

**Technical Assistance Report for the
Louisiana Office of Youth Development on**

**Effective Methods of Reducing
Youth in Secure Placements**

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Sincerely,

Tim Roche
Justice Policy Institute

Executive Summary

Louisiana officials are at crossroads in the evolution of the state’s juvenile justice system: Do they firmly commit to a reform agenda that will permanently remake the state’s juvenile justice system into one that is far more reliant on an integrated network of community-based services, supports and programs operating near the home communities of youth in its care, or does Louisiana halt its movement in this direction and return to the unproductive practice of maintaining its historically institution-based system for youth?

In an attempt to help inform this decision, the Office of Youth Development (OYD) asked the Justice Policy Institute (JPI) to examine the circumstances of 25 youth currently in secure OYD institutions, but whose risk assessment scores indicate they are appropriate for community placement. OYD officials reported that these 25 cases represent approximately 150 youth currently in secure OYD custody. JPI was asked to explore the elements in each case, interview the youth and their families, interview key actors in the system and examine policy and local practice as they relate to secure custody decisions for youth. At the conclusion of our examination of individual cases and related systemic juvenile justice issues, JPI was asked to provide recommendations as to how youth in institutional custody, particularly those with low risk-assessment scores, could be safely managed in the community.

It is clear to OYD officials, and for that matter to nearly all system players, that turning to secure OYD facilities as the best means of managing these youth is costly, inefficient and entirely ineffective. Not only is it rare for the underlying causes of their behavior to be addressed in a healthy or complete manner in an institutional setting, but the secure option is widely seen as a temporary option at best—an option that theoretically addresses the immediate need for safely containing the unacceptable behavior, but in reality is only an expensive means of *buying time* until the youth returns to the community from which s/he came.

“Fully-funded networks of programs created within communities and staffed by local citizens could bring needed services to youth and their families while building upon the internal capacity within communities to better care for their members. This concept seemed to ignite excitement among juvenile justice officials and potential service providers, as well as among the youth and their families involved in the system.”

JPI combed through the individual case material to assess it for thoroughness, objectivity and tone. We interviewed more than 20 probation officers and OYD officials who came from each of the four jurisdictions represented, we interviewed nearly a dozen judges, each of whom presided over some number of these cases, we interviewed youth, institutional staff, clinical

staff, family members, service providers and potential service providers in an attempt to assess the factors that most heavily contributed to these youth being in secure.

Nora's story illustrates the dilemma that each of these system players face on a daily basis:

Nora (age 15, risk score 5): Nora was sent to secure placement following a negative discharge from Boys and Girls Town, a history of noncompliance with conditions of probation, and the inability of her family to provide appropriate supervision. Nora's mother is disabled. Nora has a 2-year-old son, who is presently cared for by Nora's aunt. (It is believed by family members that the father of the baby is a 40-year-old neighbor.) Nora also has a 9-year-old sister who is living with her mom and a grandmother who helps care for Nora's mother. When Nora lived at home, she was her mom's primary caretaker, and a hostile dependent relationship appears to have developed. Nora expresses a great deal of ambivalence regarding her dual role of child/caretaker, demonstrating both some pride in the fact that she was able to handle it, and some understandable resentment as to the burden. She expresses a great deal of resentment also towards her aunt, who now has legal custody of her child. Nora fantasizes about taking her baby to live with another aunt in Colorado. She has been seen clinically by both a psychologist and psychiatrist and was diagnosed as having conduct disorder with anti-social and narcissistic characteristics. She presents as angry and victimized, quite verbal, and with some potential for insight. Cognitive testing puts her in the low average range, and one suspects she would test higher were she not under the emotional stress of her present situation. Underneath the obvious behavioral problems, one suspects significant depression and possible PTSD related to earlier childhood trauma. Traditional treatment will probably prove difficult as Nora will use acting out behaviors to avoid confronting the pain and loss that appears to be at the foundation of her self destructiveness. Chances are she will not pursue treatment voluntarily, and may be more receptive to a group approach with single young mothers that would be less demanding of deep introspection. Basically she is a child with a child and is in need of a very safe environment that will care for her as a child, while at the same time teaching her to be a mother. It does not appear at this point that either a return home or living with her aunt and baby is realistic.

With this in mind, the following community-based placement and program options are offered:

- Placement in a therapeutic foster home with her child. Respite care for the foster parents should be provided by Nora's natural family if possible. If the natural family is not available, then an additional foster home should be identified to provide respite four days each month to the primary foster parents.
- Assign a case manager from a local community agency to augment the work of Nora's foster parents to assure her attendance at treatment sessions, parenting classes, and appropriate special education and/or vocational education classes.
- Ideally the foster home and case manager should be under the supervision of the same community agency.
- Update and review her community plan at least monthly using a case management meeting attended by the foster family, case manager, natural family, a representative from the funding agency(s), and representatives of any other private agencies working with Nora.

The many juvenile justice, mental health and child welfare professionals, family members, judges, and direct service providers with whom we consulted on each of these cases all agreed that despite their perceived need to recommend secure custody, they would gladly opt for a community-based plan if a suitable collection of community-based services was available. The common view held by those adults involved in these cases, however, was that they had tried everything at their disposal, to no avail. Only when JPI began to query individuals about the range of available services, and to describe some of the more creative program models operating successfully in other jurisdictions, did the promise of a true continuum of care become apparent.

It became clear to those with whom we met that the promise of a juvenile justice system committed to providing comprehensive services to youth and families in their communities has enormous potential to serve the entire range of youth within the system. Fully-funded networks of programs created within communities and staffed by local citizens could bring needed services to youth and their families while building upon the internal capacity within communities to better care for their members. This concept seemed to ignite excitement among juvenile justice officials and potential service providers, as well as among the youth and their families involved in the system.

Given that the reason repeatedly identified for youth being in secure care despite their low risk scores is the lack of flexible and appropriate community-based services, we are convinced that OYD could significantly and safely reduce its institutional population by funding the expansion and strengthening of a rich continuum of family-centered community-based programs in jurisdictions throughout the state.

A strong but largely untapped and unfunded foundation of support for this approach exists in virtually every community across the state. Formal and informal networks of committed citizens have worked together for generations to ensure that their most needy neighbors have the basic assistance necessary to move forward. From faith institutions, schools and small direct service programs of all types, to concerned neighbors, involved coaches and members of the informal leadership structures that operate in all communities, Louisiana is brimming with an eager and able body of support on which to build local networks of services for children and families. Louisiana's greatest resource is its people and it is to those people and their collective strength that state officials should turn for help advance the promise of a juvenile justice system that leads the nation in supporting children and families in the struggle to lead prosperous and productive lives.

Continuum of Care

HOUSING

- Home
- Therapeutic Foster Home
- Proctor Care
- Independent Living Apartments
- Small Congregate Care
- Secure Facility

COMMUNITY SERVICES

- Less Intensive Case Management
- Short Term Live-in Case Assistant
- Intensive Case Management
- Home or Community Detention
- Day/Evening Reporting Center

RESOURCE BANK

- Recreation Programs
- Employment Programs
 - Vocational Education
 - Mental Health Services
 - Substance Abuse Treatment
 - Family Services

Services & programs

required within

the community in

order to successfully

reduce the number

of youth in secure

placement.

Principles Underlying a Model Continuum

An effective continuum of care must be built on certain overriding principles. These include:

- To place youth in least-restrictive setting consistent with state law and juvenile justice regulations;
- To keep youth in their home communities whenever possible and appropriate;
- To support community organizations that will continue to support youth after their juvenile justice involvement ends;
- To build community infrastructure;
- To provide unconditional and individualized care for youth involved with the juvenile justice system;
- To protect public safety; and
- To help youth become productive members of society.

These principles help ensure that youth are served as completely and cost effectively as possible.

I. RESIDENTIAL/HOUSING RESOURCES

Ideally, the entire continuum of out-of-home housing resources should be located strategically throughout the state so as to facilitate family visitation on a regular basis and help the youth transition home when the time comes.

Home—Whenever possible, youth should be maintained in their own home with appropriate services to ensure that the youth and others in the home are well supported. Also, when offered services that will keep a youth on track and which provide the parents with a contact who can help when needed, families are often more than willing to keep a youth at home.

Therapeutic foster homes—Such placement options are appropriate for youth with moderate to severe mental health or behavioral needs. These specially trained foster parents can be used as a temporary measure until the natural family is adequately prepared to accept the youth back into their home.

Proctor Care—Based on a professional foster parent model, with foster parents paid a salary to provide full-time intensive parenting and supervision to a high needs youth, the Proctor Care model is increasingly popular. Proctor parents are full-time surrogate parents who are paid for their commitment and services.

Independent living apartments—As an alternative for slightly older youth whose families are unable to adequately provide for them but whose needs or behaviors are not so extreme as to require intensive supervision, independent living programs can be an ideal placement. Youth are provided with their own furnished apartment and receive supervision and/or case management at a degree of intensity appropriate to their level of need, behavior and program compliance.

Small congregate care facilities—Intended to resemble traditional group homes, but smaller, congregate care facilities should house no more than five youth at one time. Staffed 24 hours a day, these programs are designed and staffed to create as home-like an environment as possible. Programs of this sort typically employ skilled staff who work closely with family members or others into whose care the youth is destined to transition, thereby increasing the likelihood of a smooth and successful permanent placement.

Secure Facilities—These facilities are intended for youth who pose a physical threat to themselves or members of the community and whose level of risk prevents a less secure setting. Such facilities should be designed to house no more than 25 youth. Ideally, secure facilities are located strategically throughout a state so as to facilitate family visitation on a regular basis.

II. COMMUNITY-BASED SERVICES

Day and evening reporting centers—Increasingly popular, neighborhood-based day and evening reporting centers are used for those youth who are not currently in school or other daytime program or who are not adequately supervised during evening or weekend hours. Centers provide youth with a host of positive social and recreational activities within close proximity of their home so as to structure their time during high risk times of the day or evening.

Home or community detention—Home detention programs have increased in popularity with juvenile justice population during the past decade. Service of this sort are best used in conjunction with a series of other more active components such as mentoring or participation in recreational programming. When used properly, i.e., as an alternative to secure custody and as part of an integrated case plan, home detention programs can play a meaningful role in an overall continuum of care.

Intensive case management and advocacy services—No continuum of care is complete without a flexible and proactive case management and advocacy component. Based on a model of intensive but supportive intervention, case managers/advocates are used to ensure that youth are staying on track and getting the services they need. Devoting as few as five hours or as many as 40 hours a week to an individual client and his/her family, case managers play a key role in implementing complex case plans. Case managers serve as the glue that binds a detailed case plan together and are able to identify problems with implementation before they rise to the level of a crisis or violation.

Short-term, live-in case assistant—In some cases, a youth and their family has need of intensive monitoring and support that can best be provided by a live-in assistant. Services of this type consist of individuals who are paid a salary to live in the home of the youth and family to mentor, supervise and provide guidance to the youth and family members and to ensure the youth's participation in required activities. This service is generally a shorter-term service, ranging from a few days to a few weeks.

