

**Riverside University Health Systems-Behavioral Health
&
Riverside County Department of Probation**

**BSCC MIOCR Project:
Intensive Re-Integration Services (IRIS)**

Final Local Evaluation Report
September 2018



Executive Summary

➤ **Did the project work as intended? If not, explain why.**

While the project had multiple implementation challenges there were also successes and lessons learned that ultimately benefitted the youth in the project and benefitted the system as a whole. The intention was to cycle detained youth juvenile offenders, who were ordered to the Youth Treatment and Education Center (YTEC) and met the criteria for WIC 5600.3a, through a program called Intensive Re-Integration Services (IRIS), held on a the specialized unit (IOTA), and provide a series of behavioral health and probation evidenced-based practices while in the juvenile detention facility and as part of their enhanced aftercare when they reintegrated to their families and community. The evidenced-based practices (EBPs) offered in the IRIS Program included Seeking Safety, Moral Reconciliation Therapy (MRT), Aggression Replacement Therapy (ART), Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), Functional Family Therapy (FFT), and Wraparound. The implementation of the project required training behavioral health staff of Riverside University Health System-Behavioral Health (RUHS-BH) in the use of multiple EBP including staff working in the facility and those working with youth after they were released. Another part of the project was to train probation officers in the use of Functional Family Probation Supervision (FFP) an evidenced-based supervision practice. The implementation of multiple mental health EBPs in addition to training County Probation in FFP took more time than anticipated, in particular to schedule the training, and to begin using the practices. Even though the training logistics were a challenging process, multiple behavioral health staff were trained in the EBP practices and, as intended, provided the EBP services in the juvenile detention facility. Probation FFP training while delayed until the second year of the grant did occur and resulted in all of juvenile probation aftercare (i.e., YTEC Aftercare) being trained in FFP. The FFP model was then provided by YTEC Aftercare to all the youth released from the detention facility. Continuing behavioral health services after youth were released did not work as intended for several reasons including: training delays, staffing issues resulting in a slow start up to aftercare services upon discharge from the facility, and the recommendation of the FFP trainer that probation should be the source of referral into aftercare behavioral health services which resulted in few youth being placed in behavioral health aftercare services. This practice of probation driving the referral into aftercare upon discharge was ultimately changed to a requirement that youth from the IRIS unit released from the detention facility be automatically referred into aftercare services. By the end of year 3 of the grant, the IRIS unit was well established in the detention facility and was at capacity providing evidence-based mental health practices individualized to the client's needs. In addition, all IRIS youth are now referred into behavioral health aftercare services upon release from the facility and receive FFP services from probation. The population of youth served by IRIS and discharging from the juvenile detention facility tended to be in the older age range with 70% being 17 or 18 years old. Older youth and their families typically received years of behavioral health and probation services prior to the IRIS program, and were anxious to "be done" with services. Also, as adults, they typically sought to be more independent from their families and spend more time with peers, many of which were not law-abiding citizens and increased the IRIS youths' risk of recidivism.

➤ **Project Accomplishments**

By year 3 the IRIS specialized unit in the juvenile detention facility was at capacity and all IRIS youth were being referred into aftercare services at release. During the period of the grant a total of 51 youth detained as juvenile offenders were served on the IRIS unit with a variety of evidenced based practices depending on the youths needs. The goal of serving at least 20 youth a year was realized in year 3 of the grant. Aftercare behavioral health services providing Wraparound or Functional Family Therapy (FFT). FFT was established to serve youth releasing from the facility with 12 discharged youth receiving some combination of behavioral health aftercare services (Wraparound or FFT) and/or Functional Family Probation Supervision (FFP).

Executive Summary, Continued

➤ **Project Accomplishments, Continued**

Low recidivism was found for youth served in the IRIS program. Out of 19 youth closed from the program and discharged only 2 were found to have had a new law violation that fit the criteria for recidivism, which calculated to a recidivism rate of 10.52.%. The success rate for the 19 youth closed from the program was 89% using the criteria of no new law violations. Outcomes data for youth participating in evidenced-based practices found improvements in functional behavior with a statistically significant improvement in Youth Outcomes Questionnaire (Y-OQ) scores. The Y-OQ is a measure of overall mental health functioning and includes items regarding conduct or oppositional defiant behaviors. Y-OQ scores at intake on average were above the clinical cut-off. The average Y-OQ score at follow-up dropped below the clinically cut-off. Aggression Replacement Therapy (ART) was provided to 80% of the youth in the IRIS program. Outcome follow-up measures associated with ART showed a general downward trend in anger and aggressiveness and thinking associated with anti-social acts and attitudes. However the number of cases with valid pre and post measures for ART outcome measures was small which made finding statistically significant differences difficult. Regarding housing after release from the juvenile detention facility, 88% were in stable housing living with their parents in the 30 days post discharge from the juvenile detention facility. Housing stability at 90 days showed that 67% were still in stable housing living with their parents, although less housing stability data was available 90 days post-discharge from the facility. Educational outcomes for youth were positive, with 40% released from the facility having obtained a high school diploma or GED. For those released and still required to attend school, 73% were making fair to good progress towards graduation. Seventeen percent of the youth who finished the program and were not required to be in school had found employment by the end of the participation. Two case vignettes provided at the conclusion of this report provide a more personal account of successes for youth participating in the IRIS program.

Another important accomplishment of the program was building a more collaborative working relationship between County Behavioral Health and County Probation. Examples of increased collaboration were as follows:

- The two departments worked together to develop a special unit designated for IRIS youth
- RUHS-BH was able to train Probation staff on the IRIS Unit on youth behavioral health needs and helpful Probation interventions.
- The two departments developed a conjoint screening process for youth completing the institutional portion of the program to determine with youth and their families the best combination of aftercare services for them (i.e., FFP, FFT, Wraparound)
- The two departments conjointly leased office space to be used by RUHS-BH and Probation aftercare staff, enabling staff from the two departments to more easily collaborate and plan for youth and family success.
- The two departments worked together to develop and gather outcome statistics on IRIS youth and families.

Executive Summary, Continued

➤ **Goals Accomplished**

Overall accomplishments for the IRIS program included: evidenced-based practice training for many staff in both the probation and behavioral health systems, the establishment of a specific unit within the juvenile detention facility to address the mental health needs of adjudicated youth was an important goal accomplishment, facility behavioral health staff learning a variety of evidence-based practices and provided services to 51 youth, serving 20 youth a year by year three of the grant.

