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ARKANSAS DIVISION OF YOUTH SERVICES RESIDENTIAL SERVICES REVIEW

CENTER FOR
Children's
Law *and* Policy

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Executive Summary

In March 2018, the Center for Children’s Law and Policy (CCLP) entered into a contract with the Arkansas Department of Human Services (DHS) to conduct a review of the Division of Youth Services’ (DYS) secure residential programs for young people involved with the juvenile justice system. The review was designed to review was to assist DHS and DHS with designing and planning for a residential services system that ensures safe, secure, efficient, and effective services for the relatively small number of young people who require this level of restriction.

National and State Context

During the past decade, a growing national consensus has emerged regarding the benefits of alternatives to out-of-home placement and incarceration for young people in contact with the juvenile justice system. Nationally, the number of youth in out-of-home placements has fallen by nearly 60% over the last 15 years, and the number of residential facilities housing youth has fallen by 42%. This is in large part due to research showing that incarceration-based placements for young people are not only expensive, but can actually worsen outcomes when comparing results to similarly situated youth who receive services in the community

In Arkansas, youth confinement has fallen at roughly half of the rate of the national average. Although this reduction has been more modest than that of other states, the decline presents an opportunity to evaluate the state’s use of resources for residential services and other services for young people in contact with the justice system. This is particularly true given other ongoing trends in juvenile justice reform in Arkansas, which are consistent with shifting resources toward community-based services and supports and away from institutional placements.

DYS currently devotes a large portion of its resources to residential services. In fiscal year 2017, 46% of the agency’s \$60 million budget (\$27.45 million) went to operating or contracting for 8 secure residential placements for committed youth. This percentage has remained relatively consistent in previous years in spite of declines in number of youth in placement. Given the trends mentioned above, Arkansas is poised to make smarter and more strategic investments in residential care.

Existing Residential Services in Arkansas

There are several strengths to the state’s current system of residential placements. These include the fact that DHS generally operates smaller facilities that do not suffer from some of the shortcomings of large youth prisons in other states. DHS has also introduced new education and mental health providers that have helped to increase services being provided within facilities in each of those areas.

Nevertheless, the current system of residential facilities in Arkansas is at odds with many of the core components of effective residential placements. Challenges identified during this review include:

- Performance measures that have focused on process-based output measures as opposed to youth outcomes, such as educational achievement and skill building.
- An inability to track meaningful short and long-term outcomes from youth exiting residential placement, which has left the state unable to engage in a cost-benefit analysis of current funding for residential facilities.
- The lack of evidence-based or evidence-informed treatment models in residential programs that focus on helping youth achieve individualized treatment goals.
- The existence of preventable delays and inefficiencies that cause youth to spend much longer than necessary in out-of-home placements, wasting money and limited placement beds.
- Chronic, well-documented, and long-standing problems with conditions and treatment of young people in certain facilities.
- Inadequate resources dedicated to oversight, monitoring, and support of DYS operated and contracted programs.
- A placement process that does not prioritize keeping youth close to a young person's family and community.

Future Options for Residential Services in Arkansas

This assessment also identified the steps that DYS, DHS, and its partners should take in the immediate future (12-24 months) and during the next three to five years if Arkansas is to move toward a model system of residential care for youth in the juvenile justice system. The recommendations fall into three areas: (1) Planning for future needs for residential placements, (2) Strengthening programming and services within those placements, and (3) Developing meaningful oversight and support of residential programs.

There are many factors that can impact the ability of DYS, DHS, and the State of Arkansas to achieve a higher standard of care for the small number of youth who are deemed to require out-of-home placement. However, implementation of the steps below during the next 12 to 24 months will make it possible to work toward that higher standard.

Planning for Future Residential Service Needs

1. Refocus investments on a smaller number of facilities that hold the greatest potential to achieve a meaningful rehabilitative environment based on geography, past practices, and physical plant conditions. DYS should not continue to invest resources in programs with chronic and long-standing problems that undercut goals to provide a safe and

therapeutic setting for young people.

2. Eliminate delays in the residential placement system, which are consuming expensive and scarce resources. Reducing delays would immediately free up space in existing programs, which would allow DYS to redirect funding that is currently used to pay for unneeded bed space.
3. Formalize limits on the length of stay of youth in residential programs, which will help reduce the overall number of youth currently in placement. The number of young people in placement at any given time depends on two factors: the number of youth entering those facilities, and the amount of time that they stay. DYS can and should implement limits on length of stay that are aligned with research from the field, which would significantly reduce the overall number of youth in placement.
4. Include flexibility in any future contracts to allow for potential reallocation of resources with changes in the committed youth population over time.

Strengthening Programs and Services

1. Adopt clear outcome-based performance measures for residential programs. Metrics should focus on measurable and specific youth outcomes and performance indicators that are linked to the quality of services provided.
2. Require and support implementation of an evidence-based or evidence-informed program-wide treatment model across its facilities. DYS can and should expect more of its service providers, particularly given that separate contracts now provide for educational, medical, and mental health services in residential programs.
3. Establish a clear and strong presumption of youth remaining in placement by including and enforcing clear “no reject, no eject” provisions in procurements and programs. Many young people are in placement precisely because they have encountered challenges in managing their behavior. Youth should not be rejected or removed from programs absent a specific and serious safety issue.
4. Require training of case managers in evidence-based and evidence-informed therapeutic interventions.
5. Identify a portion of savings from reduced out-of-home placement costs to improve the quality of remaining residential programs.

Developing Meaningful Oversight and Support of Residential Programs

1. Devote additional resources and technical assistance to monitoring the quality and consistency of services provided to youth in residential placement. DYS has not had

adequate capacity within the agency to conduct rigorous monitoring of residential program quality, let alone provide the technical assistance to support programs in changing policy and practice. DYS should identify and recruit additional individuals with skills in assessing and improving program quality in residential programs for youth.

2. Build capacity within existing DHS monitoring and oversight components to assess and help remedy life, health, safety, and operations issues.
3. Require implementation of a new de-escalation, crisis intervention, behavior management, and use of force curriculum that is focused on working with adolescents and that spends the bulk of teaching time on de-escalation techniques.
4. Require the implementation of a structured, incentive-based behavior management systems for youth. Implementation of these systems will promote shorter lengths of stay, reduce the number of youth removed from placement for behavioral reasons, and motivate youth to achieve treatment goals.
5. Develop quality assurance standards to align with performance measures for residential programs.

Introduction

In March 2018, the Center for Children’s Law and Policy (CCLP) entered into a contract with the Arkansas Department of Human Services (DHS) to conduct a review of the Division of Youth Services’ (DYS) secure residential programs for young people involved with the juvenile justice system. The goal of this review was to assist DHS and DHS with designing and planning for a residential services system that ensures safe, secure, efficient, and effective services for the relatively small number of young people who require this level of restriction.

DHS and DHS outlined four primary components of this review:

1. A review of the current and historical youth population served by DHS, including demographics, assigned risk levels, and identified treatment and service needs.
2. Evaluation of current and previous residential service programs operated by DHS and contracted providers.
3. Presentation of models and best practices employed by other states with needs and resources similar to that of the State of Arkansas.
4. Identification of options for residential services delivery for the State of Arkansas based on the activities outlined above.

This report summarizes the results of CCLP’s review of each of these areas.

The National Context

During the past decade, a growing national consensus has emerged regarding the benefits of alternatives to out-of-home placement and incarceration for young people in contact with the juvenile justice system. Nationally, the number of youth in out-of-home placements has fallen by nearly 60% over the last 15 years, and the number of residential facilities housing youth has fallen by 42%.¹ This is in part due to research showing that incarceration-based placements for young people are not only expensive, but can actually worsen outcomes when comparing results to similarly situated youth who receive services in the community.² Specifically, out-of-home placements have been linked with:

- Higher rates of recidivism and increased likelihood of recidivism for more serious offenses,
- Increased likelihood of incarceration as an adult,
- Higher high school dropout rates and decreased educational achievement, and

¹ The Pew Charitable Trusts, [Steep Drop Since 2000 in Number of Facilities Confining Juveniles](#) (September 2018).

² Amanda Petteruti, Marc Schindler, and Jason Ziedenberg, [Sticker Shock: Calculating the Full Price Tag for Youth Incarceration](#) (Washington, DC: Justice Policy Institute, 2014).

- Decreased likelihood of future employment and earning potential in the labor market.³

In 2011, the Annie E. Casey Foundation released a landmark report entitled *No Place for Kids: The Case for Reducing Juvenile Incarceration*, which noted that “many states [had] slashed their juvenile corrections populations in recent years – causing no observable increase in juvenile crime rates.”⁴ Jurisdictions throughout the country have demonstrated that reductions in the use of incarceration and out-of-home placement, when coupled with investments in community-based services and supports, achieve better public safety outcomes at a lower cost to taxpayers – all while improving outcomes for young people and families in contact with the juvenile justice system.⁵

The State Context

To date, Arkansas has experienced some reduction in the number of youth committed to DYS and the number of youth in residential placement, although not to the same degree as other states. For example, the number of committed youth in residential placement fell 59% nationwide from 2001 to 2015, Arkansas saw a decrease of just half that rate (32%).⁶ By comparison, the majority of states in the U.S. experienced reductions in commitments of 50% or more from 2001 to 2013.⁷

The reduction in the number of youth in residential placement in Arkansas in recent years, while more modest than that of other states, presents an opportunity to evaluate the state’s use of resources for residential services and other services for young people in contact with the justice system. While the focus of this report is on strengthening services for the relatively small number of young people who require out-of-home placement, the ability to achieve a “model” residential program depends on ensuring that there are appropriate controls on the use of residential care to begin with. These controls include, but are not limited to:

- A shared understanding among juvenile justice stakeholders of the research outlined above regarding the poor outcomes that are associated with out-of-home placements and formal juvenile justice system involvement more generally.

