Process Evaluation of the Pennsylvania Bureau of Juvenile Justice Services’ Aftercare Program

Final Report Submitted to the Pennsylvania Commission on Crime and Delinquency

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Any errors or omissions are the authors’ responsibility.
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Executive Summary

The purpose of this report is to provide an evaluation of the design and implementation of the Pennsylvania Bureau of Juvenile Justice Services’ (BJJS) new model of aftercare. Understanding how aftercare services are delivered and how the program actually operates is essential for decisionmaking about program planning and for improvement.

In January 2005, BJJS decided to shift from a treatment model of aftercare service delivery to a case management model of service delivery. BJJS provides aftercare services to about 2 out of every 3 youth released from placements with the State’s Youth Development Center/Youth Forestry Center (YDC/YFC) system. At current levels of use, the aftercare program enrolls over 500 youth per year. Based on screener results, the great majority of youth enrolled in the program are classified as high risk—they are also older, with greater needs, and more serious offending histories than the average adjudicated youth in Pennsylvania.

The BJJS program is one of six major aftercare initiatives active in Pennsylvania, all of which are funded by the Pennsylvania Commission on Crime and Delinquency. The other five programs, all associated with the MacArthur Foundation’s Models for Change initiative, are specific to the single county where they operate: Allegheny, Cambria, Lycoming, Philadelphia, and York counties. In contrast, the BJJS program operates in a group of counties that contain more than 70% of Pennsylvania’s population. Like the Philadelphia program, and like many other serious and violent offender re-entry programs in operation across the nation, the BJJS aftercare program employs a case management model that features extensive assessment, individualized planning, a focus on the transition from life in the placement facility to life in the community, and efforts to assist the youth in building durable, supportive relationships in the community (reintegration).

The goals of the BJJS Aftercare Services Project are based on the Intensive Aftercare Program (IAP) model developed by David Altschuler and Troy Armstrong (1994). Instead of starting aftercare services after the youth is released, the planning, assessments, and client contact begins when the youth is placed in the facility.

The new BJJS approach begins at disposition, continues while the youth is in placement and on probation in the community, and endures afterwards through connections with services in the community.

BJJS contracted with a private provider, Cornell, to implement the community component of the aftercare services model. In the old model, the youth went through the program in phases (could not move to Phase 2 until successfully completing Phase 1). In the new model, the youth completes steps in their own individualized service plan rather than completing a “one size fits all” program. Each youth’s plan is developed based on his/her strengths and needs, family assessments, and resources that will be available in their home community when they are released.
Changes in the program model required new resources to be put into place both in the facilities and the communities. BJJS made many changes in the program infrastructure, including adding new staff, training staff on the new way of doing business, and using new assessment instruments.

The goals of the BJJS aftercare program are to reduce delinquency and improve the life chances for high-risk youth released from state placements. To reach its goals, the program relies on effective collaboration across agencies that traditionally have been independent. The BJJS program requires collaboration among BJJS staff within the YDC/YFC system, contracted case managers active at the facility and in the communities, juvenile court and juvenile probation, families, and community-based service providers. In large measure, success of the aftercare program depends on BJJS success at achieving and sustaining collaboration in a set of state, local, public, private, and non-profit agencies and organizations.

**Evaluation Method**

This program was evaluated using a participatory model of evaluation. This method is well suited to evaluating ongoing programs while using the evaluation process as a learning process. Program stakeholders were involved in all steps of the evaluation process and the focus of the evaluation was on the development of lessons learned, which were subsequently translated into an action plan by BJJS. The BJJS aftercare program operates in a socially, economically, and politically dynamic environment. While the program model establishes a uniform approach to community reintegration and aftercare, differences materialized across the participating counties because of resource constraints, complexities associated with participant characteristics, and unanticipated organizational and staffing difficulties.

The evaluation was concerned both with the extent to which the planned activities were carried out and with how they were carried out. Based upon the information collected, “lessons learned” were formulated and fed back into the program plan. The evaluation led to the development of knowledge that will continue to help program staff improve program implementation in the future. Therefore, the evaluation provided information both for accountability and for generating lessons in the future. Procedures were developed on an ongoing basis to help program staff learn from successes and problems encountered in implementing the model of service delivery. Modifications were made and strategies were continuously developed during the entire period of program implementation. All levels of program staff were involved in program monitoring and evaluation. Program field staff played a particularly important role in providing their observations regarding the activities being implemented. BJJS management used lessons that were developed by staff to make decisions concerning modifications, strategy, activities, and budget.

Particular attention was paid to differences between the program as it was designed and the program as it actually operated. The private provider responsible for implementing the aftercare services in the community prior to the change (treatment) in the service delivery model was the same provider chosen to implement the new model of
aftercare service delivery (case management). Therefore it was important to evaluate whether or not the new philosophy was actually translated into practice.

The new model represents a major philosophical shift:

- From a program oriented model to an individual centered model
- From youth adapting to a program to a program designed for individual youth
- From youth as client to be served to serving three clients: youth, community and victim
- From a treatment model to a case management model
- From focusing on client problems to focusing on client strengths

The evaluation examined the extent to which the five discrete components of the IAP case management system are actually used in practice. These components are:

1. Assessment, classification, and client selection criteria
2. Individualized case planning that incorporates family and community perspectives
3. A combination of intensive surveillance and services
4. Incentives and graduated consequences
5. Service brokerage with community resources and linkage with social networks

The evaluation tracked the design and implementation issues pertinent to the effective operation of the BJJS aftercare program. The evaluation paid particular attention to the following aspects of the BJJS aftercare program:

- Whether the program is being implemented as designed
- The extent to which the program adheres to the standards found in Pennsylvania’s Joint Position on Aftercare
- The fit of the program to the county-level context in which the program operates
- The information management procedures and measures of program performance used by BJJS

The assumption that there is wide variability among counties and the resources available, the aftercare services they provide, and the extent to which county probation departments and Cornell provide aftercare services was investigated by documenting the extent to which implementation of the Aftercare Services Project has taken place, and the degree to which the Aftercare Services Project operated as expected for each of the counties. To accomplish this:
• Interviews were conducted with BJJS management staff in Harrisburg that discussed the history of the program as well as their expectations with regard to the changes that were made in the model of service delivery.

• Meetings were held with management staff of the service provider contracted to provide aftercare services after the youth is released from the facilities.

• Site visits were made to public facilities across the state where social workers, caseworkers, cottage counselors, and clinical staff were interviewed.

• Screening and risk assessment instruments were examined, as well as the protocol for contact between the youth and the case manager.

• Visits were made to all juvenile probation departments in participating counties to discuss their knowledge of the program, how aftercare works in each one of their counties, and their relationships with the aftercare workers.

• Case managers from each of the individual nonresidential care (NRC) offices were interviewed about their role in the aftercare service delivery and their relationships with the individual probation departments.

• Individual Service Plans being written were observed, reviewed, and discussed with case managers concerning their implementation when the youth are released.

• Evaluators observed and sometimes participated in the training provided to BJJS staff and NRC staff on the new model of service delivery.

• Survey questionnaires were sent to probation officers, case managers, facility staff, and aftercare service case managers to gather information on their perceptions of how things were working with the new model.

• Information being collected was documented, including when it was being collected, who was collecting it, and how to obtain it to measure program outcomes in the future.

Major Findings, Recommendations, and Policy Implications

The evidence reviewed indicates that the BJJS aftercare program largely adheres to the case management model and that aftercare program staff has been able to implement a majority of the aftercare program’s features. BJJS has closely monitored implementation and has acted to correct problems as they have been discovered. BJJS aftercare program management is continually engaged in data collection and program monitoring efforts in order to improve program implementation and performance. Program strengths identified by the evaluation include:

• The aftercare program is research driven, mission-based, and guided by a case management model.

• The aftercare program clearly relates to the Balanced and Restorative Justice goals of competency development, community protection and accountability.
• The aftercare program effectively builds a working team composed of BJJS (responsible for program activity in placement) and contract staff (responsible for program activity in the community).

• The aftercare program organizes the youth’s transition from facility to community and assures continuity of contact between the aftercare program and the resident/client. It also accomplishes continuity of service delivery across the transition.

• The aftercare program constitutes an outreach from the institution to the community. It has established a framework for interagency collaboration across facility-based BJJS staff, aftercare case managers, juvenile probation officers, and community-based service providers.

• The aftercare program has strong institutional support within BJJS. Specifically, it features a dedicated manager, dedicated staff in facilities (social workers), and dedicated reintegration workers in the community.

• The program is client centered. Through assessment and individualized planning, with periodic revisions and a team-based approach, the program adapts itself to the client. It builds on the youth’s strengths, instead of requiring the client to conform to a program that is focused entirely on clients’ problems.

The program establishes a uniform approach to community reintegration and aftercare across the participating counties regardless of the aftercare effort made by any individual county. The uniformity provides a valuable program strength as all participating counties’ probation departments can rely on a certain level of monitoring and service delivery for program enrollees. This is especially important because the population of youth enrolled in the BJJS aftercare program requires a high level of individualized attention for each youth. However, uniformity also represents a program need in that the program does not adapt itself to focus on the areas of greatest aftercare need within individual counties. Other program needs include:

• The aftercare program would benefit from an increased level of coordination between the program itself and juvenile probation.

• To the fullest extent possible, referrals should be made to state-licensed, community-based organizations so that the existing program design is fully implemented.

• The program needs a comprehensive, real-time case management information system accessible by BJJS.

• The information reporting should be modified to reflect the new service delivery model that delivers aftercare services on an individualized basis; reporting should be client-focused rather than program-focused.
**Program Performance**

The performance of the BJJS aftercare program for youth placed at state facilities is fundamentally solid due to strong leadership, commitment to service excellence, and a reliance on the best available information to guide decisions. These strengths make it likely that the program will continue to adapt itself to the needs of its clients and to the dynamics of the community context in which it operates. Overall, the recommendations for program enhancement made by this evaluation involve issues of procedure and design that can be addressed without conflict with the case management model. In response to informal reports made by the evaluators, and in response to its own quality assurance process, BJJS has already modified or begun to modify the program in many ways.

When major changes were made to the aftercare services delivery model, BJJS management took the opportunity to address previously identified deficiencies, to make major changes in the oversight of its aftercare services program, to enhance its ability to monitor the contractor’s implementation of the program, and to improve the contractor’s accountability to BJJS.

Additionally, a great deal of work has been done with regard to the identification of program objectives and outcome measures. This is demonstrated by the commitment of senior BJJS management to collaborate with the contractor to ensure that accountability across the organizational boundaries is driven by the development of strategies to identify individual client strengths and ensure the clients access to services that use these strengths to meet his/her needs. Given that this model of aftercare services spans several agencies/organizations, and that the service is determined on an individualized basis, much of the success in putting the overall program process in place is due to the collaboration of BJJS and the contractor in focusing on linkages and efficiencies in addressing program improvements.

**Major Constraints**

Once we began work with this project, we found that there was no documented, overall plan to guide the data collection and, ultimately, the evaluation efforts. We found the data collection systems to be fragmented and not in an electronic format that is easily processed. There was no “map” available of what data were being collected, by whom, at what site, etc. Identifying and documenting the evaluation process and data collection systems, as they now exist, has been a significant task. The case managers used a mixture of manual and computerized record keeping to track their ongoing work with the youth. In effect, this translated into difficulties in accessing all the information needed about individual participants and sometimes caseloads as a whole. Information about participants was entered into a number of separate databases and the information entered into these databases was sometimes incomplete, partial, and redundant.

Increasing collaboration with individual county probation departments would enhance the BJJS aftercare program. It is important to keep in mind that, in the state of Pennsylvania, a juvenile who is released from an institution continues to be subject to juvenile court jurisdiction and juvenile probation supervision. Local courts maintain
ultimate authority over every phase of the juvenile commitment process. These phases include the initial placement decision, continuing commitment review, the timing and terms of release, and post-release supervision. An increased level of coordination between the program itself and juvenile probation at a level higher than the direct service workers would strengthen the existing framework and enable program staff and juvenile probation supervisors to keep each other aware of progress and changes with regard to program youth, resources available in the community, changes in local policy or procedure, and scheduling. Opening up the dialogue between management in BJJS, the contracted provider, and county probation would strengthen the model by ensuring the continuity of both supervision and service delivery during the youth's transition from institutional treatment to community-based services.

**Future Areas of Exploration**

**Information System**

An information system that accurately records relevant attributes of the participants being served and the services they are receiving while providing for timely retrievals of data for monitoring and analysis is needed. Data collection from this system should be used to monitor and evaluate the program providing feedback on a continuous basis. Program managers and staff should then use the data for assessment, analysis, and continued lesson learning. A case-tracking database would also make it easier to produce client-based reports on assessment, service delivery and outcomes while bridging the gap between facility and community record keeping. Since the program is designed to support the youth in making a smooth transition to the community, the record keeping should reflect this. A case tracking system could supply pertinent information no matter who has responsibility for a case at any particular point in time.

**Validate Risk Assessment Instruments**

Regardless of the assessment instrument, it should be tested for validity with the population of youth in the YDC/YFC system. The target population for the BJJS aftercare program is all YDC/YFC youth who score at high risk for delinquency on an objective screening instrument. Clients admitted into the BJJS aftercare program have significant needs, pose definite risks, and may be resistant to change. They tend to be older and more likely to have had more than one out-of-home placement within the juvenile justice system. These youth have extensive histories, often coming from homes and communities that are problematic, if not hazardous.

Risk assessments use current information to make predictions regarding the probable future behavior of the juvenile. Policymakers require that interventions take account of the future risk to public safety posed by any juvenile that comes into contact with the juvenile justice system. Risk assessment instruments are designed to predict the probability that reoffending will occur. Risk assessment, the probabilities of error, and the consequences for the juvenile and/or the public may be significant. For these reasons, validation is essential for risk assessment procedures. If the risk assessment instrument does not accurately predict different levels of risk of reoffending among these juvenile
offenders, then serious problems may result. For example, if the risk assessment instrument incorrectly predicts that some juveniles will recidivate in a serious manner, an inappropriate intervention may be prescribed for these youth that utilizes scarce and expensive community resources. However, if the risk assessment procedure incorrectly predicts that some offenders will not recidivate in a serious manner, youth may be placed in an intervention setting where they continue to pose a significant threat to public safety. When a comparison is made between the predicted risk of re offending for a specific group of youth and real world patterns of offending, and the predictions closely reflect real world offending patterns, the risk assessment is valid.

Needs assessments attempt to profile individual, family, or other problem areas that affect the juvenile. Appropriate interventions are based on these assessments in the hopes of reducing the likelihood of further delinquent behavior. Needs assessments are basically descriptive and translate into interventions for the juvenile. If the needs assessment is partially erroneous, the consequences of its use may not be problematic in terms of public safety, but may be costly in terms of the utilization of scarce community resources. The importance of validating needs assessment instruments becomes particularly visible given that the BJJS model is a case management model in which juveniles whose institutional assessments indicate a need for services are linked with service providers in their communities. When a needs assessment identifies the most appropriate interventions, this translates into the most efficient use of available community resources as well as public monies.

**Outcomes Evaluation**

The results of the county-specific implementation assessment should be utilized to guide the design for an evaluation of program outcomes. The evaluation should examine intermediate outcomes as well as post-aftercare measures.

The outcome evaluation could undertake various levels of complexity. An intermediate outcomes evaluation would assess program performance at the time of release from the program against the baseline of program performance before key elements of the aftercare program were redesigned. The evaluation should also examine evidence of differential intermediate outcomes by age, sex, race/ethnicity, assessment results, and types and levels of services.

Long-term outcomes as measured by 12-month recidivism should be examined to compare the recidivism rate for youth participating in the case management model versus those who participated in the previous treatment model of aftercare services. The evaluation should again examine these outcomes to determine whether there exist differential long-term outcomes by age, sex, race/ethnicity, assessment results, and types and levels of services.

Findings from the outcomes evaluation would help BJJS develop capacity for future evaluations by identifying key data elements that should be routinely collected to support information requests and ongoing self-evaluation.
Introduction

This process evaluation addresses the juvenile aftercare program designed and implemented by the Bureau of Juvenile Justice Services (BJJS) within the Pennsylvania Department of Public Welfare (DPW). The evaluation is intended to provide feedback to the program so that it may derive benefit from an outside perspective on its strengths, needs, and faithfulness of its implementation to the original case management design.

The current BJJS aftercare design embodies wholesale modifications of a previous program, which operated until the end of 2004. The current program blends Altschuler and Armstrong’s Intensive Aftercare Program (IAP) with a case management approach developed for youth involved with substance abuse. The objectives of the program are to develop the youth’s strengths, address the youth’s needs, and forge durable and supportive bonds to the community for individuals released from the Youth Development Center / Youth Forestry Camp (YDC/YFC) system. The program aims to provide a structured, coherent transition from life in a state-run juvenile placement facility to life in the community. The program features individualized assessment and planning and emphasizes coordination between service delivery in the facility and in the community. Although BJJS is responsible for the aftercare program as a whole, implementation of post-release activity in the community rests with the Cornell Companies’ Non-Residential Care (NRC) unit. NRC case managers prepare Individualized Service Plans and arrange for the delivery of appropriate services in the community. At the community level, the aftercare program requires effective cross-system integration among juvenile probation (the supervisory agency) NRC case managers, and community-based service providers.

Target Population

The target population for the BJJS aftercare program is all juveniles who score at high risk for delinquency on an objective screening instrument and who have been placed in the YDC/YFC system. When there are extenuating circumstances, youth with moderate or even low risk scores may be admitted to the aftercare program. Program enrollment is currently limited to juveniles from one of 12 more populous Pennsylvania counties (Allegheny, Berks, Dauphin, Lackawanna, Lancaster, Lehigh, Monroe, Montgomery, Northampton, Philadelphia, Schuylkill, and York), or from a county contiguous to one of the 12. Four counties account for about 75% of program participants: Philadelphia (27% of enrollees), Allegheny (22%), Lehigh (16%), and Lancaster (10%). The aftercare program is designed to accommodate 200 youth at any one time, or about 500 youth per year. About two-thirds of youth released from placement at YDC/YFC facilities receive aftercare services from the program. The average length of involvement with the community phase of the aftercare program is about 6 months.
Challenges

Clients admitted into the BJJS aftercare program have significant needs, pose definite risks, and may be resistant to change. They tend to be close to age 18: the average age of youth entering the community phase of BJJS aftercare is 17 years and 4 months. In Pennsylvania, most juveniles who are placed go to private facilities. Youth in public placements are more likely than those in private placements to have been committed for a “technical violation” of a court order, indicating that public facility residents are more likely to have had more than one out-of-home placement within the juvenile justice system. These youth arrive on the YDC/YFC doorstep with extensive histories, often having traveled from homes and communities that are problematic, if not hazardous. According to records maintained by NRC, in 2004 aftercare program participants (enrolled before recent major revisions to the BJJS aftercare program) had low rates of program completion and high rates of re-offending:

- Forty-seven percent (47%) of the individuals discharged from the aftercare program did not complete program requirements
- At least 39% had been arrested by the time of discharge from the program (an average period of 6 months following release from facility).

Even though a youth residing in a YDC/YFC facility is the immediate responsibility of the State, in Pennsylvania local courts maintain ultimate authority over every phase of the juvenile commitment process—the initial placement decision, continuing commitment review, the timing and terms of release, and post-release supervision—and a juvenile released from an institution continues to be subject to juvenile probation supervision. Therefore, at the time of release from a YDC/YFC facility, a fundamental challenge exists in the need to achieve coordination across two very different agencies. Both are a part of the juvenile justice system, yet placement facilities and probation departments operate as separate agencies with overlapping responsibilities. They have different funding streams: public facilities are run by an executive agency under state funding while probation departments operate as part of the judiciary within a county budget.

The community phase of the BJJS aftercare program uses a single private contractor to bridge the gap from a highly centralized residential placement system and a highly decentralized set of key actors in disparate communities that span the State. Interagency coordination and effective, timely communication across actors at the State, county, and community levels is key to the BJJS model. Not only must the contractor maintain contact with wards of the State in their widely dispersed placements, the contractor (along with the probation department) must also amass the community-specific expertise necessary to build teams out of schools, employers, community-based service providers, and families. The NRC aftercare case manager is then charged by BJJS with coordinating that team’s activities.
Evaluation Methods

This is a process evaluation—it looks at the design, planning, and implementation of the BJJS aftercare program with an eye toward identifying strengths to be protected and needs to be overcome so that the aftercare program can be more effective. Key to the evaluation process has been frequent consultation between the evaluation team and BJJS. A working relationship with frequent contact also helps focus attention on program aspects of particular concern to administrators, honing the evaluation’s relevance. The evaluation team has worked to insure that there are no surprises in this report, and has delivered a series of informal reports to BJJS on emerging evaluation findings. In turn, BJJS and NRC have responded to feedback with additional information, clarification, or efforts to alter processes.

To gauge performance, all evaluations make reference to standards. This process evaluation of the BJJS aftercare services program uses two different but overlapping standards. First are standards established by the BJJS program designers: given its goals and objectives, has it been implemented in the way intended? The primary source of funds to support BJJS aftercare services operations are controlled by another agency, the Pennsylvania Commission on Crime and Delinquency (PCCD), which also funds this evaluation. Therefore, it has been important for the evaluation team to pay attention to performance standards that are particularly salient to PCCD, standards contained in the Joint Position on Aftercare for Delinquent Youth, which had as signatories the collected leadership of PCCD and Pennsylvania’s Department of Education, Department of Public Welfare, Juvenile Court Judges’ Commission, and Council of Chief Juvenile Probation Officers. If anything represents the “will of the Commonwealth” on the topic of aftercare, it is the Joint Position. The Joint Position specifies aspects of a model of aftercare:

- Aftercare begins at disposition
- Aftercare is tailored to the individual
- Probation/treatment staff develop a single aftercare plan
- Schools, if appropriate, are involved in plan development
- Facility-based treatment/activities are tied to planned community-based treatment/activities
- Aftercare promotes BARJ goals of community protection, accountability to victims, and competency development
- Aftercare matches supervision efforts with risks/needs
- Aftercare services focus on evidence-based programs

Data Collection

The process evaluation has required an extensive data collection effort. The BJJS aftercare program involves many different organizations operating from one end of the
Commonwealth to the other: the twelve participating counties’ juvenile probation departments and other community-based organizations, NRC regional and county offices, and YDC/YFC facilities. Between April and October of 2005, NCJJ evaluation team members spent more than 200 hours conducting interviews, focus groups, observation sessions, and other meetings with BJJS, YDC/YFC, NRC, and juvenile probation administrators, supervisors, and staff. Locations ranged from the New Castle Youth Development Center to Allegheny County Juvenile Probation offices, and from the Philadelphia NRC office to the Danville Center for Adolescent Females.

To supplement the qualitative data collection, the evaluation team has made extensive use of data collected by BJJS and NRC, data pertaining to the population served by the program and the activities of NRC and BJJS facility-based staff. BJJS, NRC, and the juvenile probation departments exhibited high levels of cooperation with the NCJJ evaluators, granting access to documentary evidence and data from program planning and every stage of the process of commitment, facility intake, assessment, case planning, treatment, facility discharge, community re-entry, service delivery, discharge from the NRC program, and follow-up. The evaluation also draws on results from three questionnaires created by NCJJ and administered to BJJS, NRC, and juvenile probation staff (see Attachments 1, 2 and 3).

The remainder of the evaluation report first addresses organizational capacity, within BJJS and NRC, to support the program: clarity of mission, leadership, staff qualifications, and training. Then the report presents an examination of the program design and planning process. Then follows a description of program phases and operations and a detailed evaluation of aftercare program design and implementation. Next is a section dealing with information management and tracking of client progress in the aftercare program. The concluding section contains an assessment of how well the aftercare program meets the BJJS model and the Joint Position on Aftercare goals, as well as a summary of implementation performance.
Organizational Capacity

The success of any enterprise is as much a function of organization as it is of individuals. The BJJS aftercare program, in which NRC is a key component, is complex and involves a broad array of organizations, agencies, and individuals. The success of the BJJS aftercare program is linked to clear, consistent missions, goals, activities, and an organizational structure capable of managing the multiple activities of the numerous agencies and individuals that are involved.

The BJJS aftercare program model is characterized by a vision for juvenile aftercare based on the case management model. The program goals and objectives are based on this vision and program activities have been designed to accomplish the aftercare mission. Other critical organizational features of the program include: 1) dedicated staff resources; 2) access to organizational policy makers; 3) clean lines of communication and authority; 4) the quality of program managers, supervisors, and staff; and 5) continual training of staff.

BJJS

BJJS’s Division of Treatment Services Social Work Manager position occupied by Russ Zemanek is a full-time position dedicated to the planning, implementation, and oversight of the BJJS aftercare program. This is a critical improvement over the previous model in which the aftercare program manager was not a dedicated position and the aftercare program was just one of several to be managed by the same position. The position is just one level removed from the BJJS Director and provides ready access to higher levels in the DPW, opportunities to contribute to policies and operational decisions, and clear lines of accountability. The position is clearly and unambiguously defined in terms of its relationship to the NRC component. Mr. Zemanek is a long-time employee and senior staff person with BJJS. He has extensive experience with DPW, the YDC/YFC system, and individualized screening and assessment protocols. Mr. Zemanek has been integral to the planning, design, and implementation of the revised aftercare program.

Other staff dedicated to the BJJS aftercare program include a BJJS Treatment Services Program Specialist (position currently held by Gail Holloway) and an Aftercare Program Supervisor (position currently held by Karen Kern), both of whom work at the BJJS office in Harrisburg. Program implementation in the facilities is the responsibility of a group of experienced social workers (classified as Social Worker II) whose positions are funded by the BJJS Division of Treatment Services. The social workers report directly to the two Drug and Alcohol Treatment Supervisors (DATS) (one each at the New Castle and Loysville Complexes), who, in turn report to the Social Work Manager. It should be noted that the DATS are accountable both to the leadership of the BJJS aftercare program and to the administration of the New Castle and Loysville Complexes.
NRC

NRC is part of Cornell Companies, Inc. Cornell Companies is located in Houston, Texas and provides a broad continuum of care and services to both adults and juveniles in residential, community-based, and outpatient settings nationwide. The NRC organizational structure is straightforward and unambiguous with clear lines of authority and communication from the BJJS to the NRC Director (Derin Myers) and Assistant Director (Jared Shade) in Harrisburg. NRC case managers are based in offices located in Philadelphia, Harrisburg, Allentown, Lancaster, and Pittsburgh. The NRC Director has immediate access to each of the regional offices and they, in turn, are able to contact the Program Director or the Assistant Program Director. A Treatment Supervisor in each regional office oversees a team of case managers and social workers who provide the day-to-day assessment, monitoring, and supervision of aftercare clients. Communication is maintained through regular staff meetings, site visits, memoranda, e-mails, and telephone contact.