Less intensive case management—These case management services, designed for youth with less intensive needs, help youth and their families access needed services, and navigate administrative and bureaucratic processes. Case management service providers work with families to develop a service plan, including identifying appropriate service providers, and then help them learn how to effectively access those services

III. RESOURCE BANK

Resource bank services are designed to meet specific programmatic needs. They can be accessed for any youth, no matter where he or she is placed.

Family Services: like Multi-Systemic Therapy or Functional Family Therapy—intensive and prescriptive services that work with the entire family to address family functioning issues.

Substance abuse treatment—Substance abuse problems are a common issue for youth with OYD involvement. Treatment options need to include a range of intensive in-patient services (lasting 30 days to 18 months) and a range of out-patient services (from less intensive at one to two times a week to more intensive at three or more times a week).

Mental health—while this service need not be funded by OYD, it must be available to all youth served by OYD and OYD funded providers. Mental health services can be integrated into a therapeutic foster care program or provided through Multi-Systemic Therapy. They can also be stand-alone services. Ideally they will be provided based on service principles that parallel those outlined here for a juvenile justice continuum of care.

Vocational education—Ideally, vocational education programs should not be limited to OYD youth as they serve many other constituencies and purposes. Programs could better be funded by a combination of OYD, labor and education funding with monitoring provided by the latter two funding sources.

Employment programs—youth with limited vocational skills and a myriad of other needs will need help and support as they enter the workforce. Without support and without knowing basic employment etiquette, they will fail to perform adequately and will be terminated from about as many jobs as they are able to find.

Recreation programs—recreation serves as a positive outlet for youth's energy and competitive drive and helps them learn life lessons about sharing, winning and losing, and following rules specific to an endeavor or situation. Almost by definition, recreation programs cannot be limited to a specific population, such as OYD-involved youth. And to be most effective they should continue to remain available to young people long after they have left OYD supervision.

JPI's review of Louisiana youth who are currently in secure custody but whose risk scores suggest community placement revealed the most fundamental element contributing to their inappropriate incarceration is the lack of a rich and fully-funded array of flexible community-based services designed to address the needs of these youth and their families in the communities where they live. Louisiana is fortunate, however, in that its officials have demonstrated the political will to reverse the state's historical trend toward reliance on institutional care and instead focus services for delinquent youth in the community. In keeping with the current direction of juvenile justice in Louisiana, OYD has sought suggestions from JPI on how this philosophical and programmatic shift can occur swiftly and safely. We have attempted herein to provide OYD and officials throughout Louisiana with a series of concrete principles to guide their efforts, and programmatic examples to illustrate what is within reach in Louisiana.

Much of the capacity needed to convert the juvenile justice system to one which emphasizes community-based care already exists throughout the state in the form of small to mid-size organizations and individuals who have been dedicated to providing supports to children, families and communities for generations. By harnessing this largely untapped and unfunded potential, and by drawing on proven effective examples of such juvenile justice system transformations in other jurisdictions, Louisiana officials can remake their system to one that can serve as a model for the nation.

Report to the Louisiana Office of Youth Development on Effective Methods of Reducing Youth in Secure Placements

I. Introduction

Louisiana's Office of Youth Development (OYD) is in a state of rapid and profound change. The change underway within OYD is perhaps best illustrated by the reduction in OYD's institutional population over the course of the past year. As of December 31, 2003 the number of youth in secure OYD facilities was 680. This figure stands in stark contrast to the 984 youth in OYD institutions only six months earlier.

The forces driving change within OYD are many—including the passage of Act 1225 through which greater emphasis on community-based services for youth is mandated, costly litigation challenging institutional conditions, years of chronic and costly overcrowding of the state's four juvenile institutions, and the recognition by many state officials that a reduced reliance on institutional care and a corresponding increase in access to community-based services will produce improved outcomes for Louisiana's youth.

Independent of the reasons for the shift in law, policy and practice, Louisiana faces a critical decision: Does it firmly commit to a reform agenda that will permanently remake the state's juvenile justice system into one that is far more reliant on an integrated network of community-based services, supports and programs operating in or near the home communities of youth in its care, or does Louisiana halt its movement in this direction and return to the unproductive practice of maintaining its historically institutional-based system for youth?

JPI is firmly of the opinion that Louisiana should redouble its efforts to speed the progress made during the recent past and create a system truly responsive to the needs of its most needy children and families, rather than retreat to the expensive and wasteful ways of its past reliance on institutional care. Louisiana officials at all levels should encourage OYD to strengthen its commitment to community-based services for youth involved in the juvenile justice system.

In their move toward reducing the state's reliance on incarceration, OYD officials have turned to time-tested initiatives designed to safely reduce the number of youth unnecessarily committed to secure institutions. Among these initiatives is an emphasis on the use of a risk assessment instrument to guide department staff, local probation officials and judges in determining who among OYD-involved youth present a level of risk that warrants secure rather than community placement. By relying more heavily on objective decision making, a greater number of youth who can be safely managed in a community setting are identified and channeled into structured community placements. Conversely, a risk instrument can also help identify those youth for whom a community-based placement may not be immediately appropriate.

The risk instrument is designed for use as a tool to help *guide* decisions, rather than to serve as an inflexible determiner of in/out custody decisions. It is intended to be “overridden” on those occasions when information is available in a given case that is not sufficiently factored into scoring the instrument. Overrides, therefore, are intended to work two ways—to move youth with high scores out of secure care when other factors dictate, and to increase the custody level of low scoring youth for whom factors suggest non-secure placement may be inappropriate.

Risk instruments of the sort used by OYD are extremely useful tools for guiding decision makers as to the level of care and often even the types of services a youth in state custody, or at risk of entering state custody, may need. Such risk instruments can also be quite helpful to those involved in assessing the efficiency with which resources, both institutional and community-based, are being utilized. When, as is the case in Louisiana, a large number of youth with risk scores below the secure custody threshold are nevertheless entering secure facilities, it is indicative of a failure in the system, either of the risk instrument itself or among the multitude of other factors that affect the scoring and use of the instrument. This is a troubling observation as it appears to confirm a frequent criticism of OYD, that being the over-reliance on institutional care to the detriment of children and at the expense of less costly community-based services.

“Unless OYD can provide for the safe and effective non-secure management of these youth, attempts to permanently shift OYD’s emphasis from institutional care to reliance on a rich array of local, community-based options for youth will fall sadly short of its mark.”

Faced with an override rate that threatens the utility of OYD’s risk instrument and feeds the unnecessary use of secure custody, the Justice Policy Institute (JPI) was asked by OYD officials, through Dr. James Austin, Director of the Institute on Crime, Justice and Corrections at George Washington University, to assist in investigating the factors contributing to the commitment of youth to secure institutions whose risk scores fall below the secure custody threshold.

Although narrow, this discrete task has far-reaching implications for the ultimate success of efforts throughout the system to reduce to an absolute and safe minimum the number of youth confined in secure institutions. Unless OYD can provide for the safe and effective non-secure management of these youth, attempts to permanently shift OYD’s emphasis from institutional care to reliance on a rich array of local, community-based options for youth will fall sadly short of its mark. In the event of such a failure, Louisiana’s institutional system will likely continue to absorb not only those who pose a significant risk, but it will also continue to bulge with an increasingly large number of relatively non-serious but difficult to manage youth.

II. The Problem

In any juvenile justice system there are a significant number of youth who become enmeshed in the system due largely to the very challenging management issues they present. Incurable, truant, non-compliant, defiant, or sexually active, are among the most common behaviors such youth present. Although these youth are typically seen as presenting little if any real threat to anyone but themselves, their high risk activities understandably create tremendous anxiety for family members and system officials. Despite the fact that their behavior seldom rises to a level considered seriously illegal by most people, their personal safety often becomes a legitimate concern to adults whose responsibility it is to ensure their well being. When confronted with these realities, incarceration too often seems the only solution.

This is a familiar population to anyone who works with teens, particularly teens whose families and other natural support systems are fractured by the common stresses and strains of unemployment, substance abuse, poverty and/or crime. Despite the best efforts of many smart and well-intended individuals to accommodate the needs of these youth without resorting to a total loss of their liberties, these youth often test our patience and stretch our programmatic resources to the breaking point. When probation officers carry caseloads of more than 50 and see most youth once a month, service providers struggle to provide meaningful services to equally needy but more compliant youth, and judges have exhausted the relatively meager programmatic alternatives at their disposal, secure care is the common last resort.

“Despite the best efforts of many smart and well-intended individuals to accommodate the needs of these youth without resorting to a total loss of their liberties, these youth often test our patience and stretch our programmatic resources to the breaking point.”

To their credit, OYD officials expressed frustration at the number youth in secure custody whose risk scores indicate community placement. OYD officials along with other key actors in the juvenile justice system have struggled to find effective non-custodial options for use with this particularly challenging population.¹ In spite of its efforts, OYD has continued to see a steady stream of youth committed to secure care who score at the lower end of the risk instrument. OYD’s most recent estimates are that approximately 150 such youth fill secure beds in OYD institutions.

It is clear to OYD officials, and for that matter to nearly all system players, that turning to secure OYD facilities as the best means of managing these youth is costly, inefficient and entirely ineffective. Not only is it rare for the underlying causes of their behavior to be addressed in a healthy or complete manner in an institutional setting, but the secure option is widely seen as a

¹ JPI did not assess as part of this analysis the appropriateness of how OYD’s non-secure placement options are being utilized. Indications from work on this report, however, suggest that this is an area that should be closely examined.

temporary option at best—an option that theoretically addresses the immediate need for safely containing the unacceptable behavior, but in reality is only an expensive means of *buying time* until the youth returns to the community from which s/he came.

It appears too that “treatment” in OYD institutions is weak at best. As current institutional costs reach approximately \$200 per day, a forceful argument can be made for the wisdom of placing greater emphasis on funding quality treatment in the community. With the recent severing of OYD from the Adult Department of Corrections an opportunity has been created to divert resources that were heretofore absorbed by a massive adult correctional system, into the juvenile justice system for use in fully funding a wide range of community-based programs. This opportunity should not be ignored.

III. Analysis

To complete its assigned task, JPI was provided with detailed case documentation on a sample of 25 youth whose risk scores ranged from 3 to 8, but who were committed to secure custody.² Each of the 25 cases was drawn from Jefferson, Orleans, Iberville or Baton Rouge Parishes. JPI was given complete and full access to the youth, their records, OYD institutional and probation staff, and OYD contracted service providers who may have been involved with the youth. OYD officials also facilitated access to judges, OCS officials, family members of the youth, local service providers and others who could shed light on the various factors that might have contributed to a judicial decision resulting in secure placement. JPI was encouraged to explore all possible causes for what is viewed by OYD officials as an unacceptable level of overrides of youth into secure care. We were encouraged by OYD officials to scrutinize the quality of the pre-dispositional reports to determine if more information, clearer or more complete recommendations, or a change in tone might produce a different judicial decision. We were asked to interview youth, their families, their probation officers, service providers, judges and others to determine what OYD could do differently or better to produce the community-based outcomes their risk instrument suggested was appropriate in each of the 25 cases.

