Determinants of Length of Stay in Utah's Juvenile Secure Care Facilities

Executive Summary

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This report summarizes the findings of the full report entitled: Determinants of Length of Stay in Utah's Juvenile Secure Care Facilities. Many of the details of the full report are necessarily omitted in this summary, and the reader is encouraged to review the full report for greater explanation of the findings.

Quantitative Summary

The quantitative section of the report examined outcomes for youths who exited JJS jurisdiction in the years 2008 to 2013 following a secure care placement. Outcomes indicated that youths in secure care had both extensive and serious delinquency histories. Nine of every 10 youths had a property offense history pre secure care, and almost three of every four had a person offense. Sexual assault offenses occurred in over one in 10 youths, as did non-violent sex (status) offenses. The average youth had 4.5 property offenses, and almost two each of person, alcohol and drug, public order and (other) status offenses. Almost 90% of the cohort had a felony charge pre secure care, and well over half (65.4%) had an offense severity of second degree felony or above.

Youths in this cohort tended toward early involvement with the legal system. The average age of first arrest was just under 13 years old. They also had PRA profiles that indicated high ratios of risk relative to protection on most of the PRA's domains. Having a history of neglect or abuse was rare relative to personal delinquency histories, but victimization histories may understate the problem because of the fact that capturing them partially depends on a third party reporting the victimization and formal charges being filed.

Given the historical factors revealed by the aforementioned analyses, predictive models of length of stay (LOS) in Utah's secure care facilities were next examined. Factors considered for inclusion were based on both theory (e.g., from past literature) and bivariate relationships in the present data. The relative infrequency of females in secure care, and their drastically different histories from males, made a gender invariant model impossible to fit. Models were considered for females only, but parameter estimates were highly unstable and the modeling process for females was jettisoned.

The modeling process turned to a male only model of factors predicting LOS. The number of youths available in this analysis was restricted to males with complete PRA version 1.05 assessments. The first model examined only secure care facility as a predictor of LOS. Irrespective of significance, the pattern considering pairwise comparisons indicated Southwest, Wasatch and Millcreek trended toward longer LOS than Decker Lake and Slate Canyon. A second model added additional predictor variables from delinquency history, PRA assessment outcomes, victimization history, and youth demographics in order to determine whether facility based differences in LOS were a function of the differing youths housed by each facility. A third model added post secure care start offenses. With respect to facility differences, controlling for youth factors and delinquency histories (whether pre secure care start only or pre and post secure care), three clusters emerge for LOS. Decker Lake and Slate Canyon (cluster 1) have consistently shorter lengths of stay than Mill Creek and Wasatch (cluster 2), which, in turn, have shorter

(though non-significant) lengths of stay than Southwest (cluster 3). Interpretation of the outcome is reserved, as the models do not allow one to place a value judgment on LOS at the facilities; (i.e., they cannot argue whether one facility's LOS is more appropriate than another), and the models do not control for all differences that are related to LOS but that were not available in the data (e.g., treatment progress, institutional behavior, or secure care staff attitudes).

With respect to other (i.e., non-facility) variables predicting LOS, the model including only pre secure care factors indicated that having a person offense, a more severe crime class for most serious offense, and greater risk on the PRA attitudes and behaviors risk score pre secure care were all predictive of longer LOS. Being older at first arrest and having an alcohol or drug offense pre secure care both predicted shorter LOS. When post secure care offenses were added to the model, the pattern of results changed notably. Having a non-violent sex offense became a significant predictor of longer LOS, but having a person offense pre secure care became non-significant. A more severe crime class for most serious offense and greater risk on the PRA attitudes and behaviors risk score pre secure care remained significant predictors of longer LOS, as were presence of a person offense or any offense post secure care. Only older age of first offense predicted shorter LOS in the final model. The final model explained the most variance in LOS (19.8%), but is less interpretable than the model including only pre secure care factors because post secure care factors are not known at the time the guideline is established.

