

Office of the Child Advocate
Juvenile Justice Policy and Data Board - CBI Subcommittee Meeting
August 13th, 2019

Members and Designees in Attendance:

- Maria Mossaides (OCA)
- Brian Jenney (DPH)
- Gretchen Carleton (DCF)
- Marlies Spanjaard (CPCS)
- Dr. Nancy Connolly (DMH)
- Michael Glennon (Suffolk County DA Office)
- Sana Fadel (CfJJ)
- Thula Sibanda (DYS)

Other Attendees:

- Melissa Threadgill (OCA)
- Lindsay Morgia (OCA)
- Glenn Daly (EOHHS)
- Other members of the public

Meeting Commenced: 2:07PM

Approval of Minutes from July Meeting

The minutes were approved.

Presentation on Diversion Data

After reviewing the agenda, Ms. Threadgill shared that the committee had two topics it wanted to address that we had not yet covered: state funding and diversion data. Starting with diversion data, Ms. Threadgill reminded the group that the JJPAD Board released a report on aggregate data availability in June. This report noted that we do not currently have any data on the use of diversion, though there are many points where we could collect data. For instance, arrest data is reported using the NIBRS system, and there is a field that allows law enforcement to note that the offense was “handled within the department” which essentially means the case was informally or formally diverted. However, Boston and Lawrence police departments do not use NIBRS yet, and there is concern about whether that field is used consistently and correctly across the state.

Data is also unavailable with regards to the use of diversion by court clerks and judges, due to concerns about data quality from the Trial Court.

Ms. Threadgill said that according to our survey, district attorneys are collecting some limited data on diversion, but that data is not currently available. The OCA is working with MDAA on this. Finally, data on program outcomes varies widely and there is no standardized process to evaluate outcomes. Threadgill suggested that as the CBI Committee considers recommendations related to diversion, setting up infrastructure that allows for better data collection should be a consideration.

Funding Model from Other States

Ms. Threadgill thanked Rappaport Fellow Alexis Yohros for researching examples of states that have made recent investments in community-based interventions for justice-involved youth.

The research addresses three main questions:

1. Where did the funding come from? (Source)
2. How is the funding distributed? (Method)
3. How is the funding used? (Allocation)

At last month's meeting, the group talked about juvenile justice reinvestment. States that used this strategy saw a reduction in their use of secure facilities and used the savings for community-based programs. Other states generate income through dedicated fees, allocate state general funds, re-allocate existing funds for community-based interventions, and leverage Medicaid funding.

Juvenile Justice Reinvestment

Kentucky, Kansas, and South Dakota have all used the juvenile justice reinvestment process to free up funds for community-based interventions. All three states passed legislation to reduce the use of secure detention facilities. In Kentucky, 25% of the state's savings go to grants for community-based programming. Kansas started with a \$2 million upfront investment to expand evidence-based programming for delinquent youth. Their legislation requires that 100% of the savings from reduction in use of secure detention fund local evidence-based alternatives to out-of-home placement. Ms. Threadgill noted that Kansas was able to close whole facilities through their reforms, which freed up significant amounts of money. South Dakota also allocates savings to community-based services, but there is no specific formula for determining amounts.

Other Revenue Sources

California uses a combination of fees and state general funds. Through the state's Juvenile Justice Crime Prevention Act, state vehicle license fees go to programs to prevent and reduce youth crime. In addition, the Youth Reinvestment Grant program allocates \$37.3 million from the state's general fund for diversion programming.

Connecticut uses a combination of reallocation, general funds, and Medicaid dollars to fund their programs. Ms. Threadgill shared that in the late 1990s, the state pumped a lot of money into juvenile justice programs. A study published in 2002 found that recidivism rates among justice-involved youth in contracted programs were significantly higher than in a matched sample that received no programming at all. Connecticut closed poorly performing programs and began to fund a new set of evidence-based programs, including multisystemic therapy (MST). The state has also dramatically decreased its detention/commitment populations.

