

Act 185 Stakeholder Input Summary

August 28, 2018

1. System-Level – Placements: How can the Youth Justice system best promote the most appropriate placements of youth?

Common themes/suggestions in the feedback:

- Need to really think about community safety and how to keep communities safe; make decisions based on dangerousness versus non-compliance.
- Strong interest in ensuring that there is still a concerted effort to serve the youth who don't belong in secure facilities and invest resources throughout the YJ system, including robust diversion programs.
- Importance of addressing issues with the lack of placements along the continuum:
 - Impact of the Family First on other out-of-home placement resources could result in overuse of the SRCC facilities.
 - Bridges with RCCs have been burned because we have been sending offenders there who should be in corrections. Group homes are not therapeutic enough. There are too many gaps in the continuum in our state.
 - Counties are keeping kids in their long-term detention programs because they believe they can serve them better than some other OHC placement settings (foster/group home, RCC, etc.). Creation of SRCCs will not change the insufficient care/services/treatment occurring elsewhere and may result in overpopulation of the SRCCs if they are any good.
 - Must diversify placement resources (primarily short-term) to better meet the needs of a variety of populations – AWOL, homeless, and youth experiencing mental health struggles or trafficking specifically. Without this there is no continuum of care.
- Strong desire for coordination across the system, including county services, SRCCs, and Type 1 facilities all collaborating to serve kids as they move through the system.
- Agreement that there should be a process to help ensure that youth are placed at the most appropriate facility (whether SRCC, Type 1, or MJTC), rather than rely on change of placement, so that kids aren't bounced around. Most emphasized the importance of a thorough, high-quality, multi-disciplinary assessment process in achieving this. Other related comments/suggestions include:
 - A standardized referral process across counties.
 - Have the proposed placement facility (whether an SRCC, DOC, or MJTC) as part of the assessment/review process.
 - A Coordinated Services Team (CST) model, where an interdisciplinary team of everyone who has been involved with the youth is at the table.
 - Having a small pod at one of the facilities function as an intake and assessment facility.
 - Having a centralized "review board" review all correctional placement cases and make a recommendation to the court for the best placement.
 - Importance of timeliness and coordination with the court process was emphasized.

- Judges want to have good information on the right placement option at the time of making correctional findings and placement decisions.
- Training for judges and others is important.
- Must provide options for boys and girls.
- Racial and ethnic disparities must be addressed.
- Consider whether and when SRCCs can refuse placements – want them to be able to screen out kids who don't belong there, but don't want them to say no when they shouldn't. What kinds of agreements should counties have to prevent inappropriate denials? Should there be some requirement to take high risk kids?

Areas where there are some differing views:

- Use of SRCCs:
 - Some emphasized the importance of ensuring compliance to the law regarding correctional findings (felony or misdemeanor A level offense and finding of public safety risk).
 - Some further suggested narrowing the range of offenses that permit commitment to SRCCs.
 - In addition to the requirement for correctional findings, SRCCs will need to have a screening process - they should be able to turn away youth who are not high risk but rather are presenting with high needs. Should have layers of screening, in a collaborative process.
 - A few have expressed that they would like the option to send youth to SRCCs without correctional findings (primarily based on the issues noted above regarding limitations of the broader placement continuum), although one person who initially expressed this changed their mind in a later meeting.

Other suggestions or comments:

- Some youth need a secure perimeter, but not necessarily a detention- or correctional-type setting on the inside.
- What if correctional findings were based on risk and not just charges?
- Has to be some transition within the facility - kids develop relationships with staff, sometimes act out prior to discharge - would be good to allow for some continuity of those relationships once they are released.
- Use Family Find and family-friendly engagement practices
- Must change public perception. We need a pro-youth media campaign.
- Importance of education throughout the system – workers, judges, prosecutors.
- Utilize the CANS in conjunction with the YASI or Compass when OHC placement is even being considered.
- Develop recommendations to inform placement type based on level of need OR offense; recommendations should guide worker practice and also be considered guidelines for judges.
- Recommendations must be per kid – consider who they are and what they need.
- Must be able to place a youth where they actually need to be placed the *first* time. If a youth needs placement at MJTC, don't first send them to a SRCC or Type 1 facility. If a youth really needs a SRCC, don't wait for them to mess up (or worse) in the community.

