Probation Developmental Disabilities Study

DENISE C. HERZ, PH.D.
LOIS A. WEINBERG, PH.D.
JOLAN SMITH, M.A.
KRISTINE CHAN, MSW
MICHAEL OSHIRO, M.A.

May 2016

Table of Contents

This Probation Developmental Disabilities Study presents independent research supported by the W. M. Keck Foundation. The views expressed are those of the authors and not necessarily those of the W. M. Keck Foundation.

CHAPTER 1

STUDY BACKGROUND AND OVERVIEW

In September 2010, Public Counsel and its partners reached a settlement agreement in the case of *I.T. v. Los Angeles County* with Los Angeles County to reform conditions for youth with, or suspected of having, developmental disabilities ("DD youth") in the juvenile halls, in group homes, and in the family homes under Los Angeles County Probation Department's (Probation's) supervision. The agreement called for Public Counsel and Disability Rights California (DRC) to monitor implementation of Probation's reform efforts for no less than three years following the development of policies and procedures, and training to Probation staff on those policies and procedures. Monitoring activities began in November 2011 and have continued through March 2016.

The overall goals of the settlement agreement are to ensure that youth with, or suspected of having, developmental disabilities in the juvenile halls will be immediately and effectively identified; will not be detained longer than other youth because of the lack of available, appropriate community placements; and will be provided with appropriate services and effective supports to successfully transition back to the community and avoid recidivism or other violations. Described below is the process which was developed as a result of the settlement agreement.

Brief Overview of the Current Process to Identify Youth with Developmental Disabilities

Upon intake, a youth is screened for developmental disabilities (for a more detailed illustration of this process, see Appendix A). If a developmental disability is indicated or suspected, the youth is further assessed using the Multi-Disciplinary Assessment (MDA) instrument that was prepared in coordination with experts and has been approved by the parties. Based on this assessment, an Integrated Habilitative Treatment Plan (IHTP) is developed using a team process designed to identify specific risks, provide treatment strategies, and guide case planning. Additionally, an Individualized Behavior Management Plan (IBMP) is developed for all youth with identified needs (both documented and suspected). A discharge plan recommending community-based supports is also developed in anticipation of the youth's exit from juvenile hall.

Representatives from the County of Los Angeles Probation Department, the Los Angeles County Office of Education (LACOE), Department of Mental Health (DMH), and Juvenile Court Health Services (JCHS) play a role in developing these plans. Regional centers are also invited to attend IHTP planning meetings when youth are eligible for these agencies' services. For Probation, individuals in the following key positions (but not necessarily limited to these positions) are involved in executing the policies and procedures developed for youth with, or suspected of having, developmental disabilities:

- Developmentally Disabled Minors Coordinator (DDMC)
- Developmentally Disabled Placement Coordinator (DDPC)
- Developmentally Disabled Field Services Coordinator (DDFSC)
- Deputy Probation Officers (DPOs) and Detention Services Officers (DSOs)
- Individualized Behavior Management Plan (IBMP) Coordinator
- Residential Based Services Deputy Probation Officer (RBS DPO)
- Zero Incarceration Placement Program Deputy Probation Officer (ZIPP DPO)

The Current Study

Public Counsel and Disability Rights California (DRC) monitored implementation of the settlement by visiting the halls and community placements, and through observations, conducting interviews with key staff, and reviewing data and documents provided by Probation. Public Counsel received funding from the W.M. Keck Foundation in July 2012 to conduct a more formal assessment of the work by researchers at California State University Los Angeles. This study had two interrelated tracks: (1) to analyze Probation data collected as part of the settlement agreement and (2) to conduct meeting observations, interviews, and reviews of documents related to the settlement agreement.

Analysis of the Probation data was led by Dr. Denise Herz and Kristine Chan at the School of Criminal Justice and Criminalistics. This portion of the study analyzed data collected by Probation on youth screened for developmental disabilities at juvenile halls between May 1, 2012 and December 31, 2014 to examine:

- the number of youth identified as having, or suspected of having, developmental disabilities during this time;
- characteristics of these youth;
- implementation of protocols designed to better serve these youth; and
- the prevalence of recidivism among these youth.

Meeting observations, agency personnel interviews, and the review of documents related to the settlement agreement was led by Dr. Lois Weinberg, Jolan Smith, and Michael Oshiro at the Charter School of Education. The period for this work was January 1, 2012 through December 31, 2015. Specifically, this portion of the study focused on:

- the observation of Integrated Habilitative Treatment Plan (IHTP) and Individualized Behavior Management Plan (IBMP) meetings for selected youth to assess the strengths of the process and offer suggestions for improvement.
- the review of case files to assess the responses to recommendations made in IHTP and IBMP meetings over time.
- interviews with IHTP staff to assess their perceptions of the accomplishments and challenges related to the policies and procedures developed as a result of the settlement.
- interviews with youth to assess their perceptions of the process and what they felt was helpful and could be improved moving forward.
- identifying recommendations in all of these areas as well as specific recommendations for future technical assistance and training for Probation, Department of Mental Health (DMH), and Los Angeles County Office of Education (LACOE) staff involved in Probation's developmental disabilities policies and procedures.

This report summarizes the methodology and the data results from each of these data collection efforts and provides recommendations based on the findings. Findings related to the analysis of Probation data are presented in Chapter 2, and findings related to meeting observations, interviews, and review of documents are described in Chapter 3.

