Continuum of Care Initiative Evaluation

Annual Report

Fiscal Year 2007-08

July 1, 2007 – June 30, 2008

Colorado Department of Human Services

Office of Children, Youth and Family Services
Division of Youth Corrections (DYC)

TRIWEST GROUP

Continuum of Care Initiative Evaluation
Annual Report

Submitted to:

Colorado Department of Human Services
Office of Children, Youth and Family Services
Division of Youth Corrections

By:

Tonya Aultman-Bettridge, PhD
Peter Selby, PhD

TriWest Group
4450 Arapahoe Ave, Suite 100
Boulder, Colorado 80303

303.544.0509
www.triwestgroup.net
Contact: Peter Selby, PhD

October 2008

Acknowledgements

TriWest Group would like to gratefully acknowledge the many people and organizations that have supported this study. This includes the dedication of the leadership of the Division of Youth Corrections. The staff of DYC's Research and Evaluation Services provided significant support and collaboration with the data and analyses for this evaluation. In addition we would like to acknowledge the team at Trails for their assistance in providing data for the study and, of course none of this would have meaning without all of those individuals and organizations, both State and contracted, working to provide services to youth.

Contents

List of Tables & Figures

Executive Summary

The Division of Youth Corrections' Continuum of Care Initiative has brought significant attention and improvements to the Division's continuum of services from initial (assessment) services, through commitment and parole. The flexible funding authorization contained in Footnote 41 of House Bill 08-1375 is an important component of the overall Continuum of Care Initiative. The Division of Youth Corrections is using this added flexibility to support the implementation of a set of integrated system improvements based on research-based principles of effective practice.

Like any major system improvement initiative, the Continuum of Care Initiative represents a relatively long-term commitment to change. As a complex set of integrated strategies, implementation of the Initiative is necessarily iterative and developmental in nature as improvements in one area such as assessment allow improvements in case planning which in turn drive improvements in matching youth to effective interventions leading to improved outcomes. This report represents the third year of evaluation for the Continuum of Care Initiative and emerging results continue to point to positive progress in this system change effort.

The Continuum of Care Initiative

Over the past four years, DYC has embarked on a process to examine and realign internal operational practices to be more consistent with the principles of evidence-based practice (EBP) in order to offer the most effective programs possible to reduce recidivism and re-victimization by juvenile offenders. As part of this strategy, the Continuum of Care Initiative seeks to provide the optimal length of service in each stage of the continuum as youth move from secure residential to community-based services on parole.

> The Continuum of Care Initiative has been implemented through an integrated strategy involving state-of-the-art assessment, enhanced treatment services within residential facilities, and improved transitions to appropriate community-based services.

The Continuum of Care Initiative is implemented within the broader umbrella of the Division of Youth Correction's Mission and serves to operationalize DYC's Five Key Strategies through which the Mission is accomplished. The Five Key Strategies state that the Division will provide:

1. the **right services at the right time**, delivered by
2. **quality staff**, using
3. **proven practices** in
4. **safe environments** embracing
5. **restorative justice** principles.

The Continuum of Care Initiative responds directly to the Five Key Strategies through a set of integrated approaches, starting with assessment featuring the Colorado Juvenile Risk Assessment (CJRA). The Continuum of Care Initiative strategies are briefly described below. Please refer to the full report for a more detailed review of the approaches.

Assess Risk *– Identify and respond to high-risk juvenile offenders.*

Anchored by the Colorado Juvenile Risk Assessment (CJRA), findings from five assessment disciplines are integrated in a Clinical Evaluation Report. The report offers targeted treatment recommendations encompassing criminogenic factors relating to alcohol and drug use, mental health, medical and educational needs. Assessment Specialists, working collaboratively with community partners, create a comprehensive, individualized and interdisciplinary assessment plan for all newly committed juvenile offenders. In the 2007-08 fiscal year, the statewide Trails information management system was enhanced to support the Continuum of Care through integration of the CJRA. Assessment Specialists and Client Managers can now complete the CJRA on the Trails system. Trails then automatically populates elevated risk domains from the CJRA into the Clinical Evaluation Report and the Discrete Case Plan, described directly below.

Target Needs *– Identify and treat risk factors that contribute to offending behavior.*

Using recommendations from the Clinical Evaluation Report and CJRA results, Client Managers next build a Discrete Case Plan (DCP) for each youth. Based on their unique pattern of risk and protective factors, the DCP links each committed youth to the most appropriate set of services and placements and tailors the intensity and duration of supervision and treatment for each youth.

Evidence Based Treatment *– Provide treatment that is proven to work.*

In order for risk assessment data and effective case management to positively impact youth outcomes, youth must have access to a comprehensive continuum of services based on proven, evidence-based strategies. This continuum allows youth to receive appropriate placements based on his or her criminogenic risks, needs and protective factors as assessed through the CJRA. At the core, the reason we care about EBPs is because they have been demonstrated to be effective. In reviewing the core components of interventions that work, a fairly consistent set of elements have been identified. These elements form the core of the Continuum of Care's strategy to survey and promote effective practice.

Individualized Case Management *– Match youth to the most effective placement and treatment.*

DYC's Continuum of Care Initiative strategy matches youth to services based on criminogenic risks and needs as well as individual characteristics and situational factors that may constitute barriers to treatment such as a lack of motivation, anxiety, reading levels and learning styles.

Individualized case management allows youth to be matched to the most effective placement and treatment – yielding better outcomes for youth and efficient use of State resources.

Placements and services may have a positive effect, no effect, or even result in increased rates of re-offending. The Continuum of Care Initiative requires Client Managers to use criminogenic assessment information to target youth according to their risk level and ensure that treatment addresses factors that contribute to offending behavior.

Data-driven quality assurance (fidelity) *– Maintain high quality treatment.*
DYC's Research Department has partnered with DYC leadership to develop and implement protocols for ongoing review of the assessment process, case plan development, their link to the actual services youth receive and ultimately to youth outcomes.

Barriers to an Effective Continuum of Care

As discussed in last year's Annual Report, implementation of the Continuum of Care Initiative is challenged by the multi-year State program reductions stemming from the reductions in Parole Program funding from fiscal years FY 2001-02 through FY 2006-07. That trend resulted in an overall reduction of community-based service options and placed increasing demands on commitment resources. At the same time, categorical funding structures continue to present incentives for placement of youth in high-cost, restrictive residential programs, in spite of strong national research support for community-based services for youth in the juvenile justice system. Even as the array of community-based service options increases, the long term success of the Continuum of Care Initiative still faces challenges from a funding allocation formula based on average daily population (ADP) in commitment placement to determine funding levels. Under this structure, DYC's efforts to improve the overall quality and efficiency of services through the Continuum of Care Initiative create a situation in which success in transitioning youth more rapidly from restrictive and expensive residential commitment to appropriate community-based placements could lead to a downward funding spiral. Given that community expenditures under Footnote 41 are also funded as a percentage of the overall budget based on commitment ADP, successful community initiatives will undermine the budget on which they depend.

> Categorical funding, in concert with multi-year funding reductions in community capacity, promotes an unbalanced continuum of contract services. Relatively easier access to residential services leads to a shortage of community-based options for youth that could benefit from them.

Youth Served

Records of flexible funding expenditures identify 1,695 individual youth committed to DYC who received services under the Continuum of Care Initiative during fiscal year (FY) 2007-08. This number of youth served represents about 63 percent of the entire number of youth served by DYC (n=2,700). The majority of youth receiving services under the Continuum of Care were on parole at some time during the fiscal year (n=1,179), representing about 79 percent of the entire DYC parole population. Youth mainly receive Continuum of Care Initiative services during their time on parole, rather than during their stay in residential facilities. Only 311 youth on parole during the fiscal year did not receive any services under

the Continuum of Care Initiative. Table 1 (below) compares the proportions of youth served in the Continuum of Care Initiative and the total DYC youth served during FY 2007-08.

Table 1: Continuum of Care Youth Served vs. Overall DYC Commitment Population

FY 2007-08 Management Region	Proportion of Continuum of Care Initiative Youth (n=1,695)	Proportion of All FY 2007-08 DYC Clients Served (n=2,700)
Central	39.6%	42.6%
Northeast	25.7%	27.2%
Southern	21.0%	19.7%
Western	13.7%	10.5%

Differences are not statistically significant. For all regions $Z<1.0$; $p>.05$.

The majority of youth served in the Continuum of Care Initiative (86%) were male; closely mirroring the overall DYC commitment population that was 87% male in FY 2007-08. The majority of youth served were identified as either Caucasian (41%) or Hispanic (37%), with African American youth making up 18% of youth served. Further, youth served across the Continuum of Care Initiative were an average of 16.4 years of age at the time of commitment. On average, by the time youth left residential placement and began their parole period, they were an average of 17.4 years old. This represents a relatively older group of youth that are often challenging to serve effectively. These youth are in transition from residential placement back to the community, at the same time they are transitioning towards independence.

Criminogenic Risks and Needs – The information generated through the Colorado Juvenile Risk Assessment (CJRA) represents a cornerstone of the Continuum of Care Initiative. A full CJRA, completed at the time a youth is committed to DYC ("initial" assessment), provides Assessment Staff and Client Managers with a profile of scores across the 12 domains of risk and protective factors. Table 2 (next page) depicts the relative risk across each of the 12 CJRA domains. For static domains, reflecting risk factors that are historical or cannot be changed through intervention, elevations simply reflect a high relative risk related to that domain. For dynamic factors, however, elevations mark areas of high relative risk that guide case planning as possible targets for intervention.

Table 2: Distribution of Treatment Needs
FY2007-08 Continuum of Care Youth

		Percent of Youth Served		
	N	Level of Relative Risk		
		Low	Moderate	High
Criminal History	1506	2%	13%	84%
Attitudes	1498	17%	14.9%	68%
Relationships	1497	3%	32%	65%
Aggression	1496	13%	26%	61%
Social Skills	1481	30%	9%	61%
Family	1500	43%	23%	34%
Substance Use	1464	53%	11%	36%
School	1494	70%	14%	17%
Mental Health	1496	48%	45%	7%
Use of Free Time[1]	N/A	N/A	N/A	N/A
Employment[2]	N/A	N/A	N/A	N/A

CJRA risk factors reflect criminogenic risks –factors that directly related to criminal behavior – rather than simply reflecting behavioral or treatment needs. A low or moderate score on a given domain does not mean that a youth could not benefit from treatment in that area, just that it is not likely underlying his or her criminal behavior. While there were no differences in the Criminal History Risk scores between Continuum of Care Initiative youth and paroled youth not receiving Continuum of Care services, a significantly higher proportion of Continuum of Care Initiative youth scored in the high range of risk than other paroled youth, across every dynamic domain except for the family and attitudes domains. This suggests that the Continuum of Care is serving youth with the most complex needs.

Continuum of Care Initiative youth not only exhibit high treatment needs, as represented by the proportion of youth with "high" scores in each of the risk domains. Additionally, these youth exhibit a complex pattern of risk with the majority of youth having high risk in multiple domains and more than half (56%) having high risk across four or more of the 8 dynamic risk domains. Please refer to the body of this report for a detailed discussion of these risk patterns.

Expenditures

Information regarding the types of services purchased under the Continuum of Care Initiative was tracked for each DYC management region. For FY 2007-08, tracking data showed

[1] Note that the Use of Free Time and Employment Domains do not have scores that indicate treatment need. These domains both record youth's protective factors (rather than risk) and may be areas that can be bolstered for successful community transition, but do not necessarily indicate a treatment need.
[2] See footnote 4 above.

expenditures of $4,462,553. This reflects a $672,437 (18%) increase over last year's spending, reflective of the continuing increases in the proportion of the flexible spending provision in DYC's Contract Placements Line Item, which increased from an initial 10% in FY 2005-06 to 15% in FY 2006-07 and 20% in FY 2007-08. Fiscal year 2007-08 expenditures across the 1,695 youth served represents an average of $2,636 per youth. This is higher than the average amount spent in FY 2007-08 ($2,225 per youth). The distribution of expenditures across DYC Management Regions closely matches the regional distributions of youth served and overall committed ADP.

One hundred percent (100%) of expenditures were spent on the provision and enhancement of services to youth. The types of services purchased broadly fall into three categories – **Treatment Services, Youth Supervision** and **Youth Support.** The majority of expenditures (86%) were for youth treatment services. The remaining expenditures were allocated to youth supervision (8%) and youth support (6%) services. Please refer to the full report for a detailed discussion of expenditures across these three areas.

The overall proportion of funds spent on treatment services increased in FY2007-08, reflecting the success of the Initiative in emphasizing treatment targeting criminogenic risks and needs.

Treatment Services make up the preponderance of services purchased through Continuum of Care expenditures, accounting for $3,824,883 (86%) of overall spending. These services include individual, group and family therapy services. Vocational, educational and mentoring programs also account for a substantial proportion of these expenditures. Restorative Community Justice Services, Assessment and Evaluation each made up less than half of one percent of expenditures. Table 3 (on the following page) shows the distribution of treatment services, by specific service type. Items in bold indicate a change in ranking from the previous fiscal year.

Table 3: Distributions of Treatment Expenditures by Type of Service

Type of Service	FY 2006-07		FY 2007-08	
	Amount Spent	Percent of Spending	Amount Spent	Percent of Spending
Mentoring	$1,188,863	39.3%	$1,425,451	37.3%
Family Therapy	$659,698	21.8%	$795,345	20.8%
Job/Skills Training	$386,709	12.8%	$764,626	20.0%
Community Transition	$290,108	9.6%	$288,440	7.5%
Individual Therapy	$142,145	4.7%	$212,164	5.5%
↑Provider Network Maintenance [3]	**$53,803**	**1.8%**	**$131,697**	**3.4%**
↑Restorative-Community Justice	**$4,973**	**<1%**	**$52,951**	**1.4%**
↓Substance Abuse Treatment	**$74,896**	**2.5%**	**$46,423**	**1.2%**
↓Offense-Specific Treatment	**$52,580**	**1.7%**	**$35,155**	**1%**
Group Therapy	$41,124	1.4%	$19,080	<1%
↑Evidence Based Behavior Training[4]	--	--[5]	**$16,817**	<1%
↓Art-Recreational Therapy	**$31,487**	**1.0%**	**$14,368**	**<1%**
↓Day Treatment	**$89,875**	**3.0%**	**$12,638**	**<1%**
↓Offense-Specific or Psychiatric Evaluation	**$6,430**	**<1%**	**$9,728**	**<1%**
Total	$3,022,691	100%	$3,824,883	100%

Continuum of Care Outcomes

An important component of the Division's Continuum of Care Initiative, and a potential benefit of the flexibility authorized in Long Bill footnote 41, is to serve youth in the most appropriate and least restrictive placement that satisfies needs for community safety and youth treatment. For many youth, the necessary and most appropriate level of restrictiveness will decrease over the course of their DYC commitment. Flexibility allows DYC Client Managers to move youth more quickly out of high cost, restrictive residential placement into community based options that will offer increased opportunities to prepare youth for successful transition back into normal community connections such as family, school and employment.

Re-Offending – One measure of whether youth are receiving services that address their criminogenic risks and needs is the degree to which dynamic risk scores change for youth over time during their Length of Service in DYC. Continuum of Care youth showed significant improvement across all of the dynamic risk domains analyzed here, except for the family domain.

[3] Includes Savio service fees.
[4] Includes Cognitive-Behavioral Training (CBT) and Dialectic Behavior Training (DBT).
[5] Some CBT was included in the previous fiscal year expenditures, but because the amounts were very low, CBT was included in the Job & Other Skills Training category in the past.

Days in Residential Placement – This year's Continuum of Care discharge cohort had a lower total commitment length of service (LOS) than the comparison cohort (24.6 months versus 27.7 months). This length of service was also lower than the total LOS for youth served by the Continuum of Care in the previous fiscal year (25.7 months).

Commitment Residential ADP – Prior to 2005-06, commitment ADP trends have shown a steady increase over the past 14 years (Figure 6 in the main report). During the first year of the Continuum of Care Initiative, for the first time in 14 years, the commitment ADP rate did not show an increase, but rather a slight decline. This decrease was even more pronounced during FY 2007-08. As has been noted in previous reports, in light of the large (approximately 70%) multi-year reductions in state funds for Parole Program Services between FY 2001-02 and FY 2005-06, the continued success of the Division of Youth Corrections in reducing the ADP is noteworthy.

The Continuum of Care Initiative also appears to have had an initial impact on the rate of recommitment. A (statistically) significantly lower proportion of Continuum of Care Initiative youth were recommitted to DYC prior to discharge from their original commitment than youth in the Fiscal Year 2004-05 discharge comparison group. This lower rate has persisted into the most recent fiscal year.

Cost Avoidance – The Continuum of Care's success at reducing ADP has led to real and significant cost avoidance to DYC and the State of Colorado. A simple comparison of the difference between Legislative Council Staff (LCS) projections and actual ADP shows a difference of 224 for FY 2007-08. This reduction in ADP over projections would translate to a savings of $12,910,006. Looking back over the last three years of the Continuum of Care, cumulatively, reveals savings of almost $18 million, counting only direct costs to DYC and not incorporating broader cost savings as a result of moving youth more quickly back to normal community placements and school participation.

Risk of Re-Offending – As more time passes since the launching of the Continuum of Care, more sophisticated analyses of recidivism will be possible. Currently, the first two full years of implementation allow for the comparison of pre-discharge recidivism across the two complete Continuum of Care discharge cohorts along with the comparison group of youth discharged prior to program implementation. As more time elapses, post-discharge recidivism can be evaluated. Pre-release discharge recidivism rates for the FY 2006-07 Continuum of Care youth sample were significantly lower than for the Fiscal Year 2004-05 DYC Discharge Cohort. There were nearly 10% fewer pre-discharge recidivism events in the Continuum of Care Initiative FY 2006-07 cohort than there were in the FY 2004-05 group. This represents a decrease of 23.5% in the rate of recidivism for Continuum of Care Initiative youth. In FY 2007-08, the pre-discharge recidivism rate remained unchanged and maintained the gains seen in the prior year. In

Last year, decreases in pre-discharge recidivism demonstrated a 23.5% reduction over FY 2004-05. FY 2007-08 maintained these gains as rates stayed nearly identical.

addition, youth served by the Continuum of Care had a lower recidivism rate than did youth not receiving these services. This difference remained statistically significant even when controlling for the differences in mental health needs and sex offender status.

Conclusions

Like any major system improvement initiative, the Continuum of Care Initiative represents a relatively long-term commitment to change. As a complex set of integrated strategies, implementation of the Initiative is necessarily iterative and developmental in nature, as improvements in one area such as assessment allow improvements in case planning which in turn drive improvements in matching youth to effective interventions leading to improved outcomes. This report represents the third year of evaluation for the Continuum of Care Initiative and emerging results continue to point to positive progress in this system change effort.

