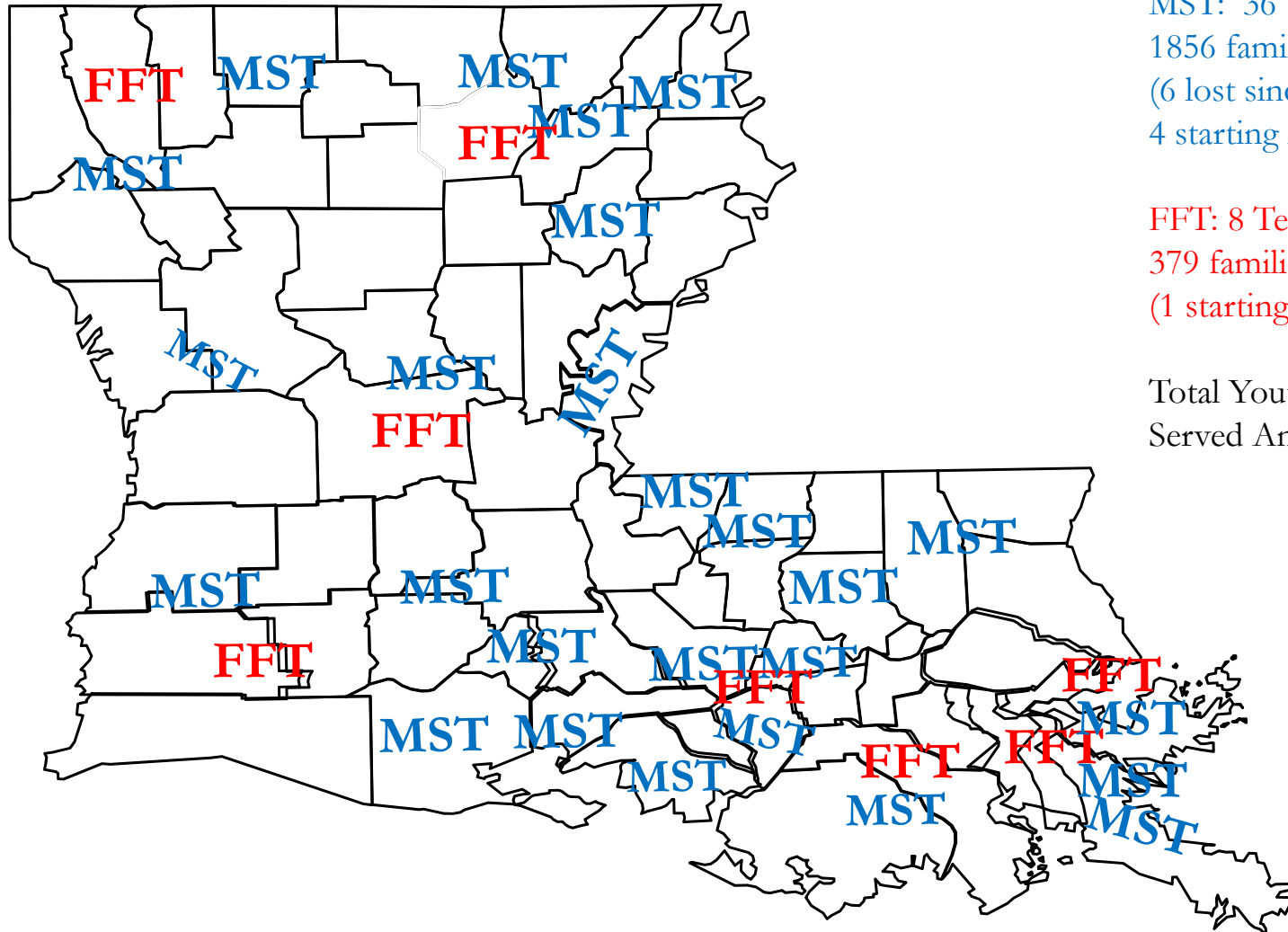
MST: 6 Teams
serving 199
families annually