Distribution Methods

There are four types of distribution methods that states have used:

- 1) State-procured provision of evidence-based services for target populations across the state. Connecticut, South Dakota, and Kansas employ this method.
- 2) Competitive Grants: Kansas and Kentucky use competitive grant.
- 3) Formula Allocation Grants: California uses a formula allocation, where each county gets a set amount based on their population. Counties can then issue funds through a competitive grant process, which Los Angeles does, or allocate the funds in other ways.
- 4) Incentive Grants: Finally, South Dakota uses incentive grants for counties. Each county receives \$250 for each youth diverted to an approved program. Counties can use the funds however they see fit.

Ms. Mossaides shared that Massachusetts does not purchase services in the way that we used to, instead relying more on MassHealth to cover costs. Instead of paying for some number of therapists, we hope that insurance will cover it. She suggested that the state needs to look at the way it procures services, given the long wait times, staff shortages, and turnover.

Evidence Based Practices

Ms. Threadgill gave the group a brief overview of some of the more widely-used evidence-based practices for justice-involved youth:

- Functional Family Therapy (FFT)
- Multisystemic Therapy (MST)
- Dialectical Behavior Therapy (DBT)
- Aggression Replacement Therapy (ART)
- Moral Reconciliation Therapy (MRT)

Ms. Threadgill said that FFT and MST are widely used. FFT takes a whole family approach. MST is a very intensive community-based programs. DYS uses DBT, which is a form of cognitive behavioral therapy. MRT is an adult criminal justice system treatment program that has been adapted for youth. Ms. Threadgill said that many states procure for specific services such as these. The Washington State Institute for Public Policy (WSIPP) has a lot of good information on evidence-based programming.

Mr. Jenney said that for the behavioral health redesign, they are looking at evidence-based practices and trying to embed them in the new design. Ms. Mossaides said that Massachusetts is less directive with our providers compared to other states. If we chose a model, the Commonwealth could provide training in a cost-effective manner. We would need to figure out how to sustain the models and their level of quality.

South Dakota used \$4.3 million in FY17 to purchase FFT services statewide, ART in six locations, and MRT in eight locations with a telehealth option for its rural population.

In Kentucky, 90% of funds are allocated to a competitive grant program for counties to establish evidence-based community programs that provide alternatives to out of home placements. The remaining 10% is for one-time allotments for counties who do not receive competitive grants. Ms. Threadgill noted that there is not as much information about services purchased because they are just rolling out the program.

Kansas developed statewide contracts to provide programming for justice-involved youth and is spending around \$2.5 million per year. FFT is now offered statewide, and there are also MRT, ART, and community-based sex offender treatment services available. Kansas also distributed formula-based county grants and competitive regional grants.

Ms. Threadgill said that there are many good write-ups on Connecticut, which she can share with the group. In short, the state funds an array of evidence-based services through Court Support Services and DCF. They have also invested in service navigators.

Connecticut connects youth to services through a rigorous screening and assessment process based on Risk-Need-Responsivity Principles. Ms. Fadel asked who funds these services, and Ms. Threadgill said it is a combination of DYS and their court system, though their DYS is included as a part of their DCF. Ms. Mossaides noted that Connecticut had some horrific deaths and a federal lawsuit that triggered rethinking about their system years ago.

Mr. Daly noted that one challenge in evidence-based practices is tracking them. He asked if the Washington State Institute was the go-to resource, especially now that SAMHSA's service is down. Ms. Threadgill said that WSIPP was an excellent resource.

Mr. Daly mentioned some of the work happening at the state level and the need to identify those programs that are successful. Ms. Mossaides said that there needs to be money and

commitment to improve data integrity, and then we could use the information to assess programs at the state level. The data is critical to make the case to citizens to support the cost of the programs.

Ms. Fadel noted that WSIPP doesn't only look at programs in Washington state, but that the information is applicable nationwide. Mr. Jenney shared that at one point, DPH was working out the effectiveness of each model in their BSAS programs. The tool that they used (Results First) may be worth looking at again.

Ms. Threadgill returned to the presentation to discuss California. The types of services California has funded have been all over the map, and include community policing, public housing, park services, mental health screenings and treatment, and after-school programs. Counties are statutorily required to report data for evaluation efforts, including arrest rate, incarceration rate, probation violation rate, restitution rate, and community service completion rate. Los Angeles County has used some of its funds to provide grants to smaller nonprofit organization. California Youth Reinvestment grants are specifically dedicated to trauma-informed, community-based diversion interventions. 94% of the funding goes to organizations serving communities with high rates of juvenile arrests and high rates of racial/ethnic disparities within those arrests. The remainder funds programs for diversion in Native American communities and grant administration.

