

## **“Differentiated Caseload” Supervision Program Plan [PILOT]**

### **I. Mission**

The mission of Pinal County Juvenile Court Services “Differentiated Caseload” program is to supervise probationers based on their level of risk and needs by utilizing assessments and forming collaborative efforts informed by evidence based practices with youth, families, and the community, resulting in responsible citizens, a safer living environment and a reduction in recidivism.

### **II. Goals and Objectives**

1. Supervise youth based on their risk level in accordance with evidence based practices
2. Reduce recidivism
3. Increase family engagement
4. Increase natural support systems
5. Increase pro-social skills
6. Improve cognitive awareness

### **III. Program Overview**

1. This program will utilize strength based interventions to improve family engagement and relationships by utilizing evidence-based supervision with an emphasis on working with youth on their criminogenic risk and needs through appropriate programming and treatment.
2. Case plans will be individualized, focused on identified criminogenic risk factors and developed with collaboration from the probation team, youth, and family.
3. The probation team will provide individualized services based on youth and family needs.
4. The probation team will develop partnerships with educational and vocational services to improve outcomes.

5. This program will increase personal accountability through Moral Reconciliation Therapy (MRT).
6. The probation team will enhance pro social life skills by developing life skill plans in addition to the case plan and utilize targeted behavior interventions.
7. This program will establish community partnerships and collaboration.
8. This program will develop a mentorship program in collaboration with local community members.

#### **IV. Operational Team**

Upon the completion of the Arizona Youth Assessment System (AZYAS) and initial case plan, the probation team will utilize the results of the AZYAS, along with the youth's compliance with the conditions of probation and engagement in services to provide appropriate supervision to enhance positive behavioral change.

#### **Low Risk Caseload**

If the assessment does not identify any criminogenic risk/needs as moderate or high, case plans are not required. Officers will document in the case notes that no interventions are required. If an officer identifies criminogenic needs that should be addressed (regardless of score), a case plan should be completed to address those risks and needs. Upon the discovery of significant changes in criminogenic risk and needs, or continued criminal conduct, including arrests for new delinquent offenses for the youths that assess as low, reassessments and case plans will be required.

#### **Low Risk Probation Officer Responsibilities**

- a. One visual contact will be completed at the time of the initial intake to provide instruction on the conditions of probation and behavioral expectations. The probation officer shall maintain phone contact with the youth, family and/or collateral contacts every 30 days. The probation officer shall determine supervision strategies that are proportionate to the level of risk and needs of the youth based upon the results of the AZYAS and other significant case information. Subsequent visual contacts shall be at a minimum of 90 day intervals;

- b. Visual contact at the youth's residence shall occur within thirty days of placement on probation, or acceptance in Pinal County, and within thirty days of any residence change;
- c. Employment/School Verification as necessary;
- d. Community restitution monitoring;
- e. Alcohol and drug testing, as determined by probation team.
- f. Drug education, treatment, counseling, as appropriate, to include evidence-based interventions as necessary;
- g. Monitoring and enforcing of court-ordered financial obligations;
- h. Contact with collateral sources, as necessary;
- i. Reviews of the case files to determine if probation modification/early termination is appropriate. Action shall be taken in response to indicator of changes in criminogenic risk and needs or involvement in criminal conducts. Youth with outstanding restitution shall not be considered for early termination;
- j. Evaluation of ongoing supervision and strategies;
- k. Assist with other duties as assigned to support the "differentiated caseload" team.

**Moderate/High Caseload Probation Team Roles:**

**Probation Officer** will manage the team, make weekly contacts, complete the AZYAS, provide family mediation, advocacy, and support, provide transportation, locate/connect family with local resources, assist with the evening reporting center, and any other duties as assigned.

**Surveillance Officer** will serve as the behavior coach, utilize targeted behavior interventions based on the life skill plans, make weekly contacts, provide transportation, drug test youth as appropriate, supervise community restitution, oversee the evening reporting center, and any other duties as assigned.

**Counselor** will provide individual and family counseling, family support, facilitate MRT, provide family mediation, advocacy, and support, complete assessments for youth and family, assist with the evening reporting center, and any other duties as assigned.

**Community Mentors** will provide volunteer service with program participants. Community mentors meet at least twice a month. Activities vary, but some examples are: going to the movies and sporting events, going to the park, tutoring, etc.

