COUNTY OF MILWAUKEE
Inter-Office Communication

DATE: April 29, 2016

TO: Supervisor Theodore Lipscomb, Sr., Chairman – Milwaukee County Board of Supervisors

FROM: Héctor Colón, Director, Department of Health and Human Services
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SUBJECT: **An informational report from the Director, Department of Health and Human Services, providing a vision for partnership for juvenile justice system reform**

Background

The purpose of this document is to lay out a vision to stimulate an open and ongoing dialogue about partnership between local and state partners in pursuing deep end reforms to create a model juvenile justice system that provides the best possible outcomes for youth and the community. This report serves as a "white paper" that provides a brief review of relevant research and examples of juvenile justice reform efforts in other states. It also includes proposed components of a pathway to juvenile justice reform through building upon existing efforts and advancing strategies to respond to the immediate crisis and drive the long-term vision. We hope that this document is helpful in our collective efforts to transform the juvenile justice system in Milwaukee and Wisconsin.

The vision that we offer is informed by our experience working over the past few years to advance data-driven decision making and evidence-based practices through participation in national juvenile justice reform efforts, including the Juvenile Detention Alternatives Initiative and the Juvenile Justice Reform and Reinvestment Initiative. Through these efforts, we have introduced the use of risk and needs assessment instruments as well as evidence-based practice evaluation tools. We also implemented and recently expanded the Milwaukee County Accountability Program (MCAP) that provides a solid local alternative to sending youth to Lincoln Hills/Copper Lake.

The Lincoln Hills crisis we are facing provides an opportunity to expand and accelerate our efforts. We look forward to continuing to work with all partners to consider other models for deep end options and together create a juvenile justice system that we all can be proud of.

Discussion

Overarching Vision: "The Big Picture"

In a model juvenile justice system, deep end placements are reserved for the small number of youth who are determined to pose the highest public safety risk. Youth requiring deep end intervention are placed in small, safe, and treatment-oriented facilities that are connected to the communities where

youth and their families live, and effectively prepare and support both youth and families for successful return of youth to the community as early as possible. Further, a transformed system eliminates the overreliance on any residential placements for youth who pose little to moderate threat to public safety. Access to residential facilities is based on clearly established criteria and research-based individual assessment processes. A robust continuum of alternatives that use best practices is available within the local community and youth are matched to services according to their risk and needs in order to minimize their likelihood of future offending and improve their odds of making successful transitions into adulthood. In such a system, objective quantitative and qualitative data inform decisions in an intentional effort to eliminate any unintended racial and ethnic bias or disparate practices so that similarly situated youth are treated similarly.

Rationale: Brief Review of Relevant Research

While there is much research to draw upon in making the case for deep end juvenile justice reform, among the most basic and compelling reasons include the following: (1) resources can be deployed more efficiently to achieve better outcomes based on youths' risk levels and; (2) the traditional model of juvenile corrections does not effectively serve youth, their families, and community needs. The experiences of several states point the way to a better way of doing business.

1. More effective deployment of resources based on risk

There is broad acceptance in the criminal and juvenile justice fields about the risk principle that suggests the intensity of treatment services should be matched to the risk level of the youth (Andrews and Bonta, 2007)[1]. This means that the most intensive and costly interventions should be provided to higher risk youth and less intensive and costly interventions should be provided to lower risk youth. The impact and value of system resources are maximized by prioritizing services for the youth most likely to re-offend (Lipsey et al, 2010).

By minimizing system intervention resources for low risk youth with more effective, targeted diversion programs, juvenile justice systems will avoid the costly and harmful mistake of over-intervening with youth, who with limited system involvement, will likely age out of their delinquent behavior on their own, and do so without much if any further impact on public safety (Seigle et al, 2014). Research indicates that confinement and intensive interventions can actually increase recidivism for lower-risk youth through exposure to higher-risk youth, provoking defiant reactions, and disrupting life factors that contribute to stability (e.g. family ties, employment, community activities, etc.) (Lowencamp & Latessa, 2004; Petrosino et al., 2010). For these reasons, the financial and human costs of confinement are compounded and any potential benefits weakened when confinement is used for youth who represent minimal threat to public safety (Seigle et al, 2014). Instead, communities are wise to invest

[1] The risk principle is considered as part of a trio of effective case work, along with the need and responsivity principles (Andrews and Bonta, 2007). The need principle: Services should be targeted to identified criminogenic needs (changeable risk factors), which are linked to future delinquent behavior. The responsivity principle: Services should be delivered in a manner that is consistent with the ability, motivation, strengths and learning style of the client.

their limited resources where the likelihood of improved public safety outcomes is maximized – youth assessed to be moderate to moderately high risk of reoffending. Savings from reduced facility care can be reinvested into an evidence-based continuum of programs in the community that offer more promise for far less money.

2. The traditional model of juvenile corrections does not effectively serve youth and community needs

There has been a great deal of attention nationally on reducing juvenile incarceration and moving away from the traditional model of large, congregate care institutions (Annie E. Casey Foundation, 2015; Mendel, 2011; Pew Charitable Trusts, 2015). A precipitating factor in this call to action has been the documented rise in abuse in systematic and recurring maltreatment (including physical and sexual abuse, excessive use of force, and overreliance on isolation and constraints) in such facilities. A recent report details the widespread incidence of maltreatment of youth in juvenile facilities in 30 states since 2000 (The Annie E. Casey Foundation, 2015).