FFT: 0 Teams

Total Youth &
Families Served
Annually: 199

Trends in Services

Louisiana FFT and MST Teams 2011



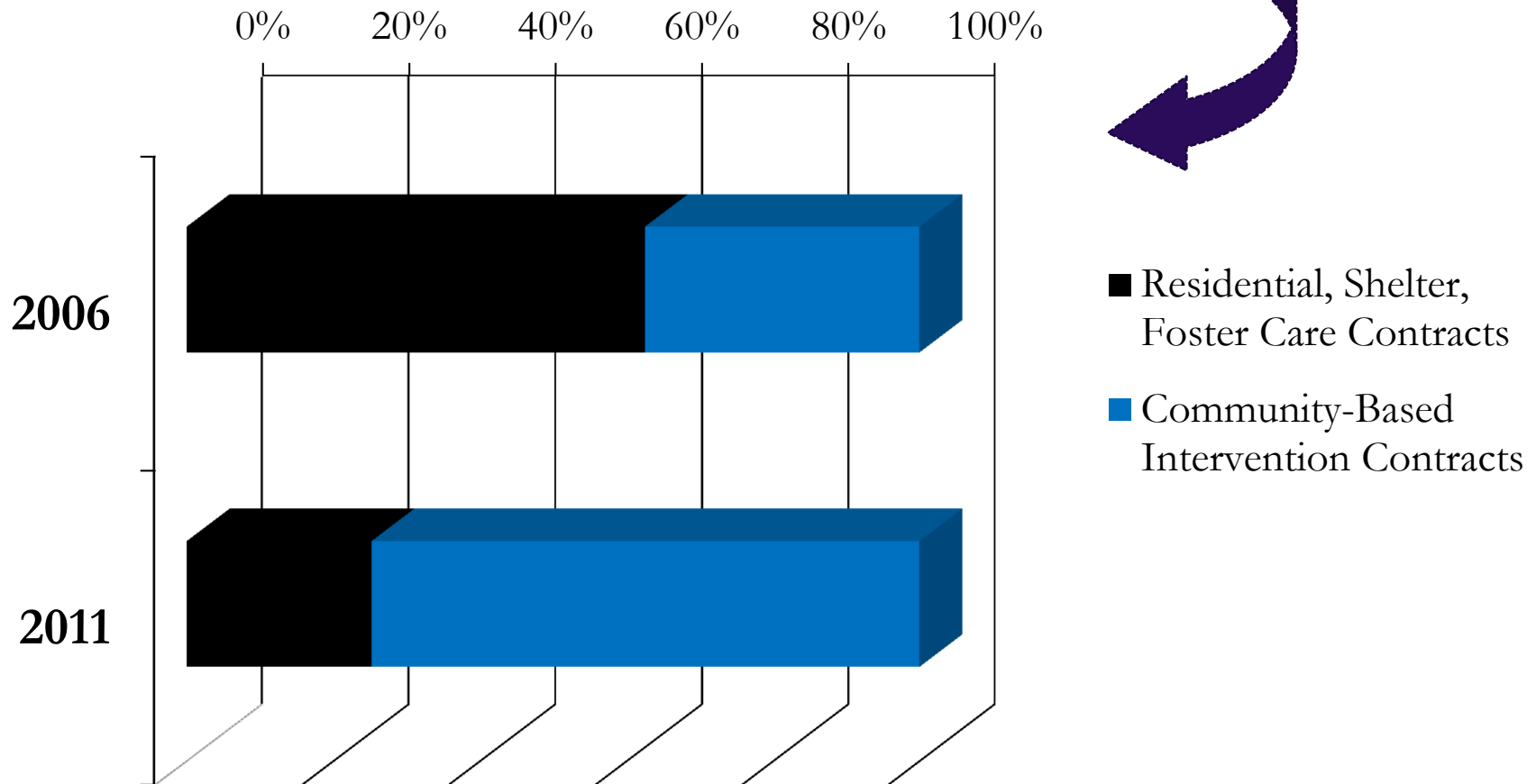
MST: 36 Teams serving
1856 families annually)
(6 lost since 2006
4 starting in 2012)

