

DYS ACTION PLAN

**STRENGTHENING SERVICES,
TREATMENT CENTERS**



AUGUST 14, 2017

On Jan. 1, 2017, the Arkansas Department of Human Services (DHS) Division of Youth Services (DYS) took over the day-to-day operations of seven of the state's eight residential treatment centers for youth involved in the juvenile justice system. Prior to that, private contractors had run the facilities for more than two decades. Immediately, working with the Office of Personnel Management, DHS transitioned all 268 private employees into state extra help positions and procured essential services and items to keep the centers running at a maximum bed capacity of 200 youth. Governor Asa Hutchinson asked DHS officials to operate the facilities for at least six months to assess the quality and consistency of core services at the centers, before determining a.) Whether the operations should be returned to private contractors and, b.) If returned to private contractors, what the appropriate process should be.

Though the Division of Youth Services found many positives, including experienced staff, the condition of the physical plant, and access to local resources and community support, this report focuses on five core areas that needed to be strengthened based on what staff observed by being at the facilities daily, interacting with employees and youth. Those areas are:

- A behavioral health system that provided services differently than outlined in youths' treatment plans.
- A disorganized educational structure with inconsistent use of remedial services.
- Overreliance on State General Revenue to fund core juvenile justice system services in Arkansas.
- A lack of focus on family engagement, which is essential to youth successfully transitioning back into their home communities.
- Program limitations and policy issues that resulted in a lack of innovation related to alternatives to secure confinement and a lack of uniformity across the different center

Below we outline in more detail the focus areas that were identified and the steps DHS has taken since January to strengthen these areas as well as additional measures DHS is recommending to the Governor to bolster the Division and its work to provide effective rehabilitation and reintegration for youth involved in the juvenile justice system. To successfully rehabilitate and reintegrate youth, the State must provide a quality education and the tools and treatment youth need to change their paths so that they can be productive and responsible members of their home communities.



BEHAVIORAL HEALTH SERVICES

When the State took over in January, each center had a separate process to provide medical, mental health and substance abuse treatment to youth. Contractors hired by the State to run the centers subcontracted out these core services. While this met the requirements of the contract, observing the practices in each facility led DYS to realize that treatment varied greatly based on where the youth was placed. In addition, we found that in some cases, 1.) Group therapy was provided by unlicensed staff; 2.) Youth lacked behavioral intervention plans both in school and in the milieu; 3.) Treatment plans were not reviewed and amended on a regular basis; 4.) Some youth with chronic behavioral issues remained in treatment far beyond their prescribed lengths of stay; and 5.) Some youth did not receive treatment in accordance

with the individualized treatment plans created for the youth based on assessments done by the University of Arkansas for Medical Sciences (UAMS).

