

# Changes in Youth Treatment

Division of Youth Services



# Treatment for DYS Youth

The Department of Human Services (DHS) Division of Youth Services (DYS) launched an extensive overhaul of DYS in November 2018. As part of the transformation efforts, it assessed the process for determining treatment needs for youth placed in DYS custody as well as how negative behavior affected treatment and a youth's length of stay. Changes that directly impact a youth's treatment include:

- A more robust and timely assessment
- Treatment planning that includes clinicians, the youth, and the youth's parents or guardians
- A process for monitoring a youth's progress and planning for his release

## Before Changes

Youth often waited months in a county-run detention center (commonly called JDCs) to be assessed, get a treatment plan, and be placed in a state treatment center. Once youth arrived at the DYS intake unit, assessment lasted almost a month.

Assessments and treatment plans were cookie cutter and not individualized for each youth. Treatment plans were not created by a clinician and were not discussed with parents.

After assessment, some youth continued to wait in county-run detention centers for open treatment center beds. Most detention centers offered no treatment while youth waited.

## Today

Youth go straight from Court to an assessment bed at DYS facility in Saline County. Length of stay in assessment is no more than 20 days. Each Youth receives a robust series of assessments and meetings with specialists during their time in assessment

Each Youth has a Treatment Team and an individualized treatment plan. The youth and the youth's parents/caretakers are involved in treatment planning and setting goals.

Youth move directly from assessment to placement in a residential setting either in a DYS residential facility or a community-based program. If county-run placement is needed, as of fall 2019, 6 of the 8 contracted JDC beds offer full time therapy, life skills, and education services.

## Before Changes

No formal monitoring of a youth's treatment plan progress.

Established lengths of stays could be arbitrarily extended by the centers if a youth acted out. Youth would be sent to "time out" at a county-run center, which would halt treatment for that time period.

The private company overseeing the youth's treatment had little contract oversight as it related to treatment expectations and quality.

## Today

Treatment team meets a minimum of every 90 days to monitor progress.

Each Youth has a planned end date for their stay in residential which can ONLY be changed by his/her treatment team with approval of the Director of the Division of Youth Services.

DYS case coordinators, Inspections of Care Auditors and Payment Integrity Auditors routinely visit and monitor facilities for compliance.

# Strong Assessments Lead to Better Treatment

EXPLAIN HOW DIFFERENT -- Robust Assessment to Determine Individualized Treatment Plan. The assessment includes:

- Physical
- Psychological/psychiatric
- Psychosexual assessment (sex offender)
- Trauma / PTSD / Adverse Childhood Experience (ACE)
- UCLA Child/Adolescent PTSD Reaction Index for DSM-5
- Education
- Individualized Educational Plan (IEP)
- 504 Specialized educational plan
- Dyslexia assessment
- Substance abuse assessment
- Dental
- Vision

# Treatment is Individualized

The treatment team is dedicated to meeting the individual needs of each youth and uses the extensive information gathered in the assessment process to identify specific treatment needs, therapies, and other needed services. DYS has the following people involved in the treatment team:

- Team Coordinator (Registered Nurse)
- Behavioral Health Manager (Licensed Professional Counselor)
- 4 Behavioral Health Clinicians
- Behavior Health Modification Specialist
- Educational Specialist
- Independent Living/Community Specialist
- Transition Coordinator
- Peer Support Coordinator
- Case Management Supervisor
- 4 Case coordinator Supervisors
- 7 Case Coordinators

# Progress is Monitored

The treatment team meets a minimum of every 90 days or more often if needed. The goal of the meeting is to track the youth's progress in meeting his treatment goals, to identify any barriers to treatment, and ensure the planned discharge date can still be achieved. The same team also determines aftercare plans. The meetings include:

- The youth
- Parent(s) / legal guardian(s)
- Juvenile probation / aftercare worker
- DCFS if needed
- Placement program staff
- DYS treatment staff
- DYS case coordinator

