



DUALLY INVOLVED YOUTH PROJECT

Report on the Pilot for the Dually-Involved Youth Project

October 31, 2017

More than 700 youth in the State of Illinois become dually-involved in the juvenile justice and child welfare systems each year. Sixteen-year-old Sam is one of these youth.

Sam (*whose name has been changed*) has faced numerous challenges throughout her life: she has had a tumultuous relationship with her mother, and her father is incarcerated out of state; she has been involved in gangs, has a history of substance abuse, and has been diagnosed with ADD, anxiety, and depression.

In the spring of 2015, sixteen-year-old Sam was charged with stealing her mother's car. Following this incident, Sam entered the care of the Illinois Department of Children and Family Services (DCFS) after her mother refused to pick her up from the police station.

Once Sam became involved in both the juvenile justice and child welfare systems, the challenges for her increased and the odds of her finding success in life decreased as:

- 60% of dually-involved youth are expected to recidivate within the next two years and will experience, on average, nearly two more arrests over the next five years;
- A dually-involved youth is expected to spend over three months detained or incarcerated over their next five years;
- A dually-involved youth in Illinois is five times as likely to live in a group home or other residential center compared to other youth in the child welfare system.

To improve these outcomes, the Illinois Department of Children and Family Services partnered with Conscience Community Network (CCN) to transform the *status quo* services for dually-involved youth and their families...including Sam and her mother.

CONSCIENCE COMMUNITY NETWORK

CCN was developed in 2013 to pool resources and ensure more comprehensive, coordinated service delivery to youth and families in need in Illinois. CCN is a six-member collaborative that collectively represents over 750 years of service to vulnerable populations in Illinois.

By employing a collaborative, each member is able to leverage limited resources to share the risk of innovation and minimize agency disruption while gaining extensive collective leadership, specialized program capabilities, scalable geographical reach and networks of relationships

The members of CCN are:



Within the network, CCN serves as the administrator of the project and the six members are contracted to provide the direct services.

PROGRAM MODEL DEVELOPMENT

The program model that CCN developed for the Dually-Involved Youth Project is based on a set of proven practices from the Center for Juvenile Justice Reform at Georgetown University, called the Crossover Youth Practice Model (CYMP). CYPM has been used throughout the United States and is focused solely on the dually-involved youth population.

CCN used the CYMP philosophy to develop a program model that would help break down systems silos in Illinois to enable early identification, increase advocacy in the courts, improve access to trusted care alternatives, and coordinate the care of the dually-involved youth.

| | Status Quo Youth Experience | Enhanced Youth Experience |
|-----------------------|--|---|
| Identification | <ul style="list-style-type: none"> Youth may go 90+ days before they are identified as dually-involved. No formal identification system or process for rapid identification. | <ul style="list-style-type: none"> Youth are identified as dually — involved in as few as 3-4 days. Official, cross-system identification protocol and process. |
| Case Management | <ul style="list-style-type: none"> Youth receive case management and supervision. No additional case coordination resources even for high-risk youth. | <ul style="list-style-type: none"> Family team facilitators supplement youth’s case with enhanced care planning and management. Focus on rebuilding relationships. |
| Intervention Services | <ul style="list-style-type: none"> Lack of capacity and funding limits referrals to clinical services and/or community-based programs. | <ul style="list-style-type: none"> Increased capacity of clinical services and funding for community-based programs to ensure youth can receive access to help that fit their needs. |

The program model was designed to generate specific outcomes for the dually-involved youth and their families. Initial priorities for the program were to decrease the youths' time spent in detention and their time spent living in congregate care settings (e.g. group, residential treatment center, emergency shelter), and to improve the youths' overall well-being.

PILOT PURPOSE

CCN initiated a pilot of the program to test the program model and explore the feasibility of a scalable program model.