Qualitative Summary

The qualitative section of the report provided analysis of surveys with case management and secure facility staff and interviews conducted with secure facility staff and YPA board members. The questions focused on five decision points that were surmised to impact LOS: (1) setting youths' initial guideline, (2) creating youths' treatment plan, (3) assessing youths' progress on the treatment plan, (4) deciding to parole youth, and (5) deciding to return youth to secure care.

Interviews with YPA staff indicated the process of setting a youth's initial guideline was perceived as objective and fair; however, it was also the case that the calculated guidelines were reported as sometimes being aggravated, but never mitigated, during the initial hearing. Despite the fact that mitigating circumstances are provided in the guideline matrix, staff were more likely to refer to aggravating factors when describing characteristics that influence the guideline. A portion of staff respondents cited the YPA's use of aggravating factors that are not part of the matrix to enhance the guideline. These included: attitude during the hearing, behavior in the facility, and progress and engagement with treatment.

All YPA members indicated that a primary purpose of the secure care environment is rehabilitative, but YPA members themselves indicated they were not actively part of the process of creating the treatment plans. While YPA members indicated they could make changes to the plan, they also indicated they rarely did, with the exception of emphasizing the goal of having youths complete a high school education while in the facility. Treatment plans were primarily identified by staff as being the responsibility of case managers (though 37% of case managers and 11% of secure facility staff identified the process as collaborative between the two groups). Treatment plans are derived from the PRA, which identifies targeted risks and needs.

For YPA hearings, JJS staff writes a report that summarizes youth's treatment progress since the last hearing. The report provides a rating in each of the youth's targeted treatment domains, and also makes a recommendation to the board as to whether or not the youth is ready for parole. YPA members depend almost entirely on these staff reports to determine treatment progress (the primary determinant of release given an established guideline). Coding of staff surveys indicated the assessment of treatment progress by staff was determined by behavior change, change in attitudes, internalization of the treatment plan, input from others, relationships, improved schoolwork, and lower assessed risk. Interestingly, only case managers (and no secure care staff) identified lower assessed risk as an indicator of treatment progress despite the fact that the treatment plan is based on the PRA risk assessment. In interviews, secure facility staff identified the PRA as a treatment planning tool; none endorsed its use as a way to measure treatment progress. Many staff did not perceive that the PRA added insight or dimension to the informal assessments they developed through time spent with the youth and in treatment team meetings.

Because YPA interviews and survey results both indicated that the primary factor in determining whether a youth was released from the facility was the attainment of Good or Excellent ratings on all of his or her treatment domains, the process for assigning ratings was further explored in interviews with secure facility staff. Ratings reported to the YPA are a function of collaboratively determined daily ratings, regular meetings and monthly reports. However, staff acknowledged that the process, while collaborative, was also subjective. Ratings lack formal guidelines for determining Poor, Fair, Good and Excellent in practice; conceptually, the ratings overlap (but only Good and Excellent qualify youth for parole); no formal definition exists for what duration ratings of Good and Excellent need to be maintained; and treatment progress is conflated (to varying degrees) with institutional behavior. While the YPA has the sole authority to release youth from secure facilities, in a practical sense, that decision is inexorably connected to the recommendations of staff upon whom the YPA depends for all information relevant to release.

Once released from secure care, youth enter trial community placements. Youth who do well on trial placements are paroled. Youth can be returned to secure care while on either trial placements (if struggling following the rules in the community placement, for example) or parole (for violations or new delinquent acts). The YPA indicated that case managers make rescission or revocation decisions, and provide recommendations for additional secure care stays.

Synthesis

The quantitative and qualitative components of the research project complement each other well in several respects. One of the notable findings from the quantitative component was that even the best fitting model explained only 19.8% of the variance in LOS, indicating that 80.2% remains unexplained by available CARE data. Theoretical considerations from the literature review suggested that treatment progress and institutional behavior are other important determinants of LOS. Though (at the time) data did not exist in the CARE database to address these issues within this cohort of youth, interviews with staff supported the hypotheses. YPA members and staff identified treatment progress as the key determinant of consideration for release. Statistical models are thus likely limited by the absence of treatment progress data, and it is likely the case that (1) the role of historical factors and delinquency histories would be notably

weaker in determining LOS if treatment progress and institutional behavior were also considered, and (2) a great deal of additional variance in LOS could be explained if these variables were available.

