

Juvenile Justice Policy and Data Board

Community Based Interventions Subcommittee

June 18th
1pm – 3pm

Agenda

- Welcome and Introductions
- Approval of Minutes from May Meeting
- Referral from JJPAD Board – Response Mapping
- Presentation on Results of Community-Based Intervention Referrer Survey
- Presentation & Discussion re: Initial Findings and Work Plan for Remainder of 2019

Incident Type	Incident Location/Time	Areas of Concern	Immediate Response (Point of Contact)	Short-Term Follow up	Challenges	Possible Responses	Longer-Term Follow Up	Potential System Gaps
Violent (e.g. fighting)	Home	Youth at risk of immediate harm to self	Arrest (not possible in some circumstances)	Delinquency Complaint	Youth Refusal to Participate in Services	Encourage Parents to File CRA	Court Involvement (Delinquency)	Gaps in law enforcement authority to remove non-compliant youth from scene in some circumstances
Property (Theft, Destruction)	Community	Youth at risk of harm to others (public safety risk)	Take into protective custody (limited circumstances)	Offer Diversion	Family Refusal to Participate in Services	File CRA (only possible in limited circumstances)	Court Involvement (CRA)	Lack of awareness of options among some system actors
Trespass, Disorderly Behavior	School	Mental Health (Crisis Level)	Issue Directive (leave scene)	Connect with FRC for Assessment	Family Barriers to Participation (e.g. Transportation or time to get youth to appointments)	Re-assess youth needs & service plan	Care & Protection Case	Lack of legal leverage to compel participation in services in some situations
Drug/Alcohol	Daytime	Mental Health (Non-Crisis Level)	Contact Guardians	Direct Referral for Services	Linguistically or culturally appropriate services not available	File 51A	Mental Health Commitment	Assessments for risks and needs not available statewide
Runaway	Evening	Substance Use	Contact DCF	Encourage Parents to File CRA	Waiting Lists for Services	Do Nothing/Wait & See	Youth Connected to Voluntary Community Services	Waitlists for Mental Health Services
Sexually inappropriate behavior	Night	Child Abuse/Neglect	Bring to Emergency Room	File CRA (only possible in limited circumstances)	Services are not working (behavior continues)	Provide family with support (e.g. help with transportation)	IEP	Gaps in Linguistically or Culturally Appropriate Services
Motor Vehicle		Sexual Exploitation	Contact ESP/Mobile Crisis	Short Term MH Stabilization Services (ESP)	Youth is non-compliant with police directives	Delinquency Complaint	None Needed	Transportation
		Gang Involvement	Call 211	File 51A				FRCs not statewide
		Educational Concerns	School Administrative Response	School-Based Assessment (IEP, Behavioral)				Insufficient Behavioral Health Supports in Schools
LAW ENFORCEMENT RESPONSE OPTIONS MAPPING -- DRAFT								

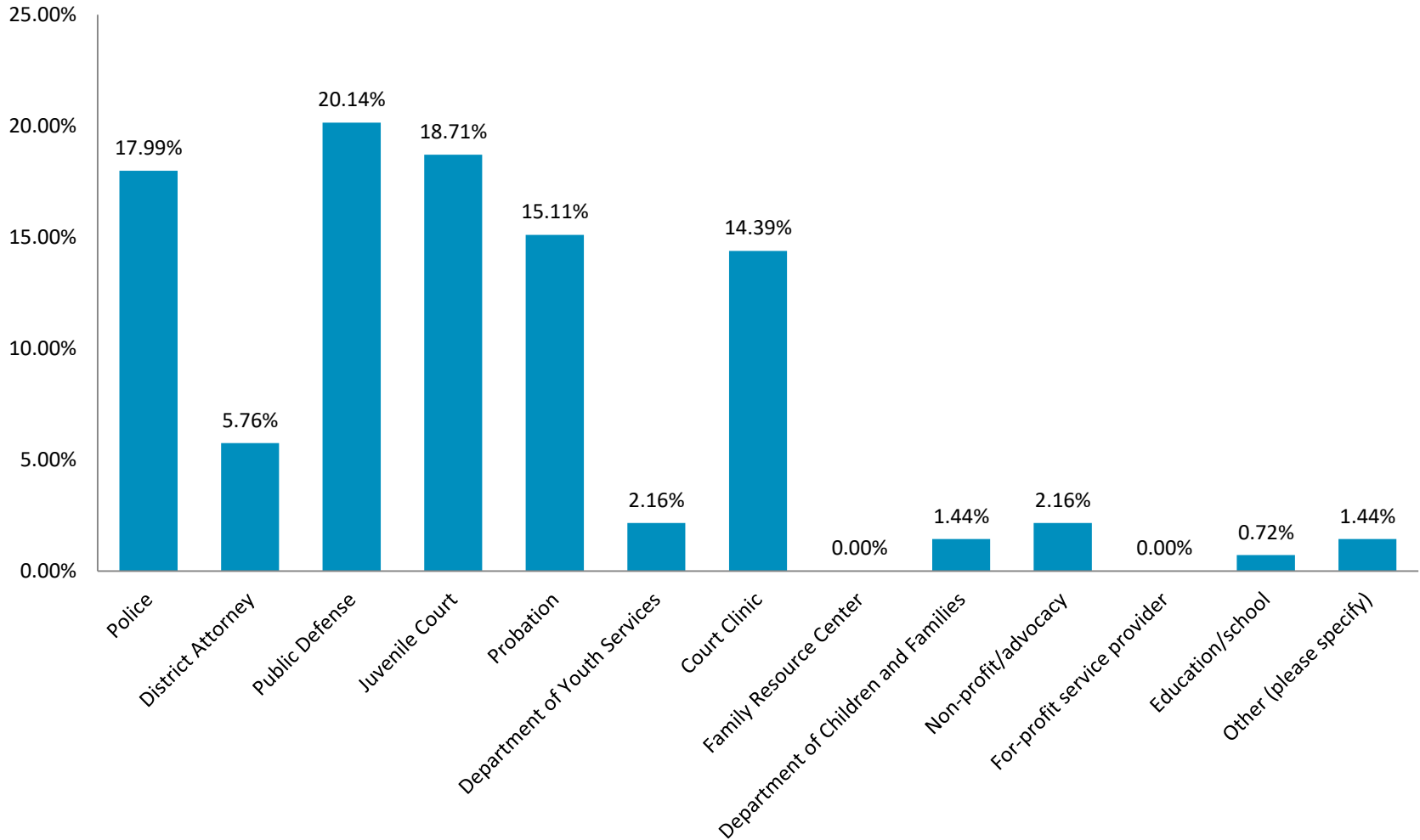
CBI REFERRER SURVEY: INITIAL RESULTS

Introduction & Caveats

- 139 Respondents
- Not necessarily a “representative sample”
 - Not adjusted for county size
 - Lower response from DAs, DYS and non-justice system respondents
 - Respondent type differences from county to county
- Today’s presentation is an initial cut
 - More to come!

