

Presentation to the Boards

Health and Human Services, CJMC, and Family Policy Boards

La Crosse County, WI

December 1, 2008



Juvenile Justice Report: Findings and Recommendations

Health and Human Service Request:

Assist HHS in determining

- 1) Whether the Juvenile Justice services are sufficiently comprehensive to meet the needs; and
- 2) The degree to which Juvenile Justice is in alignment with evidence-based practices (EBP)

Tasks Included:

1. Analyze the data on La Crosse County juvenile arrest and disposition trends
 - Review existing local data (3 years)
 - Search for national trends and trends for state and communities of similar size as La Crosse County; and
 - Compare how juveniles under Juvenile Justice are handled for disposition in La Crosse versus similar size counties in Wisconsin

Tasks Included:

2. Assess the current juvenile offender continuum of services to determine gaps in services for juveniles and their families
 - Complete an on-line survey of a sample of vendors
 - Analyze risk assessment instruments and review case files
 - Interview a sample of parents
 - Review existing contract processes around effective service delivery

Consultant Team

- Mark Carey (Project Director)
- Christine Toner (Project Lead)
- Jim Moeser
- Debra Kerschner

Section One: Juvenile Arrest and Dispositional Trends

- **Is the La Crosse County Justice Program's juvenile profile different than other similar counties?**
- **Does La Crosse County handle juveniles differently than other similar counties?**