CHAPTER 2

FINDINGS FROM THE PROBATION DATA

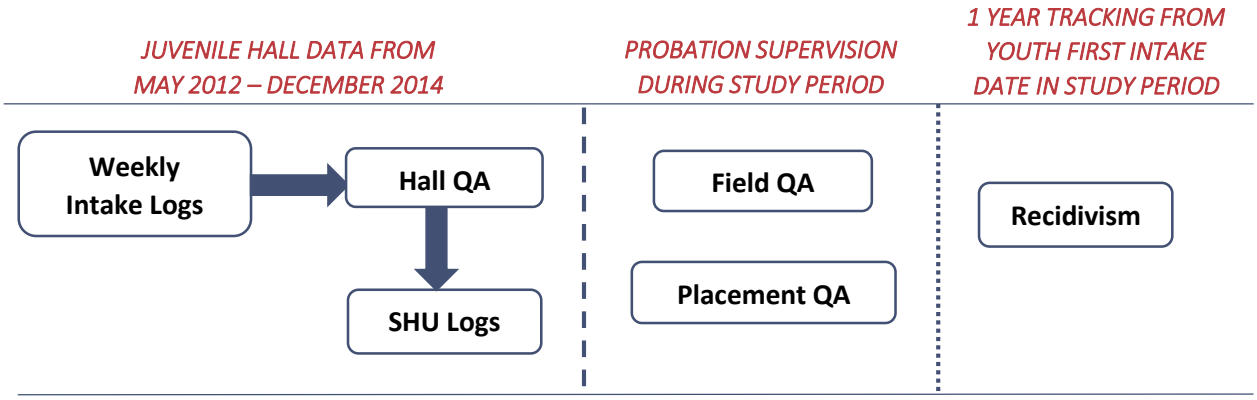
As mentioned earlier, analysis of the Probation data was led by Dr. Denise Herz and Kristine Chan at the School of Criminal Justice and Criminalistics. This portion of the study analyzed data collected by Probation on youth screened for developmental disabilities at juvenile halls between May 2012 and December 2014 to examine:

- the number of youth identified as having, or suspected of having, developmental disabilities during this time;
- characteristics of these youth;
- implementation of protocols designed to better serve these youth; and
- the prevalence of recidivism among these youth.

Overview of Data Sources

At the beginning of the settlement agreement, Probation developed multiple Quality Assurance (QA) Excel data files to capture data on youth screened and identified as having, or suspected of having, developmental disabilities. The data collected in these files were used for the current study to identify characteristics and protocols for suspected and identified developmentally disabled youth in juvenile halls; however, the current analysis is limited to those cases/youth who were identified or suspected as developmentally disabled between May 1, 2012 and December 31, 2014. May 1, 2012 was selected as the start date because it represents the point at which all the policies and procedures from the settlement agreement were completed and training of Probation staff on these policies and procedures was completed. The data for this time period were drawn from five sources shown in Figure 2.1 below.

FIGURE 2.1: AN OVERVIEW OF DATA SOURCES



- **Juvenile Hall Data**: Three data files were used to track identified or suspected youth coming in and out of juvenile halls: Weekly Intake Logs, Hall QA Logs, and Special Handling Unit (SHU) Logs. Every youth admitted to juvenile hall were captured in the Weekly Intake Logs and/or the Hall QA data files. In some cases, youth may not have been recorded in the Weekly Intake Logs due to juvenile hall stays shorter than a week, but their detention time was captured in the Hall QA every month. If a youth was detained in the SHU for behavioral or safety reasons during a

detention stay, the incident was recorded in the SHU Logs. Together, these data tracking logs reveal the characteristics of individual youth; offenses that led youth to juvenile hall; and their Regional Center eligibility status.

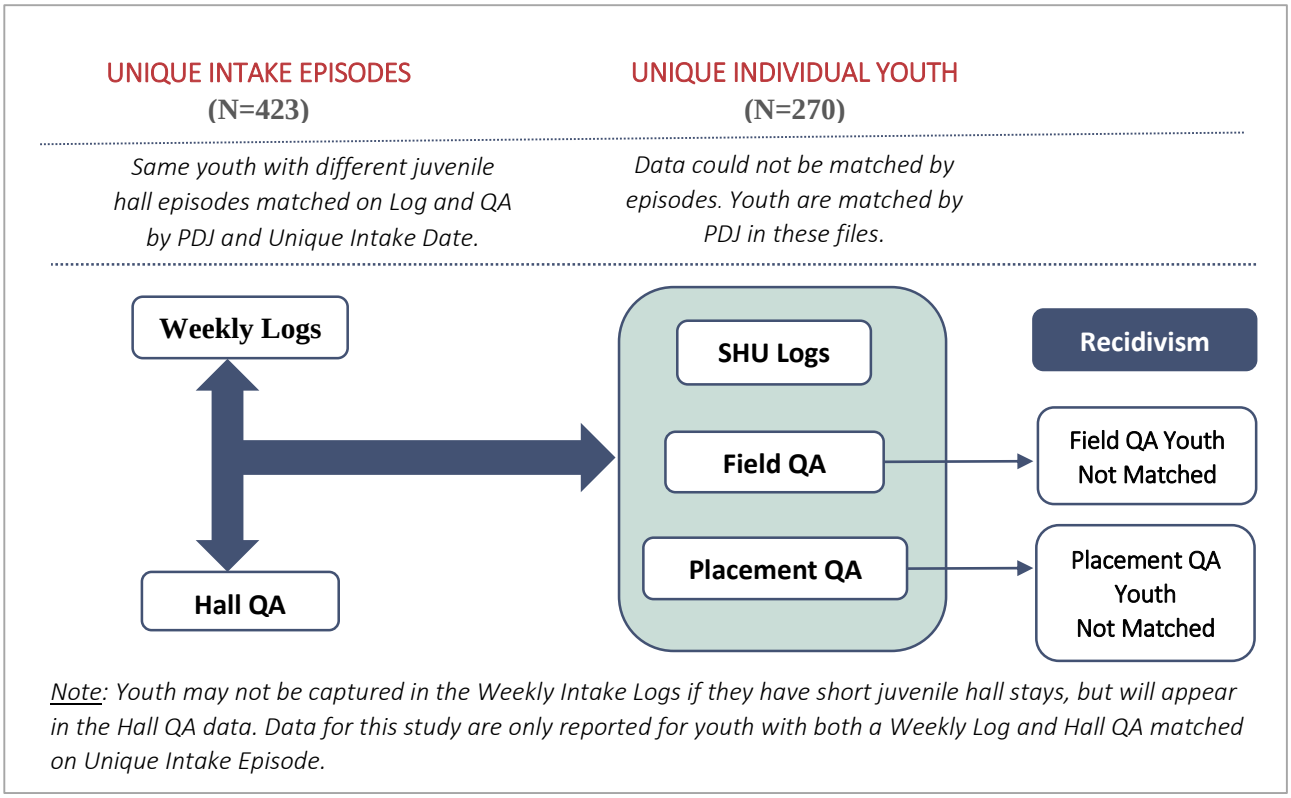
- **Field QA and Placement QA Data**: These files contained information on youth released from juvenile hall that remained under Probation's supervision either in Field Services with a parent or caregiver in the community, or in Placement Services, in a group home. Specifically, data in these files primarily capture Regional Center eligibility and services after discharge from juvenile hall.

