

VADJJ 1st Re-Entry Summit

*“Building a Continuum of Residential
and Non-Residential Options”*

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Portsmouth, Virginia
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Virginia Department of
Juvenile Justice

Building a Continuum

What is a Continuum?

(defined) a coherent whole characterized as a collection, sequence, or progression of values

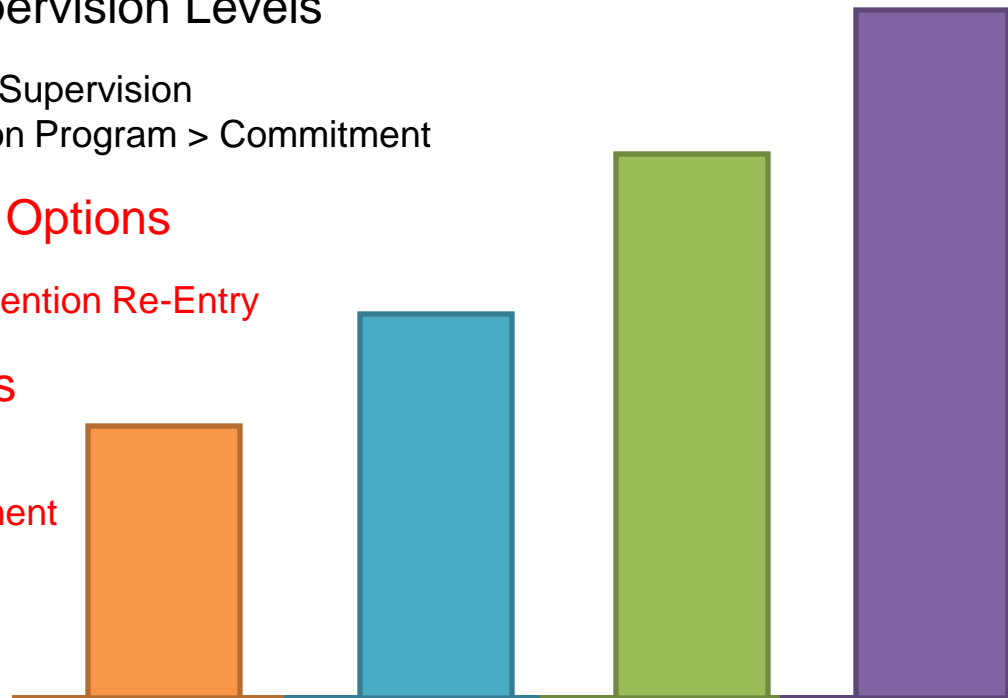
Continuum of Care (in medical field):

is a concept involving a system of care that tracks patients over time through an array of health services spanning all levels of care.

