Juvenile Justice Report

Executive Summary

La Crosse County

November 20, 2008
The La Crosse County Department of Health and Human Services (HHS) has been interested in examining the current continuum of services offered to juveniles and their families within their department and across the county to determine 1) whether they are sufficiently comprehensive and 2) the degree to which they are in alignment with evidence-based practices (EBP).

La Crosse County’s HHS Family and Children Section is divided into three areas of practice: Special Needs, Family Services, and Juvenile Justice. The first two areas of practice have been impacted by child welfare best practices and evidence-based practices that have been endorsed on the Federal level. The Health and Human Services Director initiated the technical assistance request in an effort to help move the Juvenile Justice Unit closer towards a comprehensive delinquency prevention approach and evidence-based practices.

The Carey Group was asked by the Department to:

1. Analyze the data on La Crosse County juvenile arrest and disposition trends, including comparing the county with national, state and communities of similar size, if possible.

2. Assess the current juvenile offender continuum of services to determine gaps in services for juveniles and their families.

A summary of the findings and recommendations by The Carey Group follow, for complete discussions of the findings please see the full report.

Throughout the report the validated risk assessment tool will be referred to in several ways: Yo-LSI, YLSI and YLS/CMI. The different acronyms represent the same family of risk assessment tools produced by a service provider out of Canada and are generational derivatives released over time.

La Crosse County was one of the first counties nationwide to use the LSI with juveniles which was initially titled the Yo-LSI.
Attempts were made to address several questions within the scope of the data analysis. Limitations on availability and/or accessibility of data are noted where appropriate within the details of the data analysis. The full analysis can be found in the report. The following answers two of the key questions posed:

1. Is the La Crosse County Justice Program’s juvenile profile different than other similar counties?

2. Does La Crosse County handle juveniles differently than other similar counties?

Findings:

1. La Crosse County Juvenile Justice referrals are similar in racial makeup as other counties of similar size and the County is not experiencing a rapid growth of non-Caucasian referrals. The rate of black offenders is low compared to the state, but higher for Asians.

2. Wisconsin juvenile arrest rates are significantly higher compared to national rates and La Crosse County juvenile arrest rates are much higher than both the state and the three like-size counties. The data does not provide reasons for this high activity. However, individuals have suggested it is due to the “formalized nature of law enforcement.” It should be noted that the Justice Assessment Report compiled by The Carey Group in May, 2007 found similar trends for adult arrests.
1997 – 2006 Juvenile Arrests As Percentage of Total 
Juvenile Population Compared to the State

Source: Wisconsin 2006-2008 Three Year Plan, Youth Information and Juvenile Justice Data

Figure 1

1997 – 2006 Juvenile Arrests As Percentage of Total 
Juvenile Population Compared to Three Comparable Counties

Figure 2
3. La Crosse County is following a national pattern of decreased juvenile arrests but the decrease is not as rapid as the juvenile jurisdictions nationally and statewide. Not surprising, the referrals to Juvenile Justice have also been dropping until 2002, at which point they have been stable.

4. Statewide data suggests that disproportionate minority confinement factors are present in the state and may be similarly prevalent in La Crosse County. Statewide data shows that minority youth are 1.6 times more likely to be arrested than their white counterparts and 2.0 times more likely to be securely detained. La Crosse County did not have this racial breakdown for arrest and detention. However, it is very likely that is occurring as it is commonly found in counties nationwide.

5. La Crosse does not commit many youth to the Department of Corrections, much lower than their counterparts, although in 2006 they were average.
6. La Crosse completed the Yo-LSI on 35.4% of the youth under JJ jurisdiction and the numbers/percentage have been dropping dramatically.

![La Crosse County Yo-LSI Annual Completion Percentage](figure_4.png)

**Figure 4**

7. Of those with a Yo-LSI, a disproportionate number showed up low risk and a disproportionate number showed up high risk when compared to national averages.

Multi-Health Services is the firm that provides the adult and juvenile version of the LSI to the field. Adult risk assessment data is collected by MHS so that national data can be compared. However, juvenile risk assessment data is not available. In determining comparison data, then, the figures used will include the adult LSI data and data from an extensive YLSI/CMI study conducted by Anthony Flores, Lawrence Travis III, and Edward Latessa in their article sponsored by the National Institute of Justice, Grant No. 98-JB-VX-0108 entitled *Case Classification for Juvenile Corrections: An Assessment of the Youth Level of Service/Case Management Inventory*. The figures
in these sources are compatible with this consultant’s observation of what other jurisdictions have found. Therefore, while Figure 5 cannot be construed as an “apple to apple” comparison, it is believed that it represents an unusual set of figures for La Crosse County; namely that the risk levels do not match what other jurisdictions are finding.

As Figures 5-7 indicate, La Crosse County risk profile is reportedly widely divergent from the field experience. There are a number of possible explanations such as:

a) Given La Crosse County’s high arrest rates, more low risk youth are placed in the Juvenile Justice Unit than its counterparts across the country. This implies that other jurisdictions tend to divert or otherwise informally handle more of the youth referrals.

b) The La Crosse County juvenile arrest profile is that of a lower risk than other jurisdictions. While it may be true it is doubtful that the national juvenile risk profile in the community is so dramatically different than it counterparts.

c) The risk tool is not being applied uniformly resulting in a biased data pool.
d) The lack of quality assurance mechanisms do not provide a means of controlling for operator fidelity.

Recommendations:

1. Create an inter-agency task force to study why La Crosse County arrests a disproportionate number of youth and determine if this is in the best interest of the public.

