SOUTH DAKOTA DEPARTMENT OF SOCIAL SERVICES

DIVISION OF BEHAVIORAL HEALTH

CJI-JJRI Overview- Tribal Consultation Meeting

7/14/16

CJI AND JJRI

- **Criminal Justice Initiative (CJI)-** As a result of the recommendations made by the SD Criminal Justice Initiative Workgroup, Senate Bill 70, known as the SD Public Safety Act was introduced to the 2013 SD Legislative Session. This bill was signed into law by Governor Daugaard on February 7, 2013.
- **Juvenile Justice Reinvestment Initiative-** Launched in 2014 by Governor Daugaard, Chief Justice Gilbertson, President Pro Tempore Brown, and Speaker Gosh, the bill, known as SB 73 was introduced to the 2014 SD Legislative Session and signed into law on March 12, 2015.

REQUIREMENTS RELATED TO DSS

- Both CJI and JJRI included statutory reform that supports limiting incarceration and out of home placement and emphasize the utilization of evidenced based community interventions that target the individuals criminal risk and need factors.

- Both included the requirement that the evidenced based interventions be quality controlled and monitored to ensure fidelity to the models.

- Both include Oversight Councils that are comprised of various representatives as outlined in the statutes responsible for monitoring and reporting performance and outcome measures related to the initiatives.

CRIMINAL JUSTICE INITIATIVE (CJI)