The Continuum of Care Initiative continues to identify and serve youth who enter the system as a high risk for re-offending. CJRA risk and needs data demonstrate that youth served through the initiative are at a high level of risk to re-offend, most across multiple risk domains. This indicates that DYC is targeting its resources to those youth who represent the highest delinquency costs in terms of the social cost of re-offense as well as costs stemming from returns to the juvenile justice system.

Colorado Juvenile Risk Assessment (CJRA) data is being successfully used to drive case planning that targets criminogenic risk factors for each youth. Through integration of the CJRA into the Trails data system and coordination with the Discrete Case Plan that drives care planning for committed youth, services for youth are linked closely to criminogenic risks and needs.

Colorado Juvenile Risk Assessment (CJRA) risk levels decrease for youth receiving Continuum of Care Initiative services. CJRA data demonstrates that dynamic risk scores showed a significant decrease over time for youth receiving services. This suggests that the Continuum of Care Initiative is appropriately identifying and targeting treatment to areas of criminogenic risk.

Continuum of Care Initiative youth spend less time in placement. Analyses revealed that the FY2007-08 discharge cohort had a lower total commitment length of service (LOS) than the comparison cohort (24.6 months versus 27.7 months). This length of service was also lower than the total LOS for youth served by the Continuum of Care in the previous fiscal year (25.7 months).

The continued decrease in ADP for FY 2007-08 continues a significant positive shift. During the first year of the Continuum of Care Initiative, for the first time in 14 years, the commitment ADP rate did not show an increase, but rather a slight decline. This decrease continued in FY 2006-07 and was even more pronounced during FY 2007-08. As has been

noted in previous reports, in light of the large (approximately 70%) multi-year reductions in state funds for Parole Program Services between FY 2001-02 and FY 2005-06, the continued success of the Division of Youth Corrections in reducing the ADP is noteworthy.

Youth served by the Continuum of Care had a lower recidivism rate than did youth not receiving these services. Last year, decreases in pre-discharge recidivism demonstrated a 23.5% reduction over FY 2004-05. In FY 2007-08, the pre-discharge recidivism rate remained unchanged and maintained the gains seen in the prior year. In addition, youth served by the Continuum of Care had a lower recidivism rate than did youth not receiving these services. This difference remained statistically significant even when controlling for the differences in mental health needs and sex offender status.

Cost avoidance. The Continuum of Care's success at reducing ADP has led to real and significant cost avoidance to DYC and the State of Colorado. A simple comparison of the difference between Legislative Council Staff (LCS) projections and actual ADP reveals a difference of 224 for FY 2007-98. This reduction in ADP over projections would translate to a savings of $12,910,006.

Reductions in ADP have led to real and significant cost avoidance to DYC and the State of Colorado.

The Division of Youth Corrections is engaged in ongoing system improvement efforts to implement the Continuum of Care Initiative. The Division is engaged in systematic efforts to implement the integrated strategies of the Initiative. As described in the body of this report, improvements have been made in the assessment and case planning processes. Strategies to bolster the service array of evidence-based services are currently underway, as are data-driven quality assurance efforts.

Family oriented treatment services need to be enhanced. CJRA data revealed significant improvements from Continuum of Care Initiative services for several dynamic risk areas but did not improve on the family risk domain. As research has drawn a strong link between family risk and recidivism, this points to an area that warrants further attention. While the youth served by the Initiative were, on average, older teens the relative weakness in this area will be an important area of investigation as DYC moves ahead with efforts to identify and enhance the service array.

An Effective Approach – The experience of juvenile justice jurisdictions nationally (e.g., Barnoski & Aos, 2005) as well as the data presented in this report clearly point to the strategies authorized through the footnote as the most appropriate and effective approach to managing services for juvenile offenders.

The outcomes and process information available for this report point to the successful implementation of DYC's Continuum of Care Initiative.

Continuum of Care Initiative Evaluation
Annual Report

Background

Over the last three years, the Colorado Division of Youth Corrections has undertaken a comprehensive systems improvement effort – the Continuum of Care Initiative. This initiative has brought significant attention and improvements to the Division's continuum of services from initial (assessment) services through commitment and parole. The flexible funding authorization contained in Footnote 41 of House Bill 08-1375 is an important component of the overall Continuum of Care Initiative. The Division of Youth Corrections is using this added flexibility to support the implementation of a set of integrated system improvements based on research-based principles of effective practice.

The Division of Youth Corrections (DYC) sought authorization from the General Assembly to flexibly deploy funds from DYC's Purchase of Contract Placements funding line item in order to optimize the availability of the most effective services in the most appropriate settings to meet the rehabilitation needs of juvenile offenders in DYC's custody. In Fiscal Years (FY) 2005-06, FY 2006-07 and FY 2007-08, the General Assembly authorized DYC to engage in a demonstration of enhanced flexibility in treating and transitioning youth from residential to non-residential settings:

Footnote 41 of House Bill 08-1375:

> *It is the intent of the General Assembly that up to 20.0 percent of the General Fund appropriation to this line may be used to provide treatment, transition, and wrap-around services to youths in the Division of Youth Correction's system in residential and non-residential settings.*

Context: The Continuum of Care Initiative

The Division of Youth Corrections (DYC), as part of its ongoing efforts to systematically pursue and utilize the most advanced strategies available for juvenile rehabilitation, has implemented the Continuum of Care Initiative. The initiative is based on principles of effective juvenile justice strategies that have been proven through research and practice to work. The integrated set of strategies making

The Continuum of Care Initiative has been implemented through an integrated strategy involving state-of-the-art assessment, enhanced treatment services within residential facilities, and improved transitions to appropriate community-based services.

up the Continuum of Care Initiative are based primarily on available research and the experiences of jurisdictions across the country regarding "what works" in juvenile justice. Over the past four years, DYC has embarked on a process to examine and realign internal operational practices to be more consistent with the principles of evidence-based practice (EBP) in order to offer the most effective programs possible to reduce recidivism and re-victimization by juvenile offenders. As part of this strategy, the Continuum of Care Initiative seeks to provide the optimal length of service in each stage of the continuum as youth move from secure residential to community-based services on parole.

The Continuum of Care Initiative is implemented within the broader umbrella of the Division of Youth Correction's Mission and serves to operationalize DYC's Five Key Strategies through which the Mission is accomplished. The Five Key Strategies state that the Division will provide:

6. the **right services at the right time**, delivered by
7. **quality staff**, using
8. **proven practices** in
9. **safe environments** embracing
10. **restorative justice** principles.

The Continuum of Care Initiative responds directly to the Five Key Strategies through a set of integrated approaches, starting with assessment featuring the Colorado Juvenile Risk Assessment (CJRA). As depicted in Figure 1, these principles are inter-related and must be implemented together in order to yield the full benefits of the Continuum of Care Initiative.

Figure 1: Principles of the Continuum of Care Initiative

Assess Risk *– Identify and respond to high-risk juvenile offenders.*

The Continuum of Care Initiative is driven by high quality, actionable information. DYC's Assessment Services represents the front line in the Continuum. The assessment process applies evidence-based evaluation practices to measure and communicate critical criminogenic aspects of functioning for juvenile offenders committed to the Division of Youth Corrections. Anchored by the Colorado Juvenile Risk Assessment (CJRA), findings from five assessment disciplines are integrated in a Clinical Evaluation Report. The report offers targeted treatment recommendations encompassing criminogenic factors relating to alcohol and drug use, mental health, medical and educational needs. Assessment Specialists, working collaboratively with community partners, create a comprehensive, individualized and interdisciplinary assessment plan for all newly committed juvenile offenders.

As noted, the work of Assessment Services is anchored by the CJRA. Through this tool, each youth's unique criminogenic needs are identified by a series of questions that probe all the areas of a youth's life that have been proven to predict pro- or anti-social behavior: family, relationships, use of free time, attitudes, behaviors, alcohol and drugs, education, employment, mental health, aggression, and social skills. Each area is analyzed in terms of

both risk factors that make it more likely a youth will re-offend and protective factors that buffer youth from family and community risks and make it less likely they will re-offend.

In the 2007-08 fiscal year, the statewide Trails information management system was enhanced to support the Continuum of Care through integration of the CJRA. Assessment Specialists and Client Managers can now complete the CJRA on the Trails system. Trails then automatically populates elevated risk domains from the CJRA into the Clinical Evaluation Report and the Discrete Case Plan, described directly below.

Target Needs *– Identify and treat risk factors that contribute to offending behavior.*

Using recommendations from the Clinical Evaluation Report and CJRA results, Client Managers next build a Discrete Case Plan (DCP) for each youth. Based on their unique pattern of risk and protective factors, the DCP links each committed youth to the most appropriate set of services and placements and tailors the intensity and duration of supervision and treatment for each youth. In turn, the DCP supports team-based treatment and transition planning and helps treatment providers to recognize and target youth-specific criminogenic needs, thus avoiding broad spectrum services with undefined goals and lengths of stay.

Evidence Based Treatment *– Provide treatment that is proven to work.*

In order for risk assessment data and effective case management to positively impact youth outcomes, youth must have access to a comprehensive continuum of services based on proven, evidence-based strategies. This continuum allows youth to receive appropriate placements based on his or her criminogenic risks, needs and protective factors as assessed through the CJRA. Moreover, access to a full array of services supports an efficient utilization of funds and resources by allowing youth to move to lower levels of restrictiveness (and cost) as their risk profile and treatment progress allows. Use of evidence-based programming can also result in significant cost avoidance. Researchers for the State of Washington, for example, have found that evidence-based treatments such as Functional Family Therapy, Multisystemic Therapy, and Aggression Replacement Training result in overall societal returns of $2 to $12 in benefits and avoidance of the costs associated with future crime for every $1 spent (Aos, et al., 2004).

In light of clear and consistent evidence that targeted treatments matched to youth-specific criminogenic needs show the most benefit (Andrews & Zingler, 1990) and that residential treatment has demonstrated inconclusive results (Lyons, et al., 1998), DYC seeks to achieve a more effective and efficient balance between residential and community-based intervention strategies. After enhancing targeted treatment capacity in State-operated commitment programs in FY 2006-07 by constructing the State's new Sol Vista Youth Services Center and adding 29 newly funded positions dedicated to the treatment of juveniles who have committed sexual offenses, as well as those having mental health and substance abuse treatment needs, the Continuum of Care Initiative has been focusing on building capacity to link youth to appropriate evidence based community and family-based services.

Core Elements of Evidence Based Practices

- Address motivation for both youth and family;
- Focus on strengths rather than solely or primarily on the elimination of deficits or "illness";
- Provide intensive contacts and round-the-clock crisis backup for a period long enough to achieve change;
- Give youth and their families, separately and jointly, practical skills for self-regulation;
- Be tailored to the socio-cultural realities of each youth and family;
- Target risk or protective factors that are relevant for the youth and family;
- Promote autonomy of the youth and family in their home environments;
- Ensure that the intervention as delivered is faithful to the model (fidelity);
- To the extent possible, deliver services in relevant natural environments (home, school, and community);
- Offer safe places—such as therapeutic foster care and therapeutic respite care—that reduce the stress and overload of information often experienced by children and their parents;
- Coordinate services and youth/family participation with juvenile justice agents (including judges, police, probation and parole officers) to increase youth and family accountability.

Through an Evidence Based Practices (EBP) Committee made up of DYC leaders and provider representatives, the Continuum of Care Initiative is moving forward with the complex process of identifying the most effective evidence based modalities for serving committed youth and enhancing the capacity of the service array in both state and contracted facilities. The EBP Committee has developed, and is preparing to implement, a model for surveying and promoting evidence based interventions. The first step in this process is to offer a way of moving towards a common understanding of EBPs. Many conceptual models exist to describe evidence-based, or empirically-based, practices. At the core, the reason we care about EBPs is because they have been demonstrated to be effective. In reviewing the core components of interventions that work, a fairly consistent set of elements have been

identified. These elements form the core of the Continuum of Care's strategy to survey and promote effective practice.

During FY 2008-09, DYC will continue to work with state and contracted providers to survey the available service array while building capacity to offer evidence based treatment strategies that respond to the criminogenic risks and needs of the youth committed to DYC care.

Individualized Case Management *– Match youth to the most effective placement and treatment.*

Effective, information-driven case management is at the crux of the Continuum of Care strategy. Without effective case management, the information made available through Assessment Services and the CJRA will be of limited value. Similarly, the continuum of treatment options available through the service array are only useful to the extent that they are matched to the needs of individual youth. DYC's Continuum of Care Initiative strategy matches youth to services based on criminogenic risks and needs as well as individual characteristics and situational factors that may constitute barriers to treatment such as a lack of motivation, anxiety, reading levels and learning styles.

Placements and services may have a positive effect, no effect, or even result in increased rates of re-offending. The Continuum of Care Initiative requires Client Managers to use criminogenic assessment information to target youth according to their risk level and ensure that treatment addresses factors that contribute to offending behavior. This requires intense focus to tailor the intensity and duration of supervision and treatment for each youth. This approach, in turn, will allow DYC to utilize resources more efficiently by ensuring that youth receive supervision and treatment that matches their criminogenic risks and needs, and takes into account responsivity issues, such as personality and learning characteristics, and other factors that constitute barriers to treatment such as a lack of motivation, anxiety, and reading levels.

Individualized case management allows youth to be matched to the most effective placement and treatment – yielding better outcomes for youth and efficient use of State resources.

Data-driven quality assurance (fidelity) *– Maintain high quality treatment.*

DYC understands the necessity of using data to monitor and promote the highest quality services possible. To this end, DYC's Research Department has partnered with DYC leadership to develop and implement protocols for ongoing review of the assessment process, case plan development, their link to the actual services youth receive and ultimately to youth outcomes.

Barriers to an Effective Continuum of Care

Historical Context – As discussed in last year's Annual Report, implementation of the Continuum of Care Initiative is challenged by the multi-year State program reductions stemming from the reductions in Parole Program funding from fiscal years FY 2001-02 through FY 2006-07. That trend resulted in an overall reduction of community-based service options and placed increasing demands on commitment resources. At the same time, categorical funding structures continue to present incentives for placement of youth in high-cost, restrictive residential programs, in spite of strong national research support for community-based services for youth in the juvenile justice system.

Historically, ensuring access to appropriate community-based services for youth in DYC custody has been impeded by significant (approximately 70%) reductions in state funds for Parole Program Services between FY 2001-02 and FY 2005-06[6]. These reductions significantly reduced the availability of contracted community-based services that DYC Client Managers are able to access for youth. For FY 2006-07, the Parole Program Services appropriation totaled $3.3 million, or approximately 78 percent of the FY 2001-02 appropriation.

In light of clear and consistent national findings pointing to the clinical and cost effectiveness of community-based treatment options, it is critical to ensure that funding levels remain adequate to support the full continuum of evidence based community treatment options even as average daily population (ADP) in residential facilities is reduced through successful implementation of the principles underlying the Continuum of Care Initiative. As the continuum of community-based services is being rebuilt, DYC is working closely with providers to ensure that new services meet criteria for effectiveness. However, even as the array of community-based service options increases, the long term success of the Continuum of Care Initiative still faces challenges from a funding allocation formula based on ADP in commitment placement to determine funding levels. Under this structure, DYC's efforts to improve the overall quality and efficiency of services through the Continuum of Care Initiative create a situation in which success in transitioning youth more rapidly from restrictive and expensive residential commitment to appropriate community-based placements could lead to a downward funding spiral. Given that community expenditures under Footnote 41 are also funded as a percentage of the overall budget based on commitment ADP, successful community initiatives will undermine the budget on which they depend.

> Categorical funding, in concert with multi-year funding reductions in community capacity, promotes an unbalanced continuum of contract services. Relatively easier access to residential services leads to a shortage of community-based options for youth that could benefit from them.

[6] Parole Program Services funds were cut from an appropriation of $4,255,899 in FY 2001-02 to $3,310,675 in FY 2006-07.

Continuum of Care Initiative Evaluation Report Structure

The Joint Budget Committee (JBC) has requested for FY 2007-08 that the Division report on the effectiveness of the use of this funding flexibility in providing services. The full text of JCB Request for Information #45 (formally in the form of a Long Bill footnote) is as follows:

> "The Division is requested to provide a report to the Joint Budget Committee on November 1, 2008. This report should include the following information: (1) the amount spent serving youths in residential and non-residential settings from this line item in FY 2007-08; (2) the type of services purchased with such expenditures; (3) the number of committed and detained youths treated with such expenditures; (4) baseline data that will serve to measure the effectiveness of such expenditures; and (5) an evaluation of the effectiveness of this footnote in addressing the need for flexibility in treating and transitioning youth from residential to non-residential settings."

The intent of this evaluation is twofold. First, it provides the information requested by the JBC, as detailed above. In addition, this evaluation is designed to provide DYC and Legislative leaders with information to understand implementation, operations and impacts of the Continuum of Care Initiative. Responding to this purpose, this evaluation report follows the structure of prior reports, guided by the JBC request, in order to demonstrate the way in which funds identified in House Bill 08-1375 are used. The following Table outlines the structure of the report.

Table 1: Footnote Report Requirements and Report Sections

Footnote Requirement	Corresponding Report Section
1. The amount spent serving youths in residential and non-residential settings from this line item in FY 2006-07.	Section II: Expenditures (page 16)
2. The type of services purchased with such expenditures.	Section II: Expenditures (page 18)
3. The number of committed and detained youths treated with such expenditures.	Section I: Youth Served (page 9)
4. Baseline data that will serve to measure the effectiveness of such expenditures.	Section III: Outcomes (page 27)
5. An evaluation of the effectiveness of this footnote in addressing the need for flexibility in treating and transitioning youth from residential to non-residential settings.	Section III: Outcomes (page 27)

Reflecting the intent the JBC Request for Information, the report seeks to achieve three main objectives:

- To describe the youth being served by the Continuum of Care Initiative, including a preliminary analysis of risk for re-offending and treatment needs;

- To describe the services provided, relative to youth needs and the features of evidence based practice; and

- To discuss emerging indicators regarding program effectiveness.

Data for this report come from four primary sources.

1. **Continuum of Care Initiative tracking forms** developed by DYC were used by Client Managers to document each service purchased through the Continuum of Care Initiative. For each youth receiving services, these forms track the amount of funds expended, the types of service purchased, and the service provider. Forms also include a Trails ID for linking youth receiving services to their information in the Trails system.

2. **DYC Trails Data System –** Extracts from the Trails data system provide information regarding the youth served with flexible funds, commitment length of service (LOS) for each youth, and overall monthly ADP over the course of the fiscal year.