## Before May 2019

As many as 73 youth were in a county-run juvenile detention center

As many as 352 youth were in a DYS residential program

## Today (as of Feb. 3)

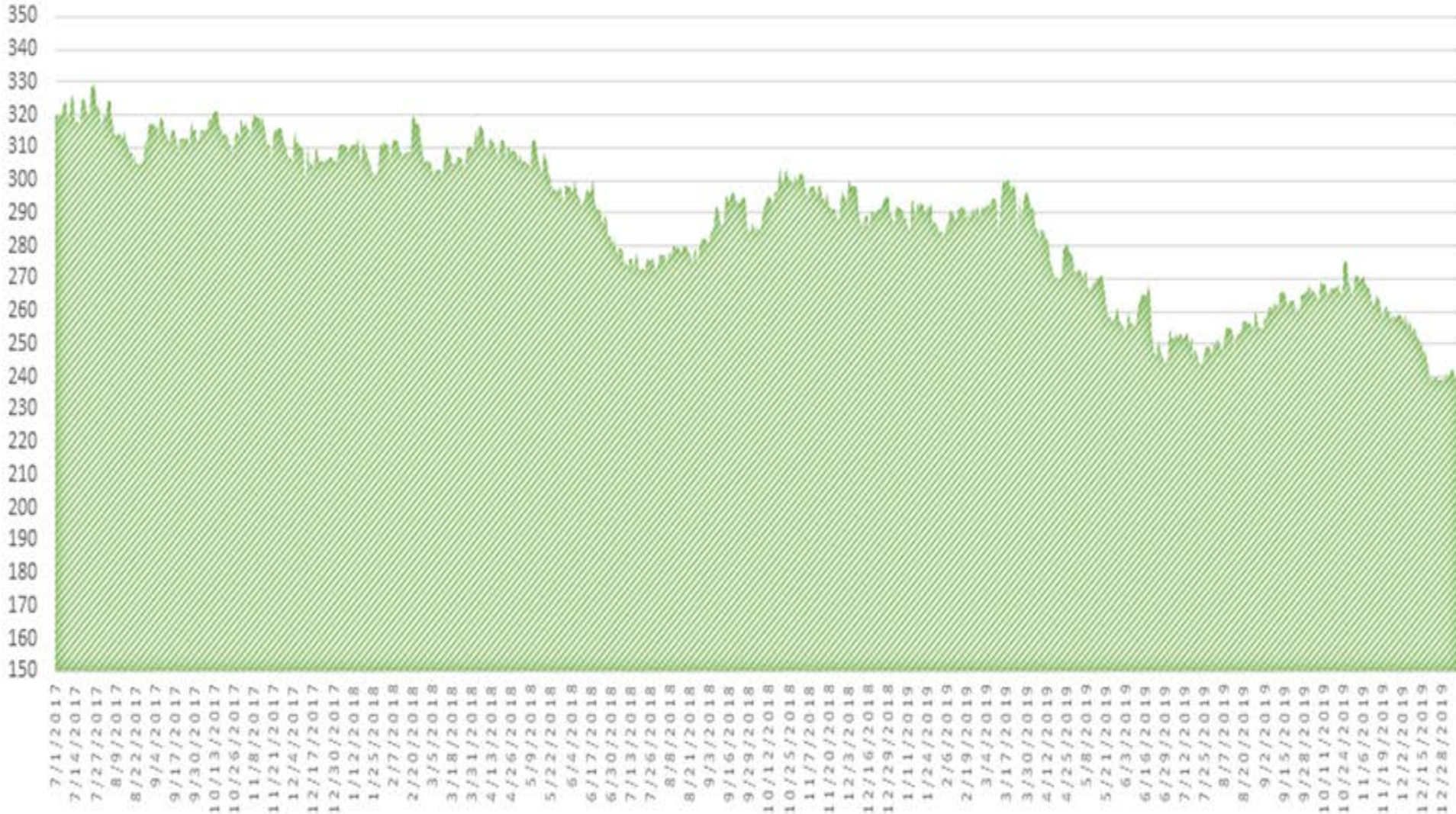
Currently, 6 youth are in a county-run juvenile detention center

Currently, 235 youth are in a DYS residential program

There are a number of reasons why the number of youth in county-run juvenile detention centers and DYS residential programs has declined, including an improved assessment process that limits the need for using county-run juvenile detention centers, a reduction in commitments due to use of SVRY risk assessment, and youth cycling out of DYS custody on schedule due to continuous monitoring of their progress and reduction in lengthy stays for juveniles who are not serious or sex offenders.