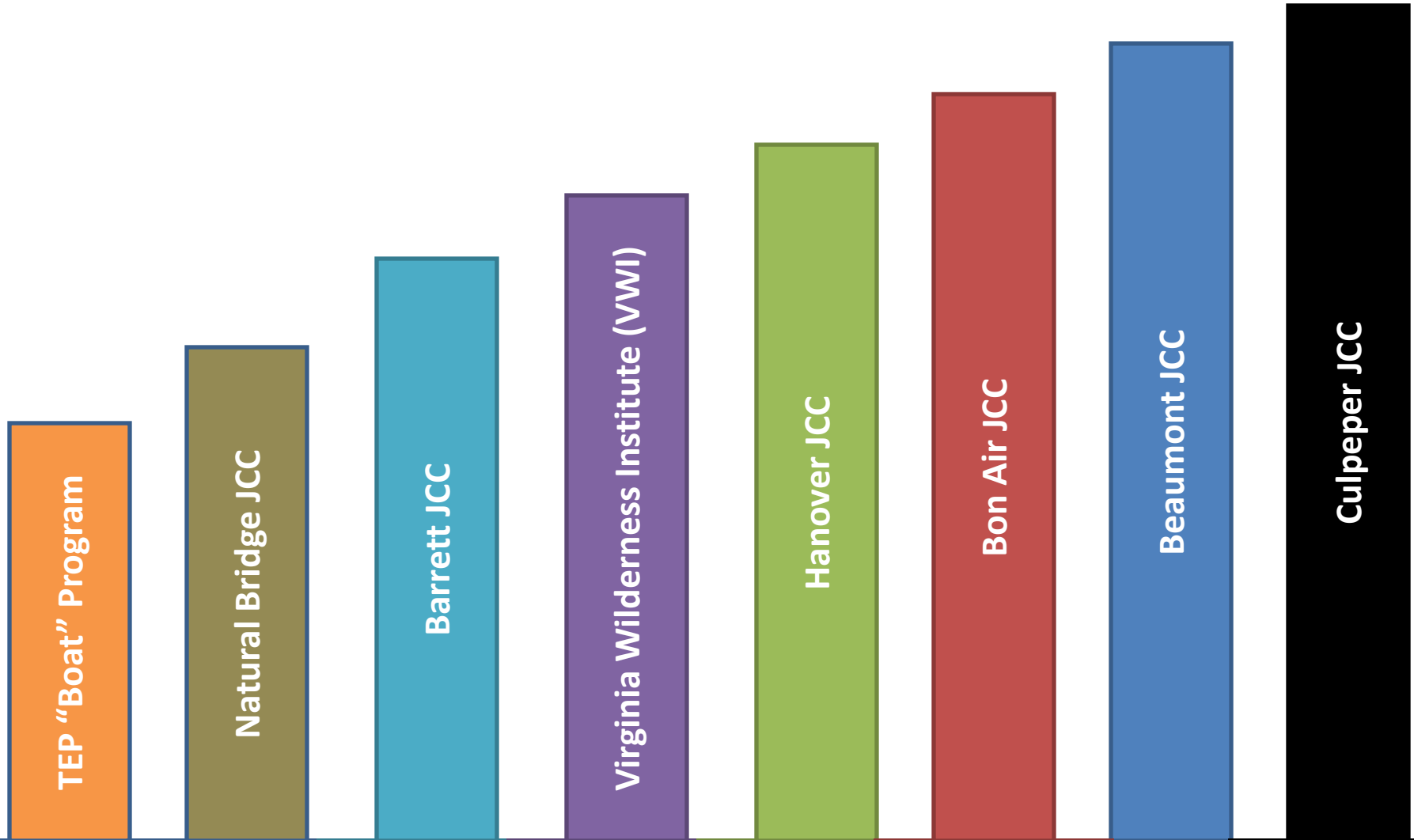
What about within the juvenile justice field?

Types of Continuums

- Continuum of Intake Options
 - > Diversion > File Petition > File Petition and Detention Order
- Continuum of Detention Alternatives
 - > Outreach Detention > Evening Reporting Center > Electronic Monitoring > Shelter Care
- Continuum of Legal Responses / Supervision Levels
 - > TUA with or without Conditions > Probation Supervision
 - > Group Home or Post-Dispositional Detention Program > Commitment
- Continuum of Direct Care Placement Options
 - > Detention CPP > Bon Air > Beaumont > Detention Re-Entry
- Continuum of EB Intervention Options
 - > Assessments > Cog Skill Groups >
 - > Inpatient & Outpatient Mental Health Treatment



Historical Continuum of Direct Care Placement Options



Continuum of Direct Care Options

Central Admission & Placement Unit (CAP)

Community Placement Programs (CPPs)

Detention Re-entry

CAP Unit

- What is the CAP Unit?
- Who works in the CAP Unit?
- What is the CAP Unit responsible for?

CAP Unit

- **Commitment Phase**
 - Receipt and Review of a Complete Commitment Packet
 - Review YASI
 - Determine where intake could be coordinated-JCC or JDC
- **Intake/Orientation Phase**
 - Within 24 hours, youth is oriented to their initial intake facility
 - Notify family youth has arrived
 - Within 3 days, visitation list prepared
 - Make application for birth certificate, if not received in commitment packet

CAP Unit

- **Assessment Phase**
 - Structured interviews to build upon the YASI
 - Psychological
 - Education
 - Medical
 - Gather input from the family, CSU and youth
 - Coordinate Staffing (within 21 days of admission)
 - Develop CRCP, finalize LOS and determine placement options-JCC or CPP

CPP Overview

- Community Placement Programs
 - A partnership between Virginia DJJ and the local Juvenile Detention Centers.
 - MOAs
- Who Participates?