³ Patrick McCarthy, Vincent Schiraldi, and Miriam Shark, *The Future of Youth Justice: A Community-Based Alternative to the Youth Prison Model*, National Institute of Justice and Harvard Kennedy School of Government Executive Session on Community Corrections (October 2016).

⁴ Richard A. Mendel, *No Place for Kids: The Case for Reducing Juvenile Incarceration*, October 2011 (Annie E. Casey Foundation).

⁵ See, e.g., Josh Weber, Michael Umpierre, and Shay Bilchik, *Transforming Juvenile Justice Systems to Improve Public Safety and Youth Outcomes* (Washington, DC: Georgetown University Center for Juvenile Justice Reform, 2018); The Pew Charitable Trusts, *Re-Examining Juvenile Incarceration* (April 2015); Tony Fabelo et al., *Closer to Home: An Analysis of the State and Local Impact of the Texas Juvenile Justice Reforms* (New York: Council of State Governments Justice Center, 2015).

⁶ Sickmund, M., Sladky, T.J., Kang, W., and Puzanchera, C. (2017) "Easy Access to the Census of Juveniles in Residential Placement." Online. Available: <http://www.ojjdp.gov/ojstatbb/ezacjrp/>.

⁷ The Pew Charitable Trusts, *Juvenile Commitment Rate Drops 53%* (November 2015).

- A shared understanding among juvenile justice stakeholders to divert more youth away from formal juvenile justice system involvement and toward community-based interventions and programs.
- A shared agreement among juvenile justice stakeholders to support young people and families in their own communities, recognizing that this is where young people must ultimately be successful (not in the highly structured and artificial environment of a residential placement).
- A shared agreement among juvenile justice stakeholders to invest in nationally recognized, evidence-based and evidence-informed strategies that are focused on the circumstances of individual youth as opposed to a one-size-fits-all approach based on compliance with generic expectations.
- The adoption of laws and policies that restrict the use of out-of-home placements to the relatively small number of youth who are deemed to require that level of care.

CCLP is aware of the ongoing discussions and reform efforts in the State of Arkansas that are focused on these issues. As mentioned above, the ability to achieve consensus on these issues will have a direct and significant impact on the state's ability to shift toward more effective approaches for youth in contact with the juvenile justice system, both in the community and in residential placement.

Methodology

The Center for Children's Law and Policy (CCLP) prepared this report, which was written by Deputy Director Jason Szanyi and Tiana Davis, Policy Director for Equity and Justice. CCLP drew upon five primary sources of information when preparing this analysis:

Data: CCLP reviewed data provided by DYS on current and historical trends in the youth population served by the agency. This review included basic demographic information, as well as information on reasons for referral to DYS, length of stay in placement, assigned risk levels, and other information on youth's treatment and service needs. CCLP incorporated that data where appropriate to provide additional context for the report and recommendations. CCLP has attempted to identify major areas where limitations in the availability or quality of data impacted this review. All data on the committed youth population and DYS's residential services were provided by DYS unless otherwise noted.

Document Review: CCLP reviewed a variety of documents to obtain context for residential services in the State of Arkansas and to frame interviews with stakeholders. These documents included DYS policies and procedures, public and internal reports, organizational charts and staffing information, past and current procurements, past

and current contracts with service providers, budget information, program descriptions, and other documentation related to residential services in the state.

Site Visits: CCLP staff made on-site visits to each of the eight current contracted and DYS-operated residential programs. CCLP toured each facility, met with administrators and staff members, and observed programming and the physical plant at each site.

Interviews: CCLP conducted in-person interviews with a variety of individuals, including DYS administrators, contracted and DYS-operated facility staff and administrators, managers of various aspects of DYS and residential service operations, and other system stakeholders to obtain information about and perspectives on current residential service strengths, challenges, and opportunities.

Review of National Best Practices: CCLP reviewed resources and other information related to research and best practices on residential services for young people in the youth justice system to inform the options identified in this report. CCLP also drew upon its experience working with agencies and officials in state and local jurisdictions throughout the country on efforts to improve programming and services for youth in out-of-home placement.

About the Center for Children’s Law and Policy

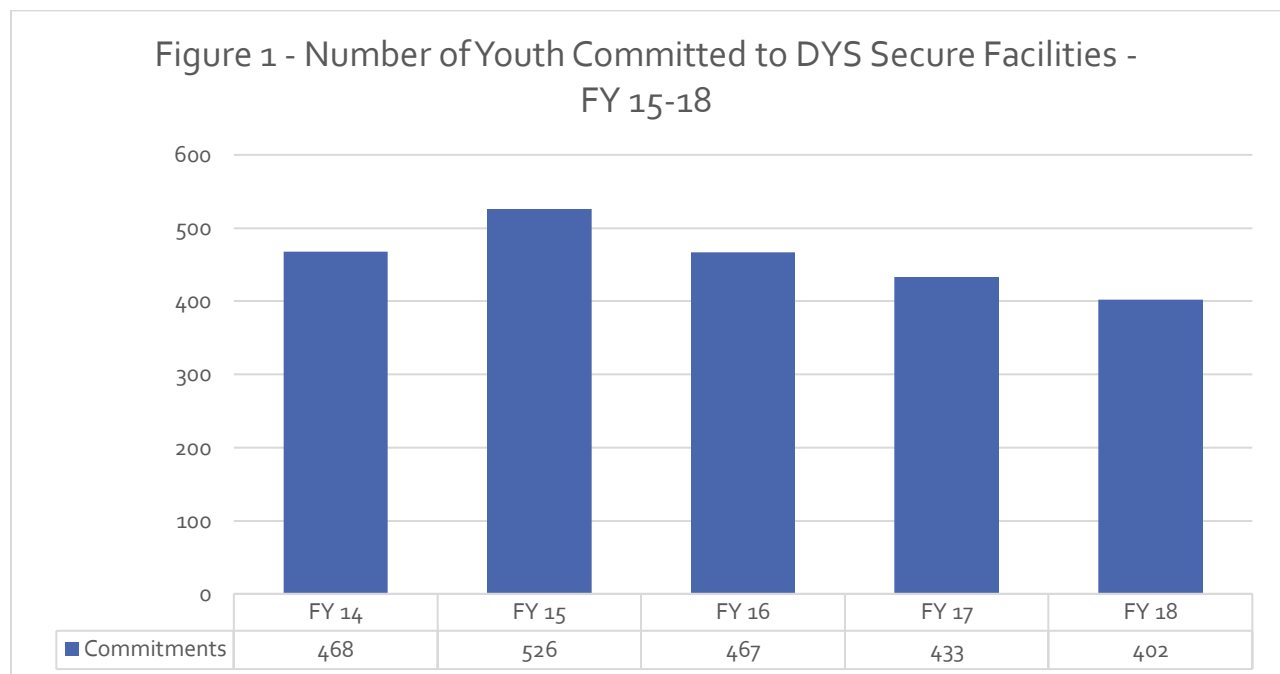
CCLP is a nonprofit national public interest law and policy organization focused on reform of juvenile justice and other systems impacting troubled and at-risk youth. CCLP’s work is focused on three main areas: eliminating racial and ethnic disparities in the juvenile justice system, reducing the unnecessary and inappropriate incarceration of children, and eliminating dangerous and inhumane practices for youth in custody. CCLP’s staff members pursue a range of different activities to achieve these goals, including training, technical assistance, administrative and legislative advocacy, research, writing, media outreach, and public education. CCLP has served a leading role in the largest and most influential juvenile justice reform initiatives in the country, including the John D. and Catherine T. MacArthur Foundation’s Models for Change initiative and the Annie E. Casey Foundation’s Juvenile Detention Alternatives Initiative (JDAI).

CCLP has assisted jurisdictions in over 30 states with efforts to improve their youth justice systems, and CCLP staff have conducted dozens of assessments of policies and practices in juvenile justice systems throughout the country. Additionally, CCLP is familiar with juvenile justice in the State of Arkansas. Since 2013, CCLP staff members Jason Szanyi and Tiana Davis have provided technical assistance, training, and support to local and state officials in Arkansas as part of JDAI in Benton County, Washington County, and Pulaski County. More information on CCLP is available at www.cclp.org.

A. DYS Population Review

Basic Demographics

As mentioned in the Introduction, Arkansas has experienced some reduction in the number of youth committed to DYS and the number of youth in residential placement, although not to the same degree as other states throughout the country. The number of committed youth in residential placement nationwide in Arkansas decreased by 32% from 2001 to 2015.⁸ The number of young people committed to DYS has been relatively stable during the last five fiscal years, with year over year declines during the last three fiscal years. The percentage of girls committed to DYS as a percentage of overall commitments has also been relatively stable (15% in FY 2017).