- **Recidivism Data**: Data were drawn from the Los Angeles County Juvenile Automated Index (JAI) system by Probation staff to measure recidivism that occurred in LA County. Recidivism was measured as having at least one subsequent, sustained petition for a criminal charge, and/or at least one sustained probation violation within one year after a youth's exit from his/her first juvenile hall intake episode in this study.[1]

Each of the Probation generated data files produced through the settlement agreement were developed separately and had to be matched to create complete files for analysis. The ability to match across all files was limited by the unique information provided in each file. Consequently, certain files could only be matched and used to answer certain questions. Figure 2.2 on the next page illustrates the way in which these data files were related and used for analysis. The data collected in these files were focused on compliance-related mandates and were limited in their ability to produce results related to youth characteristics and outcomes.

[1] Youth may have multiple intake episodes; thus, the first episode was used for this analysis. We would like to express our appreciation to Bureau Chief Sharon Harada, Shauna Conner, and her team for taking the time to compile these data.

FIGURE 2.2: DATA USED FOR THIS STUDY FROM MAY 2012 TO DECEMBER 2014



Note: Youth may not be captured in the Weekly Intake Logs if they have short juvenile hall stays, but will appear in the Hall QA data. Data for this study are only reported for youth with both a Weekly Log and Hall QA matched on Unique Intake Episode.

Juvenile Hall Data on DD Youth

Between May 2012 and December 2014[2], there were a total of 534 unique intake episodes (i.e., same youth with different juvenile hall episodes) and 329 unique youth. However, when data were compiled and matched across data files using the "Unique Intake Date," missing data reduced the study sample. For instance, 74 juvenile hall episodes did not have a Weekly Intake Log so only Hall QA data were available. In contrast, 37 juvenile hall episodes were not found in the Hall QA data for unknown reasons. Thus, in order to report the findings in a consistent and accurate way, data used in this study are only reported for youth who were matched by PDJ and Unique Intake Date on both the Weekly Intake Log and Hall QA files. This procedure yielded a final sample of 423 unique intake episodes, and these episodes were related to 270 unique youth (i.e., some youth had more than one episode).

Characteristics of Unique Youth (N=270)

Eighty-eight percent of youth meeting the settlement agreement threshold for having or suspected of having a developmental disability were male and 12% were female (Table 2.1). On average, these youth were 16 years old at their initial juvenile hall intake and were detained during their initial juvenile hall intake episode for 4.11 months (SD=5.04) ranging from less than a month to 32.90 months.[3]

[2] Data from November 2012 were not completed due to a transition between DDMCs. Data were not recorded for Hall QA, Field QA, and Placement QA.

[3] Some youth remained in juvenile hall awaiting placement in the Division of Juvenile Justice (DJJ) or state prison.

Table 2.1 Gender of Youth (N=270)

	N	%
Male	238	88%
Female	32	12%

By the youth's last juvenile hall intake, 19% had an open case in the Department of Children and Family Services (DCFS) and 10% of youth were determined legally incompetent (Table 2.2). Nearly all of these youth had an individualized education plan (IEP) in place (82%) or had one pending (15%).

Table 2.2 Youth with Open Department of Children and Family Service Cases, Legal Incompetency Statuses, and Individualized Education Plans (N=270)

DCFS Status			Found Incompetent			Individualized Education Plan (IEP)		
	N	%		N	%		N	%
No	218	81%	**No**	236	87%	**Yes**	221	82%
Yes	52	19%	**Yes**	26	10%	**Pending**	40	15%
			Pending	8	3%	**No**	9	3%

Regional Center eligibility was analyzed at two points in time (Table 2.3). The first point in time was the youth's eligibility at initial juvenile hall intake, and the second was eligibility at the last known juvenile hall intake. At initial intake, 38% of youth were current Regional Center clients, 56% of youth had an evaluation pending, and only 6% were deemed ineligible. By the youth's last known juvenile hall intake, the percentage of Regional Center clients increased to 46%, ineligible youth increased to 15%, and 39% remained pending.

Table 2.3 Regional Center Status at Initial Intake and Last Known Intake (N=270)

	Regional Center Status at Initial Intake	Regional Center Status at Last Known Intake
	N (%)	N (%)
Current Client	102 (38%)	125 (46%)
Ineligible	17 (6%)	40 (15%)
Evaluation Pending	151 (56%)	105 (39%)

The intersection between Regional Center eligibility, DCFS involvement, and incompetency was examined using the last known status for youth (Table 2.4). Half of youth with an open DCFS case were current Regional Center Clients and 31% had evaluations pending. Three-quarters (73%) of youth found incompetent were current Regional Center clients, and 23% of youth were pending an evaluation from the Regional Center.

Table 2.4 Youth Characteristics by Regional Center Status

	DCFS Involvement *(N=52)*	Found Incompetent *(N=26)*
	N (%)	N (%)
Current Client	26 (50%)	19 (73%)
Ineligible	10 (19%)	1 (4%)
Evaluation Pending	16 (31%)	6 (23%)

Intake Characteristics Based on All Juvenile Intakes (N=423)

On average, youth had 1.57 intakes (SD=.99) at juvenile hall. The majority of youth were housed in Central Juvenile Hall (93%) during this time.

Table 2.5 Juvenile Hall at Time of Intake (N=423)

	N	%
Central	393	93%
Los Padrinos	12	3%
Barry J Nidorf	17	4%
Other ("Pending")	1	---

The top three charges associated with intake episodes were warrants (21%), failure to obey/probation violations (20%), and assault or battery charges (18%).

Table 2.6 Charges Associated to Juvenile Hall Intake (N=423)

Violent Offenses	**N**	**%**
Assault or Battery Related	74	18%
Robbery	39	9%
Sex-Related Offenses	17	4%
Violent Offenses–General	9	2%
Murder/Attempted Murder	6	1%
Property Offenses		
Burglary	16	4%
Property Offenses–General	11	3%
Theft (Petty and Grand)	10	2%
Other Offenses		
Warrant	90	21%
Failure to Obey/Probation Violation	86	20%
Placement Runaway	39	9%
Other Offenses–General[4]	26	6%

Youth identified as having or suspected as having a developmental disability were most likely to be referred to the following Regional Centers: South Central Los Angeles (33%), North Los Angeles (28%), and Harbor (10%)— (Table 2.7).

Table 2.7 Regional Center

Regional Center		
	N	**%**
SCLARC South Central Los Angeles Regional Center	140	33%
NLACRC North Los Angeles Regional Center	117	28%
HARBOR Harbor Regional Center	42	10%

[4] Other offenses include trespassing, annoying children, unsafe turn, and identity theft.