Beginning in the more densely populated Cook County and suburban Lake County and later expanding into two rural counties, the project focused on determining the opportunities and risks associated with scaling the program model throughout the State. The project team evaluated both the economic and program implementation viability of operating a larger program, including the assessment of program fidelity and the economies of scale for capacity building in a wider service area. More specifically, the goals for the pilot were to:

- 1) Test the mechanisms and speed for identifying and referring youth to CCN;
- 2) Test the intake process to ensure that the tools for reviewing youths' backgrounds and matching them against the program's eligibility criteria;
- 3) Train and develop network's providers, deliver the program services, and identify any pertinent improvements to the model;
- 4) Test and improve the data tracking system, and develop reporting tools to help improve quality and track outcomes.

PILOT LAUNCH

CCN entered into a Memorandum of Understanding with DCFS to provide services to up to 50 youth in Cook, Franklin, Jefferson and Lake Counties. Beginning in November 2015 and continuing for 7 months, CCN identified 97 youth who were eligible for the project according to a prescribed set of eligibility criteria (see below). As the project is subject to an evaluation by the University of Michigan School of Social Work, all 97 youth were randomized into either a treatment group or a control group. 46 youth were randomized into the program for treatment; the remaining 51 youth were placed into the control group.

The pilot's direct services and training costs were funded by the Laura & John Arnold Foundation; additional support was provided by CCN and its members, and a grant from the Nonprofit Finance Fund.

ELIGIBILITY CRITERIA

In consultation with the DCFS, CCN developed a set of eligibility criteria to ensure that the youth treated by the program shared a standard set of characteristics and the highest odds of being helped by the program model.

The criteria were:

- Youth are between 11 and 17 years of age at time of enrollment
- Youth are under guardianship or in custody of DCFS
- Youth are involved in the juvenile justice system
- Youth have originating DCFS case and residency in CCN’s open counties
- Youth have had less than 2 psychiatric hospitalizations in last 12 months
- Youth have IQ higher than 70 (if known)
- Youth are tried as a juvenile and claim(s) is not related to sexual abuse or assault
- Youth are not living in DCFS’s transitional living or independent living facilities

Over the next 21 months, CCN and its network of providers treated and tracked the 46 youth and identified a series of learnings to prepare for the next phase of the project: a ramp-up to a full-scale PFS project.

TREATMENT DELIVERY

All youth received comprehensive case coordination and family team facilitation services based on the Wraparound Milwaukee model. The family team facilitation approach is a team-process that focuses on youth involved in multiple institutional systems, such as child welfare, juvenile justice, mental health, and special education.

The goal of Wraparound Milwaukee, which aligns with CCN’s aims, is to reduce the use of institutional-based care such as residential treatment foster care centers while providing more services in the community and in the youth’s home.

In addition to wrap facilitation, all youth were eligible for evidence-based therapies and flexible funding to pay for additional services.

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|--|--|--|--|--|
| All Youth | <p style="text-align: center;">Wrap Facilitation Process <i>Wraparound Milwaukee</i></p> | | | |
| Available to All Youth | <p style="text-align: center;">Flexible Funding</p> | | | |
| <p style="writing-mode: vertical-rl; transform: rotate(180deg);">As Appropriate (50% participation estimated)</p> | <p style="text-align: center;">Individual Therapy</p> <p style="text-align: center;"><i>Attachment, Regulation, and Self-Competency (ARC)</i></p> | <p style="text-align: center;">Family Therapy</p> <p style="text-align: center;"><i>Brief Strategic Family Therapy (BSFT)</i></p> | <p style="text-align: center;">Group Therapy</p> <p style="text-align: center;"><i>Structured Psychotherapy for Adolescents Responding to Chronic Stress (SPARCS)</i></p> | <p style="text-align: center;">Therapeutic Foster Care</p> <p style="text-align: center;"><i>Treatment Foster Care of Oregon (TFCO)</i></p> |

KEY LEARNINGS AND SUCCESSES

Alignment of incentives for members and providers

The pilot provided CCN with insight into how best to align the project incentives with its members and providers.

One way CCN has done this is to switch the payment methodology for wrap facilitation from a *per diem* to a case rate basis. For the case rate, CCN developed a schedule of partial payments that link to timely success with family team meetings; this helps better balance the risk between the providers and CCN for timely services.