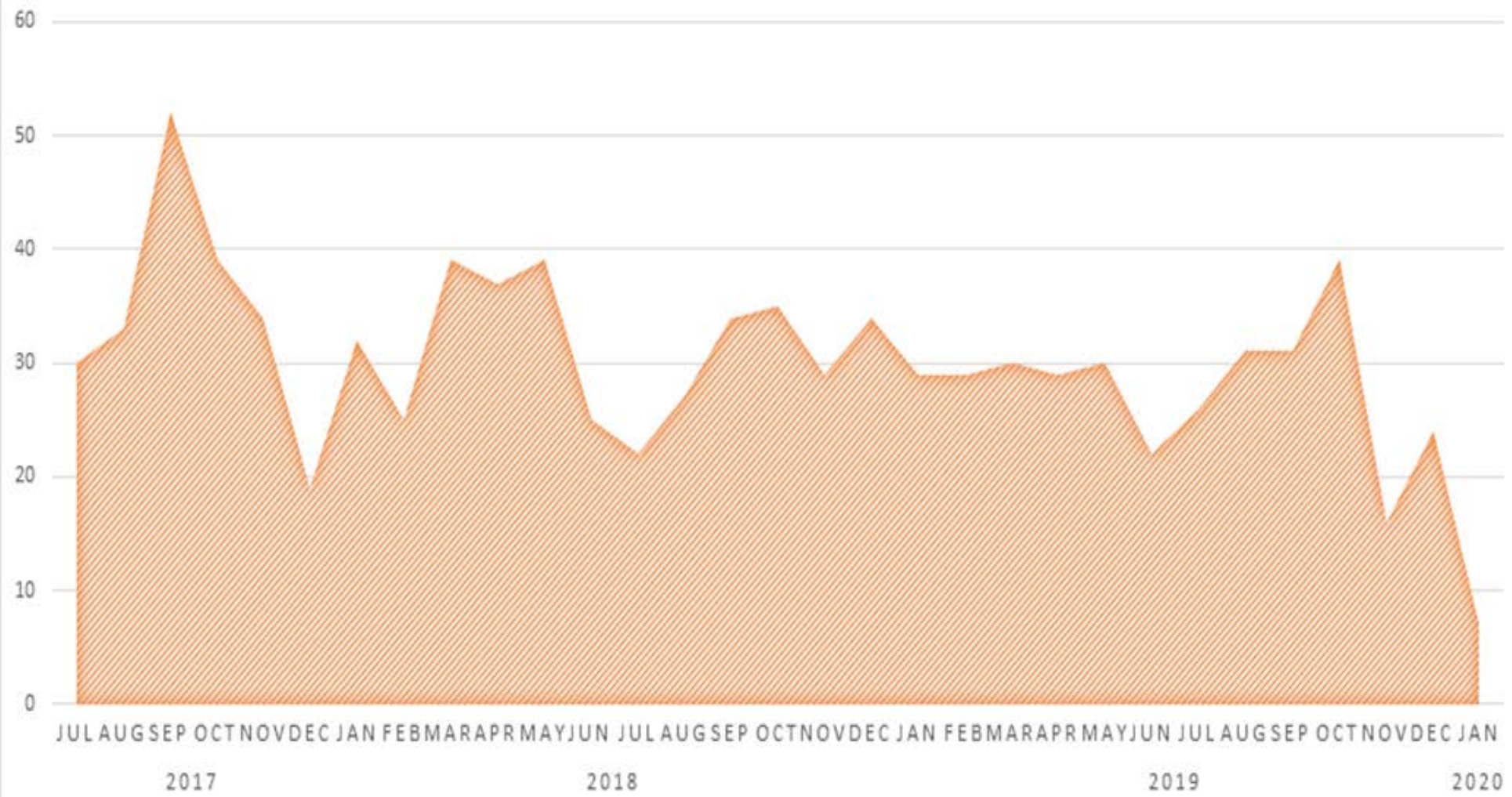


# DAILY DYS RESIDENTIAL POPULATION FY2018-PRESENT

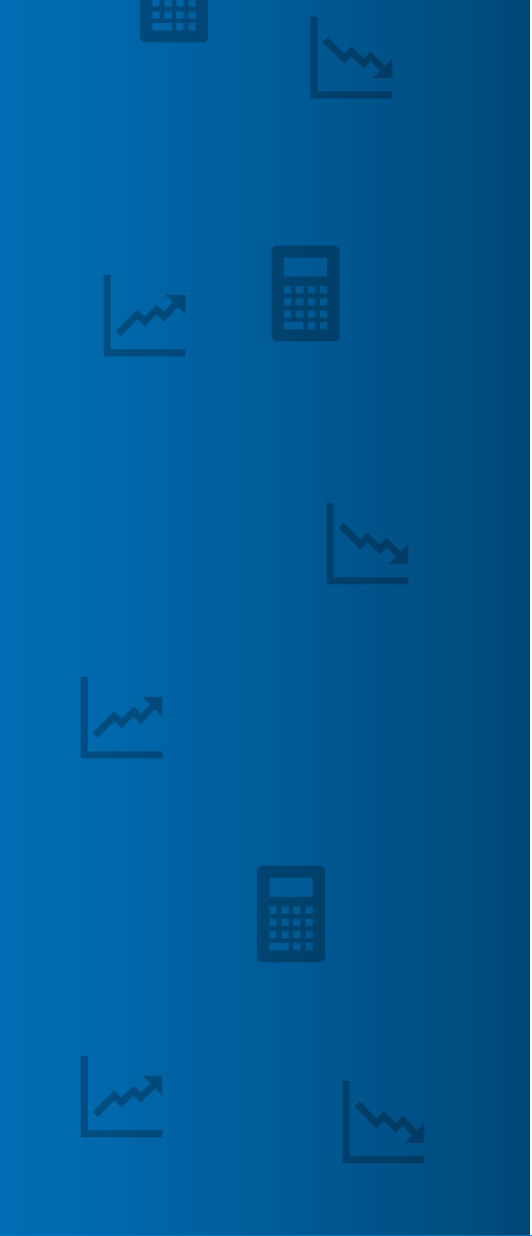


DYS Population