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

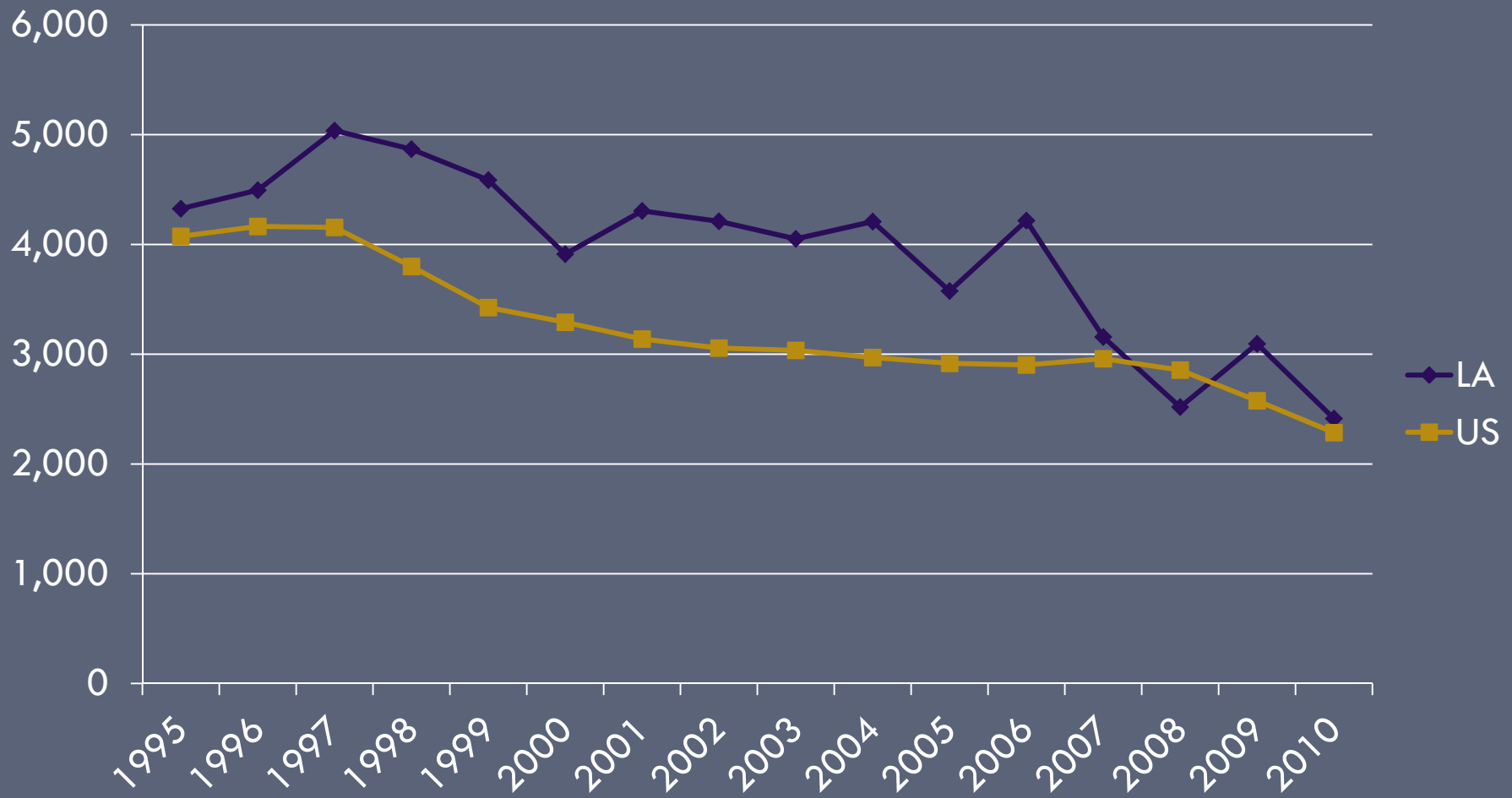
Total Youth & Families
Served Annually: 2235

Trends in Contracting

Changing emphasis of contracted OJJ contracted programs.



Juvenile Arrest Rates in Louisiana and the U.S.

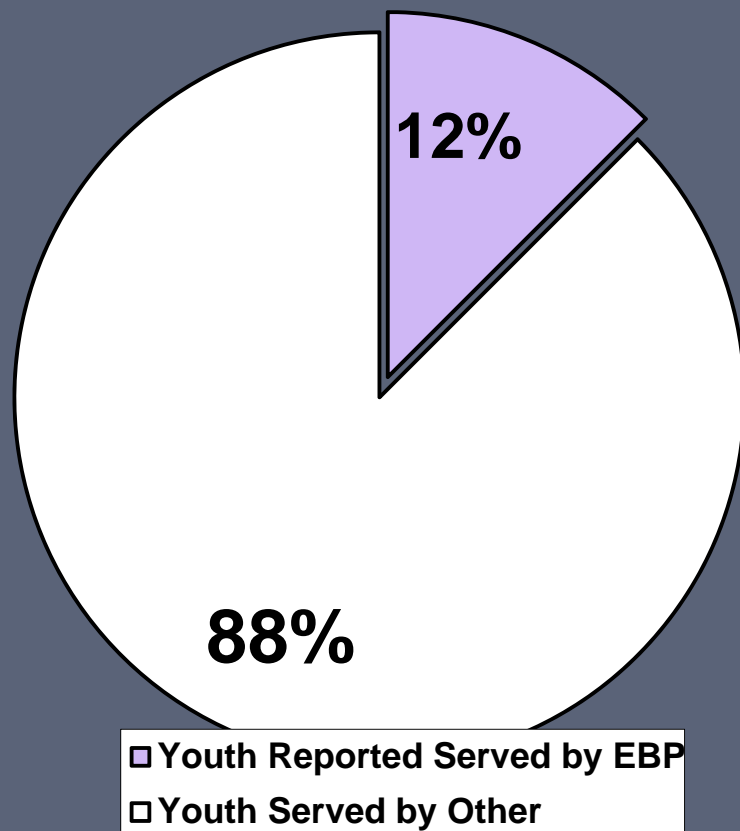


LOCAL GOVERNMENT IMPLEMENTING EBPS

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

Jefferson Parish Children and Youth Planning Board

Added Jun 2, 2009

[Suggest a change](#) [Send to a friend](#) [Print](#)

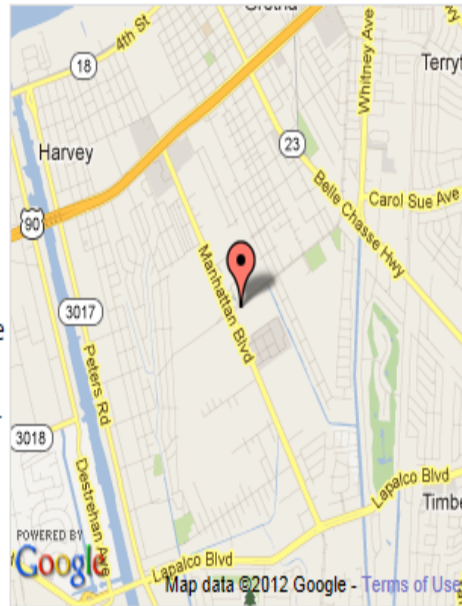
1546-B Gretna Blvd

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.