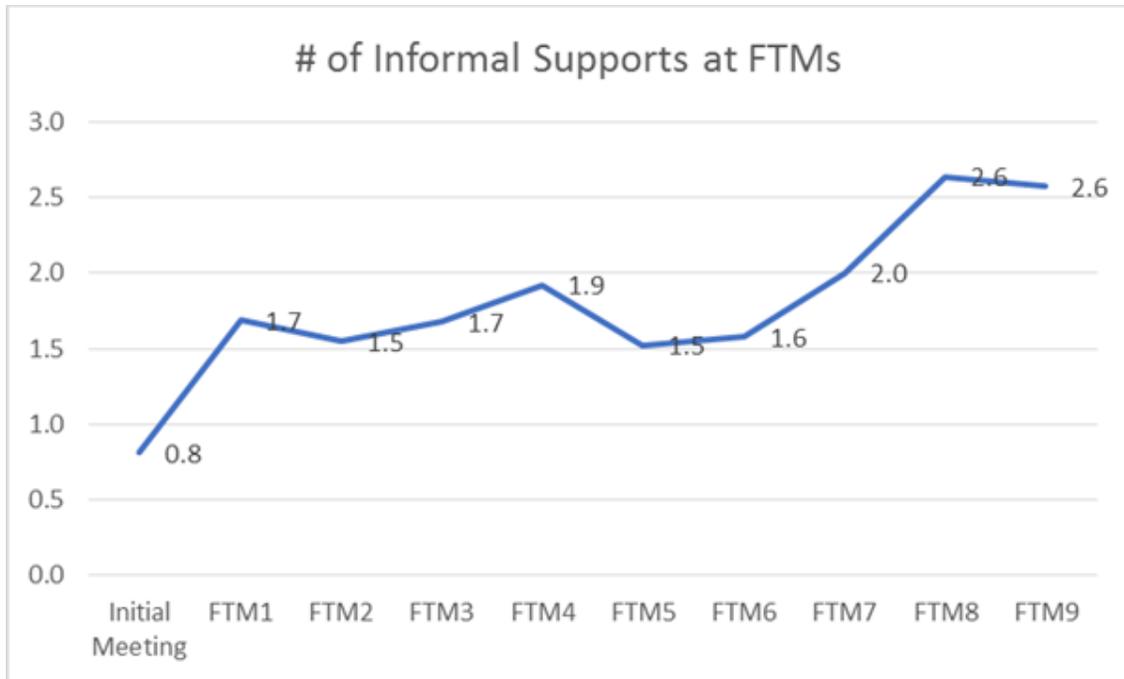
Another adjustment identified through the pilot is the timing of payments for evidence-based practices. Though it continues to be paid on a *per diem* basis, CCN strengthened the beginning and ending payments to align with actual service delivery.

Finally, as part of the budget-building process for the full-scale project, CCN has segregated some funds for bonuses for superior work. These changes provide a comprehensive payment methodology that is a combination of penalties and incentives to encourage stretch goals, including service timeliness, higher levels of efficacy, and linkage to the project's own upside opportunities.

Increase in the average number of informal supports attending Family Team Meetings

There is a strong need for long-term, supportive, trusting adults in the lives of dually-involved youth. Congregate care is not very conducive to building long-lasting support systems with rotating care givers and limited access to family members. Youth have also expressed that they feel that adults in their lives do not consider their opinion. The wraparound model helps address this need through Family Team Meetings. During the pilot, CCN increased the number of informal supports (non-professional caregivers) from less than 1 to 2.6 on average attending Family Team Meetings for the youth.

The graph below demonstrates the trajectory of the average number of informal supports attending a youth's Family Team Meetings over time. The pilot demonstrated that family supports can be found and engaged with the family team process.



Program model adapted to respond to observations from pilot youth

CCN's program model has proven to be flexible and responsive to changes during the pilot period. One key finding and adaption was learning that many youth receive individual and group therapy within congregate care facilities, so they adjusted the model from their original projections to reflect that.

This adjustment speaks to CCN's ability to, and interest in, changing how to serve youth based on what the providers and CCN see during treatment.