STATEWIDE

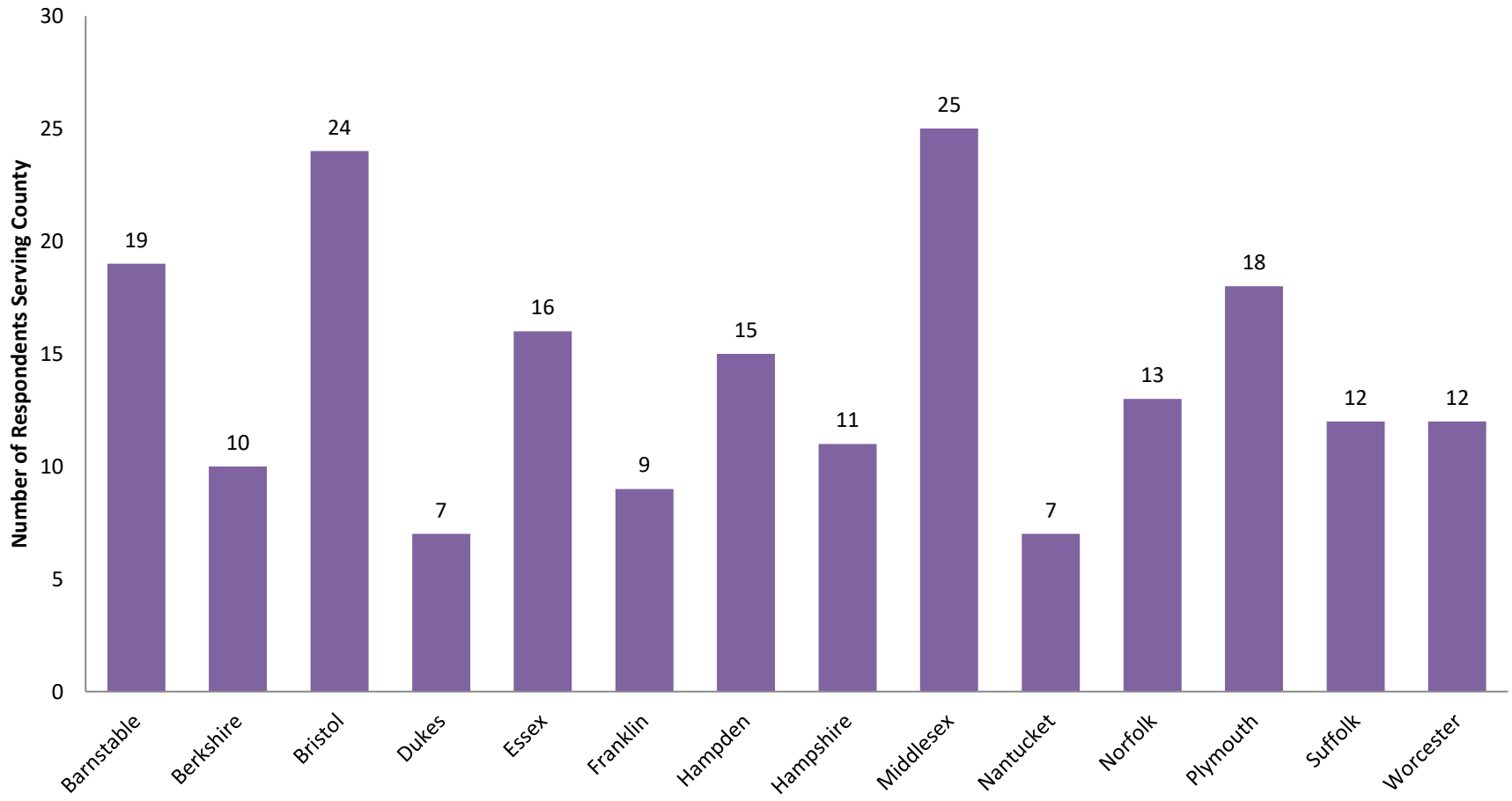
Respondent Type



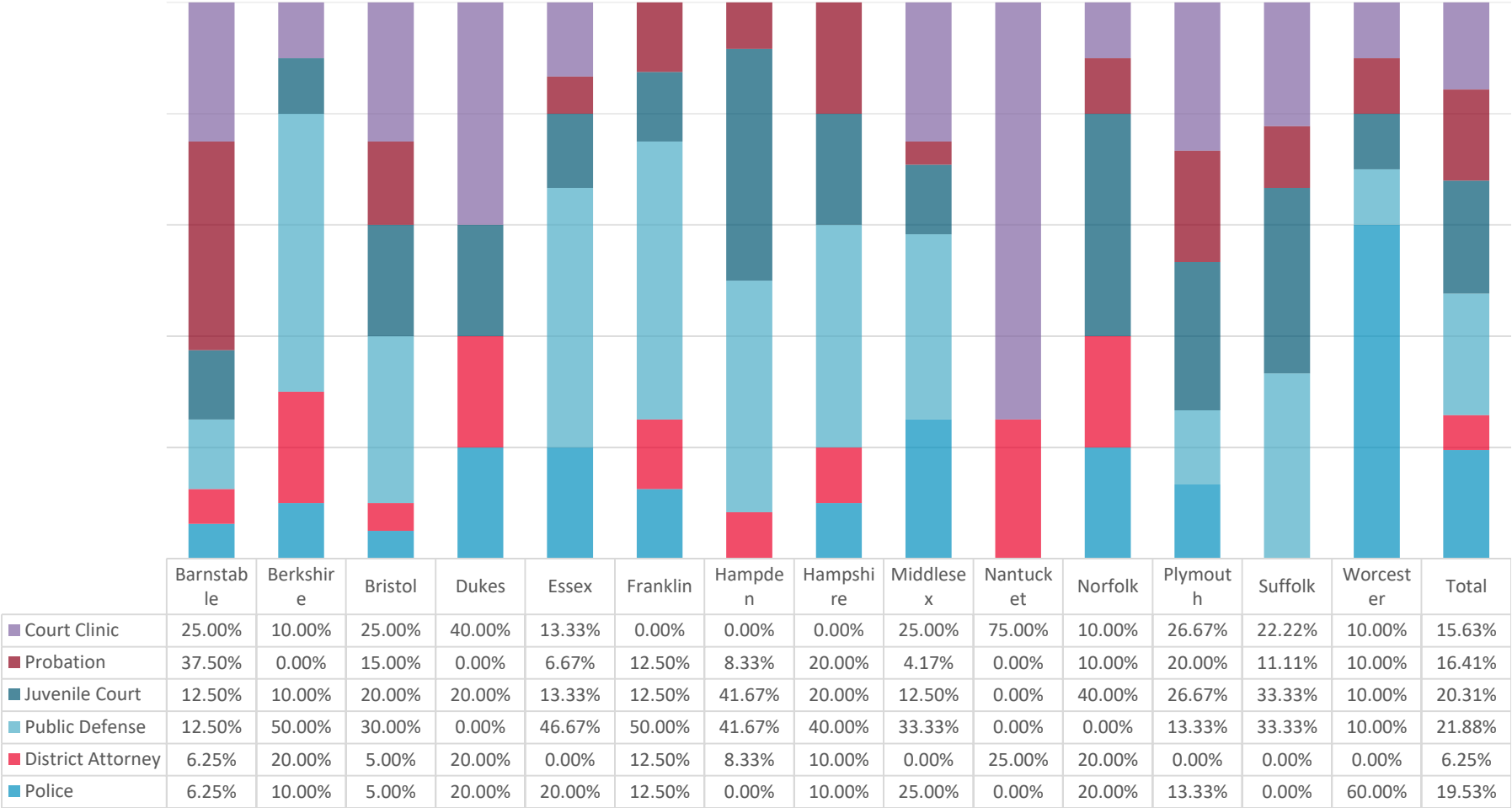
COUNTY

Respondents by County

Counties Served



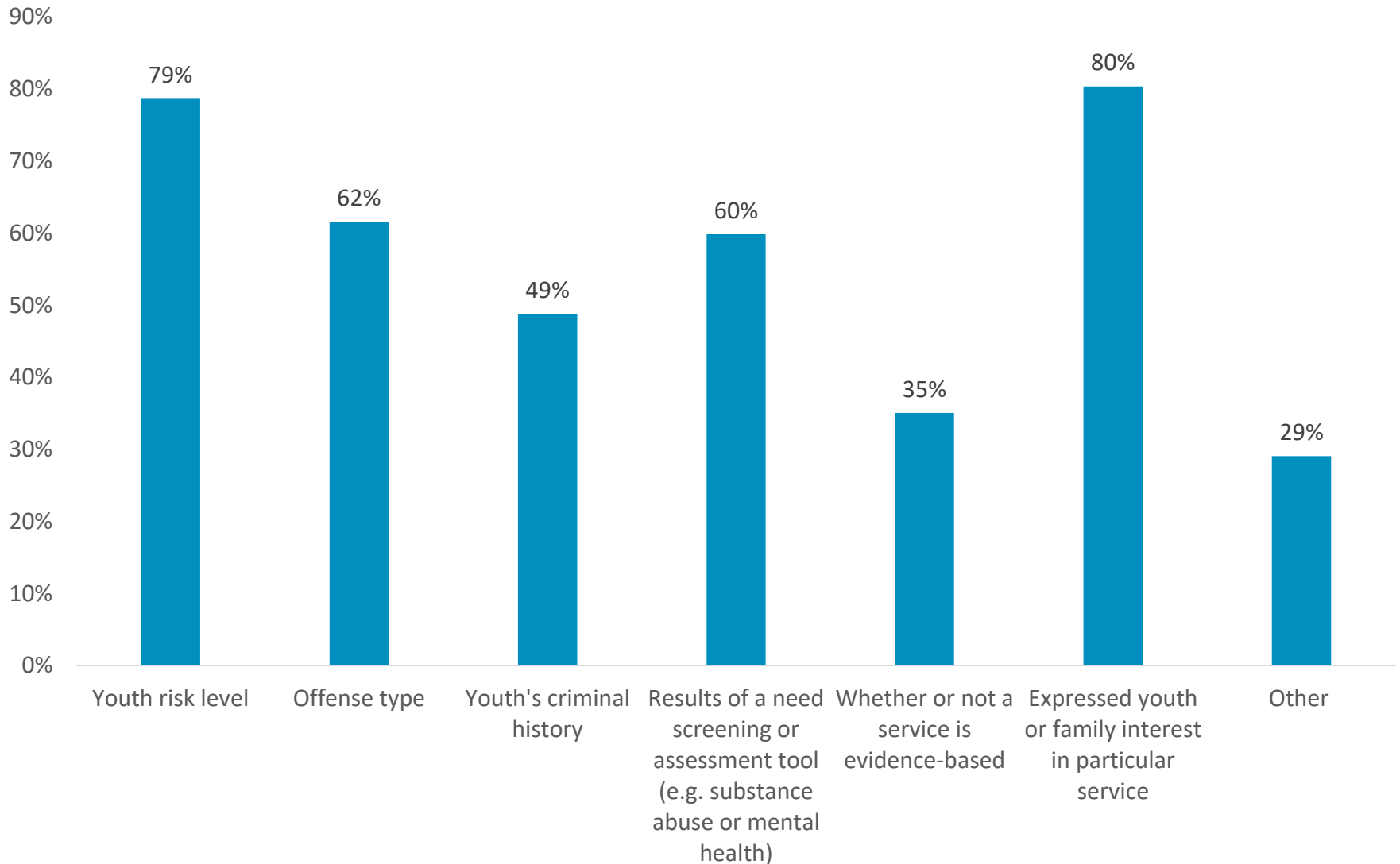
Respondent Type by County



REFERRAL DECISION-MAKING

STATEWIDE

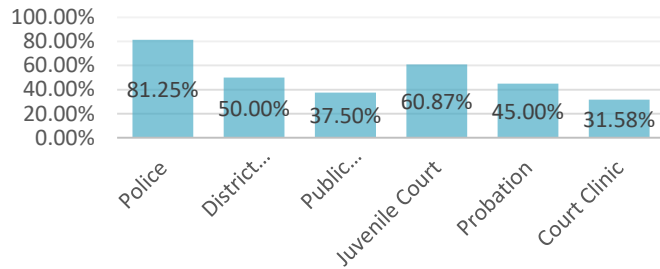
Factors Guiding Referral Decisions



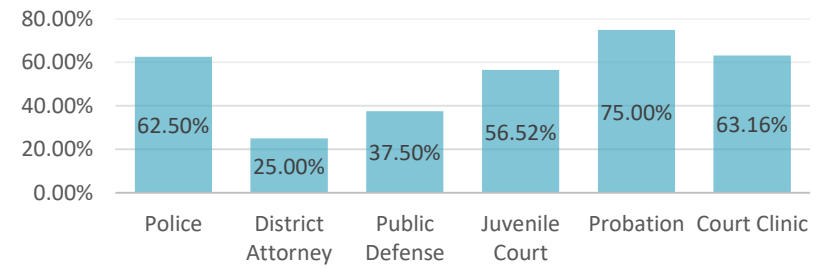
RESPONDENT TYPE

Differences in Factors Used to Make Referral Decision, by Respondent Type

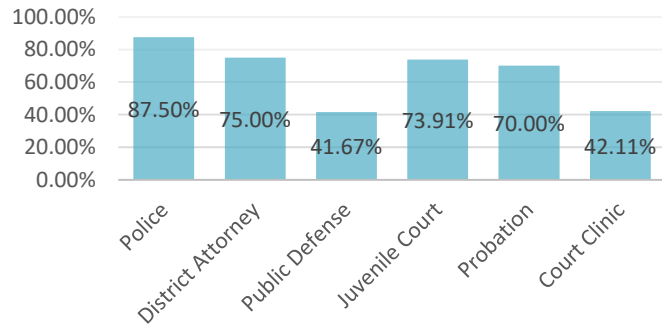
YOUTH'S CRIMINAL HISTORY



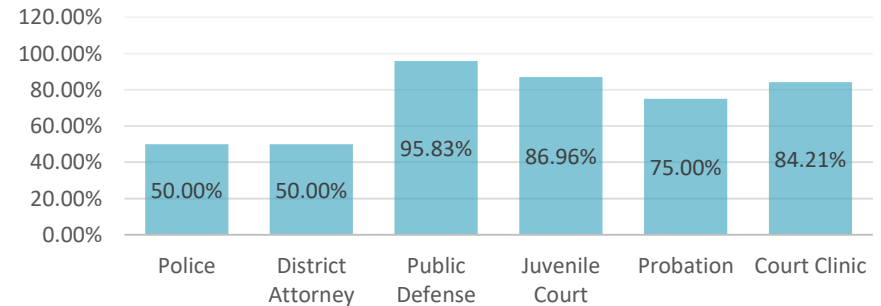
RESULTS OF A NEED SCREENING OR ASSESSMENT TOOL