**Moderate/High Risk Probation Team Responsibilities:**

- a. Administer the AZYAS within 30 days of a youth's placement into this supervision program;
- b. Re-evaluate the adequacy and applicability of the court-ordered conditions of probation as part of the ongoing assessment and planning process and, if applicable, petition the court for modifications;
- c. Utilize the results of the AZYAS to establish a level of supervision and finalize a case plan within 30 days of a youth's placement on probation. The case plan development will include the youth, team and family collaboration;
- d. Develop and implement supervision strategies that are matched by AZYAS results and criminogenic factors with the youth's risks, needs and strengths that promote supervision goals and to provide effective supervision that is individualized, proportional and purposeful. Supervision and services will be increased or decreased based upon emerging or decreasing risk factors.
- e. Assess each youth's need for monitoring of alcohol and drug use and determine the frequency of testing. The testing shall be random and occur at intervals documented in the case record;
- f. Evaluate the case plan and supervision strategies on an ongoing basis and update as necessary based on needs/progress of youth and family;
- g. Use communication techniques that engage the youth and family in their case plan, motivation and goals;
- h. Administer the AYZAS to reassess the youth two weeks prior to completion/exit of the program;
- i. Review the assessment and the previous case plan during the development of a new case plan to determine if a change in strategies is required to promote behavioral

- change. Strategies shall be re-evaluated if there has been regress or no change in behavior;
- j. Meet with youth and family to discuss the results of an assessment or reassessment and progress with the established behavioral goals and conditions of probation and provide positive reinforcement to encourage behavioral changes;
  - k. Monitor youth behavior and compliance with the conditions of probation and when warranted, decrease the youth's level of supervision;
  - l. Respond to emerging risk indicators by targeting interventions to promote public safety and utilizing graduated sanctions in the level of supervision, pursuant to probation departmental policy;
  - m. Ensure the family is utilizing the safety/crisis plan as developed by the counselor, family, and youth. Review and revise safety/crisis plan with youth and family as needed. If the youth is open with RBHA services, the team shall collaborate with provider to create an integrated safety/crisis plan.
  - n. Monitor, record and enforce the community restitution requirements ordered by the court;
  - o. Respond to positive pro-social behavior pursuant to established departmental incentives policies;
  - p. Assist in the operation of the evening reporting center.

### **Moderate/High Risk Juvenile Court Counselor Responsibilities**

- a. Clinical Supervision Methodologies: Initial assessment will focus on the Massachusetts Youth Screening Instrument version 2 (MAYSI-2) scores to determine future counseling and further assessment tools coupled with Family Assessments of Needs and Strengths Trauma Version (FANS-Trauma). Additional assessment tools include Collaborative Assessment Management of Suicidality (CAMS), UCLA Post-Traumatic Stress Disorder Reaction index (UCLA-PTSD) for youth and adolescents– Diagnostic and Statistical Manual of Mental Disorders, 4th Edition (DSM-IV), Adolescent Substance Abuse Subtle Screening Inventory (SASSI-A2) will be used pre and post treatment;

- b. The program will develop individualized case plans based upon needs (AZYAS) and with family participation. These case plans will be derived from the counselor's review of the youth's needs as identified in the initial participant assessment and the youth's individual goals. The case plans are developed by the counselor, the family, and the youth and are regularly updated. The plans include targets for change, and strategies for achieving the change;
- c. The comprehensive program model that will be utilized will be a combination of Seeking Safety and MRT; both are cognitive behavioral evidence based programs;
- d. Individual and family therapy will incorporate Sessions from the Seeking Safety manual; a treatment manual for Post-Traumatic Stress Disorder (PTSD) and Substance Abuse. The number of weekly individual and family sessions will be predicated on the needs of the individual and family based upon the individualized case plan;
- e. Weekly group therapy will be required for all program participants utilizing MRT. Clients will present exercises from one of the workbooks that have been completed as homework. The probation team will act as group facilitators and use objective criteria to evaluate the participant's successful completion of each of the program steps. MRT is designed to be completed by the average client in 20-30 sessions. Completion is defined when the client successfully passes MRT's 12<sup>th</sup> Step. MRT is specially designed for clients with open-ended groups where participants can enter at any time and work at their own pace. The focus will be on teaching participants to identify and replace deviant thinking and choices with prosocial ones, reinforcing participants for appropriate behaviors and choices, and holding participants accountable for problematic or deviant behaviors and choices.