The NRC Director and the Assistant Director are dedicated positions with singular responsibility for the management and oversight of NRC aftercare activities statewide, in each of the regional offices, and in the participating counties. They are both highly qualified and have the required experience to manage a multi-county aftercare initiative. Furthermore, they both have several years of experience working with both the YDC /YFC system and NRC. The Director has 14 years experience working with adjudicated youth. The Assistant Director has four years experience working with adjudicated youth. The NRC management team is directly accountable to the BJJS Social Work Manager.

There is less experience at the program level. Regional Treatment Supervisors all have more than 2 years of experience in working with adjudicated youth and bachelor degrees in either criminal justice or psychology. For case managers, the NRC position is often their first job out of college. In September of 2005, 7 of 15 case managers had no previous work experience in the fields of social work, juvenile/criminal justice, or psychology, although 3 of the 7 had bachelor-level degrees in either criminal justice or psychology. The staff turnover rate is quite high—as of September 2005, 9 of 15 case managers had no more than 6 months’ experience with Cornell Companies. With regard to case manager motivation, a confidential questionnaire administered to NRC program staff shows that 6 of 9 responding case managers indicated they work for NRC out of dedication to a profession or that they find the work they perform to be rewarding; 1 of the 9 case managers cited salary and benefits as the reason for working in the NRC program.

NRC Training

The NRC Policy on Training states that NRC “will facilitate competency-based employee training which encompasses the Cornell Abraxas mission, philosophies and policies, relevant contractual requirements, and pertinent program-specific issues.” The training procedures stipulate that all direct care staff must demonstrate satisfactory proficiencies prior to assuming direct service with clients. New employees are required to
receive a minimum of 80 hours of training during their initial training orientation and 40 hours of training per year in the subsequent years. Case manager training addresses the NRC program’s mission, values, and philosophies, professional expectations, the policies and procedures manual, the employee handbook, child abuse reporting procedures, and safety and security procedures.

In addition, all direct service employees are required to receive training in case management related modules, including: CPR/First Aid, suicide prevention, case management principles, crisis intervention techniques, client behavioral expectations and behavioral management, cultural diversity, incident reporting, balanced and restorative justice, sexual offender and fire setter supervision, HIV/AIDS awareness, and group facilitation. Between January and August 2005, NRC conducted 33 trainings for NRC managers, field staff, new hires, and others on a wide range of topics, including:

- New Contract Standards
- Counseling Microskills
- Gang Violence
- Ethics and Boundaries
- CPR/First Aid
- Safe Crisis Management
- ISP Development and Review
- HIPPAA
- Suicide Prevention
- Understanding Diversity
- Victim Awareness/Balanced and Restorative Justice
- Impact of Incarceration on Youth and Families

In sum, it appears that NRC has an extensive and comprehensive training schedule regarding the mission, goals, procedures, and activities of the aftercare program.

Training across agencies is not an explicit part of the BIJS aftercare program. In interviews, replying to the statement, “My training gave me a thorough understanding of the NRC program,” 8 of 12 case managers responding to the questionnaire agreed. When presented with the statement, “NRC supervisors and managers ensure that I receive training on YDC/YFC procedures,” most (7 of 11 respondents) were in agreement. But most responding case managers were either neutral or in disagreement when presented with statements to the effect that they were trained on probation procedures, community-based resources operated by local government, or community-based resources operated by non-profit or faith-based organizations. NRC management should work to create opportunities for cross-training that involve juvenile probation and community-based service providers; such cross training would improve efficiency and collaboration.
The Planning Process

The BJJS aftercare program initiated in 2005 emerged from a planning process that specified major revisions to the existing aftercare program. Compared to BJJS aftercare services in 2004 and prior years, the new BJJS model represents a philosophical shift from:

- A generic program for all youth to an individualized program for each youth
- Youth being the client to be served to serving three clients - youth, community and victim
- A focus on client problems to a focus on client strengths
- A treatment model (providing services directly) to a case management model (brokering services)

In early 2004, the program’s chief architects (Treatment Services Social Work Supervisor Russell Zemanek and his immediate predecessor, William Elder) sat down with the contractor then providing aftercare (Cornell Companies NRC) and discussed the details of how the program was currently operating, and their perceptions of its strengths, weaknesses and overall integration into the YDC/YFC system. They also held meetings during the spring and summer of 2004 with the system’s social workers, youth development counselors and Youth Development Center Directors to discuss and identify potential components to the new program. Ed Latessa, an expert in assessment of juveniles’ risks, needs, and strengths, was also consulted. Following one of Latessa’s recommendations, BJJS staff reviewed assessment and aftercare programs in Oregon, Washington and Wisconsin. The program architects also sought guidance from reports on best practices in case management issued by the U.S. Department of Health and Human Services’ Substance Abuse and Mental Health Services Administration, and from reports on best practices in aftercare issued by the U.S. Department of Justice’s Office of Juvenile Justice and Delinquency Prevention. Further, the revisions were designed to embody a strengths-based philosophy promoted by the Department of Public Welfare and to comply with the Commonwealth’s Standards Governing Aftercare Services.

There was little input from representatives from the juvenile courts/probation departments or representatives from community-based service providers. A more strategic and inclusive planning process that involved, at a minimum, county probation staff may have been beneficial in terms of tailoring aftercare services with the unique aftercare strengths and needs in each county. This may have assisted efforts to implement aftercare services and coordinate them with local probation staff and community-based services.
Specific Influences on Program Design

In part, the design shifts were brought about in response to experience with the old aftercare model. During the planning process, staff in the Division of Treatment Services reviewed the existing aftercare contract and identified strengths and areas in need of improvement, namely:

- Referrals to the program were solely geographically based versus tailored to the risk and needs of the youth.
- No staff member within the BJJS office was dedicated to coordinate programmatic and fiscal issues.
- Service plans were vague and not measurable.
- The contractor delivering aftercare services in the community operated more as an arm of juvenile probation departments than as an agent for BJJS; scant attention was paid to furthering services and treatment that had begun in the YDC/YFC system.

BJJS administrators viewed the transition from facility back to community under the old aftercare program as lacking coordination and oversight. Service planning did not occur prior to release, thereby necessitating the need to start from scratch in the less-controlled atmosphere of the community. The aftercare program lost track of youth during the transition from facility to community. And, before program modifications, the transition from the aftercare program to the community received very little attention—there was no systematic provision for creating durable, supportive links between the client and the community.

Program Goals and Philosophy

Aspects of the BJJS aftercare program conform to Altschuler and Armstrong’s Intensive Aftercare Program (IAP). Both models feature assessment, classification, and client selection criteria for program inclusion. In both, individualized case planning incorporates family and community perspectives. Both rely on a combination of intensive surveillance and services. Both programs emphasize service brokerage involving community resources and linkage with social networks. Differences between the BJJS aftercare program and the IAP model include, first, an overt emphasis on planning guided by both the youth’s strengths and needs in the BJJS aftercare model, as opposed to the IAP model’s emphasis on needs alone. Second, the IAP model calls for close monitoring coupled with graduated sanctions. The BJJS model also features close monitoring, but, in place of sanctions, seeks to establish a relationship of trust and respect between the client and the aftercare case manager to gain client cooperation with the goals of the individualized service plan (ISP). [It should be noted that a juvenile might still face sanctions administered by county probation as a consequence for problem behavior.]

The largest single change in the design of the new BJJS aftercare program was its transition from a treatment model to the case management model—BJJS staff looked to the case management guidelines developed by the National Institutes of Health (NIH).
Within the context of an ongoing relationship with the client, case management links the offender with appropriate resources, tracks progress, reports to supervisors, and monitors conditions imposed by the supervising agency. Case management for the offender in transition means continual assessment, identification of needs, and elimination of gaps in services or supervision. To maintain accountability, case management uses coordination of sanctions across criminal justice and other involved agencies so that, for example, violations of a service provider’s program rules are reported to the probation officer, who then consults with the case manager and imposes an agreed upon sanction. The BJJS aftercare program adheres closely to the case management model, except for sanctions—again, the BJJS program relies heavily on voluntary client cooperation with program goals and procedures. The primary benefits BJJS’s adoption of a case management model are:

- The ability to tailor services to the needs of individual youth, rather than impose a single model of program intensity on all recipients.
- The ability to respond immediately and flexibly to changes in the situation of individual that translate into changes in the intensity of need of the individual youth.
- The ability to allocate less intensive levels of service to youth at the appropriate time, without severing their relationships with case managers who may be critical to maintaining stability, particularly during potentially difficult periods of transition back into the community.
- Interagency cooperation improves supervision of progress toward individual goals and provides access to a broader range of support services in the home community to help the youth make a smooth transition.

The new case management approach views the youth as nested within connected systems that encompass client, family, community, school, employment, and local resources. The approach underscores factors in the client and the factors unique to each youth’s social network that have been identified as affecting successful reintegration into the community. Interventions typically take the form of referral to local resources that provide services to enhance family relations, improve school/vocational performance, enable youth to gain employment, and develop a local network of sustainable support services. To develop effective community-based support services for these youth, it is necessary to have the support of those individuals and agencies involved in their lives—family, peers, juvenile probation, treatment providers, schools, and employers.

The individualized case management plan that guides service delivery is designed in collaboration with the youth. The aim is to build on client strengths—to take direction from the client’s interests and abilities. Services are delivered in the youth’s natural environment (home, school, workplace). In general, planning is client driven rather than program driven (i.e., a single course of treatment is not imposed on all clients, regardless of their individual characteristics). The hope is to develop the client’s ability to address the difficulties that arise in making a successful transition back into the community (i.e.,
family, peer, school, employment and neighborhood issues) by building enduring, supportive connections between the youth and a network of available services.

The BJJS aftercare program attempts to achieve continuity across locations (facility and community) and across treatment systems (BJJS, probation, and NRC), and across supervision systems (state and county). The continuity of supervision and service delivery between institution and community is important because offenders are vulnerable to relapse into law-violating behavior, especially during the period immediately following release.

The combination of experience, lessons drawn from theory and best practices, and a DPW policy directing the use of strength-based practices produce an aftercare program with the following key components:

- Individualized assessment and classification that takes into account client strengths (interests, abilities, and other individual or social assets) and client needs
- Individualized case planning: The individualized service plan documents short-term goals and action steps, and it structures program supervision, client monitoring, and the provision of services. It is based on clients’ risk, needs, and strengths, community-specific information, and family assessments. The plan is to be coordinated with facility staff and county juvenile probation departments.
- Continuity of treatment and service delivery between the facility and the community: An aftercare case manager’s initial client contact, assessment, and service planning occur during placement. To avoid a lapse in services, the case manager facilitates the transition from facility to community by connecting the client with community-based treatment and services immediately after release.
- Connections across key system actors: The aftercare program is designed to connect with BJJS staff in state facilities, juvenile probation staff, local medical and/or mental health, schools, employment resources, and other community-based service providers and organizations.
- Community-based case management: Aftercare case managers are expected to monitor clients in the community, assure completion of ISP’s, directly deliver programming, coordinate delivery of community-based services. Aftercare program staff should identify positive sources of support in the community, including family, close friends, peers, schools, workplaces, churches, training programs, community organizations, and youth groups.
- A reliance on a relationship of mutual respect between client and case manager
- A balanced approach that entails “making amends between the offender and the community, increasing client competencies, and protecting the public”
Continuous service improvements: The aftercare program seeks recommendations for service enhancements from customers (juvenile probation) and consumers (clients). The program tracks client progress and monitors outcomes after discharge. Knowledge gained from feedback is to be used in planning program improvements.
To accomplish aftercare program objectives, there are 5 distinct phases to the BJJS aftercare program. Each of the first 4 phases has mandatory activities and optional components that can enhance program effectiveness if they are present (there is no optional component to the evaluation and outreach phase). The phases are designed to facilitate a link between the client’s facility experience and ultimate community reintegration. At all phases of the aftercare program, close cooperation between BJJS and NRC is essential. However, as the locus of operations shifts from the facility to the community, partnerships between NRC and other community-based organizations become ever more important.

Phase 1: Facility-based program intake (called “Pre-release” by program staff)

- In this phase, youth are screened and selected for enrollment in the aftercare program.
- The phase extends from a youth’s arrival at a YDC/YFC facility until the beginning of active preparation for release.
- Mandatory activities: BJJS staff at the placement facility administer a risk screener, and refer the youth to the aftercare program. NRC case managers assess youth and family, sending the family assessment to the facility.
- Optional activities: NRC case managers and juvenile probation are invited to attend facility-based planning sessions.

Phase 2: Facility-based transition

- This phase encompasses preparation for the client’s release through family, community, and youth assessments and development of an Individualized Service Plan.
- This phase extends from about 30 days prior to release until the youth is released from the facility.
- Mandatory activities: The youth becomes active on an NRC case manager’s caseload. The case manager and youth develop an Individualized Service Plan (ISP). The ISP is sent to the facility, juvenile probation, and the family for review. This phase also encompasses visits to YDC/YFC facilities by NRC staff. NRC may identify community-based social supports and treatment-providers to be used as referrals after the youth is released from placement.
- Optional activities: NRC aftercare case managers and probation may jointly align their aftercare plans.
Phase 3: Community-based transition

- NRC case managers engage the youth in activities that connect clients with the identified critical support network identified in the ISP.
- This phase lasts from the time the youth is released from the facility until 30 days after release.
- Mandatory activities: NRC case managers connect their clients with necessary medical care, enroll clients in school or to find jobs or job training, and arrange for NRC-provided group activities, such as anger management, victim awareness, and life skills training. Case managers monitor their clients in the community and periodically review client performance. NRC case managers arrange for behavioral health treatment services to be provided by community-based organizations.
- Optional activities: The aftercare program and juvenile probation may align their separate aftercare plans.

Phase 4: Community follow-up

- During this phase, the aftercare program case manager assists the client to become an integrated member of the community.
- This phase lasts for about 6 months from 30 days after the youth has left placement until the end of involvement in aftercare programming.
- Mandatory activities: As with the transition phase, during the community follow-up phase NRC provides services directly, facilitates linkages with community-based services (service brokerage), assists with school enrollment, secures vocational training, or helps the youth find work, and maintains contact with probation officers. NRC case managers also monitor performance of community service, payment of restitution, school attendance and performance, employment related activities, and curfew compliance.
- Optional activities: As with the transition phase, service brokerage and aftercare plan alignment with juvenile probation may be accomplished during community follow-up, but they are not required.

Phase 5. Evaluation and outreach

- In this phase, aftercare program staff solicit feedback related to program satisfaction and effectiveness.
- This phase begins when the juvenile is discharged from the aftercare program and lasts for 12 months.
- Mandatory activities: Aftercare program staff administer surveys to clients, clients’ families, and probation staff. Program staff document completion of BARJ requirements and track clients’ recidivism for 12 months after discharge from the aftercare program.
A detailed evaluation of the aftercare program’s design and implementation, arranged by program phases, follows.

**Phase 1. Facility-based Program Intake (“Pre-release”)**

The purpose of this phase is to select youth in placement at state facilities who are suitable for participation in the BJJS aftercare program. The phase includes initial facility intake, screening, and referral, all of which are accomplished by the YDC/YFC staff or by BJJS staff in Harrisburg. NRC activity in this phase includes receiving the referral and, if requested by YDC/YFC staff, participating in facility-based case planning meetings. The phase lasts until about 30 days before the end of the youth’s time in placement.

The arrival of the juvenile at the facility begins the intake process. Accompanying the juvenile is a folder from juvenile court containing offense details, placement and offense history, psychiatric evaluation (if any is available), the court orders, and perhaps a family assessment. The intake process continues with a suicide screen and an interview with Psychiatric Services Associates, which occur during the first 24 hours. Within a week of intake, the Aftercare Risk Assessment (a brief 8-item screener) is administered to determine eligibility for the BJJS aftercare program (see Attachment 4). Observation and case reviews indicate that screenings are accomplished promptly—any exceptions are rare. In response to an NCJJ questionnaire of YDC/YFC and BJJS staff, all respondents who offered an estimate said that qualified residents were referred to NRC within one month of intake.

The Aftercare Risk Assessment uses objective indicators and is completed by a trained BJJS social worker or drug and alcohol counselor who is instructed to complete the screening form using the best available information. Assessment questions pertain to the juvenile’s age at first referral, school behavior, prior aftercare violations, emotional problems, prior assault behavior, peer relationships, prior runaways, and whether the juvenile had an adjudication or adult conviction for an assault offense. Particular weight is given to the presence of adjudication/conviction for an assault offense, which, by itself, results in a risk classification of “high.” It should be noted that the Aftercare Risk Assessment has not been tested for validity with the population of youth in the YDC/YFC system.

If the juvenile scores as high risk and if the youth comes from one of the 12 participating counties, then an Aftercare Referral Form (see Attachment 5) and an updated copy of the Automated Intake and Incident Reporting System face sheet (containing demographic and committing information sent from juvenile court) are sent from the YDC/YFC facility to the BJJS office in Harrisburg. At BJJS, the referral is recorded before being passed along to the NRC director’s office, and from there is assigned to an NRC office depending on the location of the juvenile’s home community. At the time of referral, the case is not yet assigned to any particular NRC case manager’s caseload. Case assignment occurs approximately 30 days prior to the resident’s return to community.
If there are documented extenuating circumstances, such as a special request from a supervising probation officer to include a youth in the aftercare program, then exceptions to the referral guidelines may be allowed. As a result, either a juvenile scoring as low or moderate risk on the screening instrument or a juvenile from a county contiguous to the 12 primary counties may be admitted to the program. During the third quarter of 2005, 206 juveniles were referred to the aftercare program:

- 68% scored as high risk, 24% as moderate risk, and 8% scored as low risk.
- Of the 206 individuals referred to the NRC program, 185 (90%) were from one of the 12 primary counties and 10% were from one of 18 counties contiguous to the 12 primary counties.

Either risk classification exceptions or geographic exceptions may pose problems for the aftercare program. Multiple studies have indicated that intensive aftercare programs are more likely to benefit high-risk juveniles rather than those at moderate or low risk. Given that the aftercare program has limited funding and a staffing level of 16 case managers who are already responsible for managing cases across a large area, adding clients from contiguous counties threatens to impair case managers’ ability to perform their duties.

In October of 2005, referral procedures were amended by BJJS to control strictly the number of exceptional referrals. Any juvenile from a primary county with a low risk score, or from a contiguous county with either a moderate or high risk score, can be admitted only after documentation of extenuating circumstances, approval of the YDC/YFC facility director, a review of the latest quarterly report from the Master Case Planning System, and approval of the BJJS Aftercare Program Supervisor. Procedures do not allow for referral of a low-risk individual from a contiguous county. At current levels of funding and staffing, BJJS should work to limit NRC program to the primary counties and to high-risk individuals.

Much of BJJS’ assessment, planning, and treatment occurs during the pre-release phase. After intake, facility-based aftercare program staff (BJJS social workers or drug and alcohol counselors) administer a somewhat more extensive assessment or screening instrument (such as POSIT or MAYSI-2) and a more general intake assessment. For drug and alcohol cases, a treatment specialist also assesses the resident. Then the facility-based BJJS social worker or drug and alcohol counselor, with input from the resident, drafts an aftercare plan.

To identify strengths and needs, establish goals, coordinate treatment and other activities in the facility, and draw on the evidence gathered by the variety of staff who

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1 Throughout 2005, assessment and planning have not been standardized across facilities, although they have been conducted in accordance with the BJJS Mental Health Treatment Handbook. During the fall of 2005, BJJS developed procedures that are to apply to all facilities, so that all residents of the YDC / YFC system will be assessed using the same instrument which, in turn, will be one of the sources of information guiding planning. The supporting forms for the new process are the Strengths Based Intake Assessment (see Attachment 6), and the Aftercare Plan document (see Attachment 7).
come into contact with the resident, a Master Case Planning Conference is convened by
the resident’s cottage counselor at approximately 30 days after intake. Present at the
Master Case Planning Conference are the counselor, a Psychological Services associate, a
medical professional, a teacher or other school representative, a BJJS social worker/drug
and alcohol counselor, and the resident. Also invited to the conference are other
interested parties: the presiding judge, the supervising juvenile probation officer, a
representative from NRC (for program enrollees) and the resident’s family. The Master
Case Planning Conference agenda includes the resident’s history, assessments, behavior
at the facility, goals, and aspirations. The same list of potential attendees applies to
quarterly Master Case Planning Conference follow-up meetings. In practice, attendance is
usually limited to facility staff and the youth, with no attendance by NRC or juvenile
probation staff. [Attendance at the Master Case Planning Conference is further addressed
in the following section on the transition phase.]

In accord with the BJJS case management model, resident goals and strengths,
treatment plan, and response to treatment are updated at regular intervals to ensure that
the activities and expectations for the resident continue to reflect the youth’s particular
circumstances, development, and behavior. At monthly intervals, YDC/YFC staff
representing the different systems involved with the resident (a group very similar in
composition to the team involved in the Master Case Planning System), along with the
client, participate in Multi-Disciplinary Team meetings to review progress, events, and
plans. Notes from the Multi-Disciplinary Team meetings are included in the Master Case
Planning System file. In addition, the Master Case Planning Conference is reconvened at
the 5th, 9th, and 13th months of placement (if discharge has not occurred earlier), and close
to the time of discharge to assess progress and update goals. The periodic Master Case
Planning Conference meetings update the Master Case Planning System file. Reports are
sent to the juvenile probation officer and, if applicable, to the family. NRC is NOT on the
distribution list. The pre-discharge Master Case Planning Conference produces the
discharge summary, which contains the BJJS Discharge Summary (discussed in the
following section on facility-based transition activities).

Pennsylvania standards call for juvenile probation to plan and collaborate with
other agencies during the pre-release phase. Even before the juvenile arrives at the
YDC/YFC facility, another branch of aftercare planning will have been initiated by the
juvenile’s probation officer. The Pennsylvania Juvenile Court Judges Commission (JCJC)
promulgates advisory standards for aftercare, which become mandatory standards for
counties that accept JCJC funding for specialized probation functions. Standard III states:

*Within thirty (30) days after a juvenile is assigned to aftercare supervision
the Aftercare Officer shall complete a written aftercare treatment plan
based on information gathered from the juvenile, parent(s)/guardian(s)
and placement facility. The treatment plan shall provide balanced
attention to the protection of the community, the imposition of
accountability for offenses committed, and to the development of
competencies.*
It is essential that the goals set forth in this plan are consistent with the goals established in the treatment plan developed by the placement facility.

Pennsylvania law allots to probation officers supervisory responsibility over committed juveniles. Probation officers are expected to visit youth in placement at regular intervals (although the specific practice of making visits varies from county to county). It is possible at any time during placement for the probation officer to confer with facility staff, inquire as to the course of treatment and the youth’s progress, and advocate for facility staff to continue or change their actions. In practice, the first contact of juvenile probation aftercare planning with facility-based assessment and planning begins at about the 5-month mark of placement; e.g., at the time the probation officer receives from YDC/YFC the fifth-month Master Case Planning Conference report. By the 5-month mark, the probation officer can use the Master Case Planning Conference report and first-hand observation to make an informed judgment of the youth’s response to placement.

In view of the effort to form working partnerships and to coordinate and integrate action on the part of BJJS facility-based staff, NRC, and juvenile probation, it is important to recognize that, by the 30th day of placement, there are two tracks of aftercare planning (BJJS and juvenile probation). Although the JCJC standards exhort probation officers to make the goals set forth in the aftercare plan “consistent with the goals established in the treatment plan developed by the placement facility,” the supporting process to attain this goal is not in place.

One way to foster collaboration between the BJJS aftercare program and juvenile probation departments would be to request each juvenile probation department to select a senior staff person to act as a liaison to the aftercare program. Then it would be the responsibility of aftercare program staff to ensure that the liaison is well versed in the mission, goals, and procedures of the aftercare program.

Phase 1 Summary

Design: One major task for this first phase in the aftercare program is to “screen-in” the youth who are to participate in the program. The program design has been modified to limit program enrollments to those youth the program is intended to service: high-risk youth from the 12 participating counties. A second major task is to begin collaboration across staff in the facility and juvenile probation departments. Although it is the shared responsibility of BJJS aftercare program staff and juvenile probation departments to implement collaboration and coordination of effort, BJJS should initiate a process to enhance and standardize collaboration with juvenile probation.

Implementation: The screening process appears to be fully implemented, and exceptions to the guidelines for program enrollment are controlled by BJJS program management. The validity of the Aftercare Risk Assessment instrument should be tested for the population of youth served by the program. There is abundant evidence that BJJS
conducts a youth-centered, individualized assessment and planning process, and that this process is open to participation by key actors from outside YDC/YFC facilities.

**Phase 2. Facility-based Transition**

Preparation for the client’s release and a period of intense contact with the client upon release characterize the transition phase for NRC. Transition begins when the client becomes active on an NRC case manager’s caseload, which happens 30 days before discharge from the facility. In this phase, NRC case managers visit the facility to meet, assess, and talk with clients. The following activities mark the first part of the transition phase:

1. **Assess the ability of home and household members to support the client’s pre-release visits and return home**

   Integration or reintegration with the family carries the potential of providing continual support for the youth returning to the home community. A core process within the aftercare program is individualized case planning that recognizes family characteristics. The case management approach emphasizes the necessity of working with the family. Juvenile probation officers routinely identify family reunification as a central pillar of successful return to the community, and probation officers focus on monitoring the process of family reunification. Therefore, family assessment appears to be a necessary part of a range of efforts aimed at understanding the family and, to the extent possible, encouraging the family to become supportive partners in the reintegration process.

   NRC case managers assess families with the Wisconsin Delinquency Family Assessment (the “Family Assessment”) and the Aftercare Planning Assessment, which are to be completed prior to the anticipated discharge date. The Family Assessment (see Attachment 8) reports on family health, education, and income. It also documents aspects of family functioning, such as the family’s usual approach to conflict resolution. In completing the assessment, case managers are instructed to use “the best available information” from multiple sources: observation; youth self-reports; interviews with family members; interviews with school personnel, employers and relatives outside the home; reports from official agencies; and other formal evaluations.

   When asked specifically about what happens with the assessment after it is completed, one case manager said that it is filed with the client’s record and no further use is made of it. In the survey of NRC case managers, 5 of 10 responding case managers indicated that the Family Assessment was “not useful” in helping clients achieve their reintegration goals. However, the assessment is useful to facility-based BJJS staff because it is a source of information that does not rely on reports from the youth, who might not accurately reveal family or neighborhood issues to the BJJS counselor or social worker. In response to the NCJJ questionnaire administered to BJJS staff, 6 of 7 responding staff assigned to the aftercare program said they used results from the Family Assessment.
2. Participate in the Master Case Planning Conference, quarterly reviews, and discharge planning when necessary or when requested by the facility

Cooperation between key actors is crucial to successful aftercare plans. The BJJS model emphasizes close cooperation, collaboration, and information sharing as part of the Master Case Planning Conference process. Both NRC and juvenile probation are invited to attend BJJS case review conferences (whether Master Case Planning Conferences or Multi-Disciplinary Team meetings). However, interviews with facility staff uniformly indicate that participation in the Master Case Planning Conference typically involves personnel who work at the facility—it was rare to have participants from the resident’s community or from NRC. In response to a confidential NCJJ questionnaire administered in September and October of 2005, 55 of 65 responding YDC/YFC staff (or 85%) that is involved in the Master Case Planning Conference system said that NRC case managers “never” participate.