JPI combed through the individual case material to assess it for thoroughness, objectivity and tone. We interviewed approximately 20 probation officers, who came from each of the four jurisdictions represented, we met with nearly a dozen judges, each of whom presided over some number of these cases, we interviewed youth, institutional staff, clinical staff, family members, service providers and potential service providers in an attempt to assess the factors that most heavily contributed to these youth being in secure custody despite their low risk scores.

Of course, no simple answer exists to the question of why overrides to more secure care are occurring at the current unacceptably high rate. In a system such as Louisiana's with many individuals and agencies possessing varying degrees of decision-making authority in each case, the force behind overrides is not always obvious. It became clear during our investigation for example, that in larger jurisdictions (Jefferson, Baton Rouge Parishes) where local probation officials provide supervision and services for youth up to the point of commitment, challenging youth frequently exhaust both programmatic resources and the patience of system officials, prompting local probation staff to argue for OYD commitment regardless of a youth's risk score. A recent move to "staff" such cases with OYD and local probation officials in advance of court hearings has proved helpful in reaching consensus among these two agencies, but whether the practice produces fewer overrides into secure care is not clear.

Judges also expressed considerable frustration with their limited options for safely managing some of their most troubling youth. In such cases, judges often believe they have little choice but than to turn to OYD for help, owing to its greater access to resources, even if those resources go to purchase services that offer an imperfect fit for the youth in question.

²According to OYD's risk instrument, youth who score 10 or above are assigned secure custody, while those scoring 9 or below are presumed appropriate for community placement.

Service providers contracted by both local and state probation offices can also contribute to the frequency of overrides. Unnecessarily restrictive program enrollment criteria or ejection policies that cause troublesome youth to be expelled from programs at high rates—independent of their risk scores—are also important factors contributing to unnecessary overrides into secure custody.

Although many issues were raised by the individuals we interviewed as to what could be done better or differently to produce a non-secure outcome in these 25 cases and others like them, one issue stood out beyond all the others as a key missing element—the absence of a complete range of community-based and family-centered OYD-funded services from which to draw when confronting the myriad needs of these youth and their families.³

Ultimately what we discovered when exploring the cases individually was the limits of available OYD-funded programming. When the limited number of OYD-contracted services was exhausted, the perceived “need” for secure placement of these youth increased. When this point of exhaustion was reached, those involved in the cases seemed to lose steam and feel they had no choice but to turn to OYD institutions to meet the often identified but largely unmet needs of these youth.

In order to illustrate an approach to successful community-based planning, JPI conducted interviews with key individuals in each case and developed a proposed community-based alternative that could be implemented if the programmatic resources existed. Due to natural attrition from case closures and youth being discharged from secure facilities, as well as limits on time and resources, JPI staff conducted detailed interviews with 16 of the 25 youth, ten of which are presented in summary fashion below. In most of these cases we were also able to meet with family members, judges, probation officials and non-secure service providers involved. In addition to JPI’s case-specific investigation, we explored the wide range of possible programmatic service options that have proven effective in other jurisdictions with youth who fit the general description of the 25 youth in our sample. This involved meetings with members of both the OYD-contracted and non-contracted service provider community to determine the types of services each was able and willing to bring to bear in order to better serve this challenging population of youth. We also met with officials from OCS, OMH and the public school system to discuss their perceptions of the problems facing OYD and the contribution they could make to collectively resolving these challenges.

“When the limited number of OYD-contracted services was exhausted, the perceived “need” for secure placement of these youth increased. When this point of exhaustion was reached, those involved in the cases seemed to lose steam and feel they had no choice but to turn to OYD institutions to meet the often identified but largely unmet needs of these youth. “

³ In section VII of this report, JPI offers comments and recommendations as to several steps that might be taken by OYD, in addition to the development of a continuum of community-based services, that would enhance the likelihood of non-secure placements for youth who can be safely managed in the community.

What we learned is encouraging. There is agreement among virtually all with whom we met that OYD's move in the direction of reduced reliance on secure care is both a positive step, and one that will require the collaboration by all to succeed. Further, and perhaps more importantly, there is a deep vein of consensus shared by nearly all the individuals and agencies we consulted that by building a seamless and flexible continuum of community-based programs and services, the vast majority of youth currently committed to secure care could be safely managed in their home communities with a level of support sufficient to ease the legitimate concerns of decision makers responsible for their care.

The perception held by most with whom we met is that if the correct mix of support, supervision, structure and advocacy was available to the 25 youth in question, as well as to others who currently fill OYD's institutional beds, each could be more safely planned for and managed in their home communities than by resorting to secure, institutional care far from their homes. This is not to say that other more narrowly focused efforts would not make valuable contributions to enhancing the quality of information available to decision makers and thereby produce the desired outcomes. But absent a full continuum of community-based services, such ancillary efforts will have little impact.

The absence of a fully-funded continuum also raises the concern that while OYD's move toward relying less on institutional care, and the corresponding drop in its secure population are commendable, the quality and appropriateness of support services available to youth exiting state institutions need strengthening.

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IV. The Cases

The best way to understand the rationale used by decision makers to commit each of the 25 youth to secure care, as well as to present a thoughtful alternative to such a placement and how such an alternative could have been achieved, is to present some individual cases for examination. The following case summaries are drawn from the youth JPI was able to interview. The cases presented in detail below were selected in part for their illustrative value, both in terms of the diverse challenges they present as well as for the range of community-based services that could be drawn upon to meet their needs. In each case JPI designed a release plan to an individualized set of coordinated community-based services and supports in the youth's home neighborhood. The individualized plans are presented here to illustrate the potential that exists in each case and in each community to safely manage even the most challenging youth in non-secure settings. Among the key services that are proposed in the following cases but do not exist among current OYD-funded providers are intensive case management services, an array of home-like placement options and in-home therapeutic services.

Nora (age 15, risk score 5): Nora was sent to secure placement following a negative discharge from Boys and Girls Town, a history of noncompliance with conditions of probation, and the inability of her family to provide appropriate supervision. Nora's mother is disabled. Nora has a 2-year-old son, who is presently cared for by Nora's aunt. (It is believed by family members that the father of the baby is a 40-year-old neighbor.) Nora also has a nine-year-old sister who is living with her mom and a grandmother who helps care for Nora's mother. When Nora lived at home, she was her mom's primary caretaker, and a hostile dependent relationship appears to have developed. Nora expresses a great deal of ambivalence regarding her dual role of child/caretaker, demonstrating both some pride in the fact that she was able to handle it, and some understandable resentment as to the burden. She expresses a great deal of resentment also towards her aunt, who now has legal custody of her child. Nora fantasizes about taking her baby to live with another aunt in Colorado. She has been seen clinically by both a psychologist and psychiatrist and was diagnosed as having conduct disorder with anti-social and narcissistic characteristics. She presents as angry and victimized, quite verbal, and with some potential for insight. Cognitive testing puts her in the low average range, and one suspects she would test higher were she not under the emotional stress of her present situation. Underneath the obvious behavioral problems, one suspects significant depression and possible PTSD related to earlier childhood trauma. Traditional treatment will probably prove difficult as Nora will use acting out behaviors to avoid confronting the pain and loss that appears to be at the foundation of her self-destructiveness. Chances are she will not pursue treatment voluntarily, and may be more receptive to a group approach with single young mothers that would be less demanding of deep introspection. Basically she is a child with a child and is in need of a very safe environment that will care for her as a child, while at the same time teaching her to be a mother. It does not appear at this point that either a return home or living with her aunt and baby is realistic.

With this in mind, the following community-based placement and program options are offered:

- Placement in a therapeutic foster home for herself and her child. Respite care for the foster parents should be provided by Nora's natural family if possible. If the natural

family is not available, then an additional foster home should be identified to provide respite four days each month to the primary foster parents.

- Assign a case manager from a local community agency to augment the work of Nora's foster parents to assure her attendance at treatment sessions, parenting classes, and appropriate special education and/or vocational education classes.
- Ideally the foster home and case manager should be under the supervision of the same community agency.
- Update and review her community plan at least monthly using a case management meeting attended by the foster family, case manager, natural family, a representative from the funding agency(s), and representatives of any other private agencies working with Nora.

Ellie (age 17, risk score 8): Ellie was placed in secure custody due to non-compliance while on probation following an Unauthorized Use of Motor Vehicle conviction. While at home, her mother reported she was out of control, especially when the mother was working her 7 pm – 7am shift as a surgical technician. Ellie's mother installed cameras in her home and found that Ellie and her younger sister (14) were involved in sexual activities with boys while she was away. She also reports that Ellie has left home on numerous occasions without permission and has used alcohol and marijuana. Originally mom referred Ellie on a FINS petition, and according to reports, Ellie successfully completed the assigned programs. A clinical report diagnosed her as an adolescent with antisocial behavior and parent-child relationship problems and suggested group home placement if placement in the home with family counseling is not successful. It indicates that success is dependent on the mother and child participating—a rather obvious observation and one that does not address the issue at hand: How does one get that participation? Given the fact that Ellie's mother is out of the house from 7pm - 7am three nights a week, some additional supervision for Ellie and her younger sister during those hours is essential. Ellie's 24-year-old sister has cerebral palsy and is not able to supervise her siblings; her 20-year-old brother is in the military. Ellie presents as bright and inquisitive with considerable manipulative skills and some potential for insight. However, she definitely needs additional supervision beyond what can be provided via probation if she is to return home or be placed in independent living. With this in mind, the following recommendations are made:

- Placement in her home with intensive case management services at a rate of approximately 20 hours weekly to ensure her participation in other activities and to curtail the sexual acting out and drug abuse that has occurred, and to assure that she attends counseling.
- Place in supervised independent living with a live-in advocate(s) if unable to remain at home.
- The case manager from the local community agency who is overseeing her service plan should convene case management meetings on at least a monthly basis to review and revise her plan.

Lisa (age 18, risk score 6): Lisa was a FINS case who was placed on probation until her 18th birthday. She then was charged with Theft of Goods and probation was continued. She was subsequently placed in secure as a result of non-compliance that included running away from home, leaving her newborn child unsupervised, and refusing all services from the probation

department. She was also arrested and convicted as an adult for possession of a stolen vehicle. Both her mother and father have been incarcerated, and have offered minimal support of late. She indicates her child's father and his family are supportive and taking care of the baby. She expects to stay with them upon release. Clinical reports project a negative prognosis indicating an expectation of psychopathic behavior in a youngster who is glib and superficial in her responses to others, and demonstrates little ability for long term intimate relationships. If this is accurate, then it is essential that services be created for her, her baby and her boyfriend. The following recommendations are made:

- Convene an interagency meeting with PO, family members, boyfriend and his family, Jetson counselor, OCS representative (due to Lisa having a child), and a OMH representative to finalize plan for move back to community. Plan must include:
 - Parenting training for her and the baby's father,
 - Appropriate medical services for baby,
 - Intensive case management services, beginning at a rate of approximately 20 hours per week.
- This group should meet regularly (at least monthly) to review and revise the community service plan.
- Place in a supervised independent living program for her and baby if boyfriend's family is not a resource. She (they) will still require intensive case management services for ongoing supervision and to ensure that she accesses appropriate clinical services and pursues appropriate employment.

