

Reinvestment - Sedgwick County – Judicial District 18 - \$614,028.00

Regional Collaboration – Inclusive of Judicial Districts 9, 13, 18, 19 and 30 (Sumner County Only) involving eight (8) counties (Butler, Cowley, Elk, Greenwood, Harvey, McPherson, Sedgwick and Sumner) \$250,000.00

1. Please provide a summary of program implementation efforts so far.

REINVESTMENT GRANT (\$614,028.00)

Programming was implemented with start date of May 1, 2018. We received funding for SFY19 and used funding to support evidence based practices, incentives and personnel costs for the program providers.

Personnel: We currently have one open therapist position and one facilitator position. Efforts continue to fill these roles. The programming is geared toward evening and Saturday services, which affects the applicant pool. We strive to meet the needs of youth and families by providing services at targeted times for maximum impact and addressing those times (after school/Saturday) when youth have more unstructured time. However, this increases the difficulty in professional positions for applicants looking for 8-5 jobs Monday through Friday.

MultiSystemic Therapy (MST) began providing services to youth and families with referrals beginning on May 7, 2018. The MST program evaluated 55 program appropriate referrals, but were only able to serve 17 from May 1 to December 31, 2019. The reasons for the inability to provide services were related to the exclusionary criteria of MST. Of the 17 served, 4 were successful completions. Due to the intensity and complexity of needs of moderate to high-risk youth, based upon the YLS-CMI, that are not addressed by MST interventions, it was determined this EBP would be removed from services. Termination notification with MST occurred and formal end of the program will be in April 2019. There are no current youth/families being served with MST. The current approach is ERC Clinical Services which evolved since 01.01.2019 in response to meeting individual needs of youth that could not be served by MST. ERC Clinical Services is providing a menu of Evidence-Based treatment modalities, individualized to fit the needs of the youth and/or his/her family.

The Expeditor position was hired in March 2018 and had their first youth on caseload as of April 2018. Summary information on the work of the Expeditor has been provided with monthly report submissions.

REGIONAL GRANT (\$250,000.00)

The Regional Grant is a collaboration between Sedgwick County – Judicial District 18 and Judicial Districts 9, 13, and 19 inclusive of Butler, Cowley, Elk, Harvey, Greenwood, McPherson and Sumner County of District 30. Programming began on May 1, 2018. Programming initially included Courage to Change, Seeking Safety, Job Skills Development, Independent Living Skills, Thinking for a Change, Aggression Replacement Training, Moral Reconation Therapy, Girl Empowerment and Cognitive Behavioral Interventions. Community Partner, Seventh Direction began providing on-site drug and alcohol services in July 2018. All ERC staff and additional JFS staff were trained in Parent Project in August 2018 and the

first group started in October 2018. In January 2019, additional Change Companies books were added as a curriculum including, “What Got Me Here” and a financial planning book. An upcoming training is scheduled in April 2019 to develop facilitation skills to implement a Male Empowerment group. Youth have also participated in community service work projects with various community partners including OJ Watson Park, Community Garden, Open Door, Sedgwick County Health Department, Union Rescue Mission, Exploration Place, His Way Books, Habitat for Humanity Re-Store, the Sunflower Community Action Center, and the Wichita Art Museum.

2. Please report out on the following required outcome measures for all services through December 31, 2018.

a) Percent of youth living at home at completion of program:

Total - 94% (97/103) Sedgwick County – 95% (92/97)
 Other Counties – 83% (5/6)
 9th JD – 100% (1/1)
 13th JD – 80% (4/5)

b) Percent of youth living at home 1 year after completion of program:

N/A – no participants are 1 year after completion

c) Percent of youth in school and/or working at completion of program:

Total – 83% (85/103) Sedgwick County – 81% (79/97)
 Other Counties – 100% (6/6)
 9th JD – 100% (1/1)
 13th JD – 100% (5/5)

d) Percent of youth in school and/or working 1 year after completion of program:

N/A – no participants are 1 year after completion

e) Percent of youth with no new arrests at completion of program:

Total - 85% (88/103) Sedgwick County - 86% (83/97)
 Other Counties – 67% (4/6)
 9th JD – 100% (1/1)
 13th JD – 60% (3/5)

f) Percent of youth with no new arrests 1 year after completion of program:

N/A – no participants are 1 year after completion

g) Percent of youth successfully completing program

Total – 70% (59/84) Sedgwick County – 70% (53/78)
 Other Counties – 100% (6/6)
 9th JD - 100% (1/1)
 13th JD - 100% (5/5)

- If you are tracking additional outcome measures, please include data here.