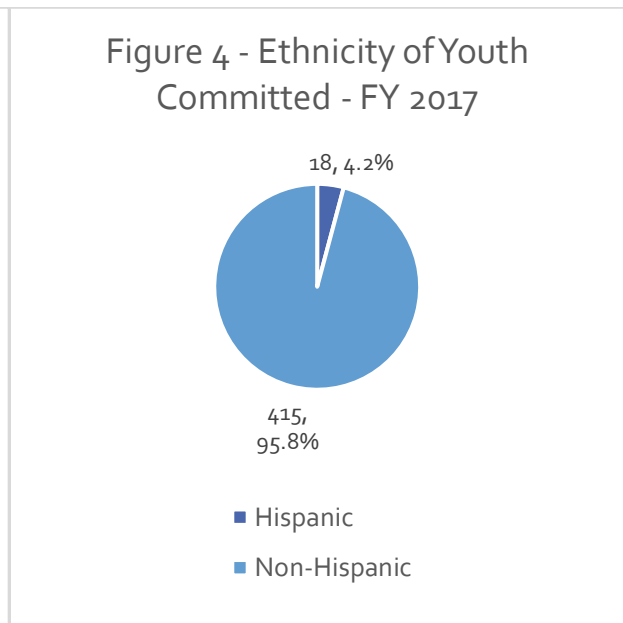
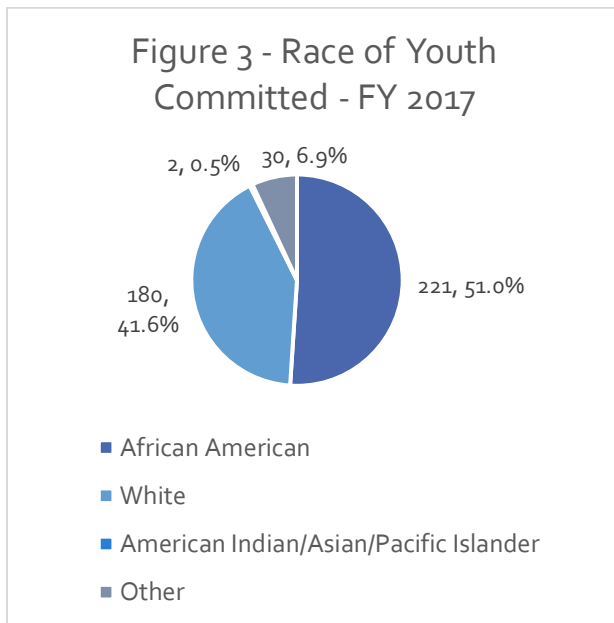
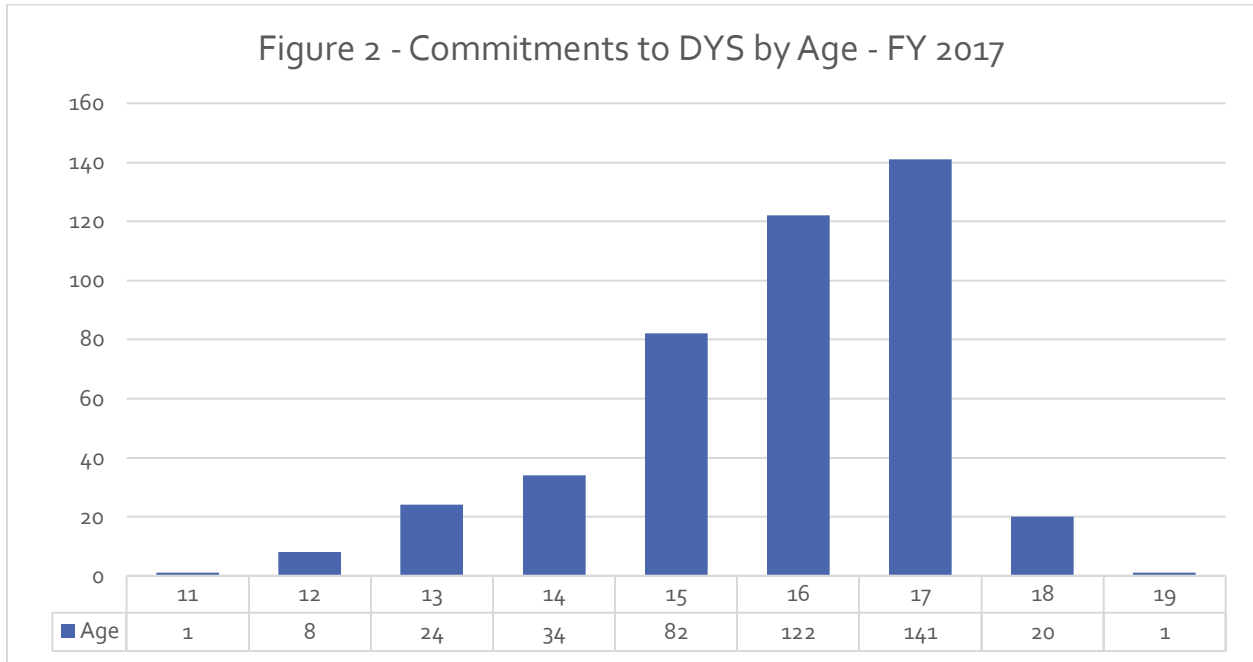
More than half (61%) of young people committed to DYS in FY 2017 were age 16 or 17 at the time of their commitment, as indicated in Figure 2 below. This percentage has ranged between 50% and 60% of the youth population in recent years (50% in FY 2016, 59% in FY 2015, and 60% in FY 2014).

The racial and ethnic breakdown of young people committed to DYS has remained relatively consistent in recent years as well. During FY 2017, 51% of young people committed to DYS were African American and 42% were white (Figure 3). African American youth have been

⁸ Sickmund, M., Sladky, T.J., Kang, W., and Puzanchera, C. (2017) "Easy Access to the Census of Juveniles in Residential Placement." Online. Available: <http://www.ojdp.gov/ojstatbb/ezacjrp/>.

significantly overrepresented in terms of commitments to DYS, representing just 16.4% of the Arkansas youth population aged 10-17⁹ but half of all commitments.

A small percentage of young people committed to DYS were identified as Hispanic youth of any race (4% in 2017, see Figure 4).



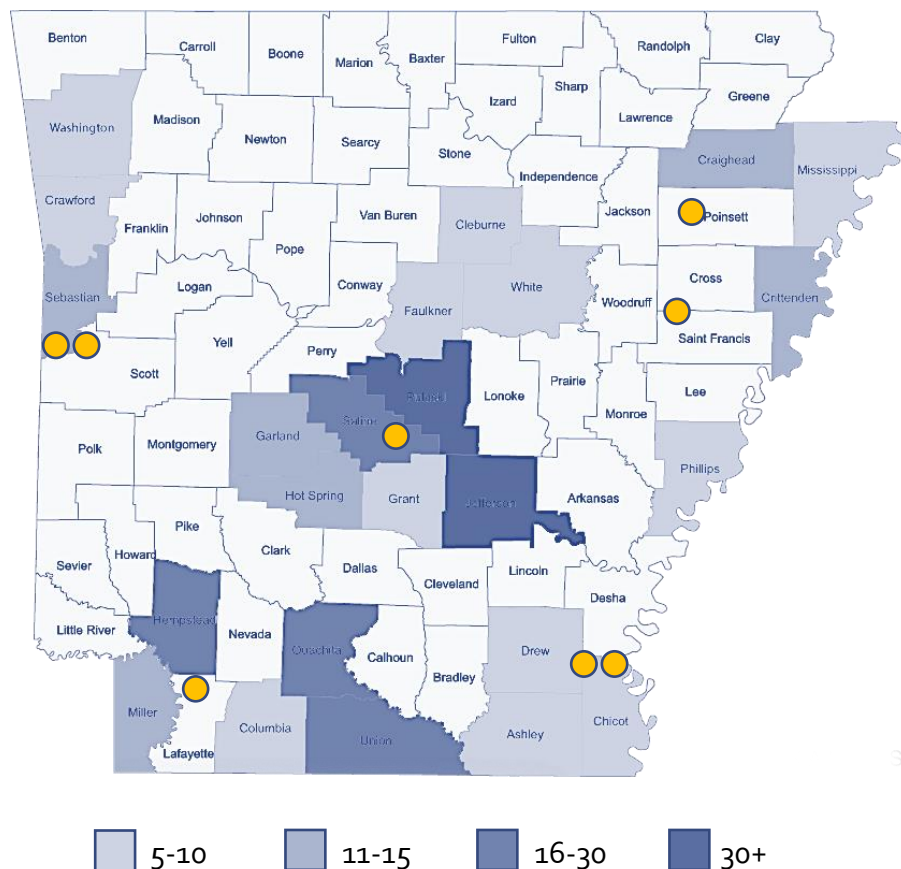
⁹ Puzzanchera, C., Sladky, A. and Kang, W. (2018). "Easy Access to Juvenile Populations: 1990-2017." Online. Available: <https://www.ojjdp.gov/ojstatbb/ezapop/>.

Committing County

Many juvenile justice agencies make a youth's home jurisdiction a significant factor when deciding where to place a young person, particularly if there are no significant differences between the specializations or treatment modalities between facilities. Arkansas has not made home jurisdiction a significant factor when making placement decisions in recent years. This is in part because of a backlog of youth awaiting any available opening, let alone an opening in the placement closest to their home.

In FY 2017, 80% of all committed youth came from 24 counties. The map below in Figure 5 provides a visual representation of the committing counties with 5 or more committed youth, with darker shading indicating a larger number of commitments. The locations of the state's residential placements are indicated with yellow circles.