The case against juvenile incarceration also hinges on claims of its ineffectiveness. On the whole, research evidence does not provide support for the effectiveness of confinement of youthful offenders. In fact, a growing body of research demonstrates that placements in secure corrections or other residential facilities may be counterproductive (Lipsey et al, 2010; Pew Charitable Trusts, 2015). Available studies of youth released from secure juvenile correctional facilities find that the vast majority of youth (70 to 80 percent) are rearrested within two to three years after release (Mendel, 2011). In Wisconsin, the Division of Juvenile Corrections 2014 Annual Report (Department of Corrections, 2015) documented that 64 percent of the male juveniles released from a juvenile correction facility committed a new criminal offense resulting in probation or incarceration within three years after release.

The majority of studies have found that confinement is, at best, no more effective than probation or alternative sanctions at reducing future criminality of youth, controlling for other factors (Mendel, 2011). For example, one influential study (the "Pathways to Desistance study") involving longitudinal data from a large sample of serious juvenile offenders from two large cities found that there is no marginal benefit from placing youth in institutional placements as opposed to regular probation in terms of averting future offending (Loughran et al, 2009). In addition, the study showed that there is little to no marginal benefit for longer lengths of stay in these placements, calling into question the need to expend resources on extended stays in institutional care. Other research has concluded that long-term residential stays are often not in the best interest of the individual, family, and community due to adverse impacts of extended lengths of stays including loss of connection to natural supports, treatment gains not sustained post-discharge, and modeling of deviant behavior of peers (Magellan Health Services, Inc., 2008). This is especially true when youth are placed in facilities far from their families and communities.

Other criticisms have been levied against juvenile correctional facilities on grounds that they are: unnecessary (a substantial percentage of youth confined pose minimal public safety risk); obsolete (there are more effective intervention strategies that consistently reduce recidivism); wasteful (non-

residential programming options can deliver equal or better results for a fraction of the cost); inadequate (juvenile correctional facilities are ill equipped to deal with the many needs of confined youth); and unjust (racial and ethnic disparities in who is confined) (Mendel, 2011).

The above reasons provide ample evidence to support the need to adopt a more effective approach for juvenile corrections.

Examples from Other States

There are numerous examples of states that have successfully reduced deep-end placements and closed juvenile correctional facilities without jeopardizing public safety. Among these are Texas and Connecticut, highlighted below. In addition, there is much to be learned from a state like Missouri that has transformed their approach to juvenile corrections to one that serves youth in small, treatment-oriented facilities that keep youth connected to their families and communities. New York and Wayne County, Michigan also offer some lessons in how local and state governments can effectively collaborate to keep youth close to home.

- ***Texas***

Texas provides an example of a state that has achieved significant reduction in use of secure confinement through enacting system reforms (Fabelo et al, 2015). In the wake of a number of scandals involving the abuse of youth committed to state-run juvenile correctional facilities, state leaders initiated a series of reforms[2] starting in 2007 intended to reduce the number of youth held in such facilities and prioritize the focus on community-based alternatives. Between 2007 and 2012, Texas closed eight juvenile correctional facilities and reduced funding for operation of these facilities by more than $150 million. A significant portion of those savings was reinvested in supporting and serving youth under community supervision, increasing funding for local juvenile probation departments by about 38 percent.

These reforms contributed to a 66 percent decline in the average daily population of state-run secure facilities through fewer commitments for new offenses and revocations, as well as shorter lengths of stay. At the same time, juvenile arrests declined 32.5 percent, suggesting that the reforms did not compromise (and possibly improved) public safety.

In terms of recidivism outcomes, youth who were diverted from state-run correctional facilities post reforms and instead placed on county probation supervision were significantly less likely to re-offend than those youth with similar characteristics committed to state-run correctional facilities (one-year rearrest rates of 34 percent versus 41 percent, respectively). In addition, youth who were committed to state-run secure facilities were about three times more likely to commit a felony as their first re-

[2] These changes included the following: prohibiting youth who committed misdemeanors from being confined; lowering the age of state jurisdiction from 21 to 19; and establishing a grant program to provide counties with financial incentives to decrease commitments to state-run correctional facilities. In addition, agencies responsible for overseeing probation and corrections were merged, forming a single Texas Juvenile Justice Department, whose purpose prioritized a focus on community-based alternatives. (Fabelo et al, 2015).

offense than similar youth on county probation supervision (49 percent versus 17 percent, respectively).

In practical terms, these changes mean that thousands of youth who would have been committed to state custody prior to the reforms are now being supervised closer to home. Their re-arrest rates are significantly lower than similar youth released from state-run secure facilities suggesting that youth can be supervised more safely and achieve better outcomes in the community.[3]

- ***Connecticut***

One of the most recent examples of states that decided to shutter its outmoded juvenile correctional facility model is Connecticut. The governor of Connecticut recently announced plans to close its juvenile training school by mid-2018. This decision was hastened by the release of a report detailing conditions of abuse in the facility and on the heels of a series of reform efforts, which served to ripen the environment for such a decision through dramatically reducing residential commitments by about 70% over an 11-year period. This reduction was achieved despite an increase in the age of juvenile jurisdiction (from 16 to 18) through ramping up a continuum of targeted, high quality non-residential programs and services for youth as well as critical policy changes that served to limit access to confinement (Justice Policy Institute, 2013). These reforms have not compromised public safety as evidenced by data indicating that total juvenile arrests declined by almost 50 percent during this period. In addition, further evidence is provided by a controlled research study that found that Connecticut youth committed to state custody and confined in residential facilities were one-third more likely to re-offend than similar youth supervised on probation for a fraction of the cost (Justice Policy Institute, 2013).