SGPOMONA San Gabriel/Pomona Regional Center	36	9%
ELARC Eastern Los Angeles Regional Center	30	7%
WESTSIDE Westside Regional Center	31	7%
FDLRC Frank D. Lanterman Regional Center	21	5%
INLAND Inland Regional Center	6	1%

Referrals & Protocols for DD Youth in Juvenile Hall

Referral to the Developmentally Disabled Minors Coordinator (DDMC)

Youth can be suspected or identified as having a developmental disability anytime during their stay in juvenile hall, and once identified by juvenile hall staff or collaborative partners, a referral is sent within two business days to notify the DDMC. The main role of the DDMC is to coordinate and facilitate youth needs (e.g., ensure appropriate housing) and provide notification to the youth's parent/guardian, Regional Center, counsel, and other collaborative partners (DMH, DHS, LACOE, etc.).

Data were unavailable for 30 referrals that occurred in 2012. Based on the remaining 393 intake episodes, 389 (99%) of these referrals took place within two business days from the date the youth was identified or suspected of having a developmental disability to the time DDMC was notified to serve the youth. Only four referrals were made after two business days.

Table 2.8 Referral to DDMC within Two Business Days from Identification (N=393)

2 Business Days	**N**	**%**
Referral Made Within 2 Business Days	389	99%
Referral Made After 2 Business Days	4	1%
Year 2012	2	3%
Year 2013	1	1%
Year 2014	1	1%

Note: Data was unavailable for 30 referrals that occurred in 2012.

Integrated Habilitative Treatment Plan (IHTP) Meetings

IHTP meetings are held to develop and monitor a habilitative plan for youth identified as having, or suspected of having, a developmental disability. Regional Center clients, ineligible youth, and youth pending an eligibility evaluation for regional center services are expected to receive an IHTP meeting in order to identify and address the youth's unique needs, risks, and strengths in a multimodal diagnostic assessment. The IHTP meeting is expected to occur within 28 days from the date of referral to DDMC. Youth with an early juvenile hall release were excluded from this analysis (N=5).

Eighty-seven percent of IHTP meetings were held within 28 days from the referral to DDMC. Over time, the percentage of referrals made after 28 days decreased dramatically from 51% to 4% to 2% between 2012 and 2014.

Table 2.9 IHTP Meetings Completed from Date of DDMC Referral (N=418)

28 Days	N	%
Completed Within 28 Days	365	87%
Completed After 28 Days	53	13%
Year 2012	44	51%
Year 2013	6	4%
Year 2014	3	2%

Note: Data excludes youth with early juvenile hall releases that did not receive an IHTP meeting.

Eligibility Referrals to the Regional Center

Once a youth has been suspected of having a developmental disability and was referred to the DDMC, and it is verified that the youth is not already a current Regional Center client, an eligibility referral to the Regional Center is made within 60 days by the Detention Services Bureau (DSB). If youth already have a referral pending, a subsequent referral to the Regional Center is not expected. Thus, current Regional Center clients (N=224), pending referrals made while out of custody or that were already in process prior to juvenile hall intake (N=27), and ineligible youth who did not receive a Regional Center referral (N=31) were excluded from this analysis. In total, 141 eligibility referral cases were examined for this analysis.[5]

According to Table 2.10, 77% of referrals to Regional Centers were made within 60 days. About a quarter (23%) of these referrals were sent beyond 60 days. Over time, the percentage of cases made after this period slightly increased between 2012 and 2013 from 33% to 37% but then decreased significantly to only 10% in 2014.

Table 2.10 Eligibility Referrals to the Regional Center (N=141)

60 Days	N	%
Less Than 60 Days from Date of Referral	109	77%
More than 60 Days from Date of Referral	32	23%
Year 2012	8	33%
Year 2013	17	37%
Year 2014	7	10%

Note: Data excludes current Regional Center clients, pending referrals made prior to juvenile hall intake, and ineligible youth that were not referred to the Regional Center.

[5] When analyzing the data for this particular area, the data across Weekly Logs and the Hall QA files pose some challenges. First, Regional Center eligibility status was not consistent across and within the files. A youth may be identified as pending a Regional Center evaluation on the Weekly Logs, but when looking at data elements within Hall QA, codes in some columns indicate that the youth was ineligible for services and others indicated that the youth was a current client of the Regional Center. In addition, some juvenile hall staff coded a new variable for ineligible youth as "NA" with floating comments on excel while others do not have the same note. All Regional Center clients, ineligible youth, and pending youth had "NA" as a designator at some point, but it is unclear whether youth were referred to the Regional Center and were found ineligible (unknown if the referrals were made within 60 days – missing data) or no referrals were submitted at all because they were already ineligible at juvenile hall entrance.

Notify Parent/Guardian for Individual Program Plan (IPP) Request for Regional Center Eligible Youth

The purposes of the Individual Program Plan (IPP) meetings are to discuss (1) the needs of the youth while in juvenile hall, (2) access to Regional Center services available in the community, and (3) discharge planning. A parent/guardian request for an IPP meeting is mailed two business days from the date of referral to DDMC for current Regional Center clients. IPP meetings are generally held once a one year; youth may not need another IPP request if the meeting already took place recently and the goals still apply. Youth classified as ineligible or pending an evaluation were excluded (N=198), leaving 224 cases for analysis.

Almost three-quarters (72%) of Regional Center clients' parents were notified of an IPP within two business days and 17% exceeded this period. This increases slightly when a threshold of seven business days was used. Over time, the percentage of referrals made after two business days decreased precipitously from 41% to 16% to 5% between 2012 and 2014. The same pattern held for the time period after 7 business days.

Table 2.11 IPP Request for Regional Center Youth (N=224)

2 Business Days	**N**	**%**
Sent Within 2 Business Days	162	72%
Sent After 2 Business Days	38	17%
Year 2012	20	41%
Year 2013	13	16%
Year 2014	5	5%
No IPP Request Mailed to Parents *Current Clients without a Consent for IPP Request*	24	11%
7 Business Days	**N**	**%**
Sent Within 7 Business Days	168	75%
Sent After 7 Business Days	32	14%
Year 2012	18	37%
Year 2013	10	12%
Year 2014	4	4%
No IPP Request Mailed to Parents *Current Clients without a Consent for IPP Request*	24	11%

Note: Data excludes ineligible and pending youth.