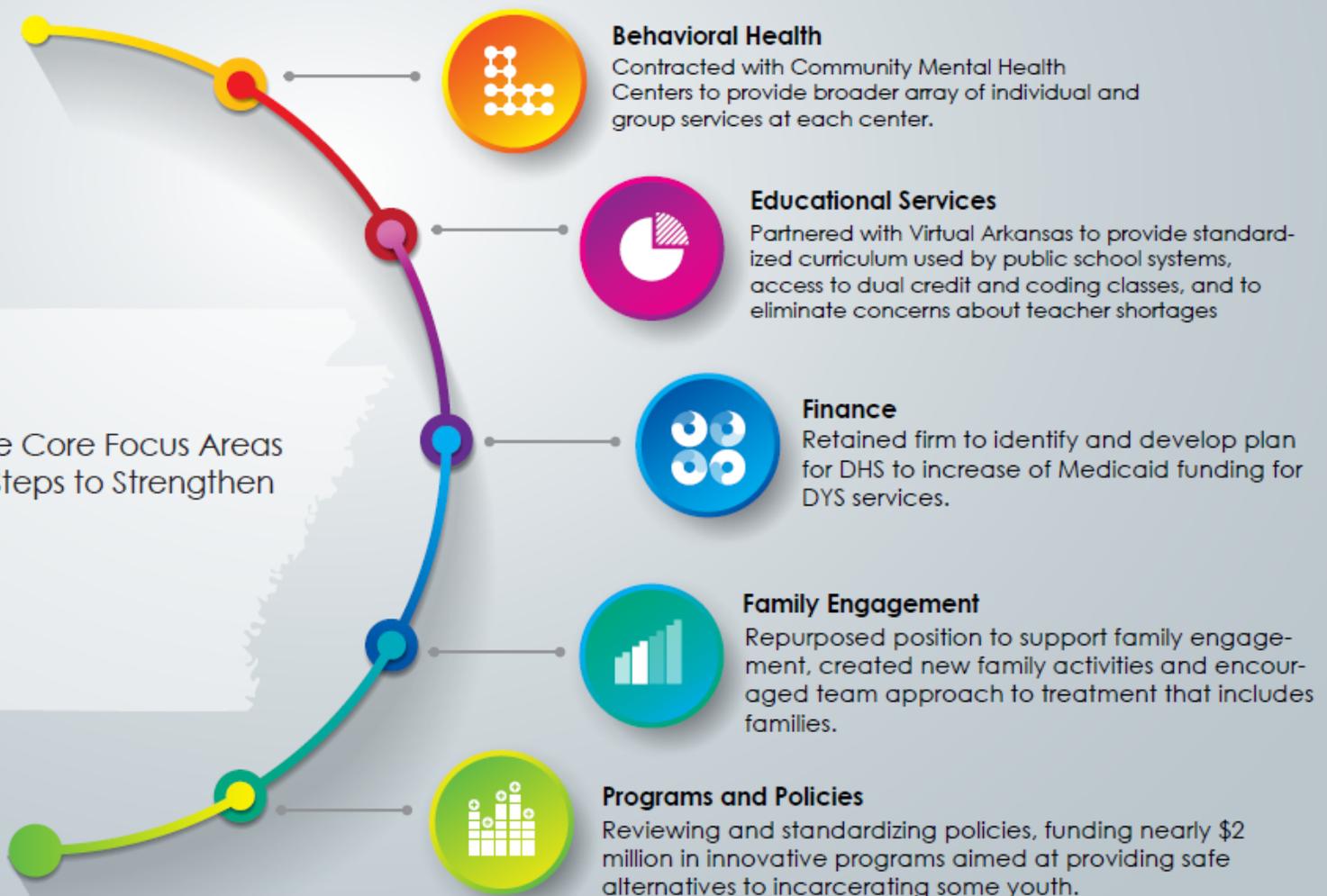
Many of the disparities in behavioral health services identified by staff upon taking over direct operations were similar to the variances in medical services identified by DYS in the months leading up to the State takeover. In June 2016, the Division contracted with UAMS to provide centralized assessments and medical treatment for youth in custody (Follow-ups are provided at regional clinics and by doctors and dentists across the state). UAMS and DYS created a medical hub within the Arkansas Juvenile Assessment and Treatment Center in Saline County to conduct physical and mental health assessments. These assessments are included in the treatment plans of each resident.



STEPS TAKEN TO STRENGTHEN BEHAVIORAL HEALTH SERVICES

To strengthen the mental health and substance abuse treatment provided at the centers, DYS worked with the DHS Division of Behavioral Health Services for contracted community mental health centers to establish offices on each campus in February. The mental health centers and/or substance abuse treatment providers provide onsite mental health services, including substance abuse, sex offender treatment, and therapeutic/ behavior intervention treatment. Treatment services are provided daily in individual and group settings. Therapists are supported by a psychiatrist by telemedicine. This increases the quality, consistency and range of services provided to youth.