- ***Missouri***

One state that has received a lot of positive attention for its juvenile corrections model is Missouri. Missouri's juvenile justice system, under the authority of the Division of Youth Services in the Department of Social Services, has been widely recognized and has received multiple national awards[4] for its strides in advancing youths' long-term positive development, particularly through its approach to juvenile corrections and reentry (Seigle et al, 2014).

Core beliefs of the Missouri model (Mendel, 2010) include: (1) all youth desire to do well and can succeed; (2) with the right kinds of help, all youth can (and most will) make lasting behavioral changes and succeed; and (3) that the mission of youth corrections must be to provide the right kinds of help, consistent with public safety, so that young people make needed changes and move on to successful and law-abiding lives.

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[3] However, it should be noted that the overall recidivism rates were high, with the vast majority of youth, whether committed to state-run facility or on probation, re-arrested within five years.

[4] These awards include recognition as "guiding light for reform" (2001) by the American Youth Policy Forum; a model juvenile justice site (2003) by the Annie E. Casey Foundation, the Edna McConnell Clark Foundation and the National Council on Crime and Delinquency; and a winner (2008) of the Annie E. Casey Innovations in American Government Award in Children and Family System Reform from Harvard University. (Annual Report)

The Missouri model of juvenile corrections is characterized by the following features (Mendel, 2010):

- Smaller (largest secure care facility has 36 beds), non-institutional facilities that are located near youths' homes and families and integrated within the community
    - The state is divided into five regions each with a complete four-level continuum of programs and facilities in each, including community care, group homes, moderately secure facility and secure care facilities
- Intensive group treatment process coupled with individual attention
- Emphasis on ensuring safety through staff supervision and supportive peer relationships rather than coercive techniques
- Development of academic, pre-vocational, communications, and problem solving skills
- Engagement of families as partners in the treatment process and transition planning
- Aftercare planning, support, and supervision

According to Missouri Division of Youth Services FY 2015 Annual Report, the three-year recidivism rate (either returned to DYS or involved in the adult correctional system) for youth discharged from DYS in 2012 was 31.4%. In addition, 89% of youth were involved in employment or educational programs at the time of discharge.

➢ ***New York***

The New York State Legislature passed legislation in 2012 authorizing the "Close To Home" juvenile justice reform initiative in recognition of the fact that the well-being of youth, families, and communities would be best served by minimizing the dislocation of youth from their families and building on positive connections between young people and their communities (Office of Children and Family Services, 2014). The new law shifted responsibility for residential care of New York City youth adjudicated delinquent into local custody (through the New York City Administration for Children's Services-ACS), rather than state custody (through the Office of Children and Family Services-OCFS). The initiative began with youth in non-secure settings and the second phase underway involves youth in limited secure settings. The state continues to maintain secure settings for youth in need of secure placement statewide. This reform represents a unique partnership between state (OCFS) and local government (ACS) agencies, which teamed up in creating a model for collaborative planning, policy review, joint oversight and information sharing. The two agencies share responsibility for monitoring the initiative, with ACS providing immediate oversight of the community-based agencies providing care, and OCFS responsible for licensing and regulatory authority over the authorized agencies providing the residential services for youth, and monitoring the implementation and functioning of the overall initiative.

In the first phase of the reform ending August 2013, OCFS filed petitions seeking transfer of custody of certain youth identified for transfer to ACS, resulting in transfer of 232 youth to local custody over a nine-month period.

- ***Wayne County (Detroit), Michigan***

In response to an overreliance of institutional placements and unacceptable outcomes at an exorbitant cost, Wayne County launched its own juvenile services care network in 2000 through a formal agreement with the Court and State. A memorandum of understanding provided the platform for Wayne County to build a new system of care that would focus on outcomes and performance-based measures and provide a continuum of prevention, diversion, and treatment services (NACO, 2014). The County, not the State, is the funding and administrative authority for the juvenile services system. Unlike other counties in Michigan, where program responsibility is typically divided between the Court, County and local State Department of Human Services (DHS) office, in Wayne County, the Wayne County Department of Children and Family Services is the sole authority of juvenile justice services for juveniles on probation or committed to DHS.

Wayne County established a contract-based system that allows for a single point of intake and assessment through its Juvenile Assessment Center, which serves as the hub of a network of five Care Management Organizations (CMOs) that provide and manage juvenile justice services for juveniles in a particular geographic region. Case management (including all Court related functions) and developing individualized Treatment Plans of Care is a core responsibility of the CMOs. Youth with mental health needs are connected with a Community Mental Health provider. Each CMO is responsible for a locally organized system of services and resources, which include community-based and residential service placement options. A secure residential program was opened within Wayne County. Through these efforts, Wayne County has dramatically reduced the number of youth it commits to the DHS state training school. (Wayne County Department of Children & Family Services, 2009).

