

Matching the Right Youth with the Right Services: Challenges and Opportunities for Wisconsin

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Appropriate treatment, rather than supervision or surveillance-based interventions, is the key to reducing recidivism.

Intervention	Impact on Recidivism	# of Studies in Meta-Analysis
Supervision Alone	Moderate Increase	30
Inappropriate Treatment	Moderate Increase	38
Intensive Supervision (without Treatment)	No or Limited Effect	47
Appropriate Treatment	Moderate to Substantial Decrease	54

Research clearly shows that states can most effectively reduce recidivism through the adoption of the principles of Risk, Need, Responsivity.

Risk Principle

Identify and focus services on those youth most likely to reoffend and ensure youth receive a sufficient dosage of services.

Need Principle

Identify and address the critical, individualized risk factors that drive youth's delinquent behaviors

Responsivity Principle

Match youth to services based on how they respond to treatment and address behavioral health/trauma and other barriers to risk reduction.

Youth Protective Factor Study Research Questions

Q1

Which risk factors are most strongly associated with serious recidivism post supervision and are do these differ by age?

Q2

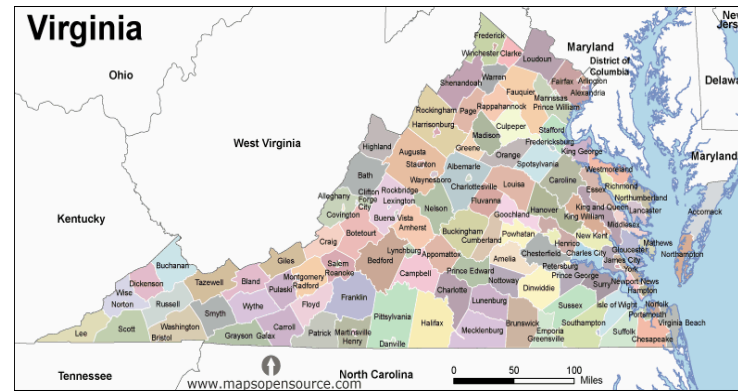
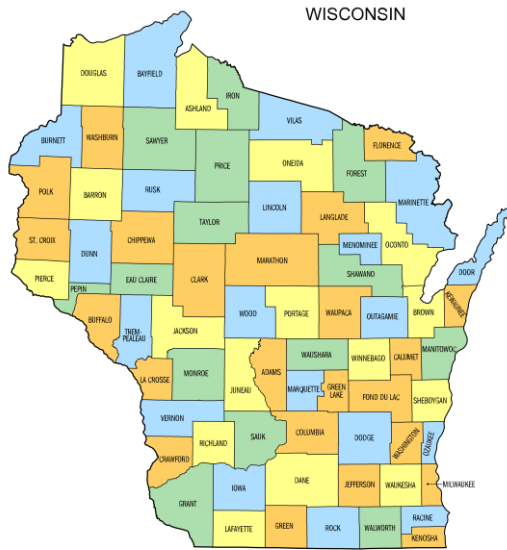
What services are youth most commonly receiving and is the risk principle being followed?

Q3

Was receipt of risk-reduction services predictive of lower recidivism post-supervision?

State Partners and Methods

4 to 5 jurisdictions per state



- **What Were They Asked to Do?**

- Implement a protective factors survey alongside their pre-disposition risk/needs assessment (YLS/CMI or YASI)
- Expand service data tracking capacity
- Provide new juvenile & adult new petitions. Recidivism = new petitions post-supervision (up to 1.5 years)

Key Finding #1:

Youth referred to participating counties in WI were generally low risk, young, and first-time offenders.