At a minimum, there should be NRC participation in the Master Case Planning Conference Discharge Summary, because the Discharge Summary process produces information useful for development of the ISP: information on the progress of treatment in the facility, such as competency development; what has been worked on, what has been mastered, what needs to be continued. In interviews, NRC case managers identified the Discharge Summary as the most significant guide to further planning that is not directly under the control of NRC. Nine of eleven respondents to the confidential NRC case manager questionnaire indicated that the Master Case Planning Conference is “very useful” in developing a service plan for juveniles enrolled in the program. In contrast, seven of ten questionnaire respondents said that NRC management placed only “some” or “not very much” emphasis on Master Case planning. Management inattention to the process needs to be addressed.

A barrier to NRC case manager participation in the Master Case Planning Conference is that it would typically require a drive of several hours’ duration. Video conferencing might be a solution to the problem. BJJS staff indicate that all YDC/YFC facilities are equipped with video conference equipment, as are the NRC offices, community-based Department of Health offices, and in several participating county juvenile probation departments. Video conferencing equipment that links NRC community-based sites with YDC/YFC facilities can make outside participation in the Master Case Planning Conference more of a regular occurrence. If this is to occur, then BJJS needs to establish a method to inform NRC case managers, juvenile probation, and the family, of the time and date for Master Case Planning Conference Discharge Planning meetings as soon as possible after meetings are scheduled.

3. Complete the NRC Aftercare Planning Assessment

To develop an individualized aftercare service plan and to guide programming and service delivery, NRC aftercare staff conduct the Aftercare Planning Assessment process. The information collected pertains directly to programming and service delivery. The Aftercare Planning Assessment (see Attachment 9) is used to collect extensive, pertinent information about the youth, including details about home, school experience,
The Aftercare Planning Assessment pre-dates the 2005 modifications to the aftercare program. Veteran NRC case managers have experience with the form, the information contained in it, and the ways in which the information can be used. In other words, the Aftercare Planning Assessment has become, over time, well integrated into NRC operations. It is relied upon to help the case manager develop the youth’s Individual Service Plan. The NRC questionnaire of case managers indicates that they find the Aftercare Planning Assessment a valuable source of information: 8 of 10 respondents rated it as “very useful” in helping the client achieve the goals of the reintegration process. The same proportion—8 out of 10—also said that NRC management placed “a lot” of emphasis on the Aftercare Planning Assessment. The Aftercare Planning Assessment informs all subsequent contact with the youth, and is completed for every enrollee, without exception. Further, the Aftercare Planning Assessment clearly embodies the case management principles of individualized, client-centered treatment.

4. Contact the client’s juvenile probation officer at least forty-five days prior to the resident’s discharge from the institution to discuss the program and align services to client strengths/needs.

Coordinated planning between probation and NRC staff begins 45 days prior to discharge. If the probation officer has no experience with the BJJS aftercare program, then the NRC case manager will describe the program. NRC staff contact with juvenile probation can help align services to client strengths and needs through a sharing of information about, for example, the social history, offending history, family, neighborhood, and school.

NRC case managers’ responsibility to explain the aftercare program reflects the reality of aftercare program coordination with juvenile probation departments: the relationship between the program and juvenile probation is entirely in the hands of individual NRC case managers and probation officers, and connections between the two occur at the level of line staff, not management. Currently, a process to encourage probation to commit to cooperation with the BJJS aftercare program has not been developed, and there is no regular contact between NRC supervisors or BJJS aftercare program management with probation supervisors or chiefs.

Because collaboration, cooperation, and sharing of information across systems form the bases of effective aftercare operations, it is essential that the aftercare program
staff and juvenile probation benefit from the efforts of each other. Each must also develop detailed knowledge of the goals and methods brought to aftercare by the other. Toward that end, NRC must become expert in understanding different models of aftercare adopted by each county’s juvenile probation department. As it stands, the community component of the aftercare program is designed as a “one size fits all” program in terms of what it offers in each community. However, each of the participating counties’ juvenile probation departments has a unique approach to aftercare supervision in terms of approach (e.g., specialized aftercare units versus generalized approach), commitment (e.g., visiting youth in the facility), community-based resources, and engagement with the BJJS aftercare program. As a result, opportunities are necessarily lost. For example, a large urban county like Allegheny has a broad array of aftercare resources. BJJS aftercare program efforts in Allegheny County may be better served by becoming familiar with the local juvenile probation department, its approach to working with youth released from state placement, and identifying the specific resources already available and in use in the county. Then aftercare program staff would be able to plan services in specific, targeted ways (e.g., a focus on employment services). On the other hand, a smaller, rural county with few aftercare resources may have more basic service requirements (e.g., general monitoring, supervision, transportation). Consequently, in this county BJJS aftercare should be prepared to provide a higher level of monitoring and services, perhaps with a larger proportion of services coming directly from NRC.

5. Complete the Wisconsin Youth Delinquency Assessment

The Wisconsin Youth Delinquency Assessment (the “Delinquency Assessment”) (see Attachment 10) is intended for use in the development of the Individualized Service Plan. That is a reasonable expectation, as the Delinquency Assessment flags an array of specific strengths and needs. It evaluates, through multiple choice responses, these dimensions: 1) educational involvement, 2) family/community environment, 3) emotional stability, 4) conflict resolution, 5) substance use, 6) attitudes/values, 7) parenting/care giving, 8) social competencies, 9) successful living skills, 10) employment, 11) sexuality, and 12) health. The Delinquency Assessment is completed in a manner similar to the Family Assessment, by referring to “the best available information” obtained from a variety of sources.

Although the Delinquency Assessment can be used to make rational decisions about service delivery in the community, it is not so used. When asked about sources for service plan development, NRC case managers cited the Discharge Summary, the 5th Month Master Case Planning Conference report, and the Aftercare Planning Assessment as valuable sources of pertinent information—all of which provide highly detailed and personalized information about the youth—but not the Delinquency Assessment.

The primary use of the Delinquency Assessment appears to be estimating change from the time of program enrollment until program discharge, when the Delinquency Assessment is again administered. Ideally, measurement to track competency development (changes in strengths and needs) would occur at placement intake, at the time of return to community, at the time of program discharge (measured, to the extent possible, for all youth discharged from the program, not just those who successfully complete it). The completed Delinquency Assessment is filed in the client’s folder. Only
a summary indicator of need level (low, medium, or high) is recorded electronically—the Quarterly NRC report to BJJS contains starting and ending Assessment need levels for youth discharged from NRC during the quarter. Regardless of the specific assessment instrument, it should be tested for validity with the population of youth in the YDC/YFC system. Without validation, it is not known whether the assessment score accurately reflects risks, strengths, or needs, and it cannot be known whether levels of risks, strengths, or needs changed across the course of a youth’s involvement with the aftercare program.

6. Develop the Individualized Service Plan (ISP); finalize and distribute completed ISP’s to client, family, probation and facility no later than two weeks prior to the resident’s discharge from the facility

The ISP and the process behind it are crucial to the NRC component of the BJJS aftercare program. The ISP makes explicit the connection between the comprehensive evaluation of the client and program services and interventions. The ISP contains the detailed, outcome-based action plan for the client, and successful completion of the aftercare program is predicated on meeting ISP goals.

Central to the process of ISP development is the establishing a firm commitment on the part of the client to the aftercare program. When asked about what makes for a good transition to the community, multiple case managers (and BJJS staff and probation officers) replied getting the youth to think about it ahead of time. To encourage forethought among their clients, NRC case managers initiate development of the ISP in the facility, in conjunction with the youth, so that the youth knows the plan and has ownership over it. ISP development also incorporates information from historical client documentation, juvenile probation, the Delinquency Assessment, the Standardized Aftercare Planning Instrument, and the Family Assessment. The ISP is to take into account information that reflects an understanding of the youth, the youth’s offending history, home, neighborhood, school, work, substance use, anger management, interests, strengths, and needs.

To foster a sense of client ownership of the ISP goals, program designers at BJJS specify that the ISP development process should be strength-based. Toward this end, BJJS aftercare program managers fielded a redesigned ISP form in October 2005 (see Attachment 11). On this form, immediately after listing identifying and contact information for the client and the client’s family, the ISP presents a comprehensive client and family strengths list of such items as work ethic, scholastic achievement or aptitude, career interest, physical ability, communication between youth and family, and a supportive family environment. It should be noted that the remainder of the form continues to be organized according to areas of need, rather than strengths.

The ISP addresses, in detail, education and vocational training, conflict resolution, employment, community involvement, and substance abuse. For each topic there appears an assessment of need, identification of long- and short-term goals, measurable action steps, specification of client responsibilities, NRC case manager responsibilities, and community resources/services to be accessed or referrals completed. Also in the ISP is projected service frequency, such as “Two hours a week of face-to-face contact and
weekly phone contact,” and a targeted completion date. The ISP also contains a plan for discharge from the aftercare program and transition from active involvement with the aftercare program, an estimated time for the duration of treatment, a schedule of family services, and spaces for monthly updates to the ISP.

The NRC case manager and the youth are the essential parties involved in the ISP development process. Juvenile probation, the family, YDC/YFC personnel (the social worker, drug and alcohol counselor, cottage counselor, drug and alcohol treatment supervisor, unit manager), and other interested parties from the community are invited to participate. Most case managers (7 of 12 respondents to the NRC case manager questionnaire) said they consult with schools, 10 of 12 consult with other community-based service providers, and 3 of 12 report consulting with employers.

Family involvement in ISP development is voluntary. Ten of 12 responding NRC case managers said that families were at least “somewhat cooperative,” and all 12 said they consulted with the family in the process of ISP development. The program guidelines for case managers insure that program workers, when possible, visit the family and complete a Family Assessment 45 days prior to anticipated discharge. Contact and assessment are both monitored by the BJJS case review process. Probation officers support the view that NRC involves youths’ families: 24 of 25 responding probation officers either agreed or strongly agreed “NRC works closely with juveniles’ families.”

Typically, in drafting an ISP, the NRC case manager will seek out the facility’s social worker and counselor. Case managers describe facility social workers, who work in a position designed as the interface between the facility and NRC, as easy to reach, knowledgeable, and cooperative. More difficult to reach is the resident’s counselor, who works in a position that is focused on facility residents. However, the counselor is highly valued as a source of reliable, detailed information, as counselors work closely with the youth for an extended period of time. Facility personnel—either the social worker, unit manager, or drug and alcohol treatment worker—are required to review the ISP to align it with information from the Master Case Planning System.

The NRC case manager also consults with the probation officer. Both NRC staff and probation officers describe good working relationships between the two. Seven of 12 respondents to the NRC case manager questionnaire described juvenile probation officers as “very cooperative,” and 5 indicated that probation officers are “somewhat cooperative.” All responding case managers said that they consult with probation in the process of ISP development. Eight of 12 NRC respondents said that NRC, facility staff, and probation all share the same goals for NRC clients.

In general, the relationship between juvenile probation and NRC appears to rest on a solid foundation of mutual benefit. A majority of respondents to the confidential questionnaire of probation officers indicated that NRC case managers typically request information from probation pertaining to the youth’s social history (family, neighborhood, schooling, and so on) and offending history, information useful in the development of the Youth Assessment, Family Assessment, and the ISP. A majority of responding probation officers also said that NRC provides probation with information to
help develop probation’s aftercare supervision plan, information about adjustment to community and family, and surveillance information such as violations of court conditions, curfew, failure to cooperate or participate in interventions. Probation officers also indicate that NRC case managers help meet the needs of probation by driving aftercare clients to appointments and job interviews.

Inclusion of ISP goals in conditions of probation indicates coordination and cooperation between NRC and probation. Interviews with NRC case managers indicate that, when ISP steps are incorporated into the conditions of probation, the client is more likely to cooperate with the NRC worker. Case managers say that NRC aftercare relies on the county probation departments for backing. Client compliance with NRC is voluntary and a client cannot be forced by an NRC case manager to accomplish ISP goals. Sometimes the youth will not cooperate with NRC unless encouraged (i.e., ordered) to do so by juvenile probation.

The juvenile probation officer has the option to include ISP goals in conditions of probation, but there is no requirement from probation departments that they be included. Twenty (20) of 25 responding probation officers said that they incorporated ISP goals when developing conditions of probation. Because probation officers only rarely attend the pre-release ISP planning session that occurs at the facility, including ISP action steps in conditions of probation requires that the NRC worker contact the probation officer and describe the ISP action steps. It is important to recognize that alignment of conditions of probation with the NRC ISP is the responsibility of the NRC case manager alone and including the NRC ISP action steps in the conditions of probation depends more on the NRC worker’s relationship with the probation officer than the needs of the client.

Both NRC and juvenile probation work to smooth community re-entry, develop the youth’s competencies and address needs, protect the community, and ensure accountability to victims and communities. However, the organizations differ on points of emphasis. Both probation officers and NRC case managers agree that probation places greatest weight on the BARJ goal of community protection and that NRC places greatest weight on competency development. Further, review of case files shows that the ISP action steps tend to be much more detailed than conditions of probation. While NRC and probation generally agree on goals, the ISP stands alone in providing a detailed set of instruction as to how the goals should be accomplished.

7. For those residents unexpectedly discharged from a facility, NRC will engage the youth and the family immediately upon receiving notification of the referral to begin the development of an ISP. In these situations the ISP will be completed seven days after discharge.

The timeliness of NRC’s completion of ISPs matters a great deal—it affects continuity of care. If the ISP has not been developed and reviewed with the client prior to the client’s release from placement, then programming suffers an interruption and the client lacks an important guide to the immediate future. An October 2005 file review conducted by BJJS showed that, in 15 of 25 (60%) of reviewed files, the ISP was both developed and reviewed with the client by 14 days prior to the client’s discharge from the
facility. A NRC report to BJJS from the 3rd quarter of 2005 indicates that about 70% of ISP’s were developed prior to the resident’s departure from the facility, and about 25% were completed within one week of departure from the facility.

NRC’s ability to complete the ISP in a timely manner (by 14 days prior to discharge) depends on the predictability of release. There is no requirement in Pennsylvania for formulaic, predetermined length of placement for juvenile offenders. Juveniles can be, and often are, released earlier than might be expected from reading the commitment order. For example, a judge may decide that treatment has been particularly effective, justifying early release, or the court may release a juvenile early so that he might begin school at the start of the fall or spring semester. Conversations with NRC case managers, NRC leadership, and BJJS program administrators indicate that all are involved in an effort to reduce the number of late ISP’s by better predicting the timing of client discharge.

8. Attend discharge and review court hearings in the resident’s home county, when necessary

To serve as advocates for their clients, NRC case managers are called on to attend court hearings. On average, as indicated by case manager monthly reports to the state NRC office in Harrisburg, case managers attend about 1 court hearing per month to advocate on the client’s behalf. In interviews, both NRC case managers and juvenile probation officers said that NRC case managers make themselves available for review hearings. Most (16 of 26) responding juvenile probation officers either agreed or strongly agreed that NRC case managers advocate at court hearings. It may be that the aftercare program needs to increase NRC case managers’ level of participation in court hearings, both to advocate on behalf of clients and to increase court awareness of the goals and approaches of the BJJS aftercare program.

9. Assist, along with probation and YDC/YFC staff, in the supervision of clients returning to their communities for re-entry visits

In many aftercare programs around the country, the relocation of offenders from placement facilities to their communities is preceded by brief re-entry visits, often in the form of weekend passes. When asked about the percentage of clients making re-entry visits or receiving home passes prior to the end of their placement, 7 of 10 responding case managers indicated that none of their clients made re-entry visits; another 2 said that about 5% made such visits. Interviews with NRC case managers revealed no further evidence of re-entry visits. For reasons of distance and security, it appears to be difficult for the aftercare program to implement home passes or re-entry visits. The program should either work to overcome barriers to re-entry visits or remove the goal from its program description.

Phase 2 Summary

**Design:** The BJJS aftercare program is well designed to gather relevant information about the client and the client’s family and community, prepare an
individualized supervision plan, and establish continuity between facility-based and community-based service delivery. However, there is room for improvement with regard to engaging NRC case managers and juvenile probation officers with the facility-based case planning process. Procedures to align aftercare program effort with juvenile probation activities should be revised to take account of differences across counties’ juvenile probation departments.

**Implementation:** In general, the facility-based transition phase of the aftercare program operates as designed. Unexpected release of clients from residential placement remains a problem, but program staff are revising their procedures so as to reduce the number of clients who are released before completion of service planning and ISP review. Despite the ad hoc nature of collaboration between NRC case managers and juvenile probation, good communication and cooperation between them appears to be typical. The aftercare program should test the validity of the Delinquency Assessment.

**Phase 3. Community-based Transition**

Immediately following a client’s discharge from placement at an YDC/YFC facility, NRC case managers are to engage in activities that connect clients with the identified critical support network. To aid the transition, NRC case managers may assist their clients in obtaining drivers’ licenses, state identification cards, and other requisites of a smooth transition. The NRC case managers also spend significant time in their automobiles driving their clients from one place to another, such as home, NRC offices, community-based organizations, government offices, clinics, and potential employers. Further, if there is no suitable home to which the youth can return, NRC will directly provide short-term alternative living arrangements. The following activities are also associated with the transition phase of the aftercare program:

1. **Make face-to-face contact within 72 hours after release from the facility**

   A youth’s good transition to the community calls for immediate contact with the case manager upon return home: in the words of one case manager, “You jump right on it.” NRC case managers are charged with making “in-person” contact with the client in the community within 72 hours of release. Timely contacts rely on 1) the facility providing NRC with advance notice of release and 2) the youth’s willingness to engage with the NRC component of the aftercare program. According to reports filed by NRC case managers in the month of August 2005, 39 of 47 (83%) newly discharged clients were contacted in person within 72 hours and 4 of the remaining 8 were contacted by phone within 24 hours.

2. **Complete the University of Rhode Island Change Assessment (URICA) within 7 days of release**

   The University of Rhode Island Change Assessment, which was developed for use with an adult population—not for use with juveniles—is intended to measure a person’s readiness for change. Readiness for change is described in terms of one of three stages: pre-contemplation, contemplation, and action. The theory is that the change
process begins with pre-contemplation, before any conscious thought is given to change, then proceeds through contemplation (conscious consideration of change) and then action (change). Because the URICA is administered upon arrival in the community and at program exit, extended discussion of the URICA is found below, in the section on the community follow-up phase.

3. Contact probation officers bi-weekly and send probation monthly written reports to update them on client progress in meeting ISP goals

NRC serves the interests of probation for the duration of a client’s involvement with the program by regular, periodic reports on client activity, treatment regime, and evidence of reintegration. In turn, NRC case managers may benefit from juvenile probation’s commitment to the NRC program. If the youth is not motivated to work toward ISP goals, the juvenile probation officer may provide effective motivation, provided that NRC and probation share the same goals. The questionnaire administered to NRC case managers suggests that case managers rely on working relationships with probation: 8 of 11 respondents said that probation was useful in obtaining client compliance with ISP goals. Several case managers mentioned the value of demonstrating to the client cooperation between NRC and probation. Interviews with NRC case managers and probation officers indicate a pattern of regular contact with probation officers, either in person or by email or phone. Case reviews conducted by BJJS staff in October and November of 2005 support the perception of regular contact, with recorded bi-weekly contact for 84% of cases (based on 38 reviews). However, monthly updates to probation occur at a lower rate: 65% of cases (based on 23 reviews).

4. Facilitate group programming provided by NRC program staff or alternative community resources

Engaging the youth in activities and providing services in the community begins in the transition phase and continues throughout the subsequent, community follow-up phase. The goals in the ISP guide programming, whether the programming involves groups directed by NRC or alternative community resources. The process of ISP review, which involves facility-based social workers (BJJS staff) and NRC program management is well suited to ensuring that programming comports with client strengths and needs.

Given the variety of needs exhibited by the population of youth enrolled in the aftercare program, an array of services must be provided or accessed by program staff. Group programming provided by NRC addresses the topics of sexually transmitted diseases, victim awareness, anger management, drug and alcohol abuse, and life skills (interviewing, personal finance management, parenting/child care training, and social skills). The program often provides in-house client counseling, family counseling, and job readiness and placement assistance. In conjunction with juvenile probation, NRC staff perform nightly curfew checks and monitor performance of community service. NRC case managers broker three kinds of services or activities from community-based organizations:
• Recreation/positive peer activities: according to interviews, these are intended for youth who are too young for paid employment, who have time outside school or other structured activities. Typical providers are the YMCA/ YWCA (for recreation and mentoring programs) and the Boys’ and Girls’ Club (which provide NRC enrollees with the opportunity to volunteer with younger underprivileged children). Big Brothers/Big Sisters may also be used to provide supportive contacts and to reduce the amount of unscheduled time available to a youth. NRC may also directly provide leisure and recreation activities.

• Treatment/competency development services: these include county-level mental health intake and outpatient services, drug and alcohol counseling, Alcoholics Anonymous, anger management counseling, and outpatient sex offender counseling (such as Cornerstone Philadelphia’s aftercare for sex offenders).

• Employment/education services: these include Pennsylvania CareerLink (for GED classes, ESL classes, and job placement), the Urban League (also for job placement), other GED training agencies, other employment agencies, and organizations that work with youth providing community service (such as county parks).

Some case managers cite limitations in available community-based services, such as job placement agencies’ lack of individual attention to clients who seek employment, or a reluctance of other service providers (e.g., agencies that provide mentoring services) to engage with NRC clients.

When asked about providing services to clients, NRC case managers in interviews answered that they “run groups.” The October/November 2005 case reviews conducted by BJJS show that, in 33 of 43 cases examined (77%), clients participated in group programming provided by the NRC program. In 12 of 42 cases (information was missing for one case) reviewed by BJJS (29%), referrals were made to non-NRC community-based services. BJJS program administrators and NCJJ evaluators have noted that the ratio of cases receiving brokered services from community organizations to cases receiving direct services from NRC is out of balance, given the NRC program’s emphasis on forging durable and supportive ties between the client and the community. Brokering services from licensed local providers may better serve the interests of NRC aftercare clients, especially when experienced specialists deliver such services. Discussion of the topic with BJJS program administrators, NRC state-level management, and NRC case managers, and review of minutes from monthly meetings of BJJS and NRC staff indicate that NRC is engaged in an effort to expand its contact with other community based resources.

There is also a low level of service brokerage involving the family. The case management model encourages both individual and family treatments. The family typically occupies the center of the youth’s social network, and a positive, supporting relationship between family and youth improves the odds of successful community reintegration. Interviews with NRC case managers routinely reveal awareness of family conditions and of the crucial role played by the family in supporting youth returning from
placement. All responding NRC case managers (10 of 10) cited working with the family (planning with the family or family intervention) as either “somewhat useful” or “very useful” in helping clients achieve reintegration goals. Case managers also perceive that program leadership is concerned about involving family in planning and/or family intervention: 9 of 10 respondents said that supervisors and managers place “a lot” of emphasis on these activities.

It may be that the NRC increases the probability of successful outcomes to the extent that it involves the family in planning, but NRC rarely makes use of community-based family interventions. From January to July of 2005, over 300 youth were newly enrolled in the NRC program. Of those, fewer than 20 had been involved with community-based family intervention programming, such as family counseling or Functional Family Therapy. The general approach of NRC to the family appears to be to involve the family in planning, to include the family in activities to recognize a youth’s program-related achievements, and, in rare circumstances, to aid the youth find alternate living quarters if the return to the family poses acute dangers.

BJJS, through its record review process, has recognized the need to improve connections between, on the one hand, YDC/YFC staff and NRC case managers and, on the other hand, NRC and local service providers. BJJS aftercare administrators have proposed a “Resource Day” of training in Harrisburg so that aftercare program staff (from BJJS and NRC) can meet with representatives from a variety of service providers that are active in the communities (see Attachment 12). The aftercare program should extend the “Resource Day” concept and consult with the Department of Public Welfare, with counties’ human service agencies, and with juvenile probation departments to develop county-level directories of licensed service providers, especially providers certified to deliver services qualifying as “best practices” and “evidence-based.”

For clients with special mental health and/or mental retardation needs, the client's specific Service Coordination Unit (formerly referred to as a Base Service Unit) should routinely be involved in the development of the ISP. Service Coordination Units connect clients with appropriate services. For persons with mental health diagnoses, mental retardation, or alcohol and other drug dependency, outpatient services may be furnished under the county program by the Service Coordination Unit, community centers, community clinics, clinics conducted by hospitals, or State facilities. Youth eligible for Medical Assistance (MA) have access to treatment considered medically necessary for physical or mental health reasons. The services vary from county to county and may include intake, Child and Adolescent Service System Program (CASSP) coordination, psychological testing and assessment, individual or group therapy, psychiatric evaluation/consultation, family home based services (wrap around), treatment planning, and service authorization.

5. Engage youth in school, vocational education, or employment

Establishing connections to school and work are high priorities for NRC case managers, and much of the initial 30 days in the community are devoted to negotiating with school administrators to place the youth in school or to searching for employment. If
the youth can be enrolled or employed, then the youth gains in credentials or skills and the amount of unstructured time is decreased. In interviews, case managers describe a general reluctance, but rarely flat refusal, on the part of schools to accept youth returning from placement. In the questionnaire of NRC case managers, 9 of 12 said that schools were only “somewhat” cooperative. Nine case managers offered opinions about employers: 5 described them as “somewhat” cooperative, and the remaining 4 termed employers “not cooperative.” Despite the challenges, many NRC youth are enrolled or employed. The August 2005 NRC report to BJJS indicates of 211 youth then enrolled in the program, 85 were enrolled either in school or a vocational program and another 67 were employed with paid work for at least 24 hours per week. Therefore, about 3 of every 4 were in school or had more than half-time work.

6. The case manager, youth, family members and, when available, probation officer will review progress with the clients’ community reintegration after 30 days of community-based activity. Staff will evaluate whether the level of services is appropriate for the client’s risks and needs and update the ISP.

Review and update of ISPs are essential components of the case management model, which calls for continual assessment and realignment of programming that takes account of recent progress toward attaining goals. The case review conducted by BJJS in October/November of 2005 indicates that review and update of ISPs on a monthly basis occurred in 36 of 40 cases (90%).

**Phase 3 Summary**

**Design:** The aims of the community-based transition phase are to engage the client in the community-based program operations and to foster supportive connections between the client and the community. The program structure appears well designed to achieve these goals. However, complete integration of assessment and planning among BJJS, NRC, and probation remains a distant goal.

