

Office of the Child Advocate
Juvenile Justice Policy and Data Board - CBI Subcommittee Meeting
June 18th, 2019

Members and Designees in Attendance:

- Maria Mossaides (OCA)
- Barbara Wilson (Children's League)
- Thula Sibanda (DYS)
- Chief Kevin Kennedy (Chiefs of Police Association)
- Rebecca Brink (DCF)
- Marlies Spanjaard (CPCS)
- Rebecca Butler (DPH)
- Lena Shapiro (CfJJ)
- Stacy Cabral (DESE)

Other Attendees:

- Melissa Threadgill (OCA)
- Lindsay Morgia (OCA)
- Members of the public

Meeting Commenced: 1:05PM

Approval of Minutes from the May 21st, 2019 Meeting

The minutes were approved.

Referral from JJPAD Board - Response Mapping

Ms. Threadgill said that at the last full JJPAD meeting, there was a conversation about what happens with a child after their first point of contact with the justice system. The group went through systems gaps and identified many issues that were related to the work of this committee. The full board decided to refer these issues to this subcommittee. Ms. Threadgill asked the group to keep in mind potential responses to the various points of contact. Chief Kennedy asked that time of day be added to these considerations.

Presentation on the Results of Community Based Intervention Referrer Survey

The powerpoint presented at the meeting can be viewed here:

<https://www.mass.gov/doc/jjpad-cbi-june-18-2019-meeting-presentation/download>

Ms. Threadgill told the subcommittee that the survey closed at the end of last week. However, we will be reopening it, as we have confirmation that we will be able to send it out to the schools. As a result, the final number may change slightly from what is presented today. This presentation should be considered a first cut at analyzing the responses. Ms. Threadgill thanked the OCA's Rappaport Fellow, Alexis Yohros, for her work on the analysis.

Ms. Threadgill began the review by going over the respondent type. There was some variation, as police and probation departments had multiple respondents in each category. Those respondent types with smaller numbers, such as FRCs, DCF, and schools, are from sectors that are not typically involved with diversion.

Most of the counties had at least 10 respondents, with Dukes, Franklin, and Nantucket being the exceptions. Respondent types by county varied, which is important, as where a person sits is going to influence what they are seeing, and therefore influence their responses.

Referral Decision-Making

The most common factors influencing referral decisions are youth risk level, youth or family interest in a particular service, and offense types. In the "other" category, most of the responses were from law enforcement, who said they were not involved in making diversion decisions. There were differences in factors used to make referrals by respondent type. For example, public defenders placed more importance on youth's interest in the services than DAs or police. Ms. Threadgill pointed out the conflicting data regarding police and screening/assessment tools, and said that is something we can look further into.

On the next slide, Ms. Threadgill explained that there are different kinds of assessment tools: those that measure both risk of recidivism as well as youth needs (such as the YLS-

CMI or the OYAS), as well as ones that just measure needs (such as mental health, substance use or trauma assessment tools). A third kind of tool is one that measures risk of a specific event, such as the JPAST which measure the risk a youth will fail to appear in court. In our analysis about use of screening/assessment tools, the OCA looked at these different categories of tools.

From the survey, we saw that the further on in the justice system process one goes, the more likely it is that some type of tools has been adopted. Although respondents noted that a youth's risk level is an important factor when making diversion and referral decisions, most police and DA offices are not using a validated tool to assess the youth's risk level.

Ms. Threadgill summed up the findings from this section of the survey:

1. There is general agreement that youth risk level is an important factor, but only 46% use a validated risk instrument.
2. Risk and/or needs tools are used more broadly later on in the process.
3. There is variation from county to county in reliance on evidence-based practices (tools and programs).

Ms. Spanjaard said that it is interesting that risk factors in later on in the process, but in some ways, it is a bit late. Ms. Threadgill concurred, and also said that it's understandable from a process perspective why this is the case. Earlier in the process, decisions are made quickly with little information. Later, there is more time to make decisions. Ms. Brink added that this may also be related to the education and background of individuals in each type of job. Roles can change, but it takes time to adjust. Chief Kennedy likened it to a controlled versus uncontrolled setting.