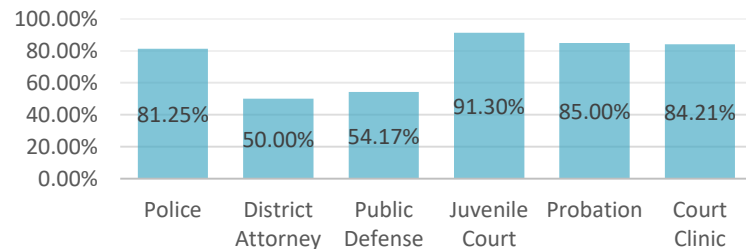
OFFENSE TYPE



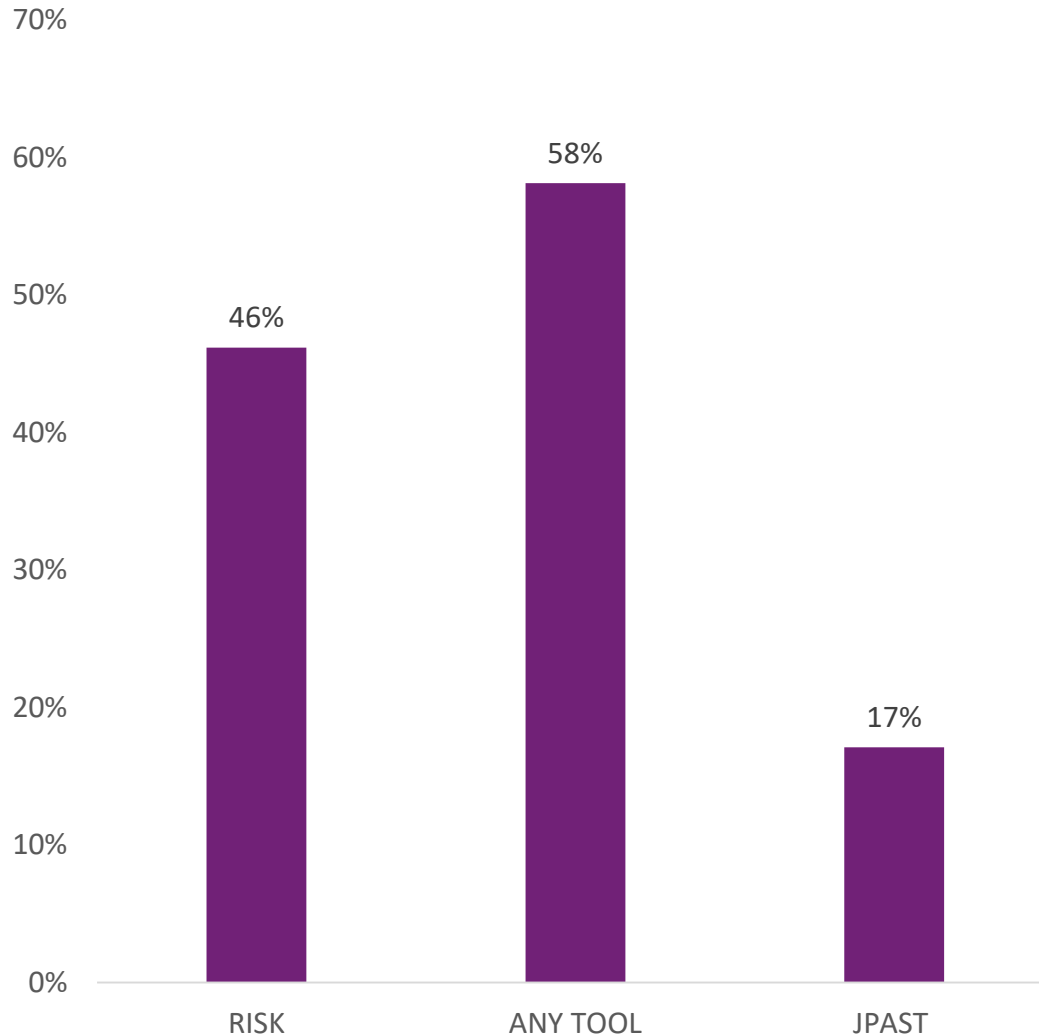
EXPRESSED YOUTH OR FAMILY INTEREST IN PARTICULAR SERVICE



YOUTH RISK LEVEL



Use of Screening or Assessment Tools



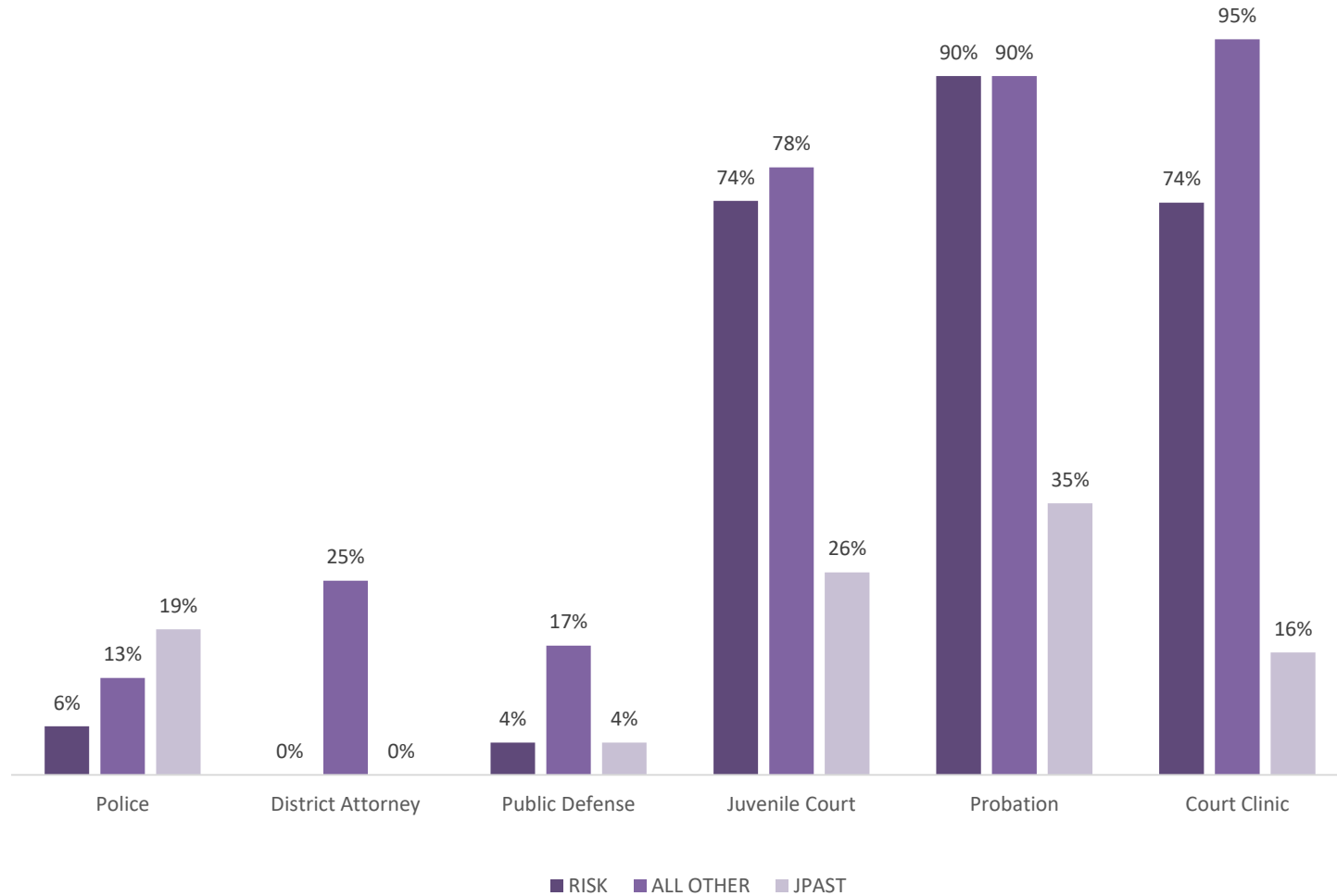
RISK: General risk of recidivism tools - OYAS, YLS-CMI, SAVRY

ANY TOOL: Any tool that identifies needs (e.g. OYAS, YLS-CMI, SAVRY, CANS, GAIN, MAYSI-2, TSCC, BASC)

JPAST: Kept separate because it predicts risk of failure to appear rather than risk of recidivism

Respondent Type

Use of Screening or Assessment Tools

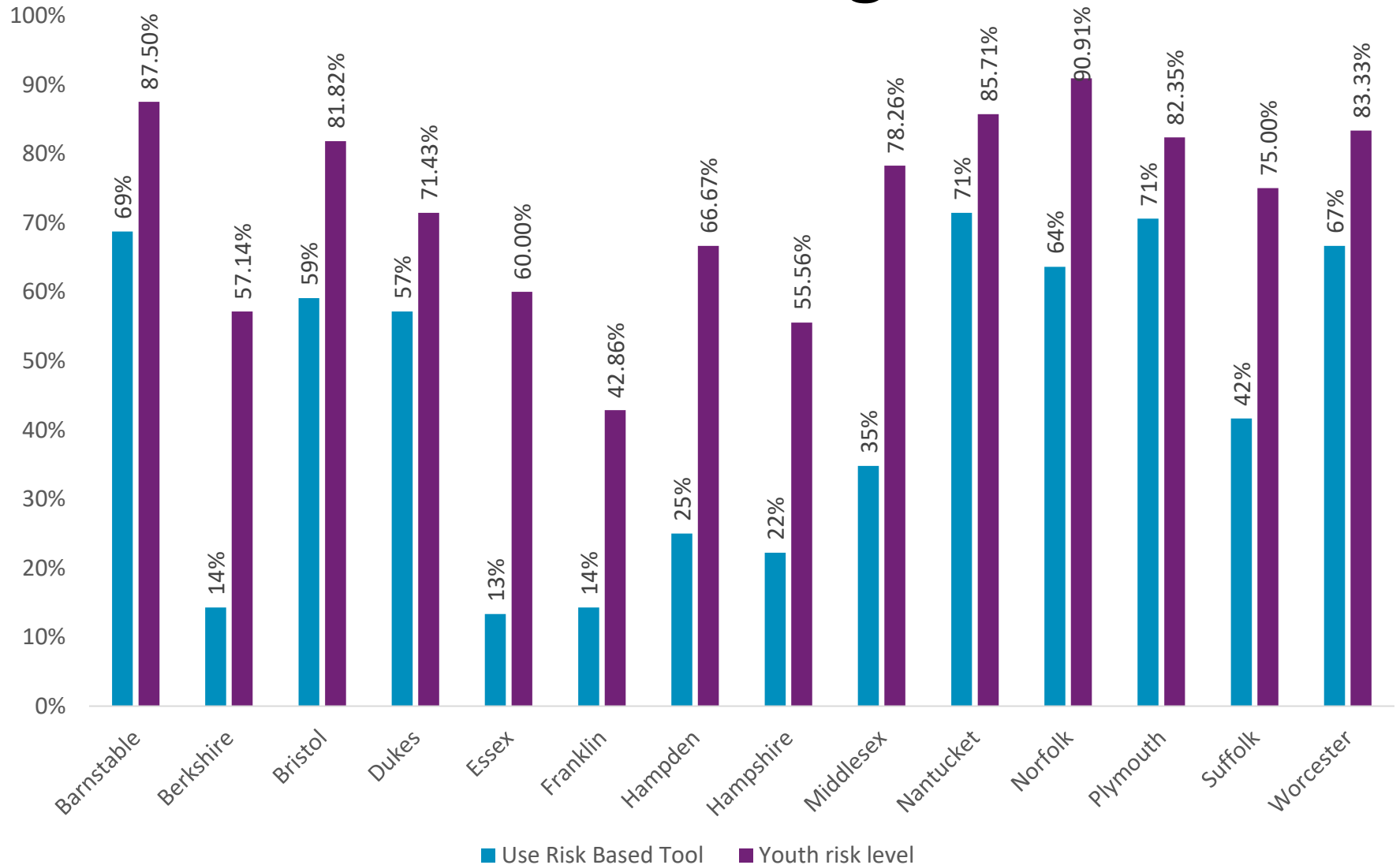


Assessment Tools Varies by Respondent Type

Assessment Tools by Respondent Type	
Respondent Type	Most common screening/assessment tools used
Police	J-PAST (19%), Do not use screening tool (63%)
District Attorney	BASC (25%), Do not use screening tool (50%), Other (75%)
Public Defense	Do not use screening tool (79%)
Juvenile Court	GAIN (22%), J-PAST (22%), OYAS (56%), SASSI (18%)
Probation	J-PAST (40%), OYAS (90%)
Court Clinic	BASC (58%), ERASOR (42%), MAYSI-2 (42%), SASSI (58%), SAVRY, (63%). TSCC (58%)