The Expeditor position was put in place in April 2018. We do not have a complete year of data for this service yet. From the start of services through December 31, 2018, the expeditor position served 54 youth. There were additional changes to case processes that have made it difficult to make a meaningful comparison to prior lengths of stay and case processing length. As the position has evolved, the Expeditor has taken on facilitation of the weekly population meeting reviewing all detention cases. We continue to utilize the position to expedite processes for identified youth and will refine target goals for SFY20.

3. What does the data tell you about what is working or not working?

Initially, ADP was high due to a number of youth referred from existing caseloads. After the initial wave of participants, new referrals were based on youth ordered to attend ERC upon sentencing. This resulted in a decrease in ADP. Youth attend more consistently when picked up directly from school. Saturday ADP has consistently been lower than Tuesday-Friday, with approximately 50% of the youth scheduled to participate attending. Saturday attendance improved when the time was moved to later in the morning. The data indicates that a high number of youth attend Seventh Direction treatment. The number of successful completions increased after beginning programming and implementing improvements in the referral screening process. Procedures were also implemented to remove youth from programming after consistently not attending programming. The incentive process has also changed to improve successful completions by withholding incentives until probation completion.

For Clinical Services;

- Providing a menu of treatment modalities to fit the needs of the client offers treatment to youth who were otherwise excluded under MST, and/or may not be able to receive services in the community.
- Clinical services, with its intensity and treatment of high-needs clients, requires more after-hours/weekend, and crisis level contacts. This is supporting the client and/or family to maintain the client in the community.

- Families/clients attended 80% of scheduled sessions, rescheduling 20%. The missed appointments were all family related. Individuals attended at 100%. Ongoing work will look at factors involving family services. Maintaining flexibility in service provision should address this issue.
 - Since implementation of Clinical Services, there has been a 75% increase in face-to-face clinical contact with youth, that's an increase of 42.25 hours in February 2019 alone.
4. What challenges/barriers are you experiencing with implementation or data collection? Please also identify strategies to remove these barriers. Have you addressed the challenges/barriers from last year, if so how?

Throughout implementation, several challenges have been identified which have impacted program delivery. One of these barriers is the budgetary restrictions and specifications on spending. Challenges include youth being picked up after school and not returned home until 8:15-8:45PM. Administration and supervisory staff developed a plan to incorporate food as an incentive for youth. This has evolved into programming for independent living skills with meal preparation by the youth as an activity and skill development process. Budgetary restrictions have also impacted the ability to provide necessary drug and alcohol services to youth who do not have medical cards or other resources to pay for services. Future budget planning will continue to take this into consideration.

The budget also restricted what staff can be hired and funded, which restricted the program's ability to obtain administrative assistance. Initially with a large number of youth and a high need for transportation, the number of vehicles available was another challenge. This was addressed through the use of Juvenile Field Services vehicles.

We have been working within the available space but room for an independent jobs skills computer lab would be preferred to using lap tops in the day room for on-line work. A life domain area we want to impact is school/employment and applying for jobs is a focus.

The initial time provided to begin the program also led to some difficulty with staff training. Based on the time given, all staff had to be trained in several curriculums at the same time, which impacted their ability to separate the skills involved in each and facilitate each group with fidelity. In order to address this, a gradual training process was implemented in which staff were trained in one curriculum, then had the opportunity to practice and develop these skills before being trained in the next curriculum.

Another challenge that has impacted the program is the lack of a database. This impacts the ability to conduct data collection. Instead, data collection consists of various spreadsheets which can complicate tracking, including some for youth attendance, youth schedules, youth evidence-based hours, youth incentives, community service hours, transportation, referrals received, make-ups needed for group sessions, etc. In the absence of a cohesive database, staff strive to maintain the information in the various spreadsheets as well as emails to conduct continuous quality improvement.

- For Clinical Services specifically; Challenge: MST found to be inappropriate to treat high risk clients due to MST exclusions.
 - Solution: Transition to Clinical Services – addressing the barriers from the last year.
- Challenge: MST provided data collection services that now must be collected and processed in-house for each of the EBP services. This takes increased administrative time each week.
 - Solution: Supervisor maintains a lower case load to address administrative duties.
- Challenge: Clinical Services is providing needed clinical assessments and/or considering diagnoses for youth to address treatment needs. This takes increased administrative time each week for thorough consideration of diagnosis(es), and scoring/processing of clinical assessments.
 - Solution: Clinicians are now using a weighted case load system (part of the standards of In-home Intensive Family Therapy) allowing increased administrative time for higher needs youth that require assessment(s) and increased on-call responses.
- Challenge: There is a wait list that grows due to the high-needs of clients.
 - Solution: Fill additional clinical position.