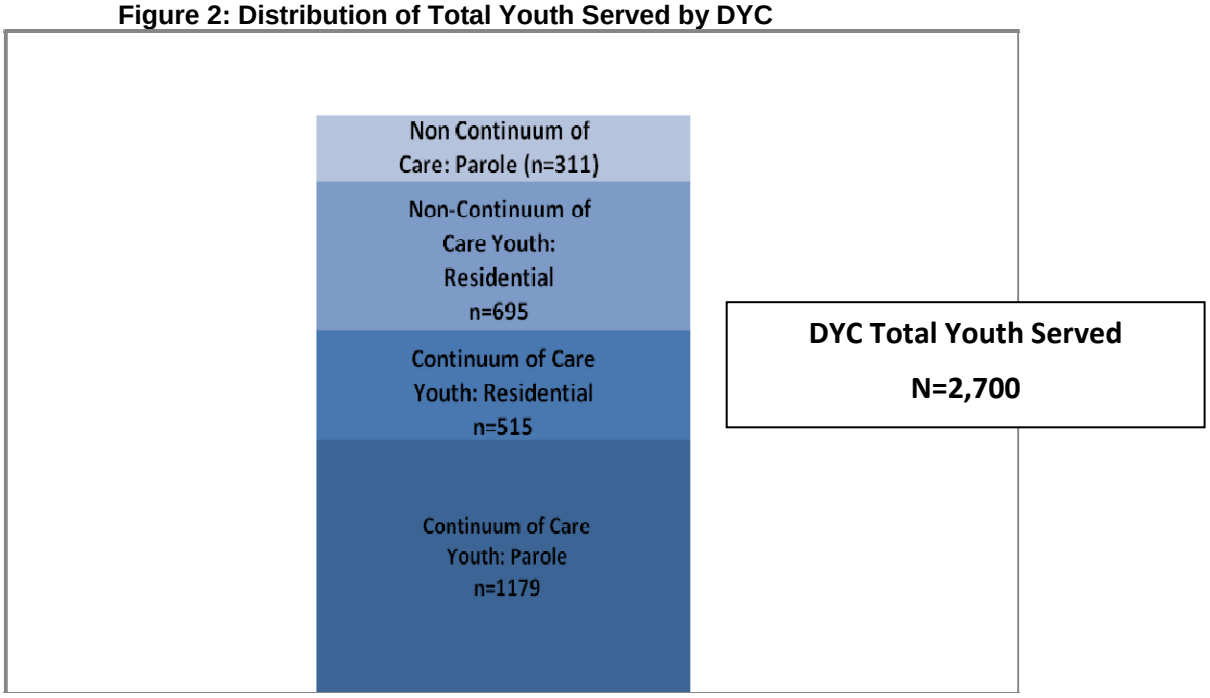
3. **Risk Assessment Data** is available from the first three years of implementation of the Colorado Juvenile Risk Assessment (CJRA). The CJRA has been integrated into the Trails Data System; extracts from that system are used to provide information on youth risks and treatment needs as well as targeted areas in the youth's Discrete Case Plan (DCP)

Youth Served

Records of flexible funding expenditures identify 1,695 individual youth committed to DYC who received services under the Continuum of Care Initiative during fiscal year (FY) 2007-08. This number of youth served represents about 63 percent of the entire number of youth served by DYC (n=2,700). The majority of youth receiving services under the Continuum of Care were on parole at some time during the fiscal year (n=1,179), representing about 79 percent of the entire DYC parole population. Youth mainly receive Continuum of Care Initiative services during their time on parole, rather than during their stay in residential facilities. Only 311 youth on parole during the fiscal year did not receive any services under the Continuum of Care Initiative.

Figure 2, on the next page, illustrates the distribution of the overall numbers of youth served by DYC, based on receipt of Continuum of Care Initiative funds as well as whether or not the youth was paroled during the fiscal year.

Figure 2: Distribution of Total Youth Served by DYC



Initiative youth served is almost unchanged over last fiscal year. As was the case during the previous fiscal year, all of these youth receiving services were DYC committed youth[7]. No detained youth were served using Continuum of Care Initiative funds.

Figure 3 (below) shows the distribution of youth served across the four DYC Management Regions. These proportions of youth served in the Continuum of Care Initiative are consistent with those reported in last year's (FY 2006-07) evaluation report. In addition, these percentages closely reflect the distribution of youth served for youth across the regions.

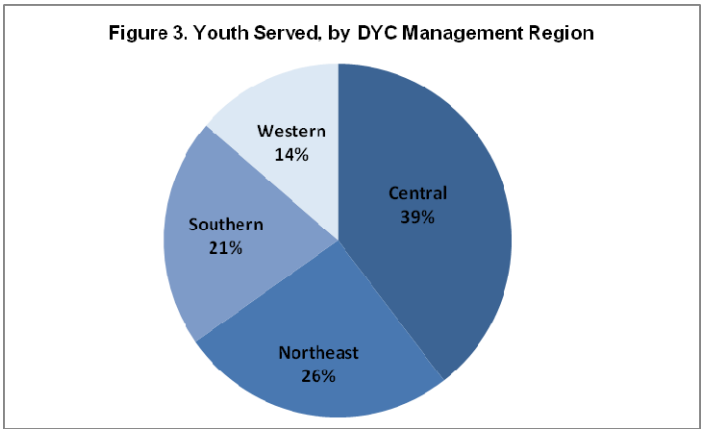


Table 2 (next page) compares the proportions of youth served in the Continuum of Care Initiative and the total DYC youth served during FY 2007-08.

[7] There were an additional 10 youth who received services funded by the Continuum of Care funds through the Interstate Compact on Juveniles (ICJ), a cooperative agreement among the states that allows for the supervision of youth who have been paroled from another state's youth corrections system.

Table 2: Continuum of Care Youth Served vs. Overall DYC Commitment Population

FY 2007-08 Management Region	Proportion of Continuum of Care Initiative Youth (n=1,695)	Proportion of All FY 2007-08 DYC Clients Served (n=2,700)
Central	39.6%	42.6%
Northeast	25.7%	27.2%
Southern	21.0%	19.7%
Western	13.7%	10.5%

Differences are not statistically significant. For all regions $Z<1.0$; $p>.05$.

Table 3 (below) shows the demographic distributions of youth served with funds under the Continuum of Care Initiative.

Table 3: Gender and Ethnicity of Youth Served FY 2007-08

	Continuum of Care Initiative Youth		Overall DYC Commitment Population	
	Number of Youth	Percentage	Number of Youth	Percentage
Female	232	13.7%	353	13.1%
Male	1463	86.3%	2347	86.9%
American Indian or Alaskan Native	42	2.5%	54	2.0%
Asian	6	<1%	14	<1%
Black or African American	305	18.0%	511	18.9%
Hispanic	628	37.1%	984	36.5%
Native Hawaiian or Other Pacific Islander	9	<1%	11	<1%
White (Caucasian)	701	41.4%	1119	41.4%
Unable to Determine	4	<1%	7	<1%
TOTAL	**1695**	**100.0%**	**2700**	**100.0%**

Differences are not statistically significant. For all demographics $Z<1.0$; $p>.05$.

The majority of youth served in the Continuum of Care Initiative (86%) were male, closely mirroring the overall DYC commitment population that was 87% male in FY 2007-08.

The majority of youth served were identified as either Caucasian (41%) or Hispanic (37%), with African American youth making up 18% of youth served. American Indian or Alaskan Native made up 2.5% of youth served. Asian youth and Native Hawaiian or Pacific Islander youth each made up less than 1% of the youth served. Again, these proportions closely reflect the proportions of all committed youth served during FY 2007-08.

Characteristics of Youth Served

Youth served across the Continuum of Care Initiative were an average of 16.4 years of age at the time of commitment. On average, by the time youth left residential placement and began their parole period, they were 17.4 years old. Effectively serving this relatively older group of youth is often challenging. These youth are transitioning from residential placement back to the community at the same time they are moving towards independence. Many of them do not return to families but instead enter independent living arrangements. Even those youth who do return to families are not as impacted by family-based interventions as younger teens. Thus, older youth not only need treatment to continue to address their criminogenic risk for re-offending, but also require support and training to facilitate successful independent living.

Table 4: Age at Commitment of Youth Served
FY 2007-08

Age at Commitment	Number of Youth	Percentage
14 years and younger	233	13.8%
15 years	316	18.7%
16 years	464	27.3%
17 years	565	33.4%
18 years and older	117	6.9%
Average	16.4 years	
TOTAL	**1695**	**100.0%**

As shown in Table 5 (next page), the majority of youth served (71%) were originally committed under a Non-Mandatory sentence (see Table 5, on the following page). These sanctions involve no minimum out-of-home sentence and a maximum sentence length not to exceed 24 months. Another 21% were committed on a Mandatory Sentence. These sanctions specify a minimum time period of up to 24 months during which a youth must remain in an out-of-home placement.

Table 5: Original Sentence Types of Continuum of Care (CoC) Initiative Youth Compared to Youth not Receiving CoC Services -- FY 2007-08

	Continuum of Care Youth Served FY 2007-08		DYC Youth Not Served by Continuum of Care FY 2007-08	
Original Sentence Type	**Number of Youth**	**Percentage**	**Number of Youth**	**Percentage**
Non-Mandatory	1202	70.1%	739	71.1%
Mandatory	357	21.1%	212	20.4%
Repeat Offender	106	6.3%	60	5.8%
Aggravated Offender	17	1.0%	23	2.2%
Violent Offender	13	<1.0%	5	>1.0%
TOTAL	**1695**	**100.0%**	**1039**	**100.0%**

Differences are not statistically significant $\chi^2 = 7.5$; p=.11

The remaining youth were sentenced to DYC as Repeat (6%), Aggravated (1%) or Violent (<1%) offenders. Definitions of these special sentence types are shown below. As can be seen in Table 5, there were no significant differences between youth who received Continuum of Care services and those who did not in the original commitment type.

Repeat Offender (Sentence Type) - A juvenile may be sentenced as a repeat offender if he or she has been previously adjudicated a juvenile delinquent and is adjudicated for a delinquent act that constitutes a felony, or if his or her probation is revoked for a delinquent act that constitutes a felony. The court may or may not designate a minimum sentence length.

Aggravated Offender (Sentence Type) – These sanctions specify a time period of three to seven years, during which time a youth must remain in the custody of DYC. Contingent upon court approval, youth may be eligible for non-secure placement, parole, or transfer to the Department of Corrections (adult corrections).

Violent Offender (Sentence Type) - A juvenile may be sentenced as a violent offender if he or she is adjudicated a juvenile delinquent for a delinquent act that constitutes a crime of violence as defined in Section 16-11-309(2), Colorado Revised Statutes.

Overview of Continuum of Care Youth Criminogenic Risks and Needs

As previously reported, youth receiving Continuum of Care funding make up about 63 percent of the entire DYC youth served population and about 79 percent of the youth served on parole. This higher latter proportion can be explained by the fact that most Continuum of Care youth receive services during the time they are on parole. Overall, there was a group of 311 youth on parole during the fiscal year who did not receive any services that could be linked to Continuum of Care Initiative expenditures. As we examine the criminogenic risks

and needs of those youth served by the Initiative, we can compare them to youth not receiving these services in order to examine the range of possible differences between these two subgroups of youth and to assess how Continuum of Care funds are being targeted.

As described previously, the information generated through the Colorado Juvenile Risk Assessment (CJRA) represents a cornerstone of the Continuum of Care Initiative. A full CJRA, completed at the time a youth is committed to DYC ("initial" assessment), provides Assessment Staff and Client Managers with a profile of scores across the 12 domains of risk and protective factors. This risk/needs profile is then combined with other assessment data compiled by Assessment Staff to create the youth's Discrete Case Plan (DCP) that guides service planning for individual youth. As implementation of the CRJA moves forward, DYC is moving toward a responsive service array that features appropriate elements to address the criminogenic risks of the population they serve.

System wide use of the CJRA allows DYC to understand the criminogenic risks and needs of youth served and move towards maximally responsive case planning and service array.

In order to describe the pattern of criminogenic risks and needs of youth served by the Continuum of Care, and to compare those needs with DYC committed youth not receiving Continuum of Care funded services, initial assessments were matched for each youth. In some cases, due to the fact that many of these youth were committed prior to implementation of the CJRA, either no assessments or no initial assessment was available. Because of this, the first step in this analysis was to identify the earliest CJRA assessment available for each youth. This assessment was then used to represent each youth's initial treatment needs.

Using this method, assessments were available for 1,507 of the 1,695 Continuum of Care Initiative youth served (89%). Assessments were also identified for 272 of the 311 (87%) youth on parole who did not receive Continuum of Care Initiative-funded services.

Table 6 (next page) depicts the relative risk across each of the 12 CJRA domains. For static domains (reflecting risk factors that are historical or cannot be changed through intervention,), elevations simply indicate a high relative risk related to that domain. For dynamic factors, however, elevations mark areas of high relative risk that guide case planning as possible targets for intervention.

Table 6: Distribution of Treatment Needs
FY2007-08 Continuum of Care Youth

		Percent of Youth Served		
	N	Level of Relative Risk		
		Low	Moderate	High
Criminal History	1506	2%	13%	84%
Attitudes	1498	17%	14.9%	68%
Relationships	1497	3%	32%	65%
Aggression	1496	13%	26%	61%
Social Skills	1481	30%	9%	61%
Family	1500	43%	23%	34%
Substance Use	1464	53%	11%	36%
School	1494	70%	14%	17%
Mental Health	1496	48%	45%	7%
Use of Free Time[8]	N/A	N/A	N/A	N/A
Employment[9]	N/A	N/A	N/A	N/A

The Criminal History domain shows the highest percentage of youth whose scores fell into the "high" range. This reflects the nature of the commitment population. Generally, a youth is committed to DYC only after multiple previous delinquency adjudications or adjudication on a particularly serious charge. As a static factor, Criminal History cannot be changed through intervention. However, changes in the other subscales can help mitigate this baseline risk level.

More than two-thirds of youth scored within the high need range in the Attitudes and Relationships domains, and more than sixty percent scored in the high range on the Aggression and Social Skills domains. Many moderate need youth might also benefit from intervention in these areas. Over one-third of youth (34%) scored within the high treatment need range on the Family domain. This underscores the importance of sufficient capacity, both in community services and for youth in residential placement, to bolster families' capacity and skills to support youth transitions and enhance the likelihood that they will be able to succeed when they return to the community.

CJRA risk factors reflect criminogenic risks –factors that directly related to criminal behavior – rather than simply reflecting behavioral or treatment needs. A low or moderate score on a given domain does not mean that a youth could not benefit from treatment in that area, just that it is not likely underlying his or her criminal behavior.

[8] Note that the Use of Free Time and Employment Domains do not have scores that indicate treatment need. These domains both record youth's protective factors (rather than risk) and may be areas that can be bolstered for successful community transition, but do not necessarily indicate a treatment need.
[9] See footnote 4 above.

More than one-third of youth also scored in the high risk range on the Substance Use domain, pointing to significant need in this area. Another 17 percent of youth scored in the high risk range on the School domain.

While a relatively small proportion of youth scored in the high range in the Mental Health domains (7%), nearly half of all youth scored in the moderate risk range in this area, indicating that, while mental health needs may not represent the highest *criminogenic* risk area, there is a significant need for services for youth in this area.

While there were no differences in the Criminal History Risk scores between Continuum of Care Initiative youth and paroled youth not receiving Continuum of Care services, a significantly higher proportion of Continuum of Care Initiative youth scored in the high range of risk than other paroled youth, across every dynamic domain except for the Family and Attitudes domains. This suggests that the Continuum of Care is serving youth with the most complex needs.

Table 7: Proportion of Youth with High Treatment Needs
FY 2007-08 Continuum of Care Youth vs. Other Paroled Youth

	Percent of Youth Served Scoring in High Risk Range			
	Continuum of Care Initiative		Other Paroled Youth	
	N	Percent	N	Percent
Criminal History	1260	84%	235	88%
Attitudes	864	68%	143	54%
Relationships**	836	65%	119	44%
Aggression**	778	61%	123	46%
Social Skills**	767	61%	96	36%
Family	514	34%	94	35%
Substance Use**	424	36%	41	15%
School	256	17%	43	15%
Mental Health	201	7%	17	6%

**Differences are statistically significant: χ^2>6.6 and p<.05 for each difference.

Youth in both groups had similar risk scores in the attitudes and family domains. However, Continuum of Care Initiative youth, overall, exhibited higher risk than did parole youth. Again, this indicates that Continuum of Care Initiative funds are being targeted at those youth with the highest levels of need.

An examination of the elevated domains shows that youth served by the Continuum of Care Initiative have a complex pattern of criminogenic risk. As stated previously, we expect that

the majority of committed youth would score within the high risk range of the criminal history domain, given their current legal status. Therefore, we excluded this domain when examining general patterns of need emerging within the first few years of CJRA implementation. A first step in looking for risk patterns is to consider in how many of the seven dynamic risk domains youth exhibited high risk scores.

Table 8: Number of Dynamic Risk Domains in High Range

	N	Percent
None	198	13.1%
One	139	9.2%
Two to Three	328	21.8%
Four or More	842	55.9%
Total	**1507**	**100%**

Over half (55.9%) of CoC youth scored "high" in four or more risk domains. Almost 87% scored "high" in at least one.

Patterns of Risks and Needs

As seen in the table above, Continuum of Care Initiative youth exhibit high treatment needs, as represented by the proportion of youth with "high" scores in each of the risk domains. Additionally, these youth exhibit a complex pattern of risk, with the majority of youth having high risk in multiple domains and more than half (56%) having high risk across four or more of the 8 dynamic risk domains.

In comparing frequency distributions of scores within the high risk range for each of these domains, some initial patterns emerge. Primarily, many of the domains tended to cluster together. The Mental Health, Substance Abuse and School domains were related to one another. Youth with risk in one of those areas were more likely to also show risk in the other two domains.

Attitude and Aggression domains tended to be linked with the Relationships domain. Youth with high relationship risk scores also tended to have high risk levels in the Attitudes and Aggression domains. This also held true for youth with high risk in the Family domain. These youth had higher scores on the Aggression and Attitudes domains.

These emerging patterns provide some insight into the complexity of the treatment needs of these youth and underscore the importance of flexibility in creating an array of services that effectively address these factors that contribute to youth delinquent behavior. The next step will use risk patterns from the CJRA to create typologies of youth that can help to inform decision making about the adequacy of existing services, identify gaps, and secure treatment resources that meet the needs of the population served. Such typologies are created by systematically analyzing risks among the different domains and creating specific profiles of youth. The purpose of this effort is to create discrete categories of youth described by the

risks and needs of the youth in that category. These profiles can then be used to build treatment algorithms for sub-groups of DYC committed youth (for example, youth with high aggression risk, but low mental health and substance abuse risk). The algorithms would then suggest a specific service or array of services that would most likely help that youth be successful (in the case of the sample profile given, Aggression Replacement Training would be an appropriate service).

The development of these kinds of typologies requires a large sample of data and the ability to link risk patterns to both short and long-term youth outcomes (including changes in dynamic risk and, ultimately, recidivism). It involves not only analysis of relationships among the different domains, but comparisons of youth risks to the treatment actually received, and an assessment of the "goodness of fit" of that treatment based on changes in dynamic risk scores. While DYC is working towards the development of such typologies, these kinds of studies involve many years of data collection and analysis, and high levels of resources to complete.