**Implementation:** For use in ISP planning, the facility-based social worker should prepare a Master Case Planning Conference transmittal packet for NRC that identifies client strengths, needs, treatment history, past assessments, and that contains BJJS recommendations/prescriptions for community-based services and activities (the Discharge Plan). BJJS, NRC, and juvenile probation should confer in an effort to increase outside participation—whether in person, by video conference, or by telephone—at case review sessions, especially the closing Master Case Planning Conference Discharge Planning meeting. The aftercare program NRC case managers are effective at engaging their clients with the program and at bringing their clients into contact with community-based supports, but the process of referring clients to community-based behavioral health services should be revised to take account of the array of services available in each particular community.
Phase 4. Community Follow-up

The community follow-up phase continues community-based activity begun in the transition phase. Community follow-up extends from 30 days after the youth has left placement until the end of involvement in aftercare programming. In practice, this phase lasts for about six months. During this period, the NRC case manager assists the client to become an integrated member of the community. As discussed in the preceding section on the transition phase, during the community follow-up phase NRC provides services directly, facilitates linkages with community-based services (service brokerage), assists with school enrollment, secures vocational training, or helps the youth find work, and maintains contact with probation officers. NRC case managers also monitor performance of community service, payment of restitution, school attendance and performance, employment related activities, and curfew compliance. Specific tasks unique to this phase include:

1. Assign program clients to service tracks

Based on the idea that youth with higher levels of need and risk should be monitored more closely than those with lower levels of need and risk, youth are assigned to follow one of four tracks, according to their strengths, risks and needs as determined by the assessment process. Track assignment is based on a combination of information from the Delinquency Assessment, the Family Assessment, and supports available in the community, as reflected in the NRC Aftercare Planning Assessment. Track assignment determines the level of direct services provided by NRC and the level of monitoring that the case manager undertakes (i.e., it determines the number of contacts between client and case manager per week). Clients with higher levels of motivation and aptitude, and who have stronger critical support networks, are seen or contacted less frequently than clients with lower strengths levels. Under the old aftercare program, all youth exiting a facility were automatically assigned to Track IV, and then progressed to lower tracks according to a set schedule.

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<th>Track</th>
<th>Hours of direct service per week</th>
<th>Number of face-to-face contacts per week</th>
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<td>I</td>
<td>2</td>
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<td>III</td>
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<td>IV</td>
<td>7+</td>
<td>4</td>
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In practice, almost all youth enrolled in the community portion of the aftercare program are assigned to either Track I or II. From 27 case reviews performed by BJJS during October 2005, it can be seen that 22 clients were initially assigned to Track 1, and the remaining 5 were assigned to Track 2. NRC reports to its parent corporation show that case managers were making about 70% of required contacts in May 2005, 77% in June, 71% in July, and 87% in August 2005. If more contact with the program is
associated with better outcomes—something to be tested in an outcomes evaluation—then NRC should increase its efforts to have clients keep appointments.

Track assignment and the concomitant activities are incorporated into the ISPs, which are to be reviewed monthly with the youth, family, NRC supervisor, case manager and, when possible, the probation officer. If personal contact with the entire group is not possible, copies of the ISP are sent to those not attending.

2. Administer the Delinquency Assessment at the time of program discharge

At the end of community follow-up, the case manager re-administers the Delinquency Assessment to assist in continued planning to address identified risk levels. The need level at discharge is compared with that from intake to assess program performance. For example, from April through June of 2005, 90 clients were discharged from NRC that had both beginning and ending need scores. Of these, 22 had greater needs at the time of discharge, 45 had lower need scores, and the remaining 23 were unchanged on their need scores. It should be noted that comparing need scores, although easy, does not by itself provide complete information about a client’s performance in the program. Comparison of need scores should be only a supplement to a full evaluation of ISP progress. However, a full evaluation of ISP progress currently is burdensome because ISP goals are not recorded in an automated case management system.

3. At discharge, re-administer the University of Rhode Island Change Assessment (URICA).

At discharge the case manager will again administer the University of Rhode Island Change Assessment to compare the client’s stage of change at discharge to the stage of change when entering the community phase of the program. An NRC program report covering the third quarter of 2005 covers 120 clients who were assessed both at the time of release from the facility and discharge from the NRC program. The report shows that URICA scores collected at the time of entry into the community phase of the program were recorded for 75 of the 120 clients (62%), and URICA scores were collected at discharge for 40 of the 120 (33%). In contrast, the Delinquency Assessment was administered at entry and discharge to 107 of the 120 (89%), implying that completion of the URICA at discharge is a relatively low priority.

Of 11 respondents to the NRC case manager questionnaire, 8 said that the URICA is “not useful” in helping clients achieve ISP goals, although 7 of 10 respondents said that “a lot” of emphasis is placed on the URICA by NRC management. One explanation for the URICA’s low level of usefulness to case managers is that there is no program feature explicitly directed toward moving a youth from one stage of change to another. A second explanation for case managers’ low opinion of the URICA is that it rarely provides any useful information about program participants. By far the most typical pattern of response is that a youth will register as “pre-contemplation” upon entry to the community phase of NRC and as “pre-contemplation” upon exit: this pattern was seen in 33 of the 40 observations drawn from youth discharged from NRC in 2005. It should be noted that the
URICA was developed for use with adults with substance abuse diagnoses, and has not been validated for use with juveniles. Use of the University of Rhode Island Change Assessment instrument appears not to be a priority of the NRC program, and the procedure is a likely candidate for elimination by BJJS aftercare program management.

4. After consultation with other stakeholders, NRC will decide whether to end regular contact with and service provision for the client

A successful transition implies the end of support. The program description states that the decision to end a client’s participation in this phase of the program is made jointly by juvenile probation, the family, the client and NRC staff members (it should be noted that there is no requirement for court approval prior to discharge from the BJJS aftercare program). A major influence on the decision should be whether the client has achieved the goals specified in the ISP. In practice, the amount of time a client spends in the program roughly coincides with the period of probation supervision in the community, and the end of probation supervision appears to override other considerations.

Aftercare program client retention: Given that the design of the program calls for voluntary cooperation between the youth and the aftercare program, the unique and critical question for this phase is whether the program is able to retain youth as enrollees. Of 400 youth who were discharged from the aftercare program during the first 3 quarters of 2005, 388 (97%) were accounted for by 4 types of discharge (the remaining 3% were either transferred to another program or, in the case of 1 client, deceased): for the clients discharged 47% were designated as completing the program, i.e., having cooperated with the program goal throughout their enrollment. Another 27% were removed from the program because of violations of program rules, generally entailing a violation of probation. Therefore, 74% (47% plus 27%) of the program enrollees were either treated by the program or had renewed contact with the justice system and therefore could not be retained.

Retention is an issue for 24% of clients: the 12% of clients who did not make progress in the program and therefore “left with consent,” and another 12% were discharged from the program because they “failed to maintain” contact. It is unknown how many of the 24% of clients who left with consent or failed to make contact might have been retained if the aftercare program had access to sanctions to encourage client compliance. BJJS aftercare program leadership should consider revising the design of the program so that relations between the program and juvenile probation become more formalized in a way that gives aftercare program case managers the ability to call upon juvenile probation departments for assistance in gaining client compliance with program activities. Program retention could be improved if juvenile probation were to apply sanctions to youth who either do not cooperate with or drop out of the aftercare program.

Phase 4 Summary

Design: The programmatic design of this phase closely resembles that of the preceding, community-based transition phase—most of the work done by the aftercare
program in this phase pertains to delivering services in the community, either through NRC staff or services referred to other community-based organizations. Program retention could possibly be improved by enlisting juvenile probation to apply sanctions to youth who either do not cooperate with or drop out of the aftercare program.

**Implementation**: This aftercare program phase continues the efforts begun with community-based transition, so the observations made about community-based transition apply to this phase. A preponderance of evidence indicates that NRC aftercare case managers arrange delivery of services—especially education, employment-related, and recreation services—in collaboration with community-based organizations and juvenile probation, although there is a need for improvement with brokerage of treatment services. The assessment instruments used in this phase—the Delinquency Assessment and the URICA—should be validated for use with the population of youth engaged in the aftercare program. The unique service delivery feature of this phase is calibration of service level and monitoring with the client’s risk and needs level.

**Phase 5. Evaluation and Outreach**

The evaluation and outreach phase begins when the juvenile is discharged from the aftercare program. NRC program staff solicit feedback related to program satisfaction and effectiveness by administering surveys to clients and probation staff. In addition, NRC staff track client progress for one year after discharge from the aftercare program to determine if a client has been adjudicated in juvenile court or convicted in adult court. The aftercare program uses an array of instruments to facilitate evaluation and outreach, including a Discharge Status Questionnaire, a Client Satisfaction Index questionnaire, a final ISP, and documentation of completion of BARJ requirements.

The Discharge Status Questionnaire (see Attachment 13) is used to collect information—at time of discharge—pertaining to 4 broad topic categories:

- Illegal activity/recidivism
- Educational involvement
- Vocational involvement
- Community service/restitution

This paper questionnaire is completed by the NRC case manager from information in the client's paper file. The information is then entered from the paper form into the NRC Evaluation Database, which is maintained by Founder’s Trust. During the first 9 months of 2005, DSQ data were entered into the Evaluation Database for 85% of discharged clients who completed the aftercare program, and for 70% of clients who did not complete the program—overall, 76% of clients discharged during the first 9 months of 2005 had DSQ data collected and reported. It is understandable that information about youth who are out of contact with the aftercare program would be difficult to obtain. In contrast, an 85% reporting rate for youth who completed the program indicates shortcomings in record keeping.
The Client Satisfaction Index (CSI) questionnaire (see Attachment 14) is intended to collect information on the client’s perception of benefits derived from the NRC program. This paper questionnaire is mailed to the client soon after discharge. After return to the NRC office, the information is entered into the Evaluation Database. For clients discharged from the program during the first 9 months of 2005, a Client Satisfaction Index questionnaire was completed by 56% of clients who completed the program, 19% of those who did not complete the program, or 37% of all clients leaving the program. Among clients who both completed the program and replied to the CSI, 72% said they had received either “quite a bit,” or “a great deal,” of help from the NRC program, in comparison with 41% of clients who did not complete the program but who did respond to the CSI.

One other significant follow-up effort is undertaken by BJJS with a survey administered by facility-based social workers. The social workers contact juvenile probation departments at regular intervals following a youth’s release from state placement. The intention is to discover whether and to what extent there has been any subsequent involvement by the youth with the justice system. The three key indicators are 1) a new adjudication, 2) a new detention, and 3) a new placement. The follow-up intervals are 1 month, 3 months, 6 months, and 1 year. Of 193 cases with 6-month follow-up dates between December 2004 and May 2005 and for which the youth was enrolled in the NRC aftercare program, 6-month follow-up information about new adjudications was available for 139 (72%).

Difficulty in obtaining outcomes information is a perennial problem for both juvenile and adult aftercare programs, but it is essential if stakeholders are to have a means of deciding whether the program is worth sustaining. Of the three data sources described above—the DSQ, the CSI, and the BJJS Follow-Up—all three need improved performance in obtaining responses and collecting outcomes data. For the CSI, repeat mailings, phone calls, and home visits should be pursued to improve the response rate. For missing responses to the DSQ and BJJS Follow-Up, a list of names and state identification numbers should be used to query the Juvenile Court Management System (JCMS), the Pennsylvania State Police arrest database, and adult court record systems. Obtaining complete information about offending behavior for youth involved with NRC should be a very high priority for NRC and BJJS.

**Phase 5 Summary**

**Design:** The evaluation and outreach effort should track outcomes that are specific to the Individualized Service Plan. Currently, ISP-specific outcomes tracked by the program are limited to education and employment outcomes. Treatment effort is tracked in terms of units of service delivered, but not outcomes. This gap in tracking means that the program lacks information about the effectiveness of a substantial portion of program effort. Otherwise, the program engages in a broad array of efforts to find out how well the program has operated, as perceived by the client, the client’s family, and by justice system (recidivism).
Implementation: The aftercare program should intensify efforts to reduce the level of cases for which evaluation and follow-up information are not available.
Collection, Reporting, and Monitoring Systems

One aim of the revisions to the BJJS aftercare program was to enhance the ability to monitor the contractor’s implementation of the program’s service delivery. BJJS aftercare management staff determined that greater accountability of the contractor required gathering the information necessary to make decisions about what works and what does not for this model of aftercare service delivery.

Program evaluation typically focuses on the measurement of behavioral outcomes with the objective of informing practice. The ability to conduct meaningful program evaluation is impacted by two fundamental and ongoing functions: information management and quality assurance. These functions are typically focused on internal performance management and are best administered internally. We found quality assurance to be an ongoing process. However, the function of information management is still in need of development.

As we began work on this process evaluation, we found that there was no documented, overall plan to guide the data collection and, ultimately, the evaluation efforts. We found the data collection systems to be fragmented and not in an electronic format. There was no "map" available of what data were being collected, by whom, at what site, etc. Identifying and documenting the data collection systems, as they now exist, has been a significant task.

Background

When we met with BJJS aftercare program management staff to discuss the history of the program and their expectations of the contracted service provider with regard to the changes that they made in the aftercare model, we addressed the subject of record keeping and data collection. Everyone agreed that this was always an area of concern with the contracted aftercare service provider in the past. As one staff member put it, "The problem was they never kept any paperwork."

BJJS management referred to a previous evaluation done in 1995 that documented their concerns. The evaluators pointed out that one of the major problem areas for the contracted aftercare service provider was record keeping. In their final report the evaluation team concluded, "…we have little confidence in the data reported for their number of contacts and services delivered. This being the case, our conclusions are filled with caution and caveats when we report on the case file data." Among the gaps cited in the final evaluation report were,

- Little specific information about family-related services that may have been provided internally or through referral to other programs and agencies.
• Little evidence that the contracted service providers routinely referred clients to other community-based service providers for family services, except for referrals to prenatal services.
• Little documentation regarding the type of treatment, frequency of sessions, and regularity of attendance, although there was some indication that juveniles with D&A problems were given access to treatment.
• Results of drug urinalysis (generally performed by the probation department) were either not regularly reported to the aftercare agency or the information was not routinely recorded by case managers in a juvenile's case file.
• Information about academic performance or about steps taken to address problems in the areas of attendance and academic performance was not routinely recorded.
• Very few case files contained information about job-related services received as part of aftercare treatment.
• Case file information suggested that work attendance and performance of their clients in the workplace was not monitored consistently or at least was not routinely recorded.
• Little information was available on the participation in non-school sponsored recreational activity.

A great deal of work has already been done with regard to the identification of program objectives and outcome measures. This is demonstrated by the commitment of BJJS program management to accountability across the organization. This commitment has been accompanied by the development of strategies to identify individual client strengths and ensure the clients access to services that use these strengths to meet his/her needs.

When major changes were made to the aftercare services delivery model, BJJS program management took the opportunity to address the previously cited information deficiencies and to make major changes in the oversight of its aftercare services program and enhance its ability to monitor the contractor's implementation of the program and improve the contractor's accountability to BJJS. One of the key oversight changes was to make this contract the sole responsibility of the aftercare program director as opposed to one part of a larger workload to be managed (one of many contracts to be monitored). This change made it possible for the BJJS director (and later the newly hired supervisor of aftercare services) to allocate time to monitor program-related activities performed by BJJS and NRC staff.

BJJS Oversight of Program Implementation

As part of the effort to review performance, the BJJS supervisor of aftercare services monitors and audits NRC field activities, talks to clients about brokered services, confirms NRC activities with probation officers, and verifies that NRC trains staff continually on recording keeping and maintenance of client files. The Individual Case
Record Review form (see Attachment 15) serves to organize the BJJS record review process, which aims to examine 20% of all NRC case files. The Individual Case Record Review form is a place to record, on paper, information pertaining to more than 40 NRC actions:

- NRC actions that occur at the YDC/YFC facility, such as whether the NRC contacted the client’s probation officer 45 days prior to the youth’s release from the YDC/YFC and whether a completed Family Assessment was forwarded to the YDC/YFC prior to the client’s release from the facility

- NRC actions that occur around the time of release from placement, such as whether NRC made face-to-face contact with the client within 72 hours of being released from the YDC/YFC facility, and whether the JSOAP II (Juvenile Sex Offender Assessment Protocol II) was administered for clients with “presenting sexual offender issues”

- NRC actions associated with a client’s discharge from the NRC program, such as whether the need and risk assessment was administered prior to the youth’s release from NRC, and whether the youth was adjudicated delinquent or convicted of a crime within 6 months of release from the YDC/YFC

Completed Case Record Reviews are then sent to Harrisburg, where results are entered into an NRC Record Review database maintained by BJJS. It should be noted that BJJS currently makes use of summary results from the Record Review process, and does not track NRC actions at the level of individual clients.

BJJS staff also review Individual Service Plans (ISPs) to ensure they are developed in accordance with procedures and that the information contained in them is complete. As described in the section on the NRC transition phase, the ISP is sent from the NRC office to the facility where the juvenile is placed, for review by the BJJS social worker (or, if the facility is a YFC, by a drug and alcohol counselor). If there are problems, the plans are returned to the NRC case manager’s supervisor for corrections. BJJS staff also pull case files at the NRC office sites to check for completeness and timeliness.

In addition to Master Case Planning System documents (including updates and periodic reports and the Discharge Summary), BJJS maintains a variety of individual-level data collection instruments including intake face sheets, assessment results, and results of client follow-up surveys administered at 6 and 12-months after release from residential placement. The information collected with these instruments is compared with the data collected by NRC. BJJS uses the comparison to audit NRC’s data collection and ensure that the information in the clients’ files is not only complete and up to date, but also accurate. Discrepancies between the two data collection efforts receive attention from BJJS’s supervisor of aftercare services.

The BJJS supervisor of aftercare services also monitors and audits the activities of BJJS staff including social workers, caseworkers, and clinical staff providing services within facilities. The supervisor reviews case files for completeness, timeliness of
assessments and required conferences, and assures elimination of post-release barriers to care by securing medical cards, completing Social Security paperwork, and similar activities. The supervisor of aftercare services also monitors whether clinical activities are aligned to assessment requirements, and verifies that staff receives continual training regarding the practices associated with the current aftercare model.

NRC Data Collection and Reporting

In general, BJJS and NRC have worked to make sure that information gaps identified in the aftercare program from the mid-1990s have been addressed. Today, there is an abundance of documentation. NRC case managers document service delivery, completion of community service and payment of restitution, school attendance and performance, employment related activities, curfew through calls and home visits, contacts with clients, contacts with families, contacts with probation officers. A typical NRC case file contains the following:

- File Format Sheet – A summary of the forms and documents maintained in each client file. The File Format Sheet includes spaces for review dates and supervisor approval.
- Standardized Aftercare Planning Assessment form
- Client Contact Sheet - A one-page summary of critical client contacts, including caregivers, guardians, probation officer, and facility contacts.
- Consent Forms – academic records, medical treatment, disclosure of personal health information, release confidential information.
- The Individualized Service Plan (ISP)
- The Individualized Service Plan (ISP) Update – The periodic reports on ISP progress.
- The Family Assessment results
- Chronological Service Delivery Summary – A day-by-day summary of client activities and services
- Group Counseling Notes
- The Delinquency Assessment results
- University of Rhode Island Change Assessment (URICA) pre-test results
- University of Rhode Island Change Assessment (URICA) post-test results
- Client Drug Screening Results
- Incident Report Form – A form for documenting serious incidents (fights, assaults, etc) and follow-up plans.
- Balanced and Restorative Justice Reporting Form – A summary of achievement of balanced and restorative justice objectives, including victim-
centered accountability, community service and restitution, competency development, and community protection.

- Results of client satisfaction surveys.

The monthly case manager report to the NRC state office in Harrisburg contains client-level information about process and service delivery, with fields such as:

- Was the Aftercare Planning Assessment completed 45 days prior to discharge?
- Was Risk/ Need [Delinquency Assessment] completed while client was in the facility?
- Was Clients Family Assessment done 45 days prior to DC [discharge from facility]?
- Was ISP process completed and sent to facility 14 days prior to release?

For clients discharged from the NRC program, the case manager report also includes client-level information for:

- Need level at intake
- Need level at discharge
- Stage of change at admission [from University of Rhode Island Change Assessment]
- Stage of change at discharge
- Discharge code [e.g., completed, failed to maintain contact]

Units of service delivered to individual clients are covered in such fields as:

- Number of brokered service hours attended
- Number of face to face contacts attended (not in hrs)
- Number of PO contacts this month

The report contains some client-level detail about progress toward ISP goals, but only in 3 areas: education, employment, and drug and alcohol treatment. Sample fields are:

- Is client eligible for school?
- Is client enrolled in school?
- Number of eligible school days
- Number of days attended
- Is client eligible for employment?
• Is client employed?
• Number of eligible work hours
• Number of hours in NRC D&A programming (both group and individual)

The case manager report also contains aggregate information, reported for the entire caseload. Examples include:

• Total clients enrolled in GED
• Number of Master Case Planning Conference's participated in this month (with client names and placement facilities)
• Number of Family Assessments sent to the facility this month
• Number of home passes participated in this month
• Number of drug screens performed this month
• Number of court hearings participated in this month
• Number of DSQ's completed this month

The case manager’s monthly report to the NRC state office obviously contains some client-specific information that pertains to ISP goals, such as school attendance, employment activity, delivery of direct or brokered mental and behavioral health services, delivery of direct or brokered drug and alcohol counseling, and payment of restitution. However, their reporting omits client-specific detail for many items that may appear in a client’s ISP, such as family interventions, suicide prevention, medical treatment, participation in positive community activities, or success in avoiding contacts with delinquent peers. Nor is there client-specific reporting for violations of program rules or law-violating behavior.

In contrast to the individualized nature of assessment and planning in the aftercare program, and despite the presence of the requisite information in case files, case managers do not file reports that show the progress of individual clients toward meeting particular ISP goals; indicators of client performance tend to be summary, such as need levels, track assignment, reports on offending, and a single indicator of the reason for discharge from the program (completion, violation of rules, and so forth). Reports on outcomes mainly come from the evaluations (Discharge Status Questionnaire and Client Satisfaction Index) attempted at the time of discharge. Although the Discharge Status Questionnaire contains information about community, school, and work involvement, there is no indication of how these have changed over the course of the youth’s time in the NRC program.

The monthly NRC program report to BJJS contains data aggregated at either the county or state level. The report details such items as number of referrals made to the aftercare program, number of youth who are enrolled in the aftercare program, total number of youth who are employed, total number of youth who are enrolled in school and/or a vocational program, and total number of referrals made for a substance abuse
assessment. Information remains program-focused (in service of the program) rather than individual-focused as represented by the BJJS aftercare model. Clearly, most of the information denotes units of service delivered—rather than using the client as the unit of reference and tracking progress toward program goals.

The yearly NRC report to BJJS contains client-level data for all program participants from January to December. The report summarizes data at the program level, but lacks client level-information reflecting, for example, the degree of client success in achieving ISP goals. For example, for each client the yearly report contains information about the number of Master Case Planning Conferences and Quarterly Reviews that were attended by a case manager, whether the probation officer was contacted at least 45 days prior to the youth’s release from placement, and whether NRC provided the minimum number of contact hours in accord with Track assignment. There is also information about URICA stage of change and risk/need level at intake and discharge, referrals for substance abuse treatment, and an indicator of successful program completion. However, in the yearly report there is nothing that lists all of the goals of the ISP and tells to what extent those goals were met.

Toward Youth-Centered Information Management

Effective case management requires consistent individualized assessment, supervision planning, and outcome reports that are subject to careful documentation and review. NRC has developed systematic and consistent procedures for assessing individual clients, developing supervision plans, and documenting actions. However, these procedures have not been adequate for the case management model that guides the program. To encourage movement toward the ultimate goal, case management models should be designed to track intermediate outcomes for individuals (e.g. employment, educational achievement) rather than units of service. The great majority of what case managers and NRC currently report pertains to units of service, rather than intermediate outcomes.

While BJJS works to keep its staff and NRC accountable for the provision of aftercare services, a balance must be reached between accountability and burden of numerous reporting forms and record keeping procedures. Interviews and questionnaire responses pertaining to monthly written updates to the ISP suggest that some case managers think that the reporting burden placed on them detracts from the time they can spend working with clients, meeting with families, and arranging services. The paperwork burden can be alleviated by automating the majority of data recording and having the system generate reports. Monthly updates reflecting progress toward goals, significant activities, and alterations to planning could be automatically generated from a system designed to record and report on case activity—reducing the reporting burden for case managers while making the information available to probation more timely and comprehensive. Further, the current set of procedures consumes a considerable amount of staff time and requires extensive BJJS staff travel.

Development and updating of evaluation protocols should guide which data are to be collected and what program and comparison groups need to be tracked to determine
the impact of the program. With the abundance of personal computers and the availability of inexpensive database software, it has become easier for organizations and programs to develop management systems that are quite easy to use to evaluate the effectiveness of individual treatment components (in the facilities) as well as the aftercare services program in general. As the protocol is established, disparate data sources could be identified and merged to create a tracking system that could routinely provide information about the effectiveness of the program to administrators and policymakers, supporting the program or calling for specific modifications if the program is not producing the desired results. Currently, there is no unified record system that contains detail on an aftercare youth’s history with the justice system, committing offense, family history, social history, assessment results, facility-based treatment, ISP goals and progress, community-based service delivery, and intermediate and long-term outcomes. The data exist, but are not recorded electronically, or, if recorded electronically, are not linked.

Database management can also help to eliminate the maintenance of duplicate information in clients' files as they participate in and move through different segments of the aftercare services program. This would be especially useful given the fact that the model has changed from a program focus (the client completing each phase of the program before moving on to the next phase) to a client focus (the client completing the steps in an individualized service plan). The records now must be maintained on each individual according to the unique steps contained in his/her plan rather than merely noting whether or not he/she has completed a program phase.

Furthermore, the new model of aftercare service begins when the youth is placed in the facility instead of waiting until the youth is released. A case-tracking database would make it easier to produce client-based reports on assessment, service delivery and outcomes while bridging the gap between facility and community record keeping. Since the program is designed to support the youth in making a smooth transition to the community, the record keeping should reflect this. A case tracking system that supports case management no matter who has responsibility for a case at any particular point in time should be implemented.

The databases could also provide a structure to help ensure that the data elements that need to be maintained for accountability are consistently reported by all providers (BJJS/NRC) and for all clients (in the facility/in the community). In order to develop a system that is easy to use and not too burdensome, it is essential that staff be included in the development process and fully understand the operational procedures regarding responsibilities for data input. The data could then be used to monitor how staff comply with the procedures for recording the data and eliminate redundant record keeping and additional data entry work. Management would have the independent ability to look at timely reports generated by the system without having to request the reports from a contractor.

It is also important that the data collection system be a part of service delivery and not an extra data entry responsibility. Much of the data entry could now be done at the point of client contact (with the forms required for a client’s folders automatically
generated). Given the large geographical area covered by this program, and the distance between the facilities and the communities where the NRC offices are located, this could be one of the most effective and least costly methods of ensuring that the needed information is captured. Electronic versions of existing forms might be created and modified to include additional questions asked of service providers. Reports of services rendered to participants could be easily modified or expanded in response to requests for additional information needed by clinical staff, facility staff, case managers and probation officers.