- 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.

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

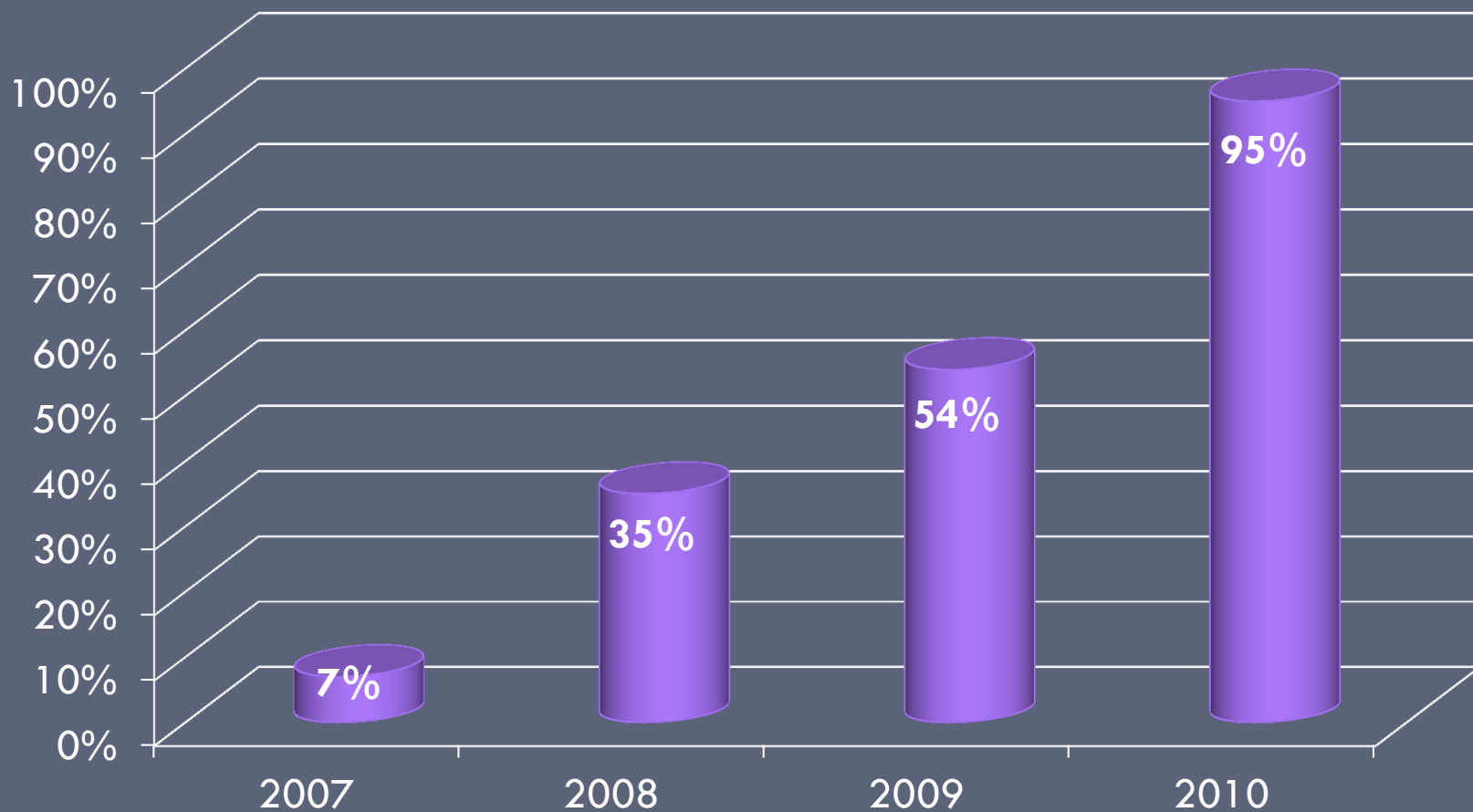
COMMUNITY IMPACT



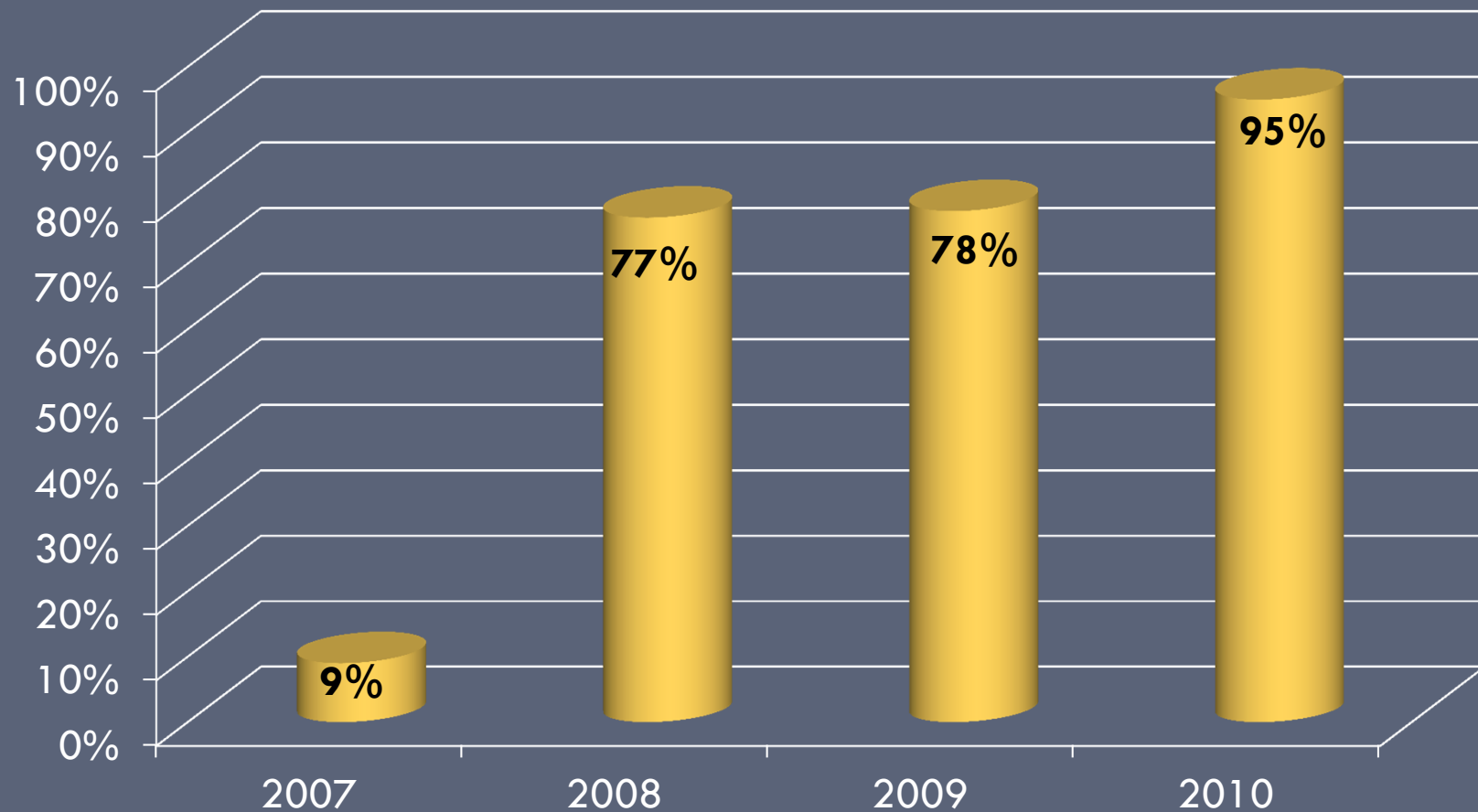