Special Handling Unit (SHU) Data

Special Handling Unit (SHU) incident data were also available for the timeframe of this study. This section analyzes all SHU incidents (N=444) that involved any of the 270 unique youth identified as having, or suspected of having, a developmental disability between May 2012 and December 2014. Of these youth, 100 (37%) youth had some type of Special Handling Unit (SHU) referral. For a comparison of non-SHU youth and youth with at least one SHU episode see Appendix B.

For these 100 youth that were placed in the SHU, based on their Regional Center status at last known intake, slightly more than one-half of these youth were Regional Center clients at some point (Table 2.12).

Table 2.12 Regional Center Status of SHU Youth (N=100)

	N	%
Current Client	59	59%
Ineligible	20	20%
Evaluation Pending	21	21%

These 100 unique youth collectively experienced 412 episodes of SHU placement. The next table displays the frequency of SHU episodes by year. *Please note*: SHU episodes in 2012 only represents half the year because the tracking period for this study began in May 2012.

Table 2.13 SHU Episodes by Year (N=412)

	N	%
Year 2012	90	22%
Year 2013	163	40%
Year 2014	159	39%

On average, youth with SHU incidents had 4.12 (SD=5.67) referrals to the SHU ranging from 1 episode to 36 episodes, and the mode is one episode (most frequent) for 38% of these youth. Several reasons were cited for a SHU referral. Table 2.14 shows a breakdown of the reasons associated with all SHU referrals during this time. The majority of incidents were related to aggression (76%), followed by breaking rules (23%), and defiance (20%). Fourteen percent of all SHU referrals were identified by juvenile hall staff as "gang-related" (e.g., gang related fighting, gang talk, or tagging).

Table 2.14 Reasons for SHU Referrals and Regional Center Status

		Episodes By Regional Center Status		
	All SHU Referrals	**Client (N=294)**	**Ineligible (N=59)**	**Pending (N=59)**
Aggression	311 (76%)	218 (74%)	46 (78%)	47 (80%)
Breaking Rules	94 (23%)	71 (24%)	13 (22%)	10 (17%)
Defiance	81 (20%)	60 (20%)	12 (20%)	9 (15%)
Contraband	17 (4%)	12 (4%)	4 (7%)	1 (2%)
Self-Harm/Non-disciplinary[6]	13 (3%)	9 (3%)	---	4 (7%)
Gang-related Referrals				
Gang-Related	58 (14%)	38 (13%)	7 (12%)	13 (22%)

Note: A youth's referral to SHU could involve multiple reasons so percentages do not sum to 100%.

Over two-thirds of all SHU referrals (294 out of 412, 71%) were related to clients of the Regional Center. Across Regional Center status, the top reason for SHU referrals was related to aggression. Generally, the rates of SHU reasons were similar across youth by Regional Center status—pending youth tend to have lower percentages except for reasons related to aggression and non-disciplinary reasons. Additionally, pending youth had a higher rate of SHU referrals identified by juvenile hall staff as gang-related (double the rate of Regional Center clients).

[6] Seven SHU referrals categorized as "Self Harm" were non-disciplinary referrals. Youth on a mental health level III status were sent to the housing side of the SHU.

In 2012, juvenile hall staff began documenting interventions/strategies used in response to behaviors leading to a SHU referral. The interventions listed below were taken directly from the comments provided in the data (Table 2.15). The findings showed that 49% of juvenile hall staff attempted to counsel/restructure the youth (i.e., spoke to the youth about his/her behavior), but no intervention was indicated for 47% of these incidents. The most prevalent reason cited for no intervention was "uncontrolled situations that involved unexpected fighting between youth-on-youth or youth-on-staff."

Table 2.15 Interventions Attempted by Juvenile Hall Staff (N=412)

	N	%
DPO Counseled/Restructured Youth	202	49%
No Intervention or Uncontrolled Situation	194	47%
Other De-Escalating Strategies (e.g., removed youth from environment)	5	1%
Missing	11	3%

Field and Placement Supervision Data

In some cases, youth were released from juvenile hall before Regional Center could make an eligibility determination for services. Therefore, this section focuses on youth's Regional Center eligibility status from their last juvenile hall intake to their status in field or placement supervision at *some point* during the study period. Findings for field and placement youth are reported by unique study youth as well as for youth whose referrals to Regional Center most likely occurred while in the community rather than originating in juvenile hall.

Field Supervision

Matching specific intake episodes between the Field QA and the Placement QA data directly to the Weekly Log was not possible because of the structure of the files (see Figure 2.2). However, we were able to identify and match youth generally across files, which allowed for an analysis of their Regional Center client status over time. This procedure yielded 54 youth with a Weekly Log record and 41 youth without a Weekly Log record (i.e., the referral was submitted when the youth was in field services).

Field QA data only represents youth who are on active supervision. Eighty-five percent of these youth were Regional Center clients based on their last juvenile hall intake entry, but all of these youth became clients at some point during field supervision (Table 2.16). For cases without a match to the Weekly Log data, 98% became Regional Center clients at some point during Field Supervision and one youth (2%) was eligible for Regional Center but declined services.

Table 2.16 Regional Center Status in Field Supervision

	Matched Youth		Not Matched to Study Youth
	Field Supervision with Weekly Log Entries (N=54)		**Field Supervision without Weekly Log Entries (N=41)**
	RC Status for Last Juvenile Hall Intake	***RC Status at Some Point in Field Supervision***	***RC Status at Some Point in Field Supervision***
Current Client	46 (85%)	54 (100%)	40 (98%)
Pending	8 (15%)	0%	---
Eligible but Declined	---	---	1 (2%)

Placement Supervision

Matching procedures yielded 100 youth in the Placement QA with matches to the Weekly Log. Forty-six percent of matched youth were Regional Center clients at the time of their last Weekly Log entry, and this percentage increases to 47% during their placement supervision. For youth without a Weekly Log match, 60% became clients at some point during placement supervision.