The advantages would be substantial. What is to be collected could be (or begin to be) defined by what is collected now on paper forms. Data collection would permit useful analyses by management, administrators, and evaluators. When data collection is integrated into the structure of the program and day-to-day operations, it can become a powerful management tool. Program evaluation becomes an ongoing dynamic process. Priorities are set and resources allocated based on objective information. Evidence-based benchmarks could be established and data would always be available to analyze progress on measurable outcomes and staff time can be devoted to program activities, rather than paperwork.
Program Enhancements and Standards for Aftercare

This evaluation report describes an aftercare program that has met many of the standards set out for it by the Bureau of Juvenile Justice Services. To a large extent, the program has been able to implement a program faithful to the case management model, a program featuring individualized assessment, individualized planning, a structured transition from residence in the YDC/YFC system to residence in the community, and intensive contact and service delivery in the community. Although it can be improved, the major strength of the design is that it addresses interagency collaboration. In the place of disconnected treatment and supervision across the periods of placement and return to the community, the BJJS aftercare program requires that facility-based and community-based program staff work to align their efforts.

BJJS aftercare program managers have largely succeeded in their efforts at program reform. No longer are referrals to the program based on geography—they are now tailored to the risk and needs of the youth. Now there are staff members within the BJJS office dedicated to coordinating programmatic and fiscal issues. Extensive effort goes into making service plans specific and measurable (although the measurement system needs attention). The contractor delivering aftercare services in the community now operates as an agent of the State’s residential treatment system, attentive to furthering services and treatment begun in the system, rather than as an arm of juvenile probation departments.

The report also identifies areas of need and makes the following recommendations for program improvement:

- BJJS aftercare program staff should work to better engage NRC case managers and juvenile probation officers with the facility-based case planning process.
- Procedures to align aftercare program effort with juvenile probation activities should be revised to take account of differences across counties’ juvenile probation departments.
- The process of referring clients to community-based behavioral health services should be revised to take account of the array of services available in each particular community.
- The validity of the Aftercare Risk Assessment instrument should be tested for the population of youth served by the program. Similarly, the validity of the Delinquency Assessment and the University of Rhode Island Change Assessment should be tested.
- To improve program retention, BJJS program managers should consider enlisting juvenile probation to apply sanctions to youth who either do not cooperate with or drop out of the aftercare program. ISP goals should be included in conditions of probation.
The aftercare program should intensify efforts to reduce the level of cases for which evaluation and follow-up information are not available.

The evaluation and outreach effort should track outcomes that are specific to the Individualized Service Plan, in addition to education and employment outcomes, which are currently tracked.

All information for a client should be readily accessible by BJJS aftercare program staff and by NRC staff. The data should be stored in a database that would allow examination of program performance from a variety of perspectives.

A key characteristic of the juvenile justice system in Pennsylvania is its commitment to the principles of Balanced and Restorative Justice. BARJ principles have been incorporated into the Joint Position on Aftercare. Implementation of the BJJS aftercare program should be measured against the BARJ and Joint Position standards. The aftercare program tracks certain client activities pertaining to community protection, competency development, and accountability. The bulk of the ISP is devoted to competency development, and the aftercare program promotes life skills, academic education, and work-related skills. If the youth has been ordered to pay restitution, pay court costs, or engage in community service, then the program tracks payment amounts and terms of service. NRC case managers prescribe the NRC victim awareness curriculum for offenders who victimized another person. The curriculum currently operates without routine participation of victim advocates. If the program is to advance the cause of BARJ in Pennsylvania, then there should be a process to ensure that victims receive representation in the victim awareness curriculum. The aftercare program only partially serves the goal of community protection, however: case managers monitor their clients regularly and report offending, but have no direct access to sanctions.

With respect to the components of the Joint Standards that apply to the aftercare program and not covered by BARJ:

- **Does the aftercare program begin at disposition, and is it tailored to the individual?** The joint efforts of BJJS and NRC begin immediately after disposition (at intake); planning is client-centered.

- **Do probation and treatment staff make a single plan?** No, although collaboration and alignment of plans remains a goal.

- **Does the program work with schools to refine plans?** No. The program should more effectively collaborate with schools.

- **Does the program tie facility treatment/activities to planned community treatment/activities?** Yes. Alignment of planning with the youth’s treatment in the facility and the judgment of facility-based staff is well implemented.

- **In the program, does supervision effort match risks/needs?** A reasonable and diligent effort is made to match supervision to risk/needs, although the assessment tools used to classify client's risks and needs should be tested for validity with the population of youth placed in the YDC/YFC system.
• **Do treatment referrals focus on evidence-based programs?** Reliance on evidence-based programs is now emerging as an aspect of implementation emphasized by BJJS in its monitoring of NRC, but needs further attention.

Overall, the recommendations for program enhancement made by this evaluation involve issues of procedure and design that can be addressed without conflict with the case management model. In response to informal reports made by the evaluators, and in response to its own quality assurance process, BJJS has already modified or begun to modify the program in several ways recommended by the evaluation team, as with the implementation of procedures to reduce the number of low and moderate risk youth in the program. The fundamental strengths of the BJJS aftercare program for youth placed at State facilities include strong leadership, a commitment to service excellence, and a reliance on the best available information to guide decisions. These strengths make it likely that the program will continue to adapt itself to the needs of its clients and to the community context in which it operates.
Attachment 1:
Survey of DPW Staff
SURVEY OF DPW STAFF

Facility:

Current Position:

1. Indicate which of the following assessment instruments are used in your facility and how often NRC Caseworkers and juvenile probation staff use the outcomes?

<table>
<thead>
<tr>
<th>Instrument</th>
<th>NRC Staff</th>
<th>Probation Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wisconsin (Needs)</td>
<td>Never</td>
<td>Never</td>
</tr>
<tr>
<td>Wisconsin (Family)</td>
<td>Never</td>
<td>Never</td>
</tr>
<tr>
<td>APA (Aftercare Planning Assess.)</td>
<td>Never</td>
<td>Never</td>
</tr>
<tr>
<td>POSIT</td>
<td>Never</td>
<td>Never</td>
</tr>
<tr>
<td>Other: ________________________________</td>
<td>Never</td>
<td>Never</td>
</tr>
</tbody>
</table>

2. When is an initial risk / needs assessment completed for juveniles admitted to the facility?
   - Within [ ] 24 hours / [ ] 72 hours / [ ] 1 week of admission / [ ] 1 month of admission

3. When are residents referred to NRC?
   - Within [ ] 24 hours / [ ] 72 hours / [ ] 1 week of admission / [ ] 1 month of initial assessment

4. How often do NRC staff persons participate in the Master Case Planning Conference (MCPC)?
   - [ ] Never
   - [ ] Most of the time
   - [ ] Always

5. How often do juvenile probation staff persons participate in the MCPC?
   - [ ] Never
   - [ ] Most of the time
   - [ ] Always

6. How often do NRC staff persons participate in Quarterly Reviews or MDTs?
   - [ ] Never
   - [ ] Most of the time
   - [ ] Always

7. How often do juvenile probation staff persons participate in Quarterly Reviews or MDTs?
   - [ ] Never
   - [ ] Most of the time
   - [ ] Always

8. When do NRC staff persons complete an Aftercare Planning Assessment?
   - Within [ ] 1 week / [ ] 2 weeks / [ ] 4 weeks / [ ] 45 days / [ ] other (____ days) prior to release from facility

9. Who among the following are involved in the Aftercare Planning Assessment process?

<table>
<thead>
<tr>
<th>DPW’s/Contractor’s Counselors</th>
<th>NRC Staff</th>
<th>Probation Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Never</td>
<td>[ ] Never</td>
<td>[ ] Never</td>
</tr>
<tr>
<td>[ ] Sometimes</td>
<td>[ ] Sometimes</td>
<td>[ ] Sometimes</td>
</tr>
<tr>
<td>[ ] Always</td>
<td>[ ] Always</td>
<td>[ ] Always</td>
</tr>
</tbody>
</table>

10. When do NRC staff persons complete Aftercare Individualized Service Plans (ISP)?
    - Within [ ] 1 week / [ ] 2 weeks / [ ] 4 weeks / [ ] 45 days / [ ] other (____ days) prior to release from facility

11. Who among the following are involved in the development of ISP’s?

<table>
<thead>
<tr>
<th>DPW’s/Contractor’s Counselors</th>
<th>NRC Staff</th>
<th>Probation Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Never</td>
<td>[ ] Never</td>
<td>[ ] Never</td>
</tr>
<tr>
<td>[ ] Sometimes</td>
<td>[ ] Sometimes</td>
<td>[ ] Sometimes</td>
</tr>
<tr>
<td>[ ] Always</td>
<td>[ ] Always</td>
<td>[ ] Always</td>
</tr>
</tbody>
</table>

12. Who among the following have primary responsibility for providing aftercare supervision and services? (select only one)
   - [ ] DPW Counselors
   - [ ] NRC Staff
   - [ ] Juvenile Probation Staff

13. Who at your facility is responsible for upholding/enforcing Standards of Care?
After reading each of the following statements, select the response that best fits your own:

14. Individual aftercare plans result from a high level of coordination between DPW’s/Contractor’s Counselors, NRC staff, and juvenile probation officers.
   - Strongly Agree
   - Agree
   - Neither Agree nor Disagree
   - Disagree
   - Strongly Disagree

15. The NRC Individual Service Plans reflect the specific goals and objectives of the Master Case Planning Agreement (Treatment Plan) and are designed to build upon the progress toward those objectives made during YDC residence.
   - Strongly Agree
   - Agree
   - Neither Agree nor Disagree
   - Disagree
   - Strongly Disagree

16. The treatment and education goals of the Master Case Planning Agreement are adequately addressed in the community through NRC’s Individual Service Plans.
   - Strongly Agree
   - Agree
   - Neither Agree nor Disagree
   - Disagree
   - Strongly Disagree

17. The treatment and education goals of the Master Case Planning Agreement are adequately addressed in the aftercare supervision plans of juvenile probation staff.
   - Strongly Agree
   - Agree
   - Neither Agree nor Disagree
   - Disagree
   - Strongly Disagree

18. The Master Case Planning Agreement and the NRC Individual Service Plans are consistent with the community-based resources available to juveniles released from the facilities.
   - Strongly Agree
   - Agree
   - Neither Agree nor Disagree
   - Disagree
   - Strongly Disagree

19. YDC staff are adequately informed regarding the progress and outcomes of residents after release from the facility.
   - Strongly Agree
   - Agree
   - Neither Agree nor Disagree
   - Disagree
   - Strongly Disagree

20. DPW and its contracted programs do a good job of bringing juveniles’ families into the aftercare planning process.
   - Strongly Agree
   - Agree
   - Neither Agree nor Disagree
   - Disagree
   - Strongly Disagree

21. DPW and its contracted programs do a good job of bringing community-based resources into the aftercare planning process.
   - Strongly Agree
   - Agree
   - Neither Agree nor Disagree
   - Disagree
   - Strongly Disagree

22. If you could enhance the Youth Development Center/Youth Forestry Camp system’s aftercare program by making one change to it, what would that change be?

---

Please complete the following statements: “In my opinion,

23. Former YDC/YFC residents are □ unlikely / □ likely / □ very likely to receive adequate treatment services in the community.”

24. Former YDC/YFC residents are □ unlikely / □ likely / □ very likely to continue education / job training in the community.”

25. Former YDC/YFC residents are □ unlikely / □ likely / □ very likely to obtain full- or part-time employment in the community.”

26. Former YDC/YFC residents are □ unlikely / □ likely / □ very likely to commit a new offense in the community.”

27. Former YDC/YFC residents are □ unlikely / □ likely / □ very likely to return to placement after release to the community.”
Attachment 2:
NRS Questionnaire
NRC Aftercare Questionnaire

Date:_______________

**Respondent Characteristics**

1. What is your year of birth? ______

2. What is your gender?
   - □ male
   - □ female

3. What is your race/ethnicity?
   - □ white/Caucasian
   - □ black/African American
   - □ Hispanic
   - □ other _________

4. How long have you:
   a. been employed with Cornell?___________
   b. worked in the NRC program?___________
   c. performed direct case management work?___________

5. What is your classification?
   - □ Case manager I
   - □ Case manager II
   - □ Supervisor
   - □ Other_________

6. What is your education level?
   - □ 4 year degree
   - □ some graduate study
   - □ Master’s
   - □ Other ___________

7. Why are you in this line of work? **check all that apply**
   - □ This is what my education prepared me to do
   - □ I am committed to a career in: (choose all that apply)
     - □ Social work
     - □ Criminal Justice
     - □ Juvenile Justice
     - □ Other________
   - □ I find this job to be personally fulfilling
   - □ salary/benefits
   - □ This was the best job I could find when I was hired
   - □ Getting experience for my next job

8. What is your total caseload right now?______
   Number still in placement______ Number active in the community_____

**Developing ISP’s**

9. Who has the most impact on **development of aftercare ISP’s**?
   - □ YDC facility staff
   - □ Juvenile probation staff.

10. Who has the most impact on **aftercare service delivery**?
    - □ YDC facility staff
    - □ Juvenile probation staff.

**Training**

For items 11 and 12, indicate the degree to which you agree with the statements.

11. “My training gave me a thorough understanding of the NRC program.”
    - □ Strongly Agree
    - □ Agree
    - □ Neutral
    - □ Disagree
    - □ Strongly Disagree

12. “My training prepared me to work with my clients.”
    - □ Strongly Agree
    - □ Agree
    - □ Neutral
    - □ Disagree
    - □ Strongly Disagree

**Case Process Characteristics**

Please estimate the following:

13. About what percentage of the services that your clients receive are community based (i.e., not provided directly by NRC or juvenile probation)?_________
14. About percentage of your cases are closed because:
   a. The client successfully met the goals in the ISP? ________
   b. Your supervisor instructed you to close the case (independent of progress on ISP)? ________
   c. The case was closed by juvenile court? ________
   d. The client is no longer responsive? ________

15. About what percentage of cases remain open after being closed by juvenile court? ________

**Questions 16 – 19: About ISP goals and clients from your caseload...**

16. ...the fewest number of months it took a client to meet ISP goals was ____.
17. ...the greatest number of months it took a client to meet ISP goals was ____.
18. ...the average number of months it takes a client to meet ISP goals is ____.
19. ...the percentage of clients who meet their ISP goals is ____.

20. For each group below, indicate whether you find them to be **“Not Cooperative,”** **“Somewhat Cooperative,”** or **“Very Cooperative,”** in your dealings with them.

<table>
<thead>
<tr>
<th>Group</th>
<th>Not Applicable</th>
<th>Not Cooperative</th>
<th>Somewhat Cooperative</th>
<th>Very Cooperative</th>
</tr>
</thead>
<tbody>
<tr>
<td>YDC counselors</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Juvenile probation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clients’ families</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Schools</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intermediate Units</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employers</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental health</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alternate housing providers</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other community-based services</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

21. Please rank, from 1 (most important) to 3 (least important), the importance of the following goals to you in dealing with your clients.

   ___Community protection  ___Victim accountability  ___Competency development

22. Which of the following do you consult with to implement ISP’s? **check all that apply**

   □ Probation   □ Juvenile Court   □ Community-based service providers
   □ Schools     □ Employers       □ Family    □ Other _________________
For items 23 to 40, indicate the degree to which you agree with the statements.

23. The MCPC report is always available when developing ISP’s.
   □ Strongly Agree □ Agree □ Neutral □ Disagree □ Strongly Disagree

24. I receive monthly MCPC updates/MDT reports for my clients in a timely manner.
   □ Strongly Agree □ Agree □ Neutral □ Disagree □ Strongly Disagree

25. NRC, facility staff, and probation all have the same information about NRC clients.
   □ Strongly Agree □ Agree □ Neutral □ Disagree □ Strongly Disagree

26. NRC, facility staff, and probation share the same goals for NRC clients.
   □ Strongly Agree □ Agree □ Neutral □ Disagree □ Strongly Disagree

27. Probation staff ignore reports from NRC when making recommendations to the court.
   □ Strongly Agree □ Agree □ Neutral □ Disagree □ Strongly Disagree

28. Local businesses readily cooperate with the NRC program.
   □ Strongly Agree □ Agree □ Neutral □ Disagree □ Strongly Disagree

29. The NRC program effectively develops child-family rapport.
   □ Strongly Agree □ Agree □ Neutral □ Disagree □ Strongly Disagree

30. I have never had concerns for my safety while performing my duties.
   □ Strongly Agree □ Agree □ Neutral □ Disagree □ Strongly Disagree

31. The NRC program has clear policies and procedures that cover, in detail, almost every aspect of my work.
   □ Strongly Agree □ Agree □ Neutral □ Disagree □ Strongly Disagree

Questions 32 – 40: Regarding NRC supervisors and managers, they...

32. ...are very supportive of decisions made by case managers.
   □ Strongly Agree □ Agree □ Neutral □ Disagree □ Strongly Disagree

33. ...require that I have detailed knowledge of the communities in which I work.
   □ Strongly Agree □ Agree □ Neutral □ Disagree □ Strongly Disagree

34. ...ensure that I receive training on YDC/YFC procedures.
   □ Strongly Agree □ Agree □ Neutral □ Disagree □ Strongly Disagree

35. ...ensure that I receive training on probation procedures.
   □ Strongly Agree □ Agree □ Neutral □ Disagree □ Strongly Disagree

36. ...ensure that I receive training on community-based resources operated by local government agencies.
   □ Strongly Agree □ Agree □ Neutral □ Disagree □ Strongly Disagree

37. ...ensure that I receive training community-based resources operated by non-profit or faith-based organizations.
   □ Strongly Agree □ Agree □ Neutral □ Disagree □ Strongly Disagree
38. ...ensure that I receive training on how to build case manager – client relationships that are based on trust and respect.
☐ Strongly Agree    ☐ Agree    ☐ Neutral    ☐ Disagree    ☐ Strongly Disagree

39. ...ensure that the peer mentoring program operates effectively in the communities where I work.
☐ Strongly Agree    ☐ Agree    ☐ Neutral    ☐ Disagree    ☐ Strongly Disagree

40. ...give me clear feedback regarding my effectiveness.
☐ Strongly Agree    ☐ Agree    ☐ Neutral    ☐ Disagree    ☐ Strongly Disagree

41. About what percentage of your clients receive help from NRC in obtaining food, clothing, or shelter upon release? ________

42. For those clients who receive NRC help in obtaining food, clothing, or shelter, how long do they typically receive such assistance?
☐ a few days or less    ☐ a few weeks    ☐ a few months    ☐ half a year or longer

43. What percentage of your clients make re-entry visits or receive home passes prior to the end of their placement? ________

44. About what percentage of your clients contact you during nights or weekends, i.e., outside of your normal working hours?_______

45. About how many times per month do you meet with probation staff (e.g., at NRC offices, at Probation offices, in court, on the phone, by e-mail, etc.).
☐ 4 or more per month    ☐ 2 - 3 per month    ☐ 1 per month    ☐ Less than 1 per month

46. Aside from yourself and juvenile probation staff, who participates in these meetings? Check all that apply.
☐ family members    ☐ other service providers    ☐ school officials    ☐ other, specify:___________

47. Which of your job functions in the community are also often performed by probation staff?

48. Which of your job functions in the community are also often performed by other community-based services?

49. At case closing, what one or two things do you look for that tell you a case is a success?

50. Community-based services that you use include:
51. In your opinion, how might the NRC program be strengthened?

52. Please rate the following as either “very useful,” “somewhat useful,” or “not useful” according to how much they help your client achieve the goals set out in the ISP:

<table>
<thead>
<tr>
<th>Assessment tools</th>
<th>Very useful</th>
<th>Somewhat useful</th>
<th>Not useful</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wisconsin Needs Assessment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>APA</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MCPC</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wisconsin Family Assessment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Consultation with probation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Consultation with placement-based counselor</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>URICA</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Program-related activities</th>
<th>Very useful</th>
<th>Somewhat useful</th>
<th>Not useful</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peer mentoring</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Completion of NRC group counseling</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Completion of NRC life skills training</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strong community-based resources</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community service</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Successful school re-entry</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employment training/employment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Activities, rituals</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family Intervention / planning</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Crisis Intervention and support</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Client advocacy – (court appearances)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Client Monitoring</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Victim awareness</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Re-entry visits/home passes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Efforts by probation to obtain client cooperation</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
53. Please rate the following as either “a lot,” “some,” or “not very much” according to **how much emphasis is place on them by NRC supervisors and management**:

<table>
<thead>
<tr>
<th>Assessment tools</th>
<th>A lot</th>
<th>Some</th>
<th>Not very much</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wisconsin Needs Assessment</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>APA</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>MCPC</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Wisconsin Family Assessment</td>
<td>□</td>
<td>□</td>
<td>□</td>
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<tr>
<td>Consultation with probation</td>
<td>□</td>
<td>□</td>
<td>□</td>
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<tr>
<td>Consultation with placement-based counselor</td>
<td>□</td>
<td>□</td>
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<tr>
<td>URICA</td>
<td>□</td>
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<table>
<thead>
<tr>
<th>Program-related activities</th>
<th>A lot</th>
<th>Some</th>
<th>Not very much</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peer mentoring</td>
<td>□</td>
<td>□</td>
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<tr>
<td>Completion of NRC group counseling</td>
<td>□</td>
<td>□</td>
<td>□</td>
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<tr>
<td>Completion of NRC life skills training</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Strong community-based resources</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Community service</td>
<td>□</td>
<td>□</td>
<td>□</td>
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<tr>
<td>Successful school re-entry</td>
<td>□</td>
<td>□</td>
<td>□</td>
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<tr>
<td>Employment training/employment</td>
<td>□</td>
<td>□</td>
<td>□</td>
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<tr>
<td>Activities, rituals</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Family Intervention / planning</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Crisis Intervention and support</td>
<td>□</td>
<td>□</td>
<td>□</td>
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<tr>
<td>Client advocacy – (court appearances)</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Client Monitoring</td>
<td>□</td>
<td>□</td>
<td>□</td>
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<tr>
<td>Victim awareness</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Re-entry visits/home passes</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Efforts by probation to obtain client cooperation</td>
<td>□</td>
<td>□</td>
<td>□</td>
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</tbody>
</table>
Attachment 3:
Juvenile Probation Aftercare Questionnaire
Juvenile Probation Aftercare Questionnaire

Please indicate your county: _____________________

1. How would you describe the aftercare supervision model in your county?
   □ All Probation officers have aftercare responsibilities in addition to traditional probationer supervision cases
   □ We have a specialized aftercare unit that handles some of the aftercare cases
   □ We have a specialized aftercare unit that handles all of the aftercare cases

2. What is your total caseload right now?
   a. All cases _____
   b. Cases that involve juveniles currently at a YDC/YFC placement _____
   c. Cases that involve juveniles released from a state placement _____

3. Do you take advantage of the aftercare services available through NRC?
   □ Yes
     Why? __________________________________________________________
   □ No
     Why? _________________________________________________________

4. How have you been made aware of the goals and procedures of the NRC program?
   Check all that apply.
   □ Training provided by DPW staff
   □ Training provided by NRC Corporate staff
   □ Briefings conducted by NRC Case Workers to groups of Probation Officers
   □ Individual briefing by NRC Case Workers
   □ Training conducted by my Probation supervisor / administrator
   □ Other: ________________________________________________________
   □ None of the above

5. Which of the recent changes to the NRC model are most useful?

6. When does NRC typically become involved in a case?
   □ At disposition
   □ At placement intake
   □ Sometime during placement
   □ Shortly before release (e.g., 45 – 30 days)
   □ Upon release to community
   □ Other: ________________________________________________________

7. While the case is active, what sort of information does NRC typically request of you?
   Check all that apply.
   □ Social history
   □ Family/home conditions
   □ Offense history
   □ Placement history
   □ Information to help develop an ISP
   □ Other: ________________________________________________________

8. What sort of information do you get from NRC? Check all that apply.
   □ Family assessment information
   □ Reports of progress from treatment in placement
   □ Information from MCPC
   □ Information to help develop aftercare supervision plan
   □ Community / family adjustment
   □ Surveillance (e.g., violations of court conditions, curfew, failure to cooperate or participate in interventions)
9. Do you incorporate NRC Individualized Service Plans (ISP) steps into your aftercare conditions?
   - [ ] Yes
   - [ ] No

10. What NRC activities are particularly useful to Probation? **Check all that apply.**
    - [ ] Driving aftercare clients to appointments, job interviews, etc
    - [ ] Providing Information regarding the juvenile’s adjustment to community life
    - [ ] Community monitoring and surveillance (an extra set of eyes)
    - [ ] Supporting court-ordered conditions of aftercare supervision
    - [ ] Mentoring / coaching
    - [ ] Providing direct services such as group sessions
    - [ ] Other: ________________________________

11. About how many times per month do you meet with NRC staff (e.g., at NRC offices, at Probation offices, during home visits, in court, on the phone, via e-mail, etc.)
   - [ ] More than 4
   - [ ] 2-3
   - [ ] 1
   - [ ] less than 1 per month
   - [ ] I have never met with NRC staff

   Aside from yourself and NRC, who participates in these meetings? **Check all that apply.**
   - [ ] family members
   - [ ] other service providers
   - [ ] school officials
   - [ ] other, please specify ________________________________

12. About how many times per month do NRC staff meet with you **in person**?
   - [ ] More than 4
   - [ ] 2-3
   - [ ] 1
   - [ ] less than 1 per month
   - [ ] I have never met with NRC staff

13. Please list 4 community-based services that you commonly rely on to support Probation’s aftercare efforts.
    ________________________________     ________________________________
    ________________________________     ________________________________

14. Which of the BARJ goals is most important to PO’s? Circle one:
    a. community protection   b. competency development   c. accountability to victims

15. Which of the BARJ goals is most important to NRC? Circle one:
    a. community protection   b. competency development   c. accountability to victims

16. In your opinion, how could the NRC program be strengthened?
    ________________________________
    ________________________________
    ________________________________
    ________________________________
    ________________________________
    ________________________________
    ________________________________
    ________________________________
    ________________________________
Circle the response beneath each statement that best matches your own.