Five Core Focus Areas & Steps to Strengthen



STANDARDIZING AND IMPROVING EDUCATION

It was mid-way into the 2016-17 school year when the Division took over the treatment centers. At that time, the centers were providing education to 193 students with a wide-range of learning levels and learning disabilities or delays. When the youth were committed to us, more than 92 percent (177) of the youth were scoring below grade level in reading and 86 percent (166) were scoring below grade level in math, and 22 percent (42) required special education services. An additional 24 were working to obtain their GED. Because of limited space and the short amount of time youth are committed to the Division's custody, teachers at the seven centers taught several subjects, grade levels and students with different learning abilities at the same time in the same classroom space. Review of the educational programs determined that, 1.) Youth were not able to receive individualized education necessary to remediate and strengthen their education in the existing educational structure, 2.) Each center's course offerings differed. As a result, students transferring from one center to another could not access the same curriculum he or she was receiving at another center, leaving gaps in students' learning. 3.) The curriculum at the centers, while aligned with the Arkansas public school curriculum, did have gaps that could cause youth issues when they returned home 4.) The complex student behaviors and classroom makeups as well as the rural locations of the centers made it difficult to hire enough teachers. DYS projected that by the start of the school year in August 2017, the centers could face a potential shortage of at least 15 teachers.

Given that most students in the Division's custody are already behind in school, the educational services provided at the centers are especially critical to their future success and ability to reintegrate back into their home communities. It has been a primary goal of the Division to help the youth within our system either successfully reintegrate back into their home school or graduate from our educational system. To ensure this occurred with greater frequency, steps had to be taken to rectify the way in which the youth received their education.

