

Overview of DJJ's Service Continuum and Regional Service Coordination (RSC) Service Delivery Model

*Presentation to the
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Virginia Department of Juvenile Justice
www.djj.virginia.gov

DJJ Transformation



- Safely reducing residential population
- Reforming practices and programming in correctional centers
- Developing alternative settings to correctional centers
- Reinvesting cost-savings in community-based alternatives
- Developing a statewide continuum of services
- Developing and utilizing evidence-based programs and services
- Expanding government to government partnerships
- Adopting evidence-based practices in court service units
- Contracting with regional-based service coordination companies

New Service Delivery Model



Goals:

- Eliminate “Justice By Geography” / Ensure Basic Service-Provision
- Expand the Provider Network
- Increase Providers Across a Continuum of Evidence
(innovative → emerging → promising → effective → exemplary)
- Introduce Additional Family-Based Models
- Transfer Service Coordination Responsibilities from DJJ Staff
- Improve Efficiency of Processes
- Increase Capacity to Monitor Compliance and Quality

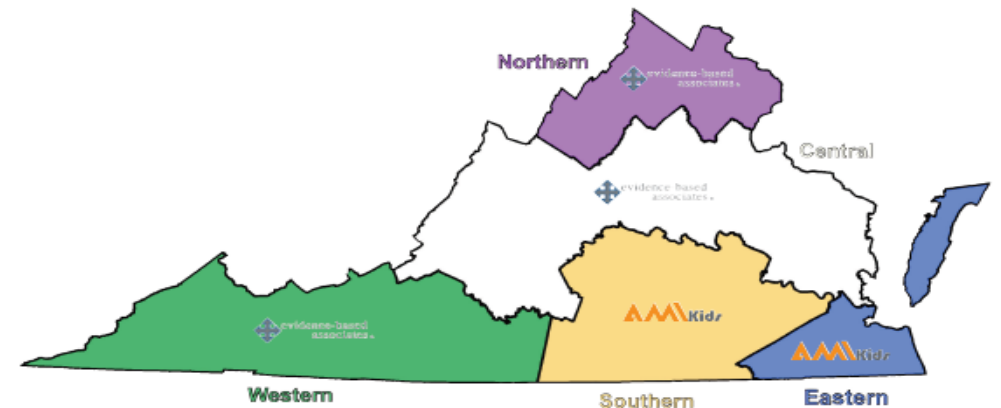
RSC Service Delivery Model



- DJJ launched a new service delivery model on January 1, 2017, to process referrals for portions of a statewide continuum of services.
- No longer contract directly with providers
- Hired two companies to serve as regional service coordinators.
AMIkids (AMI) and Evidence Based Associates (EBA)
- Fixed Rate for Service Coordination (separate from services)

AMI: Eastern and Southern Regions

EBA: Northern, Central and Western Regions





RSC Service Delivery Model

- Request for Proposal (RFP)
- Regional Service Coordination Role Includes:
 - Contracts with a Network of Direct Service Providers
 - Service Coordination and Centralized Referral Processing
 - Centralized Billing and Reporting
 - Service Gap Analysis
 - Implementation of New Services
 - Implementation of Evidence-Based Models
 - Developing and Tracking Performance Measures
 - Conducting Quality Assurance Monitoring of Providers

RSC Service Delivery Model: Service Categories



- Community-Based Services Primarily for Youth on Probation / Parole
 - Assessments
 - Case Management
 - Monitoring Services
 - Non-Clinical Services
 - Clinical Services (across a Spectrum of Evidence)
- Residential Services for Committed Youth and Paroled Youth Age 18+
 - Residential Treatment Centers (9) and Group Homes (8)
 - Independent Living
- > than 125 unduplicated providers*, but evolving from an inclusion model