Sara (age 17, risk score 8): Sara was placed in secure care after being uncooperative regarding services and supervision and had a serious (Illegal Carrying of a Weapon) charge. This is the second time she was placed in secure via an override. When interviewed, she indicated she was to be transferred to a group home within the week. In April '02 she was seen for an emergency psychiatric evaluation following a suicide gesture while being disciplined in her placement at Rivarde. The assessment concluded that the gesture was manipulative and Sara was given a diagnosis of being Bipolar with mother child problems, and she was recommended for out-of-home placement in a residential setting. Lithium was suggested as a mood stabilizer and possibly a neuroleptic since she had reported hallucinations in an earlier interview with a psychologist. That report included interviews with Sara and her mom and also recommended residential treatment. She was diagnosed as a having "Major Depression with possible psychotic features" with a long history of family disarray and psychological problems. She was placed residentially for six months. Her diagnosis at placement was conduct disorder, depression NOS, with narcissistic traits, antisocial personality traits, R/O borderline traits. Upon discharge, she was returned to her mother with the recommendation of continued family therapy. Soon after return home, she ran away from home, and her mother reported that she was staying with a known drug dealer. OYD recommended secure placement. A Jetson progress report indicates she was not receiving any mental health services and then recommended that her treatment plan continue to focus on impulse control, substance abuse, social skills, runaway behavior, family relationships as well as educational development via group and individual counseling. There was no explanation as to how this counseling would occur or why it would not be considered a mental health service. She was paroled, ran away a week later, was rearrested three weeks later, and

placed again in secure care. A recent status report shed no light on the previous psychological issues, and indicates that she has adapted well to the Jetson program.

When interviewed, Sara presented as a depressed, agitated youngster, who saw her group home placement as primarily an escape from secure. She shows some genuine potential for insight, but it is doubtful that she will seek treatment on her own. She is aware that she cannot return home due to conflict with her mother and is interested in a program of supervised independent living. She is at high risk to re-offend in the community if not provided with extensive supervision. With this in mind, the following recommendations are made:

- Convene an interagency meeting to include Sara, PO, family, residential program staff, a representative from OMH and OCS to develop a supervised independent living plan following her discharge.
- Develop with residential program staff and local education and vocational education resources an updated IEP that will allow Sara to access the full range of special education supports that are available to her. Earlier clinical reports support an Emotionally Disturbed Special Ed. classification, and with this she would be able to access supports up through the age of 21. Part of this plan must be an updated clinical assessment and resultant regular clinical intervention to deal with her significant underlying depression that is often camouflaged by her acting out behaviors.
- Provide case management and advocacy services via a local community agency. Case management should be intensive at first, not less than 30 hours per week, and be reduced as she stabilizes. Case management will oversee all aspects of her plan including her supervised independent living arrangements, and will assure regular reviews and revisions of her plan.

Joe (age 16, risk score 6): As a result of a staffing, it was recommended that Joe be placed in a secure setting as a result of his non-compliance that included not following rules at home, continued use of marijuana, refusal to attend drug and sexual offender treatment, and expulsion from school. These factors, in addition to the seriousness of his charge (sexual abuse), and the fact that he suffers from Sickle Cell Anemia, led to the eventual override. Joe denies the sexual abuse charge, and clinical evaluations leave some doubt as to the extent of the sexual abuse, if, in fact, it occurred at all. However, Joe admitted to continued use of marijuana, refusal to attend treatment programs, and disobeying the rules his probation officer and mother established for him. Joe's father is out of the home, alcoholic, and though Joe sees him often, his father has little influence over him due to his own drinking problems.

This is a situation where the recommendations for services in the community were appropriate, but there was not the availability of additional supervision beyond what the family and the probation department could provide. Joe needs a structured environment no matter where he is—in this case that structure must be introduced to the family via an outside resource. This youngster is quite immature, easily influenced by his negative peer group, on the road to drug dependence, and headed for the adult system if not provided with extensive supervision in the community. His special education needs have not been met to date, and he has little motivation to pursue treatment with regard to drugs or his sexual impulses. It appears the family is not able to implement the structure he needs and since he will only be four months short of his 18th

birthday when released, a community program needs to be put in place without delay. If able to return home, his family must have significant support in the form of intensive case management to assist them in the home and provide supervision for Joe in the community. He will also need a special education/vocational education evaluation in order that he can access services up through the age of 21. If he is unable to return home, a program of supervised independent living with intensive case management services needs to be implemented. This is a very vulnerable young man, whose cognitive deficits and emotional scars need immediate attention—without that, he is a prime candidate to re-offend and end up in an abusive situation in adult corrections. The following recommendations are made to provide a viable community plan for Joe:

- Convene an interagency meeting at Jetson with Joe, family, PO, PD, Jetson counselor and clinical representative, DMH representative, and community resources, including a school district representative, to develop a service plan for implementation upon his release.
- If able to return home, this family will need to accept intensive case management services due to his demonstrated lack of motivation to follow up on supervision and treatment plans.
- If unable to remain at home, provide supervised independent living with intensive case management services.
- Provide case management via a local community agency to assure ongoing review and revision of plan.
- Update special education and vocational education testing.
- Involve Joe in outpatient drug treatment program with inpatient treatment as a back-up.
- Involve Joe with appropriate medical/psychiatric follow-up.

Jim (age 18, risk score 6): This young man presents as significantly depressed and self-destructive. He has a long history of drug abuse, is HIV+, has suffered numerous losses in his young life (mother, older brother, and grandmother), and sees little hope in the future. He is also quite bright, sensitive, and introspective, and would benefit greatly from intensive psychotherapy as well as long term drug treatment. Whether he will follow up with these services if left to his own devices is unlikely. His depression and guilt is deeply rooted, will be difficult to address, and his history of acting out is symptomatic of a fear of intimacy that might well undermine any type of intensive treatment. An AIDS support group might prove to be less threatening for him initially. Also, referral for inpatient drug treatment may allow him to safely begin confronting a range of issues that he might not confront as an outpatient. OYD can best benefit this youngster by advocating strongly before the judge for referral for inpatient drug treatment—if this is not within the purview of the Court at this point, then attempts need to be made prior to his release to assure some level of clinical involvement and support in the community. As with the other youngsters interviewed, it is doubtful that without extensive support and supervision in the community he will be able to avoid future incarceration. With this in mind, the following recommendations are made:

- Convene an interagency meeting to coordinate resources for this multi-problem youth, and provide ongoing case management.
- Implement supervised independent living program with a live-in advocate.
- Inpatient drug treatment and/or inpatient psychiatric treatment to serve as back-up.
- Involve Joe in an AIDS support group and get appropriate medical follow-up.

Jill (age 13, risk score 5): Jill was originally a FINS case, with a recent order that upon discharge from Jetson she be placed in the custody of social services. This youngster and family are in need of extensive services and supervision, and it is essential that an interagency panel be convened promptly to develop a family-based, wraparound plan. Jill's mom has a long history of incarceration and drug abuse and is not presently available as a resource. Dad is in New Orleans and has not been in contact with the family for some time. Jill, her older brother (age 17- earlier OYD involvement for drug possession), younger sister, and two younger brothers, all live with their maternal grandmother in a small, rented three bedroom condemned house. Her grandmother indicates they will be forced to vacate within the next couple of months unless extensive repairs that have been ordered by the Housing Authority are completed. Jill's older brother has suffered brain damage and is in special education. Her youngest brother is on medication and in special education. Local police authorities have become familiar with the family.

Resources available to the family are limited and though grandmother is very caring and nurturing, she is not able to control Jill and the older brother with regard to curfew, school attendance, etc. Additional supervision will be required for this family to remain intact. It may be necessary for her to be placed in temporary foster care following her discharge, if services are not available to assist the grandmother with supervision in the home. However, every effort should be made to keep this family intact since the bonding is strong and grandmother is receptive to whatever support can be provided.

The following is suggested in an effort to begin developing the support services needed to allow this family to remain intact:

- Convene an interagency group including reps from OYD, OCS, local OMH, local police, local school, and family members to develop a service plan for this family. OCS should oversee this, given their history with the family and the ages of the younger children.
- Provide Jill with Big Sister-type advocates to work with her in the community whether she returns home or enters temporary foster care. She is still at a point in her life where she will respond to a positive adult role model that can assist her in avoiding the temptations she has given in to in the past, involve her in constructive community activities, oversee her school involvement, and serve as a confidant that may eventually allow her to develop the trust needed to begin looking at her self destructive behavior patterns.
- Institute intensive case management services to ensure Jill's compliance with the plan.
- Involve her in peer group counseling.
- Provide back-up foster home to family that can be utilized to give grandmother some respite if necessary, or a placement for Jill if she fails at home.

Qui (age 17, risk score 8): Qui was placed in secure custody per recommendations of probation staff following auto theft and theft of goods charges. She has a long history of truancy, curfew violations, substance abuse, and is described by her PO as angry and defiant. She lives with her father, paternal grandmother, older brother (18), and younger brother (15). Her dad and mom were never married and her dad has had custody since Qui was a toddler. Her mother was stabbed and killed by a boyfriend when Qui was nine—details are unclear, and she indicates she

had little contact with the mother. She has some contact with maternal grandmother, but does not perceive her as supportive. Dad works offshore and family is described by PO as strong and supportive, but have had difficulty controlling Qui in the last couple of years. The family visits regularly and Qui indicates she wants to return home upon release. Psychological testing and evaluation indicate cognitive development at borderline level with no other significant psychological factors.

Diagnosed as having conduct disorder with marijuana abuse and borderline intelligence, impression during our interviews were that she was significantly brighter than testing showed, and that test results were indicative of her lack of cooperation and interest rather than an accurate reflection of her cognitive development and potential. She appeared bright, inquisitive and verbal, with significant potential for insight, if provided with a therapist who is not driven away by Qui's resistance and defiant attitude. Strong family relationships may enable her to stay out of trouble with only minimal community supervision once she is released. The following recommendations are made:

- Meet with family, PO, Jetson counselor, and Qui at Jetson to begin development of discharge plan to be presented to the court.
- Provide case management services to assist family with supervision of Qui.
- Involve Qui in GED and/or vocational education program due to her age and lack of motivation for regular schooling. Update testing as to eligibility for special education services.
- Refer for treatment to deal with underlying depression/PTSD related to mother's death.

Taron (age 17, risk score 8): Taron was placed in secure care due to a violation of probation. He lives with his mother and stepfather. Both have education beyond high school. Taron's mother has a BS in accounting and his stepfather has an AA in Fine Arts. His mother is currently unemployed due to disabilities—she was diagnosed with Depression and Rheumatoid Arthritis. Taron's older sister (27yrs. old) is married and lives outside the family's home with her husband. His brother (25yrs. old) is incarcerated for armed robbery. These siblings have different fathers. His mother and her husband have been married for ten years and they have a 12-year-old daughter in the 7th grade. Taron says his family is middle-class and not lacking in amenities. He states he gets pretty much what he wants and gets along well with the family. He reports that at one time he and his stepfather didn't get along at all but they were able to work out their problems. He says getting high makes him feel good and selling drugs lets him buy his own stuff and take care of himself. When questioned about his current charges and incarceration he stated, "...man I just like to sell drugs and be out there in the streets, but for real I don't want to grow up like this and be locked-up forever like my brother or even killed out there in the streets..."