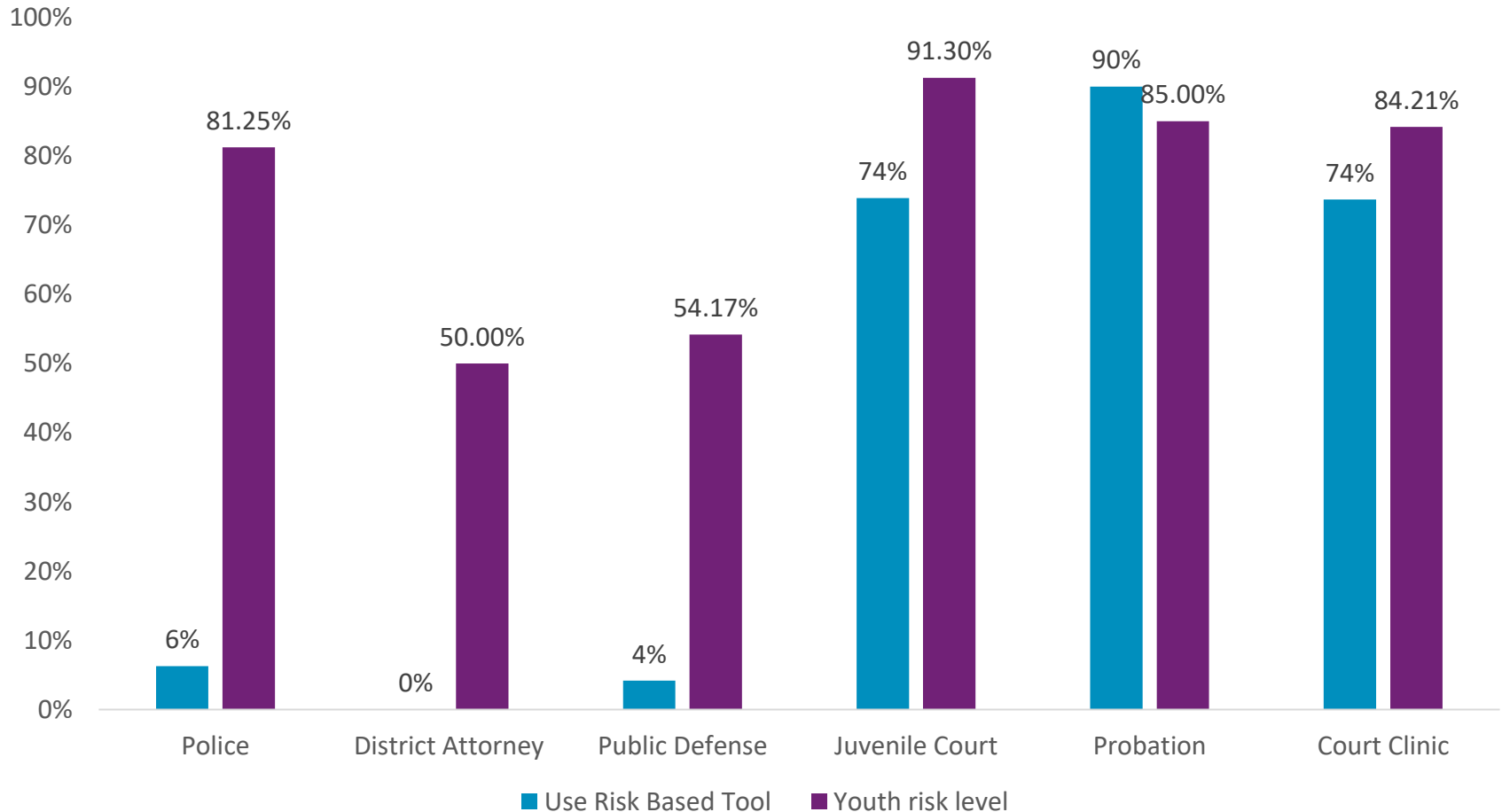
COUNTY

% Considering Youth Risk in Referral Decisions vs % Using Risk Tool



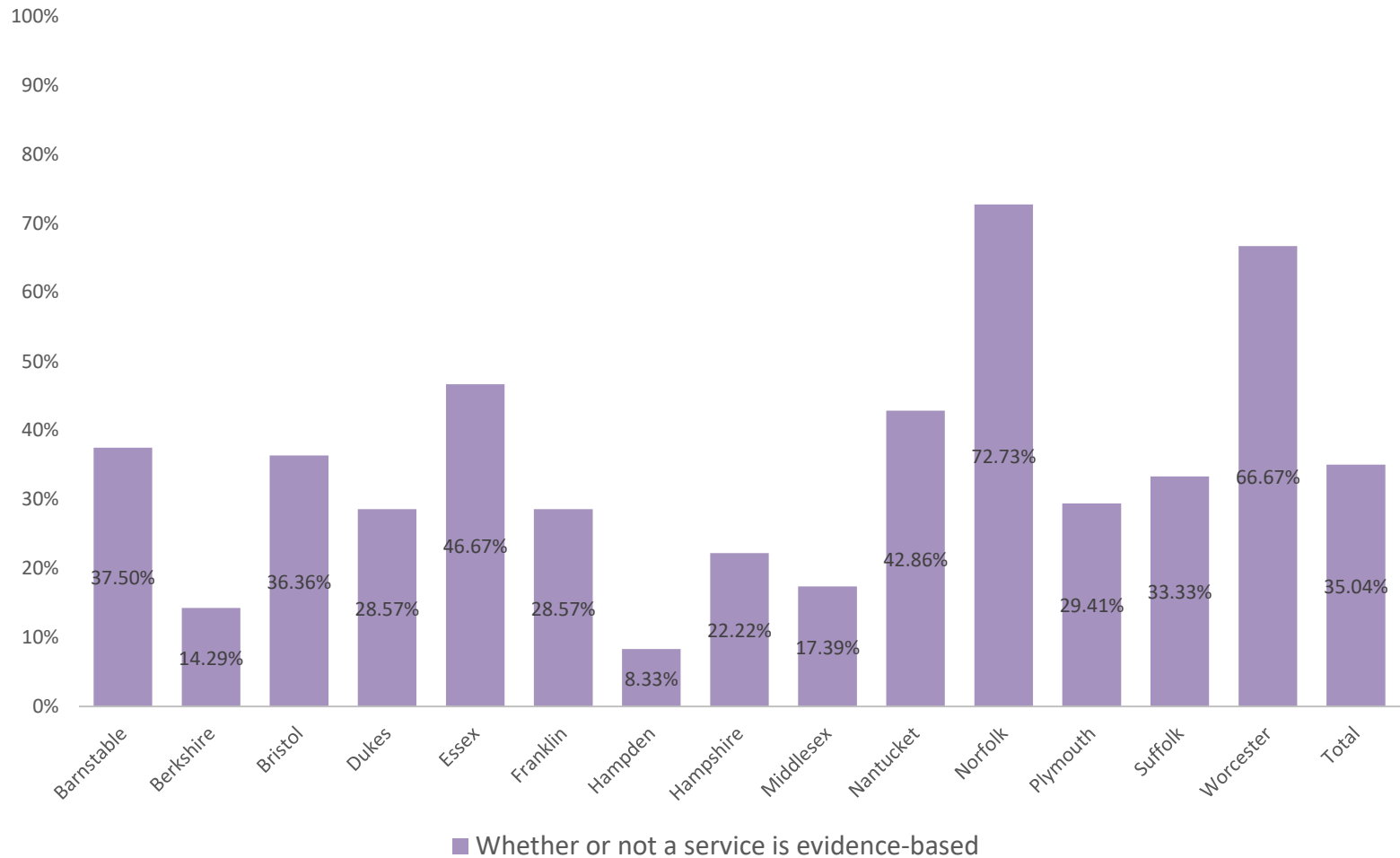
COUNTY

% Considering Youth Risk in Referral Decisions vs % Using Risk Tool



COUNTY

County Variation in Whether Referrers Consider if Programming is Evidence-Based When Making Referrals



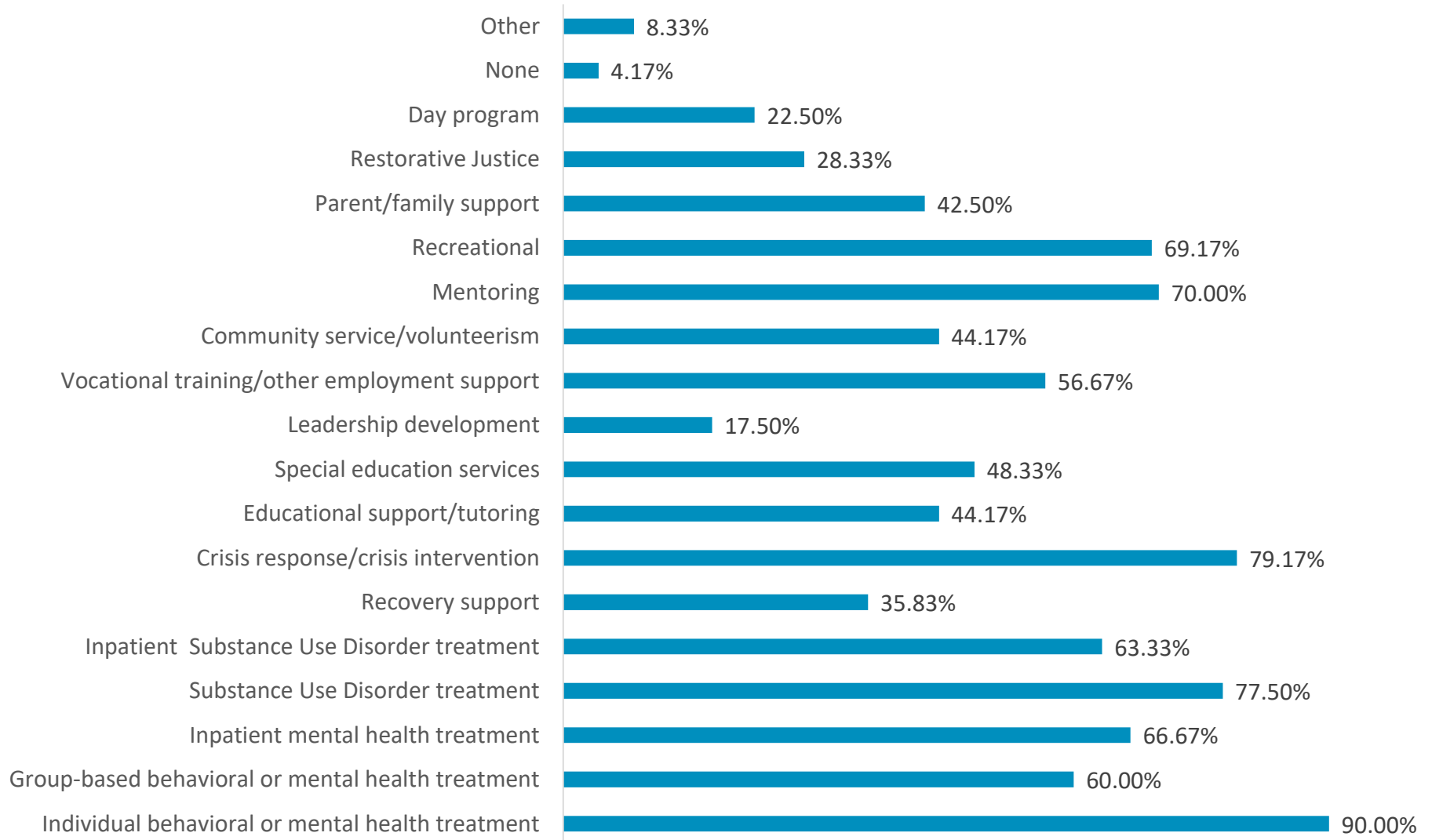
Referral Decision-Making: Initial Takeaways

