

## Evidence of Better Practice in Louisiana's Juvenile Justice System

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In 2010, Sarah, a 14-year-old living in Caddo Parish in northwestern Louisiana, set fire to a storage building, causing more than \$8,000 in damages. (Her name has been changed here to protect her identity.) No one was injured. She was arrested two days later and confessed.



Had she committed the same crime five years earlier, she would have probably spent anywhere from a few days to a few weeks in detention before coming before a judge. She would have been housed in a facility that mixed low risk and high risk offenders, a practice known to create a larger pool of high risk offenders. Given

the seriousness of the offense, she would have been sentenced to a term of incarceration, ranging from six months to three years. Separated from her family, school, friends, and community, her prospects for the future would have been grim, and the same could be said for any male teenager who had committed the same crime. Sarah would have been given a head start toward the women's prison at St. Gabriel. Her male counterpart would have been given a shove toward the Louisiana State Penitentiary, also known as Angola.

That's not what happened. The state, that not long ago was a recognized for its system's failing in juvenile justice, is now a national leader in reform. Although still in the midst of improvements, juveniles in the system today are more likely to leave with the course of their lives having changed for the better.

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It might be argued that, in the field of juvenile justice, Louisiana had built a system but failed to formulate it around the unique needs of youth. In the 1990s, the state, carved into parishes, not counties, had the highest rate of juvenile incarceration in the nation. In 1998, the New York Times highlighted the cruel management of juveniles housed at the Tallulah facility, and the following year, the Department of Justice sued the state, spurred by a DOJ investigation that found youthful offenders subjected to "serious, systemic, and, in certain cases, life-threatening, harm" at all four state juvenile facilities at the time.

In the years 2003-2005, the state instituted sweeping administrative changes in a serious effort at reform, reducing juvenile secure-care facility populations, expanding prevention and diversion services in local jurisdictions, and closing the facility in Tallulah. As the number of incarcerated juveniles fell from 2,000 to 500, community-based intervention programs rose in importance, accompanied by the realization that

much of what the state had been doing in existing programs could be harmful, possibly have no effect, or, at best, had never documented outcomes.

In 2006, the John D. and Catherine T. MacArthur Foundation, impressed by the possibility of widespread reform, chose Louisiana as one of four sites for its Models for Change (MFC) program (Illinois, Washington, and Pennsylvania were also chosen). The MFC sites work within existing juvenile systems to encourage the adoption of evidenced based practices – intervention programs that can show improved outcomes based on hard data.

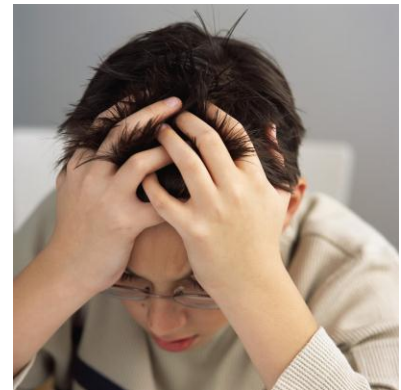
The Louisiana MFC reform initiative, now anchored at the Institute of Public Health and Justice (IPHJ) under the leadership of Dr. Debra DePrato, began in nine of the state's 64 parishes. When those nine sites were chosen, non-evidenced based practices were common. Some young offenders were being sent to a farm work program, others to unregulated individual therapy

programs, and still others to church-run programs. All may have been well intended, but none were designed to address specific offender needs or behavioral problems. Most of the programs could produce nothing more than anecdotal accounts of what their leaders perceived as positive outcomes. In a recent interview, John Ryals, the Evaluation Treatment Supervisor for the Jefferson Parish Department of Juvenile Services, recalled that the Jefferson Parish Coroner sponsored an Empathy Awareness program that culminated with participants viewing a cadaver after an autopsy, a program for which there was no outcome data. One juvenile justice official in northeastern Louisiana describes an “Adolescents at Risk” program that brought teenagers on tours of the notorious Angola prison, in hopes of shocking them into better behavior by exposing them to adult inmates. Another juvenile court authority recalled that a team comprised of a judge, prosecutor, and public defender paid regular visits to area schools, showing the students the underwear, jumpsuits, and shackles that were common prison attire in an attempt to frighten them onto the path of the straight and narrow. Similar Scared-Straight-style programs and boot camp style interventions, known nationally to be either harmful or to have little or no effect on deterring crime, flourished across the state, while juvenile dockets swelled and incarceration numbers climbed.