Figure 5 - FY 17 Commitments to DYS by County

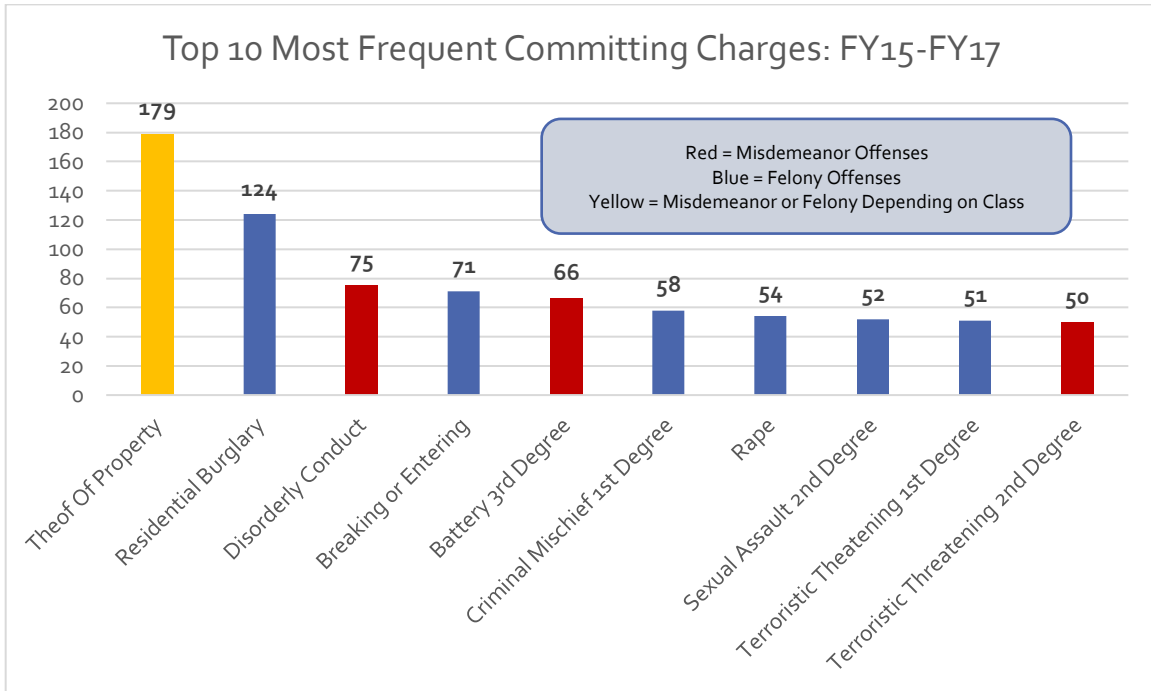


Offense Histories

In FY 2017, nearly half of youth (48%) were committed on a misdemeanor offense and 28% were committed on a D-level felony offense. Only 90 youth, or 20% of committed youth, were

committed on felony person offenses. These percentages are roughly consistent with the percentage breakdowns from previous fiscal years.

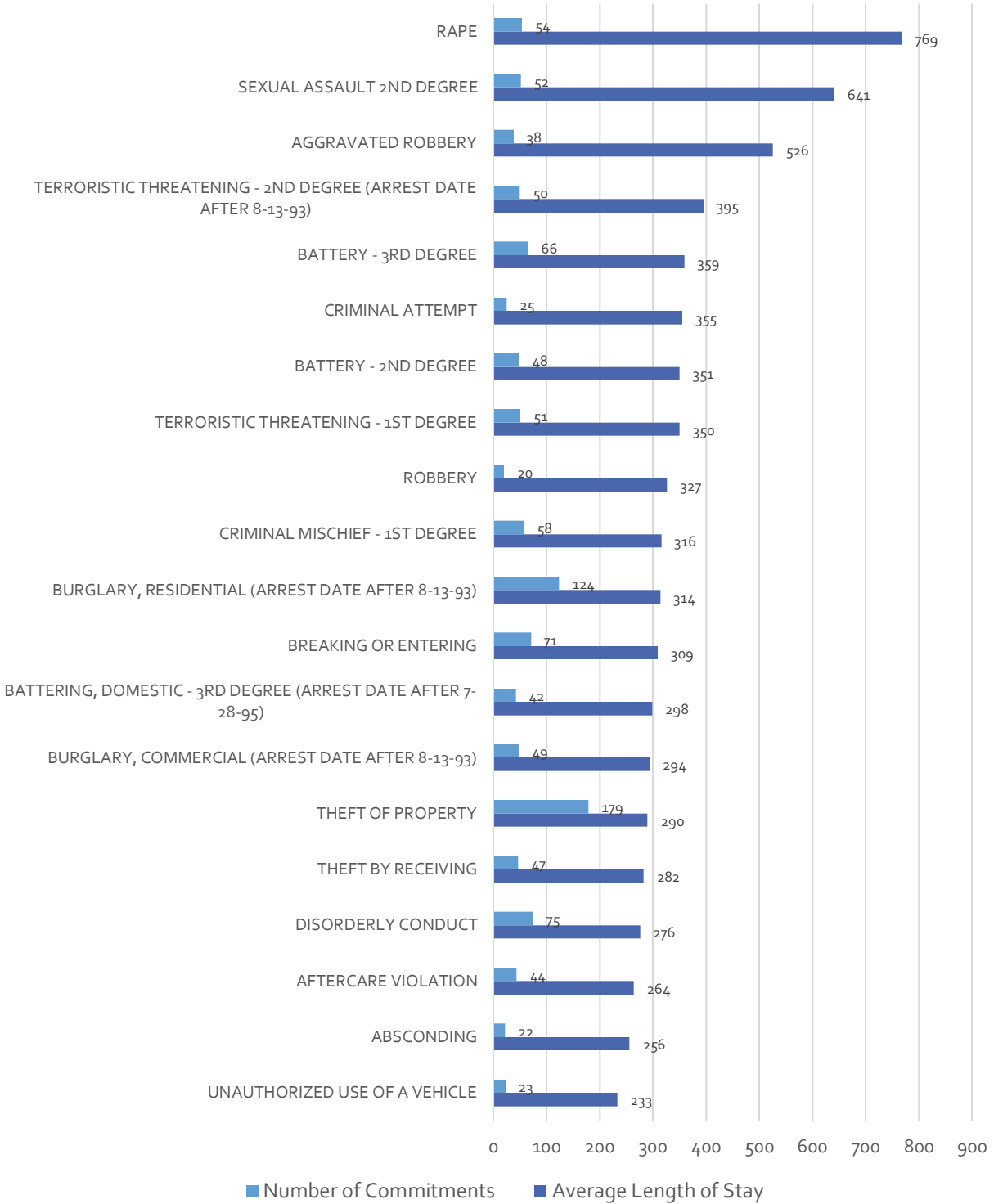
The 10 most common committing charges from FY 2015 to FY2017 appear in the chart below. These charges accounted for half (51%) of commitments over this time period.



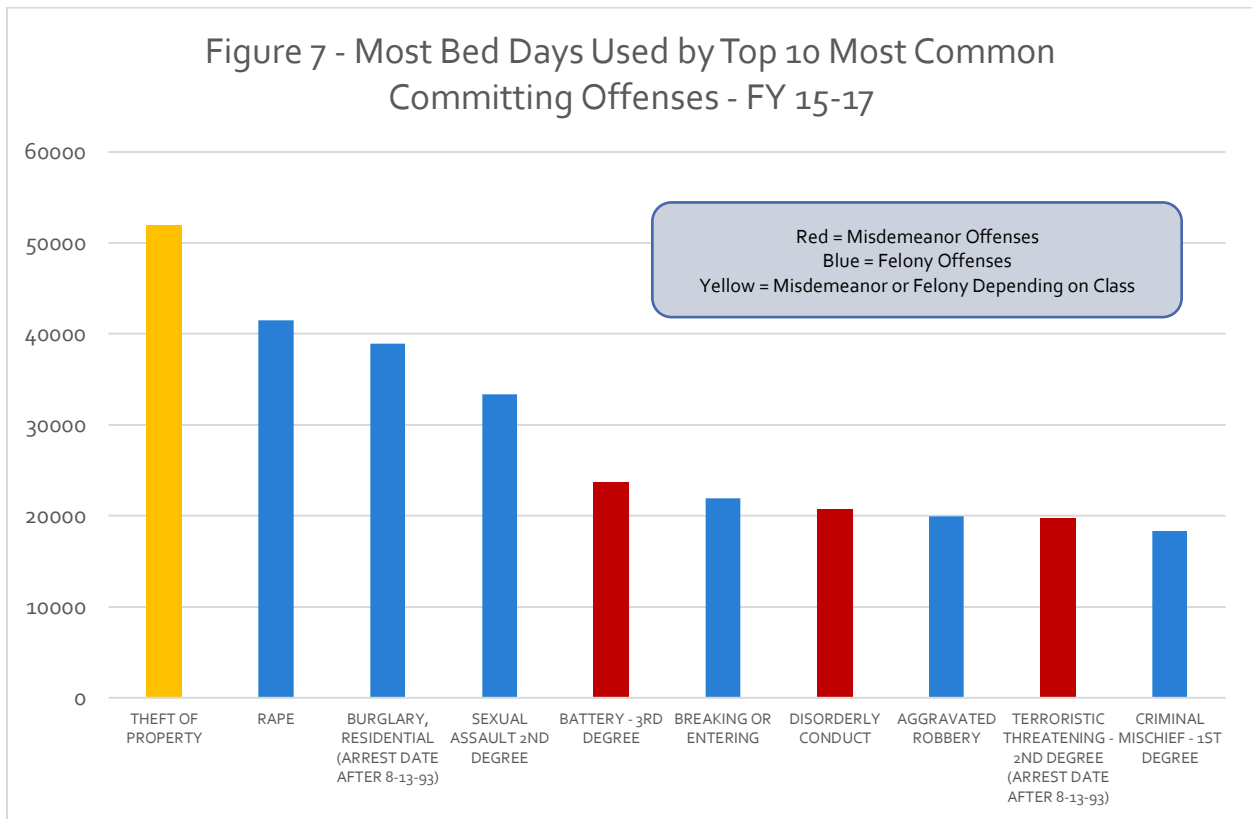
Youth committed for charges related to sexual offenses have represented a relatively small percentage of youth committed to DYS in recent years, although these youth often spend significantly longer in placement. Youth committed on charges related to sexual offenses represented 6% of youth committed to DYS in FY 2017 (26 of 439) and 7% of youth in FY 2016.

Figure 6 below lists the 20 most common committing charges for youth whose aftercare ended during FY 2015-2017, ranked in descending order by the average length of stay in placement. As is illustrated below, two offenses for which youth spent the longest in residential placements during FY 2015-2017 were categorized as sexual offenses.