## **V. Training**

### **Probation Team will receive training in:**

- a. Moral Reconciliation Therapy (MRT)
- b. Cognitive Behavior Therapy (CBT)
- c. Trauma informed care
- d. Adverse Childhood Experiences (ACE)

- e. Engagement and Motivation Techniques
- f. Effective Practices in Correctional Settings (EPICS II)
- g. Case Planning
- h. Family Support Team (FST)
- i. Child-Family Team (CFT)
- j. Arizona Youth Assessment System (AZYAS)
- k. Carey Guides & The Brief Intervention Tools (BITS)
- l. Individualized Educational Plan (IEP) and 504 Plan

**Community Mentors will receive training in:**

- a. Evidence based practices
- b. Basic principles of mentoring
- c. Ethics
- d. Resources to support mentors
- e. Adolescent Brain development
- f. Trauma Informed Care
- g. Developmentally appropriate social activities

**VI. Eligibility Criteria**

**Qualifying factors for moderate/high risk caseload:**

- a. Youth under the age of 17 years, 6 months
- b. Resident of the San Tan Valley community.
- c. Score of moderate or high on AZYAS assessment.
- d. Low risk score with significant behaviors/events (team override needed)
- e. Standard probation status
- f. Need for parent/family support services
- g. Transitioning home from any out of home placement

**Disqualifying factors:**

- a. Residing in a group home or Residential Treatment Facility (3 months or more)

- b. On Juvenile Intensive Probation Supervision (JIPS) (must level down to be considered for program)
- c. Problem Sexual Behaviors or Adjudicated Sex Offenders
- d. Wrap around and family support services already in place

## **VII. Referral, Screening, and Assessment**

### Low Risk Caseload:

- a. Youth who are identified as low risk on the AYZAS Disposition tool.

### Moderate/High Risk caseload:

- a. Probation Officer (PO) identifies a youth and coordinates with all necessary parties (supervisor, counselor, probation officer, surveillance officer) to schedule a staffing for possible program placement.
- b. Staffing to determine youth/program match and recommendation is given to PO.
- c. Youth referred and staffed for this program who are currently on Juvenile Intensive Probation will need to review this recommendation through the court in order to be removed from JIPs and placed on standard probation supervision.
- d. Once the team has staffed and approved the youth's placement in the program, the case is transferred to the program PO and the team assumes responsibility for the youth/family.

## **Youth Assessments**

- a. Review of AZYAS Disposition Tool: Risk & Needs Assessment.
- b. Review of youth's identified strengths.
- c. Review of youth's needs (focus on the big four criminogenic needs).
- d. Review of youth's pro-social life skills motivations, hopes, and beliefs.
- e. Review of Standard or JIPS progress or lack of progress.
- f. Identified challenges or barriers.
- g. The Massachusetts Youth Screening Instrument – Version 2 (MAYSI-2). *The MAYSI-2 flags other assessments that need to be completed.*

### **Parent(s)/Guardian(s) Assessments:**

- a. Review of Parent(s)/Guardian(s) hopes and values for their youth and family.
- b. Review of Parent(s)/Guardian(s) strengths and challenges.
- c. FANS-Trauma (Family Assessment of Needs & Strengths).

### **Other Eligibility Criteria**

- a. Youth having highly dysfunctional, criminal, or non-engaging parents will not automatically eliminate youth from participating in the program.
- b. The program is the least restrictive available to meet the need level.
- c. The program is the most appropriate available cultural match.
- d. Available space in the program.

### **VIII. Entry Process and Orientation**

Upon acceptance into the program, the probation officer will immediately contact the family, introduce him/herself, and schedule the initial FST/orientation meeting.