Recommendations:

- Return home with intensive case management services to work with family and provide 10 to 15 hrs./week of additional supervision and support for Taron

- Case management with local community agency to supervise outreach workers, facilitate return to school and/or vocational education program, and assure attendance in drug education program.
- Job coaching and job placement assistance as it appears important that Taron learn to earn a legitimate income.
- Eventual movement into supervised independent living—possibly initially with live-in advocates.

Gordan (age 14, risk score 8): Gordan was placed in secure on an override due to violating terms of his supervised probation, including poor performance in a FINS program and two school expulsions in the last two years (different schools). He is committed for six months or until further order of the court.

Gordan resides with his mother and brother (19 years old). His brother is currently incarcerated at Swanson for receiving stolen goods. Gordan's father is not in the home and seldom makes contact. Gordan says, "my daddy ain't nothing but a 'crackhead', *#@! Him!!" He also expressed dislike for his mother. He believes, "she's the reason I'm here." His mother contacted OYD by way of the Family in Need of Services (FINS) Unit due to Gordan's ungovernable behavior. She states, "whatever it takes to get my son straight I'm willing to do." His mother visits Gordan often. Gordan's little sister was murdered by a neighbor (Gordan would not say how this occurred). After this tragedy, his mother indicates she became overly protective of the remaining children. Gordan reports that he had been on Welbutrin but stopped taking it because he couldn't play sports. He states that he loves sports, but by age eleven he quit (no reason given). By age twelve he had begun smoking marijuana. When questioned about his aggressive behavior, he replied, "I don't mess with nobody unless they mess with me; I don't like people in my face trying to tell me what to do all the time. 'For real', they don't give a !@#\$ and neither do I." Gordan has been suspended from school eight times that he could remember and expelled twice. His participation was minimal and his grades were below average. He says, "I could do better if I wanted to but I don't care." Psychological testing diagnosed him as having ADHD, oppositional defiant disorder, and generalized anxiety disorder.

Gordan presents as angry and oppositional with issues related to trust, abandonment, low self-esteem and a deep sense of loss. He will need close and extensive supervision in the community if he is to curtail his self-destructive tendencies.

Recommendations:

- Placement in a therapeutic foster home.
- Case management with a local agency that can provide support and supervision for the foster home placement to include respite care and ongoing training.
- Complete psychiatric and neurological work-up with follow-up treatment.
- Ongoing drug and alcohol testing and treatment with detox and/or inpatient as back-up

V. A Programmatic Solution

As previously noted the youth described above are typical of troubled youth across the country and throughout the state of Louisiana with respect to the complexity of their personal/social concerns and their high level of need for flexible services to help guide them on a safe path to adulthood. Sadly, these youth are all too often those who leave our schools in droves, exhaust the resources of their families and the various government agencies to which they are referred, only to find themselves ultimately filling adult prison cells. This scenario, however, need not play out with the frequency it does in Louisiana. The many juvenile justice, mental health and child welfare professionals, family members, judges, and direct service providers with whom we consulted on each of these cases all agreed that despite their perceived need to recommend secure custody in each case, they would gladly opt for a community-based plan if a suitable collection of OYD-funded community-based services was available. The common view held by those adults involved in these cases, however, was that they had tried everything at their disposal, to no avail. Only when JPI began to query individuals about the range of available services, and to describe some of the more creative program models operating successfully in other jurisdictions, did the promise of a true continuum of care become apparent.

Setting aside the accuracy of their perception that “everything had been attempted and failed,” JPI was impressed by the willingness, in virtually every case, to consider other community-based options as alternatives to secure custody, providing those options were available in the youth’s community. We were also struck by the willingness of contracted OYD service providers, as well as providers not currently under contract with OYD, to reconfigure their array of services to conform to the diverse needs of these youth and their families if OYD encouraged them to do so.

“The common view held by those adults involved in these cases, however, was that they had tried everything at their disposal, to no avail. Only when JPI began to query individuals about the range of available services, and to describe some of the more creative program models operating successfully in other jurisdictions, did the promise of a true continuum of care become apparent.”

Enthusiasm for creative program models and their potential for changing the juvenile justice landscape in Louisiana increased as JPI discussed the potential of such programs and services to meet the specific and complex needs of the children whose cases were the focus of our discussions. It became apparent to those with whom we met that the promise of a juvenile justice system committed to providing comprehensive services to youth and families in their communities has enormous potential to serve the entire range of youth within the system. Networks of programs created within communities and staffed by local citizens could bring needed services to youth and their families while building the internal capacity of communities to better care for their members. This concept seemed to ignite excitement among juvenile justice officials and potential service providers, as well as among the involved youth and their families.

Louisiana officials would be wise in formulating long-term solutions to the pressing needs of its juvenile justice system not to overlook the curative potential woven deeply in the fabric of its communities. Louisiana’s communities are filled with the desire and human resource potential from which to create a tightly knit web of programs and supports to respond to the multitude of needs presented by these children and their families. During the course of our work, JPI encountered many committed individuals willing to lend their considerable support to permanently correcting the deficiencies that have led to children being unnecessarily confined in secure juvenile justice institutions. A strong but largely untapped foundation of support exists in virtually every community across the state. Formal and informal networks of committed citizens have worked together for generations to ensure that their most needy neighbors have the basic assistance necessary to move forward. From faith institutions, schools and small direct service programs of all types, to concerned neighbors, involved coaches and members of the informal leadership structures that operate in all communities, Louisiana is brimming with an eager and able body of support on which to build local networks of services for children and families. Louisiana’s greatest resource is its people and it is to those people and their collective strength that state officials should turn for help to advance the promise of a juvenile justice system that leads the nation in supporting children and families in the struggle to lead prosperous and productive lives.

“A strong but largely untapped foundation of support exists in virtually every community across the state. Formal and informal networks of committed citizens have worked together for generations to ensure that their most needy neighbors have the basic assistance necessary to move forward.”

One illustrative example of Louisiana’s untapped service capacity can be found in the St. Jude Community Center which serves substance abusing youth with mental health problems from Orleans, Jefferson and St. Bernard Parishes. Located on the edge of the French Quarter, the St. Jude Community Center offers individual and group counseling to youth ages 11 to 21. Brother Danna Gauthreaux, OMI, a social worker and certified addictions counselor operates the program which serves 150 youth each month and has a waiting list for enrollment, all without the benefit of OYD funding. The program partners with several other agencies that provide clinical and outreach services for high-risk youth and their families. Most of the youth who participate in the program are engaged in, or have been engaged in the juvenile justice system. Currently the program is struggling to fund desperately needed day and evening recreational programs to productively occupy at-risk youth from the community who are largely without healthy adult guidance.

Affiliated with St. Jude’s is the Youth Initiative Program (YIP) which provides referral and case management services for youth with substance abuse and related problems. YIP case managers work with youth and their families in Greater New Orleans to develop individualized service plans which are then implemented and supportively monitored by case management staff through frequent contact and the force of their personal investment. Case managers serve approximately 50 youth at a time and are therefore limited in the frequency of their contacts to two to three

times per month. Funding for this program is supplied through grants from the Baptist Community Ministries.

Potential of this sort can be found in Louisiana communities of all sizes. Lafayette, Shreveport, Baton Rouge and many smaller locales possess the makings of creative service delivery systems that, if funded and supported, could evolve into effective service networks. Helping Hands, Inc. of Lafayette is another example of the limitless potential of neighborhoods to constructively meet the needs of their youth. By providing literacy programs, academic enrichment, recreation, arts and pregnancy prevention programs, Helping Hands, a nonprofit agency, serves hundreds of youth each year without the benefit of juvenile justice funding.

Given that the reason repeatedly identified for youth being in secure care despite their low risk scores is the lack of flexible and appropriate community-based services, we are convinced that OYD could significantly and safely reduce its institutional population by supporting the expansion and strengthening of a rich continuum of family-centered community-based programs in jurisdictions throughout the state. By concentrating first in the more urban parishes where a disproportionate percentage of youth in OYD custody reside, OYD could harness the boundless potential that exists within those communities to develop programs well suited to the needs of these children, their families and the communities in which they live. By reallocating funding that is currently absorbed into the cost of maintaining institutional placements, OYD could properly fund a wide range of services. JPI, therefore, offers as a remedy to chronic over-use of secure care the following elements of a continuum of community-based programs and services capable of safely addressing the behavior exhibited by most OYD youth.

Principles Underlying a Model Continuum

An effective continuum of care must be built on certain overriding principles. These include:

- **To place youth in least-restrictive setting consistent with state law and juvenile justice regulations;**
- **To keep youth in their home communities whenever possible and appropriate;**
- **To support community organizations that will continue to support youth after their juvenile justice involvement ends;**
- **To build community infrastructure;**
- **To provide unconditional, individualized care for youth involved with the juvenile justice system;**
- **To protect public safety; and**
- **To help youth become productive members of society.**

These principles help ensure that youth are served as completely and cost effectively as possible. A treatment continuum built on these principles will also produce a net reduction in recidivism as youth remain more closely connected to positive community supports and services after their OYD involvement ends.

Place youth in the least-restrictive setting consistent with state law and juvenile justice regulations

Whenever possible, youth should be placed at home or in the most home-like setting. As is clear from the case reviews, many parents would be willing to have their children remain at home if they had services adequate to ensure the youth's safety and compliance. This is the ideal situation, in part because new patterns of positive behavior learned with the aid of community-based services can continue after juvenile justice involvement ends. Youth placed out of the home, even with the best services provided, eventually return home; with no services provided in the home to aid this transition, old behaviors typically reoccur.

Youth who must be placed out of their home should be placed in the most home-like setting possible. Use of home-like settings is also less costly, saving valuable OYD funding for the provision of critical supportive services.

Secure custody should be reserved for those youth who present a legitimate physical threat to public safety.

Keep youth in their home communities whenever possible and appropriate

When factors prevent the placement of a youth into their home, an alternative placement should be located as close to the youth's home community as possible. Services for such youth should be designed in full recognition that in most cases the youth will return home. Service planning should therefore anticipate this eventuality and emphasize work with the family to ease this transition and enhance the likelihood of success in the home. If youth are kept close to home, services can directly involve the youth's family, as appropriate. (Services such as Multi-Systemic Therapy also include the youth's peers, school, and others.) This can more effectively address the underlying causes of the youth's behavior and thus have the greatest long-term impact. The behaviors that led the youth to OYD involvement are commonly a response to home and community situations. While permanently changing either is beyond the ability of OYD services, these very services can help the youth and family learn better responses to the pressures in their lives. The relevance of learning new behaviors and decision-making skills in a real-world environment cannot be understated. To effectively learn and apply positive behaviors is most effectively done by working with youth while they interact with family in the context of their communities.

Services should also be targeted to families when family issues are a contributing factor to the youth's delinquent behavior. Many families of OYD-involved youth face severe pressures due to employment, housing or other financial issues, single parenthood or cross-generational parenting. As a youth responds to these pressures in ways that increase family stress, parents learn responses to the youth's behavior or actions. Where these responses are counterproductive, parents need to learn better responses to match the youth's newly developing behaviors.