Increased Access to Evidence-Based Practices and Services

- 👍 **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**

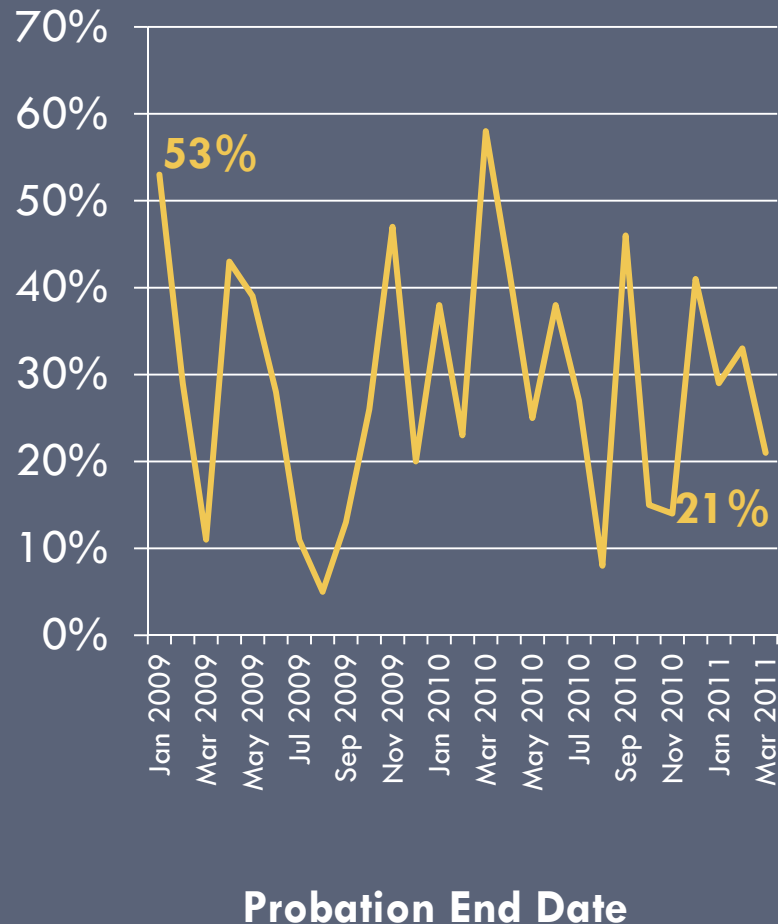
Percentage of Youth Referred for Evidence – Based Services