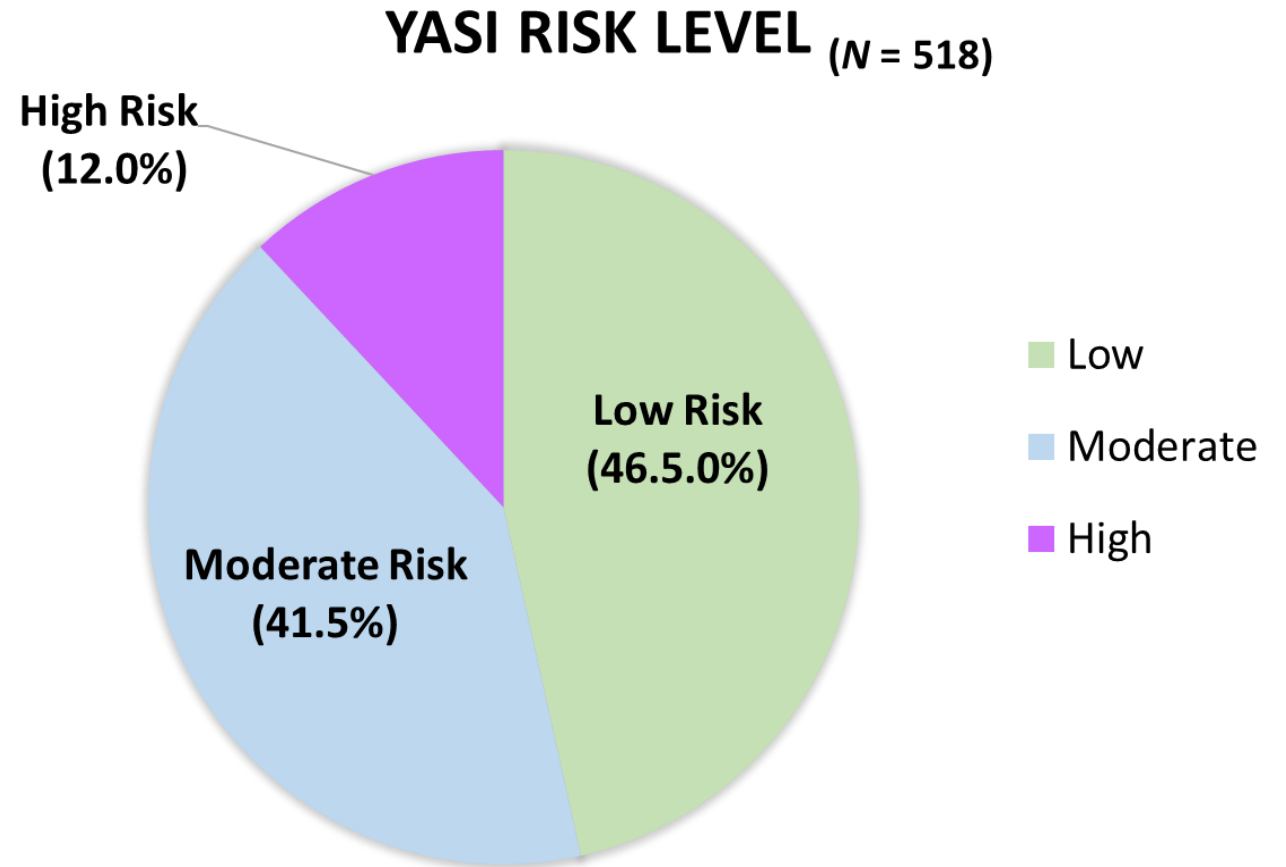
Most of these youth were handled informally.

The majority of all referred youth received no intervention or service.



Risk Level & Key Demographics of Study Sample

- Over 45% of all referred youth were screened as low risk
- Half of all referred youth were 14 and under
- 17% were 12 and under
- 75% were first time offenders
- Most arrested youth in WI have not committed a person offense.



Youth were generally disposed aligned with risk level; almost 80% of low and moderate risk youth received no sanction or a deferred prosecution.