Ms. Threadgill asked the group if there were any questions or comments regarding other state models. Ms. Fadel commented that it was a very thorough presentation. Mr. Jenney clarified that these states were selected because they had recent legislation mandating changes. Ms. Threadgill confirmed, and added that Connecticut and California were included because they had good documentation of their efforts.

Mr. Daly asked if the California Youth Reinvestment Grants were for evidence-based services. Ms. Threadgill said yes, but there was not a clear definition of what counts as evidence-based.

State Funding for Community-Based Services for Youth: FY20 budget

Ms. Threadgill noted that the estimates presented here come with a series of caveats:

- The information was drawn primarily from FY20 budget documents and state website searches
- Individual agencies may spend operating funds on relevant programming/initiatives not specifically delineated in the budget
- We are awaiting answers to questions on the proportion of funding dedicated to youth from some agencies

- There is some rounding for brevity

Ms. Threadgill shared a framework for the analysis that includes the following types of services:

- Diversion programming
- Service navigators
- Youth violence prevention
- Targeted employment programs
- Behavioral health services
- Positive youth development services

In FY2020, the Commonwealth will spend approximately \$1.025 million on diversion programming. Probation received \$350k+ for diversion programming, which has been done via a competitive grant program for the past two years. Other specific earmarks include \$500k for the DYS RFK Detention Diversion Advocacy Program, \$100k for Youth Court programs, and \$75,000 for YouthConnect with the Boston Police Department. Ms. Threadgill noted that DA-funded diversion, locally funded diversion, and programs funded by other line items used for diversion but not specifically dedicated to diversion are not included in this count.

The Commonwealth will spend approximately \$25.96 million on service navigation. DMH received \$7.46 million for juvenile court clinicians, DCF received \$16 million for family resource centers (entire budget) and \$500k for MHAP for Kids, and DESE received \$2 million for SHARE school grants. SHARE grants are new and relate to integration of services in schools. DA-funded diversion coordinators, YAD attorneys and social workers, and case management services provided by other line items are not included in this total.

Mr. Jenney asked if we were discussing services pre or post adjudication. Ms. Threadgill clarified that we are discussing pre-adjudication.

Dr. Connolly added that DMH contracts with vendors for juvenile court clinicians, and that they primarily provide assessment services. The vendors tend to be more locally based than the adult system. Ms. Mossaides asked if the vendors are hired for specific services, and Dr. Connolly confirmed that they are.

The Commonwealth will spend approximately \$24.81 million on youth violence prevention in FY20. EOPSS will receive \$11 million for Shannon grants, EHS will receive \$10.2 million for Safe and Supported Youth Initiative, and DPH will receive the remaining funds for a variety of prevention programs.

The Commonwealth will spend approximately \$18.615 million on targeted employment program. Ms. Threadgill reminded the group that these programs are not necessarily only

for justice-involved youth. Funding includes \$16 million for YouthWorks and \$2.4 million for YouthBuild.

The Commonwealth will spend approximately \$514.1 million on behavioral health services, however Ms. Threadgill noted that she was not able to separate the youth funding from the adult funding for most of the line items. Mr. Jenney said that DPH will have to coordinate with MassHealth to estimate the youth budget. Even with caveats, behavioral health services are the largest line item by far.

The Commonwealth will spend approximately \$16.4 million on positive youth development programming, including secondary violence prevention and after-school programming.

In terms of funding for youth detention and commitment, the state will spend \$115 million on secure commitment, as well as \$28 million for pre-trial detention.

Ms. Threadgill said that funding for a variety of programs has increased over the years, including Shannon grants and Family Resource Centers. She referred the group to MassBudget's Children's Budget website if members had any interest in learning more about funding history over time.

Ms. Fadel asked if references to young adults included 17 year olds. Ms. Threadgill said that many grant programs are geared towards the 17-24 demographic, and tend to refer to this group as "young adults." Ms. Fadel asked DMH for clarification on its definition of young adult. Dr. Connolly said that they are thinking about transition age youth up to the age of 24. Ms Fadel noted that the 17-24 year old age range is not consistent across agencies.