Ms. Threadgill asked if there are ways to create more controlled settings earlier on in the process. Ms. Wilson shared that Family Continuity is currently working on this with 10 police chiefs. The current program isn't specifically for youth, but youth are a part of the process. The focus is on overdoses. Ms. Mossaides said that this is related to after-hours issue, and that we can build capacity by training police on tools. Chief Kennedy asked about overnight arrests; should the assessment be done by the police? The DA? At some point, agencies should be using the same tools. He also asked if an assessment can be done pre-arraignment through the court clinics. Ms. Threadgill said only if it is requested by the youth or their attorney or a judge, which we learned at the May meeting is only happening rarely.

Service Availability and Utilization

The findings of the survey show that there can be a knowledge gap in some counties. Some respondents say they are aware of a program that does “x” in their community, while other respondents in the same county will say there is a need for a program that does “x” but they aren’t aware of any. Ms. Threadgill noted that we should think about how to cut through the knowledge gap.

Chief Kennedy suggested getting everyone together in the same room, by county, to share information. Ms. Threadgill said we have discovered that many people are keeping their own records and doing tracking on their own, and it isn’t coordinated at the county level.

The takeaways for this section are:

1. There are gaps in referrer awareness of certain services. At the county level, it seems that services exist in some cases, but not all respondents know about the services.
2. Referrers are aware of more services than they actually make referrals to
3. The percentage of respondents who make referrals for behavioral health treatment is significantly lower in some counties. Is this driven by a lack of need, lack of awareness, lack of availability, or respondent make-up?

Service Gaps and Barriers

Ms. Threadgill began with a slide that shows what kinds of services respondents thought were under-resourced in their county, as there are some variations from county to county.

Initial takeaways from this section of the survey are:

1. Most commonly identified under-resourced services include behavioral health treatments, vocational education, and leadership development.
2. The most commonly identified gaps for special populations are:
 - a. Homeless youth
 - b. Youth with co-occurring disorders or serious mental illness
 - c. Youth with a history of sexual offending

- d. Immigrant/refugee youth
3. Waitlists, transportation, and family engagement are the most commonly identified barriers across the board
4. Perceived service and population gaps differ by county
5. Perceived gaps more consistent across respondent type, aside from police.

Chief Kennedy thanked Ms. Threadgill for her work and said the presentation was done very well. He did not realize that homelessness was as much of a problem as the survey indicates. Ms. Threadgill noted that it is not as high in Middlesex County as in other counties. He asked what it is attributed to, and if it is related to CRA reform. Ms. Mossaides mentioned a transition age youth report due to come out soon, and while it is an issue across agencies, the highest number of homeless youth report DCF involvement, even though there are services offered once they turn 18. At the Y2Y program in Cambridge, for example, 99% of youth are former clients of a state agency. LGBTQ youth are also at a high risk. Housing becomes a real issue.

Ms. Wilson noted that the waitlist issue was likely related to the workforce shortage, which is driven by the rate disparities between public and private providers. It is a huge issue that impacts access to services.

Ms. Threadgill said that she will send out the presentation which members can share with their agencies. Eventually, the OCA will put everything into one published report. We can include county by county profiles, and if there is time, conduct follow-up interviews.

Ms. Brink noted that the make up of respondents may be impacting the results on a county to county level. In any report, we will have to list caveats for the county by county analysis, and be specific that it is not a complete needs assessment. Ms. Threadgill agreed, saying that this survey is an initial starting point to ask more questions. Ms. Mossaides said that we can include inconsistent use of evidence-based tools, no link between assessments and services offered. Ideally, we would know which service is best for this youth who had this score on a validated assessment. In the future, we'd like to be able to say the top five services that each county needs for their youth.

Ms. Brink mentioned that the Blue Cross Blue Shield Foundation is working on building an online knowledge directory that will list all of the state-funded programs in their network

of care. She is checking on the status of that project and will send it around once she receives it.

Initial Findings

Ms. Threadgill shared her summary of the initial findings for the fall report to the Legislature, based on the surveys, presentations, and discussions at past meetings, with the goal of getting feedback from the group.