Arrest policy is a local decision. Different jurisdictions and publics have different views as to what is an appropriate response to anti-social activity by their youth. However, when arrest rates are so dramatically higher than national or statewide figures, it should cause a jurisdiction to reflect on the reasons and question whether this is the most effective means of dealing with troubling behavior. It is possible that the reasons are entirely justified. It is also possible that the local policy is using an expensive and potentially stigmatizing approach that is actually counter productive. It is outside the scope of this report to analyze the causes but it seems clear that an inter-agency study is warranted.

2. Seek assistance from Annie Casey Foundation (JDAI) with disproportionate minority arrest and confinement issues.

The Juvenile Detention Alternative Initiative provides a protocol whereby jurisdictions systematically examine the use of arrest, prosecution, disposition, and secure detention and provides direction to jurisdictions how they can reduce reliance on arrest through secure detention practices. Annie Casey Foundation has developed a series of 14 publications (Pathways Series) with practical policies and procedures to manage delinquent acts in the jurisdictions that were part of the original study.

3. Complete a risk assessment tool on every youth admitted to Juvenile Justice (this recommendation is discussed in the Service Enhancement within the Department of Health and Human Services section of this report)
4. Develop Enhanced Capacity to Use Information Systems to Assess Progress Toward Unit Outcomes

Currently the unit keeps track of its referrals and a few other qualifiers on the referrals. It would be important as the Unit moves towards more evidence based practices that a database be created to track the progress of the juveniles and families seen in the unit. It would be important to begin to keep track of key process and outcome measures such as increase/decrease in Y-LSI scores, recidivism rates, revocation rates, treatment referrals, etc. as well as progress made towards criminal justice goals. It may be required to add a management analyst position to accomplish this goal. In light of similar work being done in the Justice Sanctions Unit, a position that can be shared across adult and juvenile corrections units may be cost efficient.
The following chart represents the topic under analysis (Section), key findings derived from the agency review (Findings), and specific actions that the consultants recommend be pursued to improve operations and services (Recommendations). For a description of the processes used to determine findings (i.e., interviews, surveys, data collection) see the full report.

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<thead>
<tr>
<th>Section</th>
<th>Findings</th>
<th>Recommendations</th>
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<tr>
<td>Gaps in Current Juvenile Continuum of Services</td>
<td>The Juvenile Justice Unit of the Department of Health and Human Services and its key stakeholders have a positive and collaborative organizational culture and is supportive of a counseling approach to youth and their families.</td>
<td>Create an EBP action plan within the Juvenile Justice Unit. The number of items that need attention under an evidence-based model can be daunting. It is recommended that an action plan be developed that spreads out these activities in such a way that the transition be more reasonably planned out over a three year period of time and that as many staff be involved in the planning effort as possible. Implement additional cognitive behavioral Therapy (CBT) interventions either in-Unit or through community</td>
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<td>Gaps in Current Juvenile Continuum of Services</td>
<td>There is a limited awareness of evidence based practices and principles throughout the much of the juvenile justice system perhaps most notably in the Juvenile Justice Unit itself.</td>
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CBT is the most effective type of program for juvenile offenders if the goal is risk reduction and there are a limited number of CBT programs accessible for juvenile offenders.

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<tr>
<th>Gaps in Current Juvenile Continuum of Services</th>
<th>Communication shared among system players is overly subject to factors that are not related to research or best practices</th>
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<td>Develop policies that support the use of EBP across the continuum of juvenile justice services. The Unit could benefit from a clear set of policies and practices that promote evidence based practices and consistent use of the services that most likely will reduce recidivism.</td>
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<th>Gaps in Current Juvenile Continuum of Services</th>
<th>The implementation of progressive case management techniques appear to be incompatible with a culture of comfort with existing practices within the Juvenile Justice Unit. Discretion by social workers in making case management decisions is not subject to systematic quality control strategies. There is a lack of consistent information available on a case-by-case basis to adequately document what is being done, what changes are expected among youthful offenders, and to what extent the services provided to youth/families are successful.</th>
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<td>Develop a “mixed-model” of case management techniques A mixed model is a combination of a strength-based approach and an assertive case management approach. Within this case management role the juvenile justice social worker works as part of a team with service providers, often coordinating service delivery with an eye on the achievement of criminal justice goals.</td>
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<td>Gaps in Current Juvenile Continuum of Services</td>
<td>There is <strong>no consistent utilization of a valid assessment instrument.</strong> In the past there has been a directive from the Department for workers to use the Level of Service (Case Management) Inventory (LSI). The most recent version, the Youth Level of Service/Case Management Inventory (YLS/CMI), is a structured assessment tool designed to facilitate the effective intervention and rehabilitation of youthful offenders by assessing each youth’s risk level and criminogenic needs.</td>
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<td>Service Enhancements within the Department of Health and Human Services</td>
<td>The Juvenile Justice Unit needs to exercise strong leadership to bring their practice in alignment with evidence-based practice while retaining their clinical methods and relationship skills.</td>
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<td>The Juvenile Justice Unit will likely be experiencing staff turnover.</td>
<td>Develop a staff succession plan. The development of such a plan will ensure the continued strong regard the unit holds with it’s stakeholders, vendors and families.</td>
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<td>The Unit lacks quality assurance protocols thereby putting at risk whether services are delivered effectively.</td>
<td>The Contracts Unit should add EBP outcome requirements to the Juvenile Justice Unit contracts</td>
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