Table 2.17 Regional Center Status in Placement Supervision

	Matched Youth		Not Matched to Study Youth
	Placement Supervision Youth with Weekly Log Entries (N=100)		Placement Supervision without Weekly Log Entries (N=15)
	RC Status for Last Juvenile Hall Intake	*RC Status at Some Point in Placement Supervision*	*RC Status at Some Point in Placement Supervision*
Current Client	46 (46%)	47 (47%)	9 (60%)
Ineligible/DD	22 (22%)	26 (26%)	1 (7%)
Eligible but Declined	---	---	1 (7%)
Pending	32 (32%)	27 (27%)	1 (7%)
Missing	---	---	3 (20%)

Once youth were in placement supervision, some youth AWOL'd (absence without official leave, or runaway) in placement. Of the matched unique youth (N=100), 35% had AWOL'd between one to three times. Of those who did AWOL, 51% left placement one time; 26% left two times; and 23% left three times. Youth reported reasons for leaving their placements included:

- Being frustrated with placement or tired of being in placement;
- Missing home;
- Went home and mother did not want youth home so youth remained on AWOL;
- Wanted to be with friends or boyfriend; and,
- Just wanted to be "free."

Seventeen percent of youth in placement supervision had a change in placements. These youth were replaced between one to three times with the majority of youth only replaced once (76%) followed by two times (18%) and three times (6%). Some of the placement changes were due to 7-day notices of termination requested by group homes for any of the following reasons: AWOL, failure to follow placement rules, being verbally and physically abusive, and/or using drugs. One particular case with extensive documentation illustrates this point and highlights the difficulty of identifying appropriate placements for suspected developmentally disabled youth:

> This youth had a pending Regional Center evaluation and was rejected by three Level 14 facilities based on concerns related to the youth's aggressive/violent behaviors with peers and staff, gang activity, and the youth's self-control. Consequently, the youth was returned to juvenile hall pending a referral outcome to the Regional Center.

Recidivism Data

To determine the rate of recidivism for youth having, or suspected of having, a developmental disability, researchers sent Probation the group of the unique youth (N=270) used in this study and their first

juvenile hall intake dates recorded in the Weekly Logs. Recidivism was measured by subsequent, sustained new charges and sustained new probation violations within one year after the youths' exits from their first juvenile hall episode. A few methodological notes are important to note. First, 58 (23%) of the 250 eligible youth included in the analysis had not reached the one-year date measurement requirement and therefore had not recidivated for purposes of this study. Although we do not believe the absence of information from the full timeframe for these youth alters the findings of this study, it would be beneficial to replicate these analyses with updated data at some point in the future. Second, the following three groups of youth were excluded from these analyses: 13 youth who had not yet exited detention between their intake episode and the end of the study; 3 youth whose records were sealed; and 4 youth who had missing or unknown information.[7] In total, recidivism data for 250 youth were available for analysis and 85 youth have recidivated by a sustained charge, and/or sustained violation (34%).

Twenty-four percent of all youth had a subsequent, sustained charge during the tracking period, 18% had a sustained violation; and 9% had both a subsequent, sustained charge and a sustained violation (Table 2.18). The rates for a subsequent, sustained charge were similar across youth by Regional Center Status, but the sustained violation rate was twice as high for youth deemed "ineligible" (33% compared to 15% for clients and pending).

Table 2.18 Recidivism and Regional Center Status One Year after Juvenile Hall Release (N=250)

		By Regional Center Status		
	All Youth (N=250)	**Client (N=115)**	**Ineligible (N=36)**	**Pending (N=99)**
Type of Recidivism				
Had a Sustained Charge	60 (24%)	29 (25%)	9 (25%)	22 (22%)
Had a Sustained Probation Violation	44 (18%)	17 (15%)	12 (33%)	15 (15%)
Had a Sustained Charge and a Violation	22 (9%)	11 (10%)	5 (14%)	6 (6%)

Note: The types of recidivism are not mutually exclusive categories. In other words, one youth may have a sustained charge and/or a sustained probation violation reflected in the numbers above.

Summary and Recommendations

Between May 1, 2012 and December 31, 2014, there were 534 unique intake episodes involving youth having, or suspected of having, a developmental disability, which translates to 329 unique youth relevant to the scope of this study. The majority of these youth were male and 16 years old, on average, at their initial juvenile hall intake. The characteristics of these youth show that one-fifth had an open case in the Department of Children and Family Services, one-tenth were found legally incompetent, and over two-thirds of youth had an individualized education plan.

Almost all of the juvenile hall episodes occurred at Central Juvenile Hall during this time. The top three charges associated with intake episodes were warrants, failure to obey/probation violations, and assault or battery charges. All youth suspected or identified as developmentally disabled were immediately referred to the DDMC within two business days. More than three-quarters of youth had their initial IHTP meeting within 28 days, were referred for eligibility to the Regional Center within 60 days, and, for Regional Center eligible youth, had an IPP request for a meeting within 7 business days. While in juvenile hall, a little over one-third of youth were sent to the SHU during the study period as a result of reasons related to aggression, breaking rules, and defiance. It is noteworthy to point out that these behaviors were similar to

[7] Of the 13 youth that have not been released from juvenile hall, youth intake dates were in 2012 (one youth), 2013 (one youth), and 2014 (11 youth).

that of their charges. When leaving juvenile hall, approximately half of youth were current clients of the Regional Center, but eventually, most pending youth received their Regional Center status while in field or placement supervision. Finally, recidivism data showed that one-third of youth had recidivated with a sustained charge and/or sustained violation within one year after their juvenile hall release.

Based on these findings, we offer the following recommendations for the continued tracking of youth having, or suspected as having, a developmental disability, their characteristics and their outcomes:

- Improve Mechanism to Track of DD Data: The Probation-generated data files produced for the settlement were separately created files with limited information to match the youth with their related episodes. Therefore, data analysis was limited in answering certain questions about the characteristics and outcomes of youth. A suggestion to improve the tracking of DD youth is to design a tracking form or database that has predefined fields for users to update the status of the youth as well as open-ended notes for additional information. Protocols should be built into the system to alert users when there are delays in service coordination. In essence, a user should be able to retrieve the MDA, IHTP, and any key documents that relate to the case plan for that youth while the youth is detained or returning to juvenile hall, or otherwise under Probation's jurisdiction through Field or Placement Services.

- Measures for Long-Term Data Collection and Data Dashboard: We suggest identifying key data elements that can be tracked overtime that encompasses both compliance-related mandates and youth characteristics. Data elements could be formatted in a way that shows the youth's status and characteristics at intake and these same outcomes at release. For example, it would be important to know if youth were coming into juvenile hall with an IEP or leaving juvenile hall with a Regional Center referral. An organized data structure ensures that pending referrals are tracked in field or placement supervision, or if the youth returns to juvenile hall on a subsequent episode. In addition, administrators and staff may benefit from having a real-time data dashboard to monitor the outcomes of DD youth. We proposed the following key data elements below.