- People are too worried about the impact that the system may have on kids and wait too long before they ensure they are in a secure setting. This can contribute to kids engaging in unsafe behavior and even dying.
- People are implementing assessments and taking kids' word for things. There needs to be a way to evaluate what they are doing, in addition to what they are saying (e.g., checking their social media).
- DAs make findings on kids who commit battery. DAs won't tolerate kids with chronic low-level violations, or even kids getting a lot of new low-level offenses in a short period of time, remaining in the community. Similarly, if kids and families aren't making significant progress, DAs won't think they should continue to be served in the community. Once SRCCs are available, more DAs (and possibly judges) will use them.
- Important to maintain a distinction between SRCCs and other RCCs so that there isn't mixing of youth at very different risk levels or treatment needs.
- Should SRCCs be able to serve the function of providing a short-term stay with assessment and return to the community?

2. SRCC - Programming and Services: What requirements for programming and services should be included in SRCC administrative code?

Common themes/suggestions in the feedback:

- Assessment
- Require treatment to meet the needs identified through assessment and case planning
- Individualized treatment plan
- Trauma-informed care services and principles
- Evidence-based programming
- Address criminogenic needs
- Cognitive-behavioral programming
- Substance use disorder treatment
- Anger management
- Mental health services
- Vocational and employment services
- Sex offender treatment
- Restorative justice and victim impact programming.
- Educational services
 - Coordinate educational services with the youth's school district, including continuity and transfer of credits.
 - Address special education needs.
 - Recognize that traditional approaches to schooling often haven't/don't work for these kids.
- Independent living services
- Wide range of recreational activities (yoga, art, music, etc.)
- Holistic/integrated care, not fragmented – all staff are reinforcing skills and treatment

- Re-entry focused
- Involve families in treatment
 - Not simply family therapy, but specific family treatment programming with thought given to how parents participate; recruit parents as active participants in treatment.
 - Use a broad definition of family.
- Important to keep connections with community and especially case worker.
- Need all the staff, and all the training, to provide these services – recruitment, retention, and training are all big issues. Need for accredited staff providing treatment services.

Areas where there are some differing views:

- Degree of flexibility versus setting a minimum level of services. Most believe there is a minimum standard that should be required, but defining that standard may prove challenging. For example, some expressed interest in standards for minimum staffing ratios and treatment hours, while others expressed a desire to not require such specifics. Related comments:
 - Is it important that county kids get the same opportunities as each other? If we're not prescriptive enough, there won't be continuity across facilities/counties, but too much and there won't be county buy-in.
 - There is value in design and programming cues from DOC & other central players -- "doesn't make sense for counties to reinvent the wheel" -- though certainly may end up with divergent design formats.
 - Counties who will be purchasers of SRCC services saw some value in having some standardization and oversight as an assurance of the level of services available.
 - Be careful about being too prescriptive -- even research-based standard treatments change over time. Should have standards, but not necessarily have each individually cleared by a central body as programming develops, etc.
- Discussion of SRCCs specializing in particular program/treatment areas:
 - Some supported some degree of specialization, with each SRCC choosing one or more areas in which to specialize. Proponents cited greater efficiency and possibly a higher quality of service.
 - More, however, believed it more important to ensure a breadth of services. Reasons given include:
 - Local placement, with proximity to family and community engagement, is a higher priority.
 - Research supports keeping youth with different offenses/treatment needs in general population and not isolating them.
 - If facilities specialize, their beds could be taken up with youth with that specific treatment needs, leaving no beds available from their own community or region.
 - Youth with the most serious or specialized needs are more likely be at MJTC or the DOC Type 1 facilities.

Other suggestions or comments:

- Need to maintain connections to kids' culture – foods, rituals, etc., - so that they can return to society in their culture.
- Maintain and support connections to siblings.

- There can be a sense of generational despair from correctional involvement. How can we stop that belief cycle and build hope?
- Gender-specific facilities or programs.
- Start with promising RCC models, then make them secure.
- Require a trauma-informed care coordinator in each facility.
- Use Motivational Interviewing
- May need JJ Court-Appointed Special Advocate (JJ-CASA)
- Kids with complex trauma need specialized treatment; kids with offending behaviors, who have some family support need to be close to home. Ensure there are resources for both at the SRCC.
- Need to help youth want to make changes (enhance intrinsic motivation)
- Consider whether court orders should include requirements for families – currently some counties do this and other do not.
- Programs should be culturally responsive.
- Offer opportunities for youth leadership.
- Consider the role of the SRCC and the role of the placing county in supporting families and maintaining connections between youth and families.
- Would like to see facilities continue to work with youth for a period of time post-release as day treatment or outpatient.
- Team activities; kids need to learn how to work with effectively with other people.