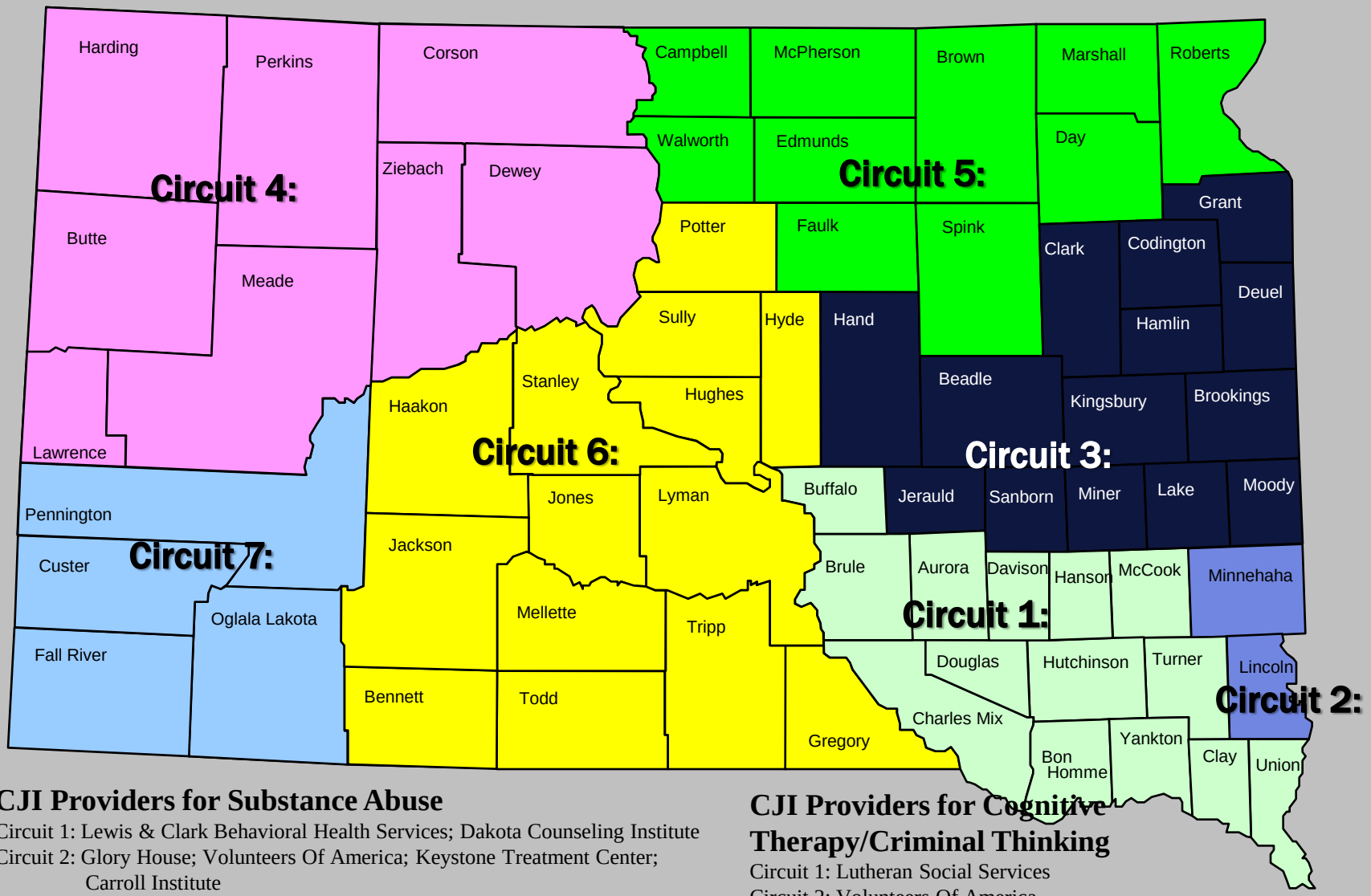
Division of Behavioral Health

COGNITIVE BEHAVIORAL INTERVENTIONS FOR SUBSTANCE ABUSE (CBISA)

- Cognitive Behavioral Interventions for Substance Abuse (CBISA) is a cognitive behavioral approach to teach participants skills and strategies for avoiding substance abuse.
- The program places heavy emphasis on skill-building activities to assist with cognitive, social, emotional, and coping skills development.
- Contract with 15 agencies statewide to provide this service.
- Also available statewide via tele based service.
- FY 16- CBISA- 1425

MORAL RECONATION THERAPY

- Moral Reconation Therapy (MRT) is a cognitive-behavioral program that combines education, group and individual counseling, and structured exercises designed to assist participants in addressing negative thought and behavior patterns.
- The program promotes higher moral reasoning by increasing self-image and promoting a positive productive identity.
- Contract with 5 agencies to provide services statewide.
- Also available statewide via tele based service.
- FY 16- MRT- 704