Overall outcomes for youth were promising as noted previously with youth showing improvements in general mental health functioning and general downward trends in externalizing aggressive behaviors and anti-social patterns of thinking. The recidivism rate for IRIS youth was low at 10.52 %. Housing stability post release from the detention facility was good with 88% stable and living with their parents 30 days post discharge. This housing stability was still significant 90 days after release with 67% maintaining stable housing. Some housing data was not available which lowered overall percentages. Twenty percent of youth not required to attend school were employed after release from the facility.

➤ **Problems/Barriers Faced and How They were Addressed**

The initial years of the IRIS project met with several implementation challenges which impacted the type and timing of services offered and the number of youth served.

Training Delays/Delays in Aftercare Implementation

During the first year of implementation, some training took more time than initially anticipated. The original plan was to train detention institution (YTEC) behavioral health staff in Functional Family Therapy (FFT) in the first year of implementation. When this project was proposed, it was understood that youth could begin FFT in the institution and then would continue with the practice with the same therapists after being released from the facility. FFT implementation became a significant challenge when the California Institute for Behavioral Health Solutions (CIBHS) clarified that this service must primarily be provided in the family home and in the community. Consequently, the three on-unit therapists were not able to provide this service to youth within the 20 hours a week allotted to them to provide it. As a solution, RUHS-BH strategized a braided funding method using Medi-Cal revenue and grant funds to hire additional staff to provide FFT in aftercare only. RUHS-BH collaborated with the BSCC to utilize MIOCR grant funds to pay for a portion of the FFT therapists in Years 2 and 3. This solution enabled the hiring of five FFT aftercare therapists. Even though the FFT training was delayed, other evidenced-based practice (EBP) training (Moral Reconciliation Therapy, Seeking Safety, Aggression Replacement Therapy, and Trauma-Focused Cognitive Behavioral Therapy) continued as planned, therefore program services proceeded as planned.

Functional Family Probation Supervision (FFP) training was also delayed until early in year 2 of the grant. Despite this delay, Behavioral Health and Probation started to build a collaborative relationship by developing an interagency screening process and working with those involved in the court process to recognize the benefits of 1) providing treatment in the youth's community of origin and 2) of post-release coordination and continuity of care. The strength of this collaborative working relationship increased throughout the grant and is one of the unexpected strengths to arise. Even non-IRIS program youth benefit from this working relationship.

Executive Summary, Continued

➤ **Problems/Barriers Faced and How They were Addressed, cont.**

Staffing Challenges

Filling positions for full program implementation of Wraparound was difficult and took more time than anticipated. Several staff hired for the Wraparound team rescinded their acceptance of the position, and one staff failed the probation back-ground check, making it necessary to start the recruitment and hiring process over. This caused delays in the establishment of a Wraparound team to serve youth after they left the YTEC facility. RUHS-BH continued to work on staff recruitment while referring youth released from the facility to behavioral health program services that were readily available such as, Multidimensional Family Services (MDFT), substance abuse services, and outpatient behavioral health services.

Due to these training delays and staffing challenges, early in grant implementation some IRIS youth were re-integrated into the community before FFP, FFT, or Wraparound services were available.

Challenges with Referrals for Aftercare Services

Once Wraparound and FFT were available as aftercare services, two factors appeared to contribute to a lack of referrals: One was that initially, upon recommendation of the FFP trainer, FFT and Wraparound aftercare services were only offered as voluntary services upon referral from a FFP probation officer; another was a low caseload on the IRIS unit. The strategy of voluntary aftercare services upon referral from probation resulted in inadequate referrals and insufficient caseloads for FFT and Wraparound staff, extending how long it took for them to gain and maintain proficiency in these EBPs. In order to take advantage of these valuable aftercare services and keep staff active in the practices, Wraparound and FFT were offered to non-IRIS youth leaving the facility.

Because referrals to aftercare were low, County Probation and County Behavioral Health reconsidered how to increase referrals for FFT and Wraparound by changing the referral process. It was decided that, having already been identified as needing behavioral health services by virtue of being in the IRIS program, all IRIS youth, with few exceptions, would be required to participate in either Wraparound or FFT after release from the YTEC facility. This change in process was implemented in Year 3 so it did not have a large impact on the data presented in this report. However, it's suspected that this increased intensity of behavioral health after care services will benefit youth and reduce recidivism.

The second factor that affected aftercare referrals was the overall low number of youth in the facility. The overall population in the YTEC facility was greatly reduced as fewer youth were ordered to placement in the facility, a decrease which is likely related to statewide congregate care reform. The census was one third usual capacity. Over time, the number of IRIS youth in the facility decreased. By December of 2017 there were only 5 youth in the IRIS Program and IOTA Unit, only 3 of which were attending school full-time. Given the very low population, Riverside County Office of Education (RCOE) decided that it could no longer dedicate a full-time teacher and aid to the IOTA Unit, and Probation decided that they could no longer dedicate 8 full-time staff to maintaining the unit. This led Probation and Behavioral Health to explore why there were less youth meeting criteria for the IRIS program. It was concluded that the main contributing factors were that less youth were being ordered to YTEC, and that the criteria to admit a youth on the IRIS Unit was too rigid. Behavioral Health and Probation then had a series of meetings to decide how to modify the IRIS admission criteria and concluded that youth who were ordered to receive sex offender treatment, and youth who had significant substance use histories, who also met criteria for WIC 5600.3(a).

Executive Summary Continued

➤ **Problems/Barriers Faced and How They were Addressed, Cont.**

Challenges with Referrals for Aftercare Services, Cont.

would now be included in the IRIS program. Youth from other units who met the new criteria were moved to the IOTA Unit. This not only preserved the IOTA Unit for the IRIS program, but also enabled RCOE and Probation to save some of their staff resources by closing another unit. Expanding the criteria led to an increase in the number of IRIS youth from 5 to 17 by the end of March 2018. Soon thereafter, over 20 youth were in the IRIS program. Since the unit could only house 20 youth, the IRIS youth who were high school graduates were moved to another unit where they continued to receive IRIS services, thus expanding services to more youth.