3. SRCC – Other Administrative Code Requirements: In addition to programming and services, what requirements should be included in administrative code?

Common themes/suggestions in the feedback:

- Minimize use of restraints and isolation; use a therapeutic approach to discipline, with more focus on redirection and de-escalation.
 - At least one person said staff should have tools such as Tasers, pepper spray, and restraint chairs available.
- The importance of community connections and collaboration; building bridges back to the community so that youth have strong supports in place; discharge planning beginning at admission.
- The importance of connections to family, including active efforts to engage non-family supportive adults, including:
 - In person where possible, as well as using technology
 - Don't charge (or overcharge) for phone calls
 - Allow for video visits.
 - Need space that allows for family engagement
 - Provide access to both contact and non-contact visits
- Youth need to be kept occupied and have ample opportunities to be engaged in normal adolescent activities.
- Allow youth opportunities to be out in the community (for various activities) during their stay.

- Importance of good nutrition and food service.
 - Provide nutrition for healthy brain development, not just the most calories for the dollar.
 - Good nutritional opportunities aid education on food, health, cooking, gardening, etc.
- Need high levels of staff to provide supervision and services to youth.
- Importance of initial and ongoing staff training on topics such as working with youth, de-escalation, trauma-informed care, and diversity. Also need some security training to help ensure safety of staff and youth.
- Natural lighting
- Need for spaces such as intake, education, programming, treatment, dining, with flexibility in how spaces are used.

Areas where there are some differing views:

- Degree of flexibility versus setting a minimum level of services or staffing levels:
 - Some believe that counties should have maximum flexibility with minimal standards;
 - Others believe it is important to set a baseline or minimum standard of what we as a state want for all kids. Some mentioned a concern for equity, or the responsibility of the state as a whole.
 - “We really want common values, but different programs.”
 - Some specifically mentioned requiring minimums in areas such as staff to youth ratios, mental health staffing level or hours, and medical staff access.
- Who should provide training:
 - Some believe that counties should be responsible for determining training needs and providing training.
 - Others believe that there should be state-provided basic training, and/or that there should be some standardization and basic requirements that are uniform.
- Requirements for indoor and/or outdoor recreational and programming space:
 - Some have concerns with setting any minimum space requirements. Concerns include cost, with some suggesting that facilities could partner with off-site providers or facilities to meet youth’s recreational needs.
 - Most believe that it is essential to provide indoor and outdoor recreational space for youth, citing the importance of exercise, the value of exercise in reducing incidents, principles of trauma-informed care, etc. Specific suggestions include gardens, trees, ropes courses, and other outdoor recreational activities.
 - Some note that the specific amount or type of space is less important than how it is used.
 - Some suggested at least general language requiring space sufficient to meet youth needs, or maximizing the use of facility space.
- Co-location of detention and SRCCs and the extent to which populations should be mixed. Most supported some degree of co-location for fiscal reasons and the ability to share staff, but further comments varied:
 - Some thought residents shouldn’t be mixed at all.

- Some thought that shared services in the middle of the building could be mixed, with wings for housing units of detention versus SRCC youth.
- One person asked specifically about the possibility of mixing SRCC and detention girls, with compliance to the SRCC standards for any SRCC girls, given the likely low numbers of girls.
- Degree to which youth should be allowed into the community during their stay. There was fairly broad agreement that at least some opportunities for release into the community should exist.
 - Some envision a wide range of options for release for education, employment, etc.
 - Others viewed access to the community as a privilege that could be earned, or as a means of transitioning toward release.
 - Others said that the youth earned their way there, options were utilized prior to placement, and they have been deemed a danger to society; therefore they should not be allowed to freely leave.
 - Suggested possible criteria for allowing youth into the community include risk assessment results, dosage, progress in treatment.
 - Suggestion of code requiring that facilities have a policy for when and how off-grounds activity is allowed.
- There was broad agreement that in some sense the physical design should be more welcoming, trauma-informed, or “softer”, including through use of natural lighting, arts, and fabrics. However, there appears to be variation in degree, with comments including:
 - Facility should be harder in design yet have flexibility to have soft features
 - Home-like environment
 - Detention strength features/fixtures
 - Softer furnishings/fixtures
 - Softer rooms for youth
 - Update the definition of what “detention grade” means.
 - Standard should be evidence-based, not old-school concrete and bars language.