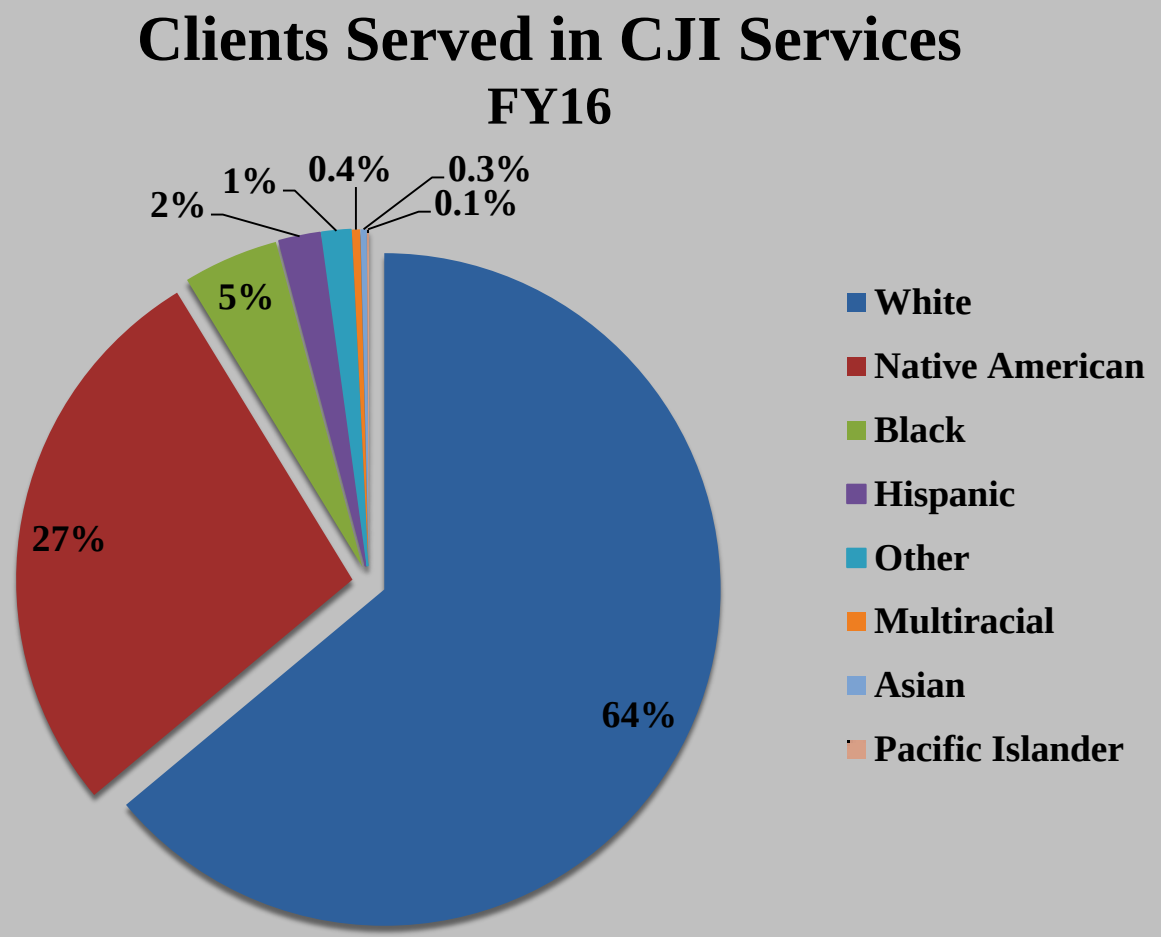
CJI Providers for Substance Abuse

Circuit 1: Lewis & Clark Behavioral Health Services; Dakota Counseling Institute
Circuit 2: Glory House; Volunteers Of America; Keystone Treatment Center; Carroll Institute
Circuit 3: Community Counseling Services; Human Services Agency; Lutheran Social Services
Circuit 4: Compass Point
Circuit 5: Avera St. Luke's
Circuit 6: Capital Area Counseling; Martin Addiction
Circuit 7: City/County Alcohol & Drug Program; Addiction Recovery Center; Compass Point

CJI Providers for Cognitive Therapy/Criminal Thinking

Circuit 1: Lutheran Social Services
Circuit 2: Volunteers Of America
Circuit 3: Lutheran Social Services
Circuit 4: Compass Point
Circuit 5: VOA
Circuit 6: VOA; Martin Addiction
Circuit 7: City/County Alcohol & Drug Program; Addiction Recovery Center

DEMOGRAPHIC DATA OF CJI



CRIMINAL JUSTICE INITIATIVE

Measuring Program Effectiveness & Outcomes – Quality Assurance/Fidelity Monitoring

- Conducted by DSS staff
  - The University of Cincinnati and Correctional Counseling trained DSS staff to provide quality assurance and fidelity monitoring
  - DSS staff conduct observations of facilitators as they conduct substance abuse and criminal thinking programming
  - Initial feedback provided to the facilitator and clinical supervisor
  - Areas of success are highlight and areas of improvement are identified

CJI CBISA QUALITY ASSURANCE GROUP OBSERVATION RESULTS

- FY15 Overall Statewide Average: 1.65 out of 2
- FY16 Overall Statewide Average: 1.75 out of 2
- Highest Individual Score: 1.96
- Total QA's completed: 49
- Total Staff QA'd: 43
- If a QA falls below the identified score range, consultation and coaching is provided along with follow-up QA's until clinician is able to deliver the model with fidelity