Most Serious Disposition Received by Youth by Risk Level (N = 478)					
YASI Risk Level	N	No or Minor Sanction %(N)	Deferred Prosecution %(N)	Consent Decree %(N)	Probation %(N)
Low	227	49.3% (112)	38.3% (87)	5.7% (13)	6.6% (15)
Moderate	197	38.1% (75)	39.1% (77)	5.1% (10)	17.8% (35)
High	54	24.1% (13)	25.9% (14)	3.7% (2)	46.3% (25)
Total Dispo		41.8% (200)	37.2% (178)	5.2% (25)	15.7% (75)

*Approximately 53% of all referred youth did not receive any services (self-referred or system-referred).

Justice system involvement negatively affects the entire course of young people's lives.

Youth formally processed by the juvenile justice system experience far worse outcomes in the 5 years after arrest as compared to similar youth who were diverted:

X More likely to be rearrested and incarcerated

X More engaged in violence

X More peers involved in delinquency

X Lower school attainment and graduation rates

X Fewer skills to manage their emotions

X Lower perception of opportunity

Opportunities: Pre-Arrest Diversion and Multisystem Collaboration

- ✓ Establish county-specific, or ideally, statewide diversion criteria and processes to focus the juvenile justice system on youth that are a public safety risk.
 1. Automatic pre-arrest diversion of youth who commit first time misdemeanor offenses.
 2. Civil citation program in lieu of arrest for youth who commit minor misdemeanor offenses.
 3. Alternative responders and mobile crisis for families in lieu of police contact.
 4. Crisis respite and shelter for domestic and runaway cases.
 5. School-based diversion programs.
 6. Assessment centers for early intervention and warm handoffs to service providers.

Opportunities: Pre-Arrest Diversion and Multisystem Collaboration (cont.)

- ✓ Formalize partnerships and service pathways with other systems for low-risk youth
 1. Establish an ongoing table for multisystem collaboration and early intervention.
 2. Identify opportunities to better leverage and coordinate Medicaid, Family First, school, and county juvenile justice funding and programming for early intervention.
 3. Establish shared criteria for juvenile justice referrals, service pathways for youth with specialized needs, and boundary-spanners to coordinate service referrals.
 4. Formalize a multi-system case conferencing/youth-family team meeting process for youth with complex needs.
 5. Conduct more regular training and information sharing across systems/courts, and with providers, about available services and supports.

Key Finding #2:

The most common risk factors amongst referred youth were not the risk factors that most strongly predicted violent reoffending post-supervision.

Youth generally were not matched to services that address these key risk factors, especially risk reduction services.



Community/peers and school problems best predicted violent recidivism post-supervision; the most common risk factors other than family were weak predictors.

Most Common Risk Factors

- Skills
- Attitudes
- Family
- Aggression
- Alc/Drug

Strongest Predictors of Violent Recidivism post supervision:

- Community and Peers
- School Problems

Smaller effects:

- Family
- Alcohol and drugs

*These findings differ from results in the other states, and from research more generally, where personality/attitudes are the primary drivers of serious reoffending. This may be because of the small sample size and/or younger population served by WI.

Only 1 in 5 youth who received services were provided a risk reduction service and less than 1 in 3 a strength-based service.

The percentage of youth out of the 256 who received any services that received risk, responsivity, or strengths-based services were:

- 19.9% Risk-reduction service
- 30.9% Strengths-based service
- 62.5% Responsivity-only services

*Some form of **mental health treatment** was by far the most common service provided to moderate/high risk youth, with approximately 63% of youth receiving these services. Mental health services, by themselves, do not reduce risk of reoffending.

Moderate & High-risk youth generally did not receive services that target the priority risk factors for mitigating serious reoffending post supervision.

Priority Risk Factor	Proportion of Moderate/High Risk Youth Who Received Related Service
Community and Peers	19.6%
School Problems	10%
Family	22.5%
Alcohol and drugs	2.8%
Aggression and Skills	19.6%
Attitude	25%

Opportunities: Strengthen Service Matching Practices

- ✓ Review and strengthen policies, procedures, tools, and templates to guide the individualized matching of youth to services that address their priority risk factors.
 1. The YASI is consistently conducted pre-disposition, service conditions are minimized, and any service requirements are aligned with the assessment results.
 2. Probation conditions are limited to public safety and aligned to youth's risks and needs.
 3. The YASI drives case plans and ongoing case management and service delivery with a focus on youth's top two or three dynamic risk factors.
 4. Youth justice professionals have clear policies, case planning templates, service matrices, and referral and case management protocols with service providers around service matching.
 5. Judges, youth justice staff, attorneys, and providers are all trained in the use of the YASI and Risk, Need, Responsivity.