In a recent interview, Fourth Judicial District prosecutor John Sanders recalled that his office had let its diversion program go adrift. The district attorney’s diversion staff monitored school attendance, visited juveniles at their homes, and did preventative programs in libraries. The Ouachita and Morehouse Parish youths who’d been arrested, Sanders said, “might occasionally get referred to a community program, but there was usually not much rhyme or reason involved. It could be counseling, substance abuse, etc., but there was no way to make sure the program fit the child.”

“About five or six years ago,” Sanders said, “we realized our diversion program had taken on life of its own. We didn’t really understand where kids were being sent by our diversion staff; we had little internal accounting; we rarely got feedback about the kid once he was placed; much of the time, we didn’t know if he finished. We had various local programs that had not been vetted by anyone. It was just ‘Hey, I do counseling.’ ‘Okay, we’ll send kids there.’” Sanders recalls having serious conversations with his boss about it and asking, “Are we doing any good?” The answer was, “It’s hard to say. We don’t have any numbers to back it up.”

With the support of his boss, Assistant District Attorney Sanders began looking for alternatives. He’d been reading national district attorney publications regularly, but



he’d not heard of evidenced based practices until he sat in on a presentation by Stephen Phillippi, a member of the faculty of the Institute for Public Health and Justice and a professor in the Behavioral and Community Health Sciences program at Louisiana State University. Once Sanders understood what those practices were and that outcomes could be measured, he and his colleagues became converts. “Everyone realized that this is where we needed to be, that we need to be accountable for every kid coming into our system,” Sanders said. “And we realized the advantages of being able to say we made a decision to send him there because of this particular reason,” reasons which new evidenced based screening tools would identify.

A range of evidenced based practices, now up and running in the MFC’s nine parishes, deal with everything from how children are processed, whether they are detained, what treatment they

receive, how quickly they receive it, how long it lasts, and where it takes place. Some of the evidenced-based programs use various forms of therapy to change family dynamics and/or individual behavior and perceptions. Of those now deployed in the nine parishes, four are the most popular:

- **Functional Family Therapy** is designed to address a broad range of problems, including substance abuse, conduct disorders, oppositional defiant disorders, and the use of violence. It focuses on family relations and communication at home, and uses the juvenile's strengths as a motivation for change.
- **Multisystemic Therapy** targets chronic, violent, and substance-abusing delinquents at high risk of being removed from the home. It focuses on changing behavior in the context of the youth's

entire environment – at home, at school, with peers, and in the community.

- **Motivational Interviewing** is designed to alter alcohol, drug abuse, and other problem behaviors by addressing an individual's ambivalence to change and by reducing resistance to the targeted changes necessary to achieve the individual's goals. The therapy works on increasing acceptance of needed interventions, which leads in turn to high rates of retention and high rates of positive outcomes as well.
- **Cognitive Behavior Therapy** is designed to increase positive adaptive behaviors as a way of dealing with behavioral and emotional problems. It targets thinking patterns, teaches skills, reinforces good behavior, and builds on successes in improving one targeted behavior in order to resolve other problems and issues.

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**Sarah, the young arsonist arrested in Caddo Parish in 2010, had no prior arrest record, and screening tests indicated that she qualified for diversion, so she was not sent to the detention center. Interviews established that she was an only child being raised by a single mother who worked nights. The judge sentenced her to pay restitution and to complete treatment to address her delinquent behaviors.**

**Screening tools used by the local probation office helped to identify specific risks and needs that, if addressed, would reduce the likelihood that Sarah would reoffend and end up in a detention center or juvenile prison. The tools indicated that intensive Multisystemic Therapy would help, and Sarah and her mother agreed to participate.**

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Evidenced based practices are commonly aimed at the delinquent's home life, behavior, or whether he or she has abused substances, but timely access to those practices is crucial. A long lag time between arrest and referral to services increases the likelihood that juveniles like Sarah

reoffend in the interim and thereby become ineligible for the very diversion services they need.