- General agreement (79%) that youth risk level is an important factor
 - However, only 46% use a validated risk instrument
 - Generally more focus on risk later in process
- Risk and/or Need tools more broadly used later in process
- Variation from county to county in reliance on evidence-based practices (tools, programs)

SERVICE AVAILABILITY & UTILIZATION

STATEWIDE

% of Respondents Aware of Services Existing in Their County



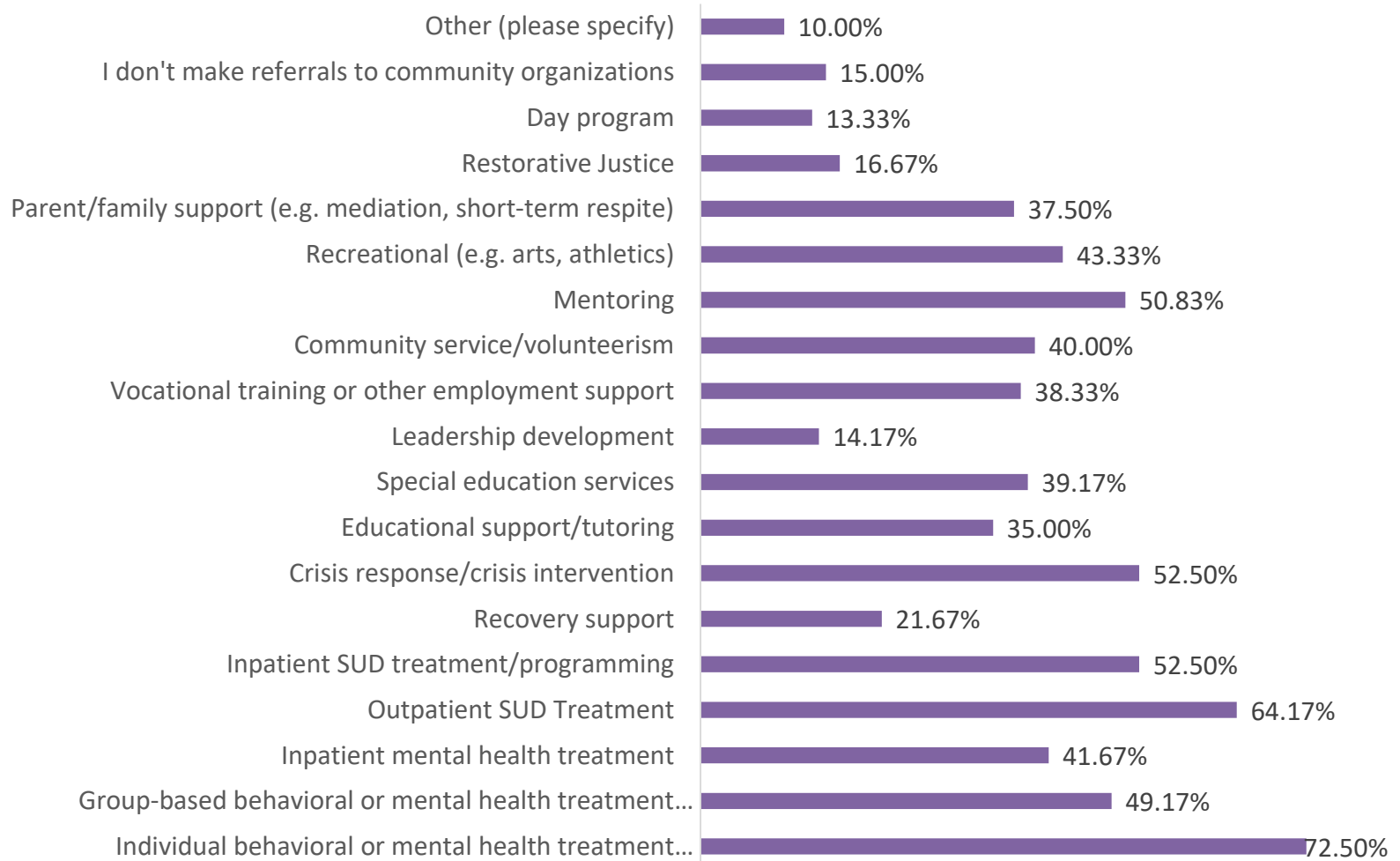
COUNTY

% of Respondents Aware of Services Existing in Their County

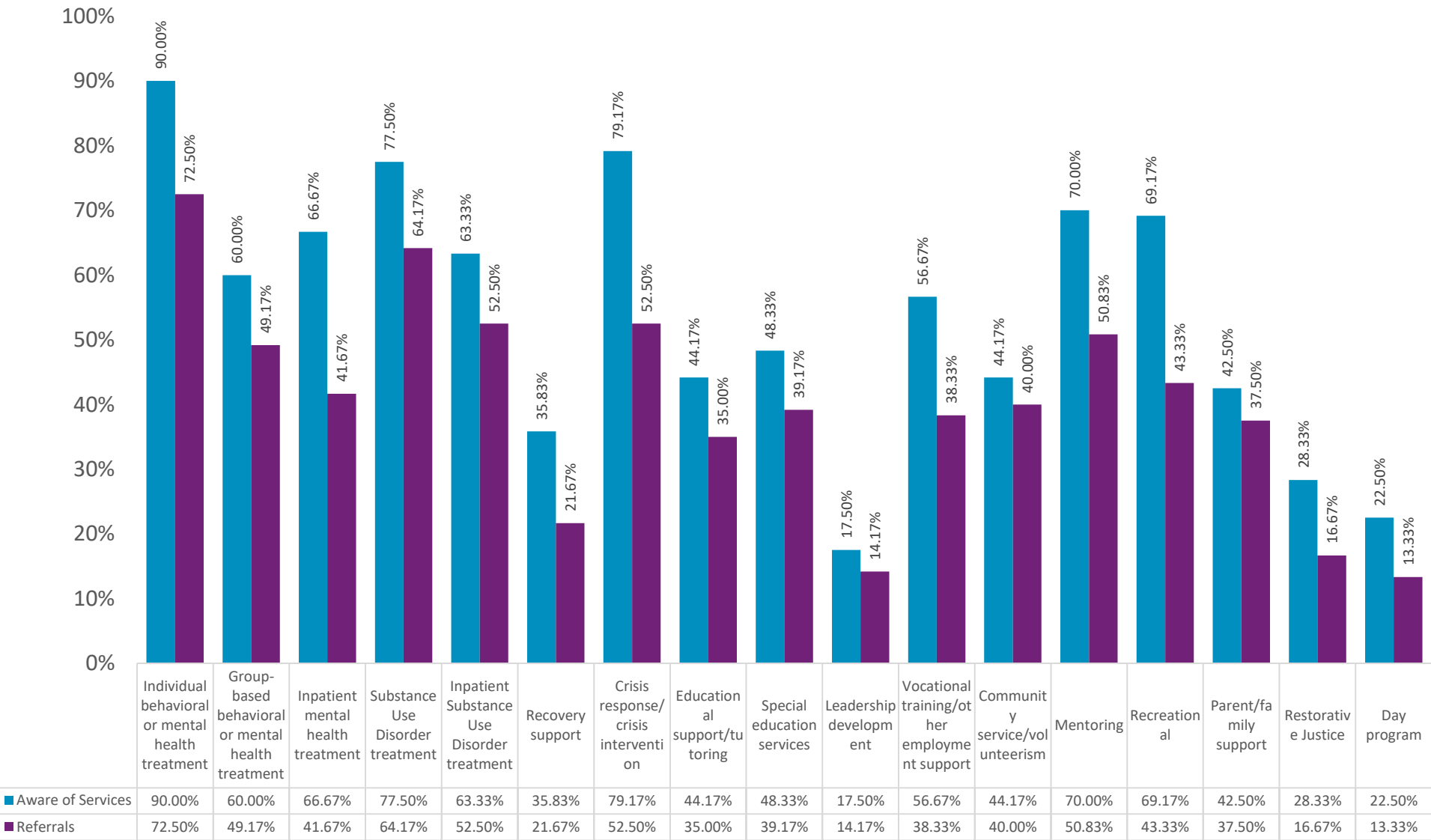


STATEWIDE

% of Respondents Who Make Referrals for Particular Services



Service Awareness vs Utilization



COUNTY % of Respondents Who Make Referrals to Common Service Types



RESPONDENT TYPE

% of Respondents Who Make Referrals to Common Service Types



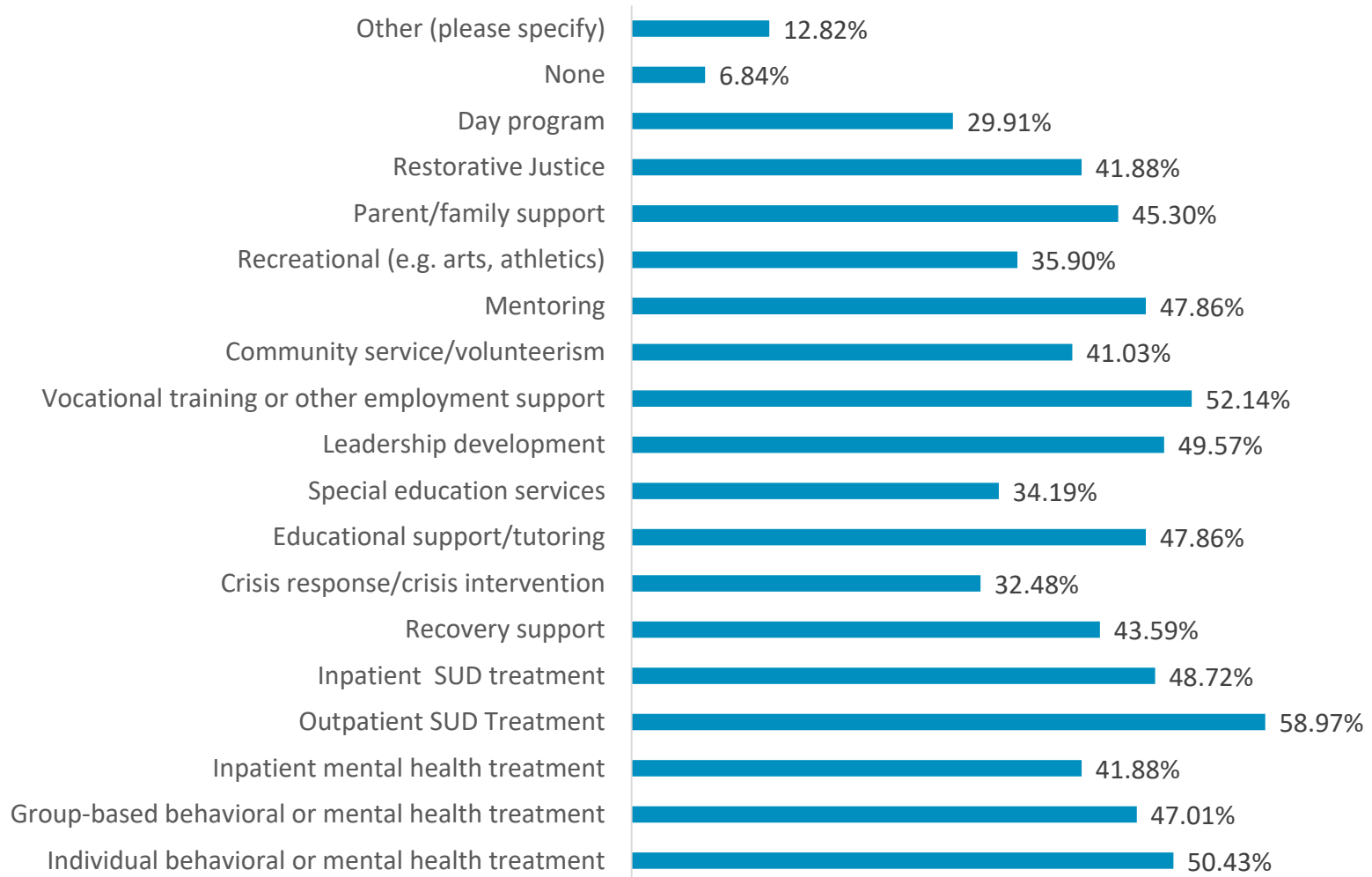
Service Availability & Utilization: Initial Takeaways