Other suggestions or comments:

- Need to cater to youths' spiritual and cultural milieu
- Need staff who have positive beliefs and attitudes, but are realistic about the challenges of the work.
- Encourage local innovation
- Health care costs are a concern; interest in a Medicaid waiver to allow for Medicaid coverage
- Use alumni (or others) as credible messengers.
- Need to consider how the release authority function will work for SRCCs.
- Need to offer youth some flexibility and opportunities to make choices.
- Classification system is important
- Facility needs to have the capability to separate youth
- Facility design should be conducive to protection of staff
- Standard secure perimeter should be required- “this is not a group home”
- Staff need to be able to protect themselves
- Need for continuity of healthcare/insurance

- Staff not in uniforms
- Possession of personal items from home
- Need for privacy
- Also need communities to embrace facilities; reduce "NIMBY-ism" through stakeholder meetings, education, outreach.
- Consider age range/gap issues, especially when cognitive/developmental age may not match physical age in these populations; develop strong guidelines encouraging separations on rooming placements and other physical space use.
- Allow for security staff to dispense medication.
- Pay attention to gang affiliations and other sources of conflict between youth.
- Need to consider who is responsible for transportation and who has to be able to do secure transport.
- Don't want cost of facilities to drive placement decisions.
- Need to support staff – these are difficult jobs, and staff need to be supported.
- Consider limiting maximum number of hours worked for staff.
- Look to PREA and other established federal guidelines for staffing ratios and possibly other requirements.
- Would like to see everything in Judge Peterson's injunction (in the ACLU lawsuit at LHS) in code.
- Require access to counsel.
- Need provisions related to interactions and roles between the sending county and the facility.
- Allow youth to be sent pre-disposition to get started on assessments.
- Need better collaboration with CPS for dual commitment youth.

4. SRCC Grant Applications: Please provide input on the SRCC grant application process.

Common themes/suggestions in the feedback:

Information to require in applications:

- Provide clear articulation of program philosophy, treatment programs to be offered, and evidence supporting the proposed approach.
- Fiscal/budget information:
 - Plan for funding, population projections, whether they are going to hold beds
 - Projected expenses, budget
 - Source(s) of revenue/funding
 - How is the rate set?
 - Fiscal sustainability
 - What supports are available?
- Details of the agreements between consortia member counties
 - Are the member counties committed to a certain number of beds?
 - What is the communication among counties?
 - What happens if one pulls out?
 - What is the fiscal commitment?
- Detailed population projections

- How many youth, where are they from, what are their statuses?
- Historical data on RCC as well as correctional placements, what are the trends in their county and surrounding counties?
- Really knowing who is projected to come to them and under what arrangement – bed holds, MOU, etc.
- Projected staffing numbers, classifications, ratios.
 - Should reflect the level of youth needs and the target population.
 - Identify what the staff supervision will consist of, to include nights, weekends and holidays.
- Information on how they intend to transition kids back to the community; plan for aftercare
 - Home visits, supervised community visits, being able to be off grounds
- Physical plant design concepts; is there natural light, outdoor activities, and what does youth’s room and environmental furniture consist of? New or existing facility? If existing, what improvements are needed?
- Staff training – what will be provided, when, how, by whom?
- Plans for staff recruitment and retention, including compensation and strategies to promote diversity and equity.
- Projected timeline for construction, etc.
- Proposed models for discipline and crisis response, including:
 - Describe how restraints will be utilized and use of seclusion.
 - Describe what punishment and accountability look like in the program.
 - How do you reintegrate kids if you do need to remove them for a time? Define what circumstances necessitate removal and how you restore.
- Plans for provision of educational services.
 - Whether the school is accredited, affiliated with the school district, etc.
 - Some suggested requiring a letter of support from the school district.

Factors the committee should consider in awarding:

- Favor consortiums
 - Encourage larger counties to not be exclusive – to “play nice in the sandbox”
 - Should be a governing board or oversight committee with people from each county that assists in decision-making, planning, building. Some counties might not want that – would just prefer to send kids – but commenter thinks you lose the small county perspective and voice that way.
- Emphasis on staffing – making sure you can recruit people.