The Pathway to a Redesigned Juvenile Justice System

Building upon Current Efforts

In working to transform the juvenile justice system, there is great opportunity to build upon a number of components already in place through the Delinquency and Court Services Division (DCSD) of the Milwaukee County Department of Health and Human Services (DHHS). These building blocks are outlined below.

1. Continue to invest in front-end community-based alternatives

Milwaukee County has made significant strides in recent years in investing in front-end community-based alternatives and programming. Through its involvement as one of the three sites in Wisconsin participating in the Juvenile Detention Alternatives Initiative (JDAI) through the Annie E. Casey Foundation, DCSD has advanced efforts to improve the juvenile justice system without sacrificing public safety by developing and consistently providing alternatives to placing youth in secure confinement. These efforts have contributed to positive trends including a 31.7 percent decrease in detention

admissions, a 28.3 percent decrease in DOC admissions, and a 22.7 percent decrease in juvenile justice referrals in 2015 over the baseline year of 2010.

DCSD has entered into several contracts with community-based agencies to develop or expand programs that provide alternatives to placing youth in detention, including a pre-dispositional monitoring program with possibility of GPS, weekend alternative sanction program, evening reporting center, and a community service and restitution program.

In addition, DCSD has continued to expand intensive programming to serve higher risk youth. These include the targeted monitoring program and the PIVOT residential program in collaboration with Wraparound Milwaukee. In 2012, DCSD initiated the Milwaukee County Accountability Program (MCAP), which serves as a correctional alternative.

For youth with serious emotional and behavioral health needs, Wraparound Milwaukee delivers a comprehensive and flexible array of services using a strength-based, highly individualized wraparound approach. Wraparound Milwaukee was designed to reduce the use of institutional-based care such as residential treatment centers and inpatient psychiatric hospitals while providing more services in the community and in the child's home. About a third of Milwaukee County youth on supervision orders are enrolled in Wraparound Milwaukee.

Milwaukee County will continue to invest in community-based alternatives with proven track records that inspire confidence among the judiciary and other system partners that public safety and positive youth development aims can be achieved in the community through these programs.

2. Engage in data-driven decision making that matches youth to the right services and consistent with least restrictive alternative

As DCSD has increased its capacity in community-based alternative programming, at the same time it has undertaken efforts to gather and apply data to guide supervision, placement, and case planning decisions. This is achieved through the use of tools to assess youth and the level of risk, needs, and protective factors that they present, as well as tools that apply this information to a structured decision-making format to guide youth/family interventions and management. Standardizing decision making practices can help reduce racial and ethnic disparities and improve equitable application of incentive and sanctions.

In addition, DCSD is in the process of transitioning to a new Juvenile Program Management data system that integrates information from multiple sources in a way that minimizes duplication of data entry, increases data integrity and standardization, provides access to real-time information, and enhances reporting capabilities.

a. Youth Assessment and Screening Instrument

DCSD uses the Youth Screening and Assessment Instrument (YASI) as its validated risk and needs assessment tool (NCCD, 2013; Orbis Partners, 2007, 2014).[5] The YASI includes a brief Pre-Screen used in early triage recommendations about assigning case resources as well as a Full Assessment that allows Human Service Workers to work with youth to target case planning and interventions to address risk factors in the following domains: legal history, family, school, community/peers, alcohol/drugs, mental health, violence/aggression, attitudes, skills, use of free time/employment.

b. Detention Risk Assessment Instrument

DCSD uses a Detention Risk Assessment Instrument (DRAI) developed by several counties (including La Crosse, Manitowoc, Milwaukee, Outagamie, Racine, Waukesha) as a statewide tool though Wisconsin's involvement in the Juvenile Detention Alternatives Initiative. The DRAI is used to help determine if a youth should be detained or placed in a non-secure detention alternative program or released home.

c. Dispositional Matrix

DCSD has also developed a Dispositional Matrix as a structured tool that is intended to align the available dispositional options with the least restrictive setting to guide decision making on which intervention level and type a youth should receive based on the severity of the offense and the risk level presented by the youth. The Dispositional Matrix also provides guidance on the specific intervention services available to the youth to address identified risk factors in specific domains for case planning purposes. This tool may be revised as we initiate discussions with system partners about the purpose and criteria for out-of-home placements.

Validation efforts of the Dispositional Matrix will be ongoing, in that all associated dispositions made with use of the Dispositional Matrix tool (to include tool recommendations, Human Service Worker recommendations/overrides, resulting judges orders, and recidivism results) will be tracked to guide the tool's revision.

d. Effective Response Grid

In 2016, DCSD plans to roll out an Effective Response Grid to help guide and expand the range of non-incarceration sanctions responses to youth behavior and embrace the use of incentives as an evidence-based tool for promoting behavior change (Center for Children's Law and Policy, 2016). Sanctions take into account the seriousness of a specific probation violation and youth's risk level. Incentives emphasize the importance of rewarding youth for meeting short- and long-term goals as a way of helping them develop positive skills. Such tools provide more meaningful and effective options other than relying on detention or out-of-home placements as a response to technical violations that do not

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[5] The YASI is in the process of being validated for Milwaukee County. Preliminary data have confirmed that the YASI is an effective tool in discriminating risk levels that are predictive of future negative outcomes.

pose a risk to public safety. DCSD has already seen a significant reduction (79%) in the use of detention as a means of sanctioning youth as a result of policy changes in recent years (from an average of almost 300 admissions in 2013 - 2014, to 62 admissions for sanctions in 2015); however, providing a tool that provides a greater range of options would help promote positive behavior change among youth.