Expenditures

Information regarding the types of services purchased under the Continuum of Care Initiative was tracked for each DYC management region. For FY 2007-08, tracking data showed expenditures of $4,462,553. This reflects a $672,437 (18%) increase over last year's spending, reflective of the continuing increases in the proportion of the flexible spending provision in DYC's Contract Placements Line Item, which increased from an initial 10% in FY 2005-06 to 15% in FY 2006-07 and 20% in FY 2007-08.

Fiscal year 2007-08 expenditures across the 1,695 youth served represents an average of $2,636 per youth. This is higher than the average amount spent in FY 2007-08 ($2,225 per youth). Table 9 (below) shows the distribution of expenditures across the DYC management regions.

Table 9: Expenditures Across DYC Management Regions FY 2007-08

Management Region	Funds Expended	Percent of Total Funds
Central	$1,661,088	37.2%
Northeast	$860,654	19.3%
Southern	$1,089,833	24.4%
Western	$850,978	19.1%
Total	**$4,462,553**	**100.0%**

Percentages my not equal 100% due to rounding.

The distribution of expenditures across DYC Management Regions closely matches the regional distributions of youth served and. The Central Region, which serves nearly half (43%) of all DYC committed youth, expended 37% of Continuum of Care funds. The Northeast region, serving just over one quarter (28%) of the DYC commitment population, expended 19% of funds, while the Southern region, which serves 20% of the DYC population, expended 24% of the funds. Finally, the Western region of the state serves the smallest proportion of youth (10%), and accounted for the smallest proportion of expenditures as well (19).

Table 10: Distributions of Continuum of Care Youth Served, Expenditures and Overall DYC Youth Served by Region: FY 2007-08

Management Region	Proportion of Expenditures	Proportion of Youth Served (n=1,695)	Proportion of All FY 2007-08 DYC Clients Served (n=2,700)
Central	37.2%	39.6%	42.6%
Northeast	19.3%	25.7%	27.2%
Southern	24.4%	21.0%	19.7%
Western	19.1%	13.7%	10.5%

Percentages my not equal 100% due to rounding.

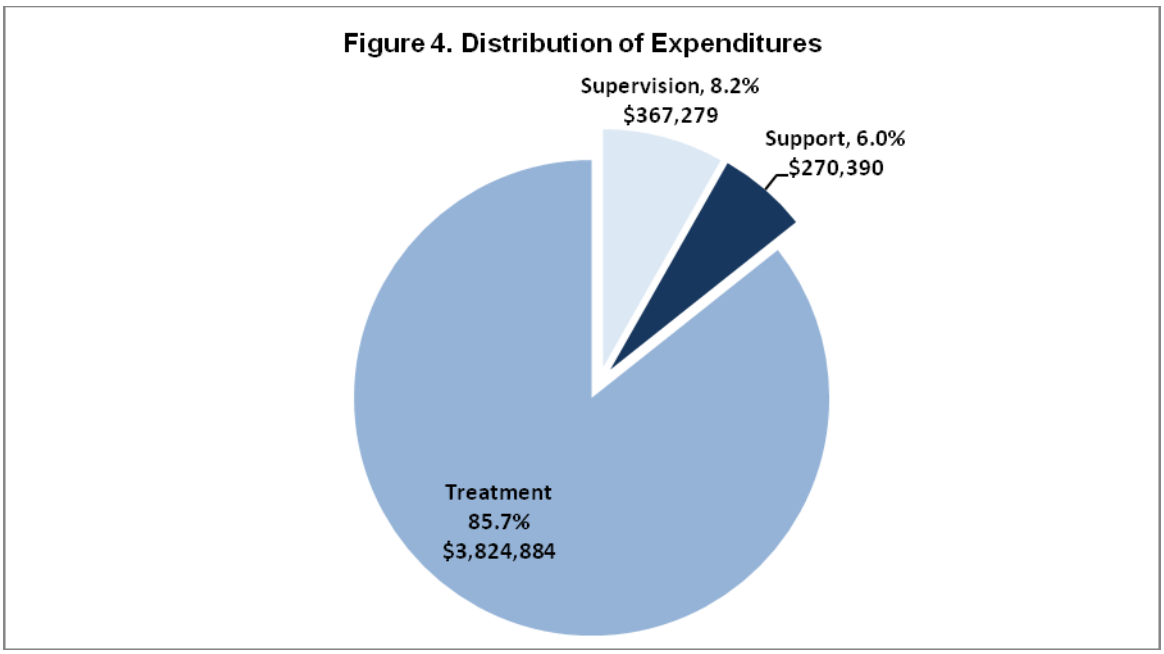
Types of Services Provided

One hundred percent (100%) of expenditures were spent on the provision and enhancement of services to youth. The types of services purchased broadly fall into three categories (discussed later in this section):

- **Treatment Services** encompass all expenditures used for treatment or rehabilitation programs. These include clinical assessment and evaluation of individual youth, therapy (individual, family or group), mentoring, educational and vocational programs, substance abuse treatment, and offense-specific treatment. Also included in this category are expenditures used to support and expand capacity in community-based treatment programs.
- **Youth Supervision** expenditures include supervision beyond the general services already provided by parole officers. This includes third party tracking, electronic/GPS monitoring, and biological testing (urine analysis and alcohol test saliva strips).
- **Youth Support** expenditures are used to pay for general youth independent living expenses, including emancipation, housing, professional services[10], and day to day living expenses for youth.

As shown in Figure 4 (below) the majority of expenditures (86%) were spent on youth treatment services. The remaining expenditures were allocated to youth supervision (8%) and youth support (6%) services.

[10] Professional services include helping youth to obtain identification cards and birth certificates, as well as translator services.



During FY 2007-08, spending on treatment services increased as compared with FY 2006-07 expenditures, while spending on youth support and supervision decreased. This change reflects DYC's continued movement toward a continuum that stresses the importance of matching youth to community-based treatment programs that directly address each youth's individual criminogenic risk and needs, and away from traditional approaches to the management of youth in the community (e.g., a focus on surveillance and support for general living needs).

Table 11: Distributions of Youth Served, by General Type

Fiscal Year	General Type of Service Expenditures		
	Treatment	Support	Supervision
FY 2007-08	86%	6%	8%
FY 2006-07	77%	8%	15%

Percentages my not equal 100% due to rounding.

There was some variation among the management regions across the three main service categories, as shown in Table 12 below. However, all regions exhibited the same pattern of increasing expenditures on treatment services for youth. As was the case in the previous year, the Northeast region spent a larger proportion of funds on surveillance services than did the other three regions (19% for the Northeast region versus 6% for the Central region, 5% for the

The overall proportion of funds spent on treatment services increased in FY2007-08, reflecting the success of the Initiative in emphasizing treatment targeting criminogenic risks and needs.

Southern region, and 7% for the Western region). This difference could be explained by policy differences across the regions regarding surveillance of paroled youth. Surveillance expenditures are necessary in order to ensure public safety as youthful offenders are transitioned back into the community. However, under these circumstances a more even distribution of these expenditures would be expected. More information regarding specific practices in each region is needed to determine underlying reasons for differences in this expenditure category. Table 12 summarizes the regional distributions of expenditures across the general categories.

Table 12: FY 2007-08 Distributions of Expenditures, by Type, by Region

Management Region	General Type of Service Expenditures		
	Treatment	Support	Supervision
Central	88.3%	6.0%	5.7%
Northeast	76.8%	4.3%	18.9%
Southern	90.3%	5.1%	4.6%
Western	83.8%	9.2%	7.0%

Percentages my not equal 100% due to rounding.

Evidence-Based Practice

The core of the Continuum of Care Initiative emphasizes evidence-based practice, often referred to by the acronym EBP. Typically, the term evidence-based practice describes programs or approaches for which there is consistent evidence from rigorous research showing that they improve client outcomes. In addition, the term can also refer to programs that have not been subject to rigorous evaluations, but are designed and implemented using the principles of evidence-based practice that have been discovered through research with proven programs.

In juvenile justice settings, prioritized outcomes include reduced recidivism and successful community functioning. DYC has been working with service providers to move towards a service array that is built upon evidence-based practices and is focused on building strengths, interests, abilities and capabilities, rather than simply minimizing deficits, weaknesses, or problems.

Research has shown that the most effective programs typically involve intensive skills training and cognitive behavior modification techniques aimed at reducing risk factors for juvenile justice involvement (Lipsey, 1992). Programs which use cognitive behavioral approaches to improve interpersonal skills, self-control, anger management, and substance abuse resistance have been found to

In light of clear and consistent research evidence to support the cost effectiveness of community-based options, the Continuum of Care Initiative strives to enhance community program funding levels even as residential ADP is reduced through successful implementation.

be most effective at reducing recidivism. In general, the most effective programs are highly structured, emphasize the development of basic social skills, and provide individual counseling that directly addresses behavior, attitudes, and perceptions (Altschuler, 1998).

Effective programs also tend to be community-based. Removal from the community and placement in secure settings is necessary for some youth. However, for youth for whom community safety concerns are not immediate and preeminent, the most promising approaches, based on research evidence, are family and community-based approaches (e.g., Henggeler, et al., 1998; Greenbaum, et al., 1998). Admission to restrictive residential placement is typically justified on the basis of community protection or the perceived benefits of residential treatment itself (Barker, 1982; Lyons, et al., 1998). However, these justifications have limited research support. For example, youth who engage in seriously violent and aggressive behavior have not shown improvement from participation in residential treatment (Joshi & Rosenberg, 1997). This may be explained by research showing that association with delinquent peers is a major risk factor for later behavior problems (Loeber & Farrington, 1998). Moreover, community-based interventions that target change in peer relationships have been found to be effective at breaking contact with violent peers and reducing aggressive behaviors (Henggeler et al., 1998).

Well-established evidence-based programs (often labeled "model" programs) are supported by a body of research that has demonstrated their effectiveness in reducing recidivism for juvenile offenders. Most intervention programs, understandably, do not have access to rigorous program evaluation and lack a strong evidence base. However, the national research base has yielded a consistent set of key components of effectiveness. These "evidence-based practice" elements include:

- a theoretical foundation based on existing research and/or program evaluation;
- a focus on cognitive-behavioral training and on teaching concrete skills;
- a concrete program structure with intensive service delivery;
- involvement of the youth's family and community, as possible; and
- quality assurance and training measures to ensure fidelity to the program model.

Use of evidence-based programming can result in significant cost avoidance. Researchers at the Washington State Institute for Public Policy (WSIPP), for example, have found that every $1 spent on evidence-based treatments such as Functional Family Therapy, Multisystemic Therapy, and Aggression Replacement Training results in returns of $2 to $12 in benefits and avoidance of the costs associated with future crime (Aos, et al., 2004). In addition, *avoiding* the referral of youth to programs that have not demonstrated effectiveness can in and of itself result in further savings, since some programs fail to generate more benefits than costs.

These numbers can be somewhat misleading, however, because the WSIPP evaluation of cost-effectiveness includes all societal costs of future crimes, including costs to the victim, insurance, healthcare costs, etc. So, these numbers reflect a substantially higher savings than would be realized by the juvenile justice system and, specifically, youth corrections.

However, in light of clear and consistent national findings pointing to the effectiveness (and cost-effectiveness) of community-based treatment options, the Continuum of Care Initiative strives to ensure that community program funding levels are enhanced to support the full continuum of evidence-based community treatment options, even as ADP in residential facilities is reduced through successful implementation of the principles of the initiative.

As noted earlier, DYC is currently working with treatment providers to conduct an analysis of the current services array. By applying a developmental framework to the programs currently serving DYC youth, this analysis assesses the extent to which services are evidence-based or draw from principles of evidence-based practice. From this effort, DYC is developing a set of practice expectations for providers to support the continued enhancement of the array of evidence-based services available to youth and further align the continuum of services with the emerging risk and needs profiles of youth served, as described above.

Treatment Services

Treatment Services make up the preponderance of services purchased through Continuum of Care expenditures, accounting for $3,824,884 (86%) of overall spending. These services include individual, group and family therapy services. Vocational, educational and mentoring programs also account for a substantial proportion of these expenditures. Restorative Community Justice Services, Assessment and Evaluation each made up less than half of one percent of expenditures. Table 13 (below) shows the distribution of treatment services, by specific service type. Items in bold indicate a change in ranking from the previous fiscal year.

Table 13: Distributions of Treatment Expenditures by Type of Service

Type of Service	FY 2006-07		FY 2007-08	
	Amount Spent	Percent of Spending	Amount Spent	Percent of Spending
Mentoring	$1,188,863	39.3%	$1,425,452	37.3%
Family Therapy	$659,698	21.8%	$795,345	20.8%
Job/Skills Training	$386,709	12.8%	$764,626	20.0%
Community Transition	$290,108	9.6%	$288,440	7.5%
Individual Therapy	$142,145	4.7%	$212,164	5.5%
↑Provider Network Maintenance [11]	**$53,803**	**1.8%**	**$131,697**	**3.4%**
↑Restorative-Community Justice	**$4,973**	**<1%**	**$52,951**	**1.4%**
↓Substance Abuse Treatment	**$74,896**	**2.5%**	**$46,423**	**1.2%**
↓Offense-Specific Treatment	**$52,580**	**1.7%**	**$35,155**	**1%**
Group Therapy	$41,124	1.4%	$19,080	<1%
↑Evidence Based Behavior Training[12]	--	--[13]	**$16,817**	<1%

[11] Includes Savio service fees.
[12] Includes Cognitive-Behavioral Training (CBT) and Dialectic Behavior Training (DBT).
[13] Some CBT was included in the previous fiscal year expenditures, but because the amounts were very low, CBT was included in the Job & Other Skills Training category in the past.

Type of Service	FY 2006-07		FY 2007-08	
	Amount Spent	Percent of Spending	Amount Spent	Percent of Spending
↓Art-Recreational Therapy	$31,487	1.0%	$14,368	<1%
↓Day Treatment	$89,875	3.0%	$12,638	<1%
↓Offense-Specific or Psychiatric Evaluation	$6,430	<1%	$9,728	<1%
Total	$3,022,691	100%	$3,824,884	100%

Percentages my not equal 100% due to rounding.

As was the case in prior years, the largest overall proportion of treatment program expenditures was spent on Youth Mentoring programs, which accounted for more than two-thirds of all expenditures (37%). Another 20 percent of expenditures went to Family Therapy programs, including MST and FFT programs, both of which have been named as Evidence Based Practices.

A substantial portion of treatment funds were also spent on vocational and skills training, as well as community transition services. Youth moving back into the community after spending time in residential placement have great practical needs in all of these areas. While little research evidence currently exists to support these programs' effectiveness, DYC research has demonstrated a link between employment at the time of discharge and post-discharge recidivism in committed youth.

The increase in use of family therapy is a positive indication. Individual Therapy (6%), Group Therapy (less than 1%) and Day Treatment (less than%) programs were used less frequently than the more effective family therapy approach.

A relatively small proportion of treatment funds were expended on non-family treatment practices that are generally recognized as Evidence Based Practices. Less than one percent of funds were expended on Cognitive Behavioral Training (CBT) and Dialectical Behavior Training (DBT). Given the emergent risk data (approximately two-thirds of youth had treatment needs in the areas of attitudes and aggression) showing possible need for intervention to address risk in the areas of delinquent attitudes and aggressive behavior, these programs may warrant attention and consideration for additional development as resources within the Continuum.

There was also a relatively low utilization of substance abuse services (1.2%), given that at the time youth are committed, most youth are assessed as needing either intervention or treatment services in this area. On the other hand, youth are likely receiving these services in residential placement and the CJRA data from pre-release assessments does not suggest a high need for these services. Some substance abuse issues are also addressed in part from a supervision standpoint, including the use of drug and alcohol testing.

A small proportion of funds (1%) were expended on offense-specific treatments for youth identified as committing either domestic violence or sexual offenses. However, this fiscal year DYC allocated most of its service dollars for juveniles committing sexual offenses from a separate budget line item that was not included in the Continuum of Care Evaluation.

Less than 1% of expenditures were spent on art and recreational therapy programs. Other services that were provided and not listed on the above table (each contributed to less than one-half of one percent of expenditures) included restorative justice services and services for the offense-specific or psychiatric evaluation of individual youth (including psychological and educational evaluations).

Table 14: FY 2007-08 Distributions of Treatment Expenditures by Region

	Percent of Expenditures			
Type of Service	**Central**	**Northeast**	**Southern**	**Western**
Mentoring	47%	29%	24%	44%
Family Therapy	17%	35%	14%	25%
Job/Skills Training	15%	9%	37%	18%
Community Transition	10%	1%	13%	1%
Individual Therapy	5%	12%	6%	1%
Provider Network Maintenance [14]	3%	6%	4%	1%
Restorative-Community Justice	1%	--	--	6%
Substance Abuse Treatment	1%	--	1%	3%
Offense-Specific Treatment	1%	3%	1%	<1%
Group Therapy	<1%	1%	1%	--
Evidence Based Behavior Training[15]	<1%	2%	--	1%
Art-Recreational Therapy	<1%	2%	--	--
Day Treatment	1%	<1%	--	--
Offense or Psychiatric Evaluation	<1%	--	<1%	1%
Total	100%	100%	100%	100%

There was considerable variation across the regions. Both the Central and Western regions had the highest proportion of expenditures in youth Mentoring, (47% and 44%, respectively). However, in the Northeast region, the highest proportion of expenditures was in the Family Therapy category (35%). In the Southern region, the highest proportion of expenditures was in Jobs and Skills Training.

[14] Includes Savio service fees.
[15] Includes Cognitive-Behavioral Training (CBT) and Dialectic Behavior Training (DBT).

Treatment Needs and Identified Risk Areas

Comparing expenditures to youth needs as determined by the CJRA, did not reveal clear links between the types of services youth received and their assessed needs. The table below shows the percentage of youth receiving treatment in specific service areas, based on domains in which scores fell into the high range. Note that percentages will add to more than 100% of the youth served because many youth may have been at a high risk level across multiple domains and youth also received multiple types of services.

Table 15: Proportion of Youth Receiving Specific Treatment Services By High Risk Domains

Type of Service	High Risks In CJRA Domains			
	Attitudes or Aggression	Relation-ships	Social Skills	Family
Proportion of Youth Receiving Mentoring Services	24%	26%	26%	28%
Proportion of Youth Receiving Family Therapy Services	16%	13%	13%	12%
Proportion of Youth Receiving Job/Skills Training Services	28%	27%	26%	25%
Proportion of Youth Receiving Community Transition Services	8%	11%	10%	9%
Proportion of Youth Receiving Individual Therapy Services	9%	8%	9%	10%
Proportion of Youth Receiving Restorative-Community Justice Services	3%	3%	3%	3%
Proportion of Youth Receiving Substance Abuse Treatment Services	3%	4%	4%	4%
Proportion of Youth Receiving Offense-Specific Treatment Services	2%	1%	1%	1%
Proportion of Youth Receiving Group Therapy Services	2%	2%	2%	3%
Proportion of Youth Receiving Evidence Based Behavior Training[16] Services	2%	2%	2%	2%
Proportion of Youth Receiving Art-Recreational Therapy Services	1%	1%	2%	1%
Proportion of Youth Receiving Day Treatment Services	1%	<1%	<1%	<1%
Proportion of Youth Receiving Offense or Psychiatric Evaluation Services	1%	2%	2%	2%

[16] Includes Cognitive-Behavioral Training (CBT) and Dialectic Behavior Training (DBT).