Other suggestions or comments:

Information to require in applications:

- Whether there are any partnerships/contracts with other entities (e.g. private providers) and if so what that structure is.
- Experience serving a similar population.
- Vision for who they are serving and how. What is the span of reach and who will they accept youth from? Do they require an MOU, or will they also take as-needed referrals?

- How do you manage enrollment? If beds are full, is there a waiting list?
- Organizational structure of the agency/department, including leadership and departments.
- Who is actually operating the facility – an existing child welfare agency, a county? If not an agency that currently runs a facility, what is their training, staffing, expertise?
- Is it attached to another facility? If yes, what spaces are shared, and how do you maintain fidelity to different levels of care?
- For current programs, outcomes and data measurement, progress in meeting goals.
- Outline the data that will need to be measured.
- Require an oversight board similar to a community justice committee.
- Applicant should state whether they will be PREA compliant or not.
- How will facility engage local law enforcement and local government personnel?
- Information should include whether the youth will be locked up all night.
- How will the facility provide meals? How and where will food be prepared?
- How they will meet the needs of a culturally diverse population?

Factors the committee should consider in awarding:

- Look for a strong commitment
- If a consortium, make sure they have a handle on how it is going to work.
- Emphasis on programming
- Favor applications that can house all populations.
- Viability – is what they propose really able to be met?
- Timeline – need to “have their ducks in a row”
- Fiscal and budget detail – “you can tell whether they really thought about it”
- Historical cooperation and compliance; strong organizational capacity
- Overall philosophy – how are they going to manage these kids and keep them from going into the adult correctional system?
- Finances – what is the construction cost?
- Organizational structure
- Locations accessible to families
- Location where they will be able to recruit staff
- The size of the facility and its structure.
- MOUs and/or letters of recommendation, support from other agencies.

5. Type 1 Facilities – Location: What factors should be considered in determining the locations and capacities of Type 1 facilities?

Common themes/suggestions in the feedback:

- Need for location(s) in Southeastern Wisconsin
 - Should be located in Milwaukee because majority of youth going to the facility are from here.
 - If Type 1 facility was not in Milwaukee, Racine or Kenosha would be the next best location.

- Youth would be connected to the community they live in and different agencies could work with the Type 1 facility for continuity of care.
- Possibly a couple of Type 1 facilities in Southeastern WI.
- It's important to consider proximity to families and community resources – availability for visiting, participation in treatment, developing a support network prior to release.
- Size of facilities – desire for smaller
 - Number of youth in facilities should be smaller than what it currently is
 - 15 or less youth in the facility
 - Under 25 in each facility
- Within each facility, a system of smaller pods or cottages, with no more than 8 or 10 beds each.
- Overall number/capacity: don't want to waste space or have not enough beds; design facilities to allow for expansion or contraction if possible.

Areas where there are some differing views:

- Where (or whether) to locate facilities outside of Southeastern Wisconsin. Comments include:
 - Make sure to keep youth in the area they live.
 - For the upper region of state pick a middle ground and look at the number of youth to determine where that would be.
 - Prioritize placement of facilities in areas with higher concentration of youth who are placed.
 - 1.5 or less hours away from Type 1 facility would be ideal.
 - Should be a facility in the northern region more northwest.
 - Type 1 facility should tailor based on need. Example Milwaukee area might have more cottages but up north might have just one smaller facility.
 - Decide on where Type 1 Facility up north should be by reviewing numbers.
 - Make sure there are facilities in Lacrosse and Milwaukee.
 - Counties are realistic about knowing where most commitments come from and realize that the location of the Type 1(s) needs to be responsive to this. However even small counties with relatively few commits worry about increased costs and degree of difficulty in terms of visits and providing community support.
 - The locations of quality SRCC's will impact how detrimental a Type 1 being further away is.
 - Less concerned about location of Type 1 facilities than SRCCs.
 - Allow for Type 1 facilities of differing sizes and capabilities. It is difficult to predict the population trends so facilities should be adaptable. While there wouldn't seem to be a need for a 20-30 bed Type 1 in the western part of the state, smaller counties are hesitant to see their only Type 1 options being placed solely in the SE of the state.

Other suggestions or comments:

- Make it easily accessible - for example, right off the highway or on a greyhound bus route
- Whether facilities would specialize in treatment programs, which could take youth possibly farther from where they were living.
- Location of girls.
- Use Ethan Allen/SOGS for facilities. Or at least use the land and build a new building.