When MFC was established in Louisiana, system leaders and providers in the nine parishes had made limited progress in trimming those response times. In Calcasieu Parish in 2007, for example, an average of 52 days passed between arrest and placement, according to Dane Bolin, Director of the Calcasieu Parish Office of Juvenile Justice Services.

Starting in 2008, Calcasieu parish officials, providers, and advocates set out to streamline the process, and in July, 2011, the 23-member planning board opened the Multi-Agency Resource Center (MARC), a single building that houses assessment, referral, and service providers. Today, arrested juveniles who qualify for diversion are brought, not to a police station, but

to the MARC. Evidenced based screening tools then determine what each child needs as well as the likelihood of re-offense. The offender's family can be in and out of the building, armed with a service plan, in less than two hours, and services might start as soon as the next day. With many of the child-serving agencies located in one central facility, families no longer have to travel to multiple sites or to other towns and cities, as they did previously, in order to participate in programs.

Before that procedure was streamlined, parish police would have been tied up for hours watching the youth in the station or lockup while searching for a family member or responsible adult to take the child home. "Our goal now," Bolin says, "is to have the arresting officers back on the street, doing what they're good at, in 12 minutes."

In the days before Models for Change arrived in Louisiana, juvenile justice administrators in most parts of the state failed to recognize that detaining low risk children was harmful and that detaining low risk children with high risk children simply created a larger pool of kids who would likely become high risk through learned behavior. In most parishes, detention centers were packed. The detainees were often there for little more than normal, albeit not desirable, teenage behavior that had somehow been criminalized. Little effort was made to weed out those who didn't need to appear before a judge.



Fourth District Judge Sharon Marchman, who presided over the Ouachita and Morehouse Parish juveniles who'd been charged by Assistant District Attorney Sanders, recalled those pre-MfC days in an interview,

"Everything came to court, every minor charge, every disturbing of the peace, every truant, every runaway. We would get 20 kids for school fights.

So we had a huge docket." The local detention facility was packed. "Every day," the judge said, "I was looking at the list [of youthful offenders] to try to see who I could release in order to put someone else in. We were over capacity many times."

"We realized that the best way for youth to access services was unfortunately through the court system, and we knew that wasn't right. We had this sense that what we were doing wasn't working. It is not that we didn't mean well, we just didn't know why we weren't being successful."

Today, evidenced-based screening tools are used to determine what each offender who qualifies for diversion might need. "Before if a first-time offender committed a burglary, he or she might go right to the detention center," Judge Patricia Koch, whose Ninth Judicial District covers Rapides parish, said in an interview. "They might sit there for days on end. Now they don't go to the detention center at all, or if they do, it is for a matter of hours. There are some alternatives – they are released to their parents or they might be put on electronic monitoring, and services begin. This is a change from having kids sitting in the detention center with a population that will lead them down the wrong path. Instead, someone starts talking to their family and trying to figure out if it is criminal behavior; is it a mental health issue; is the kid in special ed; does the mother have mental health issues; is the offender using drugs; or have they ever been treated for substance abuse?" The answers to the screening questions now guide the jurisdiction's response.

In their separate districts, Judges Koch and Marchman have seen a dramatic drop in the juvenile caseload as a result of referrals to evidence-based interventions. Koch estimated that the number of juveniles who come to her courtroom has fallen by 60 percent. Marchman estimated that her caseload declined about 40 percent. As a result of the intervention programs in her district, Marchman said, the average time for those sent to the detention center has dropped

from 12 days to about 8. According to Marchman, the detention center – often at capacity just a few years ago -- now rents space to other jurisdictions, providing a new income source to the two parishes that operate the institution.

In Calcasieu Parish, Dane Bolin estimates that only one percent of misdemeanor offenders now go before a judge. “Seven or eight years ago,” he said, “we were taking half of our misdemeanor cases to court.” According to Bolin, there has also been a dramatic decline in the number of juveniles whom the parish has sent to prison. Pre-trial detention centers are funded by parishes, but prisons are funded by state taxpayers, and Bolin points out that Calcasieu Parish’s move to evidenced based practices has therefore benefited all of Louisiana. “In 1999, we placed 129 kids in state custody,” he said. “Last year, we placed 18.”