As shown in the table, high scores on specific domains did not appear to predict the types of treatment youth received. For example, 12 percent of youth scoring high on the family risk domain received some form of family therapy services, while 16 percent of youth who scored high on either the Attitudes or Aggression domain received family services. Relatively high proportions of youth received mentoring services, regardless of which domain were high risk. However, because the majority of youth have complex risks and needs, demonstrated by high scores across multiple CJRA risk domains, it is difficult to draw simple conclusions regarding the goodness of fit between youth risks and treatment received. In addition, while DYC is working to better identify and define the specific mechanisms of all treatment programs, many are not yet fully understood. For example the "mentoring" category (and others) may need further definition and new categories may need to be added in order to accurately capture details regarding services that youth received.

The implementation of the Continuum of Care Initiative is an iterative, developmental system improvement process, beginning with implementation of the CJRA assessment process and moving through targeting treatment to youth needs, providing proven treatment, matching youth to the most effective placements and treatments, and maintaining high program fidelity.Also, as discussed earlier in this report, ongoing improvements in the assessment process and the linking of assessment and case planning is directed at improving the match between youth-specific risks and needs and treatment services. In FY2007-08, another significant improvement in the assessment process represented the continued enhancement of the CJRA implementation to ensure a better fit between assessment results and treatment planning. Beginning in the past fiscal year, DYC policy has been to ensure that a youth's Discrete Case Plan (DCP) is being driven by the criminogenic risks and needs identified in the CJRA. A preliminary analysis of more recently completed DCPs in Trails showed a fairly high degree of consistency between factors identified by the CJRA and those being targeted by the DCP. In looking at recently completed Initial Assessments, where the Trails system identified the top three domain areas of greatest risk, 79 percent of DCPs included all three of those areas in the treatment plan.

System improvements have led to stronger linkage between risk assessment and youth-specific case planning. For the majority of youth, criminogenic risk assessment is now the primary driver in the Discrete Case Plan.

In just under one-third of cases (32%) there was an exact match between the top three risk domains and the three areas targeted in the treatment plan. In an additional 47 percent of cases, the top three CJRA domains were included in the DCP, but other areas were also targeted.

Supervision Expenditures

Supervision services made up a much smaller proportion (8%) of the overall Continuum of Care expenditures ($367,279), compared with the nearly $4 million (86%) spent for treatment services. The proportion of overall expenditures spent on supervision (vs. treatment or support) varied across the management regions. The Northeast region, for example, spent 19% of its total Continuum of Care funds on supervision. In contrast, the Western, Central, and Southern regions spent only a small proportion of funds on supervision (7%, 6%, and 5%, respectively).

Table 16: FY 2007-08 Distributions of Supervision Expenditures by Type of Service

Type of Supervision Expenditure	Amount Spent	Percent of Spending
Tracking and Day Reporting	$207,898	56.6%
Supervision-Based Mentoring	$115,044	31.3%
Substance Use Screening	$21,618	5.9%
Electronic Home Monitoring	$11,475	3.1%
Offense Specific Supervision	$11,245	3.1%
Total	**$367,279**	**100%**

Percentages my not equal 100% due to rounding.

Of the $367,279 spent on supervision, most expenditure was for youth tracking services (57%) or supervision-based mentoring service (31%). A smaller proportion (6%) was spent on substance use screening as well as electronic home monitoring equipment (3%). The remaining supervision funds were used for offense specific supervision services, primarily in the form of polygraph exams (3%).

Table 17: FY 2007-08 Distributions of Supervision Expenditures by Region

	Percent of Expenditures			
Type of Service	**Central**	**Northeast**	**Southern**	**Western**
Supervision-Based Mentoring	82%	3%	58%	7%
Tracking	11%	96%	7%	63%
Electronic Home Monitoring	<1%	--	2%	17%
Substance Use Screening	3%	<1%	23%	11%
Offense Specific Supervision	4%	<1%	11%	2%

Percentages my not equal 100% due to rounding.

Youth Support Expenditures

The inclusion of additional funding into the Continuum of Care evaluation from the DYC budget parole program services line item resulted in the recording of fund expenditures used to support youths' basic needs as they transition back into their communities. This amount ($270,390) represented the smallest percentage of expenditure, only 6 percent of all Continuum of Care Initiative dollars spent. Table 18 (below) shows the general areas in which those support dollars were expended.

Table 18: FY 2007-08 Distribution of Support Expenditures by Type of Service

Type of Service	Amount Spent	Percent of Spending
General Living Expenses	$96,899	35.8%
Emancipation	$63,654	23.5%
Education	$36,965	13.7%
Transportation	$32,193	11.9%
Professional	$16,530	6.1%
Medical	$12,529	4.6%
Pro-Social Engagement	$11,620	4.3%
Total	**$270,390**	**100%**

Percentages my not equal 100% due to rounding.

More than one-third of support services expenditures went to General Independent Living Assistance for youth, with another 24 percent directly funding emancipation services. This primarily consists of housing support for youth who are not returning to their families' homes following their commitment. An additional 14 percent of expenditures went to educational expenses such as tuition and school supplies. Nearly 12 percent of funds were spent on transportation expenses.

A small proportion of support expenditures went toward other day-to-day expenses, including professional services (6%), which consisted mainly of obtaining legal documents (birth certificates, identification) and interpreter services. Another 5 percent of expenditures went to medical costs. Finally, 4 percent expenditures went to providing youth with pro-social engagement opportunities.

Table 19: FY 2007-08 Distributions of Support Expenditures by Region

	Percent of Expenditures			
Type of Service	**Central**	**Northeast**	**Southern**	**Western**
Emancipation	20%	21%	10%	39%
General Living Expenses	43%	37%	49%	18%
Transportation	5%	21%	16%	13%
Education	14%	12%	5%	20%
Medical	3%	9%	7%	3%
Professional Services	13%	<1%	1%	4%
Pro-Social Engagement	2%	--	11%	3%
Total	100%	100%	100%	100%

Percentages my not equal 100% due to rounding.

General expenditures were distributed somewhat evenly. The Western region spent a higher proportion of funds on Emancipation services than the other regions, while the Northeast spent more than the other regions on Transportation costs. The majority of expenditures across both the Central and Southern regions were in Emancipation services or General Living expenses.

Continuum of Care Outcomes

The evaluation of the Continuum of Care's first two years of implementation revealed important indicators of successful program implementation, including indications of increased use of Evidence-Based Programs, lower rates of recidivism and some overall reductions in DYC's overall commitment Average Daily Population (ADP). Data gathered during these first two years showed that the Division had put into place the tools necessary to create a significant system-wide change. A better understanding of youths' risks and needs allow Client Managers to tailor community services to each youth's needs. Having the flexibility to better support youth transitioning from residential placement to the community can lead to a more efficient use of resources and better outcomes for youth.

An important component of the Division's Continuum of Care Initiative, and a potential benefit of the flexibility authorized in Long Bill footnote 41, is to serve youth in the most appropriate and least restrictive placement that satisfies needs for community safety and youth treatment. For many youth, the necessary and most appropriate level of restrictiveness will decrease over the course of their DYC commitment. Flexibility allows DYC Client Managers to move youth more quickly out of high cost, restrictive residential placement into community based options that will offer increased opportunities to prepare youth for successful transition back into normal community connections such as family, school and employment.

Previous reports have noted that the ultimate success of the initiative will be measured through multiple factors, including recidivism rates, youth success in the community, and cost avoidance to the taxpayer. As the Initiative evolves over time, these outcomes will continue to be monitored through the evaluation. This year's report expands upon the evaluation measures that have been reported in the past as more results of these system change efforts begin to emerge.

In order to compare outcomes across the life of the initiative, all Continuum of Care youth who were discharged from DYC supervision during this fiscal year (n=673) were compared to youth on parole during the fiscal year who did not receive CoC services (n=253). In addition, outcomes are compared to an equivalent group of youth who were discharged during fiscal year 2004-05 (n=700), the year prior to implementation of the Continuum of Care Initiative, as well as those youth discharged from DYC supervision during the previous fiscal year (n=693).

There were no significant differences between the three groups on general demographics. In addition, there were no differences in the general type of offense, the sentence type, drug and alcohol treatment need, or risk/security need (as measured by the DYC security/placement level assigned to youth at assessment)[17]. Table 20, below, shows the equivalency of this year's (FY 2007-08) comparison group and Continuum of Care groups from the past two years.

Table 20: Youth Receiving Continuum of Care Services vs. Non-Continuum of Care Paroled Youth

	FY08 Comparison Group (n=253)	FY08 CoC Youth Discharged (n=673)
DYC Management Region[18]		
Central	49%	39%
Northeast	25%	29%
Southern	21%	18%
Western	6%	14%
Gender		
Female	11%	15%
Male	89%	85%
Race/Ethnicity		
Black or African American	20%	18%
Hispanic/Latino	35%	36%
Anglo-American	41%	43%
Other	4%	3%
Sexual Offender[19]		
No	81%	90%
Yes	19%	10%
Mental Health Need[20]		
Severe	12%	7%
High to Moderate	41%	34%
Low to None	47%	59%

[17] Because the CJRA was not implemented during Fiscal Year 2004-05, youth could not be matched using the new risk assessment data.
[18] Items not footnoted indicate no significant difference. Regional differences are statistically significant. χ^2=16.9; p<.05.
[19] Sex Offender differences are statistically significant χ^2=16.1; p<.05.
[20] Mental health need differences are statistically significant χ^2=11.8; p<.05.

	FY08 Comparison Group (n=253)	FY08 CoC Youth Discharged (n=673)
Drug and Alcohol Treatment Need[21]		
Treatment (high need)	50%	61%
Intervention (moderate need)	27%	26%
Prevention (low need)	23%	14%
Offense Type		
Person	46%	38%
Property	39%	44%
Drug	6%	10%
Weapon	4%	3%
Other	5%	5%
Drug	8%	9%
Weapon	3%	3%
Other	5%	5%
Original Commitment Type		
Violent	1%	1%
Repeat	7%	6%
Non-Mandatory	72%	73%
Mandatory	18%	19%
Aggravated	2%	1%

There were some significant differences in the two groups. The Continuum of Care Initiative youth were less likely to have severe mental health needs or have been committed as sex offender. This may be due to the fact that additional funding sources outside of the flexibility granted by the legislature for the Continuum of Care Initiative were available to serve these populations.

In addition, the Western region served a higher percentage of Continuum of Care Initiative youth than comparison group youth, while the opposite was true for the Central region, which served a lower proportion of Continuum of Care Initiative youth than comparison group youth.

Changes in Risks for Re-Offending

One measure of whether youth are receiving services that address their criminogenic risks and needs is the degree to which dynamic risk scores change for youth over time during their Length of Service in DYC. At this time, the CJRA implementation is still in an early phase, so that few youth have identifiable assessments at their initial commitment and at their

[21] Drug and Alcohol Treatment Need are statistically siginiciant χ^2=13.9; p<.05.

discharge from DYC, thus making this pre-post analysis difficult. However, preliminary data can be analyzed in order to begin looking at the types of changes that may be occurring in youth.

In order to describe youths' risks and needs, the first assessment for each youth was identified. As mentioned, discharge CJRAs are not available for many youth. However, the CJRA files were searched and the latest assessment for each youth was identified for all Continuum of Care youth. Using this method, 181 Continuum of Care Initiative youth were identified that had a first and last CJRA, occurring at least 30 days apart. The top five risks domains (based on percentage of youth scoring in the high range) were analyzed for these youth to determine the degree to which change in risks occurred.

Table 21: Changes in CJRA Domain Scores
FY 2007-08 Youth for Whom Data is Available (n=181)

Domain (Dynamic Risk Score Only)	Average Score "Initial" CRJA	Average Score Latest CJRA (at least 30 days after initial)	Significance Test
Attitudes**	6.50	4.94	t=5.6 p<.05
Relationships**	3.84	2.80	t=1.2 p<.05
Aggression**	3.89	2.93	t=1.1 p<.05
Social Skills**	5.95	2.07	t=5.1 p<.05
Family**	5.43	8.71	t=5.5 p<.05

**Indicates a statistically significant change.

As shown in the table above, Continuum of Care youth showed significant improvement across all of the dynamic risk domains analyzed here, except for the family domain. Risk scores actually increased in this domain for Continuum of Care youth. This finding, however, may be more reflective of changes in a youth's living situations between their initial commitment and the time of parole (many youth, for example, are not intended to return home during parole and instead are transitioned to independent living), rather than treatment programs not improving this domain. It may be that more sophisticated analyses need to be explored to exclude emancipating youth from analysis on this domain.

Dynamic (changeable) risk levels decreased for youth receiving Continuum of Care services.

However, this finding, combined with the previous finding that a substantively low proportion of youth with high family risk scores actually receive services in this area

(12%), may indicate either a need to increase the number and availability of family treatment programs for youth who need them, or a change in the way "families" as support systems are viewed by Client Managers (or both).

The fact that significant improvement was observed on other domains, however, is encouraging. Moreover, as can be seen by the domain scores highlighted with bold text, three of these four changes represented a shift in the average score from the "high" risk range to the "moderate" risk range, indicating the changes were not only statistically significant, but also clinically meaningful. At this time, these results should be considered very much preliminary, given the limited number of youth with pre-post assessments and the methods that had to be used to identify first and last assessments in lieu of having a good number of matching initial and discharge assessments. That notwithstanding, these findings are a positive indication of progress within DYC in providing treatment that addresses the criminogenic risks and needs of youth.

Days in Residential Placement

At the end of Fiscal year 2007-08, of the 1,695 youth receiving services through the Continuum of Care, 673 (40%) had been discharged from the Division of Youth Corrections.

Length of service (LOS) for discharged youth for both Continuum of Care cohorts and the Comparison cohort was extracted from the DYC Trails database. Total commitment, residential length of service, and parole length of service were compared between Continuum of Care youth and the Fiscal Year 2007-08 comparison group.

As shown in Table 22 (below), this year's Continuum of Care discharge cohort had a lower total commitment length of service (LOS) than the comparison cohort (24.6 months versus 27.7 months). This length of service was also lower than the total LOS for youth served by the Continuum of Care in the previous fiscal year (25.7 months).

Table 22: Commitment Length of Service (LOS)

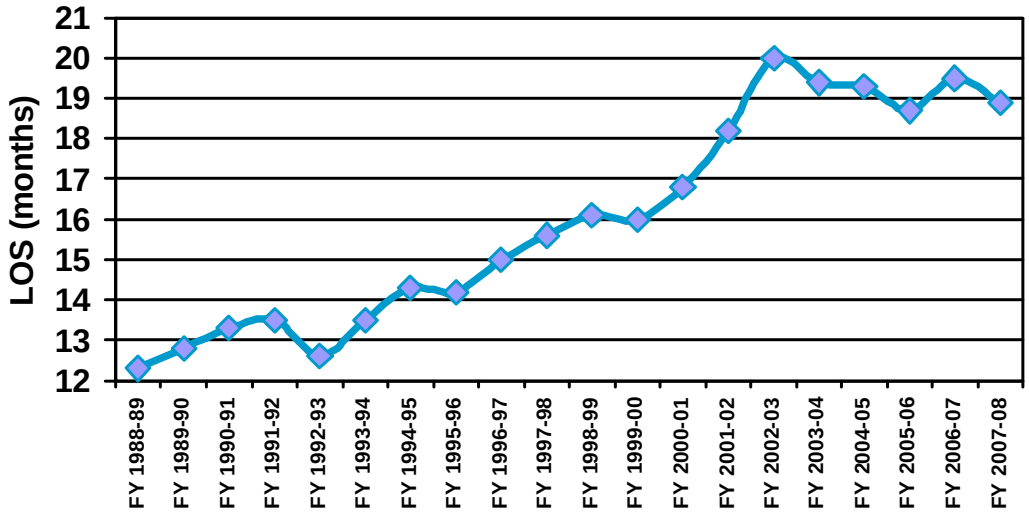
Months in Residential Placement (Commitment) Includes youth discharged as of June 30, 2005.	**LOS in Months**	
	FY08 Comp Group	**FY08 CoC Youth**
Secure**	9.3	6.4
Staff Supervised**	8.2	9.3
Community	2.3	2.1
Total Residential**	20.1	18.1
Parole	7.4	6.6
Total Commitment**	27.7	24.6

***This difference is statistically significant; for all significant differences F>16.0; (p<.05)*

Length of service in secure placements was considerably and significantly lower for the Continuum of Care Initiative than the comparison group. Even though the mental health and sex offender status were related to those Lengths of Stay, significant differences persisted even when controlling for those differences between the groups. The same was true for the total residential placement and in the total commitment, where Continuum of Care Initiative youth had shorter LOS.

Figure 5, below illustrates the slight downward Total Commitment LOS trend experienced by the Division in FY 2006-07. There has been a somewhat steady decline in LOS over recent years, as compared to a sharp increase during the previous decade.

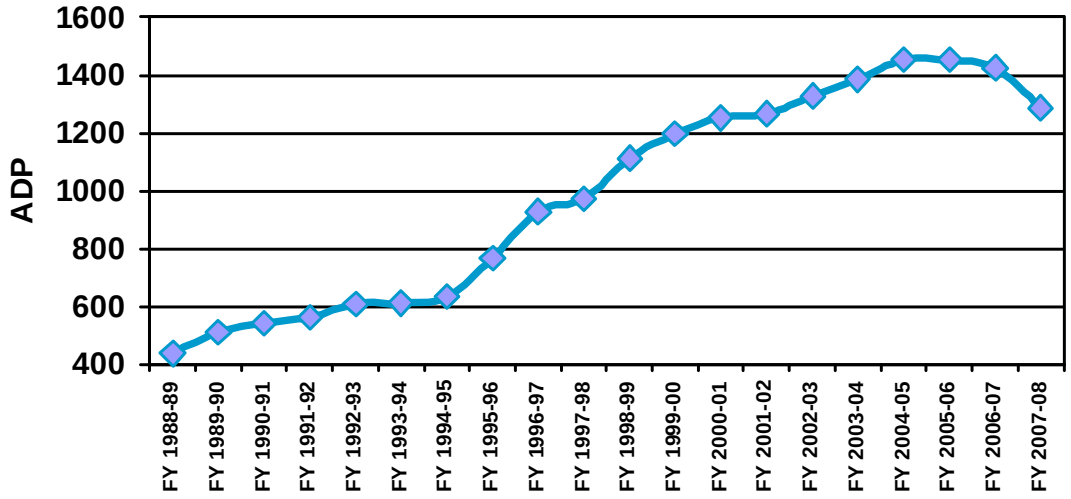
Figure 5: 20-Year DYC LOS Trends



Changes in Commitment Residential ADP

Prior to 2005-06, commitment ADP trends have shown a steady increase over the past 14 years (Figure 6, next page). During the first year of the Continuum of Care Initiative, for the first time in 14 years, the commitment ADP rate did not show an increase, but rather a slight decline. This decrease was even more pronounced during FY 2007-08. As has been noted in previous reports, in light of the large (approximately 70%) multi-year reductions in state funds for Parole Program Services between FY 2001-02 and FY 2005-06, the continued success of the Division of Youth Corrections in reducing the ADP is noteworthy.