➤ **What unintended outcomes (positive and/or negative) were produced?**

Behavioral Health was able to hire enough FFT and Wraparound staff to offer those services to all youth who are re-entering the community from the YTEC facility, not just those in the IRIS program. In addition, while the IRIS program, due to cost restraints, only served boys, now these after care services are available to girls as well.

Another unintended outcome was that, due to the change we made in the IRIS criteria, the number of youth in IRIS has significantly increased to the point that IRIS youth not only fill the IOTA Unit, but we have an overflow of IOTA youth on other units as well.

An additional positive outcome was the extension of services to youth on probation before any detention facility placement.

➤ **Were there any lessons learned?**

Among many lessons learned, Probation and Behavioral Health learned the following:

- We learned that it takes at least a year for staff to learn multiple evidence-based practices (in our case, TF-CBT, Seeking Safety, ART, and MRT in the facility) and to implement them comfortably and effectively. Staff needed small caseloads to start with to have more time to prepare for sessions and consult/debrief after sessions.
- We did not have enhanced aftercare fully operational for a few youth who completed the institutional portion of IRIS. We learned that providing them an array of evidence-based practices in the facility, and continuing close involvement with the youth and family at discharge was challenging. Youth often did not want to continue services once released from the facility.
- We learned that most IRIS youth who recidivate did so due to drug/alcohol related charges. For youth with serious substance use problems we learned that we needed to work closely with youth on these issues, refer them to regular substance use counseling, provide consistent follow-up on the counseling, and work with them on implementing pro-social activities at home and in the community.
- Most youth that were released from YTEC were 18 or almost 18 years old and had received extensive services prior to being ordered to YTEC and therefore were less receptive to participating in FFT and Wraparound. Therefore, FFP became the primary aftercare service for many of these youth because it is a supervision model and the youth had to be supervised.

Project Description

The Intensive Re-Integration Services, or IRIS program, is designed to serve youth with the most significant mental illness who are also juvenile offenders. IRIS has several phases with the first phase focusing on intensive, individualized treatment in a secure setting. The target population for this program was male youth 15 to 20 years old who meet WIC 5600.3(a) placed in the County Youth Treatment and Education Center-YTEC (formerly known as the Youthful Offender Program). YTEC is a secure Probation Department facility where detained youth receive mental health treatment, educational opportunities, and re-integrations services. The IRIS program was intended to serve a medium to high risk youth from the YTEC population on a designated unit.

During the first phase, youth received a package of services on the YTEC IRIS unit. The several Evidence-Based Practices (EBPs) offered included Aggression Replacement Training (ART), Moral Reconciliation Therapy (MRT), and Seeking Safety. Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT) was also offered for youth with a history of trauma. As well, the youth received individual/crisis sessions, family therapy, and psychiatric services as needed. The second phase focused on preparing youth for a successful transition out of the secure setting and back into the community. The youth were provided individualized community re-entry planning, typically beginning two months before a youth's projected community re-entry. This was intended to help the youth and their family (or guardians) navigate the youth's successful return to a community setting and improve the functioning of the family unit. During the third and final phase of the IRIS program, youth released from YTEC re-integrate into the community. Youth re-entering were intended to be engaged in either FFT or Wraparound with behavioral health staff as well as receive Functional Family Probation Supervision (FFP) from probation staff, a community supervision model that is also an EBP. This third phase of the program focused on supporting the youth in maintaining their gains from the first two phases, as well as being able to remain stable in the community, and becoming a positive, contributing member of the community. Overall, the goal of IRIS was to provide a full-scope package of behavioral health treatment services individualized to the needs of each youth served, resulting in improved individual, family, and community functioning, and as a result, a substantial reduction in recidivism.

Project Description, cont.

IRIS Project Goals

This project intended to collaboratively implement a multi-level—in-custody and post-release intensive service program— for juveniles with mental health needs who met WIC 5600.3(a) criteria detained in Riverside County’s Youth Treatment and Education Center (YTEC) that would be self-sustaining by the fourth year of implementation. The main goal of IRIS was to help these youth to reduce recidivism, increase stability and achieve successful re-entry into the community.

IRIS Project Objectives

1. The IRIS program expected to serve approximately 20 youth per year by implementing a three phase intensive service program with an array of evidenced – based practices tailored to their needs.
2. Train 6 staff in an array of evidenced-based practices to include; Aggression Replacement Therapy (ART), Moral Reconciliation Therapy (MRT), Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), Seeking Safety, Functional Family Therapy (FFT) and Wraparound; with 2 staff certified as “Train the Trainer” for MRT and ART and 2 staff trained supervisor in TF-CBT and 1 for FFT.
3. Reduce externalizing behaviors (aggression, anger) of IRIS youth.
4. Improve youth problem solving skills and develop pro-social patterns of reasoning.
5. Reduce recidivism rates of youth participating in the program by providing a series of EBP treatment programming individualized to each youth’s needs. Recidivism will be defined as a subsequent criminal adjudication while on probation supervision. (Of those terminated or closed from a juvenile grant of probation in a given time period, a count of how many youth had new true findings/law convictions during their time under supervision.)
6. Reduce symptoms associated with trauma for youth identified as needing TF-CBT or Seeking Safety.
7. Decrease substance use in youth identified as having substance use issues.
8. Upon release IRIS youth would maintain stable housing (reductions in homelessness and/or out of home placements).
9. Increase school re-enrollment and attendance for IRIS post-release youth required to attend school.
10. Upon release IRIS youth not required to attend school would obtain employment, volunteer in the community, or participate in a paid internship opportunity.

Research Design and Data Collection

Process Evaluation

The process evaluation sought to determine the extent to which staff were trained in the EBPs intended to be offered to youth, the numbers of referrals for screening that were made, number eligible, and what EBPs each enrolled youth received. All screened clients were recorded in a spreadsheet and the progress through program components was logged in the spreadsheet and in custom forms within the electronic health record. In addition, staff were interviewed regarding program implementation challenges and successes.

Process measures collected about program staff:

- *Training Records*
Participation and completion of training in each evidenced-based practice was documented to ensure staff are properly trained to provide the EBPs.
- *Fidelity Monitoring*
For each EBP model, fidelity monitoring practices were used by supervisors and EBP trainers.