Although CCN has adjusted its model to lower expectations (and capacity) for individual and group therapies, it was found to be crucial that CCN provide their own Evidence Based Therapies (EBTs) to ensure that youth have open access. This is especially important for youth living in foster care. In addition, the family therapy that CCN supports is crucial to help bridge the gap for youth transitioning from congregate care to community-based homes.

Another key lesson learned from the ramp up is that the timing of the intervention is a key component of it being successful. CCN learned that some youth need the wrap process before they are ready to receive one of the EBTs. In order to engage the youth successfully, their basic needs must be met first before moving on to more complex strength building. Some common basic needs identified through the wrap process have been: feeling loved and supported by their family, a calm living environment, feeling safe at home, a healthy relationship with their parents, and feeling successful at school or work.

Improvements in Intake and Referral Processes and CCN's Data Tracking System

CCN opened up the detention referral pathway in Cook County in April 2016, which allowed CCN to identify and enroll three clients directly from the Cook County Detention Center. This opening also included clarification of the visiting procedures for youth in detention and addressed the need for youth from juvenile justice crossing over into child welfare.

CCN opened up the Child and Adolescent Needs and Strengths (CANS) pathway in April 2016, which provided CCN with access to 104 referrals of which 39 screened eligible for the program over the following four months. The CANS pathway identifies youth that have a score indicating legal involvement on a standardized assessment tool. This pathway provides a mechanism to double-check for referrals that were missed during CCN's primary pathway using DCFS's standard incident reporting.

CCN continued to make refinements to the data tracking system to account for more information about the youth in the treatment and control cohorts. This includes information about current and past placement data, outreach conducted by wrap facilitators and types of delinquency incidents. Additionally, CCN was provided access to DCFS documentation allowing us to share assessments and case plans with wrap facilitators. The intent of these refinements was to provide more information to wrap facilitators to assist with conducting their cases and to build a better profile of the youth in the project in order to assist with future changes in policies and procedures.

CCN developed an internal tracking report that highlighted effort and actions that wrap facilitators were making to implement the wraparound model. This report, which is published weekly, clarifies near-term expectations and provides a transparent tool to share information about performance within CCN and its provider network.

Development of CCN

The IRS granted 501(c)3 status to CCN in July 2016. This allows CCN to solicit and receive foundation grants and other contributions directly, independent of One Hope United's fiscal sponsorship.

Service-capacity Development and Readiness

The wrap facilitation process was new to all CCN providers. Initially, CCN assumed that the Wraparound Milwaukee training would suffice to prepare the providers as all organizations were familiar with the population and had deep experience in counseling, case managing and mentoring child welfare youth. However, CCN identified that wrap facilitators needed additional support and guidance for conducting the wrap process. Therefore while the pilot was still ongoing, CCN initiated:

- In partnership with consultant from Wraparound Milwaukee, CCN conducted a 2-day training for Wraparound Facilitators to develop their strength-based documentation skills.
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- CCN conducted an all-day training for Wraparound Facilitators to reinforce their understanding of the project and roll-out new policies and procedures.
- In partnership with consultant from Wraparound Milwaukee, CCN conducted a 3-day training in January 2017 for 20 new Wraparound Facilitators. Additional one-day trainings on strength-based documentation skills was conducted.
- CCN conducted a self-assessment of Wraparound Facilitators and their supervisors to provide additional insight into individuals' readiness and confidence with the wrap facilitation model. In addition to sharing aggregate information with CCN's board, CCN also provided individual results to each service provider to assist with their internal supervision and quality assurance processes.
- CCN re-developed its periodic learning collaboratives for Wrap Facilitators to include a more robust teaching section, task assignments and Socratic method of engaging participants, and standardized it on a bi-weekly schedule. The impact has been increased participation and trackable progress with the assignments.

In addition, CCN supported trainings in EBTs to increase capacity. These included:

- In partnership with the Family Therapy Training Institute of Miami, CCN coordinated training for seven network therapists in the Brief Strategic Family Therapy (BSFT).
- In partnership with Illinois Collaboration on Youth, CCN coordinated training for 14 network therapists in Structured Psychotherapy for Adolescents Responding to Chronic Stress (SPARCS).