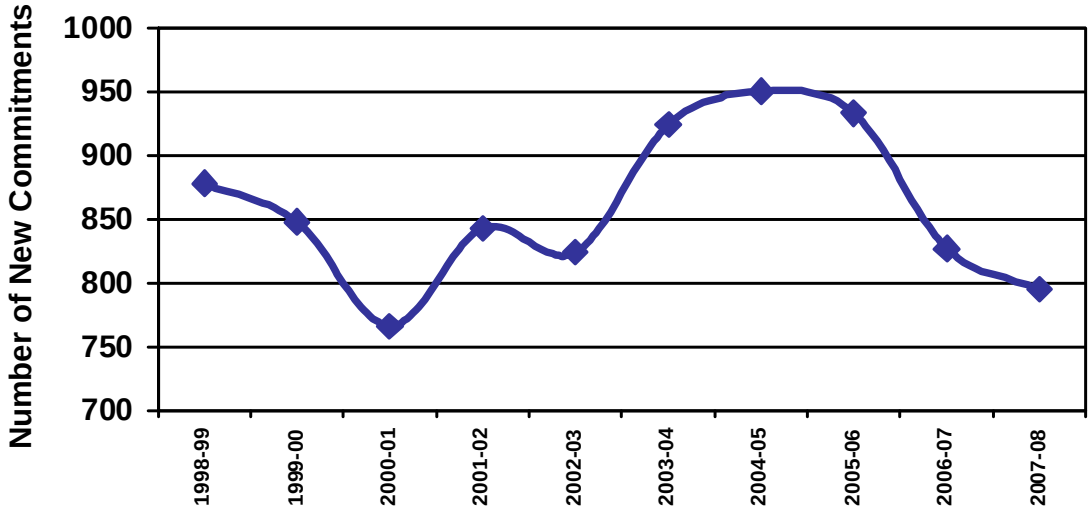
Figure 6: 20 Year DYC Commitment ADP Trends



As mentioned previously, there were some slight decreases in length of service in the Continuum of Care youth served in Fiscal Year 2007-08 compared with DYC youth discharged in Fiscal Year 2006-07. This, combined with a fairly dramatic decline in the number of new commitments, has led to overall reductions in ADP.

As seen in Figure 7 (below) after a steady five year increase, there has been a sharp decline in new commitments over the past two years.

Figure 7. Division of Youth Corrections New Commitment Trends



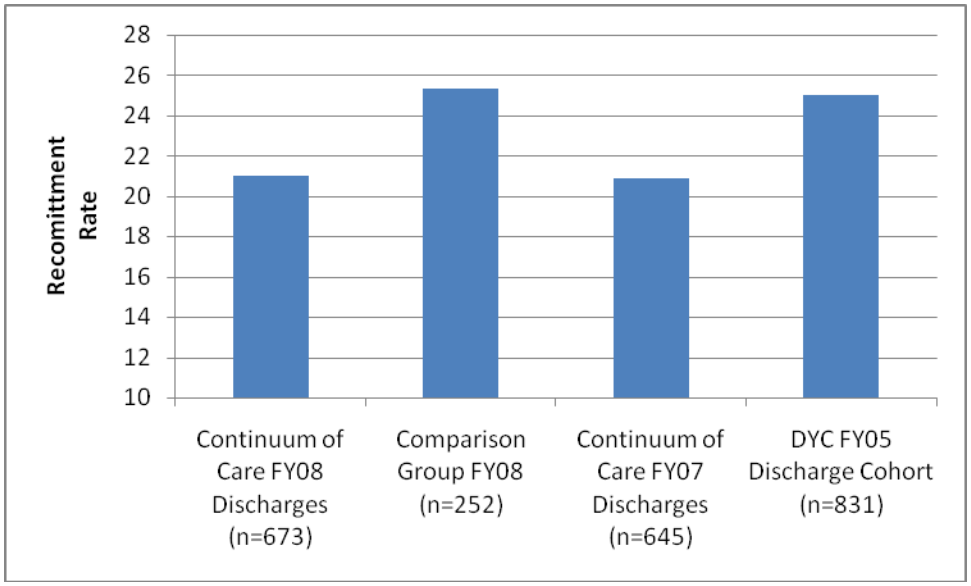
In addition, the Continuum of Care Initiative appears to have had an initial impact on the rate of recommitment. As seen in Table 23, a (statistically) significantly lower proportion of Continuum of Care Initiative youth were recommitted to DYC prior to discharge from their original commitment than youth in the Fiscal Year 2004-05 discharge comparison group. This lower rate has persisted into the most recent fiscal year.

Table 23: Rate of Recommitment

	Recommitment		No Recommitment	
Group	**N**	**Percentage**		
Continuum of Care FY08 Discharges (n=673)	141	21.0%`	532	79.7%
Comparison Group FY08 (n-253)	64	25.3%	189	74.7%
Continuum of Care FY07 Discharges (n=645)	145	20.9%	548	79.1%
DYC FY05 Discharge Cohort (n=831)	175	25.0%	525	75.0%

The difference between the FY08 Continuum of Care Youth and the FY08 Comparison Group is statistically significant: $\chi^2 = 2.94$; one-tailed significance $p<.05$. Also, the difference between the FY08 and FY07 Continuum of Care Youth and the FY05 discharge cohort are significant: $\chi^2 = 3.24$; one-tailed significance $p<.05$.

Figure 8: Recommitment Rates



Slight decreases in length of service, as well as decreases in the proportion and number of youth recommitted prior to release, indicate that DYC appears to be moving towards a process that achieves an optimal length of service by stressing the use of least restrictive

means for each youth; providing detailed assessment of a youth's risks, strengths and treatment needs; and matching those youth to the most appropriate placement and treatment strategy to improve youth outcomes and ensure public safety. Drastic reductions in length of service may not be evident, but appropriate LOS is evidenced by lower rates of returns to the system, showing that stressing least restrictive means can lead to some cost avoidance through the slight reduction in the amount of time a youth spends in residential placement, combined with a larger cost avoidance that stems from a youth not being recommitted during DYC commitment.

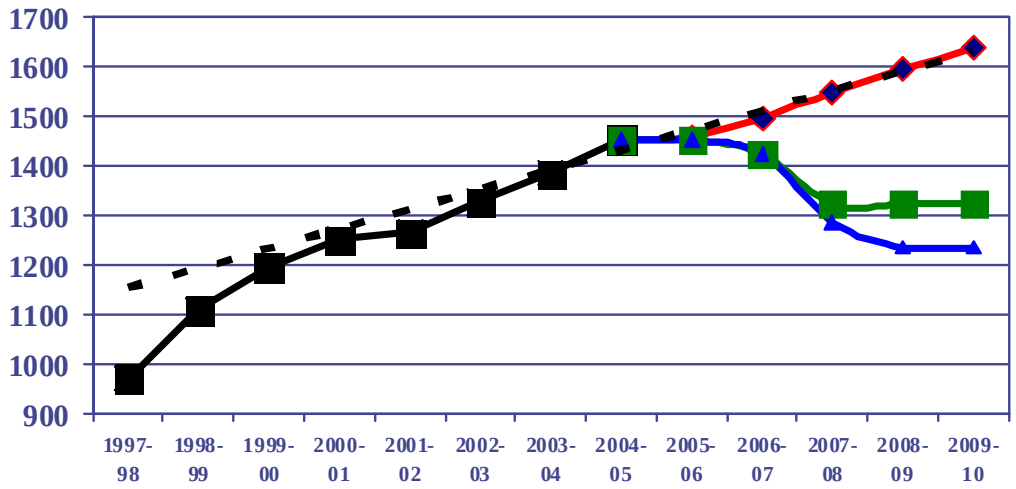
Cost Avoidance

Reductions in ADP have led to real and significant cost avoidance to DYC and the State of Colorado.

The Continuum of Care's success at reducing ADP has led to real and significant cost avoidance to DYC and the State of Colorado. A simple comparison of the difference between Legislative Council Staff (LCS) projections and actual ADP shows a difference of 224 for FY 2007-08. This reduction in ADP over projections would translate to a savings of $12,910,006. Looking back over the last three years of the Continuum of Care, cumulatively, reveals savings of almost $18 million, counting only direct costs to DYC and not incorporating broader societal cost savings (e.g. cost to other state agencies, costs to victims, etc.) as a result of moving youth more quickly back to normal community placements and school participation.

To illustrate the mechanisms for these savings, figure 9, below, contrasts the LCS projections (red line) based on historical ADP (black line) with actual ADP (green line) and revised actual ADP based on September 2008 data (blue line).

Figure 9. ADP Projections versus Actual



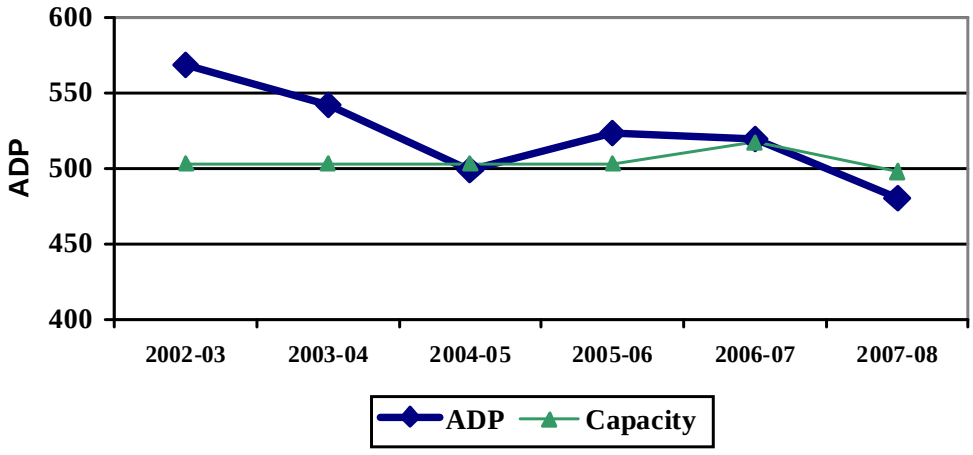
Translating this reduction in ADP to cost avoidance, Table 24 illustrates actual cost avoidance through FY 2007-08 and projects savings forward two years based on a relatively conservative assumption of ADP growth based on prior years.

Table 24: ADP Reduction and Cost Avoidance

	FY04-05	FY05-06	FY06-07	FY07-08	FY08-09	FY09-10
LCS: 12/05	1453.5	1459.0	1498.0	1549.0	1595.0	1640.0
Actual	1453.5	1453.4	1424.9	1324.4	1324.4	1324.4
Difference	0	5.6	79.1	224.6	270.6	315.6
Cost Avoidance	$0	$314,905	$4,547,758	$12,910,006	$15,555,455	$18,140,472
Cumulative Total	$0	$314,905	$4,862,663	$17,772,669	$33,328,124	$51,468,596

Improvements to the Assessment Process – The enhancement of DYC's assessment process is an important ongoing development in the Continuum of Care Initiative. In October of 2006, DYC implemented a plan to reduce overcrowding in state secure facilities. A significant part of this plan focused on increasing assessment efficiency, thereby reducing the length of service for youth in assessment from 30 to 23 days. By the last quarter of the fiscal year, the majority (78%) of youth were assessed within the targeted 23 days. The trend of decreasing time spent in state secure facilities continues.

Figure 10. Division of Youth Corrections State Secure ADP Trends



In FY2007-08, another significant improvement in the assessment process is represented by the continued enhancement of the CJRA implementation to ensure a better fit between assessment results and treatment planning. Beginning in the past fiscal year, it has been

DYC policy to ensure that a youth's Discrete Case Plan (DCP) is being driven by the criminogenic risks and needs identified in the CJRA. A preliminary analysis of more recently completed DCPs in Trails showed a fairly high degree of consistency between factors identified by the CJRA and those being targeted by the DCP. In looking at recently completed Initial Assessments, where the Trails system identified the top three domain areas of greatest risk, 79 percent of DCPs included all three of those areas in the treatment plan.

In just under one-third of cases (32%) there was an exact match between the top three risk domains and the three areas targeted in the treatment plan. In an additional 47 percent of cases, the top three CJRA domains were included in the DCP, but other areas were also targeted.

Risk of Re-Offending

As more time passes since the launching of the Continuum of Care, more sophisticated analyses of recidivism will be possible. Currently, the first two full years of implementation allow for the comparison of pre-discharge recidivism across the two complete Continuum of Care discharge cohorts along with the comparison group of youth discharged prior to program implementation. As more time elapses, post-discharge recidivism can be evaluated. These data will be included in next year's evaluation report

For the current evaluation report, pre-discharge data was compared across the two discharges of Continuum of Care youth (FY 2006-07 and FY 2007-08), as compared to youth discharged prior to program implementation. Pre-discharge recidivism events for Continuum of Care youth were extracted from recidivism files provided by the DYC Research and Evaluation Unit.

Table 25 illustrates that pre-release discharge recidivism rates for the FY 2006-07 Continuum of Care youth sample were significantly lower than for the Fiscal Year 2004-05 DYC Discharge Cohort. There were nearly 10% fewer pre-discharge recidivism events in the Continuum of Care Initiative FY 2006-07 cohort than there were in the FY 2004-05 group. This represents a decrease of 23.5% in the rate of recidivism for Continuum of Care Initiative youth. In FY 2007-08, the pre-discharge recidivism rate remained unchanged and maintained the gains seen in the prior year. In addition, youth served by the Continuum of Care had a lower recidivism rate than did youth not receiving these services. This difference remained statistically significant even when controlling for the differences in mental health needs and sex offender status.

Last year, decreases in pre-discharge recidivism demonstrated a 23.5% reduction over FY 2004-05. FY 2007-08 maintained these gains as rates stayed nearly identical.

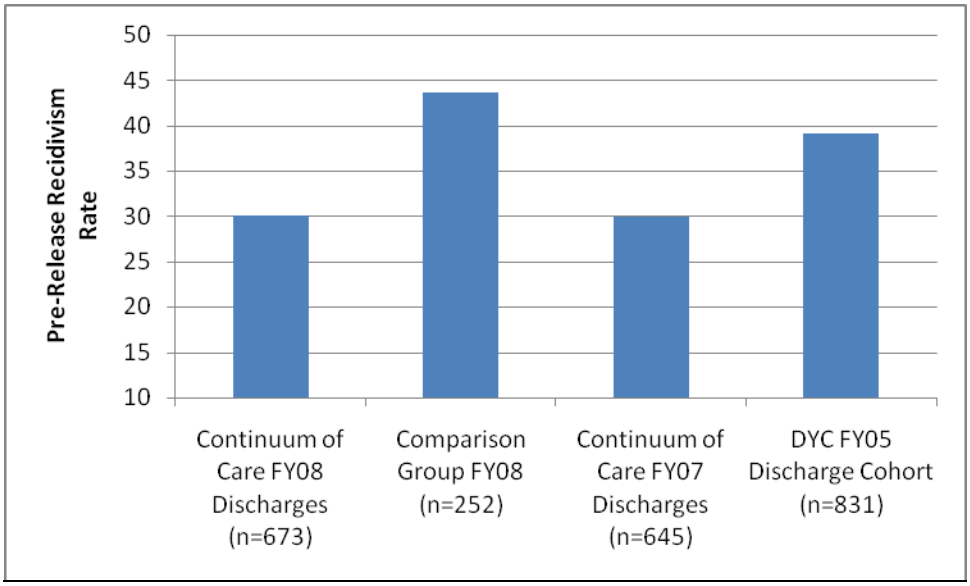
Table 25: Pre-Discharge Recidivism Rates[22]

Group	N	Percentage	N	Percentage
Continuum of Care FY08 Discharges (n=653)	196	30.0%	457	70.0%
Comparison Group FY08 (n-253)	108	43.7%	145	57.3%
Continuum of Care FY07 Discharges (n=645)	193	29.9%	452	70.1%
DYC FY05 Discharge Cohort (n=831)	325	39.1%	506	60.9%

Youth served by the Continuum of Care had a lower recidivism rate than did youth not receiving these services.

These numbers represent only pre-discharge recidivism, that is to say new filings that occur while a youth is still under DYC supervision (either in a residential placement or on parole), and does not reflect youth offending once the youth has been discharged from DYC. However, substantial reduction for FY 2006-07 discharged Continuum of Care youth, over the comparison FY 2004-05 cohort is encouraging. Moreover, these reductions have been maintained during the second full year of program implementation.

Figure 11: Pre-Release Discharge Recidivism



[22] These differences are statistically significant. $\chi^2 = 13.8$; p=.000.

Conclusion and Recommendations

Over the past three years, the Division of Youth Corrections has undertaken a comprehensive systems improvement effort – the Continuum of Care Initiative. This initiative has brought significant attention and improvements to the Division's continuum of services from pre-commitment (detention) services, through commitment and parole. The flexible funding authorization contained in Footnote 41 of House Bill 08-1375 is an important component of the overall Continuum of Care Initiative. The Division of Youth Corrections is using this added flexibility to support the implementation of a set of integrated system improvements based on research-based principles of effective practice.

Like any major system improvement initiative, the Continuum of Care Initiative represents a relatively long-term commitment to change. As a complex set of integrated strategies, implementation of the Initiative is necessarily iterative and developmental in nature, as improvements in one area such as assessment allow improvements in case planning which in turn drive improvements in matching youth to effective interventions leading to improved outcomes. This report represents the third year of evaluation for the Continuum of Care Initiative and emerging results continue to point to positive progress in this system change effort. Ten compelling findings are highlighted in this section.

The Continuum of Care Initiative continues to identify and serve youth who enter the system as a high risk for re-offending. CJRA risk and needs data demonstrate that youth served through the initiative are at a high level of risk to re-offend, most across multiple risk domains. This indicates that DYC is targeting its resources to those youth who represent the highest delinquency costs in terms of the social cost of re-offense as well as costs stemming from returns to the juvenile justice system.

Colorado Juvenile Risk Assessment (CJRA) data is being successfully used to drive case planning that targets criminogenic risk factors for each youth. Through integration of the CJRA into the Trails data system and coordination with the Discrete Case Plan that drives care planning for committed youth, services for youth are linked closely to criminogenic risks and needs.

Colorado Juvenile Risk Assessment (CJRA) risk levels decrease for youth receiving Continuum of Care Initiative services. CJRA data demonstrates that dynamic risk scores showed a significant decrease over time for youth receiving services. This suggests that the Continuum of Care Initiative is appropriately identifying and targeting treatment to areas of criminogenic risk.