Figure 6: FY 15-17: Top 20 Most Common Committing Charges by Average Length of Stay and Number of Youth Commitments



However, a more complete measure of how Arkansas has used its residential service array is “bed days” – that is, how many days young people occupied an out-of-home placement for any given reason. Figure 7 below lists the 10 committing offenses that were responsible for the greatest use of bed days. As the chart below illustrates, youth committed for Theft of Property were responsible for the greatest use of bed days. The 10 offenses below accounted for more than half (54%) of all bed days used from FY 2015-2017.



Assigned Risk Levels

From January to July 2018, DYS assessed 89 youth committed to the agency using a risk and needs assessment instrument, the Youth Level of Service/Case Management Inventory (YLS/CMI). Nine out of every 10 youth assessed (91%) scored as low (4%) or moderate (87%) risk during this time period, as compared with 81% of youth who were scored as low or moderate risk in 2017.

In the last few years, sixteen counties have begun using a different nationally recognized risk and needs assessment instrument, the Structured Assessment of Violence Risk in Youth (SAVRY), to assist with dispositional planning. These counties use the SAVRY to identify individual needs and areas of concern for young people, in addition to assigning overall risk and supervision levels. Research comparing the SAVRY and the YLS/CMI’s ability to predict overall reoffending and violent reoffending in particular has demonstrated that both tools hold

predictive value,¹⁰ although the YLS/CMI tends to classify more youth as high and moderate risk than the SAVRY, in part because the SAVRY is more focused on future violent reoffending, as compared with general reoffending.¹¹

Out of the 24 counties with the largest number of commitments to DYS during FY 2017, almost half (11 counties) are now using the SAVRY. During the first seven months of 2018, 50 youth committed to DYS had been screened using the SAVRY and had their SAVRY scores transmitted to DYS, and 92% of those youth scored as high risk. The percentage of young people scoring as high risk on the SAVRY, while significantly higher than the percentage of young people scored as high risk by DYS using the YLS/CMI, is at least partly a product of the fact that jurisdictions are now using the SAVRY to limit which youth are sent to DYS in the first place. Thus, one would expect that the youth referred for residential care would be those scoring as high risk in jurisdictions that are using the SAVRY.

Indeed, as more jurisdictions in Arkansas adopt the SAVRY, the state is likely to see fewer overall youth committed to DYS, with more of those youth who are committed to DYS scoring as higher risk. This is consistent with trends in other states that have reserved their residential placements for the limited number of youth determined to require that level of restriction.

Treatment and Service Needs

As part of this review, CCLP requested information on identified treatment needs of young people committed to DYS. The ability to obtain quantitative data on the treatment needs of young people committed to DYS was limited at the time of this review, particularly given the lack of the use of a standardized risk and needs assessment for all young people in the state. Increased adoption and use of the SAVRY should provide more detailed information about areas of concern for young people committed to DYS.

Notwithstanding these limitations, it is clear that a significant percentage of young people in placement arrive with significant mental health, substance abuse, and trauma histories, as well as significant educational deficits. Thus, residential programs must be designed with the ability to meet multiple service needs for young people in placement, notwithstanding the existence of specialized programs. However, as mentioned above, research and evidence from other states has demonstrated that most youth fare better when these services can be provided in the community.

¹⁰ See, e.g., Olver, M.E., et al., Risk Assessment with Young Offenders: A Meta-Analysis of Three Assessment Measures, 36(4) Criminal Justice and Behavior 329 (2009).

¹¹ See, e.g., Catchpole, R.H. & Gretton, H.M., The Predictive Validity of Risk Assessment with Violent Young Offenders: A 1-Year Examination of Criminal Outcomes, 30(6) Criminal Justice and Behavior 688 (2003).

B. Review of Existing Residential Services in Arkansas

As mentioned in the introduction, CCLP conducted on-site visits of contracted and DYS-operated residential hardware secure and staff secure programs, in addition to reviewing a variety of current and historical data and documentation. At the time of this report, DYS operated seven residential programs and contracted for the operation of one additional program. These programs totaled 321 beds, not all of which were available for placements at the time of this assessment due to renovations and staffing issues. However, the rated capacity for each facility is as follows.

Facility	Capacity	Gender
Arkansas Juvenile Assessment and Treatment Center*	120	Male and Female
Dermott Juvenile Correctional Facility*	40	Male
Dermott Juvenile Treatment Center*	32	Male
Harrisburg Juvenile Treatment Center	32	Male
Colt Juvenile Treatment Center	24	Male
Lewisville Juvenile Treatment Center	32	Male
Mansfield Juvenile Treatment Center*	24	Male
Mansfield Juvenile Treatment Center*	17	Female

*: Fenced facility

The time and resources that were available for this component of CCLP's review were necessarily limited. Nevertheless, CCLP believes that the on-site visits to each program and the qualitative and quantitative data review, coupled with CCLP's experience with residential services in many states throughout the country, provide a solid foundation for the observations outlined here. The summary below focuses on major themes that have the greatest implications for the state's plans for residential services moving forward, beginning with assets and strengths and then turning to areas of concern.

Identified Strengths and Assets

DYS currently operates some facilities that include more therapeutic, home-like settings than traditional large youth prisons. While there are significant challenges with each of the state's residential programs, DYS has recently transitioned two campuses to more modern facilities with small, cottage-style dormitories of 10 beds or less. These facilities, with an additional investment of training, staff, and services, could eventually provide a therapeutic environment for youth requiring the most intensive support and treatment.

DYS retains a significant degree of control over the length of time that youth spend in placement. Unlike some state agencies, DYS has significant flexibility to determine the appropriate length of stay for young people in residential facilities, as well as the level of restriction of a young person's placement (e.g., hardware secure, staff secure, community-based placement). Because the number of youth in out-of-home placement is a function of

two factors – the number of young people referred for placement and the length of time that young people stay in those placements – DYS has a significant degree of control over its residential population. Indeed, DYS was in the process of reviewing its guidelines for the amount of time youth spend in placement at the time of this review.

DYS has leveraged its relationship with DHS to expand access to mental health and behavioral health services for young people in residential placement. Young people’s access to mental health professionals and mental health services while in residential placement has been a long-standing concern among juvenile justice stakeholders. While there is a continued need for additional mental health services and supports, DHS and DYS have leveraged DHS’s contracts with the state’s Community Mental Health Centers to increase young people’s access to qualified mental health professionals.

Recent investments have been made to attempt to standardize youth’s educational experience, assist with credit recovery, and promote educational achievement. Within the last two years, DYS has entered into a new partnership with Virtual Arkansas, a collaboration between the Arkansas Department of Education and the Arkansas Education Service Cooperatives designed to provide blended online and in-person instruction to public school students. DYS is early in its transition to Virtual Arkansas as the primary education service provider for young people in placement, and there are implementation challenges and shortcomings of the model. However, improvements and supplemental supports may help Virtual Arkansas improve upon the previous educational experiences of young people in residential placement, which suffered from significant weaknesses and inconsistencies across facilities.

The state’s residential facilities have prohibited some abusive conditions and practices that exist in other state’s youth prisons. While there is a need for significant improvements to conditions in the state’s residential facilities, facilities have avoided employing some of the most dangerous and abusive practices that are found in other states’ youth facilities. These include the use of pepper spray and restraint chairs. Additionally, staff and young people are clothed in uniforms that reflect a casual, non-penal environment, as opposed to the prison-style jumpsuits employed in some other facilities. As stated above, there are other shortcomings and concerning practices that warrant immediate attention. Nevertheless, DYS does not have to devote time and energy toward eliminating some of the most dangerous and entrenched practices found in other facilities.

Areas of Concern

Significant investments have been made in residential placements without adequate quality assurance and performance measures. DYS devotes a significant amount of its limited funding to residential services: 46% of the agency’s \$60 million FY 2017 budget (\$27.45 million) went to operating or contracting for residential services for committed youth. However, there have been no clear and meaningful measures of the effectiveness of the state’s placement facilities – be it avoidance of future contact with the justice system, achievement of

treatment goals within a designated time frame, or educational re-engagement and achievement following release. This makes it impossible to evaluate the cost effectiveness of some of the most expensive interventions available for at-risk youth in Arkansas.

Performance measures for residential placements have focused primarily on outputs as opposed to outcomes. Residential placements should be focused on providing individualized interventions that meet the treatment and rehabilitation needs of the relatively small number of young people requiring that level of restriction. However, past performance measures for placement facilities have focused primarily on the existence of policies and procedures and compliance with process-based requirements as opposed to meaningful metrics of the quality and effectiveness of services and programming. While compliance with policies and procedures is important, the quality of the day-to-day experience of young people in placement will determine whether such programs have any lasting impact.

Inadequate resources are dedicated to oversight, monitoring, and support of DYS-operated and contracted programs. DYS has not had adequate capacity within the agency to conduct rigorous monitoring of residential program quality, let alone provide technical assistance to support programs in their efforts to improve policy and practice. This is true of providers who have operated the residential programs in the past, as well as the contractors responsible for providing medical, mental health, and educational services to young people in residential placement. Given the number of different contractors that are involved in each facility's operations, monitoring of program quality and coordination is a critical issue.