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

SERVICE GAPS & BARRIERS

STATEWIDE

Percentage of Respondents Identifying Service Type is Under-Resourced in Their County



% of Respondents Identifying Service Type is Under-Resourced

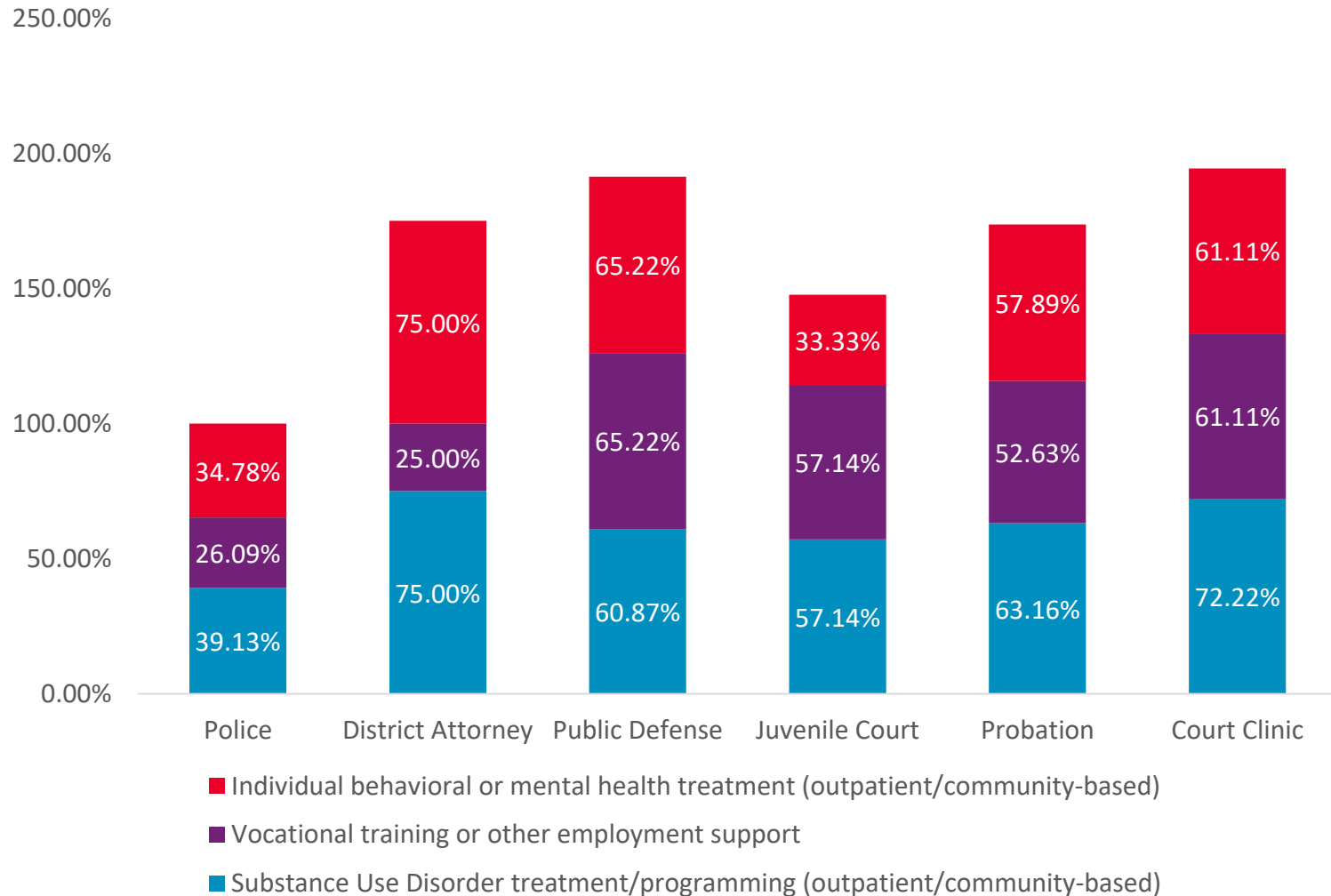


County to County Variation in Service Gaps

UNDER-REPRESENTED OR UNDER-RESOURCED SERVICES:

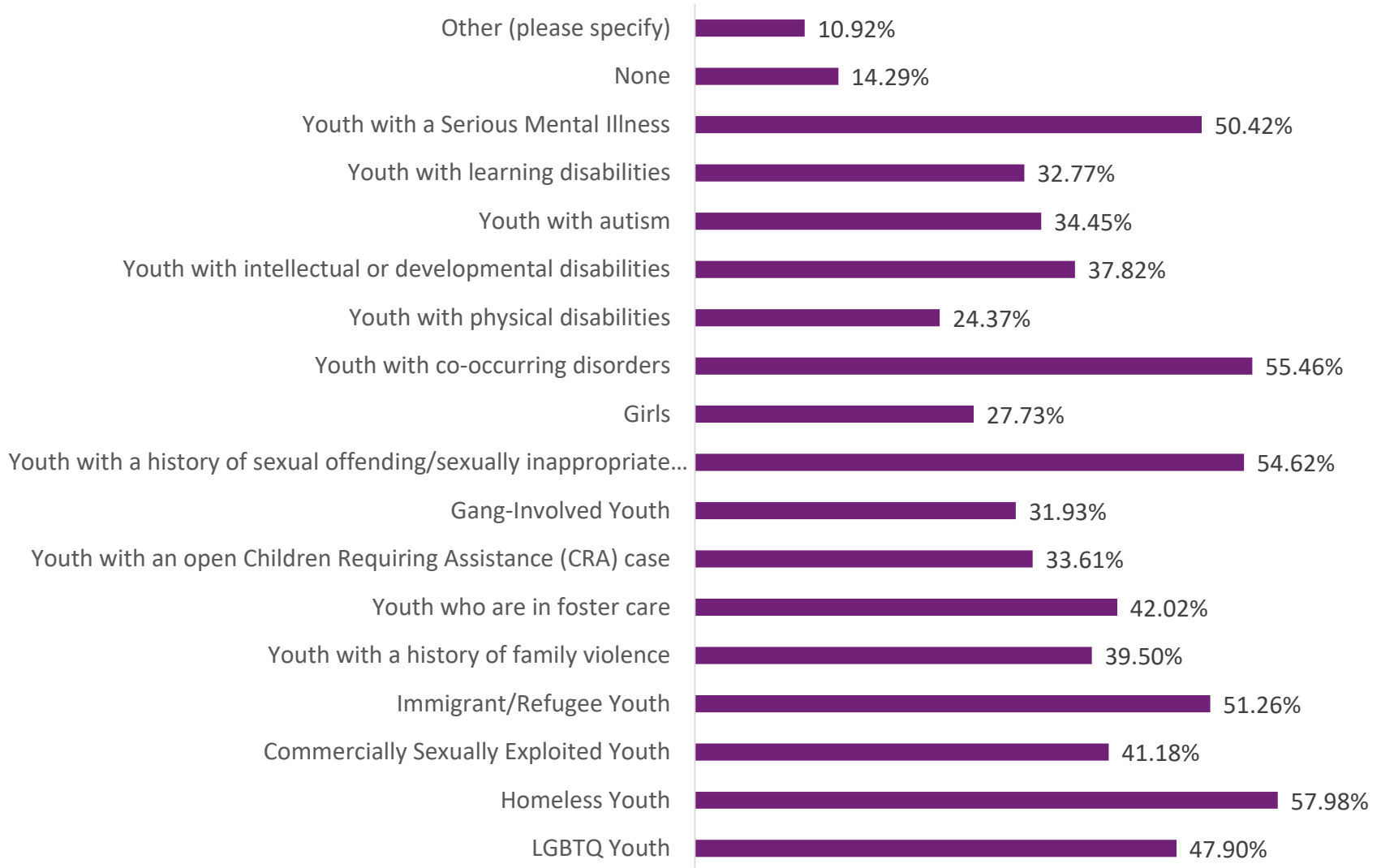
COUNTY	MOST COMMON CONCERNS (OVER 50% OF RESPONDENTS IDENTIFIED GAP)
Barnstable	Group-based behavioral/mental health, substance use disorder treatment, educational support, leadership development, mentoring
Berkshire	Individual behavioral/mental health, substance use disorder treatment, mentoring, parent/family support, restorative justice
Bristol	Group-based behavioral/mental health, substance use disorder treatment, leadership development, parent/family support
Dukes	Vocational training/other employment
Essex	Individual behavioral/mental health, group based behavioral/mental health, inpatient health, substance use disorder treatment, recovery support, educational support, leadership development, vocational training, community service, mentoring, restorative justice
Franklin	Individual behavioral/mental health, mentoring, recreational, restorative justice
Hampden	Individual behavioral/mental health, substance use disorder treatment, educational support, vocational training, mentoring, recreational,
Hampshire	None over 50%
Middlesex	Individual behavioral/mental health, substance use disorder treatment, educational support, mentoring
Nantucket	Substance use disorder treatment, leadership development, vocational training, mentoring, recreational
Norfolk	Individual behavioral/mental health, inpatient mental health, substance use disorder treatment, recovery support, leadership development, vocational, community service
Plymouth	Leadership development, vocational training
Suffolk	Substance use disorder treatment, vocational training, parent/family support
Worcester	Restorative justice

% of Respondents Identifying Service Type is Under-Resourced



STATEWIDE

Percentage of Respondents Identifying Gaps in Service Availability for Particular Populations