Blue Ridge	Lynchburg	Shenandoah
Chesapeake	Merrimac	Virginia Beach
Chesterfield	Rappahannock	

CPP Overview

What is the Community Placement Program?

- Partnership with local detention facilities
- Small and highly structured residential placement program
- Includes re-entry planning for seamless transition to the community
- Residents remain in direct care during stay
- Individualized service planning (YASI/CRCP); focus on skill development and developing competency in education, job readiness, life and social skills.

CPP Overview

Who is eligible for placement in CPP?

- Males
- Females (effective July 1, 2016)
- Preferably at least 16 up to 20.6
- Both frontend and backend of commitment
- Low to moderate risk; high risk with protective factors
- No longer than a 12 month LOS
- No active DOC or jail time

CPP Overview

Can major offenders/special decision and serious offenders be placed at the CPP?

Major offenders/Special Decision cases may be considered for placement after review by CCRC. The Director must approve.

Serious offenders can be considered on a case-by-case basis, but can be referred

CPP Overview

- Available services at CPP:
 - Aggression Replacement Training (ART)
 - Substance Abuse Services
 - Life Skills
 - Employability services
 - Community Service
 - Recreation / Leisure activities
 - CPP staff recently trained in EPICS
(Individual Cognitive Behavior Interventions)

CPP Overview

- Dedicated CPP Case Managers
- CPPs prepare a monthly progress report and final discharge report
- Educational Services
 - In-house state certified educational program
 - IEP adherence, when applicable
 - Post-secondary opportunities, if applicable

CPP Overview

- Referral Process
 - Front-end youth:
 - CAP committee
 - Intake & Assessment Phase
 - CSU input
 - Staffing: if youth identified as possible CPP candidate, the case management review process initiates
 - CAP referrals go directly to CCRC
 - Intakes staffed in the community can transition directly to CPP upon completion of the assessment phase

CPP Overview

- Referral Process
 - Back-end youth
 - Treatment teams identify youth who have 3 or more months left to serve on their LOS, completed treatment, stable behavior
 - Follows case management review process at the facility level
 - Treatment Team-ICRC-CCRC

CPP Overview

- Referral Process
 - CCRC reviews all referrals brought forward; CCRC meets every Tuesday
 - **If** approved, a CPP packet will be forwarded via email to the CPP
 - Education & Medical will regularly send information directly to the respective departments
 - CAP case manager will assist with any follow-up, questions and coordinate transfer with CPP

CPP Overview

How soon after juveniles have been identified for placement in a CPP will detention homes be made aware of the referral?

When recommended by the CAP or CTST and medically cleared, a referral shall be submitted to ICRC (if a back end kid). Simultaneously, the transfer plan shall be discussed with the Parole Officer and the CAP shall send a referral packet to the CPP.

The case will then continue through the case management process for final approval by CCRC and transfer to the targeted CPP as soon as possible.

CPP Overview

- **CPP Directory (handout)**

Includes dedicated case managers at CPP and CAP

Program coordinators

Mental Health Clinicians

Education

Medical

Imperative communication includes CPP/CAP staff in order for communication to be seamless and any systemic issues can be improved upon.

Detention Re-entry

- **What is Detention Re-entry?**
 - Partnership with local juvenile detention centers to transition residents from a JCC to their local detention center for a short term step-down, typically 30 to 90 days
- **What are the goals?**
 - Prepare residents for progressively, increased responsibility and freedom
 - Bridge services between the JCC & Community
 - Increase family engagement

Detention Re-entry

- What is the new referral process?
 - Joint collaboration between the resident's counselor and parole officer via treatment team
 - Counselor brings referral through the case management review process to transfer resident to the targeted Detention Re-entry program
 - CCRC will inform the timeframe in detention re-entry to align with LOS guidelines, with counselor and PO input.
 - Upon CCRC approval, the counselor will prepare the packet for the JDC's review; the CAP case manager will then facilitate the referral process with the JDC.