Rollout Plan

In order to prepare for the eventual ramp-up of the project from a pilot to a full-scale project, CCN identified areas of improvement:

- In collaboration with DCFS, CCN analyzed referral data to update the roll-out schedule and targeted counties. CCN developed a set of criteria to judge a county's readiness and appropriateness for the program. This analysis caused CCN to make suggested changes to which counties to target for the project. The formal criteria will also provide CCN and DCFS a tool to make additional and transparent changes in the rollout schedule and county list.
 - DCFS and CCN refined the eligibility criteria for the full project. One change was whether the youth's crossover incident occurred within 120 days of the referral to CCN. If the event date is underdetermined, CCN will default to it being eligible. Additionally, if the youth has had two more psychiatric hospitalizations in the 12 months prior, the youth is ineligible. These adjustments allow CCN to engage the most appropriate youth for the project.
 - CCN identified during the Intake and Referral process that there was an unexpectedly long delay between a youth's crossover event and his/her placement in the eligible intake pool. After review, CCN and DCFS identified that the major contributors to the delay were the delayed timing by case managers of mandated reporting to DCFS and a bottleneck due to DCFS's manual entry into relevant data
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systems. DCFS added resources to clear up the bottleneck and upgraded the reporting system to reduce its manual functions. The upgrade was implemented in January 2017.

Timeliness of Services

CCN providers were challenged by complexities of coordinating meetings with all stakeholders involved in a youth’s case. These challenges resulted in delays in Family Team Meetings and/or minimal participation from informal and formal supports within the youth’s life. CCN has developed policies and procedures regarding participation and frequency to ensure consistency across service providers, including a protocol for outreach to the youth’s case manager and a tool for better explaining the purpose and scope of the family team meetings.

Because of the pilot, CCN also had opportunity to identify that wrap facilitators needed additional knowledge of the selected EBTs to be comfortable with recommending them within their family teams. CCN has developed reference documents for the EBTs and provided brief trainings.

PRELIMINARY OUTCOMES

The project has engaged the University of Michigan School of Social Work to conduct an evaluation of the project’s intended outcomes. UMich generated preliminary reporting for the youth in the pilot. Though the full evaluation will assess youth over a three-year period, the pilot youth have been assessed over an approximately one-year period.

The evaluation is measuring two metrics: 1) the amount of time that treated youth live in congregate care settings compared to a control group, and 2) the amount of time that the same treated youth are held in a detention center compared to a control group. CCN and DCFS expect a 25% reduction in each of the metrics. The table below details the outcomes that have been generated so far.

| | <u>Treated Youth</u> <i>n</i> = 46 | <u>Control Group</u> <i>n</i> = 51 | <u>Observed Impact</u> (Treated Youth compared to Control) |
|------------------------------------|---------------------------------------|---------------------------------------|---|
| Average Days in Program | 352.8 | 381.5 | |
| % Days Spent in Congregate Care | 28.7% | 39.1% | -26.6% |
| % Days Spent in Detention Facility | 5.2% | 10.9% | -52.3% |

Source: Pay for Success (PFS) Pilot Summary, December 2015 – March 2017, University of Michigan School of Social Work, August 9, 2017

CCN is encouraged by the impact that has been demonstrated by the program model so far. Relatedly, CCN has also identified is that it does not have to rely on the periodic reporting from UMich to confirm impact, but can do so through more robust data tracking, which CCN has already begun conducting. This will also provide CCN real time insights into the congregate care and detention experience for *each* youth in treatment or control, which has positive implications for case planning.

HOW IS SAM DOING?

The human impact of the project can be seen in Sam's improvements.

After her enrollment in the treatment group began in January 2016, Sam had nine Family Team Meetings, which concluded in December 2016. Over the ensuing three months, she and her biological mother then received family therapy (using CCN's Brief Strategic Family Therapy) to work on improving their relationship. The youth permanently moved back in with mom afterwards and her child welfare case was closed in September 2017. Sam has not had no additional arrests since entering the program.