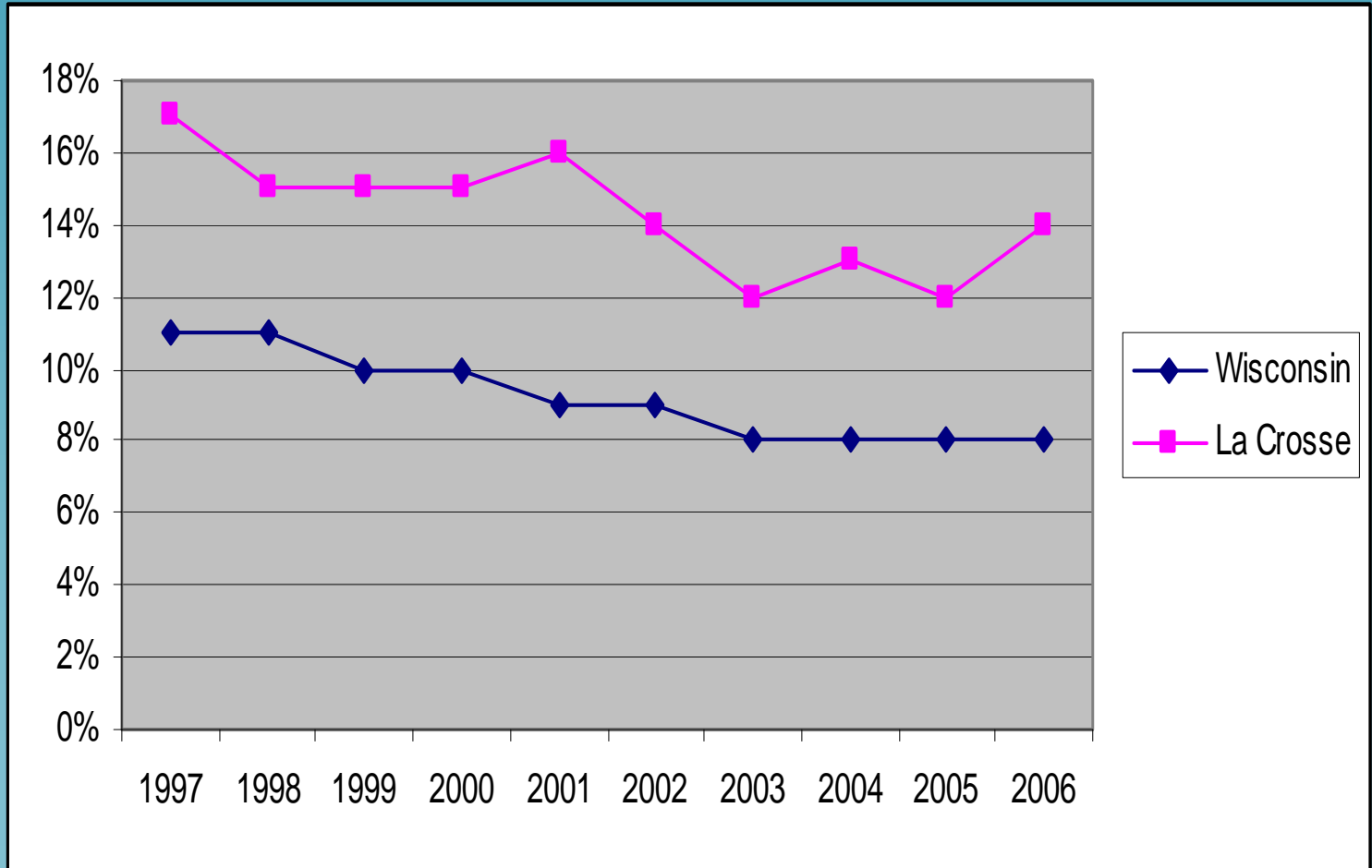
Section One: Findings

1. La Crosse County Juvenile Justice referrals are similar in racial makeup to other counties of similar size; the County is not experiencing a rapid growth of non-Caucasian referrals

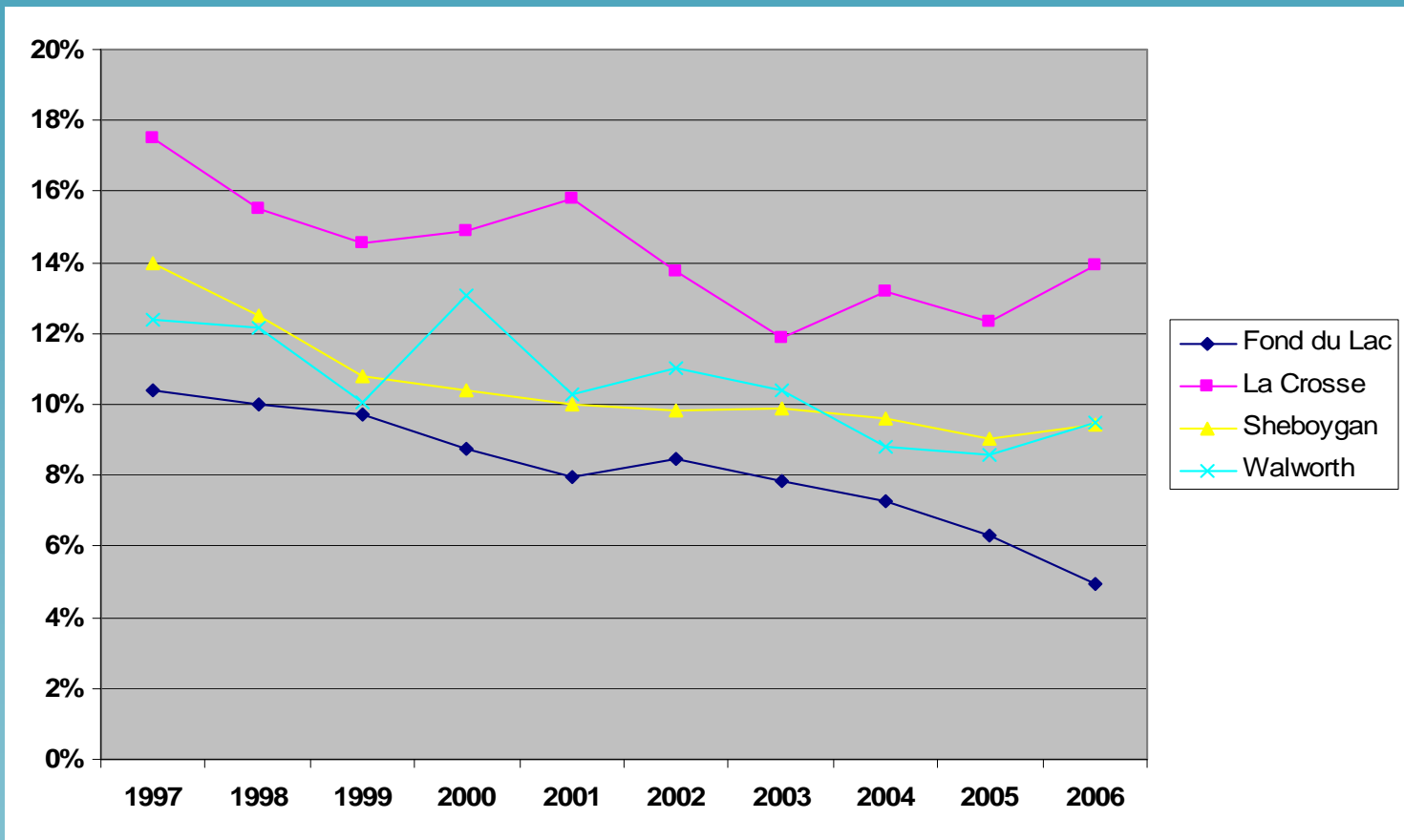
Section One: Findings (continued)