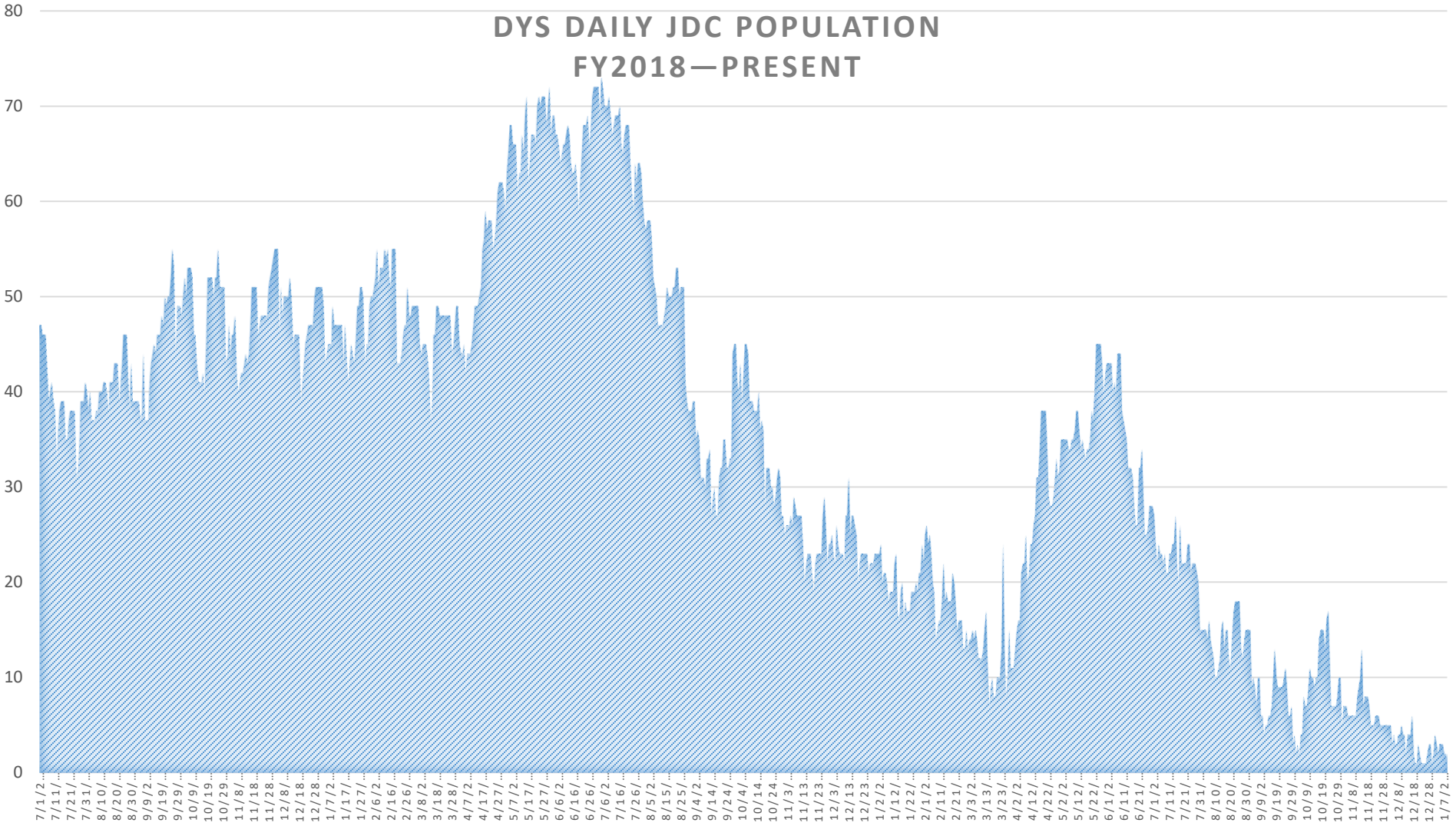
# MONTHLY COMMITMENTS TO DYS FY2018–PRESENT



Commitments



# DYS DAILY JDC POPULATION FY2018—PRESENT



County-run placements