Continuum of Care Initiative youth spend less time in placement. Analyses revealed that the FY2007-08 discharge cohort had a lower total commitment length of service (LOS) than the comparison cohort (24.6 months versus 27.7 months). This length of service was also lower than the total LOS for youth served by the Continuum of Care in the previous fiscal year (25.7 months).

The continued decrease in ADP for FY 2007-08 continues a significant positive shift. During the first year of the Continuum of Care Initiative, for the first time in 14 years, the commitment ADP rate did not show an increase, but rather a slight decline. This decrease continued in FY 2006-07 and was even more pronounced during FY 2007-08. As has been noted in previous reports, in light of the large (approximately 70%) multi-year reductions in state funds for Parole Program Services between FY 2001-02 and FY 2005-06, the continued success of the Division of Youth Corrections in reducing the ADP is noteworthy.

Youth served by the Continuum of Care had a lower recidivism rate than did youth not receiving these services. Last year, decreases in pre-discharge recidivism demonstrated a 23.5% reduction over FY 2004-05. In FY 2007-08, the pre-discharge recidivism rate remained unchanged and maintained the gains seen in the prior year. In addition, youth served by the Continuum of Care had a lower recidivism rate than did youth not receiving these services. This difference remained statistically significant even when controlling for the differences in mental health needs and sex offender status.

Cost avoidance. The Continuum of Care's success at reducing ADP has led to real and significant cost avoidance to DYC and the State of Colorado. A simple comparison of the difference between Legislative Council Staff (LCS) projections and actual ADP reveals a difference of 224 for FY 2007-98. This reduction in ADP over projections would translate to a savings of $12,910,006.

Reductions in ADP have led to real and significant cost avoidance to DYC and the State of Colorado.

The Division of Youth Corrections is engaged in ongoing system improvement efforts to implement the Continuum of Care Initiative. The Division is engaged in systematic efforts to implement the integrated strategies of the Initiative. As described in the body of this report, improvements have been made in the assessment and case planning processes. Strategies to bolster the service array of evidence-based services are currently underway, as are data-driven quality assurance efforts.

Family oriented treatment services need to be enhanced. CJRA data revealed significant improvements from Continuum of Care Initiative services for several dynamic risk areas but did not improve on the family risk domain. As research has drawn a strong link between family risk and recidivism, this points to an area that warrants further attention. While the youth served by the Initiative were, on average, older teens the relative weakness in this area will be an important area of investigation as DYC moves ahead with efforts to identify and enhance the service array.

An Effective Approach – The experience of juvenile justice jurisdictions nationally clearly points to the strategies authorized through the footnote as the most appropriate and effective approach to managing services

The outcomes and process information available for this report point to the successful implementation of DYC's Continuum of Care Initiative.

for juvenile offenders (e.g., Barnoski & Aos, 2005). In fact, a consistent finding across research and program evaluations has been the centrality of targeting treatment for juvenile offenders based on individualized assessment of criminogenic risk and need factors. The Continuum of Care Initiative is built on effective juvenile justice strategies that have been proven through research and practice to be effective. First, the Initiative emphasizes a coordinated continuum of care with a broad array of program and service options that are sequenced and combined to create a range of intervention options that ensure the appropriate treatment, education, training, and care compatible with the youth's specific needs. Second, it emphasizes community-based options when appropriate. Instead of removing youth from their home environment, community-based services impact the youth's total environment by addressing problems in the community where they develop, and by establishing the long-term support necessary to sustain progress. Third, the Continuum of Care Initiative features individualized programming that is sufficiently intensive and comprehensive to accommodate the individual needs and potentials of the youth and their families. Fourth, the Initiative attends to aftercare and re-integration so that youth continue receiving the support of treatment services following their treatment in a residential facility.

In keeping with these strategies, the Continuum of Care Initiative has been implemented through an integrated strategy involving state-of-the-art assessment, enhanced treatment services within residential facilities, and improved transitions to appropriate community-based services. The Division made a commitment to examine and realign internal operational practices to be more consistent with the principles of evidence-based practice and the interventions that have the most research support for being effective in reducing recidivism and re-victimization by juvenile offenders. As part of this strategy, the Continuum of Care Initiative seeks to provide the optimal length of service in each stage of service to juvenile offenders as they move from secure residential to community-based services on parole. In order to ensure accurate and targeted information to support individualized case planning, DYC implemented a state-of-the-art, empirically-based risk assessment instrument (the Washington State Juvenile Risk Assessment), modified and renamed the Colorado Juvenile Risk Assessment (CJRA).

A system change initiative like the Continuum of Care Initiative takes time to implement fully and must take into account the inter-dependency of all parts of the system – both state-run and contracted. Complex assessment information for each youth must be integrated into a case plan that is then communicated across the system so that the same delinquency risk and needs factors for a given youth are being addressed in each component of the system. This systemic perspective is critical for long term success, but necessarily suggests that the system change will not be able to be achieved in one year, but will be developmental.

The current report demonstrates a continued positive trend from the first year of the Continuum of Care Initiative (FY 2005-06). Outcomes, in terms of LOS, ADP and pre-discharge recidivism suggest positive progress. This is especially notable in light of the prior fourteen year pattern toward increasing ADP.

The elements are in place to meet the goals of DYC and the General Assembly over time, an evaluation framework has been established to measure the extent to which those goals are achieved, and initial outcomes are positive. As noted earlier, in light of the early success of the Initiative in Colorado and the clear and consistent research evidence to support the cost effectiveness of community-based options, it seems critical that funding levels be maintained even as residential ADP is reduced by successful implementation of the Continuum of Care Initiative.

Ongoing barriers to the Continuum of Care Initiative's success remain significant. Given reductions in appropriate community-based services for youth in DYC custody over recent years, the Division remains challenged to match youth with the most effective services in the most appropriate settings to meet their rehabilitation needs. As the array of community-based service options continues to be rebuilt and expanded, the success of the Continuum of Care Initiative will in turn be challenged by the current funding structure which is based on a formula that uses average daily population (ADP) in commitment placement to determine funding levels. Without a shift in funding methodology, as better community services become available and Client Managers become more effective in appropriately transitioning youth to community placements, the Division's resources for both commitment and community-based services could shrink to the point that youth are left without placement.

DOMAIN 1: Criminal History Record of Delinquency Petitions Resulting in Adjudication, Diversion, or Deferred Adjudication/Disposition	
Delinquency petitions, rather than offenses, are used to assess the persistence of re-offending by the youth. Include only delinquency petitions that resulted in an adjudication, diversion, deferred adjudication, or deferred disposition (regardless of whether successfully completed).	
1. **Age at first offense:** *The age at the time of the offense for which the youth was referred to juvenile court for the first time on a non-traffic misdemeanor or felony that resulted in adjudication, diversion, deferred adjudication, or deferred disposition.*	O Over 16 O 16 O 15 O 13 to 14 O Under 13
Felony and misdemeanor delinquency petitions: *Items 2 and 3 are mutually exclusive and should add to the total number of delinquency petitions that resulted in adjudication, diversion, deferred adjudication, or deferred disposition.*	
2. **Misdemeanor delinquency petitions:** *Total number of delinquency petitions for which the most serious offense was a non-traffic misdemeanor that resulted in adjudication, diversion, deferred adjudication, or deferred disposition (regardless of whether successfully completed).*	O None or one O Two O Three or four O Five or more
3. **Felony delinquency petitions:** *Total number of delinquency petitions for a felony offense that resulted in adjudication, diversion, deferred adjudication, or deferred disposition (regardless of whether successfully completed).*	O None O One O Two O Three or more
Against-person or weapon delinquency petitions: *Items 4, 5, and 6 are mutually exclusive and should add to the total number of delinquency petitions that involve an against-person or weapon offense, including sex offenses, that resulted in an adjudication, diversion, deferred adjudication, or deferred disposition (regardless of whether successfully completed).*	
4. **Weapon delinquency petitions:** *Total delinquency petitions for which the most serious offense was a firearm/weapon charge or a weapon enhancement finding.*	O None O One or more
5. **Against-person misdemeanor delinquency petitions:** *Total number of delinquency petitions for which the most serious offense was an against-person misdemeanor – a misdemeanor involving threats, force, or physical harm to another person or sexual misconduct (assault, coercion, harassment, intimidation, etc.).*	O None O One O Two or more
6. **Against-person felony delinquency petitions:** *Number of delinquency petitions involving force or physical harm to another person including sexual misconduct (homicide, manslaughter, assault, robbery, kidnapping, rape, domestic violence, harassment, criminal mistreatment, intimidation, coercion, etc.)*	O None O One or two O Three or more
Sex offense delinquency petitions: *Items 7 and 8 are mutually exclusive and should add to the total number of delinquency petitions that involve a sex offense or sexual misconduct that resulted in adjudication, diversion, deferred adjudication, or deferred disposition.*	
7. **Sexual misconduct misdemeanor delinquency petitions:** *Number of delinquency petitions for which the most serious offense was a sexual misconduct misdemeanor including obscene phone calls, indecent exposure, obscenity, pornography, or public indecency, or misdemeanors with sexual motivation.*	O None O One O Two or more
8. **Felony sex offense delinquency petitions:** *Delinquency petitions for a felony sex offense or involving sexual motivation including carnal knowledge, child molestation, communication with minor for immoral purpose, incest, indecent exposure, indecent liberties, promoting pornography, rape, sexual misconduct, or voyeurism*	O None O One O Two or more
9. **Court orders where youth served at least one day confined in detention:** *Total court and modification orders for which the youth served at least one day physically confined in a county detention facility. A day served includes credit for time served.*	O None O One O Two O Three or more
10. **Court orders where youth served at least one day confined under DYC:** *Total number of court orders and modification orders for which the youth served at least one day confined under DYC authority. A day served includes credit for time served.*	O None O One O Two or more

11. **Escapes:** *Total number of attempted or actual escapes that resulted in adjudication.*	O None O One O Two or more
12. **Failure-to-appear in court warrants:** *Total number of failures-to-appear in court that resulted in a warrant being issued. Exclude failure-to-appear warrants for non-criminal matters.*	O None O One O Two or more

DOMAIN 2: Demographics	
1. **Gender:**	O Male O Female

DOMAIN 3A: School History	
1. **Youth is a special education student or has a formal diagnosis of a special education need:** *(Check all that apply.)*	☐ No special education need ☐ Learning ☐ Mental retardation ☐ Behavioral ☐ ADHD/ADD
2. **History of expulsions and suspensions since the first grade:**	O No expel/suspend O 4 or 5 O 1 expel/suspend O 6 or 7 O 2 or 3 O More than 7
3. **Age at first expulsion or suspension:**	O No expulsions O 14 to 15 years old O 5 to 9 years old O 16 to 18 years old O 10 to 13 years old
4. **Youth has been enrolled in a community school during the last 6 months, regardless of attendance:**	O No, graduated/GED and not attending school, do not complete Domain 3B O No, dropped-out, expelled, or in out of home placement for more than six months (do not complete Domain 3B) O Yes, must complete Domain 3B
DOMAIN 3B: Current School Status	
For Initial Assessments, "current" is the most recent term in last 6 months; for Re-assessments and Final Assessments, "current" is the last 4 weeks in the most recent term.	
1. **Youth's current school enrollment status, regardless of attendance:** *If the youth is in home school as a result of being expelled or dropping out, check the expelled or dropped out box; otherwise check enrolled, if in home school.*	O Graduated/GED O Suspended O Enrolled full-time O Dropped out O Enrolled part-time O Expelled
2. **Type of school in which youth is enrolled:** **Name of School** _____	O Public academic O Private academic O Vocational O Home school O Alternative O College O GED program O Other _____
3. **Youth believes there is value in getting an education:**	O Believes getting an education is of value O Somewhat believes education is of value O Does not believe education is of value
4. **Youth believes school provides an encouraging environment for him or her:**	O Believes school is encouraging O Somewhat believes school is encouraging O Does not believe school is encouraging
5. **Teachers, staff, or coaches the youth likes or feels comfortable talking with:**	O Not close to any teachers, staff, or coaches O Close to 1 O Close to 3 O Close to 2 O Close to 4 or more
6. **Youth's involvement in school activities during most recent term:** *School leadership; social service clubs; music, dance, drama, art; athletics; other extracurricular activities.*	O Involved in 2 or more activities O Involved in 1 activity O Interested but not involved in any activities O Not interested in school activities
7. **Youth's conduct in the most recent term:** *Fighting or threatening students; threatening teachers/staff; overly disruptive behavior; drug/alcohol use; crimes (e.g., theft, vandalism); lying, cheating, dishonesty.*	O Recognition for good behavior O No problems with school conduct O Problems reported by teachers O Problem calls to parents O Calls to police
8. **Number of expulsions and suspensions in the most recent term:**	O No expel/suspend O 2 or 3 O 1 expel/suspend O Over 3
9. **Youth's attendance in the most recent term:** *Partial-day absence means attending majority of classes and missing minority. Full-day absence means missing majority of classes. A truancy petition is equal to 7 unexcused absences in a month or 10 in a year.*	O Good attendance; few excused absences O No unexcused absences O Some partial-day unexcused absences O Some full-day unexcused absences O Truancy petition/equivalent or withdrawn
10. **Youth's academic performance in the most recent school term:**	O Honor student (mostly As) O Above 3.0 (mostly As and Bs) O 2.0 to 3.0 (mostly Bs and Cs, no Fs) O 1.0 to 2.0 (mostly Cs and Ds, some Fs) O Below 1.0 (some Ds and mostly Fs)

11. **Interviewer's assessment of likelihood the youth will stay in and graduate from high school or an equivalent vocational school:**	O Very likely to stay in school and graduate O Uncertain if youth will stay and graduate O Not very likely to stay and graduate

DOMAIN 4A: Historic Use of Free Time	
1. **History of structured recreational activities within the past 5 years:** *Youth has participated in structured and supervised pro-social community activities, such as religious group/church, community group, cultural group, club, athletics, or other community activities.*	O Involved in 2 or more structured activities O Involved in 1 structured activity O Never involved in structured activities
2. **History of unstructured pro-social recreational activities within the past 5 years:** *Youth has engaged in activities that positively occupy the youth's time, such as reading, hobbies, etc.*	O Involved in 2 or more pro-social unstructured activities O Involved in 1 pro-social unstructured activity O Never involved in pro-social unstructured activities
DOMAIN 4B: Current Use of Free Time (For Initial Assessments and Re-assessments, "current" means behaviors during the last six months.	
1. **Current interest and involvement in structured recreational activities:** *Youth participates in structured and supervised pro-social community activities, such as religious group/church, community group, cultural group, club, athletics, or other community activity.*	O Currently involved in 2 or more structured activities O Currently involved in 1 structured activity O Currently interested but not involved O Currently not interested in any structured activities
2. **Types of structured recreational activities in which youth currently participates:** *(Check all that apply.*)	☐ No structured recreational activities ☐ Athletics ☐ Community/cultural group ☐ Hobby group or club ☐ Religious group/church ☐ Volunteer organization
3. **Current interest and involvement in unstructured recreational activities:** *Youth engages in activities that positively occupy his or her time, such as reading, hobbies, etc.*	O Currently involved in 2 or more unstructured activities O Currently involved in 1 unstructured activity O Currently interested but not involved O Currently not interested in any unstructured activities

DOMAIN 5A: Employment History	
1. **History of employment:**	O Too young for employment consideration O Never been employed O Has been employed
2. **History of successful employment:**	O Never successfully employed O Has been successfully employed
3. **History of problems while employed:**	O Never fired or quit because of problems O Fired or quit because of poor performance O Fired or quit because he or she could not get along with employer or coworkers
4. **History of positive personal relationship(s) with past employer(s) or adult coworker(s):**	O Never had any positive relationships O Had 1 positive relationship O Had 2 or more positive relationships
DOMAIN 5B: Current Employment **(For Initial Assessments and Re-assessments, "current" refers to the last 6 months)**	
1. **Understanding of what is required to maintain a job:**	O Lacks knowledge of what it takes to maintain a job O Has knowledge of abilities to maintain a job O Has demonstrated ability to maintain a job
2. **Current interest in employment:**	O Currently employed O Not employed but highly interested in employment O Not employed but somewhat interested O Not employed and not interested in employment O Too young for employment consideration
3. **Current employment status:**	O Not currently employed O Employment is currently going well O Having problems with current employment
4. **Current positive personal relationship(s) with employer(s) or adult coworker(s):**	O Not currently employed O Employed but no positive relationships O At least 1 positive relationship

DOMAIN 6A: History of Relationships	
1. **History of positive adult non-family relationships not connected to school or employment:** *Adults, who are not teachers and not part of the youth's family, who can provide support and model pro-social behavior, such as religious leader, club member, community person, etc.*	O No positive adult relationships O 1 positive adult relationship O 2 positive adult relationships O 3 or more positive adults relationships
2. **History of anti-social friends/companions:** *Anti-social peers are youths hostile to or disruptive of the legal social order; youths who violate the law and the rights of others. (Check all that apply.)*	☐ Never had consistent friends or companions ☐ Had pro-social friends ☐ Had anti-social friends ☐ Been a gang member/associate
DOMAIN 6B: Current Relationships (For Initial Assessments, "current" means behaviors during the last six months, for Re-assessments and Final Assessments, "current" means behaviors during the last four weeks)	
1. **Current positive adult non-family relationships not connected to school or employment:** *Adults, who are not teachers and not part of the youth's family, who can provide support and model pro-social behavior, such as religious leader, club member, community person, etc.*	O No positive adult relationships O 1 positive adult relationship O 2 positive adult relationships O 3 or more positive adults relationships
2. **Current pro-social community ties:** *Youth feels there are people in his or her community who discourage him or her from getting into trouble or are willing to help the youth.*	O No pro-social community ties O Some pro-social community ties O Has strong pro-social community ties
3. **Current friends/companions youth actually spends time with:** (*Check all that apply.)*	☐ No consistent friends or companions ☐ Pro-social friends ☐ Anti-social friends ☐ Gang member/associate
4. **Currently in a "romantic," intimate, or sexual relationship:**	O Not romantically involved with anyone O Romantically involved with a pro-social person O Romantically involved with an anti-social person/criminal
5. **Currently admires/emulates anti-social peers:**	O Does not admire, emulate anti-social peers O Somewhat admires, emulates anti-social peers O Admires, emulates anti-social peers
6. **Current resistance to anti-social peer influence:**	O Does not associate with anti-social peers O Usually resists going along with anti-social peers O Rarely resists goes along with anti-social peers O Leads anti-social peers