These hypotheses suggest that future research should include indicators of these factors. The CPT system now allows treatment progress to be recorded using the four-category (Poor, Fair, Good, Excellent) rating system, but, as the qualitative component of this study suggests, those ratings are not yet objective, documented and standardized metrics for assessing treatment progress. Statistical models cannot compensate for an unreliable measure, and to the extent that treatment progress ratings are unreliable (across ratings or facilities) and/or are subjective, the role of treatment progress in LOS cannot be adequately understood.

Theoretically, LOS in an indeterminate system would be a combination of only two (broadly defined) factors: the guideline (which incorporates delinquency history) and treatment progress. The quantitative component of this study indicated that the relationship between the guideline and actual LOS was relatively weak. It was discussed that this was not necessarily disconcerting, however, because of Utah's indeterminate sentencing structure; release is dependent on treatment progress, which cannot be predicted in advance. However, because both staff and the YPA consider the guideline the minimum LOS, and because factors do not exist to reduce LOS below the minimum guideline, the guidelines do not effectively serve their intended purpose. Without taking into account the typical range of time youth with similar histories take to demonstrate rehabilitation, the guidelines will continue to be inaccurate, and will serve instead to set only a lower-bound for LOS. A conundrum exists, however, in the fact that treatment progress, currently, is ill-defined and is, therefore, of little practical use in refining estimates of LOS.

A logical first step to improve LOS estimates is to document and standardize the assessment of treatment progress. This could be achieved, in part, by reassessing youth regularly on the standardized, objective tool already available, the PRA (the assessment on which the treatment plans are based). The quantitative section of the report indicated that the PRA is administered every 141 days on average for the period between secure care start and YPA jurisdictional termination. Well within the JJS policy for reassessment (180 days), this frequent reassessment provides the ideal opportunity to consider the PRA at every progress hearing, but that does not appear to occur in current practice. In staff surveys, only 14% of staff (22% of case managers and 0% of secure care staff) identified lower assessed risk as an important factor in determining treatment progress.

The quantitative component of this report examined change scores (item, domain and total) from the PRA as predictors of LOS in the modeling process. None of these were included in the final model, however, because none of them were significant in the bivariate relationships. Analysis of these change scores as predictors of LOS is a crude method of assessing the relationship (i.e., it does not account for the fact that different youth have different identified, domain-specific treatment needs and might, therefore, only be expected to make progress on relevant domains); however, the fact that none of the change scores predicted variation in LOS does suggest that measurable changes in risk and needs are not being translated into LOS or release decisions in an effective manner. The degree to which the PRA is sensitive as an assessment of treatment efficacy is an empirical question. If it is, its implementation as a formal treatment progress

assessment tool would accomplish two important goals: (1) it would provide an objective measure of treatment progress in accordance with Utah's indeterminate sentencing structure, and (2) it would reduce the conflation of (i.e., the unintentional combination of the two concepts as one) poor institutional behaviors and lack of treatment progress. Conflating institutional behavior with rehabilitative progress is a concern to the validity of an indeterminate sentencing structure. This statement is not meant to undermine the extreme importance of managing behavior in order to ensure the safety of staff and resident youth, and in order to allow an environment conducive to rehabilitation. However, treatment progress and institutional behavior should also not be treated as a single construct. Treatment progress is criminogenic, and speaks to the rehabilitation of a youth and his or her ability to be reintegrated into society; favorable institutional behavior is specific to the unique context of the secure care environment, and is not an indicator of rehabilitation targeting specific needs.