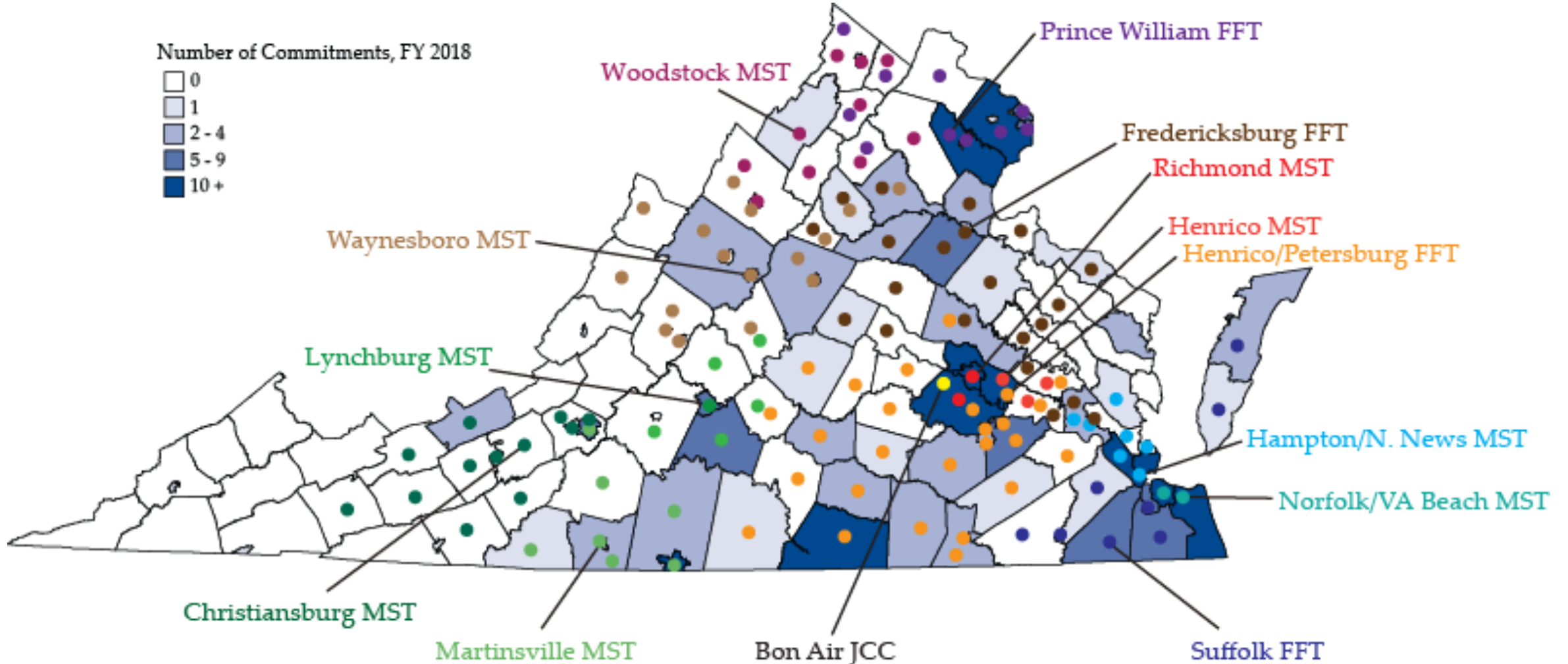
* Online vendor directories

Introduction of Evidence-Based Models of Family Intervention: MST & FFT



- Prior to October 1, 2017:
 - Multi-Systemic Therapy (MST) was available in only two localities
 - Functional Family Therapy (FFT) was not available in Virginia.
- During the last quarter of CY'17, DJJ launched 10 teams statewide:
 - 6 MST teams / 4 FFT teams (2 existing teams)
 - 5 providers of MST; 4 providers of FFT (include private and public)
 - in addition to DJJ's launch, Horizon CSB relaunched a MST team (#13)
 - reach 112 of 133 localities statewide (each team serves a 90 min catchment area)
 - combined daily capacity when fully staffed is nearly 300 families.
 - variable utilization across teams; statewide utilization about 75%

Map of MST and FFT Locations



Introduction of Other EBPs: High Fidelity Wraparound and TFCBT



- High Fidelity Wraparound, an evidence-based model of intensive care coordination is available in large part as a result of the efforts of the Office of Children's Services (OCS) and the Department of Behavioral Health & Developmental Services (DBHDS)
- Trauma-Focused Cognitive Behavioral Therapy, an evidence-based model of individual therapy, is available in large part as a result of the efforts of the Department of Behavioral Health & Developmental Services (DBHDS)
- HFW and TFCBT now available to DJJ-referred youth on probation and parole in > 72%* localities statewide.

*indicates one or more credentialed staff member works for a contracted provider and the provider has expressed a willingness to serve a given city or county.

MST & FFT: The Process



- RFPs written jointly by DJJ and RSCs and published by RSCs
- RSCs signed contracts with selected providers
- National network partners selected for training and TA (required)
- DJJ allocated 1st year start-up funds for initial training and licensing
- Newly selected providers trained
- Referrals made by DJJ staff and vetted by Regional Service Coordinators

MST & FFT Funding and Other Considerations



- Team Concept Required / No Individual MST or FFT Therapists
Roughly \$500,000 per team
- DJJ Paid Start-Up Costs to Launch MST FFT Models
Includes Required National Network Partner, Licensing, Training Fees
Roughly \$65,000 per team
- Data-Driven Strategic Selection of Catchment Areas / Sustainability

MST & FFT Funding and Other Considerations



Resource: www.blueprintsprograms.org

<https://www.blueprintsprograms.org/programs>

<input type="checkbox"/>	<p>MULTISYSTEMIC THERAPY - PROBLEM SEXUAL BEHAVIOR (MST-PSB)</p> <p>PROGRAM INFORMATION TARGET POPULATION FUNDING STRATEGIES</p>	<p>Model</p>	<p>BENEFITS MINUS COSTS</p>	<p>Academic Performance, Adult Crime, Delinquency and Criminal Behavior, Illicit Drug Use, Mental Health - Other, Prosocial with Peers, Sexual Risk Behaviors, Sexual Violence</p>	<p>A juvenile sex offender treatment program to reduce criminal and antisocial behavior, especially problem sexual behavior, by providing intensive family therapy services in the youth's natural environment over a 5-7 month period.</p>
<input type="checkbox"/>	<p>MULTISYSTEMIC THERAPY® (MST®)</p> <p>PROGRAM INFORMATION TARGET POPULATION FUNDING STRATEGIES</p>	<p>Model Plus</p>	<p>BENEFITS MINUS COSTS</p>	<p>Close Relationships with Parents, Conduct Problems, Delinquency and Criminal Behavior, Externalizing, Illicit Drug Use, Internalizing, Mental Health - Other, Positive Social/Prosocial Behavior, Prosocial with Peers, Violence</p>	<p>A juvenile crime prevention program to enhance parenting skills and provide intensive family therapy to troubled teens and delinquent teens that empower youth to cope with the family, peer, school, and neighborhood problems they encounter - in ways that promote prosocial behavior while decreasing youth violence and other antisocial behaviors.</p>

Potential Adaptations of MST and FFT to research:

- Problem-Sexualized Behavior (MST-PSB)
- Emerging Adult (MST-EA) / Coming Into Adulthood (FFT-CIA)
- Child Welfare (FFT-CW)

Questions / Contact Information



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