3. Evaluate and improve effectiveness of programs in accordance with research criteria about what works in reducing recidivism

With the technical assistance provided through a Juvenile Justice Reform and Reinvestment Initiative grant from the Office of Juvenile Justice and Delinquency Prevention, DCSD has been working to ensure that youth are being provided with the type of supervision and services appropriate to their needs and risk of reoffending, and that services are being delivered effectively. The primary tool for this work is the Standardized Program Evaluation Protocol (SPEP), which is a validated, data-driven rating scheme for determining how well an existing program matches research evidence for the effectiveness of that particular type of intervention for reducing recidivism among juvenile justice youth. The SPEP model is based on analysis of more than 500 studies using meta-analytic techniques that have been conducted by Dr. Mark Lipsey and his colleagues over the last 20 years (Lipsey, 2009). The SPEP identifies that the effects of juvenile delinquency intervention programs on recidivism are mainly related to four key aspects of an intervention: type of service delivered, quantity (dosage/amount) of service delivered, the quality of the service delivered, and the risk level of the juvenile receiving the service.

DCSD has developed and is implementing a Continuous Quality Improvement Plan and has been working with its contracted providers to engage in program improvement activities based on the SPEP components and ensure fidelity to evidence-based programming. Through these efforts, DCSD will be able to address or eliminate programs and providers that are not producing beneficial outcomes, and expand programs that are effective. As a result of realigning services, DCSD will reinvest more resources at the early stages to prevent recidivism and deeper involvement in the juvenile justice system.

With the advent of the new Juvenile Program Management data system, DCSD will have increased capability to track effectiveness of programs and services and capture recidivism information of youth participating in particular programs. This information will be invaluable to our partners who have asked for this type of information so they can make more fully informed recommendations and decisions.

4. Intentional Focus on Eliminating Racial and Ethnic Disparities

Through its participation in JDAI, in 2015 DCSD established a Racial and Ethnic Disparities (RED) committee comprising a majority of community members. Its mission is to work to eliminate racial and ethnic disparity in the juvenile justice system by building a data-driven, community-centered response to youthful misbehavior that is equitable and restorative. The RED committee is receiving technical assistance and training from the W. Haywood Burns Institute as the work continues on matters such as data collection and analysis.

The committee has worked to identify whether and to what extent racial and ethnic disparities exist by analyzing decision points throughout case processing where detention can be used. Youth placed in

the detention center on warrants has been identified as the initial target population to focus the work. The committee is "digging deeper" into that target population to learn more about DCSD's policy, practice, and/or procedure and other factors contributing to disparities and is strategizing about how changes in these factors might result in reductions in disparities. The group will be presenting the data and recommendations to the larger JDAI collaborative group. Once a change in policy, practice, and /or procedure is made, the group will continue to monitor the effectiveness of that change and document changes in disparities. This work will be ongoing and can also be applied to the racial and ethnic disparities in the deep end of the juvenile system which includes out-of-home placements and placement in DOC.

Advancing Strategies to Respond to the Immediate Crisis and Drive the Long-term Vision

While building upon the existing foundational components outlined above, Milwaukee County and its partners need to address the immediate crisis by developing options for the care and treatment needs of youth placed at Lincoln Hills and Copper Lake Schools, and at the same time advance strategies to accelerate system reforms that ultimately will keep youth safely in our community.

1. Review all youth on a DOC commitment order

As an initial step to address the safety of youth placed at Lincoln Hills and Copper Lake, DCSD and Wraparound Milwaukee staff have reviewed every youth currently on a DOC commitment order using a person-centered approach to include screening for mental health needs, programming needs, and public safety risk. This information is being shared with the Public Defender's Office for consideration in planning alternative placement and programming options in the community, and transition from secure confinement. DCSD is also focusing on reviewing all DOC extension requests to determine whether the youth can be safely maintained in the community or alternative placement to DOC and making recommendations accordingly. DCSD and Wraparound will continue to evaluate each youth to consider alternative options.

2. Develop local options using best practices for deep-end placements and aftercare for high risk youth

In the wake of the Lincoln Hills crisis, the dialogue has intensified among Milwaukee County partners about the need for and availability of local options for alternative placements to Lincoln Hills/Copper Lake for high risk youth. DHHS/DCSD has pursued different avenues to create additional local capacity for deep end placements, but there are practical and legal issues that prevent the licensing of certain types of facilities that could serve as correctional alternative programs.

The Milwaukee County Accountability Program (MCAP) provides one existing option for a DOC alternative program. Youth in MCAP are typically placed on a one-year order at minimum, which includes placement in the juvenile detention center for up to 180 days followed by a period of aftercare in the community under probation supervision with community-based services. Youth are assigned an advocate from a community-based agency who provides intensive monitoring and work with and engage youth and families throughout the duration of the program. While in detention, youth receive

their education from Wauwatosa School District and earn credits that are transferable to their local school district. Youth also participate in the evidence-based programs of Juvenile Cognitive Intervention Programming (JCIP) and restorative justice, as well as other counseling and support services as needed. Youth are placed on Global Positioning System (GPS) electronic monitoring while on passes and upon initial release to the community and may be placed on 72-hour holds in secure detention for alleged violations. From its inception through 2015, the capacity in the juvenile detention portion of this program was 12 youth. This capacity was expanded to 24 in January 2016 upon the opening of a second pod.