CJI MRT GROUP OBSERVATION RESULTS

- FY15 Overall Statewide Average: 74%
- FY16 Overall Statewide Average 84%
- Highest Individual Score: 100%
- Total QA's completed: 17
- Total Staff: 16
- If a QA falls below the identified score range, consultation and coaching is provided along with follow-up QA's until clinician is able to deliver the model with fidelity

CRIMINAL JUSTICE INITIATIVE

Measuring Program Effectiveness & Outcomes – Client Evaluation

- Client evaluation taken prior to the program and upon completion of the program
  - 94% of clients who completed substance abuse services rated it as positive
  - 96% of clients who completed criminal thinking services rated it as positive

SUCCESS STORY #1

When I was struggling with my addictions, sobriety seemed impossible, but my recovery was within reach, no matter how hopeless my situation seemed at the time. Change was possible for me with CBISA and the right support from family, friends, my parole officer and counselor. During CBISA, I addressed the cause of my addictions and set myself free.

My addiction was not just drugs and alcohol; I also suffered from an eating disorder, and I was addicted to exercising, unhealthy relationships, money, shopping, breaking rules, the list goes on. Change was not easy, and committing to my sobriety involved changing many things, including stress management, relationships, coping skills, and how I see myself.

During, and after the CBISA program, I have accomplished many things, including establishing healthy relationships and boundaries, completing parole, obtaining employment, and starting college to become a chemical dependency counselor. I have full custody of my three youngest daughters, and I have made great progress in getting my older daughter back as well. This journey has not been easy, but the end results are worth all the time and hard work I have put into my recovery. Thanks to the skills I have obtained in this program, I have maintained my sobriety, and I have been given the opportunity to co-lead the CBISA Aftercare group to give back what has been given to me.

SUCCESS STORY #2

I started off my addiction at the age of 13 with nicotine. Sneaking cigs out of my friend's mom's pack and sneaking into the bathroom to smoke them. Shortly after, I took my fist hit of weed with my older sister. After that I would regularly smoke weed for the next four years. I also drank on the weekends and partied a lot with my friends. When I turned 18 was when the hard drugs came into play. At first, I lived in Sioux Falls next to this guy that had an opiate problem and at the time I just graduated from high school, and for certain reasons I was very sad and I was looking for an escape so I went over and snorted some 5 mg oxy's. No harm, right? That's what I thought. But I continued to go over there, at first a couple of times a week and then turned into every day. I would snort oxy, pop Xanax, and any other pill that would take me out of my element, even if it was just for a little while.

SUCCESS STORY CONTINUED

I didn't see anything wrong with it. Until one day, all of the sudden, there were needles and Dilaudid (hospital heroin) and I was told the only way I can do it is if I shoot it up. And didn't want to at first, till the next day when they wanted me to give my pill away. Then I did it. I just remember feeling so good that I didn't ever want to come down. That day was the day that drugs officially took over my life. I did opiates for about a year until I just couldn't handle the come down anymore. I quit everything for a month. Then I went back to this guy's house and he had something different for me. He had meth.

I shot it that day and instantly knew I wasn't going to stop. And I didn't. Not until after I literally lost everything, and everyone around me caught charges and my only escape was jail or death.

A year later I got accepted into Drug Court. At that point, my only outlook on life was drugs; I thought my future was only good enough for drugs. I couldn't even imagine my life without them. I kept relapsing, every group I went to I couldn't take seriously.

Then after my relapse on September 22, 2014, I tried a group at a different facility, and it wasn't helping.