    - # youth identified as DD
    - % referred within 2 days of date identified
    - % referred to Regional Center, % eligible for Regional Center, and % pending
    - % IHTP meetings held within 28 days
    - Average length of stay
    - # DCFS cases
    - % placed in SHU
    - % incompetent at exit
    - % with IEP at exit
    - % in each of the disposition categories

CHAPTER 3

FINDINGS FROM OBSERVATIONS, INTERVIEWS, AND DOCUMENT REVIEWS

This chapter summarizes data collected from Integrated Habilitative Treatment Plan (IHTP) and Individualized Behavior Management Plan (IBMP) meeting observations, case file documents, and interviews of Probation, Department of Mental Health (DMH), Los Angeles County Office of Education (LACOE), and Juvenile Court Health Services (JCHS) staff members. Based on an analysis of these data, the report provides recommendations for technical assistance. Also included are preliminary results from interviews of youth.

As indicated in Chapter 1, data collection and analysis for this portion of the study was led by Dr. Lois Weinberg, Jolan Smith, and Michael Oshiro at the Charter School of Education. The period for this work was January 1, 2012 through December 31, 2015. Specifically, this portion of the study focused on:

- the observation of Integrated Habilitative Treatment Plan (IHTP) and Individualized Behavior Management Plan (IBMP) meetings for selected youth to assess the strengths of the process and offer suggestions for improvement.
- the review of case files to assess the responses to recommendations made in IHTP and IBMP meetings over time.
- interviews with IHTP staff to assess their perceptions of the accomplishments and challenges related to the policies and procedures developed as a result of the settlement.
- interviews with youth to assess their perceptions of the process and what they felt was helpful and could be improved moving forward.
- identifying recommendations in all of these areas as well as specific recommendations for future technical assistance and training for Probation, Department of Mental Health (DMH), and Los Angeles County Office of Education (LACOE) staff involved in the developmental disabilities procedures.

Observation of IHTP Meetings

Data Source

The initial IHTP is created within 28 days of a youth being identified as having, or suspected of having, a developmental disability upon admission to detention. IHTP meetings are subsequently held every 30 days thereafter while a youth with DD is detained at a juvenile hall. The IHTP is to include "all treatment and training/educational program experiences provided by Probation staff, and collaborative partners which include DMH, LACOE, JCHS, DCFS, the minor's parents/guardian, the minor's home school district representative (who will receive notification and a request to participate), and the designated Regional Center Services Coordinator or Forensic Liaison (if applicable)" (Directive 1280; now revised as Directive 1379).

"The IHTP shall include the following components:

- Measurable and time-limited short and long-term treatment goals
- Description of specific services, activities, and other interventions used to meet these objectives

- "Behavior support" approaches to manage maladaptive behavioral incidents, and develop coping skills in a consistent and positive manner, delineate analytic procedures to develop proactive approaches to reduce or eliminate factors contributing to these incidences
- Description of the data procedures used to measure progress and outcomes of treatments and other interventions in order to evaluate the minor's progress in reaching his or her goals
- Description of procedures for ensuring that components of the IHTP Plan are integrated and consistent with the treatment goals in order to evaluate the minor's progress toward reaching his or her goals
- Review schedule to ensure that modifications are made as needed based on the minor's progress
- Listing of identified staff responsible for implementing, executing and monitoring each minor's IHTP
- Specific individualized discharge plans
- Provisions for social, recreational and pre-vocational/vocational skills training based upon minor's individually assessed needs" (Directive 1280; now revised as Directive 1379).

IHTP meetings are scheduled by Probation twice weekly between the hours of 9 am and 2 pm, with the number of meetings ranging from one up to a maximum of five meetings occurring on any given day. The research team observed IHTP meetings from August 22, 2013 through May 8, 2014. One to three members of the research team observed IHTP meetings on forty different days. The number of IHTP meetings observed each day ranged between one and five with a mean of 2.4.

Ninety-seven IHTP meetings were observed in total, representing IHTP meetings for fifty-nine individual youth identified as having, or suspected of having, a developmental disability. Four of the youth whose IHTP meetings were observed were female and 55 were male. Three were White, 27 were African American, 28 were Hispanic/Latino, and for 1 the ethnicity was unknown.

Table 3. 1 Meetings Per Unique Youth Observed by Gender

	N	%
Female	4	6.7%
Male	55	93.2%
Total	59	100%

Table 3.2 Meetings Per Unique Youth Observed by Ethnicity

	N	%
White	3	5%
African American	27	45.7%
Hispanic/Latino	28	47.4%
Ethnicity Unknown	1	1.6%
Total	59	100%

Ninety-six of the IHTP meetings observed were at Central Juvenile Hall (Central) and one was at Barry J. Nidorf Juvenile Hall (Nidorf). For 24 youth, the researchers observed more than one IHTP meeting. For these youth, the number of IHTP meetings observed ranged between two and six with a mean of 2.6.

Thirty-six of the IHTP meetings observed were initial IHTP meetings. Twenty-five of these we have identified as *true initials* since it was the first time these youth had been detained and/or had an IHTP.

Ten of these meetings we have called *returning initials* since these youth had previously been in the juvenile hall and had an IHTP but had recently been detained and were having their first IHTP meeting upon returning. For one additional initial IHTP meeting, it was not clear whether it was a true initial or returning initial. We distinguish between the true initials and returning initials because the returning initials generally were run more like review IHTP meetings since the interagency staff had knowledge of the youth and there was a previous IHTP for the youth. Sixty-one of the IHTP meetings observed were review meetings.

Table 3.3 Type of IHTP Meetings Observed

	N	%
Type of IHTP Meeting		
True Initial	25	14.8%
Returning Initial	10	10.3%
Unknown True or Returning Initial	1	1%
Review	61	62.8%
Total	97	100%

At the IHTP meetings observed, or at the first meeting observed for those youth whose IHTP meetings were observed more than once, 34 youth were Regional Center eligible, 7 were not eligible, 16 were pending eligibility, and for 2, eligibility was not reported. In the case of one youth who was not eligible at the first IHTP meeting observed, at a subsequent IHTP meeting, the youth's Regional Center eligibility was then pending. At the time the 97 IHTP meetings were observed, the youth were housed in the following units.