2. Wisconsin juvenile arrest rates are significantly higher compared to national rates and La Crosse County juvenile arrest rates are much higher than both the state and the three like-size counties

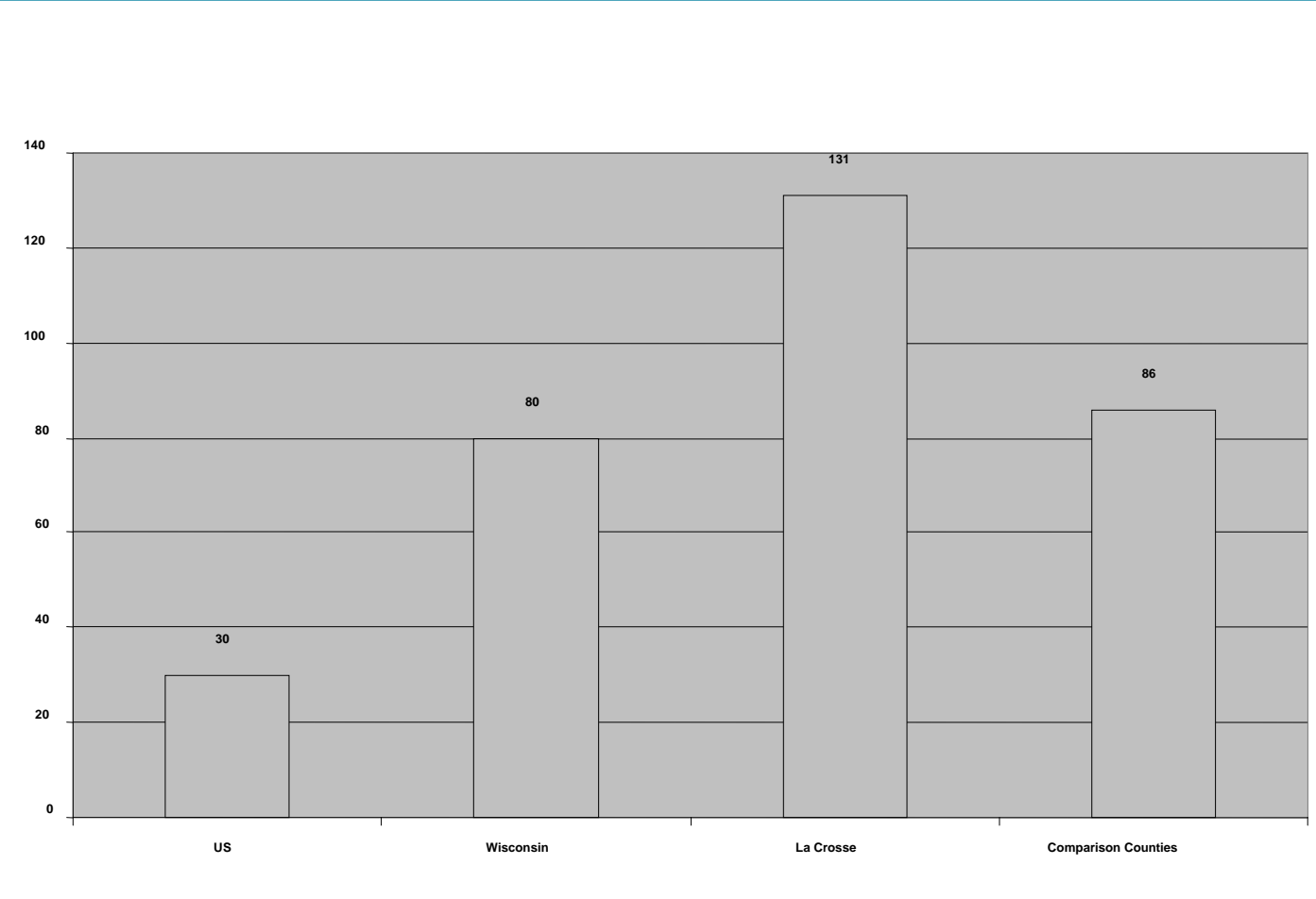
1997 – 2006 Juvenile Arrests as Percentage of Total Juvenile Population Compared to the State



1997 – 2006 Juvenile Percentage of Total Juvenile Population Compared to Three Comparable Arrests as Counties



2004 Arrest Rate per 1,000 Youth



Section One: Findings (continued)