17. NRC staff are well-qualified to work with juvenile probationers.
   - Strongly agree
   - Agree somewhat
   - Neither agree nor disagree
   - Disagree somewhat
   - Strongly disagree

18. NRC consults with Probation in developing service plans (ISP’s).
   - Strongly agree
   - Agree somewhat
   - Neither agree nor disagree
   - Disagree somewhat
   - Strongly disagree

19. NRC helps Probation monitor juveniles' behavior.
   - Strongly agree
   - Agree somewhat
   - Neither agree nor disagree
   - Disagree somewhat
   - Strongly disagree

20. NRC works closely with juveniles’ families.
   - Strongly agree
   - Agree somewhat
   - Neither agree nor disagree
   - Disagree somewhat
   - Strongly disagree

21. I have been thoroughly informed about the activities of the NRC program.
   - Strongly agree
   - Agree somewhat
   - Neither agree nor disagree
   - Disagree somewhat
   - Strongly disagree

22. My supervisors and Chief actively encourage me to make full use of the NRC program.
   - Strongly agree
   - Agree somewhat
   - Neither agree nor disagree
   - Disagree somewhat
   - Strongly disagree

23. The NRC program is a valuable asset to my Probation departments’ aftercare supervision model / strategy.
   - Strongly agree
   - Agree somewhat
   - Neither agree nor disagree
   - Disagree somewhat
   - Strongly disagree

24. NRC staff have the experience they need to work effectively with the juveniles in their program.
   - Strongly agree
   - Agree somewhat
   - Neither agree nor disagree
   - Disagree somewhat
   - Strongly disagree

25. NRC staff effectively work to reconnect their clients with the community.
   - Strongly agree
   - Agree somewhat
   - Neither agree nor disagree
   - Disagree somewhat
   - Strongly disagree

26. NRC staff advocate for their clients in court proceedings.
   - Strongly agree
   - Agree somewhat
   - Neither agree nor disagree
   - Disagree somewhat
   - Strongly disagree
27. If you have any other feedback for the NRC program that has not been addressed above, please provide it below.
Attachment 4:

Aftercare Risk Assessment
Aftercare Risk Assessment

Instructions: Complete this assessment using the best available information. Total points to determine the level of risk based on the youth's behavior in the community prior to the most recent admission (except as otherwise noted).

Questions

1. Age at First Referral to Juvenile Court.
   a. 14 or older = 0
   b. Under 14 = 4

2. Prior Aftercare Violations.
   a. None = 0
   b. One more = 2

Note: A rules violation may be for technical/non-criminal behavior (such as failure to cooperate) or for activity constituting new criminal/delinquent behavior.

3. Prior Assaultive Behavior
   a. None = 0
   b. One-Two = 2
   c. Three or more = 3

Note: Includes, but is not limited to use of a weapon; excludes assaults which result in conviction or adjudication.

4. Prior Runaways
   a. None = 0
   b. One or more = 2

5. School Behavior Problems in Community
   a. None, only minor violations = 0
   b. Serious problems = 2

6. History of Serious Emotional Problems/Diagnosed Emotionally Disturbed
   a. No prior emotional problem history and no ED diagnosis = 0
   b. Not diagnosed ED, but history of serious emotional problems on file = 2
   c. Diagnosed ED = 4

7. Peer Relationships (in the community prior to commitment)
   a. Good support and influence = 0
   b. Negative influence; some companions involved in delinquent behavior
      or a lack of peer relationships = 1
   c. Strong negative influence; most peer involved in delinquent behavior
      and/or involved in gangs = 2

8. Adjudication or Adult Conviction for an Assaultive Offense
   a. Not adjudicated or convicted for an assaultive offense = 0
   b. Adjudicated or convicted for an assaultive offense = 13

Note: An offense which involves the use of a weapon, physical force or threat of force

Total Risk Score ______

Scoring: 0-6 Low Risk 7-12 Moderate Risk 13 or above High Risk
Attachment 5:
BJJS Aftercare Referral Form
**BJJS AFTERCARE REFERRAL FORM**

<table>
<thead>
<tr>
<th>Facility:</th>
<th>Date of Arrival:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Resident’s Name:</th>
<th>Date of Referral:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Counselor’s Name:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>County of Residence</th>
</tr>
</thead>
</table>

**Primary Counties:** (Please check one)

- □ Allegheny
- □ Dauphin
- □ Lancaster
- □ Monroe
- □ Northampton
- □ Schuylkill
- □ Berks
- □ Lackawanna
- □ Lehigh
- □ Montgomery
- □ Philadelphia
- □ York

**Contiguous Counties:** (Please check one)

- □ Adams
- □ Carbon
- □ Delaware
- □ Perry
- □ Wayne
- □ Beaver
- □ Chester
- □ Lebanon
- □ Pike
- □ Westmoreland
- □ Bucks
- □ Columbia
- □ Luzerne
- □ Susqueh.
- □ Wyoming
- □ Butler
- □ Cumberland
- □ Northumber.
- □ Washington

**Risk Assessments Scores**

(Please indicate the resident’s numerical score for each question on the Aftercare Risk Assessment which corresponds to the brief question descriptions below)

<table>
<thead>
<tr>
<th>Question</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Age at 1st Referral</td>
<td></td>
</tr>
<tr>
<td>2. Prior Aftercare Violations</td>
<td></td>
</tr>
<tr>
<td>3. Prior Assaultive Behavior</td>
<td></td>
</tr>
<tr>
<td>4. Prior Runaways</td>
<td></td>
</tr>
<tr>
<td>5. School Behavior</td>
<td></td>
</tr>
<tr>
<td>6. Emotional Problems</td>
<td></td>
</tr>
<tr>
<td>7. Peer Relationships</td>
<td></td>
</tr>
<tr>
<td>8. Assaultive Offense</td>
<td></td>
</tr>
</tbody>
</table>

**Total Numerical Risk Assessment Score:**

**Overall Risk Factor Rating:**

- □ High (13 or above)
- □ Moderate (7-12)
- □ Low (0-6)

**Extenuating Circumstances**

- **Moderate Risk from a Primary County:** Need extenuating circumstances.
- **Low Risk from a Primary County:** Need extenuating circumstances and director’s approval. Please attach a copy of the latest quarterly report from the Master Case Planning System with these referrals.
- **Moderate or High Risk from a Contiguous County:** Need extenuating circumstances and director’s approval. (Attach additional sheets if necessary)

**Extenuating Circumstances:**

Have other community-based resources been explored and exhausted? □ Yes □ No

**Detailed Description:**

Director Approval: □ Yes □ No Date:

Upon completion, email to Ms. Karen Kern at KAKERN@state.pa.us.
Attachment 6:

BJJS Strengths Based Intake Assessment
### Coping Skills Domain:

What are some of your strengths?

What are some of your weaknesses?

What can be done to improve upon those weaknesses?

What have been some of your major accomplishments in life?

What are the two biggest challenges you have overcome in your life?

How did you handle the situation?

In many ways, life has been difficult for you so far. Right now you find yourself in a difficult situation, locked up and away from home. Many people might not have made it as far as you have. What qualities do you have that helped you make it this far?

What kinds of support do you have in the world that helped you make it this far?
What kind of skills do you use in difficult situations?

**Drug & Alcohol Domain:**

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>If yes, how often?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you used drugs or alcohol on a regular basis?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you ever sold drugs?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prior to placement, have you ever received any drug or alcohol treatment?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do most, some or all of your friends use drugs or alcohol?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you find it difficult to have fun without using drugs or alcohol?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do your parents use drugs or alcohol in your presence?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you use or have you used drugs or alcohol with your parents or other caregivers?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are you permitted to use drugs or alcohol at home?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is there easy access to drugs or alcohol in your home?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is there easy access to drugs or alcohol in your school?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Educational Domain:**

<table>
<thead>
<tr>
<th>Question</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>What is the highest grade you completed?</td>
<td></td>
</tr>
<tr>
<td>What do you like best about school?</td>
<td></td>
</tr>
<tr>
<td>What do you like least about school?</td>
<td></td>
</tr>
<tr>
<td>Do you have any type of learning disability?</td>
<td></td>
</tr>
<tr>
<td>Have you been involved in any special programming while in school?</td>
<td></td>
</tr>
<tr>
<td>Do you plan on obtaining your: Diploma</td>
<td>GED</td>
</tr>
<tr>
<td>Do you plan to attend any higher education or trade school program?</td>
<td>Yes</td>
</tr>
<tr>
<td>Explain</td>
<td></td>
</tr>
</tbody>
</table>

**Employment Domain:**

<table>
<thead>
<tr>
<th>Question</th>
</tr>
</thead>
<tbody>
<tr>
<td>Were you ever employed? Yes</td>
</tr>
<tr>
<td>What did you like best about your job?</td>
</tr>
<tr>
<td>Are you registered on the Careerlink website?</td>
</tr>
<tr>
<td>Do you know how to complete an application?</td>
</tr>
<tr>
<td>Where would you like to work upon release?</td>
</tr>
<tr>
<td>Where would you like to work two years after being released?</td>
</tr>
<tr>
<td>How much income did you make before you were arrested?</td>
</tr>
<tr>
<td>What was the source of this income?</td>
</tr>
<tr>
<td>How much money do you need to earn a year to support yourself?</td>
</tr>
<tr>
<td>How much money would you like to make upon release?</td>
</tr>
<tr>
<td>How much money would you like to be making two years after being released?</td>
</tr>
<tr>
<td>What types of things do you plan to spend your income on?</td>
</tr>
<tr>
<td>Do you owe any restitution? Yes</td>
</tr>
</tbody>
</table>

**Leisure Domain:**
<table>
<thead>
<tr>
<th><strong>What do you enjoy doing with your free time?</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Who do you do it with?</strong></td>
</tr>
<tr>
<td><strong>Where do you do it?</strong></td>
</tr>
<tr>
<td><strong>How much free time will you have?</strong></td>
</tr>
</tbody>
</table>

---

**Living Domain:**

<table>
<thead>
<tr>
<th><strong>Where did you live prior to getting arrested?</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Describe your household prior to getting arrested?</strong></td>
</tr>
<tr>
<td><strong>Where will you be living when you get released?</strong></td>
</tr>
<tr>
<td><strong>If it’s not the same place, what will be different (better or worse) about living there?</strong></td>
</tr>
<tr>
<td><strong>Do you have any children?</strong> Yes ♡ No ☐</td>
</tr>
<tr>
<td><strong>With whom do the child/children live with?</strong></td>
</tr>
<tr>
<td><strong>Have you ever had any problems with a member of the household?</strong> Yes ☐ No ☐</td>
</tr>
<tr>
<td><strong>Explain:</strong></td>
</tr>
<tr>
<td><strong>What do you like best about home?</strong></td>
</tr>
<tr>
<td><strong>What do you like least about home?</strong></td>
</tr>
<tr>
<td><strong>What do you like best about your neighborhood?</strong></td>
</tr>
<tr>
<td><strong>What do you like least about your neighborhood?</strong></td>
</tr>
<tr>
<td><strong>What is available in your neighborhood for kids to do in their spare time?</strong></td>
</tr>
<tr>
<td><strong>Where do you want to live two years after being released?</strong></td>
</tr>
</tbody>
</table>

---

**Mental Health Domain:**

| **Prior to placement, have you received any mental health treatment?** Yes ☐ No ☐ |
| **If yes, what types?** |
| **In the past 30 days, have your feelings, thoughts or emotions interfered with your personal life, treatment, school, work or social activities?** Yes ☐ No ☐ |
| **Are you currently taking any medications for an emotional or psychological problem?** Yes ☐ No ☐ |
| **Are there are any medications that you are SUPPOSED to be taking?** Yes ☐ No ☐ |

---

**Social Domain:**

| **Tell me about your family, the people you lived with prior to coming here.** |
| **How would you describe your friends prior to getting arrested?** |
| **What does being a friend mean to you?** |
| **Who can you count on when in a tough situation?** |
| **How was this person helpful to you?** |
| **Who is a friend or friends you may need to spend less time with upon release?** |
| **What would be good about spending less time with that person?** |
| **Who is a person or people you may want to spend more time with upon release?** |
| **What would be good about spending more time with that person?** |

---

**Spiritual Domain:**
How would you describe your spiritual or religious life before being arrested?

<table>
<thead>
<tr>
<th>Do you practice a formal religion?</th>
<th>Which?</th>
</tr>
</thead>
</table>

How do you practice their faith?

In difficult times, how has your faith, spirituality or religion helped?

Who was the biggest influence in your spiritual life?

**Transportation Domain:**

What types of transportation do you and your family use on a regular basis?

<table>
<thead>
<tr>
<th>Do you have a way to get to things like schooling, jobs, treatment or social activities?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is your transportation reliable and safe?</td>
</tr>
<tr>
<td>Do you have a valid driver’s license?</td>
</tr>
<tr>
<td>If not, would you like/are you able to obtain your driver’s permit upon release?</td>
</tr>
</tbody>
</table>

**Aftercare Planning Domain:**

What are your goals for the future?

<table>
<thead>
<tr>
<th>Did you receive any community-based services prior to placement? Yes [ ] No [ ]</th>
</tr>
</thead>
<tbody>
<tr>
<td>If yes, what types?</td>
</tr>
<tr>
<td>Do you have a photo id card, social security card, birth certificate and/or working papers? Yes [ ] No [ ]</td>
</tr>
<tr>
<td>What services do you feel you need upon release from the facility?</td>
</tr>
</tbody>
</table>

---

**Aftercare Planning**

**Things to think about after meeting with the resident**

- **Drug & Alcohol**
  - Has the resident been referred for an assessment?
  - Has the resident been referred for outpatient counseling?
  - Will the resident receive a list of AA/NA meetings and phone numbers?
  - Does he/she need a sponsor?
  - Do they need to leave with any specific paperwork in order to get services set up faster?
- **Education**
  - Will the resident leave with everything needed to enroll promptly in school (transcript)?
  - Has the resident received a list of available GED programs in their area?
- **Employment**
  - Is the resident registered on the Careerlink website?
  - If the resident is leaving soon, has he/she started to look for jobs, via the Careerlink website?
  - Does the resident know how to complete an application?
  - Does he/she have a birth certificate, social security card, state issued photo ID card and/or working papers?
- **Family**
  - Would the family benefit from ongoing counseling?
  - Do any family members have problems that require community intervention?
- **Higher Education**
  - Is the resident interested in furthering their education?
  - Has he/she received information on financial aid, vocational schools, colleges, etc?
- **Independent Living**
  - Will the resident return to a family member upon release or will he/she live independently?
  - What additional services will the resident need?
• Juvenile Probation
  o Will the juvenile probation officer support the aftercare plan?
  o Will the juvenile probation officer help to enforce the aftercare plan?
• Medical
  o Does the resident have any medical conditions that require immediate attention upon release?
  o Is the resident able and willing to receive their driver’s permit?
• Mentoring Program
  o Would the youth benefit from a positive role model?
  o Boys & Girls Club, Big Brother/Big Sister, etc.
• MH/MR
  o Would the resident benefit from an evaluation, counseling, wrap-around services or ongoing case management?
  o Does the resident need ongoing medication?
• NRC
  o Is the resident eligible for aftercare services?
  o If so, has a referral been made?
• OVR
  o Does the youth have a disability (can include a D&A or MH/MR diagnosis) that will make it hard for him/her to obtain/maintain employment?
  o Upon intake with an OVR representative, a resident should have copies of any diagnostic evaluations that were done, a comprehensive psychiatric evaluation, MMPI, career inventories, academic assessments and medical information. (Diagnosis, functional limitations, career inventories, etc.)
• Parenting Classes
  o Would the resident benefit from some type of parenting class?
  o Has he/she received a list of classes available in their area?
• Public Assistance
  o Is the youth eligible for medical assistance upon release?
  o If so, encourage him/her to reapply within 3 months of being released?
  o If not, has an application been submitted?
• Spiritual Supports
  o Does the resident actively participate in a spiritual group or attend church regularly?
  o Does the resident participate in any youth groups?
• Other

### Substance Abuse History
Resident Checklist

<table>
<thead>
<tr>
<th>Substance</th>
<th>Use</th>
<th>Age of First Use</th>
<th>Last Time Used</th>
<th>Frequency of Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nicotine (Cigarettes, smokeless tobacco)</td>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alcohol (List specific kinds and amounts)</td>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Marijuana/Hashish</td>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Barbiturates (Reds, yellows, jackets, etc.)</td>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Benzodiazepines (Xanez, Valium, Ativan, etc.)</td>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Flunitrazepam</td>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gamma Hydroxybutric Acid (GBH)</td>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Quaalude</td>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ketamine (Animal tranquilizer)</td>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phencyclidine (PCP) WET</td>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mescaline (Cactus)</td>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psilocybin (Mushroom)</td>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Codeine (Robitussin, Tylenol 3)</td>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fentanyl (Narcotic used for anesthesia)</td>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lysergic Acid Diethylnride (LSD)</td>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amphetamines (Crank, Speed, Meth, etc.)</td>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Substance</td>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>---------------------------</td>
<td>-----</td>
<td>----</td>
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<td></td>
</tr>
<tr>
<td>Heroin</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Morphine</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OxyContin (Pain Killer)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anabolic Steroids</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inhalant (Solvents, gases, etc.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sleeping pills</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cocaine</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Crack Cocaine</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MDMA (Ecstasy)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other:</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>
Attachment 7:
Sample Aftercare Plan
After Care Plan for [NAME] DOB: [DOB]

This is an initial Aftercare Plan for [NAME]. He has a court review on [DATE].

The following is an overview of [NAME]'s involvement and eligibility: He is currently in the Release and Reintegration Group and has been actively participating in plans for when he returns to the community. [NAME] has been referred to Cornell Abraxas Aftercare Services (NRC). [NAME] is currently eligible for Medical Assistance, which makes him eligible to receive Outpatient Mental Health and Drug and Alcohol Services upon his release. He also will be transitioning back to a community high school.

The following recommendations are being made for [NAME] while at LYDC and upon his discharge from the YDC/YFC System:

1. The Counselor and Social Worker will work with [NAME], his family, NRC, the School District, his Probation Officer and identified community treatment resources to develop a transition reintegration plan for his return to the community.

2. To apply for presumptive eligibility for Medial Assistance coverage 60 days prior to discharge.

3. To be followed by Cornell Abraxas Aftercare (NRC) Program. The frequency in which [NAME] will be seen will be determined by his needs.

4. Refer for Outpatient Counseling, and other support services provided through the Mental Health System to address adjustment issues within the family and to assist [NAME] in returning to the Community. Appointments will be made prior to his release from the facility.

5. To receive a Drug and Alcohol Assessment in his home community and to follow up with treatment recommendations. Appointments will be scheduled prior to his release from the facility.

6. [NAME] will enroll with Career Link while here to begin exploring options for employment before he returns home.

7. Probation will request that [NAME] follow all treatment recommendations and will monitor him for compliance.

This plan will be updated throughout his placement to ensure that identified treatment issues are addressed.
Attachment 8:
Wisconsin Delinquency Family Assessment
Complete this assessment using the best available information obtained by the agent through observation; self-report information from the youth, family member(s), and third parties (e.g., school personnel, employers and relatives outside the home), reports from official agencies and the results of formal evaluations. Select only one statement for the family under each category based upon the agent’s professional judgment. Add the positive and negative scores separately for the 12 items. Record two scores for the family at the end of the form. The positive score measures strengths. The negative score assesses need.

**FAMILY**

A. EDUCATIONAL INVOLVEMENT

5  Regularly attends school activities and teacher conferences, monitors and assists youth with homework assignments and exhibits behaviors (reads, discusses current events, etc.) to motivate the youth’s learning process.

3  Supervises youth’s attendance and performance at school, attends scheduled conferences, communicates with school officials, but is not involved in other areas of the educational process.

-3  Does not supervise youth’s attendance or performance at school.

-5  Regularly interferes with the youth’s attendance or performance at school.

B. FAMILY/COMMUNITY ENVIRONMENT

5  Gives encouragement to it's members, family unit protects it's members in the home and community from physical harm. Family members regularly make positive statements about each other and contribute their time and resources to support the positive endeavors (school, work, church activities) of other family members.

3  Feels safe at home and in the community.
Serious problems including unstable/mobile lifestyle or failure to provide meals or medical care to meet health/safety needs of the youth. Community has numerous reports of criminal activity and violence.

Is homeless or in a temporary shelter. Family supports delinquency or sabotages treatment programs.

C. EMOTIONAL STABILITY

5 Consistently displays ability to deal with disappointment, anger, grief in a positive manner. Expresses an optimistic view of personal future.

3 Displays some appropriate emotional responses, no apparent dysfunction and appears well adjusted.

-3 Displays periodic or sporadic emotional responses, which limit adequate functioning such as aggressive acting out, withdrawal, mild symptom(s) of depression, anxiety or neurosis.

-5 Frequent or extreme emotional responses, which severely limit adequate functioning including incidents of suicidal gestures, need for mental health treatment or hospitalization, self-abusive behaviors or fire setting behaviors.

D. CONFLICT RESOLUTION

5 Consistently Identifies conflict at home or work and successfully employs skills needed to resolve conflict.

3 Identifies conflict and attempts to use resolution skills to resolve.

-3 Reacts to conflict and needs outside intervention(s) to resolve disputes.

-5 Reacts to conflict in a disruptive or aggressive manner and may require law enforcement involvement.

E. SUBSTANCE USE

4 Models responsible attitudes and behaviors, educates children about the negative consequences of substance abuse, monitors the youth's involvement with substances and actively participates in treatment if needed.

2 No evidence of substance abuse or models treatment participation and offers constructive support

-2 Some substance abuse problems resulting in disruptive behavior, discord in family or limited problems in functioning.

-4 Serious substance abuse problems with serious disruption of functioning, such as loss of job, problems with law and/or physical harm to self or others.

F. ATTITUDES/VALUES

4 Consistently takes responsibility for own feelings, attitudes, and behaviors; demonstrates willingness to help others; displays honesty and Integrity; caring sense of purpose and is future oriented.

2 Recognizes and sometimes demonstrates the importance of taking personal responsibility for feelings, attitudes and behaviors in order to function in the community.

-2 Blames others, unable to recognize and demonstrate personal responsibility, chooses negative role models and is not future oriented.

-4 Consistently expresses negative societal values, exhibits destructive/aggressive behaviors, accepts criminal thinking, seeks revenge openly and regularly, and associates with others Involved in negative/criminal behaviors.
G. PARENTING/CAREGIVING

4 Consistently demonstrates a strong positive relationship, which includes social activities together and parenting patterns which are age appropriate for the child(ren) in areas of discipline, expectations, communication, protection, and nurturing.

2 Exhibits parenting practices which are age appropriate for the child(ren) in areas of discipline, expectations, communication, protection and nurturing. Child(ren) comply with parental requests and practices.

-2 Does not demonstrate adequate knowledge or skills to effectively control or nurture child(ren) (inconsistent parenting, passive parenting or parent/child role reversal). Child(ren) do not regularly receive consequences for misbehavior and sometimes receives lax supervision.

-4 Displays emotionally or physically destructive/abusive-parenting patterns. Child(ren) display emotionally physically destructive behaviors to caregiver(s) or other siblings. There has been an abuse/neglect referral or children have been removed from the caregiver’s home.

H. SOCIAL COMPETENCIES

4 Demonstrates emphatic, sensitivity, friendship skills, positive relationships with other adults, ability to deal effectively with authority figures and models responsible behavior. Successfully solves problems with children and other adults.

2 Some ability to relate and interact with others. Exhibits efforts to develop relationship skills such as selection of supportive friends, constructive use of free time and involvement in social network.

-2 Demonstrates or exhibits weak sense of self, ill at ease with others, avoids interactions and relationships, defendant relationships and a follower.

-4 Destructive relationships, co-dependent, self-abusive, harms others, exploits others, manipulative, self-mutilation, cruel to others, and expresses sense of hopelessness.

I. SUCCESSFUL LIVING SKILLS

3 Consistently demonstrates most or all of the following skills needed for independent living: money management, housekeeping, decision-making, planning, problem solving and time management.

1 Manages daily routine without intervention(s) and demonstrates some life skills.

-1 Does not consistently demonstrate life skills; needs some intervention to manage daily routine.

-3 Does not demonstrate life skills; requires extensive training and assistance to manage daily routine.

J. EMPLOYMENT

3 Currently employed or pursuing a realistic career plan with a concrete time frame for implementation, understands the need to be productive, exhibits behaviors associated with being motivated to work (e.g., has a resume, has submitted applications), has a history of positive employment, or is regularly attending a vocational program.

0 Employable, has work skills, but is not currently employed or is enrolled in a job-training program.

-1 Unemployed, exhibits inconsistent or unrealistic attempts to obtain work and expresses limited interest in seeking work or developing a realistic career plan.
-3 Unemployed, employed in illegal activity or unrealistic plans for employment, no motivation to work, no marketable job skills, and no interest or concrete plan to develop them

L. HEALTH

2 Physically healthy; practices preventive health care and regularly maintains and participates in a health care plan for physical/dental/vision needs.

1 May have a health problem, but seeks and follows treatment plan including regularly taking prescribed medications or not actively engaged in health promoting behavior, but apparently healthy.

-1 Special health conditions exists, which is not adequately addressed or is partially compliant with taking prescribed medications.

-2 Health, dental, hearing or vision problem exists, which is not adequately addressed and severely limits participation in routine activities of daily living or is non-compliant with taking prescribed medications.

IDENTIFIED NEEDS, WHICH WERE NOT COVERED BY THIS ASSESSMENT TOOL.

ASSIGN THE STRENGTH AND NEEDS ASSESSMENT SCORE.
INSTRUCTIONS: Total the family strength and need score and enter it on the appropriate line. Also check the corresponding strength and need level.

<table>
<thead>
<tr>
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<th>Family Strength Level</th>
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<td>□ 16 to 31</td>
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<td></td>
<td>□ 32 &amp; Above</td>
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<table>
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<th>Family Need Level</th>
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<tr>
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<td></td>
<td>□ -17 to -33</td>
</tr>
<tr>
<td></td>
<td>□ -34 &amp; Above</td>
</tr>
</tbody>
</table>
Attachment 9:
NRC Standardized Aftercare Planning Assessment
Client Information

Name_____________________________ Race______________ Age______
Date of Birth________________________
Height _____ SS#_____________________ Religion ____________
Tattoos/Distinguishing Marks _____________________________________

Parent Guardian Information

Name______________________________ Relationship________________________
Address____________________________
City___________________________     State_____ Zip code ______________
Home #_________________                             Cell # ________________

Name______________________________ Relationship________________________
Address____________________________
City___________________________     State_____ Zip code ______________
Home #_________________                             Cell # ________________

Alternate Living

Name_____________________________ Relationship________________________
Address____________________________
City___________________________     State_______________ Zip__________
Home #_________________                             Cell# ___________________
**Delinquent Information**

Judge in Committing Case__________________ County_________________
Probation Officer___________________________  PO phone number ______________
Committing Charge___________________________
Court Fees ___________ Restitution__________________
Court ordered community service______________
NRC program community service________________
Age first arrested_____  Total times arrested_____
Summary of charges________________________

__________________________________________

__________________________________________

__________________________________________

Complete

1\(^{st}\) placement____________________________                   yes /  no
2\(^{nd}\) placement____________________________                  yes /  no
3\(^{rd}\) placement____________________________                 yes /  no
4\(^{th}\) placement____________________________                  yes /  no
5\(^{th}\) placement____________________________                  yes   /no
Date of arrival _________   Projected date of discharge______________
Date of hearing or court review_______________
Counselor________________________________

**Parenting/Childcare**

Do you have any children?   yes / no
If yes,     # of children______
Do they live with you?  Yes /  no
Do you have regular contact with the child’s other parent?  yes / no
If they do not live with you, with whom do they live?____________________
**Education**

Last school attended __________________________

Grade completed___________

Credits ____________

Have you ever repeated a grade    yes /  no

If yes, what grade ______

While in the community did you attend school regularly?   Yes /  no

Have you ever received special education programming?  Yes /  no

How well do you read?            _____ very well   _____ well   _____very little _____none

Do you plan to:    ____graduate ____ obtain GED ____ move on to college ____ none

Do you have any interest in vocational school?  Yes /  no    If yes, what area __________

**Job Readiness/Employment**

Birth certificate                           yes /  no

Social Security Card                           yes /  no

State ID                                               yes /  no

Working Papers   yes / no

Medical Insurance   yes / no

Have you ever had a job                      yes /  no     If so, where________________

Do you know where you could find employment, please list?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
Social Skills Development

With whom do you spend time with? ________________________

Do you participate in your groups? _____ often _____ sometimes _____ none

Do you have, or has someone in the past say you have problems with the following:

Yes / No  Dealing with authority
Yes / No  Controlling your temper
Yes / No  Getting along with your family
Yes / No  Feeling good about yourself
Yes / No  Communicate with others
Yes / No  Getting along with others
Yes / No  Trusting others
Yes / No  Completing Tasks
Yes / No  Sharing your feelings
Yes / No  Committing crimes
Yes / No  Having fun without using drugs and alcohol

Leisure/Recreation

What do you do with your free time?