DOMAIN 7A: Family History	
1. **History of court-ordered or DSHS voluntary out-of-home and shelter care placements exceeding 30 days:** *Exclude DYC commitments.*	O No out-of-home placements exceeding 30 days O 1 out-of-home placement O 2 out-of-home placements O 3 or more out-of-home placements
2. **History of running away or getting kicked out of home:** *Include times the youth did not voluntarily return within 24 hours, and include incidents not reported by or to law enforcement.*	O No history of running away or being kicked out O 1 instance of running away/kicked out O 2 to 3 instances of running away/kicked out O 4 to 5 instances of running away/kicked out O Over 5 instances of running away/kicked out
3. **History of petitions filed:** *Include all petitions regardless of whether the petition was granted. (Check all that apply.)*	☐ No petitions filed ☐ Youth-at-risk ☐ CHINS ☐ ARP ☐ Dependency
4. **History of jail/imprisonment of persons who were ever involved in the household for at least 3 months:** *(Check all that apply.)*	☐ No jail/imprisonment history in family ☐ Mother/female caretaker ☐ Father/male caretaker ☐ Older sibling ☐ Younger sibling ☐ Other member
5. **Youth currently living under any "adult supervision":** *Adult supervision must be someone who is responsible for the youth's welfare, either legally or with parental consent. For Initial Assessments, "current" means within the last six months, for Re-assessments and Final Assessments, "current" means within the last four weeks.*	O No, living with peers without adult supervision, do not complete Domain 7B O No, living alone without adult supervision, do not complete Domain 7B O No, transient without adult supervision, do not complete Domain 7B O Yes, living under adult supervision, must complete Domain 7B

DOMAIN 7B: Current Living Arrangements (For Initial Assessments, current means behaviors during the last six months, for Re-assessments and Final Assessments, current means behaviors during the last four weeks)		
1. **All persons with whom youth is currently living:** *(Check all that apply.)*	☐ Living alone ☐ Biological mother ☐ Non-biological mother ☐ Older sibling(s) ☐ Grandparent(s) ☐ Long-term parental partner(s) ☐ Youth's romantic partner ☐ Foster/group home	☐ Transient (street, moving around) ☐ Biological father ☐ Non-biological father ☐ Younger sibling(s) ☐ Other relative(s) ☐ Short-term parental partner(s) ☐ Youth's child ☐ Youth's friends
2. **Annual combined income of youth and family:**		O Under $15,000 O $15,000 to $34,999 O $35,000 to $49,999 O $50,000 and over
3. **Jail/imprisonment history of persons who are currently involved with the household:** *(Check all that apply.)*		☐ No jail/imprisonment history of persons currently in household ☐ Mother/female caretaker ☐ Father/male caretaker ☐ Older sibling ☐ Younger sibling ☐ Other member

4. **Problem history of parents who are currently involved with the household:** *(Check all that apply.)*	☐ No problem history of parents in household ☐ Parental alcohol problem history ☐ Parental drug problem history ☐ Parental physical health problem history ☐ Parental mental health problem history ☐ Parental employment problem history
5. **Problem history of siblings who are currently involved with the household:** *(Check all that apply.)*	☐ No siblings currently in household ☐ No problem history of siblings in household ☐ Sibling alcohol problem history ☐ Sibling drug problem history ☐ Sibling physical health problem history ☐ Sibling mental health problem history ☐ Sibling employment problem history
6. **Support network for family:** *Extended family and/or family friends who can provide additional support to the family.*	O No support network O Some support network O Strong support network
7. **Family willingness to help support youth:**	O Consistently willing to support youth O Inconsistently willing to support youth O Little or no willingness to support youth O Hostile, berating, and/or belittling of youth
8. **Family provides opportunities for youth to participate in family activities and decisions affecting the youth:**	O No opportunities for involvement provided O Some opportunities for involvement provided O Opportunities for involvement provided
9. **Youth has run away or been kicked out of home:** *Include times youth did not voluntarily return within 24 hours, and include incidents not reported by or to law enforcement.*	O Has not run away/kicked out of home O Has run away/kicked out O Is currently kicked out of home or is a runaway
10. **Family member(s) youth feels close to or has good relationship with:** *(Check all that apply.)*	☐ Does not feel close to any family member ☐ Feels close to mother/female caretaker ☐ Feels close to father/male caretaker ☐ Feels close to male sibling ☐ Feels close to female sibling ☐ Feels close to extended family
11. **Level of conflict between parents, between youth and parents, among siblings:**	O Some conflict that is well managed O Verbal intimidation, yelling, heated arguments O Threats of physical abuse O Domestic violence: physical/sexual abuse
12. **Parental supervision:** *Parents know whom youth is with, when youth will return, where youth is going, and what youth is doing.*	O Consistent good supervision O Sporadic supervision O Inadequate supervision
13. **Parental authority and control:**	O Youth usually obeys and follows rules O Youth sometimes obeys or obeys some rules O Youth consistently disobeys and/or is hostile
14. **Consistent appropriate punishment for bad behavior:** *Appropriate means clear communication, timely response, and response proportionate to conduct.*	O Consistently appropriate punishment O Consistently overly severe punishment O Consistently insufficient punishment O Inconsistent or erratic punishment
15. **Consistent appropriate rewards for good behavior:** *Appropriate means clear communication, timely response, and response proportionate to conduct; rewards mean affection, praise, etc.*	O Consistently appropriate rewards O Consistently overly indulgent/overly protective O Consistently insufficient rewards O Inconsistent or erratic rewards
16. **Parental characterization of youth's anti-social behavior:**	O Disapproves of youth's anti-social behavior O Minimizes, denies, justifies, excuses behavior, or blames others/circumstances O Accepts youth's anti-social behavior as okay O Proud of youth's anti-social behavior

DOMAIN 8A: Alcohol and Drug History	
Disrupted functioning involves having a problem in any of these five life areas: education, family conflict, peer relationships, crime, or health, and usually indicates treatment is warranted. Use that contributes to criminal behavior typically precipitates the commission of a crime; there is evidence or reason to believe the youth's criminal activity is related	
1. **History of alcohol use:** *(Check all that apply.)*	☐ No past alcohol use ☐ Past alcohol use ☐ Alcohol caused family conflict ☐ Alcohol disrupted education ☐ Alcohol caused health problems ☐ Alcohol interfered with keeping pro-social friends ☐ Alcohol contributed to criminal behavior
2. **History of drug use:** *(Check all that apply.)*	☐ No past drug use ☐ Past drug use ☐ Drugs caused family conflict ☐ Drugs disrupted education ☐ Drugs caused health problems ☐ Drugs interfered with keeping pro-social friends ☐ Drugs contributed to criminal behavior
3. **History of delinquency petitions for alcohol/drug assessment:**	O Never referred for drug/alcohol assessment O Diagnosed as no problem O Referred but never assessed O Diagnosed as abuse O Diagnosed as dependent/addicted
4. **History of attending alcohol/drug <u>education classes</u> for an alcohol/drug problem:**	O Never attended drug/alcohol education classes O Voluntarily attended drug/alcohol education classes O Attended classes by parent, school, or other agency request O Attended classes at court direction
5. **History of participating in alcohol/drug <u>treatment program</u>:**	O Never participated in treatment program O Participated once in treatment program O Participated several times in treatment programs
6. Youth currently using alcohol or drugs: *For Initial Assessments, current is last six months; for Re-assessments/Final Assessments, it's 4 weeks*	O No current use, do not compete Domain 8B O Current use, must complete domain 8B
DOMAIN 8B: Current Alcohol and Drugs	
1. **Current alcohol use:** *(Check all that apply.)*	☐ No current alcohol use ☐ Current alcohol use ☐ Alcohol causing family conflict ☐ Alcohol disrupting education ☐ Alcohol causing health problems ☐ Alcohol interfering with keeping pro-social friends ☐ Alcohol contributing to criminal behavior
2. **Current drug use:** *(Check all that apply.)*	☐ No current drug use ☐ Current drug use ☐ Drugs causing family conflict ☐ Drugs disrupting education ☐ Drugs causing health problems ☐ Drugs interfering with keeping pro-social friends ☐ Drugs contributing to criminal behavior
3. **Type of drugs currently used:** *(Check all that apply.)*	☐ No current drug use ☐ Amphetamines (uppers/speed/ecstacy) ☐ Barbiturates (Tuinal/Seconal/downers) ☐ Cocaine (coke) ☐ Cocaine (crack/rock) ☐ Hallucinogens (LSD/acid/mushrooms/GHB) ☐ Heroine ☐ Inhalants (glue/gasoline) Marijuana/hashish ☐ Other opiates (Dilaudid/Demerol/Percodan/Codeine/Oxycontin) ☐ Phencyclidine (PCP/angel dust) ☐ Tranquilizers/sedatives (Valium/Libnum/Dalmane/ Ketamine) ☐ Other drugs (List in comment)

4. **Current alcohol/drug treatment program participation:**	☐ Alcohol/drug treatment not warranted ☐ Not currently attending needed alcohol/drug treatment program ☐ Currently attending alcohol/drug treatment program ☐ Successfully completed alcohol/drug treatment program

DOMAIN 9A: Mental Health History	
History of suicidal ideation:	O Has never thought about suicide O Has had serious thoughts about suicide O Has made a plan to commit suicide O Has attempted to commit suicide
Include suspected incidents of abuse, whether or not substantiated, but exclude reports proven to be false.	
History of physical abuse: *(Check all that apply.)*	☐ Not a victim of physical abuse ☐ Physically abused by family member ☐ Physically abused by someone outside the family
History of sexual abuse: *(Check all that apply.)*	☐ Not a victim of sexual abuse ☐ Sexually abused by family member ☐ Sexually abused by someone outside the family
History of being a victim of neglect:	O Not a victim of neglect O Victim of neglect
History of ADD/ADHD: *Confirmed by a licensed mental health care professional.*	O No history of ADD/ADHD O Diagnosed with ADD/ADHD O Only ADD/ADHD medication prescribed O Only ADD/ADHD treatment prescribed O ADD/ADHD medication and treatment prescribed
History of mental health problems: *Such as schizophrenia, bi-polar, mood, thought, personality, and adjustment disorders. Exclude conduct disorder, oppositional defiant disorder, substance abuse, and ADD/ADHD. Confirmed by a licensed mental health care professional.*	O No history of mental health problem(s) O Diagnosed with mental health problem(s) O Only mental health medication prescribed O Only mental health treatment prescribed O Mental health medication and treatment prescribed
Currently has health insurance:	O No health insurance O Public insurance (Medicaid) O Private insurance
Current mental health problem status: *For Initial Assessments, "current" is the last 6 months; for Re-assessments and Final Assessments, "current" is the last 4 weeks*	O No current mental health problem(s), do not complete Domain 9B O Current mental health problem(s), must complete Domain 9B
DOMAIN 9B: Current Mental Health (For Initial Assessments, "current" means behaviors during the last six months, for Re-assessments and Final Assessments, "current" means behaviors during the last four weeks)	
1. Current suicidal ideation:	O Does not have thoughts about suicide O Has serious thoughts about suicide O Has recently made a plan to commit suicide O Has recently attempted to commit suicide
1. **Currently diagnosed with ADD/ADHD:** *Confirmed by a licensed mental health professional..* **Type of medication:** _____	O No ADD/ADHD diagnosis O No ADD/ADHD medication currently prescribed O Currently taking ADD/ADHD medication O ADD/ADHD medication currently prescribed, but not taking
2. **Mental health treatment currently prescribed excluding ADD/ADHD treatment:**	O No current mental health problem O No mental health treatment currently prescribed O Attending mental health treatment O Treatment currently prescribed, but not attending
3. **Mental health medication currently prescribed excluding ADD/ADHD medication:** **Type of medication:** _____	O No current mental health problem O No mental health medication currently prescribed O Currently taking mental health medication O Mental health medication currently prescribed, but not taking
4. **Mental health problems currently interfere in working with the youth:**	O No current mental health problem O Mental health problem(s) do not interfere in work with youth O Mental health problem(s) interfere in work with youth

DOMAIN 10: Attitudes/Behaviors **(For Initial Assessments, "current" is within the last 6 months; for Re-assessments and Final Assessments, "current" is within the last 4 weeks.)**	
1. **Primary emotion when committing crime(s) within the last 6 months:**	O Nervous, afraid, worried, ambivalent, uncertain, or indecisive O Hyper, excited, or stimulated O Unconcerned or indifferent O Confident or brags about not getting caught
2. **Primary purpose for committing crime(s) within the last 6 months:**	O Anger O Revenge O Impulse O Sexual desire O Money or material gain, including drugs O Excitement, amusement, or fun O Peer status, acceptance, or attention
3. **Optimism:** *Youth talks about future in positive way with plans or aspirations of a better life that could include employment, education, raising a family, travel, or other pro-social life goals.*	O High aspirations: sense of purpose, commitment to better life O Normal aspirations: some sense of purpose O Low aspirations: little sense of purpose or plans for better life O Believes nothing matters; he or she will be dead before long
4. **Impulsive; acts before thinking:**	O Uses self-control; usually thinks before acting O Some self-control; sometimes thinks before acting O Impulsive; often acts before thinking O Highly Impulsive; usually acts before thinking
5. **Belief in control over anti-social behavior:**	O Believes he or she can avoid/stop anti-social behavior O Somewhat believes anti-social behavior is controllable O Believes his or her anti-social behavior is out of his or her control
6. **Empathy, remorse, sympathy, or feelings for the victim(s) of criminal behavior:**	O Has empathy for his or her victim(s) O Has some empathy for his or her victim(s) O Does not have empathy for his or her victim(s)
7. **Respect for property of others:**	O Respects property of others O Respects personal property but not publicly accessible property: "It's not hurting anybody." O Conditional respect for personal property: "If they are stupid enough to leave it out, they deserve losing it." O No respect for property: "If I want something, it should be mine."
8. **Respect for authority figures:**	O Respects most authority figures O Does not respect authority figures, and may resent some O Resents most authority figures O Defies or is hostile toward most authority figures
9. **Attitude toward pro-social rules/conventions in society:**	O Believes pro-social rules/conventions apply to him or her O Believes some pro-social rules/conventions sometimes apply to him or her O Does not believe pro-social rules/conventions apply to him or her O Resents or is defiant toward pro-social rules/conventions
10. **Accepts responsibility for anti-social behavior:**	O Accepts responsibility for anti-social behavior O Minimizes, denies, justifies, excuses, or blames others O Accepts anti-social behavior as okay O Proud of anti-social behavior
11. **Youth's belief in successfully meeting conditions of DYC commitment or other court supervision:**	O Believes he or she will be successful O Unsure if he or she will be successful O Does not believe he or she will be successful

DOMAIN 11: Aggression	
For Initial Assessments, rate items 1 to 4 based on the last 6 months; for Re-assessments and Final Assessments use the last 4 weeks.	
1. **Tolerance for frustration:**	O Rarely gets upset over small things or has temper tantrums O Sometimes gets upset over small things or has temper tantrums O Often gets upset over small things or has temper tantrums
2. **Hostile interpretation of actions and intentions of others in a common non-confrontational setting:**	O Primarily positive view of intentions of others O Primarily negative view of intentions of others O Primarily hostile view of intentions of others
3. **Belief in yelling and verbal aggression to resolve a disagreement or conflict:**	O Believes verbal aggression is rarely appropriate O Believes verbal aggression is sometimes appropriate O Believes verbal aggression is often appropriate
4. **Belief in fighting and physical aggression to resolve a disagreement or conflict:**	O Believes physical aggression is never appropriate O Believes physical aggression is rarely appropriate O Believes physical aggression is sometimes appropriate O Believes physical aggression is often appropriate
For Initial Assessments, include the entire history of reports; for Re-assessments and Final Assessment include reports within the last 4 weeks.	
5. **Reports/evidence of violence not included in criminal history:** *(Check all that apply.)*	☐ No reports/evidence of violence ☐ Violent outbursts, displays of temper, uncontrolled anger indicating potential for harm ☐ Deliberately inflicting physical pain ☐ Using/threatening with a weapon ☐ Fire starting ☐ Violent destruction of property ☐ Animal cruelty
6. **Reports of problem with sexual aggression not included in criminal history:** *(Check all that apply.)*	☐ No reports/evidence of sexual aggression ☐ Aggressive sex ☐ Sex for power ☐ Young sex partners ☐ Child sex ☐ Voyeurism ☐ Exposure

DOMAIN 12: Skills **(Use a general pattern of current behavior and not a single instance.)**	
1. **Consequential thinking:**	O Does not understand there are consequences to actions O Understands there are consequences to actions O Identifies consequences of actions O Acts to obtain desired consequences—good consequential thinking
2. **Goal setting:**	O Does not set goals O Sets unrealistic goals O Sets somewhat realistic goals O Sets realistic goals
3. **Problem-solving:**	O Cannot identify problem behaviors O Identifies problem behaviors O Thinks of solutions for problem behaviors O Applies appropriate solutions to problem behaviors
4. **Situational perception:** *Ability to analyze the situation, choose the best pro-social skill, and select the best time and place to use the pro-social skill.*	O Cannot analyze the situation for use of a pro-social skill O Can analyze but not choose the best pro-social skill O Can choose the best skill but cannot select the best time and place O Can select the best time and place to use the best pro-social skill
5. **Dealing with others:** *Basic social skills include listening, starting a conversation, having a conversation, asking a question, saying thank you, introducing yourself, introducing other people, and giving a compliment*. *Advanced social skills include asking for help, joining in, giving instructions, following instructions, apologizing, and convincing others.*	O Lacks basic social skills in dealing with others O Has basic social skills, lacks advanced skills in dealing with others O Sometimes uses advanced social skills in dealing with others O Often uses advanced social skills in dealing with others
6. **Dealing with difficult situations:** *Includes making a complaint, answering a complaint, dealing with embarrassment, dealing with being left out, standing up for a friend, responding to frustration, responding to failure, dealing with contradictory messages, dealing with accusation, getting ready for a difficult conversation, and dealing with group pressure.*	O Lacks skills in dealing with difficult situations O Rarely uses skills in dealing with difficult situations O Sometimes uses skills in dealing with difficult situations O Often uses skills in dealing with difficult situations
7. **Dealing with feelings/emotions:** *Includes knowing his or her feelings, expressing feelings, understanding the feelings of others, dealing with someone else's anger, expressing affection, dealing with fear, and rewarding oneself.*	O Lacks skills in dealing with feelings/emotions O Rarely uses skills in dealing with feelings/emotions O Sometimes uses skills in dealing with feelings/emotions O Often uses skills in dealing with feelings/emotions
8. **Monitoring of internal triggers, *distorted thoughts,* that can lead to trouble:**	O Cannot identify internal triggers O Identifies internal triggers O Actively monitors/controls internal triggers
9. **Monitoring of external triggers, *events or situations,* that can lead to trouble:**	O Cannot identify external triggers O Identifies external triggers O Actively monitors/controls external triggers
10. **Control of impulsive behaviors that get youth into trouble:** *Reframing, replacing anti-social thoughts with pro-social thoughts, diversion, relaxation, problem solving, negotiation,*	O Never had a problem with impulsive behavior O Does not know techniques to control impulsive behavior O Knows techniques to control impulsive behavior O Uses techniques to control impulsive behavior
11. **Control of aggression:** *Includes asking permission, sharing thoughts, helping others, negotiating, using self control, standing up for one's rights, responding to teasing, avoiding trouble with others, and keeping out of fights*.	O Never had a problem with aggression O Lacks alternatives to aggression O Rarely uses alternatives to aggression O Sometimes uses alternatives to aggression O Often uses alternatives to aggression