3. La Crosse County is following a national pattern of decreased juvenile arrests but the decrease is not as rapid as the juvenile jurisdictions nationally and statewide

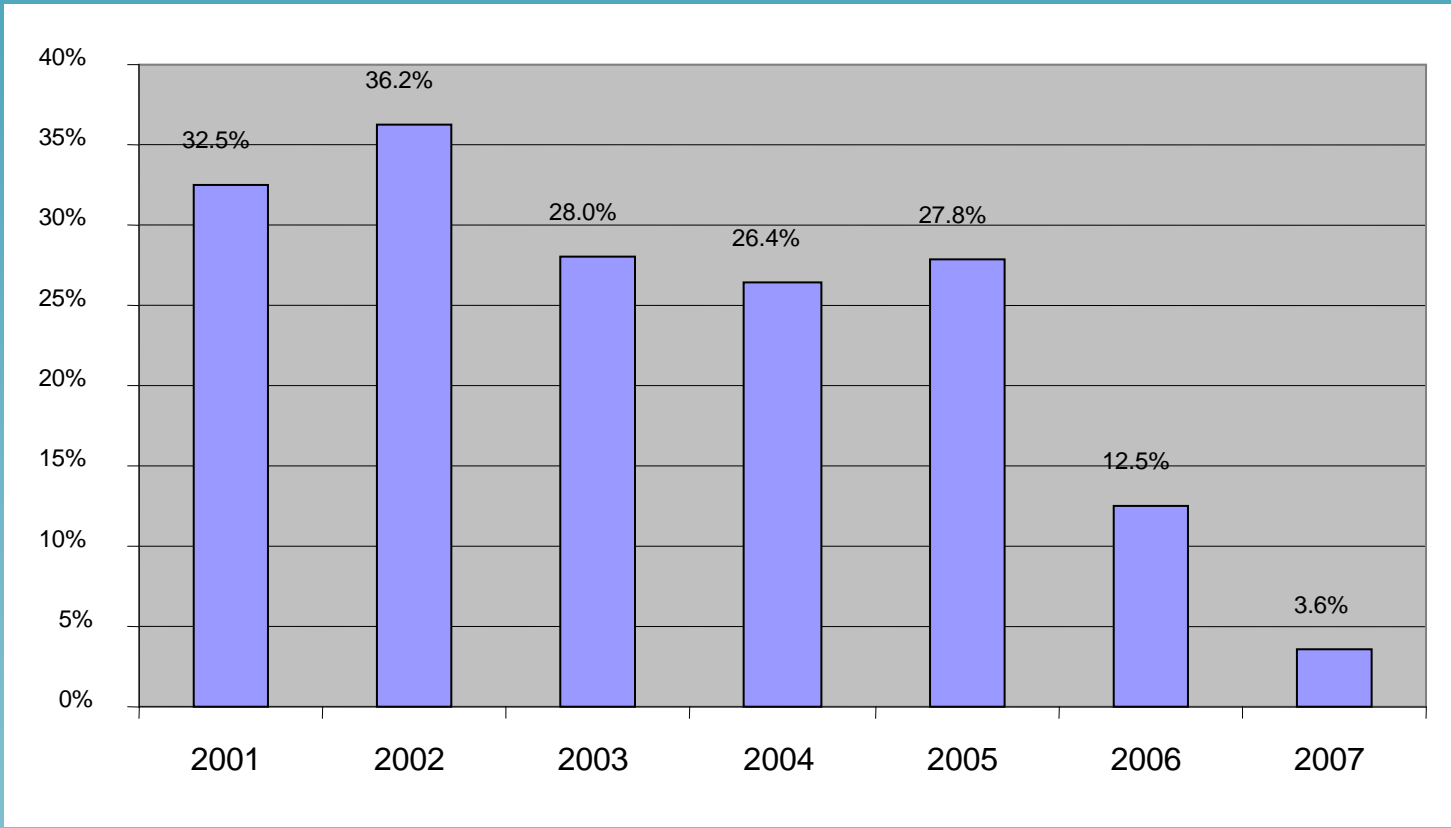
Section One: Findings (continued)

4. Statewide data suggests that disproportionate minority confinement factors are present in the State and may be similarly prevalent in La Crosse County

Section One: Findings (continued)

5. La Crosse completed the Yo-LSI on 35.4% of the youth under Juvenile Justice jurisdiction and the numbers/percentage have been dropping dramatically