Process measures collected about potential and enrolled participants:

- *Screenings and Referrals*
IRIS staff tracked all who were screened for eligibility into the program. Referral and screening dates were recorded, as was, for those found eligible, the date of enrollment into the IRIS program.
- *Assessments*
Riverside County's electronic record systems were utilized to document probation, psychological, and psychiatric assessments for all IRIS youth served. Data was queried from the electronic health record to report on the number of IRIS youth receiving these assessment services.
- *Phases and Participation in Evidenced-Based Practices (EBP)*
Documentation of participation in each IRIS phase and EBP service occurred through the County electronic record systems via custom designed forms to record the start and end of each phase in the program, the treatment modalities completed within each phase, and whether or not the youth successfully transitioned to the next phase of the IRIS multi-level program. Data was queried from the electronic health records to report on completion of phases of services, and completion of EBP modalities. EBP embedded documentation systems were to be used for FFT and FFP.
- *Documentation of Additional Services*
In addition, service documentation of behavioral health services was recorded in the County electronic health record system. The client level service data collected made it possible to track the flow and completion of participants through the multiple levels of the program, as well as the hours of service received.

Research Design and Data Collection

Outcome Evaluation

As shown in the table below, the outcome evaluation assessed changes on indicators linked to the program’s objectives. When possible, measurement values were compared before and after program participation. Although tests for statistical significance were proposed in the Local Evaluation Plan, delays in implementation led to a smaller than expected number served. In addition, staff encountered challenges collecting follow-up measures. The smaller number of those with pre– and post– data rendered finding statistically significant differences challenging. Where appropriate, graphical representations of participants with pre and post test scores are presented and interpreted.

The following were used to measure outcomes.

- *Youth Outcomes Questionnaire (Y-OQ)* was administered at entry into IRIS, release from YTEC, and at the conclusion of post release services. Few Y-OQs were collected at this last follow-up time point, so the scores at release were used for comparison purposes.
- *Anger Questionnaire (AQ)* and *How I Think (HIT)* questionnaires were administered at the beginning of ART and the conclusion of ART .
- *UCLA Post-Traumatic Stress Disorder -Reaction Index (UCLA PTSD RI)* before and after completion of TF-CBT treatment.
- Housing, school attendance, and employment data were collected by staff and recorded in customized forms in the electronic health record.

There was some difficulty in consistently administering and collecting outcome measures. Notably, very few PTSD-RI measures were collected. In addition, a good number of AQ and HIT forms were considered invalid according to validity scores on those instruments. Invalid scores were excluded from analysis. Further, the substance use objective was not examined with any measures. Although reducing substance use was an objective initially, when implemented, the program did not target youth with serious substance use issues. Because of this, measures were not used systematically. Later, admission criteria was changed and more youth with substance use issues were served. Although this objective was not examined formally, staff did share their impression of the impact of substance use recidivism.

Objectives and Related Indicators, Measures, and Analysis

IRIS Objective	Indicator	Measures	Analysis
Reduce externalizing behaviors (aggression, anger) of IRIS youth.	Number and percent of youth that show reductions in externalizing behaviors.	Anger Questionnaire (AQ) Youth Outcomes Questionnaire (Y-OQ) externalizing behavior	Examined differences between AQ scores before and after participating in ART. Compared the Y-OQ externalizing behavior subscale score at intake with the score at release.
Improve youth problem solving skills and development pro-social patterns of reasoning.	Number and percent of IRIS youth that show improved youth problem solving skills and pro-social patterns of reasoning	How I Think (HIT) questionnaire and. Youth Outcomes Questionnaire (Y-OQ) total scores and Y-OQ Interpersonal subscale	Examined differences between HIT scores before and after participating in ART. Compared Y-OQ Interpersonal subscale and Y-OQ Total Score at intake with the scores at release.

Research Design and Data Collection, cont.

Objectives and Related Indicators, Measures, and Analysis, cont.

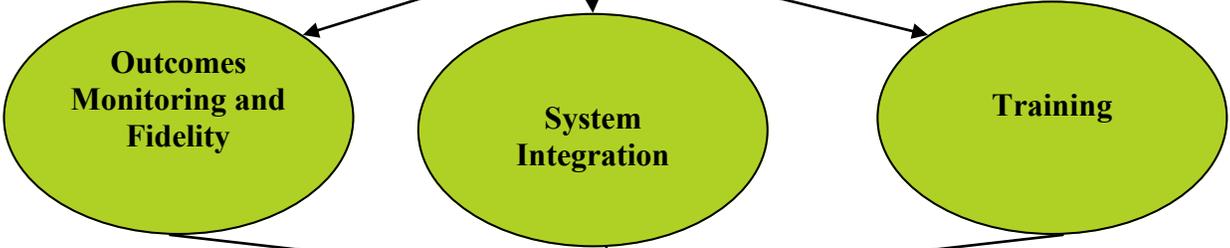
IRIS Project Objective	Indicator	Measures	Analysis
Reduce recidivism rates of youth participating in the program.	Number and percent of youth with a subsequent criminal adjudication while on probation or afterwards	Probation staff reported charges for new offenses of those released from the institution.	Examined rates of recidivism after release.
Reduce symptoms associated with trauma for youth identified as needing TF-CBT or Seeking Safety.	Number and percent of youth with decreases in trauma symptoms	UCLA Post-Traumatic Stress Disorder - Reaction Index (UCLA PTSD RI).	Pre to post difference tests were not possible because data was not collected. Fewer than 10 youth completed the EBP
Upon release IRIS youth will maintain stable housing (reductions in homelessness and/or out of home placements).	Number and percent of youth in stable housing 30 , 90 and 180 days post discharge. Number and percent of youth in an out of home placement at 30 90 and 180 days post discharge. Number and percent of youth reported as homeless anytime during post-discharge phase of the intervention.	Housing status data was documented in the electronic health record on a follow-up forms completed 30, 90, and 180 days after release from the facility	The number and percent of youth in stable housing, homeless, or in out of home placement post release was examined.
Increase school re-enrollment and attendance for IRIS post-release youth required to attend school.	Number and percent of youth reported as attending school during the post-release intervention phase	School attendance, progress toward graduation and educational plans were collected in the electronic health record upon release and upon discharge.	Data on attendance and progress toward graduation at upon release and at discharge phase provided information on educational outcomes.
Upon release IRIS youth not required to attend school will obtain employment, volunteer, or participate in a paid internship opportunity.	Number and percent of youth employed, volunteering, or in an internship during the post- release intervention phase	Employment status will be documented in the electronic health record upon discharge.	Examined the number and percent of youth employed, volunteering or in internships of those not required to attend school.

