

SOUTH DAKOTA DEPARTMENT OF SOCIAL SERVICES



DIVISION OF BEHAVIORAL HEALTH

**JJRI Overview-
Joint
Appropriations
7/22/16**

JUVENILE JUSTICE REINVESTMENT INITIATIVE

- Launched in 2014 by Governor Daugaard, Chief Justice Gilbertson, President Pro Tempore Brown, and Speaker Gosh, the bill, known as SB 73 was introduced to the 2014 SD Legislative Session and signed into law on March 12, 2015.
- Includes an Oversight Council that is comprised of various representatives as outlined in the statute responsible for monitoring and reporting performance and outcome measures related to the initiatives---meets semiannually.

REQUIREMENTS RELATED TO DSS

- Included statutory reform that supports limiting incarceration and out of home placement and emphasize the utilization of evidenced based community interventions that target the individuals criminal risk and need factors.
- Included the requirement that the evidenced based interventions be quality controlled and monitored to ensure fidelity to the models.

ROLE OF DSS BEHAVIORAL HEALTH

- **Per SB 73, DSS was tasked with:**
 - **The Department of Social Services may provide for and implement treatment for juvenile system involved youth.**
 - **The Department in coordination with the Department of Corrections and Unified Judicial System shall identify community-based treatment to be made available to juveniles with justice system involvement based on the needs of the youth.**
 - **Any treatment identified for implementation shall be quality assured and shown through research or documented evidence to reduce recidivism and other juvenile risk factors.**
 - **In cooperation with the DOC and UJS, the DSS shall establish a juvenile treatment referral process incorporating a risk and needs assessment tools for use by UJS and DOC and supplemental mental health and substance abuse screening tools.**

PROCESS/TIMELINE

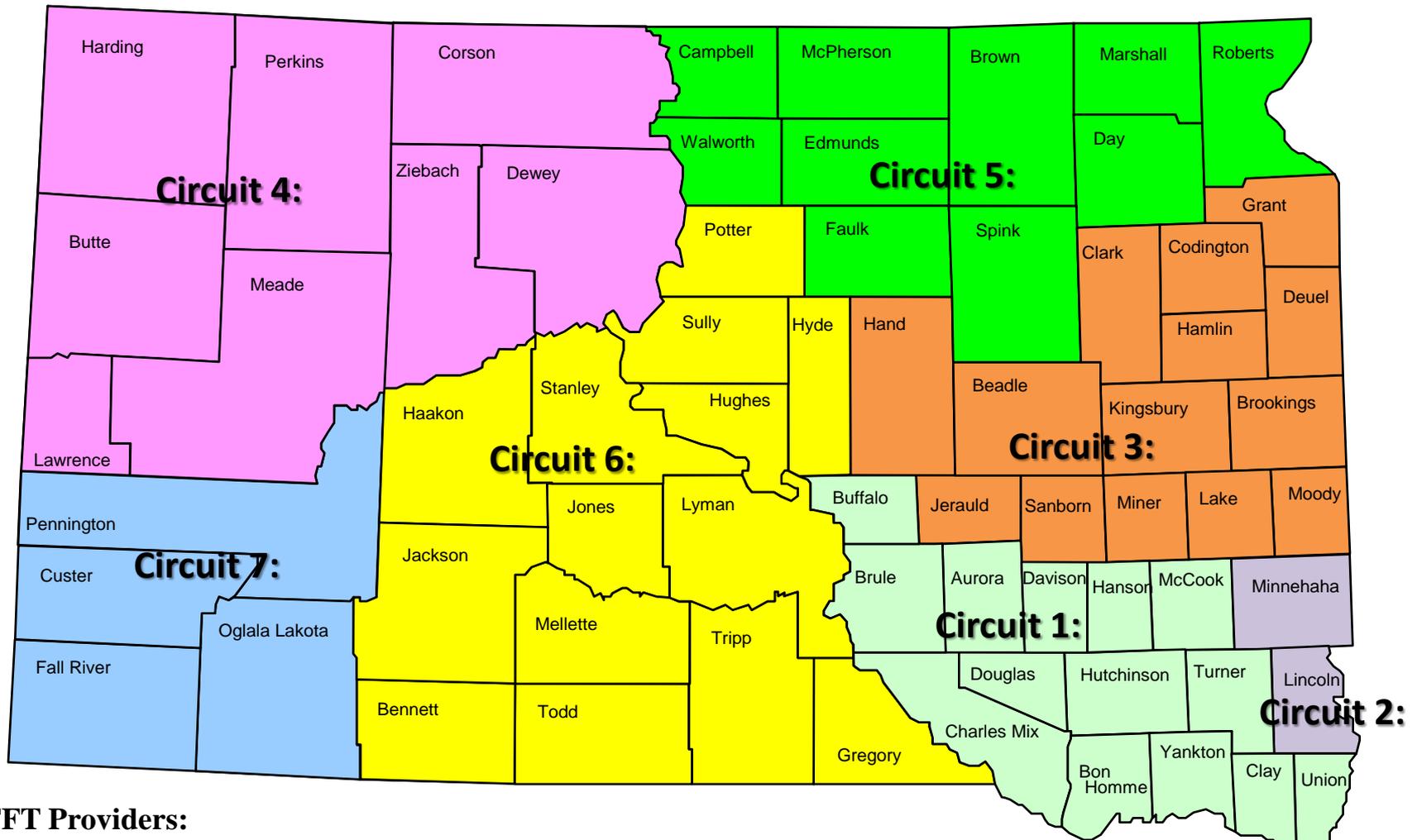
- Over the summer of 2015, DSS staff met regularly with UJS and DOC staff to determine the screening tools, referral process and evidenced based interventions to be implemented.
- This group also met with stakeholders such as community agency directors, school district representatives, residential care representatives, and county representatives to ensure feedback was obtained from all levels.
- Consensus was Functional Family Therapy would be the primary intervention.