Youth are spending longer than necessary in out-of-home placements because of several identified and preventable delays, wasting limited and expensive placement resources. As mentioned in the Introduction, states have also begun to implement clear limits on the amount of time youth spend in residential placements, in line with research showing that longer lengths of stay (e.g., stays longer than six months) do not result in reduced recidivism.¹²

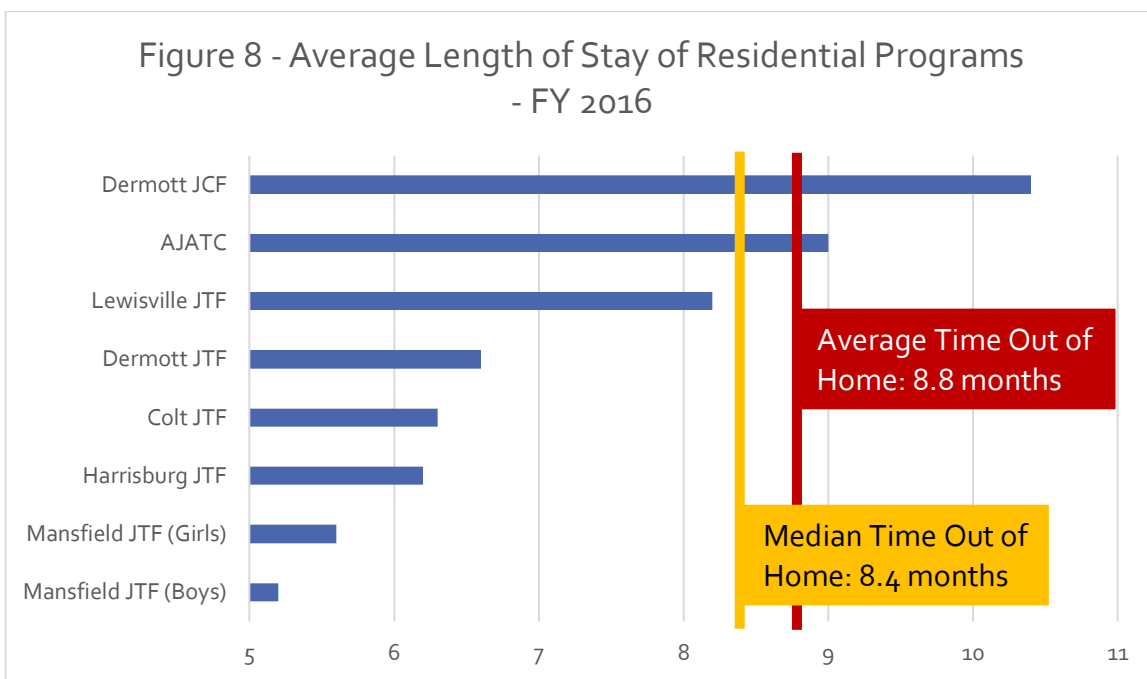
While recent data from DYS has suggested that average stays in residential placement for most facilities are between 6 and 7 months, these reported timeframes significantly undercount the total time that youth spend in DYS contracted or operated out-of-home placements for other reasons, let alone the costs associated with housing youth during that additional time. Some of these delays include:

- The time young people spend in county juvenile detention facilities waiting on bed space for DYS to conduct an intake and assessment process prior to assigning youth to placement.
- The time young people spend undergoing the intake and assessment process.
- The time youth spend in county juvenile detention facilities waiting on an available bed in a residential placement.

¹² The Pew Charitable Trusts, [Re-Examining Juvenile Incarceration](#) (April 2015).

- Time youth spend in “timeouts” in county juvenile detention facilities for disruptive behavior in their placement.
- Time youth spend in placement beyond their assigned length of stay for failure to demonstrate adequate progress on treatment goals.
- Time spent re-engaging with a new program if youth are removed from their original placement for disruptive behavior.

To illustrate the impact of the delays above, Figure 8 plots the reported average lengths of stay for each residential program during FY 2016. The red line represents the average length of stay of all youth who were released from placement in FY 2017, and the orange line represents the median length of stay of all youth released from placement in FY 2017. While the majority of placements reported lengths of stay of approximately 6.5 months or less, the actual amount of time that youth spent in out-of-home placements was, on average, 8.8 months when incorporating delays listed above. More than a third of youth (36%) stayed 10 months or longer, and the one-third of youth who stayed the longest were responsible for half of all bed days used during this time period.



These days of delay have significant consequences. In addition to removing young people from their families and communities longer than necessary, the delays are reducing the number of available treatment beds and increasing the cost of residential placement by requiring DYS to pay for each additional day youth are in placement beyond their recommended length of stay. These delays also create opportunities, as focused efforts aimed at reducing the causes of delays could significantly reduce the number of youth in out-of-home placement and the expense of those placements.

Placement decisions are made without assigning significant weight to the location of young people’s families and communities. In recent years, decisions about where to place young people among the state’s eight residential facilities have depended on three primary factors: (1) the youth’s charge, (2) the youth’s age, and (3) which facility had a bed available. Because of some of the delays outlined above, coupled with other factors, DYS has not been able to make proximity to a youth’s home a significant factor in its placement decisions. This has limited opportunities to partner with families in a young person’s treatment and aftercare, as well as opportunities to begin transitioning young people back to their communities while in placement.

The state’s residential programs lack a nationally-recognized evidence-based treatment model focused on helping young people achieve individualized treatment goals. Although DYS contracts for specialized services for young people with a variety of treatment needs, all but one of the state’s residential programs operate without any guiding treatment modality or approach across the facility. While young people do have access to case managers and mental health clinicians to assist with achievement of treatment goals, the facilities themselves do not have a program-wide approach that incorporates direct care staff in supporting young people’s progress toward their individualized treatment goals. Additionally, while DYS currently develops treatment plans for all young people committed to the agency, there was consensus among stakeholders that those initial treatment plans and the plans developed by each residential service provider frequently failed to reflect the individualized strengths and treatment needs of young people.

Residential programs have been allowed to eject youth for disruptive behavior – behavior that is likely to be a product of the challenges that led the young person into contact with the justice system in the first place. The quality of data available for this review were limited, but it appeared that there were at least 50 youth removed from a residential program for disruptive behavior during FY 2017. Although there were undoubtedly some situations that warranted a change in placement, there are states that significantly restrict removals because of the disruption to youth’s treatment and time those removals add to placement. Other states simply do not have other options available and find ways of working with disruptive youth, including the development of individualized behavior management plans and individualized safety plans.

Conditions of confinement warrant immediate attention. CCLP was aware of the history of problematic conditions in the state’s residential facilities prior to this review, including past litigation against some facilities and news reports of alleged abuses and troubling conditions at certain facilities. While a comprehensive review of conditions in each of the state’s residential programs was beyond the scope of this report, there are significant areas of concerns across facilities. For one, an underinvestment in maintenance and upgrades to existing facilities has led to significant problems with the physical plants at many facilities. Additionally, several facilities are designed on a dormitory-style living model akin to an adult prison as opposed to a treatment facility, which significantly limits the ability to create a therapeutic living environment for young people. Both of these issues would require significant financial

investments to address, particularly at certain facilities. This raises the question of whether such investments should be made in the first place as opposed to redirecting resources to a smaller number of facilities with stronger foundations to build upon. Other specific issues related to conditions include suicide prevention and intervention policies and procedures, access to adequate recreational space and non-educational programming, and use of room confinement.

C. Residential Service Models

As mentioned in the Introduction to this report, a growing national consensus has emerged regarding the benefits of alternatives to out-of-home placement and incarceration for young people in contact with the juvenile justice system. Jurisdictions have also begun to rethink traditional models for residential care. States have shifted away from large, geographically isolated facilities that are rooted in a correctional model – facilities are most commonly referred to as “training schools,” “youth development centers,” and “juvenile correctional facilities.”¹³ States have also begun to implement clear limits on the amount of time youth spend in residential placements, in line with research showing that longer lengths of stay do not result in reduced recidivism.¹⁴

Core Components of Effective Residential Services

Although there are differences among the residential programs that are often looked to as “model” programs in the youth justice field, there are 10 core features shared by those programs. These include:

- **Small facilities that allow for individualized treatment and meaningful interaction between young people and staff.** When moving away from large youth facilities, jurisdictions have opted for facilities with small overall capacities (e.g., 30 beds or fewer) and small housing units (e.g., 6-10 youth). These smaller facilities and units lend themselves to interactions that are more treatment-oriented and relationship-focused, which are necessary to help young people develop new skills.
- **Placements that are located in or close to a young person’s community.** Almost all young people who enter residential placement will return home. There, they will face most or all of the same challenges that existed prior to their placement. Thus, jurisdictions have focused on placing youth in programs within or near their communities and families so that youth can focus on maintaining and improving family relationships and transitioning to community-based services that will support them once they leave placement.
- **Facilities that resemble home-like, non-correctional environments.** Jurisdictions such as Missouri, Massachusetts, and New York have shifted toward placement facilities that have home-like environments that lend themselves to high expectations and a more therapeutic, developmentally appropriate environment. These programs focus on normalizing young people’s daily lives as much as possible. This approach recognizes that facilities are better served by teaching youth skills to apply in a typical day-to-day setting as opposed to focusing on youth’s ability to follow institutional rules

¹³ See note 4. See also Mulvey, E.P. & Schubert, C.A., [Smarter Use of Placement Can Improve Outcomes for Youth and Communities](#) (MacArthur Foundation 2014).

¹⁴ The Pew Charitable Trusts, [Re-Examining Juvenile Incarceration](#) (April 2015).

that have little applicability on the outside, such as walking in a single file line with hands behind one's back and raising hands before moving or speaking.