________________________________________________________________________

Who do you spend most of your time with?

________________________________________________________________________

Are you interested in participating with the NRC activities?

________________________________________________________________________
Client Centered Counseling

1. Have you ever considered committing suicide? Yes / No
   If yes: when ________________________________

2. Have you ever attempted suicide? Yes / No
   If yes: when ________________________________

3. Have you ever intentionally cut, burned, or otherwise inflicted pain on yourself? Yes / No

4. Have you ever been hospitalized for psychological/psychiatric reasons? Yes / No
   If yes: Where? ________________________________
   When ________________________________
   Did you required physical restraint? Yes / No If yes why/how often______

5. Have you ever taken medication? Yes / No
   If yes: what for:______________________________
   Prescription name:____________________________

6. Does anyone in your family suffer from mental illness? Yes / No
   If yes: Who and what mental illness do they suffer from?________________________

Family Work

1. How do you get along with family members?

___________________________________________________________

2. How much does your family know about your illegal activities and drug use?

___________________________________________________________

3. Describe your relationship with your parents and siblings.

___________________________________________________________

3. Describe the neighborhood you live.
Health

Do you have any current medical problems. Yes / No

Medications (if applicable) ____________________________________________________________

Do you smoke cigarettes? Yes / No
Do you exercise regularly? Yes / No
Have you ever had any health/medical problems while in placement? Yes / No
If yes what? ____________________________________________________________
Have you ever collected disability? Yes / No
If yes what for? ____________________________________________________________

Substance Abuse

<table>
<thead>
<tr>
<th>Type of Drug</th>
<th>Have You Ever Used?</th>
<th>How Often?</th>
<th>Last Used</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol</td>
<td>1x,weekly, monthly, daily</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Marijuana</td>
<td>1x,weekly, monthly, daily</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cocaine</td>
<td>1x,weekly, monthly, daily</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inhalants</td>
<td>1x,weekly, monthly, daily</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stimulants (meth, crank)</td>
<td>1x,weekly, monthly, daily</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hallucinogens</td>
<td>1x,weekly, monthly, daily</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sedatives</td>
<td>1x,weekly, monthly, daily</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PCP (wet, special K)</td>
<td>1x,weekly, monthly, daily</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Narcotics/Heroin/Oxy</td>
<td>1x,weekly, monthly, daily</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Transportation

Do you have a drivers license?  Yes / no
Have you ever used public transportation?  Yes / No
Do your guardians own their own cars?  Yes / No and have a valid license.

Addition comments facility counselor regarding clients behavior:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Addition comments from interviewer regarding clients compliance/validity of the interview:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Wisconsin Delinquency Youth Assessment

(Wisconsin Department of Corrections)

Division of Juvenile Corrections

WISCONSIN

DOC-1910 (Rev. 3/00)

**WISCONSIN DELINQUENCY YOUTH ASSESSMENT**

<table>
<thead>
<tr>
<th>NAME OF YOUTH</th>
<th>COMMITTING COUNTY</th>
</tr>
</thead>
<tbody>
<tr>
<td>DATE OF BIRTH</td>
<td>GENDER</td>
</tr>
<tr>
<td></td>
<td>MALE OR FEMALE</td>
</tr>
<tr>
<td></td>
<td>ETHNIC GROUP</td>
</tr>
</tbody>
</table>

FAMILY MEMBERS (Check all that apply)
- □ Mother
- □ Father
- □ Stepparent
- □ Grandparent
- □ Siblings
- □ Guardian
- □ Other Relative
- □ Other _________

SIGNATURE OF CASE MANAGER DATE OF ASSESSMENT

Complete this assessment using the best available information obtained by the agent through observation; self-report information from the youth, family member(s), and third parties (e.g., school personnel, employers and relatives outside the home), reports from official agencies and the results of formal evaluations. Select only statement for the youth under each category based upon the agent’s professional judgment. Add the positive and negative scores separately for the 12 items. Record two scores for the youth at the end of the form. The positive score measures strengths. The negative score assesses need.

Youth

_______

**A. EDUCATIONAL INVOLVEMENT**

5 Actively engaged in education program and attached to school as evidenced by regular attendance and high academic achievement (GPA of 2.5/C+ or greater) and reads above grade level.

3 Functions at age appropriate level, earns passing grades, reads at grade level and does not skip classes or exhibit behavior problems. Graduated or has GED.

-3 Problems with attendance (e.g., skips school or classes at least once a week), work effort or behaviors and/or functions 1 year below expected grade level.

-5 Chronic problems with attendance (e.g., skips school or classes more than once a week), work efforts or behaviors and/or functions 2 or more years below expected grade level, or has been expelled.

_______

**B. FAMILY/COMMUNITY ENVIRONMENT**

5 Receives encouragement from family, family unit protects its members in the home and community from physical harm, members regularly make positive statements about each other and contribute their time and resources to support the positive endeavors (school, work, church activities) or other family members.

3 Feels safe at home, in school and in the community.

-3 Serious problems including unstable/mobile lifestyle or failure to provide meals or medical care to meet health/safety needs of youth. Community/school has numerous reports of criminal activity and violence.

-5 Is homeless or in temporary shelter.

_______

**C. EMOTIONAL STABILITY**
5 Consistently displays ability to deal with disappointment, anger, and grief in a positive manner and expresses an optimistic view of personal future.

3 Displays some appropriate emotional response, no apparent dysfunction and appears well adjusted.

-3 Displays periodic or sporadic emotional responses, which limit adequate functioning such as aggressive acting out withdrawal, mild symptom(s) of depression, anxiety or neurosis.

-5 Frequent or extreme emotional responses, which severely limit adequate functioning including incidents of suicidal gestures, need for mental health treatment or hospitalization, self-abusive behaviors or fire setting behaviors.

D. CONFLICT RESOLUTION

5 Consistently Identifies conflict and successfully employs skills needed to resolve conflict.

3 Identifies conflict and attempts to use resolution skills to resolve conflict without outside Intervention(s). Efforts are not always successful.

-3 Reacts to conflict and needs outside intervention(s) to resolve disputes.

-5 Reacts to conflict in a disruptive or aggressive manner and may require law enforcement Involvement.

E. SUBSTANCE USE

4 States and shows through behavior that it is Important not to use alcohol or other drugs and does not use them.

2 No evidence of substance abuse.

0 Experimentation with substances, but no indication of sustained use.

-2 Evidence of substance use/abuse. Participates in education, treatment and/or monitoring program.

-4 Serious substance abuse problems with serious disruption of functioning such as loss of job, removal/dropping out of school, problems with the law and/or physical harm to self or others. Refuses to participate in treatment.

F. ATTITUDES/VALUES

4 Consistently lakes responsibility for own feelings, attitudes, and behaviors; demonstrates willingness to help others; displays honesty and Integrity; caring sense of purpose and is future oriented.

2 Recognizes and sometimes demonstrates the importance of taking personal responsibility for feelings, attitudes and behaviors in order to function in the community.

-2 Blames others, unable to recognize and demonstrate personal responsibility, chooses negative role models and is not future oriented.

-4 Consistently expresses negative societal values, exhibits destructive/aggressive behaviors, accepts criminal thinking, seeks revenge openly and regularly, and associates with others Involved in negative/criminal behaviors.

G. PARENTING/CAREGIVING

4 Not a teen parent or pregnant has completed a course on parenting and child rearing and demonstrates the value of delaying parenthood.

2 Not a teen parent or pregnant; doesn't demonstrate value of delaying parenting.

0 A teen parent who is positively engaged in nurturing the child or pregnant and receiving pre-natal care.

-2 A teen parent or pregnant; lacks child rearing skills and needs
assistance to provide adequate care for the child.

-4 A teen parent or pregnant; lacks basic knowledge about parenting and child rearing, is not positively engaged with child, is involved in maltreatment of child or there has been a recommendation of removal of the child from caregiver’s home.

H. SOCIAL COMPETENCIES

4 Demonstrates emphatic, sensitivity, friendship skills, and positive relationships with peers and adults, ability to deal effectively with authority figures and models responsible behavior. Successfully solves problems with peers and adults.

2 Some ability to relate and interact with others. Exhibits efforts to develop relationship skills such as selection of appropriate friends, constructive use of free time and works to define boundaries.

-2 Demonstrates or exhibits weak sense of self, ill at ease with others, avoids interactions and relationships, dependent relationships and a follower.

-4 Destructive relationships, co-dependent, self-abusive, harms others, gang involvement, exploits others, manipulative, self-mutilation, cruel to others, and expresses sense of hopelessness.

I. SUCCESSFUL LIVING SKILLS

3 Consistently demonstrates most or all of the following skills needed for independent living, money management, housekeeping, decision-making, planning, problem solving and time management.

1 Manages daily routines without intervention and demonstrates some age appropriate life skills.

-1 Does not consistently demonstrate age appropriate life skills; needs some intervention to manage daily routine.

-3 Does not demonstrate age appropriate life skills; requires extensive training and assistance to manage daily routine.

J. EMPLOYMENT

3 Currently employed or developing a realistic career plan with a concrete time frame for implementation, understanding the need to be productive, exhibits behaviors associated with being motivated to work (e.g., has a resume, has submitted applications), has a history of positive employment, or is regularly attending and obtaining good grades in vocational/regular education program.

0 Employable, has work skills, but is not currently employed or is a full-time student.

-1 Unemployed, exhibits inconsistent or unrealistic attempts to obtain work and expresses limited interest in seeking work or developing a realistic career plan.

-3 Unemployed involved in illegal activity or unrealistic plans for employment no motivation to work, no marketable job skills, and no interest or concrete plan to develop them.

K. SEXUALITY

2 Has participated in human growth and development curriculum and youth is consistently responsible about sexuality.

0 No indicators of inappropriate expression of sexuality.

-3 Inappropriate expressions of sexuality.

-5 Uses sexual behaviors to attain power over others and harm or instills fear in a victim.
L. HEALTH

2 Physically healthy; practices preventive health care and regularly maintains and participates in a health care plan for physical/dental/vision needs.

1 May have a health problem, but seeks and follows treatment plan including regularly taking prescribed medications or not actively engaged in health promoting behavior, but apparently healthy.

-1 Special health conditions exists, which is not adequately addressed or is partially compliant with taking prescribed medications.

-2 Health, dental, hearing or vision problem exists, which is not adequately addressed and severely limits participation in routine activities of daily living or is non-compliant with taking prescribed medications.

IDENTIFIED NEEDS, WHICH WERE NOT COVERED BY THIS ASSESSMENT TOOL.

ASSIGN THE STRENGTH AND NEEDS ASSESSMENT SCORE.
INSTRUCTIONS: Total the youth strength and need score and enter it on the appropriate line. Also check the corresponding strength and need level.

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<td>Basic</td>
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<td>□ 16 to 31</td>
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<td>□ 32 &amp; Above</td>
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<tr>
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<td>Moderate</td>
</tr>
<tr>
<td>□ -34 &amp; Above</td>
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Attachment 11:
NRC Individualized Service Plan
**CORNELL ABRAXAS NON-RESIDENTAL CARE
INDIVIDUALIZED SERVICE PLAN [REV. OCT. 2005]**

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<tr>
<th>Type of Report:</th>
<th>Initial ISP</th>
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<tr>
<td>Date of Birth:</td>
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<tr>
<td>Date of Admission:</td>
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<table>
<thead>
<tr>
<th>YDC / YFC Facility</th>
<th>Contact person</th>
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<tbody>
<tr>
<td>Probation Office Contact</td>
<td></td>
</tr>
<tr>
<td>Case Manager:</td>
<td></td>
</tr>
<tr>
<td>Date plan Developed:</td>
<td>Tract 1</td>
</tr>
<tr>
<td>Service Tract:</td>
<td></td>
</tr>
</tbody>
</table>

| Client Signature: |             |
| Written By:       | Case Manager |
| Approved By:      | Treatment Supervisor |
| Participant Signature |          |

| Copy accepted by client: | Yes               |
| Date copy sent to probation office: |             |
| Date copy sent or given to parents: | TBD       |
| Date copy sent to facility: |               |
| Date copy sent to (other):     | Name or agency: |

ISP development is a collaborative effort between client, case manager, facility personnel, family, and probation personnel. The following information is utilized in the development of this document:
- Client Interview
- Historical client documentation
- Probation Interview
- Wisconsin Youth Delinquency Risk Assessment
- Standardized Aftercare Planning Instrument
- Family Assessment
INDIVIDUALIZED SERVICE PLAN

Comprehensive client and family strengths list:

1. Michael has demonstrated a willingness to participate in treatment as demonstrated by his projection to successfully complete the Blank YDC program and participate in aftercare.
2. Michael has demonstrated that he values his education as demonstrated by his participation in school at Blank YDC. In addition, his counselor at Blank YDC characterized him as a self-motivator and a good student.
3. Michael has expressed an interest in basketball as an extracurricular activity.
4. Michael has demonstrated a work ethic through his current employment at Blank YDC.
5. Michael expresses a desire to obtain employment upon his return to the community.
6. Michael has a good relationship with his parents.
7. Michael is interested in becoming an artist.

Identified Areas Of Need:

1. Education & Vocational Training
2. Conflict Resolution
3. Employment
4. Community Involvement
5. Substance Abuse
**INDIVIDUALIZED SERVICE PLAN: EDUCATION & VOCATIONAL TRAINING**

**Assessment of Need**
Michael is not currently enrolled in his home school, Blank School District. He is currently functioning at the eleventh grade level. Previously, he had engaged in physical altercations at school and had skipped school to be with negative peers.

While at Blank YDC, Michael has shown excellent progress and has been motivated with regard to his academics. Coupled with strong grades in almost every subject area, his motivation to succeed educationally could prove to be an essential building block to his self-progression and eventual positive reintegration into the community.

**Long-Term Goal**
Michael will obtain his high school diploma.

**Short-Term Goal**
Immediately upon release, Michael will attend Blank High School and continue his academics.

1. **Measurable Action Steps**
   a. **Client’s Responsibilities:**
      - Develop a schedule which includes how he will spend his free time and make it to school in a timely fashion.
      - Provide a copy of his schedule to his Case Manager on a bi-weekly basis.
      - Participate in tutorial services as necessary.
      - Attend school on a daily basis.
      - Complete all assignments and homework in a timely manner.
      - Schedule and attend one meeting with the guidance counselor at Blank High School.
      - Research the requirements for enrolling in a vocational program in art.

   b. **Case Manager’s Responsibilities:**
      - Contact Blank High School prior to Michael’s release to ensure that all arrangements have been made for his return.
      - Obtain information regarding local tutorial services and provide it to Michael and his family.
      - Arrange for tutorial services as determined necessary.
      - Attend two meetings with Michael and his guidance counselor.
      - Review Michael’s school work and status in each class on a weekly basis.
      - Review Michael’s progress in school with his family and probation officer on a monthly basis.
      - Obtain information regarding vocational tracts for art and provide it to Michael and his family.

   c. **Community resources and services that will be accessed or referrals completed:**
      - Blank High School
      - Vocational technology program, if desired.
      - Local tutorial services may be necessary.
      - Contact will be made with Michael’s guidance counselor to arrange for a meeting within two months.

2. **Service Frequency:** Two hours a week of face-to-face contact and weekly phone contact.
3. **Targeted Completion Date:** 1/6/2006
4. **Additional Comments:**
INDIVIDUALIZED SERVICE PLAN: CONFLICT RESOLUTION

Assessment of Need
Michael has been adjudicated delinquent on multiple charges of aggravated assault and has required restrictive procedures to control his anger and physical violence towards others. In addition, he has had a history of hanging around negative peer groups that influence and encourage poor choices. Blank YDC reports that he has made some progress in this area, yet anger management remains a concern of probation.

Long-Term Goal
Michael will learn to redirect and control his anger.

Short-Term Goal
Michael will not engage in assaultive behaviors.

1. Measurable Action Steps:
   
a. Client’s Responsibilities:
      
      • Identify his triggers to becoming angry and list four specific things he can do to maintain control.
      • On a daily basis and prior to becoming angry, practice these four steps and report the results to his family and Case Manager.
      • Participate in individual counseling as determined necessary by his family, probation officer, Case Manager and Blank YDC.
      • Use physical activity, write in a journal and participate in a hobby that interests him to expel negative emotions and assist him in controlling his anger.
      • Identify and seek out peers that encourage positive choices.
      • Identify three extracurricular activities that will be a positive influence.
      • Identify one positive peer or adult mentor and establish bi-weekly meetings with them.
      • Actively participate in the Anger Management curriculum by the second month, either in group or individually.

   b. Case Manager’s Responsibilities:
      
      • Assist in the identification of triggers and development of four concrete steps Michael can use to control his anger.
      • Review how Michael is doing with coping with his anger on a weekly basis.
      • Identify and connect Michael with a peer or adult mentor within the local community.
      • Identify and connect Michael with the local Boys & Girls Club.
      • Identify and connect Michael with an extracurricular activity.
      • Complete a referral to _____ for individual counseling to assist Michael with controlling his anger.

   c. Community resources and services that will be accessed or referrals completed:
      
      • Peer mentor
      • Alternative extracurricular activities as agreed upon with Michael and his family.
      • Boys & Girls Club

2. Service Frequency: Two hours a week of face-to-face contact and weekly phone contact.
3. Targeted Completion Date: 1/6/2006
4. Additional Comments:
**Individualized Service Plan: Employment**

<table>
<thead>
<tr>
<th>Assessment of Need</th>
</tr>
</thead>
<tbody>
<tr>
<td>Michael has been employed at the dietary while at Blank YDC and has exhibited a good work ethic. Upon his return to the community, he will owe restitution and court fees. He has no work experience outside of Blank YDC and may need help with interview techniques and cover letter development.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Long-Term Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Michael will gain full-time employment.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Short-Term Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Michael will learn the steps necessary to obtaining employment and become employed on a part-time basis.</td>
</tr>
</tbody>
</table>

1. Measurable Action Steps:
   a. Client’s Responsibilities:
      - Complete his working papers within two weeks of his return to the community.
      - Complete the paperwork necessary to obtain his state photo identification.
      - Provide a resume to his case manager for review.
      - Actively participate in searching for part-time employment.
      - Actively use the Careerlink to search for jobs and attend educational workshops, such as an interview workshop, as needed.
      - Complete and submit six job applications monthly until employed.
      - Actively participate in the Job Skills curriculum by the second month, either in group or individually.
   b. Case Manager’s Responsibilities:
      - Provide the necessary paperwork to obtain his working papers and state photo identification.
      - Assist in the completion of paperwork as necessary, to include accompanying him to appointments as needed.
      - Actively participate in helping Michael search for part-time employment.
      - Assist Michael in obtaining services through the Careerlink by helping him access their website at a remote location or by accompanying him to their office.
      - Assist in the completion and submission of six job applications monthly until Michael is employed on a part-time basis.
   c. Community resources and services that will be accessed or referrals completed:
      - Careerlink

2. Service Frequency: Two hours a week of face-to-face contact and weekly phone contact.
3. Targeted Completion Date: 1/6/2006
4. Additional Comments:
**INDIVIDUALIZED SERVICE PLAN: COMMUNITY INVOLVEMENT**

<table>
<thead>
<tr>
<th>Assessment of Need</th>
<th>Michael has had a history of physical violence and hanging around negative peer groups that influence bad behavior. In addition, he has difficulty with authority figures and regularly associates with negative peer groups, culminating in theft charges with a group of peers. He also has a history of violating probation and resultanty returning to placement.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Long-Term Goal</td>
<td>Michael will establish a positive peer group and become positively involved in his local community.</td>
</tr>
<tr>
<td>Short-Term Goal</td>
<td>Michael will follow the rules of probation and will associate with a positive peer group.</td>
</tr>
</tbody>
</table>

1. Measurable Action Steps:

a. Client’s Responsibilities:
   - Complete the Victim Awareness Curriculum.
   - Follow his curfew and make all curfew calls to his Case Manager at 7:00 P.M. nightly.
   - Participate in one N.R.C. activity by the first month.
   - Notify his father of where he is going and with whom he is going out with.
   - Participate in NRC group every Tuesday at 4:00 P.M.
   - Discuss the possibility of attending family counseling or other support group with his parents.
   - Participate in a family meeting within the first seven days of leaving the facility followed by monthly meetings.

b. Case Manager’s Responsibilities:
   - Identify and connect Michael with a peer or adult mentor within the local community.
   - Identify and connect Michael with the local Boys & Girls Club.
   - Be available for Michael’s nightly curfew calls.
   - Talk with Michael’s parents about enrolling in family counseling.
   - Convene and facilitate a meeting between Michael and his family within the first seven days of leaving the facility and on a monthly basis afterwards.

c. Community resources and services that will be accessed or referrals completed:
   - Boys & Girls Club
   - Peer mentor

2. Service Frequency: Two hours a week of face-to-face contact and weekly phone contact.
3. Targeted Completion Date: 1/6/2006
4. Additional Comments:
### INDIVIDUALIZED SERVICE PLAN: SUBSTANCE ABUSE

<table>
<thead>
<tr>
<th>Assessment of Need</th>
<th>Michael denies substance abuse yet associates himself with individuals who use and sell narcotics.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Long-Term Goal</td>
<td>Michael will associate with peers that are drug and alcohol free and do not sell drugs.</td>
</tr>
<tr>
<td>Short-Term Goal</td>
<td>Michael will develop and implement a plan for establishing a positive and supportive peer group.</td>
</tr>
</tbody>
</table>

1. **Measurable Action Steps:**
   
   **a. Client’s Responsibilities:**
   
   - Identify 5 positive peers to associate with.
   - Outline the consequences related to spending time with peers who use and/or sell drugs.
   - Do not use or sell drug or alcohol.
   - Participate in a drug and alcohol assessment and attend follow-up treatment as recommended through the assessment.
   - Complete random drug screens as required.
   - Complete the Drug and Alcohol curriculum either in group or individually.
   - Identify one adult and one peer mentor that will be a positive influence in his life.
   - Attend one open Alcoholics Anonymous (AA) or Narcotics Anonymous (NA) meeting.
   - Join an extra-curricular sports team or activity at school to meet new peers.

   **b. Case Manager’s Responsibilities:**
   
   - Assist with identifying a positive peer group.
   - Assist Michael in making a referral for a D&A assessment.
   - Ensure that Michael attends follow-up D&A treatment, as recommended.
   - Identify open AA/NA meetings and attend one meeting with Michael.
   - Complete random drug screenings.
   - Assist Michael to identify one adult and one peer mentor and participate in monthly meetings with these individuals.
   - Assist Michael with identifying extra-curricular activities.

   **c. Community resources and services that will be accessed or referrals completed:**
   
   - Substance abuse assessment
   - AA/NA meetings

2. **Service Frequency:** Two hours a week of face-to-face contact and weekly phone contact.
3. **Targeted Completion Date:** 1/6/2006
4. **Additional Comments:**
## Initial Discharge Planning And Transition From Aftercare:

<table>
<thead>
<tr>
<th>Estimated Length of Treatment:</th>
<th>3-5 months</th>
</tr>
</thead>
</table>

- It is anticipated that Michael will enroll in and attend school on a daily basis. He will meet with his guidance counselor and seek tutorial help, if needed.
- It is anticipated that Michael will identify a peer mentor and meet with that person on a bi-weekly basis. He will also attend social activities at the Boys & Girls club. He may also participate in an extracurricular sports activity, as agreed upon by Michael and his family.
- He will obtain part-time employment in an area of his choosing, such as working in a sneaker store.
- It is anticipated that Michael will complete a drug & alcohol assessment and follow through with any recommendations that may be made.
- It is expected that Michael will attend individual counseling sessions, as scheduled, to effectively deal with his anger management issues.
- Additional community-based referrals may be made on an as-needed, on-going basis.
Individualized Service Plan

**Service Summary**

The following is an overview of the type and frequency of treatment services provided at Cornell Abraxas NRC. Also included is an overview of the persons responsible for the delivery of services and the support services available to Cornell Abraxas NRC clients:

**Type and Frequency of Services**

| Tract: I – Based on the Client’s evaluated needs and risks, it has been determined that the client is at low risk for re-offense. Tract I clients will receive a minimum of two hours of direct service per week and will have face to face contact with their Case Manager at least once per week. The level of service for the client will be adjusted according to the client’s progress in meeting the objectives of the Service Plan. |
| Schedule of Family Services |
| • Weekly phone calls and/or face-to-face contact. |
| • Minimum weekly updates/contact between case manager and client’s family. |
| • Family invited to participate in monthly ISP update conference. |
| • Bi-Monthly face to face visits with Probation Officer. |

**Safety Plan**

**Emergency #’s**

Case Manager –
N.R.C. Office –
J.P.O. –
Crisis Intervention –
Student Support Services –

**Persons Responsible for Service Delivery**

1. Case Manager
2. Treatment Supervisor

**Support Services**

1. County Probation
2. Blank counseling center
3. Boys & Girls Club
4. Blank High School

Notice English: If you want this information in Spanish or another language, please call Angelica Ondayzio at 717-780-4136 Anuncio

Si usted desea esta informacion en Espanol o cualquier idioma, por favor llame al Angelica Ondayzio at al numero del telefono 717-780-4136.
**Individualized Service Plan:** Monthly Updates

<p>| | |</p>
<table>
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<tr>
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<tbody>
<tr>
<td>2. Educational &amp; Vocational</td>
<td></td>
</tr>
<tr>
<td>3. Conflict Resolution</td>
<td></td>
</tr>
<tr>
<td>4. Employment</td>
<td></td>
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<tr>
<td>5. Community Involvement</td>
<td></td>
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<tr>
<td>6. Substance Abuse</td>
<td></td>
</tr>
<tr>
<td>7. Specialized Treatment Needs</td>
<td></td>
</tr>
<tr>
<td>8. Other</td>
<td></td>
</tr>
</tbody>
</table>
Attachment 12:
Proposed Training
Proposed Training

Title: “Resource Day”

Concept: Youth leaving the YDC/YFC system are eligible for services that already exist in many communities. In an effort to increase awareness and promote accessing these services it is proposed that the Bureau of Juvenile Justice Services coordinate a 2-day training focused on what services are available in most communities and how these services can be accessed.