Opportunities: Strengthen Service Matching Practices (cont.)

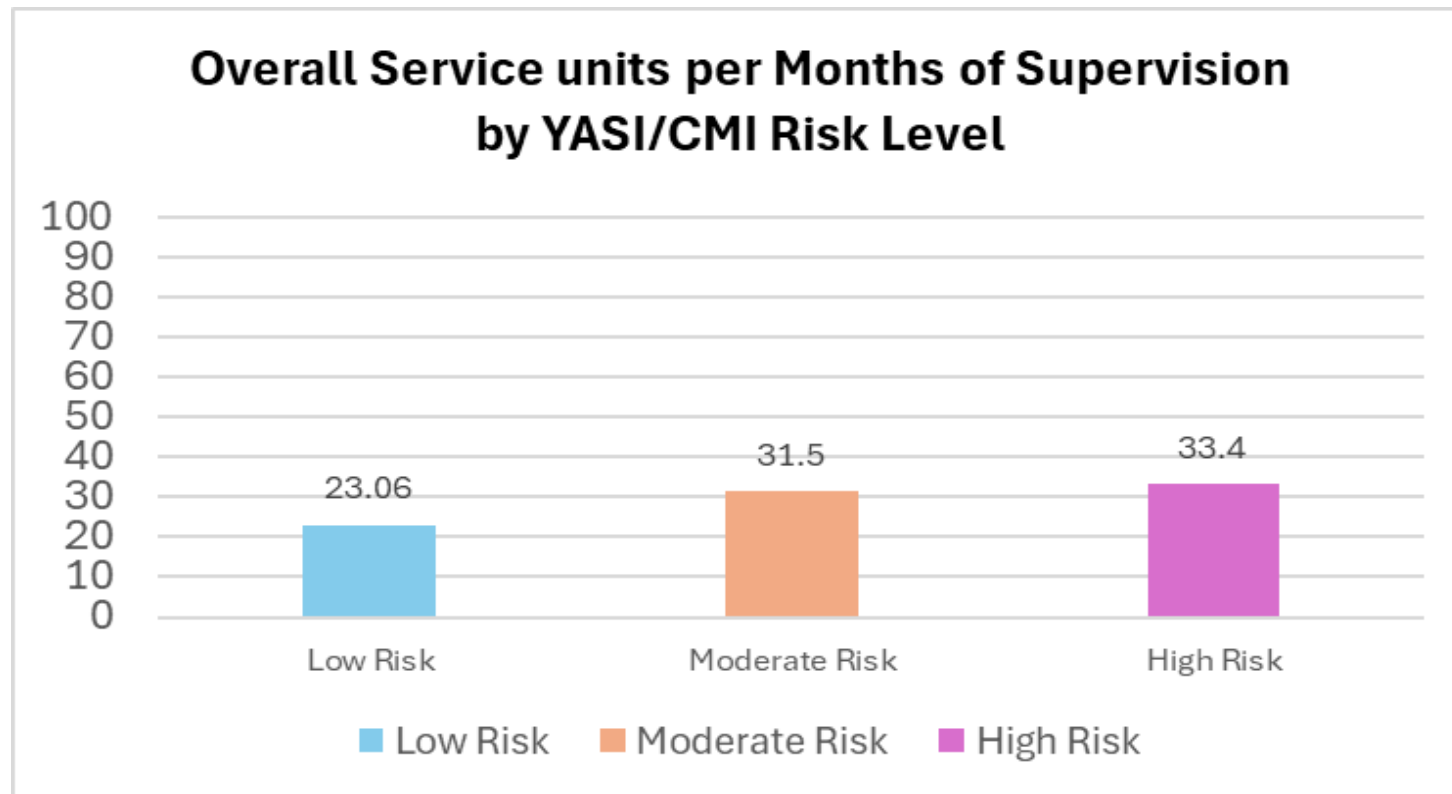
- ✓ Partner with other service systems to ensure community-based risk reduction services are readily available.
 1. Ensure mental health services are not mistaken for risk reduction services, and mental health referrals are driven by validated mental health screening and assessment tools.
 2. Partner with local providers and other service systems to support risk reduction services like family therapy, cognitive behavioral therapy, and school-based restorative practices.
 3. Identify a cohort of providers, including grassroots providers, credible messengers, violence prevention programs, and others willing and able to work effectively with higher risk youth. Explore fiscal and other kinds of incentives and capacity building for these providers.