5. What successes are you seeing with the programs/services?

In the initiation of the program in May 2018, 40% of youth successfully completed programming during the calendar year 2nd quarter ending on June 30, 2018. In the 3rd calendar year quarter, 77% of youth successfully completed. For the 4th calendar year quarter of 2018, 70% of youth successfully completed the Evening Reporting Center.

Community service hours completed in the 2nd calendar year quarter for 2018 was identified as 157.5. Hours completed in the 3rd calendar year quarter totaled 218.5. And, 246 hours were completed in the 4th calendar year quarter of 2018. These community service hours were completed by Butler County and Sedgwick County youth.

After formal training in August, The Parent Project was successfully implemented and is being utilized in three counties. Cowley County implementation occurred in October 2018. Harvey County started their first group in January 2019. Sedgwick County started in October 2018. Three parents successfully completed the first session of Parent Project in Sedgwick County. Regional grant funding was utilized to bring the program to Sedgwick County and our Collaborative County partners.

Youth also engage in peer mentorship with other ERC youth to encourage positive behavior. Each month, a graduation ceremony is held to recognize youth that were able to complete programming and their probation requirements. This has allowed other youth to see the potential benefits of their hard work and what they can accomplish.

Using grant funding, Sedgwick County entered into a contract with community partner Seventh Direction. This allowed for substance treatment services on-site. Regional funding has been utilized to provide services to both Butler and Sedgwick County youth.

The ERC has also established relationships with several community partners to provide presentations to the youth, including the Health and Wellness coalition, a motivational program, Wichita Area Technical College, The Boys and Girls Club, and Progeny. These relationships also support the youth in recognizing community resources that can be accessed.

In the first two months of 2019, Clinical Services served 17 youth. Clinical services had their first 2 successful graduations from services on 03.01.2019, and no unsuccessful discharges to date. All of the enrolled clients are attending school, and 4 are actively employed. The program is currently at an 85% success rate - up from a 23.5% success rate last year. Clinical Services is providing service to 72% of referred youth— up from 30% last year, and serving 7 youth that would have been excluded from MST.

The Regional Collaboration funding also supports a day school for youth with short term suspensions/expulsions from school. This academic service allows for youth to be in a structured, educational environment rather than languishing at home or engaging in unproductive time while out of school. The contracted entity will take youth on the day of the suspension/expulsion. These youth are then transported to the ERC for programming per their attendance schedule. From the beginning of the service through the end of 2018, 23 youth were served with 92 days billed. Initial numbers in calendar year 2019 show 13 youth served with 51 days billed.

6. Do you anticipate changes, programmatic or budgetary, over the next fiscal year? If any modifications were made in the budget, please explain here.

Some changes that may occur in the next year include the changes to the budget and clinical services replacing MST services. This would allow additional case management staff to support youth in obtaining necessary resources, as well as a shift in service provision from MST to Clinical Services (as described above). Another therapist can be hired to assist in providing Clinical Services to the youth. Administrative Assistant positions may also be considered to assist with clerical tasks. The resulting contractual fund savings from termination of the MST agreement will allow for additional funds towards needed substance treatment services and other contractual/incentive needs. Data indicates that Seventh Direction services continue to be necessary for the youth participating in this program, so the budget for this program will be expanded. Youth will also continue to need a meal incentive due to the timing of the programming. We will continue to designate funds for the meal incentive and life skills training component that has been developed.

7. What type of quality assurance is being conducted with the program to ensure program is implemented with fidelity and is congruent with evidence-based practices/programs? Please attach documentation of quality assurance checks.

In the ERC, supervisory staff conduct monthly quality assurance checks on group facilitators. Additional random quality assurance is also conducted as needed. In 2019, quality assurance will be conducted weekly on group facilitators. Staff have a scheduled time each day to review curriculum and ensure fidelity of group programming. All staff are trained on each program they facilitate and a

co-facilitator is also present to assist with programming needs, youth behavior, and meeting fidelity. If additional needs are determined after group facilitation or the meeting among facilitators, additional training and assistance is provided by supervisors and other staff. Additionally, clinical staff randomly review video footage and identify if any additional training or behavior management support is needed.

For Clinical Services specifically:

- Prior to 01.01.2019, MST was providing quality assurance checks (attached for 2018 calendar year, 05.01.2018 to 12.31.2018)
- Clinical staffing weekly to ensure model fidelity per client and treatment modality
- Annual training for clinical staff to maintain certifications /permissions to provide assessments and treatment modalities, as well as maintain licensure
- Starting 03.01.2019, Session Rating Scales and Outcome Rating Scales will be collected by a random sample of clients/families (attached for 2 age groups)
 - SRS and ORS are validated and evidence-based
 - SRS and ORS will be collected at each session for youth participating in Dialectical Behavioral Therapy
 - SRS/ORS numbers will be documented on a graph to track quality assurance and outcomes data (attached)