Audience: Youth Development Center Directors
Youth Development Counselor Managers
Youth Development Counselors (YDC)
Psychological Services Associate – Mental Health
YDC Supervisors
Social Workers
NRC Case Managers

Location: It is proposed that the training be held in the Harrisburg area so that a larger number of agencies can participate. By providing respective agencies 1-2 hour timeframes they should be more receptive to participating and can provide a brief overview of the services, provide more specific information and answer questions.

Agencies:

- Office of Vocational Rehabilitation
- Local MH/MR Base Service Unit
- Bureau of Drug and Alcohol Programs
- Public Assistance Office
- Department of Transportation (Identification Cards)
- Department of Health – Birth Certificates
- CareerLink
- Boys & Girls Club
- OMHSAS & Local CASSP Coordinator
- Office of Mental Retardation
- Department of Education
- Big Brothers/Big Sisters
- Local Spiritual Support Services
- DPW’s Managed Care Provider(s)
Attachment 13:
CSI-C (Community Based) Administration Procedures
CSI-C (Community-Based) Administration Procedures
(Version 4.0a – published 5/00)

Why do the CSI? We are operating in a "managed care" environment whereby programs are held accountable for client outcomes by funding agencies, third party payers, licensing bodies, contract partners, referral sources, customers, etc. The CSI is a brief interview that assesses how clients feel about their program experience. The information learned from the clients is part of a performance improvement/self-evaluation effort by the company to understand and improve service, formally document client outcomes, and successfully compete in a managed care environment.

Who should be interviewed? Where practical, all clients discharged from a program, not just those completing the program, should be targeted for the CSI interview. Information from clients who have had problems while in the program is very valuable as it can provide answers about what may have gone wrong.

Who should administer? This is not a self-administered questionnaire. An interviewer should ask the questions of the client and write down his/her responses. The CSI should be administered by an individual "neutral" to the program (such as an administrative assistant) whenever possible. As the CSI asks critical questions about the services provided by the client’s case manager, he or she should never administer the questionnaire to a client that has been on his or her own caseload.

When? The CSI should be administered to clients when they are about to be discharged from the program. Ideally, this should take place within a week of a planned discharge. If the discharge is not anticipated (for negative circumstances, for example), the interview should be completed (by telephone if necessary) as soon as possible after discharge. If the client is transferring to another program (outside the current facility), a CSI interview should nevertheless be completed. Note that clients discharged from the initial institutional phase of the program without transferring to the community phase of the program do not need to be interviewed.

Questionnaire routing. After the interview has been completed, a photocopy of the interview should be forwarded to the Department of Research and Evaluation in Pittsburgh. The original should be maintained in a confidential file at the program site accessible only by the program director.

Confidentiality. The CSI is a confidential interview and the responses of individual clients should not be reported back to staff members nor should they be used in a staff member’s evaluation. Individual client results should be seen only by program directors and the Department of Research and Evaluation in Pittsburgh, not by the direct care staff members of the program.

Feedback of results The program director will have access to individual client interviews and should use this immediate program feedback to evaluate service delivery and take corrective action if indicated. At intervals, the Department of Research and Evaluation will tabulate the results of CSI questionnaires received to date and reports in summary form will be fed back to the individual programs.

Questions. Please direct any questions about the CSI to the Department of Research and Evaluation, Cornell Companies, Inc., 2840 Liberty Avenue, Pittsburgh, PA 15222 (telephone = 412-208-4000; fax = 412-227-3170).
CLIENT SATISFACTION INDEX (COMMUNITY TREATMENT)
CSI-C
(Version 4.0a – published 5/00)
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Client name __________________________ Facility/program __________________________
Client rank number ____________________ Date of discharge _________________________
Interviewer __________________________ Discharge code ___________________________
Interviewer title _______________________ Case manager ____________________________
( most recent)
Was client in pre-community/transitional phase of the program?  1 Yes  2 No
Date of interview _____________________
Mode of interview  1 In person  2 By telephone

Interviewer, if the client was not successfully interviewed at the first attempt, please log contacts or attempts to contact the client, family members, probation office or other collaterals.

INTERVIEW CONTACTS

Date of contact (or attempted contact) ____________________ Telephone __________________
With __________________ Relationship to client __________________
Address ____________________________________________
Result _____________________________________________

Date of contact (or attempted contact) ____________________ Telephone __________________
With __________________ Relationship to client __________________
Address ____________________________________________
Result _____________________________________________

Date of contact (or attempted contact) ____________________ Telephone __________________
With __________________ Relationship to client __________________
Address ____________________________________________
Result _____________________________________________

Date of contact (or attempted contact) ____________________ Telephone __________________
With __________________ Relationship to client __________________
Address ____________________________________________
Result _____________________________________________

(continue on back, if necessary)
Was client successfully interviewed? 1 Yes 2 No

If no, why not?
1. Not able to locate client
2. Client located but not able to be interviewed
3. Client contacted but refused
4. Other; specify

THE INTERVIEW

*Interviewer says to client:* I want to ask you some questions about the [fill in program name] program so that we can learn how to do our job better. Please be as honest as you can. All of your answers will be kept confidential within Cornell. Your individual responses will not be reported to your case manager.

*Interviewer, if the client does not know the answer to a particular question, indicate "Don't Know" by writing "DK" (or data entry code "9") instead of one of the usual choices or in the space provided.*

1. What about the program did you really like? ____________________________________________
   ____________________________________________
   ____________________________________________

2. What about the program did you really dislike? ____________________________________________
   ____________________________________________
   ____________________________________________

3. Overall, how much help did you get from the program?
   1. None
   2. Very little
   3. Some
   4. Quite a bit
   5. A great deal

   Please explain ____________________________________________
   ____________________________________________
   ____________________________________________
   ____________________________________________
   ____________________________________________
4. Please tell me how much help you got from each of the following services; the choices are:

1. None
2. Very little
3. Some
4. Quite a bit
5. A great deal
6. Service not offered by the program
7. Service offered by the program but not needed by client

<table>
<thead>
<tr>
<th>Helpfulness Rating</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Drug and alcohol counseling/education</td>
<td>________________________</td>
<td>_______________________</td>
</tr>
<tr>
<td>B. Attention from your case manager</td>
<td>________________________</td>
<td>_______________________</td>
</tr>
<tr>
<td>C. Attention/support from staff other than case manager</td>
<td>________________________</td>
<td>_______________________</td>
</tr>
<tr>
<td>E. Individual counseling</td>
<td>________________________</td>
<td>_______________________</td>
</tr>
<tr>
<td>F. Group counseling</td>
<td>________________________</td>
<td>_______________________</td>
</tr>
<tr>
<td>G. Work the program did with your family or guardians</td>
<td>________________________</td>
<td>_______________________</td>
</tr>
<tr>
<td>H. Assistance with your education</td>
<td>________________________</td>
<td>_______________________</td>
</tr>
<tr>
<td>I. Job preparation</td>
<td>________________________</td>
<td>_______________________</td>
</tr>
<tr>
<td>J. Linkage to medical services</td>
<td>________________________</td>
<td>_______________________</td>
</tr>
<tr>
<td>K. Being taught about health issues like diet/exercise</td>
<td>________________________</td>
<td>_______________________</td>
</tr>
<tr>
<td>L. Being taught specifically about AIDS, AIDS, sexual health, and pregnancy</td>
<td>________________________</td>
<td>_______________________</td>
</tr>
<tr>
<td>M. Linkage to psychological support/mental health services</td>
<td>________________________</td>
<td>_______________________</td>
</tr>
<tr>
<td>N. Parenting skills</td>
<td>________________________</td>
<td>_______________________</td>
</tr>
<tr>
<td>O. Recreational</td>
<td>________________________</td>
<td>_______________________</td>
</tr>
<tr>
<td>P. Attending plays/music concerts/social events</td>
<td>________________________</td>
<td>_______________________</td>
</tr>
<tr>
<td>Q. Volunteering/community service activities</td>
<td>________________________</td>
<td>_______________________</td>
</tr>
<tr>
<td>R. Transportation to program activities</td>
<td>________________________</td>
<td>_______________________</td>
</tr>
<tr>
<td>S. Anything else that was not mentioned including other outside services (specify)</td>
<td>________________________</td>
<td>_______________________</td>
</tr>
</tbody>
</table>

a. ________________________ | ________________________ |

b. ________________________ | ________________________ |

c. ________________________ | ________________________ |
5. Please tell me how much help you got from the program to achieve the following goals; the choices are:

1. None
2. Very little
3. Some
4. Quite a bit
5. A great deal
6. Not needed (had already achieved, or was not interested in achieving, the goal)

<table>
<thead>
<tr>
<th>Helpfulness Rating</th>
<th>Comments?</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Understanding your own involvement with drug/alcohol use</td>
<td>____________________________</td>
</tr>
<tr>
<td>B. Staying out of trouble</td>
<td>____________________________</td>
</tr>
<tr>
<td>E. Improved relationships with family or guardians</td>
<td>____________________________</td>
</tr>
<tr>
<td>F. Being responsible</td>
<td>____________________________</td>
</tr>
<tr>
<td>G. Learning gang/violence avoidance</td>
<td>____________________________</td>
</tr>
<tr>
<td>H. Understanding the harm of drug selling</td>
<td>____________________________</td>
</tr>
<tr>
<td>I. Being able to identify and express your feelings in a positive manner</td>
<td>____________________________</td>
</tr>
<tr>
<td>J. Maintaining self control</td>
<td>____________________________</td>
</tr>
<tr>
<td>K. Being honest</td>
<td>____________________________</td>
</tr>
<tr>
<td>L. Trusting others</td>
<td>____________________________</td>
</tr>
<tr>
<td>M. Managing/reducing anger</td>
<td>____________________________</td>
</tr>
<tr>
<td>N. Building self respect/positive sense of self</td>
<td>____________________________</td>
</tr>
<tr>
<td>O. Learning problem solving/decision making skills</td>
<td>____________________________</td>
</tr>
<tr>
<td>P. Any other goals that were not mentioned specify)</td>
<td>____________________________</td>
</tr>
<tr>
<td>a. ____________________________</td>
<td>____________________________</td>
</tr>
<tr>
<td>b. ____________________________</td>
<td>____________________________</td>
</tr>
<tr>
<td>c. ____________________________</td>
<td>____________________________</td>
</tr>
</tbody>
</table>
To client: I have a few more questions to ask you about the program:

Answer only for clients in the William Penn Alternative School (Harrisburg):

6. Do you think you got the educational services that you needed (including being placed in the right educational track)? 1 Yes 2 No 3 Not needed

Comments?

7. Do you think the classes were right on target, too easy, or too hard?

   1 Right on target  
   2 Too easy  
   3 Too hard  
   4 Not needed

Comments?

Answer for all community treatment clients:

8. Were you in an institution immediately before enrolling in the community-based program? 1 Yes 2 No

   If yes:

   A. What institution? 

   B. Did program staff visit you while you were in the institution?  1 Yes 2 No 3 Not needed

   C. Did program staff contact your family or guardians while you were in the institution?  1 Yes 2 No 3 Not needed

Comments?

9. Did you have problems in your life as a result of using drugs and alcohol?  1 Yes 2 Used, but it did not cause any problems 3 Never used

Comments?

10. Did you feel safe (that is, you were not threatened, intimidated or hurt) by clients, staff or others:

   A. At the Cornell program site? 1 Yes 2 No

   B. Getting to and from the Cornell program site? 1 Yes 2 No

Comments?
11. Was the program respectful of your racial/ethnic/cultural heritage and your religious beliefs?  
   1 Yes  2 No  3 Not important  

Comments?__________________________________________________________

12. Did the program provide you with opportunities to learn more about:

   A. Your own cultural heritage?  1 Yes  2 No  3 Not needed  
   B. The cultural heritage of others?  1 Yes  2 No  3 Not needed  

Comments?__________________________________________________________

13. Did participation in the program help you to understand the impact your negative behavior may have had on others and on your community?  1 Yes  2 No  3 Not needed  

Comments?__________________________________________________________

14. How often did program staff have contact with your family?  
   1 Never  
   2 Less than once/month  
   3 Once/month  
   4 Two or three times/month  
   5 Once/week  
   6 More than once/week  

Comments?__________________________________________________________

15. Did you have more than one case manager while in the program?  1 Yes  2 No  

If yes, how did this affect your treatment? ______________________________________

16. Were you able to contact your case manager or other program staff when you needed to?  
   1 Yes  2 No  3 Not needed  

Comments?__________________________________________________________

17. Did your case manager keep his/her word to you including following through on services that were promised?  1 Yes  2 No  3 Not needed  

Comments?__________________________________________________________

18. Were you held accountable for your actions?  1 Yes  2 No  3 Not needed  

Comments?__________________________________________________________
19. Did program staff talk to you about the importance of completing the program successfully?
   1 Yes  2 No  3 Not needed
   Comments?  ____________________________________________________________
   __________________________

20. Would you feel comfortable about calling your case manager or other program staff
    in the future to talk about any problems that you might be having?  1 Yes  2 No  3 Not needed
   Comments?  ____________________________________________________________
   __________________________

22. Did you have a say in developing your treatment plan?  1 Yes  2 No  3 Not needed
   Comments?  ____________________________________________________________
   __________________________

23. Did staff members keep you aware of your progress toward your goals?  1 Yes  2 No  3 Not needed
    If yes, how?  __________________________________________________________
    __________________________

25. Do/did you feel prepared to leave the program?  1 Yes  2 No
    Why? __________________________________________________________________
    __________________________

26. Would you recommend the program to other people who might need help?  1 Yes  2 No
    Why? __________________________________________________________________
    __________________________

27. Is there anything else that you would like to say about the program that has not been asked in this
    interview?  1 Yes  2 No
    ______________________________________________________________________
    __________________________

28. Interviewer, estimate the general reliability of the information given by the client:
   1 Very unreliable
   2 Fairly unreliable
   3 Fairly reliable
   4 Very reliable
   ______________________________________________________________________
   __________________________

29. Interviewer, please indicate the basis for your reliability rating chosen in the previous question, and add
    any additional comments below:
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   __________________________
Attachment 14:
DSQ Administration Procedures
DSQ Administration Procedures
(Version 2.0a – published 5/00)

Why do the DSQ? Cornell is operating in a “managed care” environment whereby programs are held accountable for client outcomes by funding agencies, third party payers, licensing bodies, contract partners, referral sources, customers, and the like.

What is the DSQ? The DSQ is a questionnaire that gives a “snapshot” of the clients at discharge in the categories of illegal activity/recidivism, education, work, and community service/restitution. It is not necessary to interview a client to complete this questionnaire; the case manager should be able to answer the questions with information obtained from the client's file. A separate questionnaire, the Client Satisfaction Index (CSI), solicits information directly from the client. The DSQ information, along with the information obtained from the CSI, is an important part of the performance improvement/self-evaluation effort by Cornell to understand and improve service, formally document client outcomes, and successfully compete in a managed care environment.

Who should be targeted for an DSQ? All clients discharged from a program, not just those completing the program, should be targeted for the DSQ questionnaire. Information about clients who have had problems while in the program is very valuable as it can provide answers about what may have gone wrong. If the client is transferring to another Cornell program, a DSQ should nevertheless be completed. Note that, for those programs that have multiple phases, clients discharged from the institutional phase of the program without transferring to the active, community phase of the program do not need to be targeted for the DSQ.

Who should complete the DSQ? The client’s case manager is responsible for completing the questionnaire unless otherwise specified by the program. In the event that the case manager is unable to complete the questionnaire, another staff member may complete it by using the information in the client’s file. It would be beneficial if the substituted staff member is someone familiar with the client’s case.

When should the DSQ be completed? The DSQ should be completed at the same time as all other discharge paperwork. Most questions ask for the client’s status at the time of discharge; therefore, if the questionnaire is completed too soon before discharge, valuable information could be lost.

Questionnaire routing After the questionnaire has been completed, a photocopy should be forwarded to the Department of Research and Evaluation located in Pittsburgh. The original should be maintained in the client's file.

Confidentiality The DSQ is a confidential questionnaire. Information on individual clients should not be reported to anyone outside of Cornell.

Feedback of results The program director should have access to individual client questionnaires and should use this immediate program feedback to evaluate service delivery and make program improvements as warranted. At intervals, the Department of Research and Evaluation will tabulate the results of DSQ questionnaires received to date and prepare reports to be distributed to the individual programs and Operations Management. Data from these reports can be used for program improvement and program marketing.

Questions Please direct any questions about the DSQ to the Department of Research and Evaluation, Cornell Companies, Inc., 2840 Liberty Avenue, Pittsburgh, PA 15222 (telephone = 412-208-4000; fax = 412-227-3170).
DISCHARGE STATUS QUESTIONNAIRE
DSQ
(Version 2.0a – published 5/00)
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Client name ___________________________ Facility/program ___________________________
Client rank number ______________________ Date of admission _______________________
to active/community phase
Interviewer ______________________________ Date of discharge _______________________
Interviewer title _________________________ Discharge code _________________________
Was client in pre-community/transitional phase of the program? 1 Yes 2 No
Case manager __________________________ Date questionnaire completed ____________

This questionnaire should be completed by the case manager from information in the client’s file as part of the discharge paperwork. If the answer to a “fill-in-the-blank” question is unknown, write “unknown” in the space provided.

ILLEGAL ACTIVITY/RECIDIVISM

1. Has the client committed any illegal acts (whether arrested for them or not) at any time while in the active phase of the community treatment program?

   1 Yes 2 No 3 Unknown

   If yes, specify ________________________________________________________________

2. Has the client been arrested or charged at any time while in the active phase of the community treatment program?

   1 Yes 2 No 3 Unknown

   If yes, for what? ________________________________________________________________

3. Is the client involved with juvenile or adult court at discharge (circle one)?

   1 No court involvement
   2 Involved with juvenile court
   3 Involved with adult court
   4 Involved with both juvenile an adult courts
   5 Unknown

4. Rate the extent of the client’s involvement with the justice system at discharge (circle one):

   1 None
   2 Continued probation/CYS case management
   3 Additional placement for continued care
   4 Absconded/AWOL/fugitive from court
   5 Charges filed and pending from violations occurring during treatment
   6 Adjudicated/convicted for violations occurring during treatment
   7 Detention/placement/incarceration for violations occurring during treatment
   8 Unknown
5. Describe, briefly, why the client was discharged:


6. If the client was discharged under negative circumstances, has this resulted in sanctions by the court (circle one)? [Sanction is defined as any action taken by the court including, but not limited to, violation of probation charges, bench warrants (whether picked up or not), and additional charges.]

   1  Yes
   2  No, with the court having had sufficient time to sanction
   3  No, without the court having had sufficient time to sanction
   4  Unknown

7. Interviewer’s assessment/additional comments for illegal activity/recidivism:


________________________________________

________________________________________

________________________________________

EDUCATIONAL INVOLVEMENT

3. Indicate the client’s educational status while in the active phase of the program (circle one):

   1  Is in an educational program at discharge
   2  Is not in an educational program at discharge, but was in an educational program at some point prior to discharge
   3  Was never in an educational program
   4  Unknown

9. If the client was in an educational program at discharge:

   A. What school/program does the client attend? ______________________________

   B. How many hours per week is the client attending? _____

10. Indicate the client’s level of educational involvement at discharge (circle one):

    1  None
    2  Actively seeking an educational
    3  Attending GED preparation classes
    4  Attending classes for elementary school credit
    5  Attending classes for junior high school
    6  Attending classes for high school credit
    7  Attending alternative (non-accredited) education program (e.g., Job Corps)
    8  Earned a GED
    9  Earned a high school diploma
    10  Attending college
    11  Attending trade school
    12  Unknown
11. Interviewer's assessment/additional comments for educational involvement:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

VOCATIONAL INVOLVEMENT

12. Indicate the client's job training status while in the active phase of the program (circle one):

   1  Is attending a job training program **at discharge**
   2  Is not attending a job training program at discharge, but was attending one at some point prior to discharge
   3  Never attended a job training program
   4  Unknown

13. If the client is attending a job training program **at discharge**:

   A. What program does the client attend? _______________________________________
   
   B. How many hours per week is the client attending? _____

14. Indicate the client's work status while in the active phase of the program (circle one):

   1  Is working **at discharge**
   2  Is not working at discharge, but was working at some point prior to discharge
   3  Never worked
   4  Unknown

15. If the client is working **at discharge**:

   A. What type of job does the client have? _______________________________________
   
   B. How many hours per week is the client working? _____

16. If the client is **not** working or enrolled in a job training program **at discharge**, is the client making an effort to do so?

   1  Yes
   2  No
   3  Unknown

17. Interviewer's assessment/additional comments for vocational involvement:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

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18. Indicate the client's community service status while in the active phase of the program (circle one):

1. Is performing community service at discharge
2. Is not performing community service at discharge, but was at some point prior to discharge
3. Never performed community service
4. Unknown

19. If the client is performing community service at discharge:

A. What type of community service is the client performing (e.g., road maintenance, helping out at local library)? ________________________________

B. What agency is sponsoring it? ________________________________

C. How many hours per week is the client involved in community service? _______________

D. Is it court-mandated?  1 Yes  2 No  3 Unknown

   If yes:

      a. Is the service taking place in the same community in which the violation occurred?  1 Yes  2 No  3 Unknown

20. Indicate the client's restitution status while in the active phase of the program (circle one):

[Restitution is defined as everything owed to the courts including fines, court costs, and restitution to victims.]

1. Restitution was not required
2. Restitution was required, and none was paid
3. Restitution was required, and some, but not all, was paid
4. Restitution was required, and all was paid
5. Unknown

21. If restitution was required, and some or all was paid, how much was paid? $________________________

22. Interviewer's assessment/additional comments for community service/restitution:

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________
Attachment 15:
Individual Case Record Review
Individual Case Record Review

NRC Case Manager:

Youth’s Name and SS#: 

Date the youth arrived at the YDC/YFC: 

Date NRC received the aftercare referral: 

Date the aftercare planning assessment was completed 

Date the initial ISP was developed? 

Date released from the YDC/YFC facility 

Date released from the NRC program? 

Items pertaining to youth residing in a YDC/YFC: 

1. Did the referral include the risk assessment, AIIRS face sheet and/or AIIRS resident report? 
2. Was a referral made for the transitional living program? 
3. What was the client’s risk assessment score at the time the referral was made? 
4. What was the client’s risk assessment score at the time he/she was assessed by NRC? 
5. Which YDC/YFC facility was the youth placed in at the time the NRC referral was made? 
6. What is the youth’s primary county of residence? 
7. Did NRC participate in the youth’s MCPC (in person or via teleconference)? 
8. Did NRC participate in any of the youth’s monthly reviews or MDT meetings (in person or via teleconference)? 
9. Did NRC participate in the child’s discharge planning conference, as part of the Master Case Planning System? 
10. Did NRC meet with the client 90 days prior to discharge from the YDC/YFC to complete the aftercare planning assessment? 
11. Was the ISP developed and reviewed with the client 14 days prior to the client’s discharge from the facility? 
12. Did the client, family and probation officer receive a copy of the initial ISP prior to the youth leaving the YDC/YFC? 
13. Did NRC meet with the client’s family 45 days prior to the client’s release from the YDC/YFC system? 
14. Did NRC complete a family and living assessment? 
15. Was a completed family assessment forwarded to the YDC/YFC prior to the client’s release from the facility? 
16. Did NRC contact the client’s probation officer 45 days prior to the youth’s release from the YDC/YFC? 
17. Did NRC assist the youth with curfew checks, family sessions, individual counseling, job search and crisis intervention during reentry home visits? 
18. Was the need and risk assessment administered prior to the youth’s release from the YDC/YFC? 

Items pertaining to youth upon release from the YDC/YFC: 

19. Did NRC make face-to-face contact with the client within 72 hours of being released from the YDC/YFC facility? 
20. Was the URICA completed within the first 7 days of the client’s release from the YDC/YFC? 
21. What track was the client placed in when he/she was admitted to the NRC program? 
22. Did NRC meet the minimum number of contact hours based on the youth’s needs and risk assessment? 
   A. Track I 2 hours of direct service including 1 face-to-face contact/week. 
   B. Track II 3 hours of direct service including 2 face-to-face contacts/week. 
   C. Track III 5 hours of direct service including 3 face-to-face contacts/week. 
   D. Track IV 7+ hours of direct service including 4 face-to-face contacts/week. 
23. If the youth was assessed as having a substance abuse problem, were they referred for substance abuse treatment? 
24. If the youth was assessed as having a mental health problem, were they referred for mental health assessment and treatment? 
25. Was the JSOAP II administered for clients who have presenting sexual offender issues? 
26. Were referrals made to any community based agencies? 
27. What types of community based referrals were made in this case?
Remarks:

28. Was the ISP reviewed and updated on a monthly basis?
29. Was an updated copy of the ISP submitted to the court within 14 working days of review following the first 30 days of the client’s release from the YDC/YFC?
30. Did NRC give updates to the client’s probation officer on a bi-weekly basis?
31. Did NRC send written updates to the probation officer on a monthly basis?
32. Did NRC accompany the youth to see his/her probation officer on a bi-monthly basis?
33. Did NRC participate in any legal proceedings while the youth was in the NRC program?
34. Did the youth participate in group programming/educational curriculums facilitated by NRC?
35. What type of educational curriculums did the client participate in that were facilitated by NRC?

Remarks:

36. Did this client provide peer mentoring services to other youth enrolled in the program?
37. Did this client receive peer mentoring services from other youth enrolled in the program?
38. Was the client enrolled in an educational program within 7 days of discharge from the YDC/YFC?
39. Was the client employed a minimum of 24 hours/week within 30 days of discharge from the YDC/YFC?

**Discharge from NRC:**

40. Was the URICA Stages of Change completed upon discharge from the NRC program?
41. Was the need and risk assessment administered prior to the youth’s release from NRC?
42. What track was the client placed in when he/she was discharged from the NRC program?
43. How was the youth discharged from the program?
44. Was the client discharged from the NRC program at the time he/she was discharged from probation?
45. Did the youth have a choice about remaining in the NRC program?
46. How many days did the client participate in the NRC program, upon discharge from the YDC/YFC?
47. Was the youth adjudicated delinquent or convicted of a crime within 6 months of release from the YDC/YFC?