Logic Model



Riverside University Health System Behavioral Health Collaborative Partnership Strategic Committee

Inputs



Outputs



Intermedi-ate Outcomes



Project Outcomes



Results and Conclusions

Process Evaluation Results

Program Staff Development, Objective 2: Train 6 staff in an array of evidenced-based practices to include; Aggression Replacement Therapy (ART), Moral Reconation Therapy (MRT), Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), Seeking Safety, Functional Family Therapy and Wraparound; with 2 staff certified as “Train the Trainer” for MRT and ART and 2 staff trained supervisor in TF-CBT and 1 trained as a clinical supervisor/site supervisor for FFT.

As shown below, more than 6 staff were trained in each ART, MRT, TF-CBT, Seeking Safety, and FFT meeting this objective. Nearly 6 were trained in Wraparound. Due to low clinical staffing levels at YTEC, high caseloads at YTEC, and a low population of IRIS youth (until recently), the IRIS clinical therapists co-facilitated ART but were unable to accumulate sufficient group hours to qualify to become ART trainers. However, a therapist staff was retained who became a train the trainer in ART prior to the IRIS Program. In addition, two staff became train the trainers for MRT, one staff was trained as an FFT supervisor and two staff trained in TF-CBT advanced training for supervisors.

Training	Total # staff trained
ART	8
MRT	16
TF-CBT	8
Seeking Safety	7
FFT	9
Wraparound	5
Train the trainer for MRT	2
Train the trainer for ART	1
Trained Supervisors for TF-CBT	0
Trained Supervisor for FFT	1

One of the unintended consequences of the training was that we ended up providing MRT to two units (not just the youth in the IOTA/IRIS unit); and offering TF-CBT, Seeking Safety, Wraparound, and FFT on a voluntary basis to all youth at YTEC (not just the IOTA/IRIS unit).

Our therapists who were trained in ART, MRT, Seeking Safety, and TF-CBT said that it took them about a year to feel comfortable implementing four evidence-based practices. They said it was challenging but doable. It ended up being an advantage that our population was low during the first year as the therapists were learning the models.

A key aspect of maintaining the fidelity of the EBPs was that supervisors and senior clinical therapists were trained in the EBPs and in supervision of the EBPs. This led to enhanced monitoring of the fidelity of EBP's in individual and group supervision as well as in staff meetings. Additionally, staff trained in TF-CBT, FFT, and FFP received regular supervision from experts in the models for at least the first year of implementation, ensuring that therapists were given high-fidelity feedback as they were first practicing the models.

Results and Conclusions

Process Evaluation Results, cont.

Program Participants, Objective 1: The IRIS program expected to serve approximately 20 youth per year by implementing a three phase intensive service program with an array of evidenced –based practices tailored to their needs.

Screenings and Referrals

During the grant period, a total of 74 youth were screened for eligibility for IRIS and of these 51 enrolled into the program. Due to challenges previously described, the total number enrolled fell short of the objective to serve 20 youth a year, although that goal was reached by year 3.

Participant Characteristics

As shown below, nearly half of IRIS youth were 17 years old (47%) and nearly a quarter were 18 (23%). Nearly two thirds were Hispanic/Latino (63%).



As shown below, IRIS youth had many different diagnoses ranging from adjustment disorder to schizophrenia or other psychotic disorders. The largest proportion had a Unspecified mood [affective] disorder.

Diagnosis	# of Youth	% of Youth
Unspecified mood [affective] disorder	11	22%
ADHD	8	16%
Conduct Disorder	5	10%
Major Depression	5	10%
Adjustment Disorders	4	8%
PTSD	4	8%
Bipolar Disorder	3	6%
Impulse Control Disorder	3	6%
Schizophrenia or Other Psychotic Disorder	3	6%
Substance Use Disorder	2	4%
ODD	2	4%
Personality Disorder	1	2%

Results and Conclusions

Process Evaluation Results, cont.

Assessments

The Ohio Youth Assessment System (OYAS) was used to assess youth risk to reoffend. All but two enrolled youth were assessed with this instrument. As shown, at entry nearly a third were at high risk and nearly another third were judged to be at moderate to high risk to reoffend according to the OYAS.

	Total	%
Low risk level (0-11)	8	16%
Low/medium risk level (12-15)	9	18%
Moderate/high risk level (16-19)	16	31%
High risk (20 or higher)	16	31%
Not reported	2	4%
Grand Total	51	100%

Once enrolled, a total of 30 youth also received psychological assessment services.

Evidenced Based Practices in the Facility

During Phase One in the facility, all IRIS youth participated in Moral Reconciliation Therapy. Additional EBPs were also offered to youth. Eighty percent of IRIS youth (41) received Aggression Replacement Therapy, with 33 having completed the practice. Trauma-focused CBT was offered to 21 youth (41%). The practice is only appropriate for some youth so it was not anticipated to be as widely offered as the other practices implemented on the unit. However, only six of those in TF-CBT completed the entire treatment. This was due, in part, to youth being removed from the program prior to completing the treatment but also, because TF-CBT is voluntary, many youth chose to discontinue the practice before they started what is commonly known as the most difficult part of the therapy, i.e., the trauma narrative. However, fifteen completed the skill practice aspect of the treatment. Staff consider this a positive outcome because the skills practiced are very useful for youth as they encounter trauma reminders.

Results and Conclusions

Process Evaluation Results, cont.

Behavioral Health Services In and Out of the Facility

The number and type of services provided to youth while in the facility and after release was tracked using the electronic health care record, however it is suspected that staff sometimes failed to use the correct billing unit when tracking services. To show the types and intensity of behavioral health services provided to IRIS youth, services to all youth with a closed case was examined. As of June 30, 2018, 27 youth completed their participation in the IRIS program. The table below shows the average number of services and hours of services received by these youth. As shown, all received group mental health services, which is provided by unlicensed behavioral health staff. All also participated in individual therapy - a service provided by clinicians. Many were in groups lead by clinicians (81%) and many also received medication services with a physician (89%). As highlighted, on average, youth received more mental health group services (28.81 services for 57.61 hours on average) than any other type of service. As described above, IRIS youth were typically in ART during their time in the facility. Of note is that all three IRIS therapists in the facility were licensed by January of this year.