While DCSD pursued expansion of MCAP in 2016 within the detention center in the interest of expediency and to meet the desire of stakeholders for a secure component of the program, DCSD has worked since early 2015[6] towards moving the MCAP program out of the juvenile detention center into a community setting consistent with the intent of the Juvenile Detention Alternatives Initiatives to safely reduce reliance on secure confinement. Most recently, in 2016 DCSD was proceeding with plans to open 44 beds for the MCAP program on County grounds as a secure residential care center. Unfortunately, following a series of communications with the Department of Children and Families (DCF) and the Department of Corrections (DOC), it was recently determined that this was not a viable option because a "*secure* residential care center" does not currently exist in Wisconsin as there is no current administrative code detailing the specifications of such a facility[7]. The Milwaukee County Executive and DHHS Director had requested in a March 10, 2016 letter to the Governor and the Secretaries of the DOC and DCF that the State consider a pilot secure residential center in Milwaukee County until such time as specifications are established either under DOC Administrative Code 346 or DCF Administrative Code 52. However, in a conference call on April 11, 2016 with the Secretaries of DCF and DCF, DHHS/DCSD was informed that the pilot was not possible without the necessary administrative code. The emergency rule process for pursuing a secure residential care center was also discussed, but was advised against given the long process to get approval and the limited amount of time such a rule could be in effect.

DCSD conceptualized this secure residential care center as a pilot that could be considered for possible replication around the state as part of a local or regional-based system. Although there would be substantial start-up costs, one of the main benefits of this type of facility is that a majority of the youth served may be eligible for Medicaid reimbursement, which would assist with the ongoing sustainability of the program. This facility could remain under local control or be transitioned to state operation as a deep-end placement after weighing the options to achieve an optimal juvenile justice system statewide and consideration of any needed statutory changes, budget planning, and redirection of resources.

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[6] DCSD initiated conversations with the Department of Children and Families (DCF) on this topic back in February 2015. The relocation and expansion of MCAP was approved in the 2016 Milwaukee County budget, but was halted upon notification in late 2015 that the identified facility for the program on County grounds would not be made available and thus MCAP would need to remain in the juvenile detention center in the short-term.

[7] DOC Administrative Code 346 only applies to secure detention facilities or County jails, and DCF Administrative Code 52 does not cover secure residential care centers.

In light of these circumstances, we propose working with our partners to pursue all options within our purview that advance our shared vision and working together to enable the conditions to achieve any additional strategies that reflect this vision.

3. Determine purpose and more specific criteria for out-of-home placements (residential placements including DOC) to ensure youth are placed in least restrictive settings

A key preliminary step prior to proceeding with adding capacity in specific programs, particularly residential placements, is to take a step back and determine why these placements are needed and for whom they are or are not appropriate. In order to eliminate overreliance on out-of-home placements (including group homes, residential care centers, DOC placements), in keeping with the principle of ensuring youth are placed in least restrictive environments, it is essential that careful consideration be given to establishing criteria that govern the use of each type of placement as well as the length of stay based on youth performance. Integral to this process is analyzing data to understand how out-of-home placements are currently being used and historical trends. This information can be used to pinpoint areas for further examination and reform of policy and practices aimed at addressing and safely reducing any uses of out-of-home placement that are determined to be inappropriate. Examples of possible inappropriate uses might include: youth with less serious offenses, lower risk youth, and youth who commit technical violations while on probation, and youth placements in order to obtain specialized treatment services that could be arranged in the community, etc. (Annie E. Casey Foundation, 2013).

A related discussion that local stakeholders should engage in within this context is the definition of what constitutes a "secure" placement and what range of security measures, including through staffing and programmatic features, can provide confidence that public safety needs are being met.

At the state level, consideration should be given to whether legislative changes are needed to limit which youth can be sent to DOC. Several states have placed limits on correctional commitments (Mendel, 2011), including: California (limited to adjudications for serious violent offenses); North Carolina (limited to adjudications for certain combinations of violent or serious non-violent crimes plus history of prior offending); Texas (limited to adjudications for felony offenses); and Virginia (adjudications for felonies, or serious misdemeanors plus prior felony or four serious misdemeanor adjudications).

Once specific criteria are established, DCSD will closely monitor whether these criteria are adhered to and share regular updates with system stakeholders.

4. Assess and address gaps in services based on youth risk and needs

As a follow-up to establishing the purpose and criteria for specific placements, the next step is to estimate the projected capacity needs for each type of placement or program given the risk and needs of presenting youth in the juvenile justice system, and expand or contract accordingly. In addition, new program and service options should be added to address any identified gaps.

Towards this end, as part of conversations about the purpose of out-of-home placements among partners, including DCSD, the judiciary, District Attorney's Office and Public Defender's Office, the need

for residential care center capacity should be explored using relevant data to inform the discussion. While there is not an expedient path forward to establish a secure residential care center, the option does exist to pursue creation of a Type 2[8] residential care center with certain security features. Such an option could be used creatively, for example, as a "step down" placement from Lincoln Hills or the MCAP program, which could serve to shorten the length of stay in secure confinement. A Type 2 residential care center could also be a regular placement type to meet the level of service needs and risk of an identified segment of youth. However, building Type 2 residential care center capacity should be considered only within the context of its agreed-upon purpose among partners and data justifying its need. Much consensus building will be necessary with the judiciary and other system partners before such a facility could be developed.