SUCCESS STORY CONTINUED

So, my PO told me I would be doing a group that I've never heard of called, CBISA; a 20 week program. I was like, "20 weeks!" Holy! I will never make it! But as I started the program, I realized they weren't telling me about drugs and the effects of drugs, and stuff I've heard so many times; it was more of a changing your thinking type program. And changing how I dealt with things and processed things was just what I needed. It has changed almost every negative in my life into a positive, or helped in some way. I could never keep a job before, no matter how much I wanted to. I've been working at the same place for over a year now, and it actually is something I want to go to school for now. Instead of thinking, I just need to get high when a stupid situation comes up, I've retrained my mind to do replacement thinking, so getting high doesn't even cross my mind. I'm in a way better spot/place then I ever was before, and I actually have hope and a plan for my future.

JUVENILE JUSTICE REINVESTMENT INITIATIVE (JJRI)

Division of Behavioral Health

ROLE OF DSS BEHAVIORAL HEALTH

- Per SB 73, DSS was tasked with:
  - The Department of Social Services may provide for and implement treatment for juvenile system involved youth.
  - The Department in coordination with the Department of Corrections and Unified Judicial System shall identify community-based treatment to be made available to juveniles with justice system involvement based on the needs of the youth.
  - Any treatment identified for implementation shall be quality assured and shown through research or documented evidence to reduce recidivism and other juvenile risk factors.
  - In cooperation with the DOC and UJS, the DSS shall establish a juvenile treatment referral process incorporating a risk and needs assessment tools for use by UJS and DOC and supplemental mental health and substance abuse screening tools.

SB 73 DEFINITIONS RELATED TO SERVICES

- Quality assured- monitored to determine the extent to which individuals delivering treatment to juveniles are administering that treatment consistently and as designed;
- Risk-factors- characteristics and behaviors that, when addressed or changed, affect a child's risk for committing delinquent acts. The term includes prior and current offense history, antisocial behavior, antisocial personality, attitude and thinking about delinquent activity, family dysfunction, low levels of education or engagement in school, poor use of leisure time and recreation, and substance abuse;
- Treatment-when used in a juvenile justice context, targeted interventions that utilize evidenced-based practices to focus on juvenile risk factors, to improve mental health, and to reduce the likelihood of delinquent behavior

PROCESS/TIMELINE

- Over the summer of 2015, DSS staff met regularly with UJS and DOC staff to determine the screening tools, referral process and evidenced based interventions to be implemented.
- This group also met with stakeholders such as community agency directors, school district representatives, residential care representatives, and county representatives to ensure feedback was obtained from all levels.
- Consensus was Functional Family Therapy would be the primary intervention.