La Crosse County Yo-LSI Annual Completion Percentage

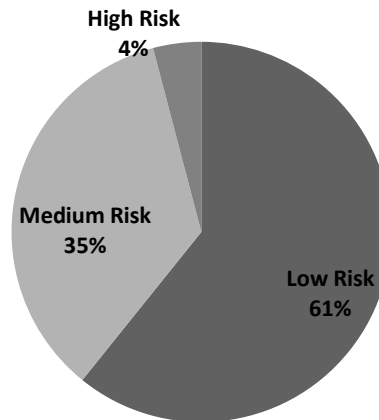


Section One: Findings (continued)

6. Of those with a Yo-LSI, disproportionate numbers showed up low risk and high risk when compared to national averages.

Risk Levels Compared to National Averages

La Crosse County Risk Level
Based on Yo-LSI Assessment



Compared to:

Adult LSI: 7% low, 57% med/high, 36% very high

Juvenile study: 9% low, 51% medium, 40% high

Section One: Recommendations

1. Create an inter-agency task force to study why La Crosse County arrests a disproportionate number of youth and determine if this is in the best interest of the public

Section One: Recommendations (continued)

2. Seek assistance from the Annie Casey Foundation Juvenile Detention Alternative Initiative (JDAI) with disproportionate minority arrest and confinement issues

Section One: Recommendations (continued)

3. Complete a risk assessment tool on every youth admitted to Juvenile Justice

Section One: Recommendations (continued)

4. Develop enhanced capacity to use information systems to assess progress toward unit outcomes

Section Two: Gaps in Current Continuum of Services

What key services are missing from the current continuum of services, if any?

How well are the current services being provided?

Section Two: Findings

1. The Juvenile Justice Unit of the Department of Health and Human Services and its key stakeholders have a positive and collaborative organizational culture and are supportive of a counseling approach to youth and their families

Section Two: Findings (continued)

2. Communications shared among system players is overly subject to factors that are not related to research or best practices

Section Two: Findings (continued)

3. The implementation of progressive case management techniques appear to be incompatible with a culture of comfort with existing practices within the Juvenile Justice Unit

Section Two: Findings (continued)

4. The social workers exercise significant discretion in making case management decisions and there does not appear to be consistency or quality control around those decisions

Section Two: Findings (continued)

5. There is a limited awareness of evidence-based practices and principles throughout much of the juvenile justice system, perhaps most notably in the Juvenile Justice Unit itself

Section Two: Findings (continued)

6. There is a lack of consistent information available on a case-by-case basis to adequately document what is being done, what changes are expected among youthful offenders, and to what extent the services provided to youth/families are successful

Section Two: Findings (continued)

7. There is no consistent utilization of a valid assessment instrument

Section Two: Findings (continued)

8. While Juvenile Justice staff members have at their disposal a wide range of referral services, they perceive that they lack access to some key services that would assist them in more fully addressing the needs of the youth and their families

Section Two: Recommendations

1. Create an EBP action plan within the Juvenile Justice Unit

Section Two: Recommendations (continued)

2. Develop policies that support the use of EBP across the continuum of Juvenile Justice services

Section Two: Recommendations (continued)

3. Establish a policy that requires the use of the Y-LSI or some other similar tool

Section Two: Recommendations (continued)

4. Develop a mixed model of case management techniques

Section Two: Recommendations (continued)

5. Implement additional cognitive behavioral therapy (CBT) interventions either in-unit or through community service providers

Section Three: Service Enhancements Within Juvenile Justice:

**To what degree are the current
Juvenile Justice services being
provided according to evidence
based practices?**

Section Three: Findings

1. The Juvenile Justice Unit needs to exercise strong leadership to bring its practices into alignment with evidence-based practices while retaining its clinical methods and relationship skills

Section Three: Findings (continued)

2. The Juvenile Justice Unit will likely be experiencing staff turnover

Section Three: Findings (continued)

3. The unit lacks quality assurance protocols, thereby putting at risk whether services are delivered effectively

Section Three: Findings (continued)

4. The Contract Unit could further assist the Juvenile Justice Unit by including more EBP practice requirements and outcomes within the contract provisions

Section Three: Recommendations

1. Standardize the consistent use of risk and need assessment tools

Section Three: Recommendations (continued)

2. Set up two implementation structures:

- a high-level, internal ebp leadership team within Juvenile Justice
- a system-wide policy team that includes representation across system partners (or existing one)

Section Three: Recommendations (continued)

3. The Contracts Unit should add EBP outcome requirements to the Juvenile Justice Unit contracts

Section Three: Recommendations (continued)

4. Add EBP performance based measures to staff performance appraisals

Section Three: Recommendations (continued)

5. Develop a staff succession plan

Questions/Comments