Services Received by Youth Who had Completed Participation, n=27

	# Youth	% of Closed Cases	Average # of services	Average hours of service
Medication Services	24	89%	8.04	4.16
Assessment Services	11	41%	1.27	2.87
Individual Mental Health Services	7	26%	6.71	12.93
Mental Health Group Services	27	100%	28.81	57.61
Individual Therapy	27	100%	24.07	25.54
Collateral Services	24	89%	5.00	6.95
Non Family Collateral	10	37%	2.90	2.59
Case Management	13	48%	12.08	22.50
Clinician Group	22	81%	8.55	19.27
Family Therapy	2	7%	3.00	4.58
Crisis	11	41%	1.91	1.53

After Care Behavioral Health Services and Expanded Services for Youth in Detention

Eight MIOCR clients received either Wraparound or FFT services after being released. In addition, 67 non-MIOCR clients received expanded access to services while residing in the institution.

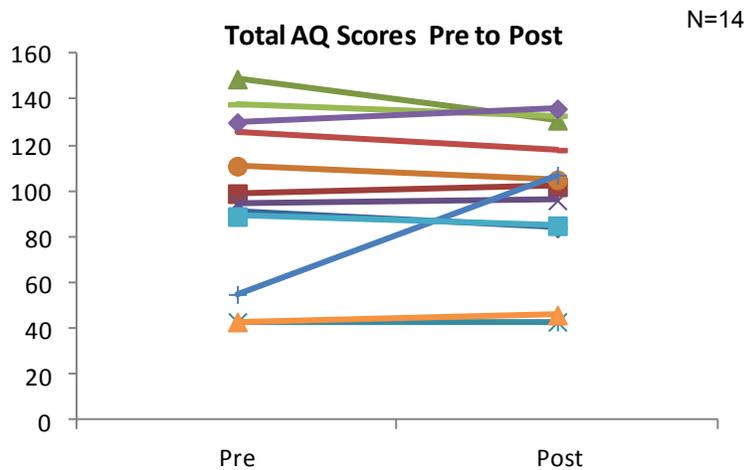
Results and Conclusions

Outcome Evaluation Results

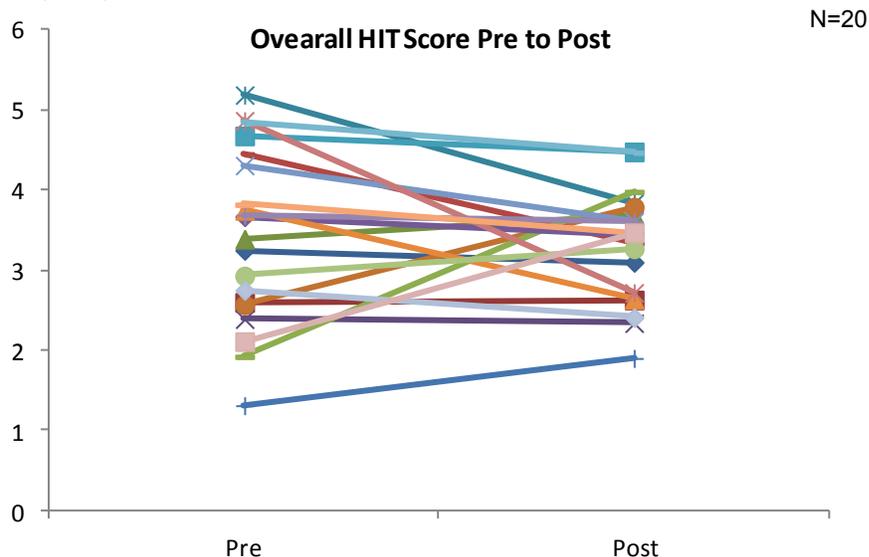
Analysis of each outcome objective relied on data collected by staff. Despite challenges to data collection, findings suggest improvements in functioning as described by each objective below.

Objectives 3 & 4: Reduce Externalizing and Behaviors and Improve Pro-social Skills and Reasoning

Several measures were examined to assess for improved functioning. The HIT and AQ were administered before and at the end of the Aggression Replacement Therapy (ART). For neither measure were there statistically significant differences in average scores before and after this practice. It is also possible that youth, in an eagerness to finish the activity quickly were not forthcoming in their answers (although the measures have been validated for use with a similar population). Because those mean differences were minor, graphs of all valid scores are presented (N=14).



The HIT is a measure intended to assess how youth think about a variety of interpersonal needs as well as anti-social acts and attitudes. As illustrated below, a graph of all valid scores (N=20) shows nearly all youth had lower scores at the end of ART.