FUNCTIONAL FAMILY THERAPY

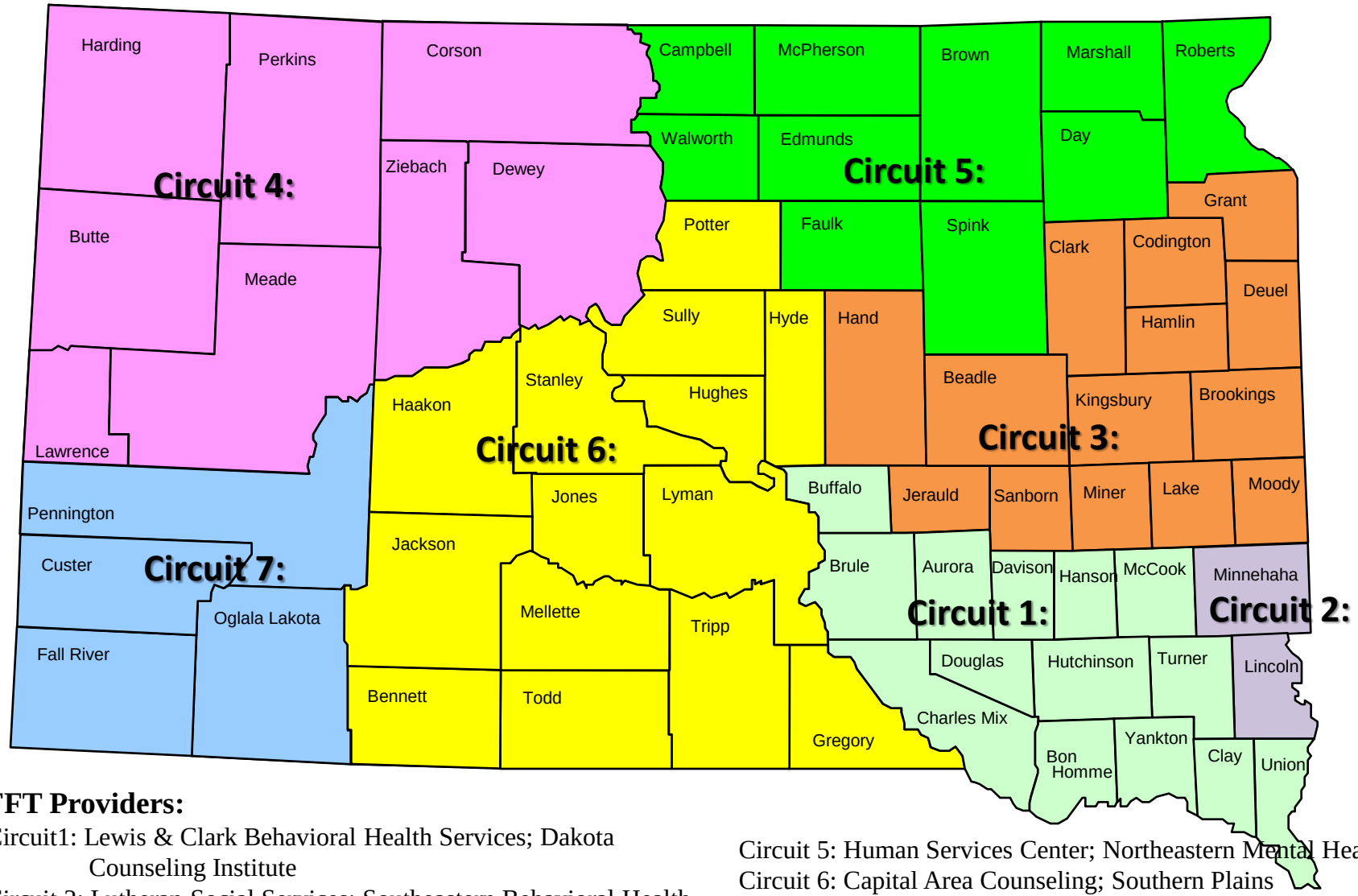
- FFT is an intensive treatment program that targets externalizing behaviors ranging from mild to severe including substance use, family problems, and acting out behavior.
- FFT is generally 4-6 months in length.
- FFT is based on the theory that families may develop patterns of relating and getting their relational needs met that promote and maintain the problem behavior.
- Treatment involves changing the patterns of how family members communicate, problem solve, and get their needs met.
- FFT does not work individually with the client but rather the entire family unit.
- FFT sites must have 3-8 clinicians participate in a year long training to become a certified FFT site. In addition, the second year involves intensive training of the site supervisor.

FFT TRAINING

- Functional Family Therapy Site Certification is a 3-phase process.
  - Phase 1- Clinical Training- 12-18 months- the clinical team is trained and maintain weekly consultation calls with their FFT national consultant.
  - Phase 2- Supervision Training- Approximately 1 year- on-site supervisor is identified and completes additional training to take over the clinical supervision of the site's FFT team.
  - Phase 3- On-going partnership with FFT, LLC- FFT,LLC continues to provide on-going support and reviews outcome data to ensure site is maintaining fidelity of the FFT model.
- Individual therapists are not certified, but rather a site with 3-8 trained FFT therapists is certified as an FFT site.

FFT PROVIDERS

- An RFP was issued in August of 2015 with providers awarded in December of 2015.
- 11 agencies were selected to provide FFT statewide.
- Teams were trained in January/February of 2016 and services began as soon as the teams were trained.