Detention Re-entry

- Referral process-continued:
 - Once the referral process has been accomplished and the JDC accepts the resident, transportation will be coordinated via CAP transportation staff
 - Simultaneously, the parole officer will broker community-based services to begin within 72 hours of the resident's arrival to the JDC. The requisition for services are to be sent to the CAP Unit Manager.
 - Case management responsibilities on the residential side, will transfer from the assigned JCC counselor to the CAP case manager.

Detention Re-entry

- Roles & Responsibilities
 - JCC Counselor
 - Bring referral through case management process
 - Secure medical clearance
 - Secure clothing voucher
 - Parole Officer
 - Increase contact
 - Broker services to include MHSTP/school re-enrollment
 - Establish furlough schedules with providers & JDC
 - JDC / Detention Re-entry
 - CAP Case Manager

Detention Re-entry

- Which JDCs participate in Detention Re-entry?
 - Blue Ridge (20)
 - Chesapeake (19)
 - Chesterfield (19)
 - Crater (19)
 - Lynchburg (21)
 - Merrimac (19.5)
 - Newport News (19)
 - Norfolk (20)
 - Rappahannock (21)
 - Richmond (19)
 - Shenandoah (19)
 - Virginia Beach (20)

Continuum of Service Options

- We also need a robust array of services and interventions.
- Range of service needs and categories in multiple settings:
Community-Based (outpatient) → Residential (inpatient)
Educational → Substance Abuse → Mental Health
- Provided by our agency, partner agencies, and contracted service providers.

Current Services Available

Other State & Local Government:

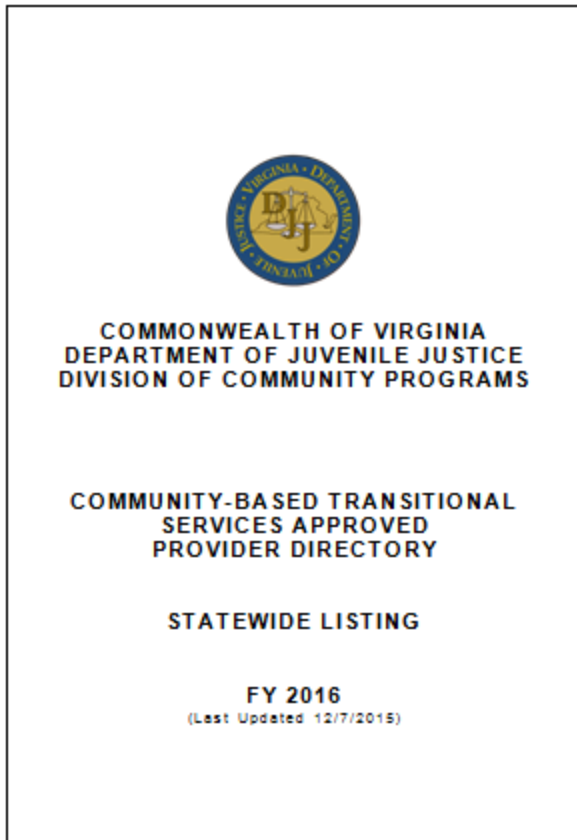
- e.g. MOAs with CSBs

VJCCCA Funded

- \$10.3 million in funding to all 133 cities and counties

DJJ Vendor Directory (contracted):

- 294 Funds
- Contracts with private providers



Current Services Available



COMMONWEALTH OF VIRGINIA
DEPARTMENT OF JUVENILE JUSTICE
DIVISION OF COMMUNITY PROGRAMS

COMMUNITY-BASED TRANSITIONAL
SERVICES APPROVED
PROVIDER DIRECTORY

STATEWIDE LISTING

FY 2016
(Last Updated 12/7/2015)

Behavioral Health

Assessments, Mental Health Counseling, Substance Abuse Treatment, Sex Offender Treatment

Life Skills Coaching

Surveillance / Monitoring

Independent Living (Residential)

While we have an array of providers and services available, there is no particular model required and evidence-based models and approaches largely unavailable.