Ms. Threadgill presented a draft of a map from a different EOHHS project that shows where different behavioral health services are located. The map shows that there are large regions of the state that are not being served. Ms. Mossaides shared that the OCA is finishing up a study on services for transition age youth, and there are huge areas of the Commonwealth without services for this population. Transportation has been identified as an issue in that study, which reinforces some of the known barriers to service delivery.

Ms. Threadgill presented the following takeaways and questions from the budget analysis:

1. Diversion-specific state funding is very limited.
2. There has been growth in several line items that support programming that is or could be used for diversion.
3. Are there opportunities to make it easier to connect diversion-eligible youth to state-funded services?
 - a. Increased support for service navigation
4. Do we have the right service array for target populations?

- a. To what extent are funds spent on evidence-based services and/or targeted toward high risk/need youth?
5. Programming clustered in urban areas
 - a. How can we make programming more accessible to rural areas?

Mr. Jenney noted that DPH is not able to keep their in-patient adolescent treatment beds full, which is in contrast with what others say about there being no beds available. They have actually closed a couple of programs as a result. Ms. Fadel suggested that perhaps intensive treatment is not the correct modality for some of the younger children.

Mr. Jenney said that for 13-17 year olds, what they need is to get them into peer social activities like sports leagues, but those services aren't funded. Ms. Mossaides asked if this was the "warm handoff" issue that the secretary has referred to in the past. Ms. Fadel asked if the state could subsidize memberships for programs like local boys and girls clubs. Mr. Jenney said that this could be an option and that DPH is looking to fund some scholarships. Ms. Mossaides mentioned the Lyman Trust and the Wonderfund as potential funding sources.

Mr. Glennon said that while we have resources for programs, we are not resourced to connect the right kids with the right programs. He believes that the court system is not the right place for this, and that this matching should be the role of the DA's office. Ms. Fadel said that at some point, CfJJ advocated for \$50k per county for diversion, but there was disagreement about where the money should go. Mr. Glennon said that the DA's office was not going to apply to probation for grants. Ms. Mossaides asked if it would be helpful if the child's assessment was done in an independent place. Dr. Connolly noted that the court clinics serve as a good model, but we would likely need earlier intervention. In addition, evidence-based practices are a huge issue in terms of fidelity. It is important to take risk/need/responsiveness seriously during individual assessments. We can use what we know to direct funds to where the needs are greatest.

Ms. Spanjaard asked if there was any concern about who owns diversion information about kids in other states. Ms. Threadgill said that is a concern, and that states may try to keep the information from being included on an official court record. In Delaware for example, diversion data is collected by the state, but does not appear on a court record. Dr. Connolly said that adult diversion has the same problems with definitions as the juvenile system, and that data collection is its own problem. There is actually a lot of diversion at the police level.

Mr. Daly shared that they are also trying to look at gender-specific program and train more of the workforce to access these services locally.

Presentation from DYS re: JDAI Grants

Ms. Sibanda shared some information regarding JDAI's recent RFR process. JDAI offered two awards of \$50k each for collaborative projects aimed at reducing reliance on retention. Applicants were asked to address one of JDAI's goals, reducing racial and ethnic disparities. Applicants were also asked to address youth and family engagement, demonstrate how they will show that they have achieved their desired outcomes, and address sustainability. They received nine applications representing a range of programs, such as diversion and re-entry. The applications highlight the issues counties have been struggling with and emphasized the need for collaboration. JDAI will announce the winners in the next couple of weeks, but in the meantime, Ms. Sibanda can share the RFR. Ms. Threadgill shared that the process sounds similar to what Kansas and California are doing, and that this shows counties can collaborate within without a strong county system. Mr. Daly praised Ms. Sibanda's work, saying that she had created a solid foundation to build on with the JDAI work.

Ms. Threadgill recapped by reminding the group that for the first few meetings, we took deep dives into police, DA, and judicial diversion. Over the last few meetings, we have talked about the survey results, other state models, and funding. This ends the list of things that the group wanted to learn, and now we need to prepare our report. Ms. Threadgill said that she will bring ideas for recommendations that we can workshop at the next meeting. Members were asked to send any ideas for recommendations to Ms. Threadgill in advance of the next meeting.

Meeting adjourned: 3:50PM