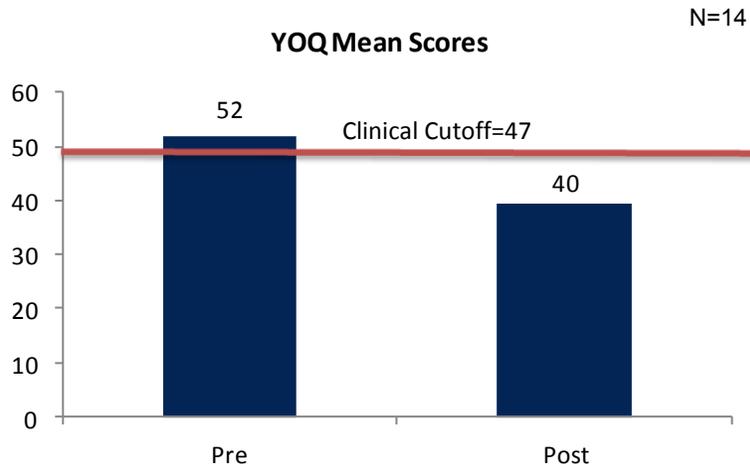


Results and Conclusions

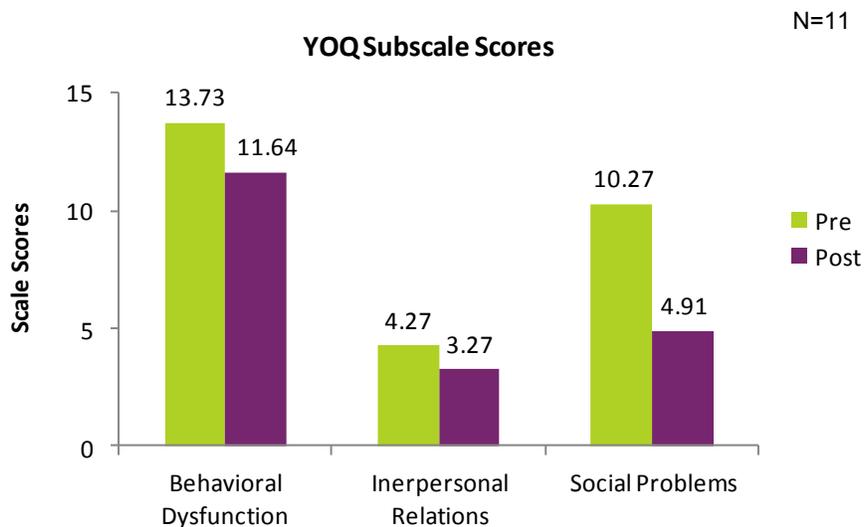
Outcome Evaluation Results, cont.

Objectives 3 & 4: Reduce Externalizing and Behaviors and Improve Pro-social Skills and Reasoning, cont.

Total Y-OQ scores were available to compare intake versus functioning at release for 14 of the 25 who had been released from the facility by June 30, 2018. This difference was statistically significant ($p < .05$) and, notably, the average score was above the clinical cut off before participating, the average score moved below the clinical cut off at the time of release.



As shown below, there were also reductions in behavioral dysfunction, interpersonal relationship problems and social problems as reflected in Y-OQ subscale scores. The reduction in social problems was statistically significant ($p < .05$).



Results and Conclusions

Outcome Evaluation Results, cont.

Objective 8: Upon release IRIS youth will maintain stable housing (reductions in homelessness and/or out of home placements).

IRIS youth housing circumstances were assessed 30, 90, and 180 days after release from the institution as available. We underestimated the challenge of knowing housing status for youth post-release, especially for youth no longer on probation/in aftercare services. Follow-up data was most complete for the 30 day follow-up, with data available for 24 of the 25 youth released for 30 days or more as of 6/30/2018. Data was available for 18 of the 21 released 90 days or more and data was available for 11 of the 18 youth released for 180 days or more. Preliminary findings are positive.

In the first four weeks post release 88% of youth had been living in a stable situation with a parent or caregiver most of the time. Three (12.5%) had been in a group home placement at some point during those 30 days and only 1 (4%) had been homeless at some point during this period. In the third month after release, most youth were living with a parent or caregiver most of the time (12, 67%). However, two youth spent most of this time in a correctional facility and three were homeless. Another two had been homeless at some point during the month, so a total of 5 (28%) had been homeless at some point in the third month after release. Of the 11 with a 180 day follow-up assessment, a little over half were usually living with a parent or caregiver (55%), 3 were in a correctional facility, and 2 were homeless in the sixth month after release. One additional youth had spent some time homeless, thus 28% had experienced homelessness at some point in the third month after release. None had been in out of home placement during the sixth month. It is not clear how representative the housing data of these youth is of the 18 released for 180 days or more, so these findings should be interpreted with caution.

Objective 9: Increase school re-enrollment and attendance for IRIS post-release youth required to attend school.

One objective of the project is that school attendance would improve with IRIS participation. This analysis had limitations for two reasons. First, most youth were in detention for many months prior to participating in IRIS so their level of school attendance in the community was unknown. Second, once youth returned to the community, staff had difficulty learning school attendance. Despite this limitation, some evidence suggests positive school outcomes for IRIS youth.

As of June 30, 2018, 25 IRIS youth had been released from the facility with some type of after care services. Of these, 19 had finished the IRIS program and 6 are were still in IRIS as of June 30, 2018. Upon release, 10 had graduated high school or had a GED. One of those youth enrolled in community college upon release. Of the other 15 still required to attend school, most planned to return to high school (13) and plans were not clear for two. At the time of release, 10 of the 15 required to attend school were making fair progress towards graduation, one was making good progress and one had poor progress. Progress in education was unknown for 3 of the 15.

Educational progress was also examined at the end of participation in the IRIS program. Of the 27 youth who finished participating in IRIS, only 9 were required to attend school. Two were not attending school in the community because they were in detention. The remaining 7 were attending school, with 3 making good progress, 1 making fair progress, and 3 making poor progress towards graduation.

Results and Conclusions

Outcome Evaluation Results, cont.

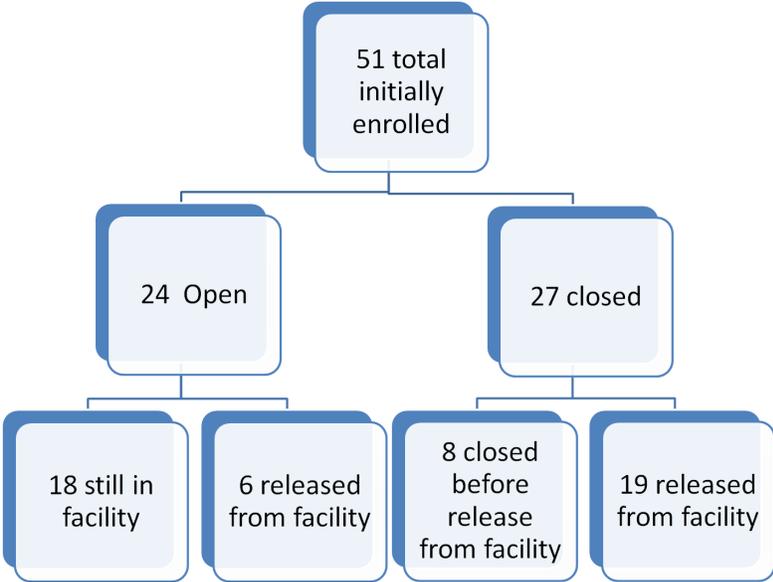
Objective 10: Upon release IRIS youth not required to attend school will obtain employment, volunteer, or participate in a paid internship opportunity.