The first finding is that diversion is an effective intervention for many youth with strong research support. The second is that juvenile justice decision-makers are increasingly aware of the importance of diversion and establishing diversion practices. This finding highlights presentations about police, DA, and judicial diversion. The board agreed with these findings.

The third finding is that eligibility for diversion varies across the state. Chief Kennedy asked if this finding would mention the delinquent child definition. Ms. Threadgill said that we can include language about how changes in mandates and charges impact decision-makers' ability to send a youth to diversion. Ms. Brink said that variance and discretion can lead to disparate outcomes. Down the line, we should think about what we are tracking and using a racial justice lens for the work.

The fourth finding is that there is variation in how youth are matched to appropriate interventions and services. Ms. Threadgill mentioned that there are no clear guidelines for decision-makers on how to do this. Ms. Mossaides mentioned that discretion makes it challenging to study effectiveness, and that our ultimate goal is better outcomes. Chief Kennedy mentioned that if diversion is done through the court, the whole record will be gone. Ms. Mossaides said that we can preserve records for research purposes. Chief Kennedy also asked about what would happen once a program was over. Ms. Mossaides said that this relates to the larger data issues, and that at some point, there will need to be an entity responsible for managing the data.

The fifth finding is that practitioners believe more community-based services are needed. The board agreed. The sixth finding talks about barriers to connecting youth with community services. Ms. Mossaides said that even families with private insurance

experience waitlist issues. Ms. Wilson noted that changes in MassHealth have resulted in fewer providers under larger umbrella agencies, and asked if this may be having an impact on services.

The seventh finding is regarding funding for community-based interventions. Ms. Threadgill said that she intends to dig into the budget, but has some guesses about what the findings will be. For instance, they will likely find that there is no single source of funding dedicated to diversion and that funding is given through multiple mechanisms. Chief Kennedy noted that the last note about “justice by geography” is critical. Ms. Mossaides said that this also goes to resources available at schools, which is related to the current Chapter 70 debates.

The last finding addresses the issues identified in the data report. Ms. Brink suggested that we pull over the point from that report that funding and time are needed to address data issues; a statute change is not sufficient. Ms. Wilson noted that state data tends to be older, and providers may have more up-to-date information.

Ms. Threadgill asked for any feedback on the findings, and asked the group if we needed to make a specific finding regarding racial and ethnic disparities. Ms. Wilson suggested adding workforce issues as a factor in contributing to the lack of community-based resources. Ms. Threadgill said that we can expand that finding to discuss capacity in general. Ms. Spanjaard said there is currently no way to address cost to agencies. Ms. Threadgill said that hopefully that will come under the funding discussion. Chief Kennedy said that the lack of funding goes to inequity. Ms. Brink said that we don’t always look at the ability of systems to handle an influx. We should build a system that can do that first, and then community-based services can adjust. Ms. Threadgill said that assessment and capacity are tied together, and a good assessment can help with resource allocation.

In regards to race and ethnicity, Ms. Mossaides said identity and discrimination need to be looked at so we can identify drivers of disparities. The group agreed that we should add an additional finding focused specifically on racial and ethnic disparities.

Ms. Brink asked if there would be a recommendation section in this report. Ms. Threadgill said yes, and for the next 4-5 months this group will focus on recommendations. She went

over the gaps in information, and shared that the OCA has already started working on a review of other states.

Regarding youth and families, the OCA and JDAI are going to combine efforts to collect this information. There may not be enough information from the provider survey to include in this report.

Ms. Threadgill shared a draft timeline for next steps. Over the summer, we will move towards solutions through brainstorming and discussion. We will talk to individuals from agencies during this process. It is a tight timeline, which means that we may only get a few recommendations together before the report is due. Ms. Mossaides reminded the group that the JJPAD is a permanent, ongoing group, so there will be time to develop additional recommendations.

Ms. Wilson asked about the trauma group and how their work dovetails with this subcommittee. Ms. Threadgill shared that the trauma group is going to focus on guidelines on trauma informed care, and then focus on identification and referrals. The timelines may not match exactly, but there will be some continuity there. Ms. Threadgill thanked the group for their feedback.

Adjournment: 2:36PM