Percentage of Treatment Budget Spent on Evidence – Based Practices



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

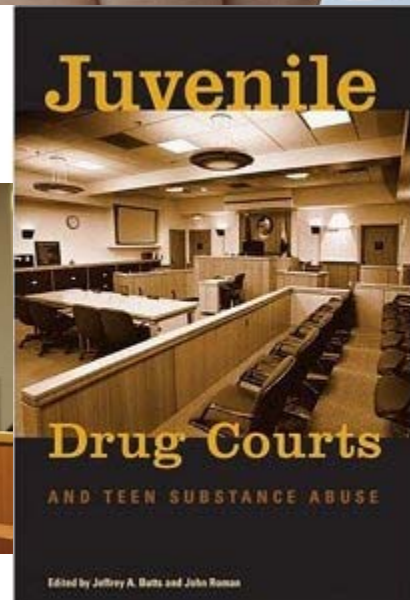
Not just Jefferson

- Caddo
- Calcasieu
- Rapides
- Ouachita & Morehouse
- 16th JDC

State Entities moving EBPs to Scale



Louisiana Juvenile Drug Court Model

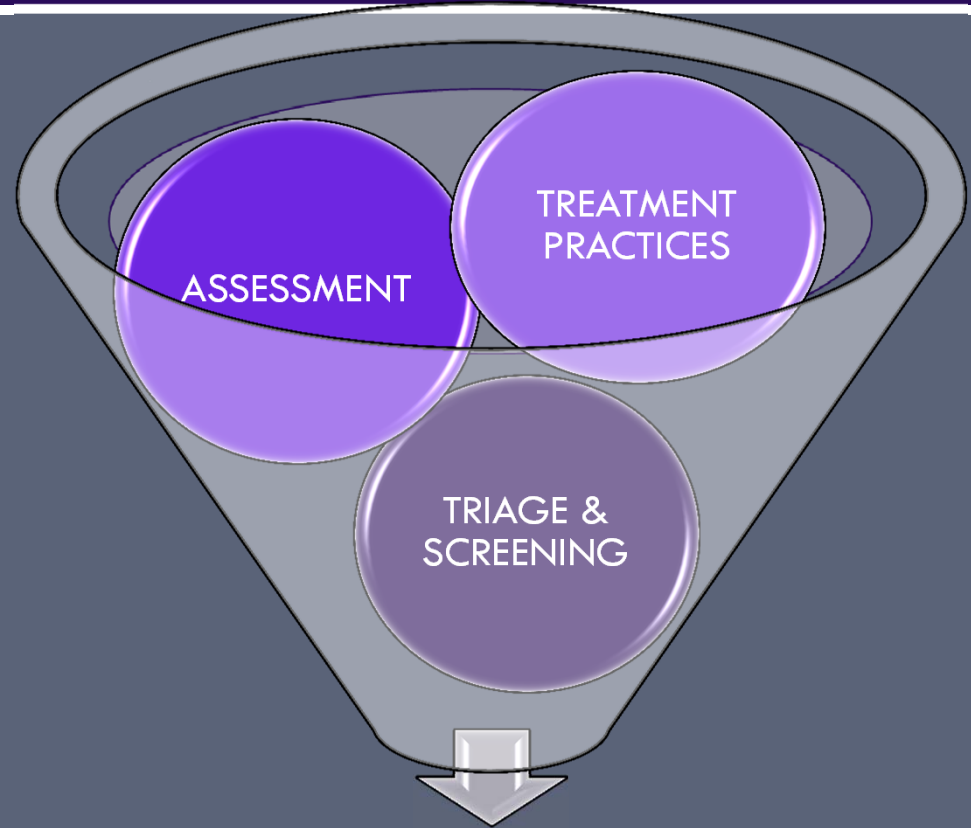


JDC-Recommended Areas of Change

Evidence-Based Practice Recommendations for
Juvenile Drug Courts

by the National Center for Mental Health and Juvenile
Justice in collaboration with the Louisiana Supreme Court
Drug Court Office