It was hoped that youth not required to attend school would be employed, volunteering or in a paid internship at the time of their release and at close. However, of the 18 not required to attend school when their participation in IRIS had concluded, only 3 (17%) had paid employment and none had internships or volunteer positions.

Phase 3 and Release from the Facility

The figure below illustrates the release status of the cumulative total of 51 youth who had been enrolled in IRIS as of June 30, 2018. As shown, 24 were currently open, with 6 released. Of the six, one was in Wraparound and the rest were receiving FFP.

Of the 27 closed clients, eight had to leave the program due to violations or other issues prior to their release. Some of these youth remained in the facility, but were no longer participants in the IRIS unit programming. Of the other 19, seven were released before any aftercare services were in place due to delays in implementation described previously. The other 12 received some combination of Wraparound, FFT, and/or FFP.



Objective 5: Recidivism and Successful Completion

Criteria for determining successful completion of the IRIS program was initially defined as completion of the post-release intervention phase, no new law violations and a successful discharge from any after care services they participated in. Using this definition, 2 of the closed cases successfully completed the program including aftercare services. Because implementation of aftercare services was delayed, the definition of successful completion was expanded to include all youth who had no new law violations during the post-release period. Using this broader definition, there were 17 of the 19 who successfully completed IRIS, with only two youth having new charges post-release.

Results and Conclusion

Illustrative Examples of Successful IRIS youth

Each youth entering the IRIS program came with a unique set of personal, familial, and legal challenges and needs. The array of EBP offerings on the YTEC unit coupled with intensive individualized behavioral health, case management, and probation after care services allowed staff to engage youth to maximize the possibility of youth gaining emotional and behavioral regulation skills and supports to assist them in successfully re-entering the community. To illustrate how youth progress through services, several case examples are offered.

Case Study 1

One youth was a seventeen year old Hispanic male with a history of vehicle theft, aggression, depression, and the following diagnosis: adjustment disorder with disturbance of conduct, other conduct disorder, PTSD, and cannabis dependence.

When this youth arrived on the unit he struggled with the program due to family concerns for the mother of his children, his sisters, and separation issues from his two young children, yet he was committed to working hard in the program. He was able to set goals and engage regularly in individual mental health treatment. He also successfully completed MRT, ART, substance abuse group, and participated in TF-CBT. When he completed the institutional portion of the IRIS program, he was only 6 credits shy of receiving his high school diploma. His living situation was a concern from the beginning due to being a foster youth prior to turning eighteen. As part of his IRIS services team, his aftercare probation officer set him up with interviews for a residential program for transitional aged youth, called Safe House of the Desert, and he was accepted to the program.

Since leaving the IRIS-YTEC facility, this client has moved into the transitional living center, successfully completed his high school diploma requirements, obtained employment in construction, and recently signed a letter of intent to join the military. Client stated that his priority is to become financially independent in order to gain custody of his two small children.

Throughout the IRIS program, this youth worked hard at being successful in the program and only missed making his program average one week during his six month commitment. He has made significant progress in managing his anger and was able to explore and discuss traumatic events from his past and identify the connection between his trauma and substance use. Youth understands that staying sober, working, and becoming financially responsible will help him to reach his goals.

Case Study 2

One IRIS participant was an eighteen year old African American male with a history of assault by force, aggression, participating in criminal gangs, mood disorders and the following diagnosis: unspecified mood disorder, polysubstance abuse, and other psychoactive substance abuse.

When this youth first began working with aftercare he struggled with relapse and had 2 positive drug tests. The youth was directed to enroll in a substance abuse program to learn more skills to maintain sobriety.

Results and Conclusion

Illustrative Examples of Successful IRIS youth, cont.

Case Study 2, cont.

This youth was also not actively seeking gainful employment. With the encouragement and support of the wraparound team the youth was able to practice mock interviews and then participate in two interviews in his local community area. Also, to help the youth prepare for employment, the Wraparound team transported him to the California Department of Motor Vehicles so he could obtain an identification card.

Since participating in the Wraparound program, this youth has successfully completed his high school diploma requirements, graduated in May 2017. He also obtained employment at a carwash and began the process to enroll in a Community College. This youth stated that his priority was to play football and become a college graduate.

Case Study 3

This youth had access to guns and evidence indicated that he was planning in detail how to bring them to school and shoot people. He had difficulty connecting with his peers and felt neglected by his parents who went through an unfriendly divorce. He was court-ordered to the YTEC, where he participated in treatment for over six months. During this time he completed Aggression Replacement Training and Seeking Safety and participated in Moral Reconciliation Therapy and Family Therapy. When he completed the institutional portion of the program he returned home with his father and step-mother and was enrolled in a community school.

In aftercare, he and his family participated in Wraparound (which included a Probation officer trained in Functional Family Probation Supervision). The team noted that he was guarded at home and he self-isolated while his father and step-mother were fearful of him and did not demonstrate confident parenting. As the Wraparound team worked closely with the family and advocating for them, the youth made enough progress in school that he was able to transfer back to public school. He was also enrolled in an evening photography course. These activities helped him to be out of his room more, play less video games, and be somewhat more engaged with others. However, the youth continued to be guarded around his father and step-mother, and vice versa. The Wraparound team also noted that his lack of connection with his family was a risk factor for violence in the community. They referred the family to a FFT Therapist who was also part of the YTEC Aftercare program. The youth reluctantly agreed to participate. As the FFT therapist worked on engaging and motivating the family towards positive change, they initially were hesitant to open up about their concerns around each other. They would each reach out to the therapist and the Wraparound team separately to talk about their concerns. The FFT therapist brought this concern out in the open with the family and the family at first felt awkward and continued to be guarded. But the therapist followed the FFT model and was relentless with talking directly about the family's problems and challenges, and she provided behavior change interventions that helped the family to improve their communication, parenting, and decision-making together. As the family continued in Wraparound and FFT services, the youth, his father, and step-mother became more relaxed in meetings, communicated more openly with each other, and the step-mother reports that she no longer slept with "one eye open," concerned for the family's safety around the youth. The youth earned A's and B's in school and requested that Wraparound help him to find a job.