Key Finding #3:

Youth of different risk levels did not receive a significantly different dosage of services.

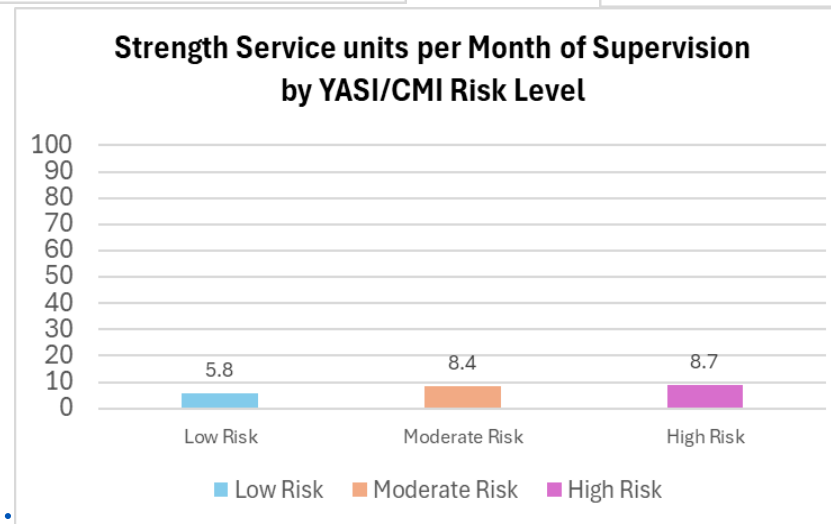
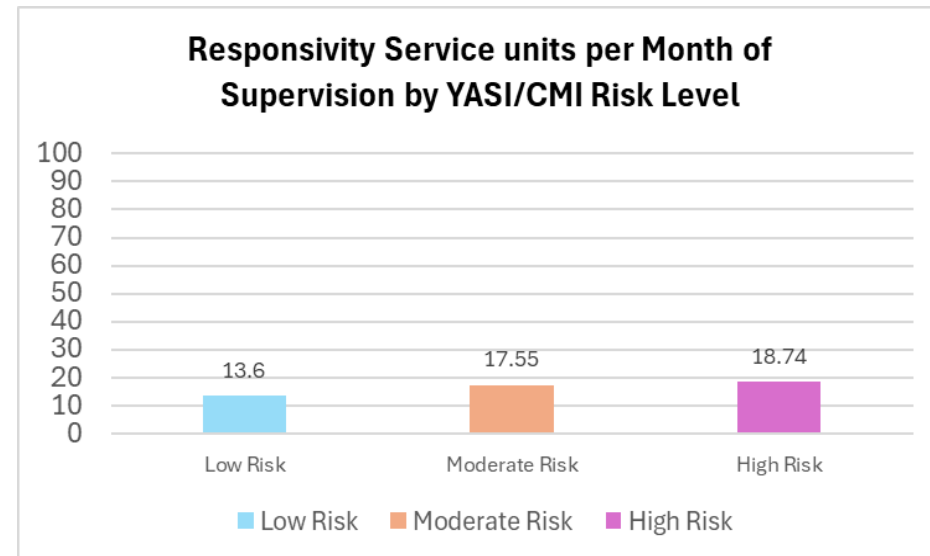
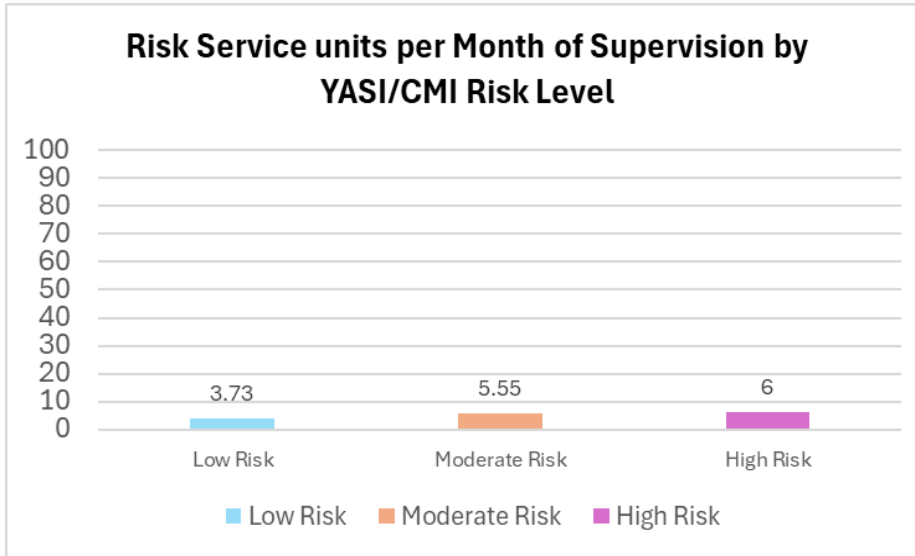