Support community organizations that will continue to support youth after their juvenile justice involvement ends

One of the most important service goals should be to ensure that youth remain connected to services and supports after their OYD involvement ends. This will allow them to call on these supports as an alternative to falling back into old behaviors, thus reducing the risk of recidivism.

Trusting relationships built during active program involvement can be quickly rekindled when a need arises. Youth or families can call the community-based service providers if new challenges arise to get help before they escalate into a crisis.

Build community infrastructure

Over time the creation of a community-based continuum of care should help lower the number of new offenders. The impact of those services will spread to have a beneficial effect on other youth, giving them the benefit of positive outlets that could keep them from falling victim to illegal behaviors.

Family-based services aid not only the adjudicated youth but also their siblings and other family members. Broader community-based services will reach other youth throughout the community as well. Group activities created for the benefit of adjudicated youth could include others. Documented effectiveness in providing the OYD-funded services will allow the agency to more easily raise funds to provide similar services to other youth and families. Experience in providing the service will minimize the administrative costs of a program expansion, making it more cost effective for local agencies.

Also of key importance is the ability of local programming to employ members of the communities in which services are offered. Not only does this provide a net economic gain for the community but community members are more likely to know the day-to-day pressures within a particular neighborhood in ways that non-members simply cannot. Long-time community members who hold valuable knowledge as to the history, culture and leadership of a neighborhood can be of tremendous service in relating to the real-life concerns of a youth. Such knowledge is invaluable when attempting to make gains with a difficult to reach young person.

Provide unconditional, individualized care for juvenile justice involved youth

To be effective, services for youth must be designed with an emphasis on the characteristics of the youth served. Youth who have experienced failure will often test individuals or services intended to assist them. If the result of this testing is discharge from the program and discontinuation of services, an important opportunity is lost. Although premature program discharge is too often the practice of youth serving agencies, this practice should not be tolerated by funding agencies as it will allow youth to avoid the issues that lead to the offending behavior, and worse, it artificially creates a pool of youth who “cannot be served” and for whom institutional placement is incorrectly deemed appropriate. Program discharge rates should be carefully monitored by funding agencies and aggressively challenged when they exceed 5% of intake. Of equal importance is a program’s intake criteria, which are too often designed to “lower the bar” by excluding those youth who most need the services ostensibly delivered by the program. “No reject” policies should be written into contracts for service providers so as to avoid the common practice of “creaming” the compliant youth and excluding those truly in need of services.

Services must be designed with the expectation that youth are going to “fail,” after all, that is in part why they are involved with the juvenile justice system. The same behaviors that led them to OYD involvement cannot be a reason for discharging them from services. (Obviously, there are

exceptions, such as being charged with a violent crime; but these instances should be the rare exception.)

Unconditional care means that once a program has begun working with a youth, its commitment to that youth will continue until the agreed upon goals have been met. Setbacks are to be expected and planned for. They should be used as opportunities to teach new skills and response mechanisms, not as a reason for discharge.

Protect public safety

Public safety is best protected if the greatest number of youth learn alternatives to anger and violence. If troubled youth learn constructive methods of dealing with difficult situations and have the resources to address and/or mitigate those situations, they will be less likely to act out. If they have constructive goals and the realistic expectation of being able to realize those goals, they will be less likely to turn to destructive endeavors. The vast majority of offending youth do not pose a risk to the public at large. (While they may pose difficulty to their families or immediate communities, these risks are not necessarily to public safety and can be best addressed through community-based interventions.) What is needed is a mechanism to separate out and effectively work with those youth who truly represent a public safety risk while providing appropriate services to ensure that all other offending youth receive the services needed to ensure a general de-escalation of inappropriate behaviors and actions.

Help youth become productive members of society

The ultimate goal of a continuum of care should be to assist youth to develop the skills they need to maintain gainful employment and sustain healthy personal relationships and lead productive lives. Limiting the exposure of youth to secure institutional custody is key to deescalating many of their behaviors and making progress toward normalizing their relations with both family and community.

The Elements of a Continuum of Care

A continuum of care should provide three general categories of services: a range of housing or placement resources to ensure that youth can be placed and/or maintained in the most appropriate, least-restrictive setting; community-based services to provide the support to keep youth safely in their placement; and a resource bank of services designed to meet specific needs, that can be drawn on for youth in any setting. While the components listed here can be provided as stand-alone services or combined into larger programs in a variety of ways, the continuum must include all of these services to be maximally effective.

I. RESIDENTIAL/HOUSING RESOURCES

Ideally, the entire continuum of out-of-home housing resources should be located strategically throughout the state so as to facilitate family visitation on a regular basis and help the youth transition home when the time comes. The key to quality residential services, when the home is not a reasonable option, is to design such service to be as small and home-like as possible. Although this approach leaves little room for traditional group homes, the benefits in terms of improved outcomes is substantial.

Home—whenever possible, youth should be maintained in their own home with appropriate services in place to ensure that the youth and other residents in the home are well supported. Based on our interviews with Louisiana judges, it is sometimes the case that judges order an out-of-home placement because they lack confidence that the home is a safe and proper placement option. Although quite reasonable, this reservation can be addressed by bringing an array of services into the home, thereby easing concerns as to the appropriateness of the home as an acceptable placement.

There are obviously instances when the youth’s family is unable to provide for the youth even with the provision of supportive services. Sometimes there is simply no family for the youth to return to. In such cases, efforts should be made to identify extended family or close friends who are able and willing to provide a safe home for the youth. In such cases, kinship payments or housing stipends to the caretaker in the home may be necessary to ease the financial burden of caring for a youth. Such payments are far less costly than the average residential payment to a private third party placement.

As was the case with some among the youth in our sample, a family is sometimes unwilling to have a youth remain in the home due to a lengthy pattern of uncontrolled behavior. Often underlying a family’s refusal to allow for the return of a child is the absence of support to assist them in keeping the youth constructively occupied and compliant. When offered services that will keep a youth on track and which provide the parents with a contact who can help when needed, these same families are often more than willing to keep a youth at home.

Therapeutic foster homes—Such placement options are appropriate for youth with moderate to severe mental health or behavioral needs. These specially trained foster parents can be used as a temporary measure until the natural family is adequately prepared to accept the youth back into their home. This process of accepting a youth back into the home can be gradual, achieved over the course of many weeks or months using progressively longer and more frequent visits to the family home from the therapeutic foster home. The therapeutic foster parents work with the natural family to help them manage the youth’s behavior and learn new approaches to supervision and setting of expectations. Therapeutic foster care combines a nurturing, family setting with intensive clinical services. These services can help stabilize a youth while gradually reducing the need for intensive clinical intervention.

Proctor Care—Based on a professional foster parent model, with foster parents paid a full-time salary to provide intensive parenting and supervision to a high needs youth, the Proctor Care model is increasingly popular. A proctor parent is expected to be available to address a youth’s needs at any time of the day or night and in any venue. For example, if a youth is having trouble in school, the proctor parent would be expected to go to the school for any meetings or planning sessions and to help implement any agreed upon interventions. Proctor parents are full-time surrogate parents who are paid for their commitment and services. Proctor parents typically are provided with respite services so they can focus their full-time attention on parenting a particularly challenging youth. Proctor parents are supported by local agencies with skilled clinical social workers and youth outreach workers available around the clock. Regular

recreational, educational and cultural activities are typically scheduled into the average week to help engage the youth in productive activities and ample adult supervision.

Independent living apartments—As an alternative for slightly older youth whose families are unable to adequately provide for them but whose needs or behaviors are not so extreme as to require intensive supervision, independent living programs can be an ideal placement. Youth are provided with their own furnished apartment and receive supervision and/or case management at a degree of intensity appropriate to their level of need, behavior and program compliance. Individualized case plans outlining goals and objectives for each youth are developed with the youth and members of the case management team. Life skills services are generally required for all participants focusing on budgeting, personal hygiene, food preparation, health and safety, nutrition and related basic skills. Youth are expected to participate in an educational program or employment, along with structured recreational and program activities on a regular basis. Youth are provided a stipend with which to purchase basic food and clothing items. The duration of such programs range from 12 to 36 months. A very helpful augmentation to independent living programs is to match youth with trained and committed live-in mentors. Given that many independent living youth have little or no family resources to draw on, the guidance, friendship and support of a young adult, often a college student, who shares the home of a youth and is paid a salary to devote the necessary time and energy to ensuring a high degree of mature guidance can make the difference between success and failure for a young person. Such services are typically available through agencies that provide intensive case management and advocacy services, which are described below.

Small congregate care facilities—Intended to resemble traditional group homes, but smaller, congregate care facilities should house no more than five youth at one time. Staffed 24 hours a day, these programs are designed and staffed to create as home-like an environment as possible with youth having responsibility for some meal planning and preparation, doing basic cleaning and laundry, sitting down to family-style meals, etc. Congregate care facilities should not be relied upon as a permanent placement; rather they should be viewed as a way-station for youth as they pass to more permanent environments. Programs of this sort typically employ skilled staff who work closely with family members or others into whose care the youth is destined to transition, thereby increasing the likelihood of a smooth and successful permanent placement.

One important type of congregate facility that would be of tremendous benefit in Louisiana is one specifically designed for pregnant or parenting teens. Numerous effective program models exist that, based on the cases in our sample, would certainly be of value to many among the OYD population.

Secure Facilities—These facilities are intended for youth who pose a physical threat to themselves or members of the community and whose level of risk prevents a less secure setting. Such facilities should be designed to house no more than 25 youth. Ideally, secure facilities are located strategically throughout a state so as to facilitate family visitation on a regular basis. Such facilities should provide an array of mental health, substance abuse, vocational and educational programs. Skilled staff with high staff-to-resident ratios are trained in methods of de-escalation and conflict resolution. Youth are provided with a stimulating array of recreational programs in the facility and, when appropriate, may be allowed to participate in well supervised

activities in the community. Although the length of stay for a youth in such a facility will vary depending upon a number of factors, generally speaking the stay should be as brief as possible while remaining consistent with public safety.

II. COMMUNITY-BASED SERVICES

Day and evening reporting centers—Increasingly popular, neighborhood-based day and evening reporting centers are used for those youth who are not currently in school or other daytime program or who are not adequately supervised during evening or weekend hours. Centers provide youth with a host of positive social and recreational activities within close proximity of their home so as to structure their time during high risk times of the day or evening. Youth can be mandated to report to the center at certain times on certain days, providing a maximum range of flexibility for molding the program to meet the needs of a particular youth. Again, noncompliance might result in sanctions or consequences but would not be grounds for stepping up to a more restrictive setting. Instead, the youth’s case management provider would be required to offer tighter supervision to ensure that the youth reported as required. (Youth who previously were not receiving case management services could be assigned them.) Center staff work closely with family members, case management staff and probation officials involved with a particular youth so as to coordinate the flow of information and assess the progress of each youth.