FFT Providers:

Circuit1: Lewis & Clark Behavioral Health Services; Dakota Counseling Institute

Circuit 2: Lutheran Social Services; Southeastern Behavioral Health

Circuit 3: Community Counseling Services; East Central Behavioral Health ; Lutheran Social Services

Circuit 4: Behavior Management System

Circuit 5: Human Services Center; Northeastern Mental Health

Circuit 6: Capital Area Counseling; Southern Plains

Circuit 7: Behavior Management System; Lutheran Social Services

QUALITY ASSURANCE/OUTCOME MEASURES

- Functional Family Therapy services incorporate fidelity monitoring and outcome measures to ensure adherence to the model and provide program data.
- FFT, LLC remains involved with the training and fidelity for the first two years and then once a site has a trained on-site supervisor the monitoring continues but on-site supervision is done by the site.
- FFT,LLC monitors fidelity of the service through a Case Service System and sets benchmarks for teams to ensure fidelity. On a quarterly basis these outcomes are reviewed with the teams and plans of action are created if there areas that require improvement.

REFERRAL PROCESS

- CSO/JCA completes YLS
- If youth is moderate/high on YLS, GAIN-SS is completed along with program referral form
- Referral form sent to DSS-BH
- DSS-BH reviews and forwards to the service provider in the appropriate area
- In addition, youth who are at risk of juvenile justice involvement can be identified and referred for potential FFT services

SCREENING TOOLS

- Youth Level Service Inventory (YLS)
  - 8 Subscales
- Gain Short Screen
  - 4 Subscales
    - Substance Abuse
    - Crime and Violence Screen
    - Internalized Disorder
    - Externalizing Disorder

GAIN SHORT SCREEN

- 5-10 minute instrument designed to quickly screen for possible internalizing or externalizing psychiatric disorders, substance use disorders, or crime and violence problems.
- A result of moderate to high problem severity in any single area or overall suggests the need for further assessment or referral for services.
- Screening items measure for problem recency (the most recent or last time the participant experienced a particular problem) and can be calculated for past month, past 90 day, past 12 month, and lifetime.
- Designed for non-clinical staff to administer with training
- Can be used on adolescents as young as 12; however younger adolescents will need additional explanation of questions being asked.

YLS/CMI 2.0 YLSI-R

- An actuarial risk assessment tool-measures both static and dynamic risk factors, which are predictive of future delinquent behavior.
- Most widely used assessment tool in juvenile justice (used by UJS & DOC in SD, normed/validated on our population).
- Translates to development of supervision case plans and referrals to JJRI services.
- Youth scoring Mod/High in Family Circumstances/Parenting domain will be considered for referral to FFT services.

REFERRALS

Total Referrals by Circuit Court of Adjudication
1/1/2016 to 6/30/16

Circuit Court	UJS	DOC	Other	Total
1	16	9	27	52
2	41	9	18	68
3	5	14	10	29
4	14	9	4	27
5	31	12	4	47
6	17	6	6	29
7	26	27	36	89
Total	150	86	105	341

SUCCESS STORY

A family receiving FFT included a 15 year old young man, his mother and grandmother. The young man had a history of 3 prior placements and individual counseling on and off over a five year period before FFT. This young man had been on house arrest for 1 ½ years due to behaviors and was on 3 medications when FFT began.

During FFT, the young man initially increased acting out behaviors and was at risk for DOC placement. An emergency session was held with the FFT therapist and the family members, which resulted in an agreed upon plan of action.

Mom and grandma learned to co-parent effectively, the young man learned how to work through frustrating situations, and the family learned how to better communicate and compromise with each other. As a result of FFT, both mom and son report things are better than they ever thought they could be; they are connected as a family and enjoy each other. The young man was released from probation two weeks after the family finished FFT; and mom reported he is calm and capable of talking to her and grandma when he feels frustrated. Mom indicated she is very happy with the FFT intervention and is extremely supportive of it.

QUESTIONS & ANSWERS