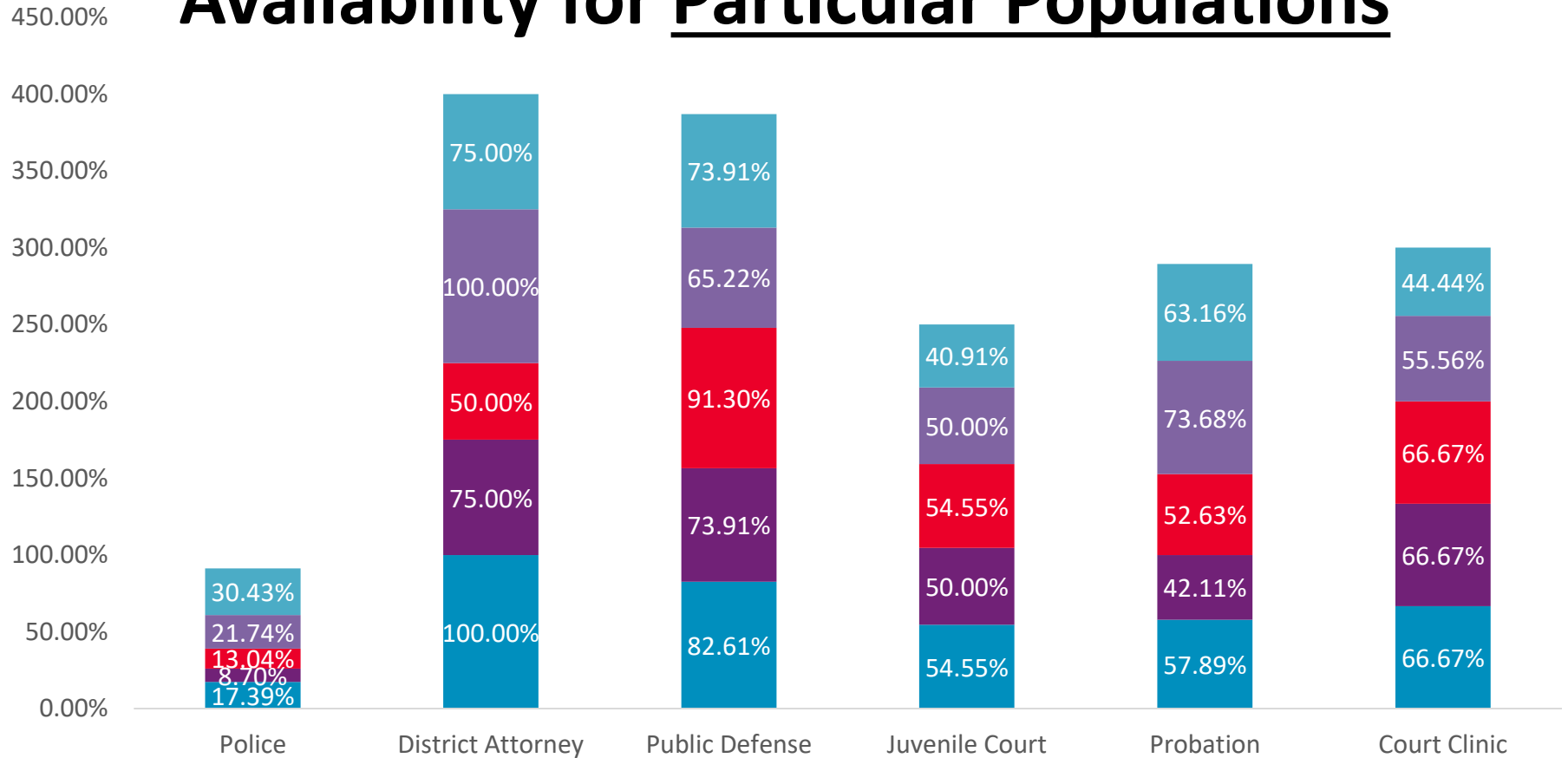
Most-Identified Gap in Service Availability for Particular Populations

Gaps in Services for Particular Populations

County	Most common cited gaps in services
Barnstable	Homeless Youth (92%), Co-Occurring Disorders (77%)
Berkshire	Homeless Youth (75%), Immigrant/Refugee youth (75%), Serious mental illness (75%)
Bristol	History of Sexual Offending (62%)
Dukes	Homeless Youth (80%)
Essex	Homeless Youth (80%), Co-Occurring Disorders (73%)
Franklin	Homeless Youth (71%)
Hampden	History of Sexual Offending (75%)
Hampshire	Homeless Youth (63%)
Middlesex	Immigrant/Refugee Youth (73%)
Nantucket	Homeless Youth (80%)
Norfolk	Co-Occurring disorders (70%)
Plymouth	Homeless Youth (57%)
Suffolk	Homeless Youth (73%)
Worcester	Immigrant/Refugee Youth (45%)

RESPONDENT TYPE

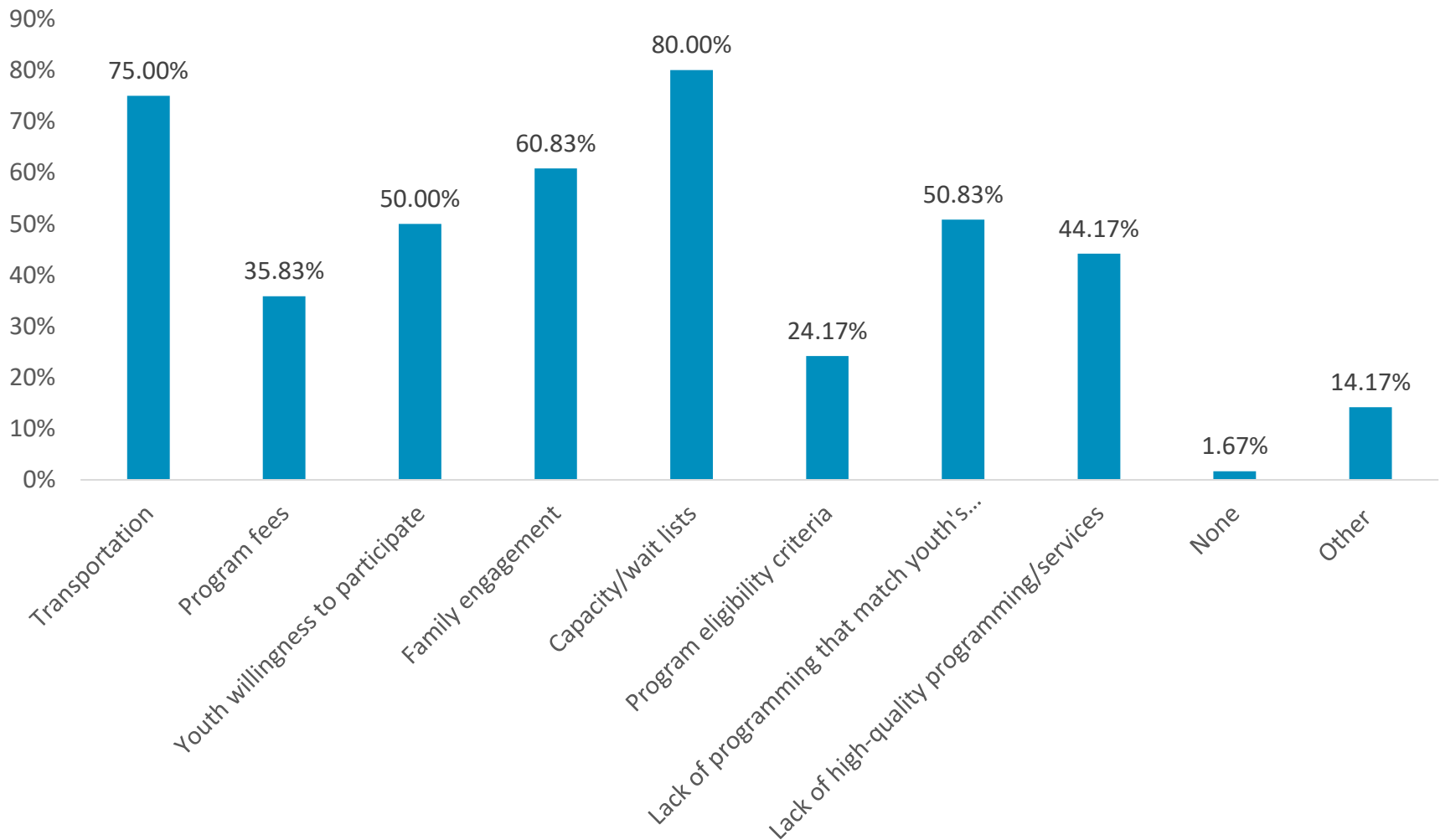
% of Respondents Identifying Gaps in Service Availability for Particular Populations



- Youth with a Serious Mental Illness
- Youth with co-occurring disorders
- Youth with a history of sexual offending/sexually inappropriate behavior
- Immigrant/Refugee Youth
- Homeless Youth

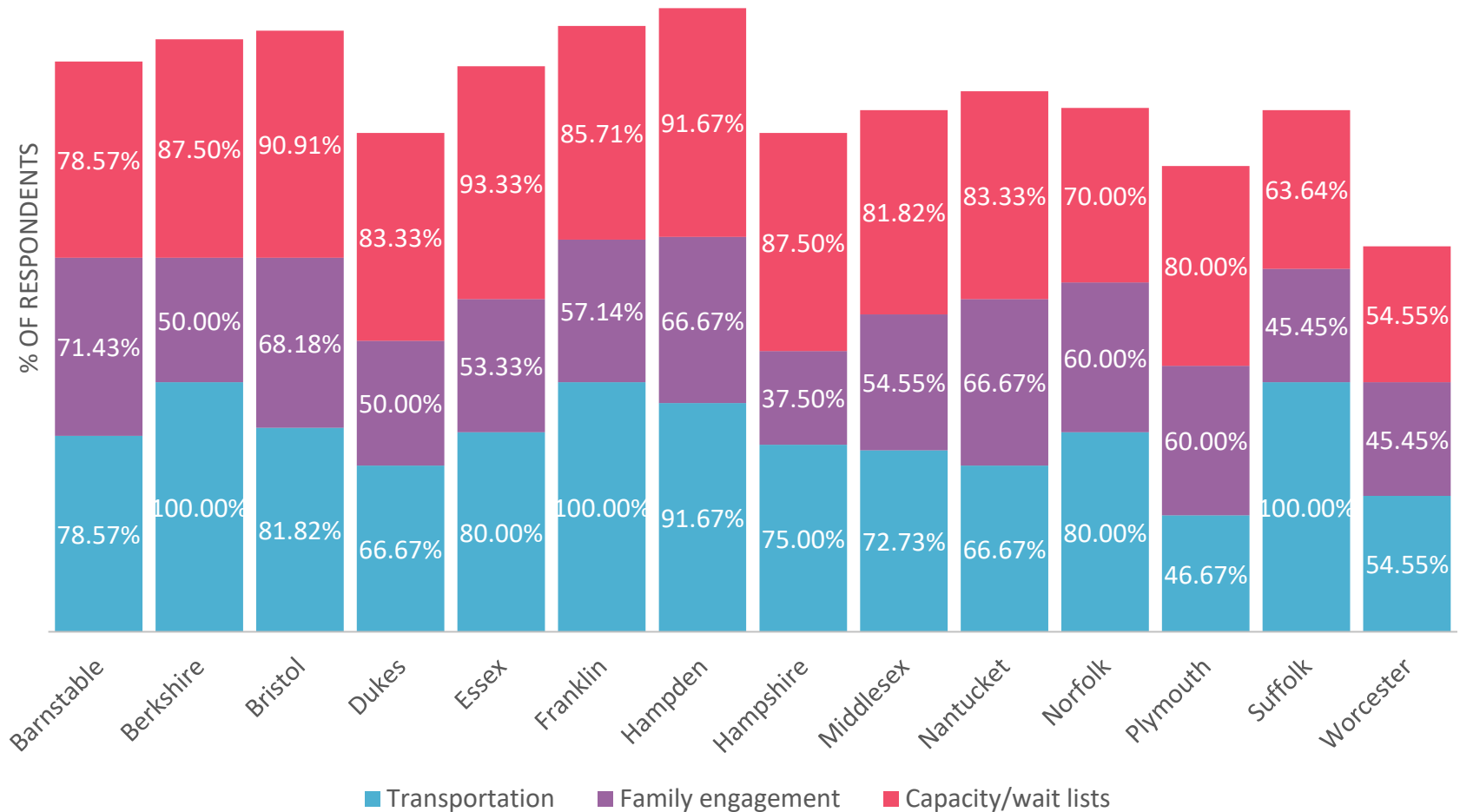
STATEWIDE

% of Respondents Identifying Barriers to Youth Accessing Community-Based Services