Evidence-Informed Practices & Programs

- Continuum of Evidence

(innovative → emerging → promising → effective → exemplary)

- Strongest Evidence - programs that have been replicated with sustained positive outcomes

- Resources

Webinar: (March 11, 2016)

“What Works in Juvenile Justice: An Overview for Partners”

On-line Clearinghouses

Evidence-Informed Practices & Programs






Clearinghouses:

- Office of Justice Programs Crime Solutions,
<http://www.crimesolutions.gov>
- OJJDP Model Programs Guide
<http://www.ojjdp.gov/mpg>
- National Registry of Evidence-Based Programs
and Services (NREPP) at SAMHSA
<http://www.nrepp.samhsa.gov>
- Blueprints for Healthy Youth Development,
<http://www.blueprintsprograms.com>.

Evidence-Informed Practices & Programs

Screen Capture:

Example: OJJDP Model Programs Guide

All Programs (22)	View Effective (7) 	View Promising (13) 	View No Effects (2) 
Showing 1 to 10 of 22 programs		< >	Records per Page: 10 
Title	Rating	Summary	
Multisystemic Therapy (MST)		A family and community-based treatment program for adolescent offenders who have exhibited serious antisocial, problem, and delinquent behaviors. The program is rated Effective. The treatment group had fewer rearrests and spent fewer days incarcerated than a comparison group that received usual services The program had a positive impact on family cohesion and social skills for the intervention group; but over time did not show better substance use outcomes than the comparison.	

New Model of Service Delivery

Service Coordinators (Regional)

RFP DJJ-16-034

www.eva.virginia.gov

- Oversight of Subcontracted Direct Service Providers
- Develop & Sustain Capacity Within Region
- Oversight for program quality, integrity and fidelity

Pre-Proposal Conference Held

RFP Evaluation Committee Assembled

Proposals Under Evaluation / Contracts Pending

REQUEST FOR PROPOSAL (RFP) RFP #DJJ-16-034

Date: January 27, 2016

Title: Continuum of Services Service Coordinator

Commodity Code: 8320, 8330, 8340, 8350, 8360, 8370

Issuing Agency: Commonwealth of Virginia
Department of Justice
200 E. Main Street, 5th Floor
Richmond, VA 23219

Using Agency and/or Location: Richmond

Where Work Will Be Performed: Richmond

Notice Period of Contract: FROM 02/01/2016 THROUGH 02/28/2017, with the option to renew for four successive one year periods. Send [] original and [X] copies along with an electronic version on a CD or DVD drive.

Unopened Proposals Will Be Received Until: 02/11, 2016 at 2:00pm EST For Furloughing the Periodic Decisional Review. Time and Date

All inquiries for information should be directed to: Amy Cunniff, Phone: (804) 788-8887.

IF PROPOSALS ARE AWARDED, SEND DIRECTLY TO OFFICE ADDRESS SHOWN ABOVE. IF PROPOSALS ARE AWARDED DELIVERED, THEN DELIVER TO:
AGILE, MAIL ROOM, MAIL ROOM CASES, 5th Floor, MAIL ROOM OFFICE
Street Address Building Floor Room No.

In compliance with this Request for Proposal (RFP) and all conditions included in this RFP, the undersigned firm hereby offers and agrees to furnish all goods and services in accordance with the attached signed proposal or to mutually agree upon to subsequent negotiation, and the undersigned firm hereby certifies that all information provided above and in any exhibits attached hereto is true, correct, and complete.

Virginia Contractor License No. _____ *DBSS-Certified Small Business No. _____
DUNS _____ Specialty Code: _____

Name and Address of Firm: _____ Date: _____
By: _____ (Signature in ink)
Title: _____ (Please Print)

VIA Vendor ID or DUNS ID _____ ID Code _____ Name: _____
Fax Number: (_____) _____-____ Title: _____
Email Address: _____ Telephone Number: (_____) _____

Preproposal Conference: An optional preproposal conference will be held on February 26, 2016, 10:00am EST at the 500 E. Main Street, Richmond, VA 23202. (Reference Paragraph 07(b)(4)). If special ADA accommodations are needed, please contact Amy Cunniff at 804.788.8887 by February 19, 2016. A vendor will be announced location after posting through an announcement in the RFP.

Note: The applicant may not subcontract against life-based requirements in accordance with the Code of Virginia 2.2-4902.1 or apply to holder or officer because of race, religion, color, sex, national origin, age, disability or any other basis prohibited by state law relating to discrimination in employment.