Before the initial FST/orientation meeting, the care coordination team (probation officer, surveillance officer, and counselor) will schedule a staffing. Before meeting with the youth and family, the team should have the opportunity to review the following:

- a. Youth's mental/behavioral health needs
- b. Past and current services in place for youth/family
- c. Youth's delinquency history
- d. Past or current involvement with the Department of Child Safety (DCS)

### **Initial Youth Family Team Meeting (FST)**

1. Parties present for initial FST/Orientation
  - a. The following are required to attend the initial meeting/orientation:
    - Probation Officer
    - Surveillance Officer
    - Counselor
    - Youth's Parent(s)/Guardian(s)

- b. The following may be invited to the initial meeting/orientation if appropriate:
  - Additional family members
  - Outside treatment providers (if youth already has services in place)
  - The Arizona Department of Child Safety parties (if already involved with youth/family)
  - Guardian ad litem
  - Any other involved parties that probation, the youth, or the family would like to include.
2. The following will be discussed at the initial meeting/orientation:
  - a. Introduction to each care coordination team member and explanation of each member's role on the team, both with the youth and the family.
  - b. Detailed explanation of the program design/phases including the following:
    - # of contacts youth/family will have with each team member
    - What they can expect from those contacts
    - Explanation of wrap around services and strength based interventions
    - Expectations of the youth and the family
  - c. Identification of the youth and family strengths.
  - d. Identification of the youth's individual goals and the family's goals.
  - e. Identify any immediate needs or safety concerns.
  - f. Explanation of case plan including its purpose and how it will be collaboratively developed.
  - g. Exchange contact information with all parties.
  - h. Provide information about additional resources (family support group meetings, etc.).
  - i. Counselor will schedule an appointment with the youth and family to conduct appropriate assessments.
  - j. Schedule ongoing FSTs including day, time and location. Identify who the family would like to be present at their FSTs.

## **IX. Program Design**

### **Contact Standards**

The team shall have a minimum of three visual contacts per week with each youth, with at least one occurring at the youth's residence while in Phase 1 and Phase 2 of the program. Visual contacts shall be varied, (scheduled and unscheduled), and include days, nights and weekends. Change in residence will be verified within five (5) days of notification.

Contacts will be reduced based on overall compliance and progress throughout to ensure successful transition.

### **Program Phases**

#### **Phase 1: Team Engagement and Planning**

During this phase, the groundwork for trust and shared vision among the family and probation team members is formed. All youth placed in this program complete intake with the assigned probation officer and counselor for role clarification and expectations of probation. This includes signing the necessary confidentiality waivers and completing various assessments. The team will identify with the family additional team members (extended family, teachers, RBHA staff and other natural supports), initial conversations about culture, strengths, needs, and the family's vision. Additional team meeting dates will be set. During this phase, the initial plan of care will be developed utilizing the principals of wraparound (Family Voice and Choice, Team Based, Natural Supports, Collaboration, Community Based, Culturally Competent, Individualized, Strengths Based, Persistence, Outcome Based).

The family and youth will need to be a contributing factor in the planning process, planning session shall always include the youth and family. Development of a crisis/safety plan shall be completed and referred to throughout the entire program and will be updated as required. The team will also develop pre-approved "stress pass" for youth to utilize during certain circumstances. This phase should be completed within 30 days. This phase should promote team unity and shared accountability towards achieving the team's overreaching goal.

## **Phase 2: Implementation**

During this phase, the plan is being implemented, progress, and successes are reviewed weekly, and changes are made to the plan as needed. Continual engagement with services, monitoring of probation compliance, level of supervision will be adjusted to match the youth risk and needs. All youth in the Implementation Phase will be reviewed (staffed) by the team (Counselor, PO, SO) weekly to brainstorm concerns, share feedback, discuss next steps. When things are not positively progressing, individualized services and supports may be changed and re-evaluated. Prior to a probation violation being approved there will be a team meeting to determine all other options have been explored and utilized.

**Phase 3: Transition:** During this phase, plans are made to transition the youth and family from the program, continually engaging community, family and natural supports. This focus will be continual throughout the programming, preparing the youth and family to be successful as a unit. Prior to release, the youth and family review the goals and activities in the following areas: community, home and family, hobbies and recreation and natural and community supports. The team will assist the families in securing services through the Regional Behavioral Health Authority (RBHA) community providers or private insurance providers for outpatient general mental health and substance abuse services.

## **Aftercare**

Aftercare planning for a youth includes a “family plan” that is developed in partnership with the family. Successful reentry begins upon entry into the program and planning for aftercare will begin upon admittance to the program. Aftercare planning will include a comprehensive family approach. The program will explore options with RBHA agencies, private insurance providers and/or Administrative Office of the Courts (AOC) contractual programs for systematically ensuring aftercare or supplemental services once youth leaves the program. The termination criteria will consist of completing a relapse prevention and discharge plan, family plan, reassessment of the Adolescent SASSI-A2, and participant survey.