There was no statistically significant difference in the dosage of services received based on youths' risk level after controlling for length of supervision.

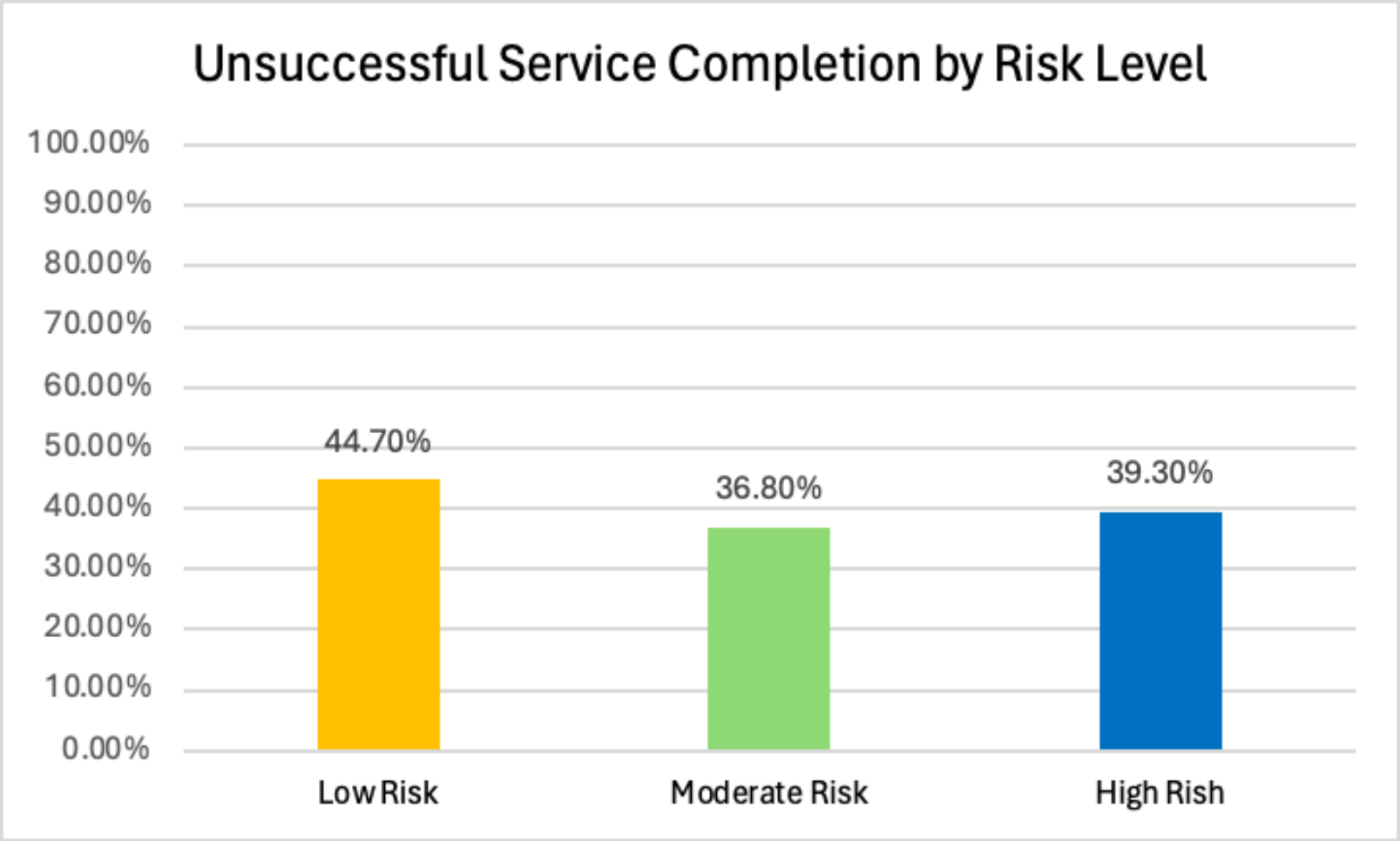


*Low risk youth may appear to be receiving lower dosages of services than moderate and high-risk youth; however, there was not a significant difference in dosage between the risk levels.

Dosage did not meaningfully vary across risk levels (or between deferred prosecution and more formal dispositions) regardless of service type.



Based on available data, approximately 40% of the youth who were referred to services did not complete at least one service.



Opportunities: Prioritize High-Risk Youth for Services and Address Engagement Barriers

- ✓ Ensure higher risk youth are prioritized for intensive, risk reduction services.
 1. Review and strengthen service referral criteria to ensure youth are being matched with services that provide the appropriate service intensity based on their risk level and treatment goals.
 2. Identify and prioritize funding for specific interventions that target risk factors for high-risk youth and that provide a sufficient dosage and duration of services.
 3. Collect and track data on service matching, dosage, duration, and successful completion rates, and share this data with providers, courts, and probation to inform ongoing service improvements.

Opportunities: Prioritize High-Risk Youth for Services and Address Engagement Barriers

- ✓ Address barriers to service engagement and completion
 1. Meet with youth and families to identify their barriers to service engagement.
 2. Provide transportation supports, address funding issues and safety concerns, and ensure services providers are culturally aligned with the population being served.
 3. Require no reject/eject policies for providers and/or create funding incentives and practical supports to serve higher risk youth.
 4. Offer providers and youth services staff training in motivational interviewing, CBT, and other family engagement strategies.
 5. Employ family advocates, resource specialists, and/or a youth/family advisory group to strengthen partnerships with youth and families.

Key Finding #4:

Wisconsin youth generally did not receive evidence-based services.