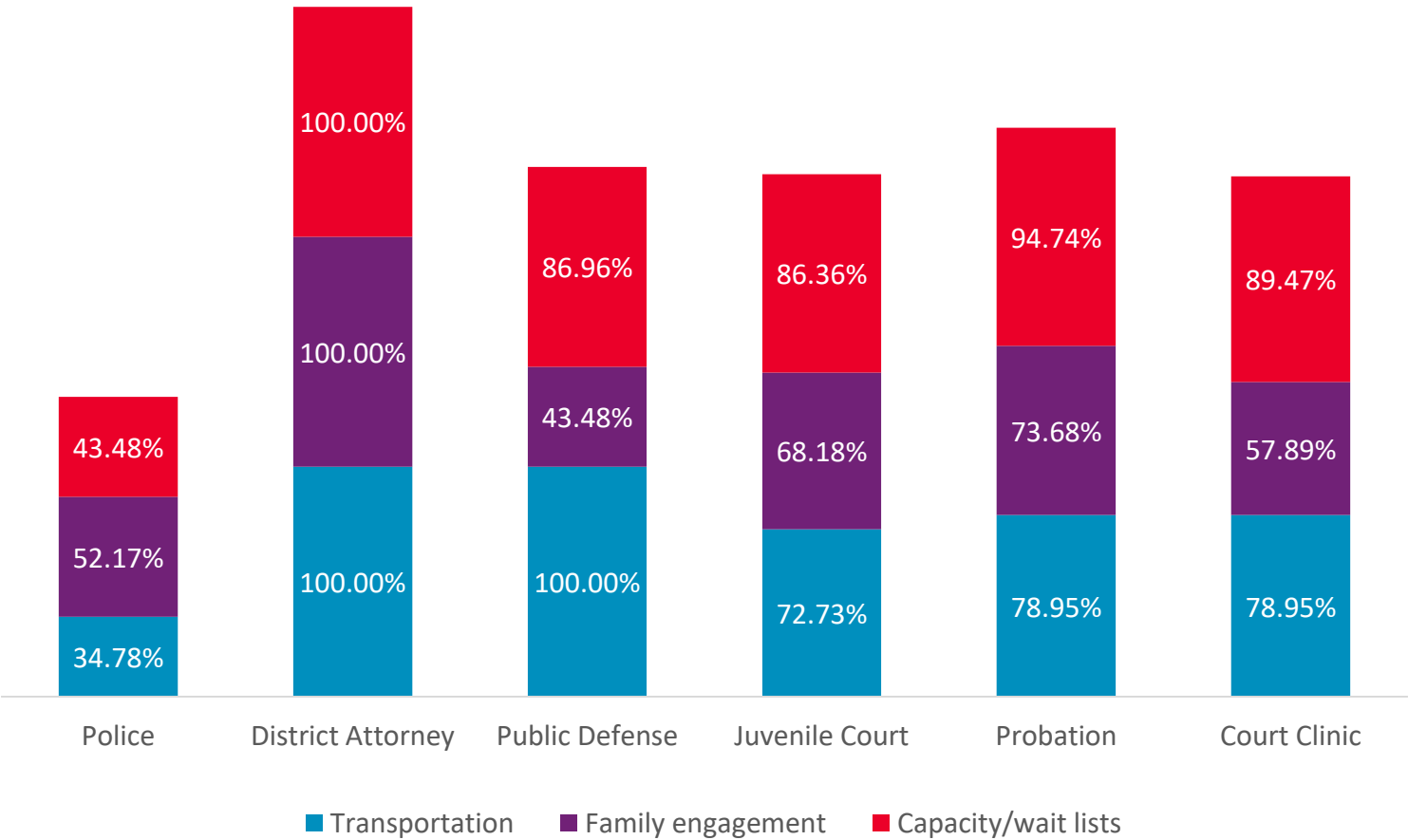


COUNTY

% of Respondents Identifying Barriers to Youth Accessing Community-Based Services



% of Respondents Identifying Common Barriers to Youth Accessing Community-Based Services



Service Gaps & Barriers Initial Takeaways

- Most commonly identified under-resourced services include:
 - Behavioral health treatments (MH, behavioral, SUD)
 - Vocational education and leadership development
- Most commonly identified gaps for special populations:
 - Homeless youth
 - Co-occurring disorders or SMI
 - Youth with history of sexual offending
 - Immigrant/refugee youth
- Waitlists, transportation and family engagement are most commonly identified barriers across the board
- Perceived service & population gaps do differ by county
- Perceived gaps more consistent across respondent types, aside from police

Next Steps

- Questions and idea from subcommittee
 - Lots of ways to cut data: what else would you like to see?
- County by county profiles
- If time permits: follow-up interviews

INITIAL FINDINGS

Initial Findings

FINDING: Diverting youth from formal processing by the juvenile justice system is an effective intervention strategy for many youth.

SUPPORT: Highlight research on impact of diversion on:

- Public safety & recidivism
- Positive youth outcomes
- Financial costs (using resources most effectively)

Initial Findings

FINDING: Juvenile justice decision-makers across the Commonwealth are increasingly aware of the importance of diversion, and more and more decision-makers are establishing diversion practices

SUPPORT:

- Police diversion: highlight findings from CfJJ/MCPOA study
- DA diversion: All 10 offices now have a diversion practice; highlight a few examples
- Judicial Diversion: New but beginning to be adopted – possibly highlight one or two court practices?

Initial Findings

FINDING: Whether or not a given youth will be considered eligible for diversion varies significantly across the state.

SUPPORT:

- Not all police departments offer formal diversion, and the criteria for who is offered diversion differs from town to town
- The criteria for who is eligible for DA diversion (e.g. charge type, criminal history) varies from county to county
- The law only states which offenses cannot be diverted by judges; beyond that judges have full discretion with regards to who is and is not offered diversion

Initial Findings

FINDING: There is wide variation with regards to how youth are matched to appropriate interventions and services.

SUPPORT:

- Research strongly supports the use of validated risk and need assessment tools to help identify which youth need the most structure and support, and which interventions would be most effective for a given youth
- JJ Agencies currently use these tools post-disposition (e.g. OYAS at Probation, YLS-CMI for DYS)
- These tools are used pre-disposition in some areas/by some decisions-makers, but their use is much less widespread
- In many situations, there are not clear guidelines that help decision-makers determine how to match youth to appropriate services

Initial Findings

FINDING: Juvenile justice system practitioners [and families?] believe more community-based intervention services are needed.

SUPPORT:

- A majority of respondents say the following services are under-represented in their community: substance use disorder treatment, individual mental health treatment and vocational training/employment support
- A majority of respondents say there are gaps in programming for particular populations of youth in their community: homeless youth, youth with a history of sexual offending, youth with co-occurring disorders, youth with a serious mental illness, and immigrant and refugee youth
- There are significant county variations in program availability/gaps

Initial Findings

FINDING: Juvenile justice system practitioners [and families?] find there are significant barriers to connecting youth with community-based services.

SUPPORT:

- A majority of respondents identified the following barriers to youth accessing services: program capacity & wait lists, transportation, family and youth engagement, lack of programming matching youth's specific needs
- The service landscape is constantly changing, which means practitioners need to expend significant energy to keep track of available services, and in some cases practitioners may not know about all of the available options
- [Insert support from youth/family survey]

Initial Findings

FINDING: [Insert finding about funding for community-based interventions]

SUPPORT:

- Insert findings from budget analysis
- Likely findings:
 - There is no dedicated source of state funding for diversion programming
 - Programs are currently funded through a variety of mechanisms including state contracts, state budget earmarks, MassHealth coverage, federal and state grants, philanthropic funding
 - This contributes to the patchwork nature of service availability & challenge of “justice by geography”

Initial Findings

FINDING: We do not currently collect the data that would be needed to understand how many youth are or could be diverted, what their needs are, if there are racial/ethnic disparities in how diversion is used, and if our interventions are effective.

SUPPORT:

- Our processes and databases are typically not set up to collect information on youth who are diverted from our justice system
- We also do not collect information on assessed youth risks and needs in a systematic way statewide
- Providers often do hold data about the youth they serve, but that information is not paired with other state data (e.g. arrest records) in a way that would allow us to evaluate program efficacy.

Initial Findings

PLAIN LANGUAGE SUMMARY OF INITIAL FINDINGS

1. Diversion works
2. Use of diversion is expanding in MA
3. There is a lot of variation regarding who is eligible for diversion from area to area
4. There is lot of variation regarding how diversion programs identify what youth need and how they are then matched to appropriate services
5. More CBIs are needed, especially...
6. There are significant barriers to connecting youth with services
7. [Something about funding]
8. We need more data to better understand how diversion is being used and what programs are most effective

Remaining Information Gaps

Information Gap	Plan to Fill It	Timeframe
Funding/budgetary analysis	OCA completes budgetary analysis	Presentation at Summer meeting (August)
Diversion data – what do we have, what do we need?	Can pull from Data Subcommittee Report; OCA beginning to receive some data	Data Subcommittee Report is complete, OCA will summarize diversion pieces for summer meeting (August)
Youth/family perspective	Youth/family focus groups and/or survey	Summer – Presentation in September?
Ideas from other states	OCA to conduct research & summarize	Presentation at summer meeting (July)
Mapping of available services/gap analysis	Continue working on getting responses to provider survey	TBD

Draft Timeline to Produce Legislative Report

Major Task	Timeframe
Presentation on Ideas from Other States	July Meeting
Presentation on Funding & Data	August Meeting
Presentation on Youth/Family Perspective, Community Provider Information	TBD (September?)
Recommendation Brainstorm & Discussion	Summer Meetings
Solidifying Recommendation Ideas	September CBI Meeting
Presentation of Initial Ideas/Report Outline to Full JJPAD Board	September JJPAD Meeting
Review First Draft Report as Committee	October CBI Meeting
Review Final Draft Report as Committee	November CBI Meeting
Full Board Reviews & Approves Draft Report	November JJPAD Meeting
Submit Report to Legislature	November

Next Meeting Dates

- July 17th, 2-4pm
- August 13th, 10-12pm
- September 16th, 2-4pm

(Locations TBD)