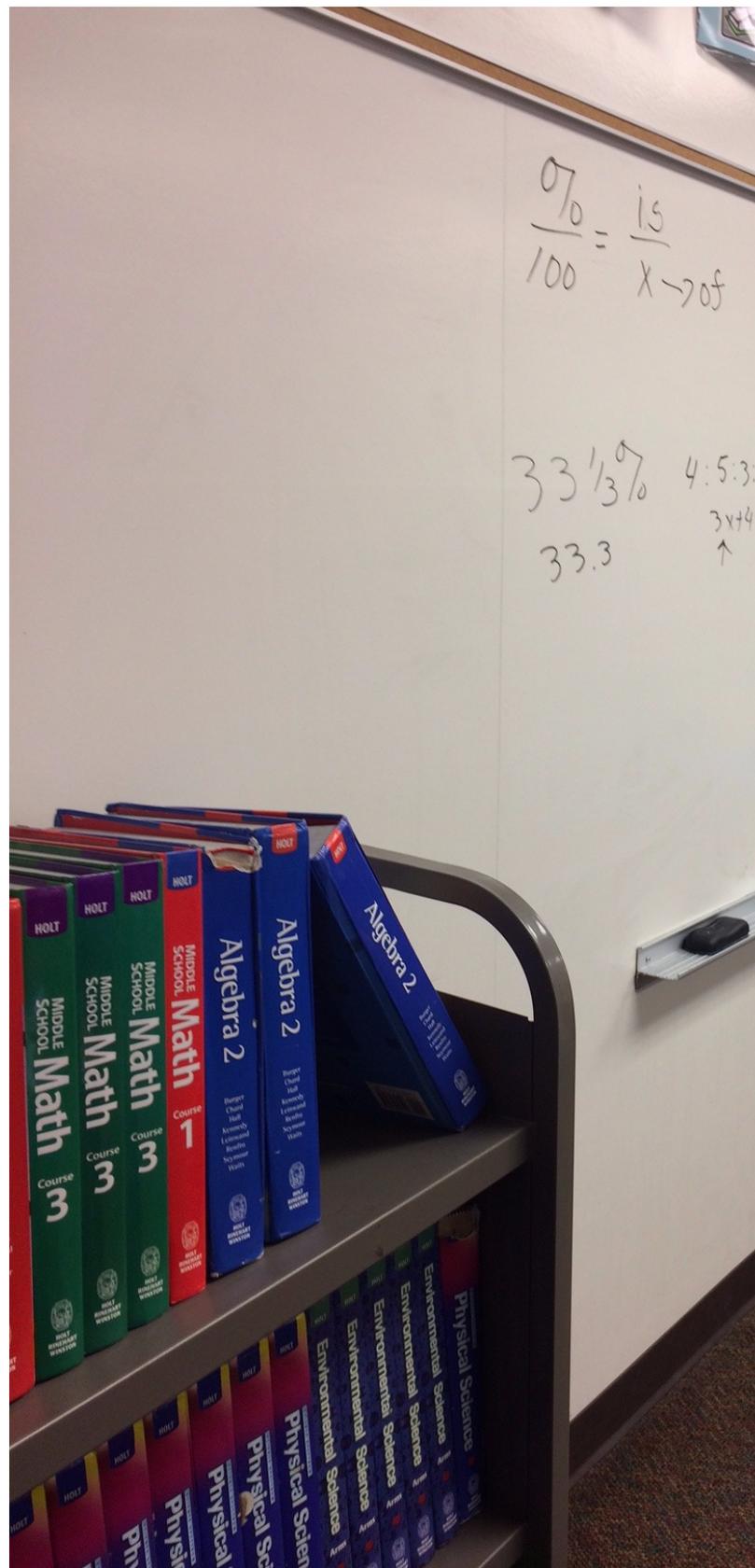


Classroom at the Colt Juvenile Treatment Center

STEPS TAKEN TO STRENGTHEN EDUCATION

After reviewing several different models and options, the Division chose to partner with Virtual Arkansas to provide online coursework and curriculum at the seven regional treatment centers for the school year that starts Aug. 14. Virtual Arkansas is a partnership of the Arkansas Department of Education (ADE) and Arkansas education service cooperatives. It offers standardized, online coursework to public school students using licensed Arkansas teachers and currently serves more than 50,000 students in 270 schools. Virtual Arkansas teachers connect with students via a secure online system and are able to communicate back and forth. Virtual Arkansas also provides youth with access to dual credit for high school and college classes, advanced placement and coding classes, none of which is currently offered at the centers. This partnership allows for consistency across the seven centers and eliminates concerns about teacher shortages. Because Virtual Arkansas also is used by Arkansas public schools, students who complete their treatment and return home can pick up their lessons exactly where they left off in the centers.

The Division will support Virtual Arkansas teachers by providing education coaches in the classroom. It also will provide special education services, GED and vocational teachers on-site and support from educational staff from the Division's central office. The cost is comparable to what the Division was currently spending - about \$1.93 million per state fiscal year.



OVERRELIANCE ON STATE GENERAL REVENUE

The Division is required by state law to address the needs of the youth who encounter the juvenile justice system by providing effective community-based prevention, diversion, and graduated sanction programs. The Division cannot turn away any youth placed in its custody, which means flexibility in its budget is critically important. In addition to providing secure residential treatment, the Division also is required to provide leadership for coordination, collaboration, and improvement of the Arkansas juvenile justice system, and supervision and effective treatment for juvenile offenders in the community. The Division has a budget that it is predominantly funded by State General Revenue (SGR). In SFY'17, the Division's budget was comprised of 81 percent State General Revenue with the remainder coming from federal and other sources that fund efforts to prevent at-risk youth from being adjudicated delinquent.

In the SFY'18 budget, dependence on SGR has grown to 84 percent. Because of this reliance on SGR, the Division has not had the flexibility to increase services and confinement alternatives when commitment numbers increased.

STEPS DHS IS TAKING TO STRENGTHEN THE DIVISION'S FINANCIAL POSITION

As DHS has undergone a larger transformation, we recognized that some services that have been historically funded by State General Revenue could be provided through Medicaid providers, thus freeing State General Revenue to be used for innovations and community-based alternatives that will place youth in the least restrictive setting possible while maintaining public safety. But given the limitations on using Medicaid funding for incarcerated youth and the complexity of the Medicaid program, we knew it was important to bring in individuals with knowledge of how Medicaid could be used for justice-involved youth to best structure services for the youth in our custody.