Program satisfaction will be sought for all participants at the time of termination through a participant survey. This includes all participants terminated unsuccessfully from the program.

## **X. Family Involvement**

Families will participate in ongoing therapy sessions, assessments, and FSTs with youth. Family participation in all aspects in the program is expected.

Helping families to establish connections with other families through peer support groups. Parents can share common experiences and exchange advice and suggestions for how to handle challenging situations. The family support group will be made available to all families of probation youth and group members may remain as active participants once their child's probation term ends. The probation team will help establish, facilitate, and/or strengthen the relationship between the youth's family and school.

Family members are routinely included in all decisions regarding their youth, associated with their care, treatment, and assessing the needs of the family to support their youth. Their input is valued and reflected in the plan, and they come to the table with sufficient knowledge and skills to support their effective involvement.

## **XI. Victim Reparation**

Victims and offenders have access to the Victim Offender Mediation Program.

Participants may be directed to complete community restitution as a term of their probation. Community restitution is designed to increase the offender's connection to the community while building vocational skills. Mentors will provide opportunities for community restitution through a series of structured projects and activities.

The probation team will monitor compliance with restitution and/or community restitution requirements. Failure to comply will be brought to the "Differentiated Caseload" Team for review and possible sanctions.

## **XII. Incentives**

Incentives will be used as a reinforcing response to the youth's pro-social, compliant behavior. As part of the initial orientation and assessment process, the probation officer will determine what incentives would have personal meaning for each participant. It will be stressed that any incentives rewarded will be adjusted according to individual circumstances. The response should take into consideration the youth's history, youth assessment, Case Management Plan, abilities and progression. Incentives can include, but are not limited to, actions/items noted on the *Graduated Response Guidelines*.

During the course of the program all probation personnel and partners will help the youth learn to recognize and enjoy the natural rewards of their progress. Tangible rewards will be geared toward furthering the treatment and program supervision goals, including skill building. Some incentives (such as curfew change) will be administered by the probation officer as an immediate response to positive behavior. Other rewards, particularly tangible rewards, will be reviewed and determined by the team at the regular briefing meetings, to ensure proportionality and appropriateness.

### **XIII. Interventions**

Interventions will be used as a corrective response to discourage non-compliance. As part of the initial orientation and assessment process, the probation officer will determine what interventions would have personal meaning for each participant. The response should take into consideration the youth's history, youth assessment, Case Management Plan, abilities and progression.

Additional considerations:

1. The seriousness of the violation - minor, moderate or serious based on the impact to the victim, community and relation to underlying offense;
2. The youth's risk to re-offend from the research-based Risk Assessment - low, medium or high;
3. *The Graduated Response Guidelines* to determine the appropriate intervention based on the violation and risk to re-offend. Interventions can include, but are not limited to, actions noted on the *Graduated Response Guidelines*;
4. Interventions should follow a continuum and either increase or decrease in severity based on the youth's compliance or continued non-compliance.

During the course of the program all probation personnel and partners will help the youth learn to recognize and appreciate the natural consequences to their non-compliance. All interventions should be related to individualized treatment goals, including skill building and harm reparation. Some interventions (such as curfew changes) will be administered by the probation officer as an immediate response to non-compliance. Other interventions, particularly active responses, will be reviewed and determined by the team at the regular briefing meetings, to ensure proportionality and appropriateness.

*Note: To improve the effectiveness of a response it must be implemented swiftly, following a behavior, and consistently. Delayed or inconsistent application of a response dilutes the effectiveness.*

#### **XIV. Drug/Alcohol Testing Protocol**

Drug/alcohol testing will be individualized and based on the therapeutic needs of the youth.

#### **XV. Education and Vocational Services**

The team will provide educational advocacy to appropriate educational programs and schools to meet the youth's needs. This will include assistance in locating additional community resources for education along with support in 504 Plans and IEPs.

#### **XVI. Primary and Mental Health Services**

Youth who are AHCCCS eligible will remain open with their RBHA provider and/or open with a provider while enrolled in this program. The provider will continue services for psychiatric evaluations, medication monitoring, and any additional treatment interventions the team feels is necessary. The RBHA provider will be a partner in the aftercare plan.