In addition, there are other best practice and evidence-based service models that have been used successfully in other jurisdictions that Milwaukee County does not currently offer that could be considered in rounding out the existing service array. For example, Multisystemic Therapy is a proven treatment model for at-risk youth and their families, with research demonstrating that long-term re-arrest rates among serious juvenile offenders participating in MST reduced by a median of 42 percent and out-of-home placements reduced by a median of 54 percent (MST Research at a Glance, 2016). Another best practice approach is the Youth Advocate Programs (YAP), Inc. Advocate Model for high-risk, high-need youth at risk for out-of-home placement. YAP is recognized as a Promising Practice by the Annie E. Casey Foundation, the Office of Juvenile Justice and Delinquency Prevention and the National Council on Crime & Delinquency. DHHS/DCSD leadership met recently met with representatives from these agencies to explore what potential value they may offer as we look to ensure a robust continuum of service options. However, these are not the only models. DHHS/DCSD is open to pursuing any options that complement our offerings to fulfill any identified gaps.

5. Collectively lobby for legislation that moves towards small, more effective models of deep end care under Department of Children and Families (DCF) responsibility

There is widespread consensus that the current model of juvenile corrections in Wisconsin is not acceptable. Beyond the allegations of abuse at Lincoln Hills, one institution located four hours away from Milwaukee where the majority of youth come from is not a model that best meets the needs of our youth and our community. Indeed, many states have moved away from the traditional model of large congregate care institutions in remote locations.

We believe Milwaukee County and all Wisconsin communities would be better served by a local or regional system comprising a continuum of small facilities and programs based on local/regional youth population and characteristics, operated by a department philosophically aligned with family preservation, and with an approach that balances public safety needs with current research knowledge on what is most effective in working with our youthful offenders. This will require the collective voice of the judiciary, District Attorney's Office, Public Defender's Office, County Board, County Executive,

[8] Type 2 is an "institution without walls", meaning that a youth living in the community in a Type 2 status may be returned to or placed in a Type 1 facility (juvenile correctional institution) without an administrative or court proceeding. DCF and DOC may designated certain residential care centers as Type 2 facilities if they meet legal standards.

and other stakeholders in our community (as well as around the state) to make the case for these changes. There is much that can be learned from the experience of other states that have successfully navigated closing large correctional institutions in favor of smaller, more effective models available locally.

As part of this recommendation, we urge the transfer of responsibility for all juvenile justice services (including juvenile correctional services) to the Department of Children and Families (DCF). This would further the extension of authority of DCF that occurred through the 2015 biennial budget bill (Act 55), which transferred administrative and oversight responsibility for the community-based juvenile justice system to the DCF. Through this transfer, DCF is now is responsible for fiscal and programmatic oversight for the Youth Aids allocation and community-based juvenile justice system, including the following: standards of practice, training, data collection and analysis, program monitoring, technical assistance, and fiscal administration. We believe that the authority of DCF should be further extended to encompass all juvenile delinquency-related services, including the operation of and oversight of secure correctional (treatment) facilities, oversight of the Serious Juvenile Offender program, and providing aftercare supervision for counties opting to contract with the state.

An advantage of transferring authority for the administration and operation of state juvenile correctional facilities to the Department of Children and Families (DCF) is alignment of the proposed reforms with the philosophy and mission of DCF relating to protecting children and youth, strengthening families, and supporting communities. In addition, DCF's experience with residential care centers and its contracts with child welfare agencies would be beneficial. Such an arrangement would be consistent with almost half (22) of the states, in which the administration and operation of state juvenile correctional facilities are housed within Children and Family Services, or Social or Human Services agencies. Wisconsin is one of 11 states in which administration and operation of state juvenile correctional facilities is under the control of a Department of Corrections. In the remaining 18 states, an independent Juvenile Corrections agency runs these facilities (OJJDP, 2013).

6. Design all residential placements in accordance with research-based models for delinquent youth

DCSD proposes reviewing best practice residential treatment center models with State partners and the Annie E. Casey Foundation for similar populations of delinquent youth to identify any enhancements or improvements recommended for the program design of any proposed or existing residential placements.

The following provides an overview of best practice residential components for consideration:

- A **behavioral management system** that sets clear expectations and responds to youth's daily observed behavior, providing feedback about the youth's interactions with other youth, staff and faculty, and their self-management.
- A **cognitive skill building model**[9]that teaches youth how to think through and behaviorally respond to a variety of typical but difficult social encounters and personal challenges. The critical importance of this skill and competency building process is the repeated guided

[9] Juvenile Cognitive Intervention Program and the Prepare Curriculum (Andrew Goldstein) are examples.

practice that is essential for youth to engage in if the skill is to become more internalized. In a residential program youth would have sets of problems and related skills before release home.