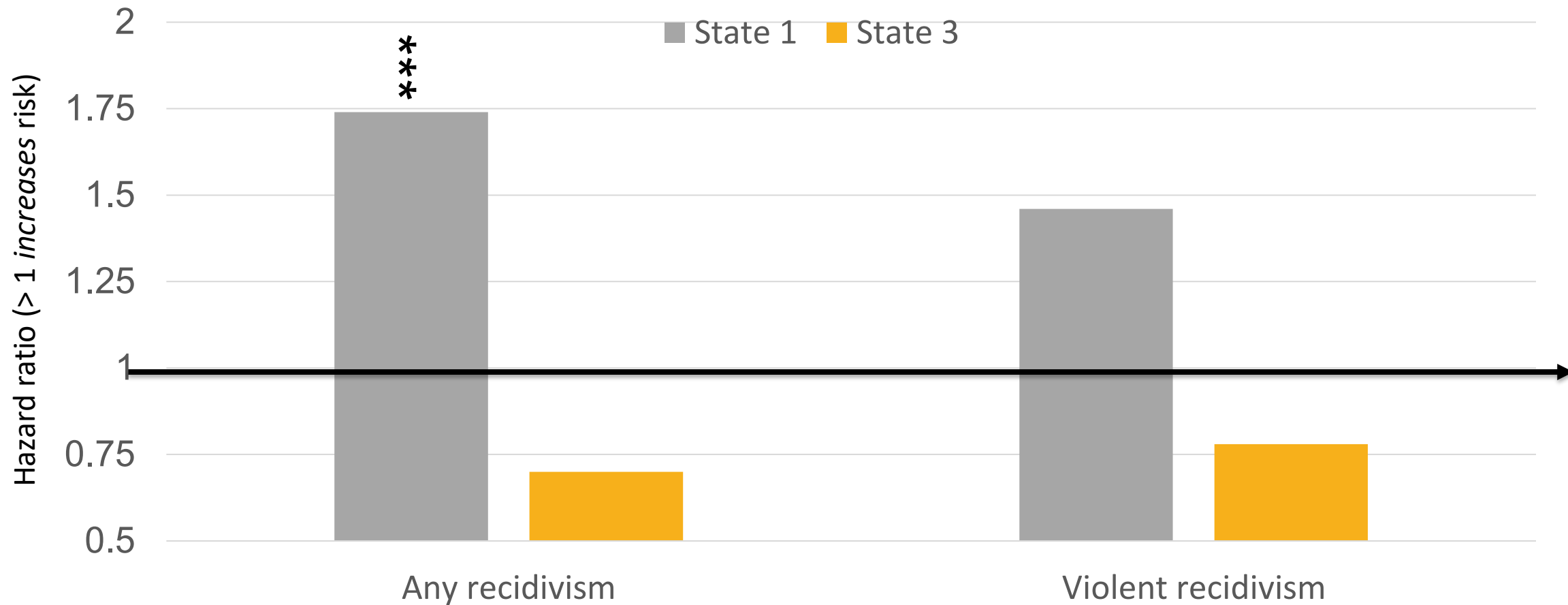
Youth in the other states who participated in services were no less likely to reoffend than youth who did not participate in services.

Few moderate to high-risk youth received services that directly addressed key dynamic risk factors and/or that were evidence-based.

Service Type	Proportion of Moderate/High Risk Youth Who Received this Service
Functional Family Therapy	4.9%
Cognitive Behavioral Therapy/ART/DBT	2.8%
Carey Guides BITS/Criminogenic Needs	5.6%

* Only 1.6% of the total study sample received a service that might be formally classified as an EBP, the lowest across the three states.

Youth who participated in any risk-based services were more- or as likely to re-offend post-supervision than youth who did not



Opportunities: Build Local and Statewide Capacity for Evidence-Based Services

- ✓ Expand evidence-based risk reduction services for higher risk youth
 1. Partner with other service systems to leverage and coordinate funding for evidence-based programs like MST and FFT that can be funded through Medicaid, Family First, and other streams.
 2. Provide startup funding and training for providers to incentivize their involvement and ensure rates are commensurate with staff hiring and retention needs.
 3. Explore regional and tele-service models when providers/services are limited.
 4. Train youth justice staff to deliver structured interventions including but not limited to Carey Guides, journaling, restorative practices, EPICS, Functional Family Probation, CBT, MST, and FFT.
 5. Establish key service outcome measures and require the collection and review of this data including recidivism rates disaggregated by risk level for specific interventions.