FUNCTIONAL FAMILY THERAPY

- FFT is an intensive treatment program that targets externalizing behaviors ranging from mild to severe including substance use, family problems, and acting out behavior.
- FFT is generally 4-6 months in length.
- FFT is based on the theory that families may develop patterns of relating and getting their relational needs met that promote and maintain the problem behavior.
- Treatment involves changing the patterns of how family members communicate, problem solve, and get their needs met.
- FFT does not work individually with the client but rather the entire family unit.
- FFT sites must have 3-8 clinicians participate in a year long training to become a certified FFT site. In addition, the second year involves intensive training of the site supervisor.

FFT PROVIDERS

- An RFP was issued in August of 2015 with providers awarded in December of 2015.
- 11 agencies were selected to provide FFT statewide.
- Teams were trained in January/February of 2016 and services began as soon as the teams were trained.
- Projecting 806 youth to be served annually in FFT



FFT Providers:

Circuit 1: Lewis & Clark Behavioral Health Services; Dakota Counseling Institute

Circuit 2: Lutheran Social Services; Southeastern Behavioral Health
 Circuit 3: Community Counseling Services; East Central Behavioral Health ; Lutheran Social Services

Circuit 4: Behavior Management System

Circuit 5: Human Services Center; Northeastern Mental Health
 Circuit 6: Capital Area Counseling; Southern Plains
 Circuit 7: Behavior Management System; Lutheran Social Services

QUALITY ASSURANCE/OUTCOME MEASURES

- Functional Family Therapy services incorporate fidelity monitoring and outcome measures to ensure adherence to the model and provide program data.
- FFT, LLC remains involved with the training and fidelity for the first two years and then once a site has a trained on-site supervisor the monitoring continues but on-site supervision is done by the site.
- FFT, LLC monitors fidelity of the service through a Case Service System and sets benchmarks for teams to ensure fidelity. On a quarterly basis these outcomes are reviewed with the teams and plans of action are created if there are areas that require improvement.

REFERRAL PROCESS

- Court Service Officer/Juvenile Corrections Agent completes YLSI
- If youth is moderate/high on YLSI, GAIN-SS is completed along with program referral form
- Referral form sent to DSS-BH
- DSS-BH reviews and forwards to the service provider in the appropriate area
- In addition, youth who are at risk of juvenile justice involvement can be identified and referred for potential FFT services

REFERRALS

Circuit Court	UJS	DOC	Other	Total
1	16	9	27	52
2	41	9	18	68
3	5	14	10	29
4	14	9	4	27
5	31	12	4	47
6	17	6	6	29
7	26	27	36	89
Total	150	86	105	341

FY 16 & FY 17 BUDGET OVERVIEW

- **FY 16 total allocation- \$2,930,540**
 - **Total expended- \$1,349,356**
 - Supported training the FFT teams and direct service
 - **General bill amendment- \$1,500,000**

- **FY 17 total allocation\$6,232,064**
 - **Will be used to support a full year of FFT services**
 - **Additional services will be developed in FY 17**
 - **Will support the 4 FTE staff needed to oversee JJRI**

SUCCESS STORY

A family receiving FFT included a 15 year old young man, his mother and grandmother. The young man had a history of 3 prior placements and individual counseling on and off over a five year period before FFT. This young man had been on house arrest for 1 ½ years due to behaviors and was on 3 medications when FFT began.

During FFT, the young man initially increased acting out behaviors and was at risk for DOC placement. An emergency session was held with the FFT therapist and the family members, which resulted in an agreed upon plan of action.

Mom and Grandma learned to co-parent effectively, the young man learned how to work through frustrating situations, and the family learned how to better communicate and compromise with each other. As a result of FFT, both mom and son report things are better than they ever thought they could be; they are connected as a family and enjoy each other. The young man was released from probation two weeks after the family finished FFT; and mom reported he is calm and capable of talking to her and grandma when he feels frustrated. Mom indicated she is very happy with the FFT intervention and is extremely supportive of it.

QUESTIONS & ANSWERS