Models for Change
Systems Reform in Juvenile Justice



**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

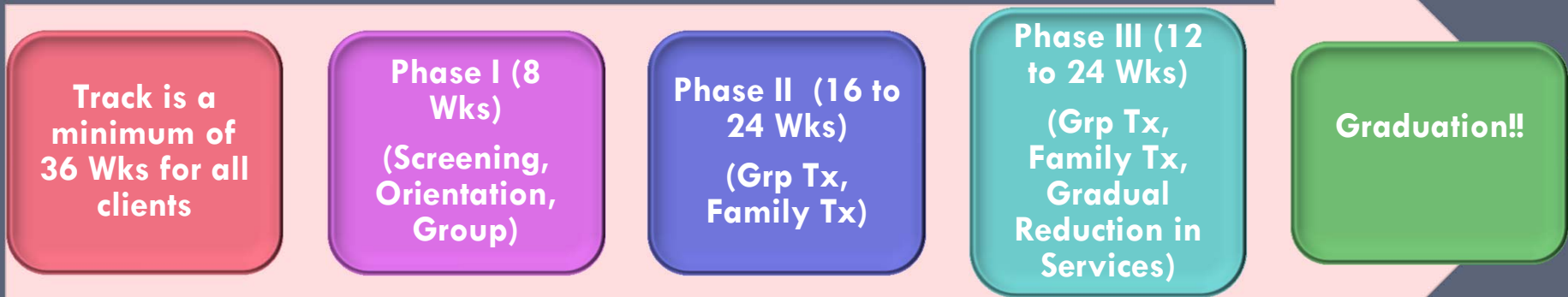
Screening: Case Management Measures

- 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

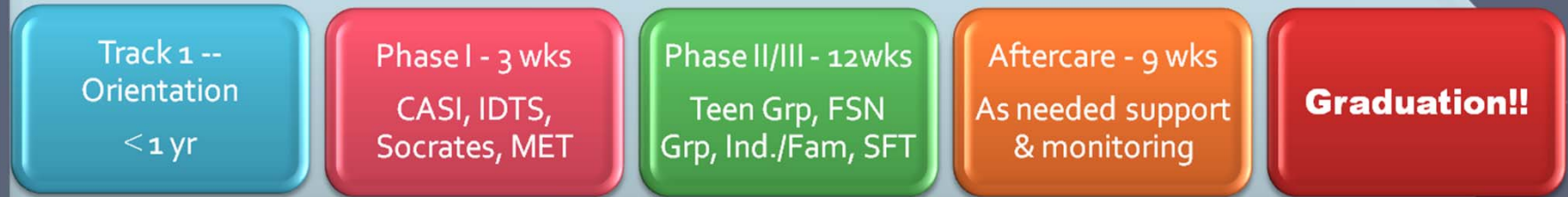
Recommendations: Treatment

- Comprehensive and well-coordinated
- Evidence-based practices (MI, CYT, SFBT)
- Family engagement

Current Juvenile Drug Court Program Standards



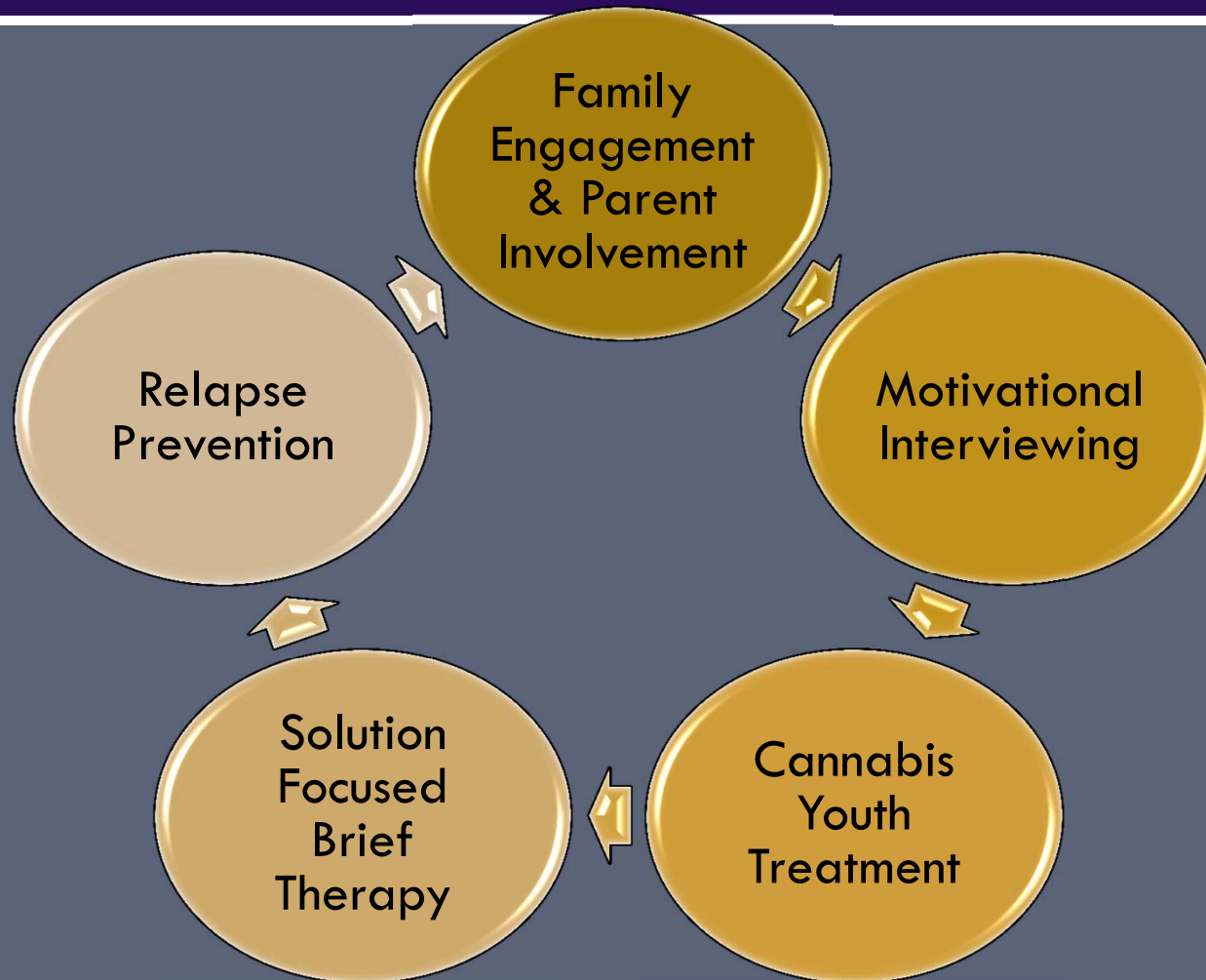
Two Tracks Tailored to Legal and Tx Needs