The role of the YPA could also be enhanced in an effort to improve the objective determination of LOS. Interviews with YPA members indicated they identify one of their primary responsibilities as oversight (i.e., to make sure JJS does what it says it will do, to make sure rights of both youth and the community are protected). A portion of staff also endorsed this view (i.e., that the YPA members provide accountability for JJS staff). This role is compromised, however, by the YPA's acknowledged, heavy reliance on staff opinion. While not universally true, many YPA members lack formal, advanced training on evidence-based practices in juvenile justice. Because of that lack of formal training, compared to secure care staff, YPA members are (both objectively and by their own account) less prepared to form an unbiased opinion about appropriate treatment targets, standardized definitions of progress, or the possible iatrogenic effects of secure placements. Much of their independent role in determining release is, inadvertently, circumvented by their reliance on the opinions of relatively more experienced staff. Indeed, the review of the Illinois' Juvenile Justice System indicated a similar lack of formal training for parole board members was a serious threat to the indeterminate sentencing system in that state (Illinois Juvenile Justice Commission Youth Reentry Improvement Report, 2011). The report concluded:

> The state must therefore develop heightened qualifications for PRB members who will handle youth caseloads and meaningful measures to identify and retain qualified Board members. Youth-appropriate qualifications must be demonstrable prior to hearing a juvenile parole case, not acquired on the job or "as a result" of hearing youth cases, as is currently the situation. PRB members must also receive advanced, on-going professional development and training. (p. 25)

The need for additional training on the factors that are relevant to LOS and release decisions also exists among Utah's secure care staff. Interviews and surveys indicated that staff decisions tended to rely exclusively on professional judgment without input from standardized assessments; this tendency may or may not align with evidence-based practices. Because they are the primary individuals advising the YPA regarding release decisions, it is important that the YPA be formally trained to interpret their recommendations, but also that secure care staff receive similar training in evidence-based practices. While it is beyond the scope of this report to address whether secure care staff training with respect to drafting reports impacting release

decisions is adequate, this report can comment on the perceptions among staff about the adequacy of the training. One staff member summarized the issue:

> We need a training department that can teach a core curriculum that addresses the behavior cycle, beliefs and [the] skill building piece. We also need clinicians that can understand our concept of risk is more than trauma, neglect and abuse; it is about recidivism.

Summary Points

Moving forward, three recommendations might help address the lack of concordance between LOS guidelines and actual LOS, and the subsequent impact discrepancies between the two have on accurately defining LOS as a meaningful metric of rehabilitation:

(1) The process of determining LOS guidelines may benefit from reexamination. Guidelines may align more closely with actual LOS if they were adjusted to account for observed variation in the rate of achieving rehabilitative goals among similar secure care youth. As they exist, they represent only a lower-bound on LOS, and have limited utility for determining actual LOS or release. Even with revision of LOS guidelines to incorporate expected duration of measureable treatment progress, however, the perceived purpose of guidelines may need to be universally redefined. Rather than serving as a lower or upper-bound, guidelines should be interpreted as an expected range around which individual youth can and will vary (but in both directions).

(2) A plan for transitioning to documented and objective standards for defining treatment progress should be considered. This second goal, which is not independent of the first, could be accomplished, at least in part, by adoption of the PRA by facility staff and the YPA as an objective measure of treatment progress (pending validation of its sensitivity to change in the secure care environment). Professional judgment should still be considered an important part of the process, but that judgment would have a more objective, standardized foundation from which it could be drawn.

(3) YPA board members might also benefit from additional training that facilitates the role of providing oversight of the JJS secure care release process. While the YPA would not necessarily benefit from training on implementation of the PRA, training that facilitated their understanding of its utility, and its usefulness as a treatment progress monitoring tool, might prove beneficial. This training might also focus on providing them with the tools to make a more informed and truly collaborative assessment of rehabilitative progress, including training on risk, needs and responsivity factors in general. Such training might also be extended to secure care staff, though the adequacy of current training is not estimable based on the results of this study.