The enthusiasm for evidenced based practices is not confined to the nine parishes MfC is working in. Other projects, some funded by the Annie E. Casey Foundation and some by the MacArthur Foundation, have helped spread the gospel. Surveys conducted by the Louisiana State University School of Public Health—Institute for Public Health and Justice found that the number of juvenile offenders throughout the state who were likely to have received an evidenced based practice rose from 19 percent in 2006 to 46 percent in 2011.

According to Dr. Peter Greenwood, Executive Director of the Association for the Advancement of Evidence-Based Practice, Louisiana ranks second in the nation in the availability two of the

top-rated evidenced based program models per capita. The Bayou State also ranks second in the stages of implementation of those programs.

Moving to those programs is not always smooth. Entrenched providers, convinced that their methods are sound, are often reluctant to learn and adhere to evidenced based models. There can also be considerable expense in the switch, as providers have to be trained in the new methods, adopt new methods to track and report outcomes, and maintain more rigorous supervision of services.

The long term economic and social benefits, however, are enormous. Judge Marchman argues that those benefits come not just from saving money on the high costs of juvenile court, detention, and incarceration. Keeping kids in the community and in school, she argues, increases the likelihood that they will acquire skills that are valued in the marketplace; that they will be better able to support a family; and that they will be more likely to stay out of prison and avoid substance abuse. A 2011 study by the nonpartisan Washington State Institute for Public Policy found, for example, that every dollar the state invested in evidenced based Family Functional Therapy with juveniles in their justice system, the state gained \$18.98 back in benefits. In other words, a program that cost \$3,198 per individual returned \$60,539 per individual in savings to the state. The same study found that it cost the state only \$63 to send a youth to Scared Straight, a non-evidenced based program, but the return on that investment was negative, resulting in a net loss of \$6,095 per referred youth.

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***In Sarah’s case, the therapy revealed that she had felt socially isolated and neglected, and had set the fire, not because she was a budding pyromaniac, but because she was crying out for attention. Her mother had been treating her more as a sister than a daughter, and supervision had been lax, particularly in the evening.***

***After five months of Multisystemic Therapy, the two had redefined their relationship and ended their social isolation. Although the mother’s work schedule had not changed, Sarah was supervised at night. Sarah, in turn, had made friends in a pro-social group of peers and joined her school’s***



*cheerleading team. The family's network had grown to include the mother's co-workers, the minister and friends at their church, and school officials, teachers, the cheerleading coach and Sarah's new group of friends. In June 2010, with the therapy completed and restitution paid, the judge removed Sarah from probation.*

*The evidenced based intervention program, which cost a few thousand dollars (as compared to potentially several hundred thousand that would have been paid to incarcerate her), had kept Sarah in school and in the community, greatly reduced the likelihood that she would recidivate, moved her into a pro-social network instead of the antisocial network she would have established in detention and prison, and increased the chance that she'd grow up to be a law-abiding, tax-paying member of the community instead of a drain on the state's finances as an inmate at St. Gabriel. In the two years since the judge removed Sarah from probation, she has consistently made the honor roll and remained an active member of the cheerleading team. She plans to attend Louisiana State University when she graduates next year and hopes to become a social worker specializing in youth and troubled families.*

*Her mother, asked to assess the therapy experience, called it "one of the most challenging but rewarding things I have ever done."*

*"I feel like it gave us a second chance," she said. "It wasn't easy, but I have my daughter and our family back."*



For more information on any of these topics; updates on the progress of the adoption of evidence-based practices in Louisiana; and more information on the activities of the **Institute for Public Health and Justice** as the sustainable arm of the Louisiana Models for Change work, please visit [www.publichealth.lsuhs.edu/iphj](http://www.publichealth.lsuhs.edu/iphj).

The Institute is a **policy, research, training, and technical assistance** enterprise positioned at the intersection of behavioral health policy and practice, and the legal system. Many behavioral and other health conditions have social determinants. At the Institute, we seek to bridge the divide between prevention and treatment of behavioral health issues (especially mental health and substance use conditions) and the negative impacts on individuals, families and communities. We stand ready to serve in partnership with local and state government, foundations, and agencies.