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New Model of Service Delivery

No “Justice By Geography”

Required Services (in every region)

- **Assessments and Evaluations**
- **Individual Clinical Services**
- **Family-Focused Interventions**
- **Individual Cognitive Skills Training**
- **Group Based Cognitive Skills Training**
- **Group Based Clinical Services**
- **Monitoring Services**
- **Residential Services**

New Model of Service Delivery

Required Services (in every region)

- 1 of 2 Evidence-Based Family-Focused Interventions

Functional Family Therapy (FFT)

- short-term family therapy intervention to help delinquent youth to overcome adolescent behavior problems, conduct disorder, substance abuse and delinquency. Therapists train family members to negotiate effectively, set clear rules about privileges and responsibilities, and generalize changes to community contexts and relationships.

Multi-Systemic Therapy[®] (MST[®])

- (MST[®]) is an intensive family- and community-based treatment that addresses the multiple causes of serious antisocial behavior in juvenile offenders. Therapists work with youth and their families to address the known causes of delinquency on an individualized, yet comprehensive basis. By using the strengths in each system (family, peers, school, and neighborhood) to facilitate change,
- endorsed by OJJDP, Crime Solutions, Blueprints
- Building Capacity / Start Up Costs

New Model of Service Delivery

Required Services (in every region)

1 of 2 Group Based Cognitive Skills Groups*

Aggression Replacement Training[®] (ART[®])

- ART is a research-based, proven-effective approach for working with challenging youth. The curriculum is divided into three parts (anger control, skill streaming and moral reasoning) to be delivered over thirty sessions.

Thinking for a Change (T4C)

- Thinking for a Change (T4C) is an integrated cognitive behavioral change program authored under a cooperative agreement with the National Institute of Corrections (NIC). T4C incorporates research from cognitive restructuring theory, social skills development, and the learning and use of problem solving skills. A typical delivery cycle takes 30 sessions.
- when there are 6-8 referrals in 90 day period
- Building Capacity / Start Up Costs

New Model of Service Delivery

Optional Services:

- **Additional Individual Clinical Services**
- **Additional Types of Cognitive Skills Training**
- **Additional Family-Based Interventions and Groups**
- **Additional Monitoring Services**
e.g. voice verification, appointment reminder systems)
- **Coordination Services**
- **(e.g. High Fidelity Wraparound)**
- **Workforce Development and Employment Services**

New Model of Service Delivery

Statement of Needs and General Requirements:

- Evidence-Based - use of programs grounded in evidence based principles (Risk - Need - Responsivity) and known to produce positive juvenile justice outcomes
- Use of our validated risk / needs tools (YASI)
- Commitment to data collection and analysis and quality assurance activities to ensure program fidelity
- Manualized programming that uses cognitive behavioral techniques (role rehearsal)
- Allocation of resources based on prioritized criminogenic risk areas
- Adherence to dosage guidelines from emerging research

New Model of Service Delivery

Statement of Needs & General Requirements (Cont.):

- Ensure active family involvement in programming and decision-making
- Services arranged and delivered in a continuum; use of least restrictive setting
- Strict adherence to a “no reject/no eject policy”
- Centralized Reporting and Billing

Continuum of Services

(Highlight on Two Programs Already in Place)



New Model of Service Delivery Goals

- Fill service gaps in under-served areas; ensure onus for travel is not on families
- Increase Numbers Providers using evidence-based models and approaches (particularly family intervention models like FFT and MST)
- Increase efficiency through centralized referral, reporting and billing.
- Continuity of Intervention Content (across probation, direct care, CPPs, parole)
- Right Kid, Right Intervention, Right Time = Better Outcomes!

Next Steps

- Interim Contracts With Current Providers
(contract renewals July 1 - December 31, 2016)
- Interim Vendor Directory
- New Contract Awards with Regional Service Coordinators
- Development of Tools and Resources (Service Matching Matrix, Updated Vendor Directory with program criteria, training materials on “Being an Educated Consumer of Services”)
- Creation of Quality Assurance and Practice improvement Unit

Contact

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Central Admission & Placement Unit

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Beth Mohler Stinnett

Statewide Program Manager

Beth.Stinnett@djj.virginia.gov