- Don't re-open Ethan Allen.
- Make sure there are cameras and monitoring of the facility at a higher level in Madison to ensure staff are doing what they should be doing, or set up a multi-jurisdictional team of counties/community members to be a part of the monitoring team.
- Build the facilities to fit the needs of the areas they are built in.
- Have fluid movements of youth between Type 1 facilities for programming.
- Use technology to help mitigate distance issues.
- Capacity needs will depend in part on the resources available locally for prevention and diversion.
- Very difficult to predict capacity needs.

6. Type 1 Facilities – Programming and Services: What programming and services should be provided at the DOC Type 1 facilities?

Common themes/suggestions in the feedback:

- Programming and services in Type 1 should generally be similar to that of the SRCCs in order to assist in continuity of care and progress for youth.
- Individualized case plans
- Importance of having high staff numbers to reduce/prevent incidents and support treatment of youth. Recruitment, retention, and compensation are all important.
- Trauma-informed care, including staff training, awareness of triggers, therapy, physical characteristics (green space and natural lighting)
- Cognitive programming
- Mental health treatment
- Substance use disorder treatment
- Sex offender treatment
- Education, including credits, HSED, vocational options.
 - Transition back to local school and transfer of credits.
- Employment-related services
- Independent living skills: Budgeting, cooking, shopping, meal planning
- Wide range of recreational activities:
 - High activity, not a lot of down time
 - Physical activity
 - Access to outdoors, including green space
 - Gardening
 - Arts, crafts, music
- Importance of involving families, including visits, family involvement with treatment, and meeting the needs of the family so that they are prepared when the youth returns. Broadly define family.
- Importance of maintaining connections with community
 - Continued collaboration with county workers.
 - Bringing in community providers to help promote continuity of services

- Credible messengers
- Staff training:
 - have staff trained in the treatment programs so they can support and reinforce
 - de-escalation
 - how to build relationships
- No use of pepper spray or solitary confinement

Other suggestions or comments:

- Don't have uniforms for staff or youth – recommend staff dressed in khakis and polo shirts.
- Reducing aggression, not just through programming, but by letting youth demonstrate what they learn in their environment
- Youth behavior plans that are shared with field agents / county agents and families
- Cultural competency for youth (to learn about other cultures) and for staff to learn about other cultures
- Programming should be therapy based; young people at these facilities have done egregious things; therapy based programming should be critical component of all services.
- Language access built into the system
- Meet the needs of LGBTQ+ youth.
- Mindfulness training for staff and youth
- Provide victim impact / restorative justice / community building circles
- Keep the grandparent programming
- There should be an incentive for youth to earn their way “down” to less secure settings while still being provided the opportunities to participate in activities, groups, or programs that may have prompted behavioral modifications that allowed the youth to progress to less secure settings in the first place. Don't jeopardize progress by making it difficult to continue with successful programming when moving throughout the system.
- Sensory and calm rooms
- Occupational Therapy
- Need to have highly trained staff using a reliable assessment tool at intake so each facility starts with a good baseline for each youth. Inter-rater operability becomes crucial and information sharing should be enhanced between child welfare and youth justice systems.
- Maintain and support connections to siblings.
- Need to help youth want to make changes (enhance intrinsic motivation)
- Pay attention to gang affiliations and other sources of conflict between youth.
- Single bunked
- Additional cameras (compared to SRCCs)
- Get input from youth.

7. Data Collection: What data should be collected and reported by SRCCs and Type 1 facilities?

General Comments:

- Programs should have flexibility with their programming, but DOC/DCF should have established outcomes the facilities should report on.

- Look to models like JDAI and PbS
- Standards should encourage consistency and minimal expectations for data. Consistency can be challenging, especially with recidivism.
- All data should be reported on multi-year basis to ensure sufficient sample sizes for analysis.
- Track the most important elements, not just everything; don't make it too burdensome for workers.