↑ 24 vs. 36 weeks ↓



JDC- Evidence Based Treatment



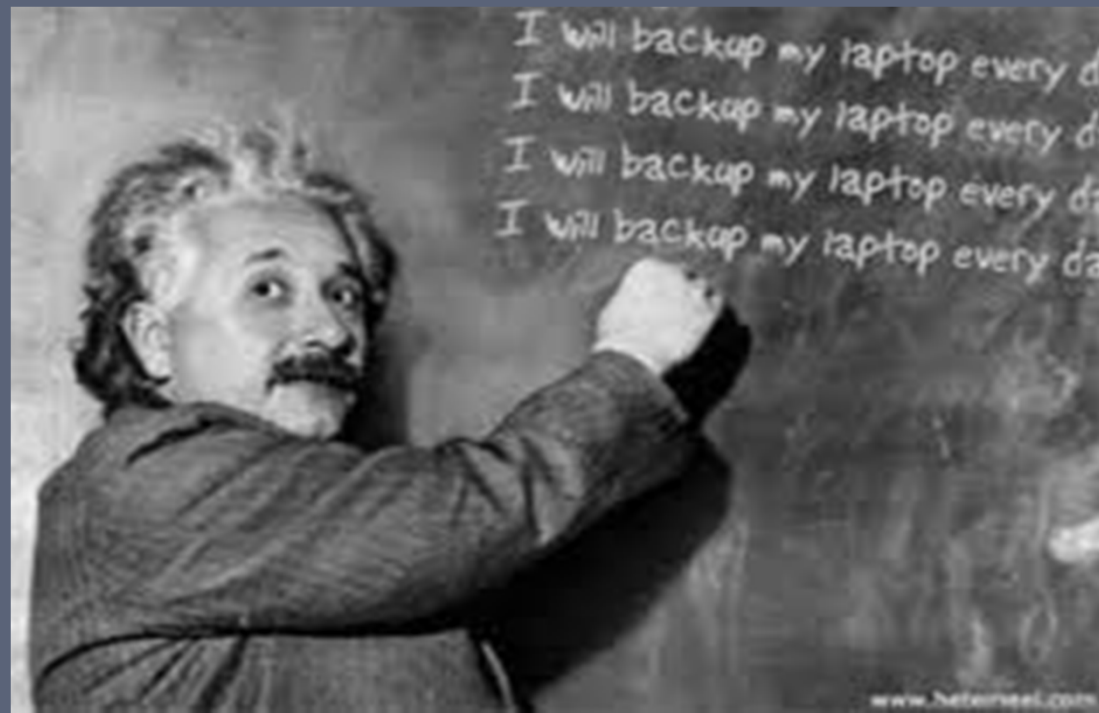
JDC Outcome Monitoring System

- Demographic Information of Youth
- Education Information
- Parent Information
- Mental Health History
- Screening/Assessment
- Drug Usage
- Offense Information
- Juvenile Drug Court Information
- Treatment Information
- Discharge Information
- In-Program Recidivism
- Post-Program Recidivism (collected every 6 months for 2 years)

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