Home or community detention—Home detention programs have increased in popularity with juvenile justice officials during the past decade. Such programs are typically operated in two basic formats: those that are monitored via random telephone contacts made either by an individual or an electronic voice recognition device, or those that rely on some form of electronic tether affixed to the youth’s wrist or ankle. In either case, home monitoring programs are a relatively inexpensive means of enforcing strict curfews and other limits on a youth’s movement without turning to physical custody. Services of this sort are best used in conjunction with a series of other more active components such as mentoring or participation in recreational programming. A common failure of juvenile justice officials who use home detention is their reliance on it as a method of meaningful behavior change. These programs tend to be very passive in nature and provide no positive input or guidance to youth. It tends to be viewed by youth and system officials as a punitive sanction rather than part of a plan to create positive behavior change. When used properly, i.e., as an alternative to secure custody and as part of an integrated case plan, home detention programs can play a meaningful role in an overall continuum of care. Reliance on this tool for more than it is capable of producing, however, should be scrupulously avoided.

Intensive case management and advocacy services⁴—No continuum of care is complete without a flexible and proactive case management and advocacy component. Programs of this

⁴ Intensive case management differs from “tracker” services in both scope and intensity. Trackers are generally only required to confirm that a youth is where he is supposed to be at some point of the day, and the frequency of their contacts can range from daily to weekly. This type of service is of limited value for many youth. For example, curfews are often set early in the evening. If a youth’s curfew is 7 pm and the tracker stops by and sees the youth at 8 pm, the tracker has done his job. However, the youth knows that he is now free to go out for the rest of the night and that no one will be checking up on him to make sure that he doesn’t.

sort are immensely helpful in managing the multiple components of a good community-based plan. Based on a model of intensive but supportive intervention, case managers/advocates are used to ensure that youth are staying on track and getting the services they need. Devoting as few as five hours or as many as 40 hours a week to an individual client and his/her family, case managers play a key role in implementing complex case plans. Many of the youth whose cases we reviewed, and undoubtedly many more who are currently in secure custody, have been provided some number of opportunities to engage in one or more services intended to help them. Often, however, youth are simply referred to such services, or to school, but lack the motivation to actually attend or participate. Case managers/advocates see that youth attend their appointments and required programs and can be of significant value in adjusting the components of a case plan when the “fit” is not quite right. Case managers serve as the glue that binds a detailed case plan together. They are also able to identify problems with case plan implementation before they rise to the level of a crisis or violation.

Case managers in such programs carry very few cases (generally no more than eight) which generally include a mix of youth ranging from those recently admitted to the program who would be receiving the most intensive services, to those nearing the end of service provision and are receiving less intensive services. Case managers generally meet with their assigned youth at least once per day. In the beginning stages of the program staff see youth as often as three times per day, in addition to collateral contacts with family, school or probation officials, employers, and others who play a role in the life of the youth. Contact takes place at different and varied times of the day and evening, and in different locations (home, school, work). This allows the case management staff to ensure that the youth is complying with all expectations and to investigate and correct deviations from the case plan. Case managers act as advocates and supports for assigned youth and can help them work constructively through problems as they arise. The availability of case managers/advocates to help stabilize a youth’s participation in school or other programs can make reluctant providers willing to enroll a youth who they might otherwise reject or expel. Part of the case manager’s job is to get the youth enrolled in school and/or other appropriate programs and to work with the program staff to ensure the youth’s compliance, thereby improving their chances for success.

Short-term, live-in case assistant—In some cases, a youth and their family has need of intensive monitoring and support that can best be provided by a live-in assistant. Services of this type consist of individuals who are paid a salary to live in the home of the youth and family to mentor, supervise and provide guidance to the youth and family members and to ensure the youth’s participation in required activities. The assistant will not necessarily have a clinical degree but will have specialized training and preparation for this intensive work. This service, can be most effective for youth whose family support and structure is compromised by long

Interviews with youth and families also suggest an inconsistency in service. Some youth said their trackers did not check up on them as frequently as they were supposed to. One said that his tracker saw him “on the corner” (where the youth was dealing drugs) and that served as their regular contact. As one tracker said, “I am paid to check this kid at home” and that’s all. It is important to note, however, that some trackers went above and beyond what was required of them, getting youth involved in activities, helping them find jobs, etc. Although this may be beyond what trackers are paid to do, it is the needed level of involvement to achieve real progress with many youth.

histories of dysfunction. This service is generally a shorter-term service, ranging from a few days to a few weeks. Any continuum would be incomplete without the ability to insert such a skilled individual into a youth's life when the need arises.

Less intensive case management—These case management services, designed for youth with less intensive needs, help youth and their families access needed services, and navigate administrative and bureaucratic processes. Many families do not understand the steps they must follow to access services or have trouble effectively advocating for themselves or for their children. Case management service providers work with families to develop a service plan, including identifying appropriate service providers, and then help them learn how to effectively access those services. Case managers carry caseloads of no more than 16 to 20 youth.

III. RESOURCE BANK

Resource bank services are designed to meet specific programmatic needs. They can be accessed for any youth, no matter where he or she is placed.

Family services: like Multi-Systemic Therapy (MST) or Functional Family Therapy (FFT)—intensive and prescriptive services that work with the entire family to address family functioning issues. MST works with the youth and all of the systems with which he is involved (family, school, friends, etc.) clinically addressing the known determinants of the youth's antisocial behavior. Unlike many clinical models, MST clinicians go to where the client is and are available around the clock to the youth and family. FFT is designed to improve family communication while decreasing family negativity. The assigned clinician helps family members learn to create positive solutions to family problems, and develop positive behavior change and parenting strategies. Because they are highly intensive and use trained clinicians, these services are expensive but also consistently proven to be most effective in increasing family function for extremely troubled families.

Substance abuse treatment—as is evident from the cases reviewed, substance abuse problems are a common issue for youth with OYD involvement. Treatment options need to include a range of intensive in-patient services (lasting 30 days to 18 months) and a range of out-patient services (from less intensive at one to two times a week to more intensive at three or more times a week). Continuing services through AA and/or NA should also be available. Substance abuse services will almost always be provided in the context of other services, including case management to assure the youth's participation in and compliance with treatment.

Mental health—while this service need not be funded by OYD, it must be available to all youth served by OYD and OYD funded providers. Mental health services can be integrated into a therapeutic foster care program or provided through Multi-Systemic Therapy. They can also be stand-alone services. Ideally they will be provided based on service principles that parallel those outlined here for a juvenile justice continuum of care.

Vocational education—youth need skills to ensure that they can maintain gainful employment so they are not tempted to pursue illicit ways of making money. Ideally, vocational education programs should not be limited to OYD youth as they serve many other constituencies and

purposes. Programs could best be funded by a combination of OYD, labor and education funding with monitoring provided by the latter two funding sources.

Employment programs—youth with limited vocational skills and a myriad of other issues will need help and support as they enter the workforce. Without support and without knowing basic employment etiquette, they will fail to perform adequately and will be terminated from about as many jobs as they are able to find. Again, these are services that should be funded by a combination of OYD and labor funding with monitoring provided by either or both.

Recreation programs—recreation serves as a critical outlet for youth’s energy and competitive drive and helps them learn life lessons about sharing, winning and losing, and following rules specific to an endeavor or situation. Almost by definition, recreation programs cannot be limited to a specific population, such as OYD-involved youth. And to be most effective they should continue to remain available to young people long after they have left OYD supervision.

Louisiana is fortunate to be undertaking the development of a community-based continuum of care at this time because it can draw on the best practices established by and the results achieved in other states. For example, through the creation of small congregate care facilities, the State of Missouri has been able to close two large institutions. The use of a strong therapeutic component to all placements and integral aftercare services that are put in place before the youth return home have resulted in better outcomes for youth and very low recidivism rates. Ohio has been able to greatly decrease the number of youth placed in institutional settings by reprogramming appropriated funds to allow counties to fund community-based services as alternatives to state custody.

VI. Actualizing the Continuum

Despite its complexity, the process of creating a continuum of care for Louisiana's most troubled youth and their families is within reach. As noted previously, much of the critical infrastructure is already in place in the form of local agencies and individuals that have been providing support to Louisiana's children and families for generations.

Given the importance of focusing services for youth on their homes and home communities, a continuum for the state should emphasize the creation of services in a regional fashion, rather than relying on a more centralized model. One particularly instructive model to examine in building a new system for the state is to the State of Ohio where the RECLAIM (Reasoned and Equitable Community and Local Alternatives to the Incarceration of Minors) Ohio initiative has earned praise as a thoughtful approach to fully serve youth and families while creating the economic incentives within local communities to manage more children in those communities as an alternative to turning to the state as the best means of addressing their needs.

RECLAIM Ohio began in the wake of increasing numbers and associated costs of youth being committed to state juvenile justice facilities. In Ohio, counties control commitments of youth but the juvenile justice facilities are operated and funded by the state. This dynamic removed all incentives for counties to keep youth in their home communities, and in fact was a disincentive for doing so. Given the recognition that community-based services would be better for many youth, a system was created that would encourage counties to keep youth at home and build a system premised on community-based services.

Counties in Ohio receive a budget allocation for the provision of community-based services. The percentage of the money flowing to each county corresponds to the percentage of youth convicted of felony delinquencies in that county relative to the total for the state. Counties are charged a per diem by the state for every youth placed in a juvenile justice facility. The per diem is 75% of the cost if the youth is placed in a state facility and 50% of the cost if the youth is placed in a state funded but locally operated community corrections facility.⁵ The money that the county does not spend for state placements is used to fund community-based services.

Counties can carry over any unused funds from one year to the next year. They can also use the money to fund prevention programs. The implementation of RECLAIM Ohio resulted in a decrease in youth committed to the state. In the first year, the nine pilot counties committed 43% fewer youth than the previous year. From 1990 to 1997, the percentage of youth adjudicated for felonies who were subsequently committed to the state fell from 26% to 17%.

The RECLAIM Ohio model provides the incentives and funding necessary for communities to invest in individuals and programs that already exist locally to meet the service, support and supervision needs of their most needy members. Local programs that have been part of the service landscape for years are able through this model to grow their service capacity to meet local needs. This approach also encourages employment of local citizens who are

⁵ Counties pay no fees to the state for placing youth into state operated facilities if those youth are adjudicated for any of a list of violent offenses.

knowledgeable about communities and families where their work is applied. This level of local commitment enhances the relevance of the service continuum being offered by factoring in the uniqueness of the communities they represent and the youth and families who populate these communities. Community-based does not always mean community-staffed, but it should. The RECLAIM Ohio model encourages local staffing, thereby stimulating both local employment and local commitment to youth in trouble with the law.

By pursuing a decentralized structure similar to the model offered by RECLAIM Ohio, Louisiana can remake its juvenile justice system in a way that will maximize local resources in the communities where youth and their families live, while improving the long-term prospects of success in the community for those currently in secure custody.

“The greatest fiscal savings to come from shifting youth out of institutions and into the community will come not from reducing the number of youth in any given facility but from reducing overall numbers sufficiently that units or a complete facility can be closed.”

While there are up-front costs associated with creating a state-wide system of community-based services, by rolling out new component programs strategically, Louisiana can maximize the savings by moving youth swiftly from secure placements to community-based alternatives. Again, JPI’s review of the 25 cases featured in this report revealed that reasonable options in the community can be created for these youth and others like them. This suggests that there are significant numbers of youth currently in secure custody who could immediately become the targets of strategic efforts to safely move them into the community. We are also of the opinion that many other youth whose risk scores may suggest a need for secure care would also be appropriate for community plan development.