- **Implementation of evidence-informed program-wide practice models.** As mentioned above, jurisdictions have shifted away from the traditional correctional model of residential care, which focuses on compliance with basic facility rules and routines rooted in custody and control. Instead, agencies have adopted program models that emphasize a clear theory of behavior change, relationship building between youth and staff, creation of a culture and atmosphere of safety and support, and acknowledgment and rewarding of positive behavior and skill building at every opportunity. Common models include the Sanctuary Model, the Missouri Model, and Positive Youth Development.
- **Programs that emphasize educational engagement and achievement.** One of the strongest protective factors against future justice system involvement is educational achievement. Thus, programs have focused on providing a high-quality educational experience for young people through general and special education services that address educational deficits and ensure that youth make meaningful progress toward a diploma or equivalent while in placement.
- **Emphasis on family engagement and permanency.** As mentioned above, model programs seek to place youth in or close to their home communities, recognizing the importance of family member involvement in treatment planning, day-to-day programming, and preparation for discharge and aftercare. These programs do not rely solely on family member visitation or pre-scheduled and relatively infrequent "family days" as the primary opportunity for communication and collaboration with family members.
- **Development of individualized treatment plans with specific and measurable goals and regular assessment and acknowledgment of progress toward those goals.** From the moment a young person enters placement, he or she should have a clear understanding of the goals of his or her time in placement and the measures of progress for each of those goals. Model programs do not operate on fixed lengths of stay, and officials make discharge determinations through regular assessments and recognition of a young person's progress toward his or her individual treatment goals.
- **Behavior management systems that incentivize positive behaviors and progress toward treatment goals, as opposed to punishing failure.** By moving away from a correctional model, programs have been able to capitalize on the power of incentives and rewards as motivators for progress and skill-building behavior.
- **Training and recruitment of staff who are skilled in de-escalating and managing difficult situations without the use of force or ejection of youth from a program.**

Jurisdictions have recognized that many young people in placement are there because they have faced challenges in managing their behavior. Programs commit to training staff on de-escalation, crisis intervention, and behavior management strategies that are focused on working with adolescents with behavioral, mental health, and trauma histories. Programs focus on implementing individualized Behavior Intervention Plans for youth who engage in chronic rule-breaking or disruptive behavior in lieu of ejecting youth from programs or extending placement (with the exception of youth who engage in serious safety issues – e.g., behavior that would constitute a felony crime).

- **Engagement of youth in an array of pro-social, skill-building, and developmentally appropriate programming outside of school hours.** Traditional juvenile correctional facilities generally offer little structured programming beyond school and physical recreation, with young people spending many hours watching television or playing cards. Model residential programs offer an array of engaging programming that is geared toward helping young people develop new skills, explore new areas of talent and interest, and return to their communities with new opportunities to connect with supportive adults.

Model State Residential Service Systems and Outcomes

Officials often seek examples of best practices from other jurisdictions when considering improvements to their youth justice systems. Understandably, officials are looking for examples from other jurisdictions that are similarly situated to their own in terms of resources, budget, and political landscape.

When considering model residential service delivery systems, a perfect apples-to-apples comparison is not always possible, particularly given the variability in systems from state to state and the poor track record that many states have with conditions in and outcomes from their residential programs. Nevertheless, there are lessons to be learned from jurisdictions that have achieved significantly better outcomes for young people by rethinking their approach to residential placement. Two jurisdictions with experiences that hold parallels for Arkansas include Missouri and Virginia.

Missouri

Missouri closed its two “training schools” in the 1980s and in the 1990s developed a continuum of small, intensive programs, none with more than 40 beds, situated regionally in the state so that youth were always within driving distance of their families.¹⁵ Some of the programs are located in state parks and on college campuses. The “Missouri Model” features individualized treatment plans, highly-trained staff, and an emphasis on preparing youth for re-entry to the community from the very first day of placement.

¹⁵ Richard A. Mendel, *The Missouri Model: Reinventing the Practice of Rehabilitating Youthful Offenders*, (Annie E. Casey Foundation, 2010).

By 2008, 85% of youth in state placements were involved in school, college, or employment at the time of their discharge from placement.¹⁶ The Missouri Model is the most widely recognized and respected models for juvenile justice placement facilities because of its focus on preparing young people to succeed upon return to their homes, families, and communities. It is also nationally recognized because it boasts one of the lowest – if not the lowest – rates of reoffending. Just 8.5% of youth released from Missouri’s facilities were sentenced to adult prison within three years of release from residential confinement in 2005, a rate that is often three times greater or more in other states.¹⁷ This rate has fallen to just 6.6% in recent years.¹⁸

Virginia

Virginia has undertaken work to transform its residential services system through a sequenced, multifaceted approach. At the front end of the youth justice system, the state has made numerous changes to detention policies, procedures, and training. This work helped to cut the state’s detention population by 20 percent in just two years.¹⁹

Virginia’s Department of Juvenile Justice has also invested in alternatives to placement for committed youth, in addition to focusing on significantly reducing length of stay through the use of step-down programs and increased efficiencies in case processing. This work has helped to reduce the number of youth in state facilities by 40%. Virginia’s Secretary of Public Safety, Brian Moran, has emphasized the importance of focusing on reducing length of stay as a component of the state’s reform work, noting that “the longer they stay, the more we spend on them, the worse they are when they get out.”²⁰

Virginia has reinvested savings from the reduction in the number of incarcerated youth and the closure of all but one remaining state juvenile justice facility into a wider array of alternative residential and nonresidential services. These programs are located in communities around the state, enabling young people to be located closer to home while receiving the kinds of assistance that will help them get back on track. For youth who remain in custody, the state has developed the “Community Treatment Model (CTM),” adapted from the Missouri Model, which the state worked to implement one living unit at a time to improve the capacity of residential programs to provide meaningful rehabilitative services.²¹

¹⁶ *Id.*

¹⁷ *Id.* at 6-9.

¹⁸ Patrick McCarthy, Vincent Schiraldi and Miriam Shark, [The Future of Youth Justice: A Community-Based Alternative to the Youth Prison Model](#), National Institute of Justice and Harvard Kennedy School of Government Executive Session on Community Corrections, October 2016. See also Virginia Department of Juvenile Justice, [Director’s Message: Transformation Progress Report 8-13-18](#) (2018).

¹⁹ *Id.*

²⁰ *Id.*

²¹ *Id.*

Residential Program Oversight and Accountability

State and local jurisdictions that operate high-quality residential programs have implemented strong quality assurance and oversight mechanisms. These oversight mechanisms have included internal and external accountability and support strategies, which are outlined below.

Internal Oversight

On-Site Monitoring and Support. Many jurisdictions with high quality residential programs rely on a team of officials to visit and review facilities and residential programs regularly, particularly when services are contracted out to private providers. For example, as part of New York City's Close to Home initiative, the city's Administration for Children's Services (ACS) developed the Office of Planning, Policy, and Performance (OPPP) to help oversee and monitor conditions and practices in 30 contract placement facilities. OPPP staff conducted a total of 348 monitoring and support site visits across program sites during 2016. A regular on-site presence, coupled with staff who are knowledgeable about best practices in residential care, can help identify and troubleshoot problems before they escalate, as well as provide support and guidance to programs in areas in which they are struggling.

Quality Assurance Standards. Any well-run facility requires policies and procedures related to life, health, safety, and operational issues. However, these policies frequently fail to capture the necessary components of a high-quality therapeutic program. To fill this gap, agencies have developed quality assurance and programming standards that are designed to capture how individualized, strength-based, and family-focused programming should manifest itself in a facility's day-to-day operations. For example, as part of Close to Home, ACS developed comprehensive quality assurance standards for its non-secure²² and limited secure²³ placement facilities. These standards, which are publicly available, are used for monitoring by ACS staff and contract monitoring with the agency's providers.

Centralized Training Academies. Several state juvenile justice agencies operate training academies that offer a core set of training and skill-building opportunities for staff and contractors operating residential placements. Officials running these academies focus on bringing in the most-up-to date and relevant material for new and current staff, which helps to standardize the level and standards of practice across a variety of programs. For example, the Massachusetts Department of Youth Services delivers high-quality training through a professionalized academy across an array of state-operated and contract residential programs.

²² Juvenile Justice Non-Secure Placements Quality Assurance Standards (2012)
https://www1.nyc.gov/assets/acs/pdf/close_to_home/Appendix_F_NSP_Quality_Assurance_Standards.pdf.

²³ Juvenile Justice Limited Secure Placements Quality Assurance Standards (2012),
https://www1.nyc.gov/assets/acs/pdf/partners/JJProviders/CloseToHome/QA_2015.pdf.

External Oversight

National Professional Networks. Many state juvenile justice agencies and their residential facilities participate in the nationally recognized Performance-based Standards (PbS) program,²⁴ which requires regular collection and reporting of data on key indicators of facility operations, youth perceptions of safety and support while in placement, and family member satisfaction with services. Participation in PbS allows agencies and facilities to compare their performance to benchmarks established by other placement facilities around the country, providing an additional measure of accountability. PbS provides ongoing feedback to facilities across a broad range of indicators, in addition to professional networking opportunities with counterparts in other states, an assigned “coach” for each facility, and other training and technical assistance resources. PbS differs from single point-in-time audit processes that rely heavily on the existence of policies and procedures as opposed to real-time performance measures.

Independent Monitoring. Many jurisdictions have independent monitoring entities that have the authority to assess and report on conditions in residential placement. These independent monitoring mechanisms include independent ombudsmen, state juvenile justice monitoring units, cabinet-level child advocate offices, and public defenders based inside juvenile facilities. CCLP has published additional information about some of the most effective monitoring entities, including their common characteristics.²⁵

²⁴ Council of Juvenile Correctional Administrators, <http://cjca.net/index.php/initiatives/performance-based-standards-pbs>.

²⁵ See Center for Children’s Law and Policy, [Fact Sheet: Independent Monitoring Systems for Juvenile Facilities](#) (2010).

D. Future Options for Residential Services in Arkansas

DYS devotes a significant portion of its resources to residential services. In fiscal year 2017, 46% of the agency's \$60 million budget (\$27.45 million) went to operating or contracting for the 8 current secure residential placements for committed youth – a percentage that has remained relatively stable in previous years.

As mentioned throughout this report, well-established research and the experience of states throughout the country have shown that for most youth, evidence-based and evidence-informed community-based services are more cost-effective and achieve better and more long-lasting results than out-of-home placements. This is a large part of why so many juvenile justice systems have made significant and deep reductions in their use of residential placements.