#### **XVII. Life Skills**

The development and improvement of pro social life skills will be integrated into the case plan and will take into account the needs of the individual youth as well as the needs of the family. In developing the case plan, specific behaviors will be identified that are the primary contributors of the youth's delinquency and are creating barriers for the accomplishment of the youth and family

goals. These identified behaviors will be used to build the youth's life skill plan which will include measurable goals and targeted behavior interventions.

Life skill plans will focus on the following:

- a. Positive support system building
- b. Utilizing community resources
- c. Effective communication skills
- d. Stress management skills
- e. Positive coping skills
- f. Education/vocation skills

Probation and surveillance officers will collaborate with the counselor to develop targeted behavior interventions in accordance with the life skill plan. The surveillance officer will implement these interventions during their contacts with the youth and family. These interventions should take place in the youth's high risk areas (i.e. where/when the targeted behaviors are occurring most frequently) such as the youth's home, school, etc.

Progress will be measured by frequency and intensity of the targeted behaviors and will be discussed at each Family Support Teams (FST). Officers will have frequent staffing with the counselor to discuss the life skill plans and modify as necessary.

#### **XVIII. Community Involvement/Outreach Initiatives**

- a. Partner with the Florence Unified School District (FUSD) for use of space and resources.
- b. The probation team may utilize the Evening Reporting Center (ERC) for any youth on the caseload requiring this service.
- c. Development of a group mentorship program will be established with ongoing recruitment and training of mentors. Mentors will help connect youth to other social supports in the community. Mentors will also support and reinforce the goals established in the case plan.
- d. A transitional mentoring program will be established that will connect a community mentor to a youth once probation has been completed.

- e. Work with FUSD and other Community Based Partner Organizations to provide extracurricular activities and/or Community Restitution Work projects to the youths in the program.
- f. Collaborate with local RBHA agencies for additional services.

## **XIX. Tracking, Evaluation, and Statistical Research**

The following data will be collected before the youth begins the program, during the program, and at 6 and 9 months after the youth completes the program:

### **Risk score**

- a. AZYAS will be completed within 30 days of the youth entering the program and within 2 weeks of the youth exiting.
- b. Risk scores will be analyzed using a paired t-test.

### **Recidivism**

- a. Delinquent referrals
  - # of referrals
  - Offense types
- b. Probation violations
  - # of violations
  - Violation reasons
- c. Adjudicated offenses
  - # of offenses
  - Offense types
- d. Detention
  - # of times detained
  - Average # of days detained

### **Family Functioning**

- a. # of runaway incidents
- b. DV referrals

## **Education**

- a. # of suspensions
- b. # of expulsions
- c. Academic grades
- d. Credit completion
- e. Completion of education goals in case plan

## **Behavioral Health**

- a. Psychological assessments
- b. Psychiatric hospitalizations
- c. Engagement in services
  - Attendance
  - Progress
  - Outcomes

The following data will be collected upon completion of the program:

- a. Risk scores and treatment dosage
  - Correlation assessments will be completed
- b. Program outcomes
  - # of successful completions
  - # of incompletions
  - # of unsuccessful completions
- c. Life skills plan progress
  - Progress will be scored based on intensity/frequency of behaviors
  - Scores will be statistically analyzed
- d. # and frequency of FSTs
- e. Mental/behavioral health services
  - Type(s) of services
  - Engagement in services
    - i. Completion of MRT
    - ii. Completion of MRT assignments

- iii. Attendance (individual/family, MRT)
  - Pre/posttest SASSI II for youth with substance abuse
- f. Fidelity data
  - Fidelity evaluations will be given to youth and families
  - Evaluations will be scores and statistically analyzed
  - Case file audits
    - i. Case plan completion
    - ii. Life skills plan completion
    - iii. Completion of assessments
    - iv. Completion of crisis/safety plans

The following data will be reported out monthly/quarterly:

- a. % of youth with a new referral
- b. % of youth with a new adjudicated offense
- c. % of youth with a probation violation
- d. % of youth detained
- e. % of youth enrolled in services

Data will be disaggregated by risk level, race/ethnicity, gender, risk level, city of residence, DCS involvement, and other domains as necessary.

Data will be tracked in an Access Database and statistical analyses will be completed using statistical software.