To identify these opportunities, the DHS Division of Medical Services has retained Sellers Dorsey and Associates, LLC, a Medicaid consulting firm to identify and develop a plan for DHS to maximize Medicaid funding opportunities related to services offered through the Division of Youth Services. The consultant will work with DHS to evaluate the eight treatment centers and develop recommendations for changes to policies, services, and use of facilities that could impact funding, as well as opportunities for increased Medicaid funding available under waivers of federal Medicaid regulations and changes to the Medicaid State Plan through amendments. The analysis also will explore residential alternatives that would allow the Division to expand community-based services and offer more confinement alternatives to our Judiciary. This analysis will begin this August and take six to eight weeks for completion.

FOCUS ON FAMILY ENGAGEMENT

The Division of Youth Services found that many of the youth have minimal contact with family members. Phone calls and visitation were limited to only once a week, and special events involving family were inconsistent across the centers. Moreover, the Division was not structured in a way that encouraged parent or family involvement and did little to drive an effort to support and connect families and youth.

A key to effective treatment of youth and successful reintegration is to ensure that the family is engaged throughout the youth's stay in the centers. DYS determined that this aspect of effective treatment was either completely lacking or minimally engaged at the centers.

STEPS TAKEN OR PLANNED TO IMPROVE FAMILY ENGAGEMENT

DYS has taken steps to engage families by repurposing positions and duties, creating new activities, and encouraging a team approach to treatment services. The incremental implementation of the approaches has begun to impact facility culture and opportunities for families to become part of the treatment environment.

The Division repurposed staff positions to support family engagement and social activities. The Facility Services Liaison at each center is now responsible for planning family activities and integrating positive, team-building activities in the day-to-day life of youth at the centers. This position works with the administrative staff at each center to ensure youth are living in a pro-social environment while at a center. DYS administrative staff worked with center staff to increase access to visitation and more frequent calls to family members, standardizing these approaches across all seven centers. The Division recently held a statewide Family Day at all seven centers, during which staff, youth and families played games, shared a meal and spent time talking and re-connecting.

You can watch a short video about this event by [Clicking Here](#). If you are not viewing this report on a computer, you can access the video by going to the DHS Youtube channel (ARHuman Services)



Family Day at the Mansfield Juvenile Treatment Center

POLICY ISSUES AND PROGRAM LIMITATIONS

In addition to the areas that were identified as needing improvements specific to the centers, assuming day-to-day management of the centers provided Division staff with a real-time look at and clarity around broader policy issues that needed to be addressed.

Division staff saw inconsistencies in the way community services are provided and cases are managed by case managers. For example, a field evaluation in one part of the state might result in very detailed information about the family and home environment, but in another part of the state, minimal information is included in the case file. As mentioned above, engagement with the family is critical to a youth's success and detailed information is important for therapists to have as they work with youth. Overall several Division policies, ranging from discharge summaries to incident reporting were being inconsistently applied. For example, some facilities had clear protocol with respect to disciplinary hearings, room confinement, and other interventions, while others lacked any robust procedures on dealing with youth behaviors. More broadly, the Division's entire model is more program-centered rather than client-centered. Youth are advised to "work their program," and services depend on where they are placed rather than what the individual youth needs.

Additionally, working more closely with the Judiciary and with community providers has highlighted the limitations of current community-based programs and funding aimed at reducing recidivism or providing alternatives to commitments. The Judiciary has consistently vocalized the need for more innovative options that will provide them with the ability to keep children in their home community instead of committing them to the residential centers.

STEPS TAKEN TO ADDRESS PROGRAM RESTRICTIONS AND POLICY ISSUES

Policy Issues

As a first step, the Division is currently reviewing all DYS policies to identify policies that are outdated, inconsistent, unnecessary, unpromulgated, and/or lacking needed substance and clarity.