- A **group and individual therapy** process that responds to the trauma and adverse family dynamics youth are likely to have experienced.10 Engagement in therapeutic and support services through Wraparound Milwaukee, and in family therapy models such as Multi-systemic Therapy and Functional Family Therapy, can be started while youth are in the facility and during and after their transition home. Residential stays are shorter and outcomes are improved when families are involved (Magellan Health Services, 2008).
- **Trauma-informed care** that is used as an intervention and organizational approach that focuses on how trauma may affect an individual's life and his or her response to services.
- An integrated **therapeutic environment** that seamlessly weaves together the above components. Time in residence is not a basis for determining release and decisions are based on acquiring the new skills, demonstrated behavior, and family dynamics.
- **Discharge planning** that begins as soon as possible in the residential stay to determine youths' needs for successful reentry and eliminating barriers and building necessary supports.
- In addition, **education** must be a priority and tailored to the level of education and special educational needs of the youth in the facility. Faculty should know the treatment models and language used so that they may interact with youth in a supportive way. In addition, a critical factor in the educational component is the importance of transitioning back into a community school without waiting for the next semester.
- Finally, making connections with **community resources** such as religious organizations, schools, recreational programs and self-help groups increases the chances of successful outcomes of youth in residential settings (Magellan Health Services, 2008).

Standardized quality assurance practices including periodic audits of staff performance to ensure ongoing fidelity, and tracking of intermediate and long-term outcomes for all youth to assess the effectiveness of the program, is key.

7. Milwaukee County to assume responsibility for aftercare supervision in 2017

DCSD plans to enter into an arrangement with the Department of Corrections for Milwaukee County to provide aftercare supervision to youth released from DOC correctional facilities effective July 1, 2017. DCSD will notify DOC of its intent to end the current contract with DOC for aftercare by June 30, 2016. This decision is consistent with DCSD's direction of continuing to work with youth after they are committed to DOC and play an active role in case planning and reentry. As of March 2016, six Human Service Workers have been assigned to monitor youth committed to DOC. These employees have the responsibility of collaborating to put in motion a thoughtful transition plan for each youth to ensure successful reentry. They are able to draw upon the resources available through Milwaukee County's

[10] Trauma Affect Regulation: Guide for Education and Therapy (TARGET) is an example of a model for trauma-informed care in facilities that has been found to be effective: https://www.crimesolutions.gov/ProgramDetails.aspx?ID=145.

two existing re-entry programs, the Wraparound re-entry program and the Returning to Success re-entry program. Family engagement is an emphasis of these efforts.

In transitioning to directly providing aftercare in 2017, DCSD will closely collaborate with Wraparound Milwaukee to ensure access to a full array of services to meet the range of youths' needs, including out-of-home placements as appropriate, and will expand its contracts or make other arrangements as necessary to provide the needed capacity to support and monitor youth in the community. DCSD will make available in the community those services that are provided within DOC facilities, such as Juvenile Cognitive Intervention Program, Aggression Replacement Training, restorative justice, and AODA counseling, for the purposes of continuing care once youth are released and so that institutional stays do not need to be prolonged for the sole purpose of completing programming.

Summary and Next Steps

This document provides information for consideration as we work to shape the juvenile justice system that the youth, families, and communities we serve deserve. As we move forward, we would be well-advised to ground ourselves in the relevant research and learn from the experiences of other states that have faced these challenges and created better models. While we respond to the immediate crisis facing our community, we must simultaneously work to position ourselves so we can achieve our vision for the future.

To help set us on the right course, DCSD has approached the Annie E. Casey Foundation regarding a request for technical assistance. The Annie E. Casey Foundation has successfully worked with over 300 counties to achieve significant juvenile detention reform over the course of more than two decades through JDAI. The Casey Foundation has more recently expanded their focus to include the dispositional end of the juvenile justice system with the aim of decreasing reliance on juvenile incarceration nationwide and minimizing the use of training schools and other larger-scale juvenile correctional facilities. As part of this deep end focus, the Casey Foundation is working with selected states and local sites to reduce incarceration by embracing best practice reforms. Although the Casey Foundation is not formally taking on new deep end sites at this time, they have engaged with us to discuss how their technical assistance and resources might benefit the reforms we are seeking. Five members from the Casey Foundation Juvenile Justice Strategies team visited Milwaukee on April 21, 2016 to learn more about our efforts and needs.

In summary, several opportunities for collaboration among local and state partners in creating a model juvenile justice system for the highest risk youth were referenced in this paper. A brief review is provided below:

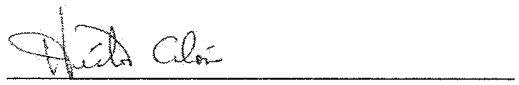
- Establishing a shared purpose and more specific criteria for out-of-home placements
- Consideration of legislation changes limiting circumstances under which youth may be committed to juvenile correctional institutions (based on severity of charges or other factors)
- Collaboration to develop any additional programming or placement capacity to address specific identified gaps

- Ensuring residential placements are designed in accordance with research-based models for delinquent youth
- Pursuing legislation that moves towards small, more effective models of deep end care and transfers responsibility for all juvenile justice services to the Department of Children and Families (DCF)
- Exploration of other models of partnership between state and local governments to keep youth in deep end placements close to home
- Transition provision of aftercare supervision to Milwaukee County in 2017
- Collaboration with the Annie E. Casey Foundation in pursuing deep end reforms and technical assistance as available on such issues as capacity analysis, development of a continuum of local/regional services, placement criteria, program design, and partnership models

Please note that the literature citations included in this document are provided in Attachment A.

Recommendation

This report is informational and no action is required.



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Attachment A: Literature Citations

Related to: An informational report from the Director, Department of Health and Human Services, providing a vision for partnership for juvenile justice system reform

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