Suggested data elements/topics:

- Demographics such as age, sex, race, ethnicity, age, tribal status
- Longitudinal placement history: check for cross-system involvement, step-downs, lateral movements, exit
- Dashboard: Admissions/discharge data with demographics, offense history (can help check whether net-widening occurs with respect to a given offense vs placements)
- Length of stay
- Risk assessment results
- Graduation rates
- Post-discharge tracking – connect with youth and/or family at different points after release (e.g. 3, 6, 9 months post-discharge) to see where they ended up.
- CANs pre- or post-test to see youth status (or comparable assessment)
- Recidivism
- Staff retention
- Behavior needs
- Restraint/seclusion use
- Staff training topics and frequency
- Youth injuries and staff injuries
- Degree of family engagement
- Include positives: time without a behavior issue, teacher-reported achievements
- Mental health -- ACE history, TIC engagement, triggers, environments youth thrive in
- Case manager contact (compare to CPS standards)
- Compliance data on any standards promulgated
- Look for barriers inside system to success/exit: are placements appropriate to the charges/behavior? Are behaviors preventing full participation? Are there delays in accessing programming? Are they limited by educational outcomes? etc.
- Current and future detention usage
- Facility-specific data: restraint, seclusion, academic hours, treatment hours, types of treatment.
- Check if credit recovery is working, and if so, credits gained while there (HS age)
- Align with Title I reporting requirements to reduce redundancy.
- Not just recidivism, but also desistance - recidivism is more affected by selective enforcement, captures youthful offenses as well as dangerous ones.
- History of justice system involvement among family members/community.
- Injuries, doctor's visits, complaints, observations on facilities/program, staff demographics

Data integration, use, and reporting:

- Data will be used for multiple purposes; use care in determining how and when data are used for evaluation, quality improvement, accountability, and placement decisions.
- Difficulty of having a uniform system for data collection – how will all of that be aggregated?
 - DCF dashboards for OHC providers may be a model
 - Be cognizant of staff's time/capacity to do paperwork
- Goal is to be able to inform system behavior: before asking if you're doing it right, need to know if you're doing what you think you are
- Monthly reports
- Don't give data in a vacuum, make it meaningful
- Integration with YASI/J-Tracker/WISACWIS.

8. Other Topics for Input: What input, in addition to the topics specified, would you like to provide to the committees and departments charged with implementation of Act 185?

Common themes/suggestions in the feedback:

- Operating costs of SRCCs, including staff costs and funding via daily rates. Comments include:
 - The funding provided up front for the building is great but will not be enough long-term financial support.
 - Question of whether placement fees from other counties as they pay the daily rate for placing a youth is enough of an incentive for a county to operate one of these facilities.
 - State should consider ongoing funding for the SRCCs – concern that counties won't be able to finance them.
- The cost of medical care is a barrier to counties in developing SRCCs – currently long-term detention placements are recorded in a way that allows them to keep MA eligibility. Questions of how this could impact a daily rate, or whether SRCCs might make the sending county fully responsible for medical costs. Don't want cost to impact quality of medical care provided.
- Timeline for grant awards and facility construction.
- Allocation of the \$40 million in grant funds.
- Strong interest in having the opportunity for stakeholders to review the emergency rule draft before it is promulgated, even with the recognition that it is a tight timeline.
- Concerns from smaller counties regarding whether they will need to sign contracts to hold beds.

Other suggestions or comments:

- Previously, counties did not have to think about this – they just took a youth where they were told; now they will have to.
- Whoever does manage these facilities needs to have a good mission and philosophy about what they're doing.
 - What is the goal?
 - Balancing housing the youth and returning them to the community
 - Goal should be to not have youth in the system - they pay taxes, they don't return to incarceration
- Have to balance where the facility will be located with staffing options and service availability; need to have professional staff – how will they be recruited and retained?

- One county proposed possible legislative change to allow counties with pre-existing detention centers to create 30+ day programs .
- One county on its own cannot do this.
- There should be established channels/process/forums for SRCCs to communicate to each other and exchange insights, as well as up to DOC and out to county partners.
- Collaboration and training with DAs and judges to understand issues around programming, funding, and placements will be important.
- Likes youth care workers having cameras both for accountability and for their protection.
- Programs should be designed to deal with behaviors without use of pepper spray or solitary confinement.
- Always keep permanency as #1 priority and continue permanency efforts while youth is in the SRCC or Type 1.
- Treat the whole family, not just the youth.
- If an youth ages out of the system and does not go to a step down or home, but will still be on community supervision, making sure to prepare them for what that will be and look like before they leave.
- Relationship of Type 1 facilities and MJTC and applicability of rule and policies.
- Mechanism for partnerships between counties and child welfare agencies not entirely clear.