This review is due in part to dated language found in some policies. In addition, the Division must file a report with the Governor and Legislative Council by Dec. 1. This report will include 1.) A list of all rules in effect that were promulgated; 2.) The initial effective date of each rule; 3.) The date that each rule was filed with the Secretary of State; 4.) The authority under which the rule was promulgated; 5.) If the rule is required under state or federal law; and 6.) Whether the agency desires to keep, repeal or change the rule. DYS has completed the first four steps of the process as outlined above and is on track to have the report completed by year's end.

Program Limitations

The Division, with the help of funding provided by the Legislature and Governor, has taken an initial step to address the program-centered vs. client-centered program limitations. The goal is to move toward a more client-driven model that also addresses the safety concerns of the courts and communities.

In June, the Division released an “Innovation Funds Grant” opportunity that required organizations and judges to work together to create an innovative and individualized proposal to provide alternatives to confinement for youth in their respective judicial districts. The goal is to move toward a more client-driven model that also addresses the safety concerns of the courts and communities. This opportunity is a way for the division to test the effectiveness of new ideas and promising practices and to encourage courts and providers to form partnerships to address the most critical needs of youth and families in communities.

After the first year or 18 months, the Division will have an idea of what is making a real impact on delinquency, recidivism, and commitments, and we can select those programs to continue funding or even to replicate in other parts of the state. The Division is set to award nearly \$2 million in funding for new programs from a dozen providers in 21 of 23 judicial districts in the state. The new programs are anticipated to run from Oct. 1, 2017 through June 30, 2018.



Family Day at the Mansfield
Juvenile Treatment Center

ADDITIONAL RECOMMENDATIONS AND STEPS

Since January 1, 2017, the Division of Youth Services has made significant improvements at the centers and has worked closely and in concert with the Division of Behavioral Health Services, the Division of Developmental Disability Services, the Division of Medical Services, the Division of County Operations, Division of Children and Family Services, and the Offices of Chief Counsel, Procurement, Human Resources, Finance, IT, and Security and Compliance to evaluate and strengthen the centers. DYS leadership and staff are to be applauded for leading the effort within DHS, for quickly and effectively assuming day-to-day operations management at the centers, and for using this period as an opportunity to assess and begin strengthening the centers over the past seven months.

DHS leadership appreciates the work done to get the centers to the point they are today, but we all recognize that more work needs to be done. To that end, we are making the following recommendations to the Governor, which we believe will continue to strengthen the centers, strengthen the juvenile justice programs operated by DYS, and strengthen DYS operations.

- DHS recommends issuing a solicitation for private operation of the centers, with transition to private operations to occur in July of 2018. We will contract for day-to-day management of the facilities in this solicitation. Education will continue to be provided through Virtual Arkansas, behavioral health services through the Community Mental Health Center contracts, and medical services through the current contract with UAMS.
- DHS recommends a security audit of all seven centers that will identify security weaknesses and ways to address those, prior to completion of the solicitation. This will be overseen by the new DHS Chief of Security, Brian Marr, who recently left the U.S. Secret Service after more than two decades of service. Upon completion of this review, Chief Marr will conduct a similar review of the Arkansas Juvenile Assessment and Treatment Center in Saline County.
- DHS recommends incorporating the results of the Medicaid funding study and plan into the solicitation for the centers and into the solicitation for community-based services, in order to address the reliance of DYS operations on state general revenue. This study will be completed in September of 2017.
- DHS recommends an independent review of the role and work of the Division of Youth Services, similar to the review conducted by child welfare expert Paul Vincent in 2015 for the DHS Division of Children and Family Services. To be clear, DHS wants these recommendations to result in a clear ACTION PLAN – not simply a study or review that may or may not result in changes to the system, services and centers under the Division so that youth are receiving the best treatment possible, judges have accessible alternatives to incarceration and families are engaged with their children.