Jurisdictions that have been the most successful in safely reducing reliance upon residential placement have focused on identifying and supporting alternatives to placement at the same time as they reduced out-of-home placement capacity. While Arkansas will not become a model system overnight, this is the right time to begin to shift that balance.

The primary focus of this review was to help DHS plan for the best use of residential facilities as the state moves forward with other components of youth justice system improvement efforts. Thus, this final section of the report outlines short-term (12-24 months) and medium-term (2-5 years) options for DHS and its partner agencies and stakeholders in three primary areas: (1) planning for needed residential capacity; (2) residential program operations, and (3) oversight and support of residential programs.

To be sure, some of the options below would require identification or investment of additional resources. However, many of the options can be implemented through a combination of leadership, stakeholder buy-in, and a reallocation or reinvestment of existing resources.

Planning for Needed Residential Capacity

Twelve to Twenty-Four Months

1. **Refocus investments on a smaller number of facilities that hold the greatest potential to achieve a meaningful rehabilitative environment based on geography, past practices, and physical plant conditions.** The state has seen a decline in young people committed to residential placement in the last several fiscal years – a decline that is likely to continue given the increasing adoption of youth justice system improvement efforts throughout the state, such as the use of validated risk and needs assessments. By reducing delays in placement and the length of stay of youth in out-of-home placement, the state is poised to support a smaller number of facilities with a more robust program model. In the same vein, the state should avoid investing

significant resources in facilities that require large capital investments, as well as facilities that have demonstrated chronic problems in attempting to achieve a safe, therapeutic, and rehabilitative environment.

2. **Eliminate delays in the residential placement system, which are consuming expensive and scarce resources.** As mentioned earlier in this report, youth are spending longer than necessary in out-of-home placements because of several identified and preventable delays. By eliminating delays in the placement process and implementing stronger controls on lengths of stay of youth in placements, DYS can immediately free up bed space to allow for downsizing and increase DYS's ability to place youth in facilities close to their families and communities.
3. **Formalize limits on length of stay in residential placement.** After reducing delays in the placement process and implementing internal controls on assigned length of stay, DYS should work with other state stakeholders to formalize timeframes and limits in state statute and agency policy.
4. **Include flexibility in any future contracts to allow for potential reallocation of resources with changes in the committed youth population over time.** This includes the flexibility to respond to a continued decline in commitments as jurisdictions throughout the state adopt youth justice system improvement strategies, such as the Annie E. Casey Foundation's Juvenile Detention Alternatives Initiative and the implementation of validated risk and needs assessments.
5. **Structure procurements for staff-secure facilities to capitalize upon the potential to receive federal Social Services Block Grant funding.** Additional planning and coordination with residential service providers could bring additional resources for enriched staffing and implementation of evidence-based and evidence-informed treatment modalities, both of which could help achieve better youth and public safety outcomes.

Two to Five Years

1. **Make geography a significant priority when considering where to place young people in order to facilitate involvement of family members in youth's treatment goals and transitions to aftercare.** By reducing delays and length of stay of youth in placement, DYS should be able to increase its ability to place youth in the facilities that are closest to their communities and families. This will allow for more meaningful family involvement in treatment and aftercare planning, and it would allow for the possibility of phased transitions home through the use of home passes and other supervised time in the community.
2. **Secure federal funding to strengthen the ability of programs to provide individualized, evidence-based, and evidence-informed programming.** Consistent

with the proposed short-term goal above, capitalize upon available Social Services Block Grant funding to enhance services for youth in out-of-home care by building the infrastructure to secure and support eligibility for such funding.

Residential Program Operations

Twelve to Twenty-Four Months

- 1. Adopt clear outcome-based performance measures for residential programs.** Historically, the state's residential facilities have been assessed primarily using process-based metrics. DYS should focus on requiring providers to demonstrate measurable and specific youth outcomes and achieve performance indicators that are linked to the quality of services provided. DYS can and should expect this of its contracted providers, particularly given that separate contracts now cover educational, medical, and mental health services.
- 2. Require and support implementation of an evidence-based or evidence-informed program-wide treatment model within each facility.** DYS should identify, adopt, and require training on evidence-based and evidence-informed residential treatment models approved by DYS (e.g., Sanctuary Model, Missouri Model).
- 3. Require specific performance measures regarding collaboration with DYS and other contracted service providers in medical care, mental health care, education, and aftercare.** As mentioned above, DYS currently contracts for many of the services offered in its residential programs. Coordination among these service providers is essential, particularly if residential service providers will be responsible for the overall day-to-day supervision and support of young people. DYS should consider adopting requirements that would promote smooth and effective coordination among these entities, such as bi-weekly program team meetings to be coordinated by residential service providers.
- 4. Require providers to coordinate monthly treatment team meetings for individual youth, in collaboration with youth, family members, mental health providers, education staff, and DYS to ensure youth are progressing toward treatment goals.** DYS should also include quarterly performance measures that include the percentage of youth achieving treatment goals as scheduled and the percentage of youth discharged according to assigned length of stay.
- 5. Establish a clear and strong presumption of youth remaining in placement.** DYS should include and enforce clear "no reject, no eject" provisions in procurements and in its own programs. DYS should also incentivize retention of youth in programs absent a serious safety issue, with clear definitions of what constitutes a serious safety issue (e.g., a youth engaging in behavior that would constitute a felony crime).

6. **Require training of case managers in evidence-based and evidence-informed therapeutic interventions.** Programs should ensure that on-site mental health professionals have the skill set to work with young people individually and in group settings using treatment approaches that have a track of achieving results. Such approaches include Cognitive-Behavioral Therapy, Dialectical Behavioral Therapy, and the [TARGET Program](#) on trauma. DYS could coordinate training on these topics among various facility staff to create efficiencies in bringing new training resources to the state.
7. **Identify a portion of savings from reduced out-of-home placement costs to improve the quality of remaining residential programs.** While most savings from reductions in the use of residential care would be best served by investing in effective community-based services, DYS should identify resources that are needed to achieve quality programming for its remaining facilities.

Two to Five Years

1. **Make needed upgrades to facilities slated for use as residential programs.** As mentioned above, DYS should not invest substantial resources in repurposing or retrofitting facilities that it will not need in coming years, nor should it invest significant funding in facilities that are far from achieving a rehabilitative or therapeutic environment. DYS should, however, ensure that programs offer living environments more conducive to rehabilitation and treatment by focusing on improvements to living, classroom, recreation, and other spaces.
2. **Modify physical plants of remaining residential programs to allow for more developmentally appropriate and treatment-oriented programming.** Following any initial downsizing, DYS should make upgrades to facilities that it plans to keep by incorporating smaller cottage-style living units, spaces for developmentally-appropriate activities, and flexible areas that will allow for future alternative uses of placements (e.g., step-down, transitional independent living, substance abuse treatment, etc.).

Oversight and Support of Residential Programs

Twelve to Twenty-Four Months

1. **Devote additional resources and technical assistance to monitoring the quality and consistency of services provided to youth in residential placement.** As described above, DYS has not had adequate capacity within the agency to conduct rigorous monitoring of residential program quality, let alone provide the technical assistance to support programs in changing policy and practice. DYS should identify and recruit

additional individuals with skills in assessing and improving program quality in residential programs for youth. This is a necessary step even if DYS chooses to contract for operation of all or most of its residential placements.

2. **Adopt policies that establish common protocols across critical issues related to life, health, and safety that all residential service providers can use as a baseline to establish facility-specific procedures.** Policies should, at a minimum, include use of force and restraints, room confinement, youth and family member rights, grievances and mandatory reporting, suicide prevention and intervention, fire safety, emergency planning and evacuation protocols, and identification of and response to medical and mental health concerns.
3. **Require implementation of a new de-escalation, crisis intervention, behavior management, and use of force curriculum that is focused on working with adolescents and that spends the bulk of teaching time on de-escalation techniques.** DYS should consider training a core group of trainers to deliver the curriculum across programs or require programs to implement one of a number of DYS-approved curricula (e.g., Safe Crisis Management).
4. **Require the implementation of a structured behavior management system for youth.** Residential programs should focus on incentivizing positive youth behavior and progress toward treatment goals using research-based approaches to skill building and behavior change (e.g., [Positive Behavior Interventions and Supports](#)). Implementation of these systems will help promote shorter lengths of stay and reduce the number of youth removed from placement for behavioral reasons.
5. **Develop quality assurance standards to align with performance measures for residential programs.** Review examples from jurisdictions with strong residential program oversight to develop meaningful and comprehensive standards that are aligned with components of effective residential care.
6. **Build capacity within existing DHS monitoring and oversight components to assess and help remedy life, health, safety, and operations issues.** Doing so will build upon efficiencies within DHS and allow DYS oversight to focus more on the quality of services being provided.

Two to Five Years

1. **Connect residential facilities to national professional networks.** Associations such as the Council of Juvenile Correctional Administrators' Performance-based Standards (PbS) program require regular reporting of data on key indicators of facility operations. Participation in PbS allows agencies and facilities to compare their performance to benchmarks established by other placement facilities around the country. PbS also offers training and technical assistance resources to participating facilities.

2. **Evaluate outcomes from residential programs to identify impacts upon youth, families, and public safety.** By identifying performance measures and beginning to collect them as soon as possible, DYS will be better able to plan future investments in programs and evaluate the cost-effectiveness of the full array of services offered. Outcome measures should go beyond simple measures of recidivism to capture other measures of positive youth development and well-being.

3. **Develop centralized training capacity for areas of shared need among residential programs.** The development of a training academy or shared training resources will increase consistency in practices across critical areas of residential programming, including crisis intervention, de-escalation, use of force, and implementation of effective behavior management programs.