The greatest fiscal savings to come from shifting youth out of institutions and into the community will come not from reducing the number of youth in any given facility but from reducing overall numbers sufficiently that units or a complete facility can be closed. To have a sufficient impact on the census of detained youth, OYD should begin by working with providers to develop services in the areas (or Parishes) from which the greatest number of OYD-involved youth come. By the numbers, this would mean starting with programs in Orleans, Jefferson and East Baton Rouge Parishes.

OYD should develop and fully fund a continuum of services in these parishes and begin moving appropriate youth out of secure care and into such programs, while also using new programs as dispositional alternatives to serve youth who would otherwise be in secure custody. As the census of programs grows, secure units can be closed and use additional savings can go to fund programs in high-density as well as less populated parishes.

Additional funding for an aggressive community-based approach can also come from ensuring that services with a therapeutic component are designed and delivered so as to be Medicaid reimbursable. Many of the non-secure services available to youth in other states are reimbursed

with Medicaid dollars; Louisiana needs to tap this funding source as well. Louisiana Y.E.S. is a pilot project funded by the U.S. Substance Abuse and Mental Health Services Administration to create a comprehensive system of care for children in the New Orleans metropolitan area with serious emotional disturbance. The specific focus will be children involved with the child welfare and/or juvenile justice systems. Many of the principles of LA-Y.E.S. are similar to those laid out here for the continuum of care: individually designed, based on the specific needs of child and family, community-based, with a comprehensive array of integrated services delivered in the least restrictive setting.

Ideally, Louisiana should look to create the capacity for a full spectrum of services in specific regions of the state. Another goal should be for lead agencies in each of these regions to possess the capacity to deliver a broad range of the available services. This would allow a youth to move through the service continuum without having to leave the agency providing services. It is likely to be the case that service components for many youth will change over time. If a youth is placed in his home with services but it becomes clear over time that a temporary out-of-home placement is required, the youth can be transitioned into an appropriate placement without leaving the agency that best knows his history. This is an important structural component to keep in mind when building a continuum so as to enhance the continuity of care available to youth and families.

One example of an existing service provider that might be built upon is the Kingsley House in New Orleans. The Kingsley House, which provided family preservation services under a contract to OYD in the past, has offered a wide range of essential services to families in the New Orleans community for more than 100 years. The Kingsley House operates a large program facility in the community that provides foster care services, day care, outreach, substance abuse services, educational programs, emergency housing, etc., to the residents of that community. Kingsley is unique in its long history but not in the roots it has into the fabric of the community and families that surround it. An established service provider such as the Kingsley House could be identified to serve as a service hub from which coordinated services to children and families are delivered. Affiliated with Kingsley House could be each of the other elements of the service delivery network that could surround the Kingsley House community. Once a child is referred to this service hub, its continuum of services would surround the child and his family and commit to work with them no matter the challenges they may present. This is the core of a community-based service continuum and it is well within reach in Louisiana.

Ongoing performance monitoring will be critical to ensuring the effectiveness of services. Intensive case management and advocacy, for example, is incredibly challenging to provide. To be effective, case management staff must be available and working in the community around the clock, showing up at unpredictable times and places. It can be tempting to relax on service provision, only going into certain neighborhoods during daylight hours, for example. Yet if this happens, the youth being served will be the first to notice and may begin to slip in their compliance as well (without the expectation that case staff will show up at certain times or places, youth will take the risk of being where they should not be during those times or doing what they should not be doing in those places). Thus, it is imperative that OYD ensure program integrity through effective, ongoing monitoring that tracks both performance and outcome measures.

VII. Recommendations for Additional Steps to Increase the Placement of Youth in Non-Secure Settings

Although it is clear to JPI that the absence of a fully funded and developed continuum of community-based services is the single most pressing need for Louisiana’s juvenile justice-involved youth to remain in non-secure settings, several other initiatives should also be launched to further the objective of reducing to an absolute minimum the incarceration of youth who can be safely managed in the community. What follows is an overview of the specific steps JPI recommends be initiated by state officials.

- **Revisit the Configuration of the Current Risk Instrument**—To their credit, OYD officials understand that ultimately the responsibility for controlling the flow of youth into their institutions must rest with OYD. Therefore, given the volume of youth filling secure beds in spite of risk scores that suggest community placement, and in light of OYD’s move toward community-based services for more youth in its care, juvenile justice officials would be wise to revisit the configuration of the current risk instrument to determine if it is too heavily weighted in the direction of secure care. By recalibrating the risk assessment instrument to reflect a policy emphasis on non-secure care, OYD could more accurately channel youth into its to-be-developed continuum of enhanced community-based services rather than into secure facilities.
- **Clarify and Assert Statutory Authority to Place Youth in Non-Secure Settings**—OYD officials admit that they have ceded their authority in recent years to the court on matters relating to placement of youth. OYD officials believe they have the statutory authority to deviate from the specific placement recommendation of a judge and instead place a youth in a less secure setting than noted in a commitment order. JPI fully supports OYD’s assertion of its authority to place a youth in its custody into a comprehensive set of community-based programs as an alternative to secure custody. As the government agency responsible for the care of youth in its custody, OYD should have the discretion to move a youth *down* into non-secure care, rather than *up* into secure care if an appropriate alternative exists.
- **Interagency Collaboration**—JPI was briefed by OYD and OCS officials on a interagency process for coordinating services and assigning agency responsibility in cases involving multi-agency jurisdiction. It was acknowledged that this process has been plagued for years by slow movement, inconsistent participation by agencies and general ineffectiveness. We were also informed, however, that efforts to improve the efficiency and effectiveness of this process have been renewed and that improvement is being seen. JPI is not in a position to comment on the impact of these improvement efforts, but we would note that bureaucratic intransigence of this sort is disturbingly common across the country and speaks to the need for a single “**Coordinated Family Services Agency**” to respond to the needs of all Louisiana children and families. Currently mental health, child welfare and juvenile justice services are organized along separate but intersecting bureaucratic lines. Responsibility for funding particular services for children and families among these agencies is inevitably a source of disagreement among these

government agencies. This is not a productive situation for Louisiana's most needy children and families. Creating a single government agency to serve children and families in Louisiana would be a positive step toward eliminating the waste inherent in multi-agency involvement, and focusing the resources and good will of many on the needs of Louisiana's most vulnerable citizens.

- **Aggressive Advocacy for Non-Secure Placements by OYD**—There is little doubt that the majority of the OYD probation staff with whom we met consider themselves committed to the best interest of the children in their care. This view of probation officers by probation officers was evident again and again as we discussed specific cases and steps that had been taken to provide services short of secure custody. Like probation officers in virtually all jurisdictions who carry in excess of 50 cases, however, the time and energy they can devote to a particular case is too often insufficient to effectively address the frequent periods of crisis experienced by these youth. According to probation officers, they see most youth on their caseloads only one time a month. This reality places probation staff in the difficult position of having to provide for the safety of these children without either the time or the resources to ensure a reasonable degree of supervision. This situation leaves many probation officers feeling as though secure custody is their only safe option when a child is beyond their immediate control. Adding to this dynamic the fact that a sufficient array of OYD-funded community-based services for youth does not exist, leaves probation officers without the confidence to argue vigorously in court for non-secure placement in many cases. Several judges we spoke to could recall very few occasions when OYD probation officers made forceful recommendations for non-secure custody. JPI would encourage the initiation of system-wide training for probation staff on effective methods of advocacy, ranging from predisposition report writing to effective in-court presentations. This training should be initiated simultaneously to the creation of a continuum of care so officers can come to understand and incorporate the elements of the case plans effectively in their reports and verbal testimony in court.
- **Ejection and Exclusion Policies of Service Providers**—As noted earlier, contracted service providers can significantly contribute to the number of youth unnecessarily placed into secure custody. Service providers who are too quick to expel a youth from their program for behaviors that are entirely consistent with the behavior that produced the program referral, e.g., running away, disrespect, rule violations, sexual acting out, etc. Service providers can also fashion and enforce rigid program acceptance criteria, effectively excluding those more challenging youth who arguably need the services being offered more than the youth who fill the program. These self-serving practices by some service providers should be vigorously challenged by OYD. JPI recommends the implementation of a “no-return, no-reject” policy with respect to youth in contracted programs.
- **OYD should Review and Eliminate Policies which create unnecessary Barriers to the swift and thoughtful release of youth from secure custody**—Until very recently, practice throughout the state required youth in secure custody to achieve two consecutive positive institutional reports before they could be considered eligible for release into a

less secure placement. JPI views this practice and others like it as arbitrary and unwise. OYD would be wise to scour the system for similar barriers to swift movement of youth through the institutional system. Institutional exposure often elicits negative behaviors in youth that would not surface in a more suitable environment. The artificial and often violent atmosphere that characterize many institutions, and the reactions youth have to these environments should not be a basis for determining when they are “ready” for release. JPI is also unaware of any credible research supporting the position that youth who adjust poorly to an institutional setting will also do poorly in a thoughtfully designed community-based setting. JPI is of the opinion that most youth in secure custody would be better served in a well-structured community-based setting and that all obstacles to moving youth swiftly into such settings should be removed. We therefore recommend that OYD create a continuous policy review mechanism to identify and accelerate the removal of obstacles to swift and well-planned releases from secure confinement.

- **Coordination with Local School Systems**—Lack of coordination between juvenile justice and schools can result in the two systems working at cross purposes to the detriment of the youth they both serve. For example, in some school districts, youth who are charged with certain crimes are expelled from school until an administrative hearing, which may not be held for weeks. While the judge and/or probation officer may require the youth to attend school, the youth is barred by school officials from attending. The time lost due to the expulsion and any other repercussions from the arrest result in the youth falling further behind in school and possibly being disinclined to attend school. If the school is equally disinclined to work with the youth, as many are, the youth may end up being fully expelled, thereby violating the terms of his release. Cross-training and clarification of the two sets of policies would help consistency of approach to youth.

VII. Conclusion

JPI's review of Louisiana youth who are currently in secure custody but whose risk scores suggest community placement revealed the most fundamental element contributing to their inappropriate incarceration is the absence of an OYD-funded continuum of flexible community-based services designed to address the needs of these youth and their families in the communities where they live. Louisiana is fortunate in that its officials have demonstrated the political will to reverse the state's historical trend toward reliance on institutional care and instead focus services for delinquent youth in the community. In keeping with the current direction of juvenile justice in Louisiana, OYD has sought suggestions from JPI on how this philosophical and programmatic shift can occur swiftly and safely. We have attempted herein to provide OYD and officials throughout Louisiana with a series of concrete principles to guide their efforts, and programmatic examples to illustrate what is within reach in Louisiana.

Much of the capacity needed to convert the juvenile justice system to one which emphasizes community-based care already exists throughout the state in the form of small to mid-size organizations and individuals who have been dedicated to providing supports to children, families and communities for generations. By harnessing and fully funding this largely untapped potential and drawing on proven effective examples of such juvenile justice system transformations in other jurisdictions, Louisiana officials can remake their system to one that can serve as a model for the nation.

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