Table 3.4 Living Units of Youth IHTP Meetings Observed

	N	%
Living Units		
RS	55	56.7%
PQ	10	10.3%
J	2	2%
GCARE	4	4.1%
BCARE	7	7.2%
BSHU	1	1%
BESU	11	11.3%
OMEGA	2	2%
Not Reported	5	5.1%
Total	97	100%

RS – Boys with Developmental Disabilities without any higher level needs; PQ – Special Handling Unit (Central); J – originally designated as a unit for Boys 12 years old and younger but changed to GSHU (Girls' Special Handling Unit); GCARE (Girls' Care) – Girls with Developmental Disabilities with mental health or emotional challenges; BCARE (Boys' Care) – Boys' with Developmental Disabilities with mental health or emotional challenges; BSHU (Boys' Special Handling Unit Nidorf); BESU (Boys' Extended Service Unit) - specialized program for male youth with specific needs, emotionally or psychologically.

Initially, the researchers observed all the IHTP meetings that were scheduled on the days that they were able to attend. Since a large number of the youth with or suspected of having developmental disabilities are housed in Unit RS at Central (a unit for youth with DD without higher level needs) and the Project Proposal specifies that there should be a focus on youth with "higher level needs/referral to the Special Handling Units," the researchers began attending as many IHTP meetings as they were able for youth housed in PQ (Special Handling Unit at Central), Girls' CARE and Boys' CARE (for mentally and emotionally challenged youth), Boys' Enhanced Supervision Unit (specialized program for male youth with specific needs, emotionally or psychologically), and Boys' Special Handling Unit (at Nidorf).

In order to determine whether IHTPs were revised and updated over time, the researchers attended review meetings for youth for whom they had seen their initial or earlier IHTP meetings. For some youth who remained at Central for a number of months, the researchers specifically chose to attend the IHTP meetings that were the fifth or sixth that were held for these youth to try to determine progress within the juvenile hall and towards discharge.

Data Collection

Two researchers observed the majority of the IHTP meetings (52), with the remainder observed by either one researcher (43) or three researchers (2). Since the researchers were prohibited from recording the IHTP meetings because of confidentiality concerns related to the presence of the youth at the meetings, they took comprehensive notes on what occurred. The researchers were knowledgeable about the focus of the IHTP meetings, the forms that were used, the information that was to be recorded on the IHTP forms, the interagency nature of the meetings, and what was expected to occur based on the Directive from the *I.T. v. Los Angeles County* case.

Data Analysis

Since the purpose of attending the 97 IHTP meetings was to subsequently provide technical assistance and support to the staff who regularly participate in the meetings, the researchers identified in their meeting notes what they determined to be exemplary practices, those practices that appeared to go beyond what was required by the settlement agreement and resulting Directive (e.g., youth input sought; input sought from other agencies), and problematic practices, those which did not meet or hindered the settlement agreement requirements (e.g., agency not in attendance; goals not connected to obstacles) related to each agency. Based on these exemplary and problematic practices, the researchers developed a coding form that includes a menu of 104 exemplary and problematic practices that served as variables to be coded (Appendix C). The categories (i.e., variables) on the form are organized by agency---Detention Probation, Field Probation, Placement Probation, DMH, LACOE, JCHS, Regional Center, DCFS, Court/Other. Some codes are relevant to several agencies (e.g., Unmeasurable goals, Missing members, Missing Information, etc.), while others apply to specific agencies (e.g., Youth resistant to therapy, Incorrect/inappropriate class placement, Regional Center delays). Each category on the coding form was coded as either present/occurred in all of the 97 meetings or not present/not applicable. The only exception to this concerns the attendance of Field Probation at the IHTP meetings. A Field Probation representative is only required to attend the IHTP meetings of youth under Field Probation supervision (i.e., youth who they have previously supervised in the community). There were 33 IHTP meetings of youth who were supervised by Field Probation.

The researchers initially coded 14 IHTP meetings they had attended together and subsequently discussed their coding. Where differences between the researchers were identified, they discussed why they had each coded the meetings in the way that they had, making reference to specific sentences or phrases in their notes. They also discussed areas where the coding form did not adequately address some of the practices identified and added some additional categories to the form. The researchers then recoded their previous notes of the 14 meetings, as well as two more from meetings they attended together, thus totaling 16 IHTP meetings, and met again to discuss their ratings. Agreement was then reached on the coding of the 16 meetings and the coding form was further refined to reflect these discussions.

To assess the inter-rater reliability of coding the IHTP meetings across researchers on the 16 IHTP meeting observations, percent of agreement as well as Cohen's kappa coefficient and intra-class

correlations (ICC) were calculated. For Cohen's kappa, individual scores by both coders were entered into statistical software (SPSS) for analysis. For ICC, individual scores were entered into an Excel worksheet and then uploaded to an online statistical calculator maintained by a large research university.

Overall, the rate of agreement between both coders was 88.1% for all 104 items. Thirty-three of the items (32%) had 100% perfect agreement between the two coders, which presented a problem in calculating accurate and meaningful kappa and ICC scores. Their kappa value should have been 1.000; however, it either calculated the kappa value as .000 or n/a. This was likely due to the code binary used, as many of those with 100% agreement were marked as "No" (with a value of zero) for every item by both coders. Forty-two of the items (40%) had significant kappa scores, which when averaged, were .564, a moderate correlation. The remaining 29 items (28%) were non-significant items. For ICC, similar issues were experienced with items in which both coders had 100% agreement and rated all item responses as no. The average ICC value for significant items was .703, which indicates a moderate-to-strong agreement between raters.

Subsequent to calculating inter-rater reliability, the researchers reconciled any disagreements they had in their coding of the 16 IHTP meeting observations by referring passages in their meeting notes. The researchers then individually coded the remainder of the meetings. For the meetings they observed together, they then reconciled any coding differences.

Findings

The findings are based on the researchers' ratings of the categories coded as present/occurred in the meeting or not present at the meeting/not applicable. These ratings are based on the researchers' detailed notes from their observations of the meetings. They were not provided a copy of the IHTP document that was under discussion. However, they did have an IHTP template form and were knowledgeable about what was supposed to be discussed at the meeting and included on the form based on the Directive.

Detention Probation. Table 3.5 shows exemplary practices of Detention Probation the researchers coded at the 97 IHTP meetings that they attended. These include 60 instances (61.9%) where Detention Probation staff provided meaningful input at the IHTP meetings. The researchers also coded 60 instances (61.9%) where Detention Probation attempted to seek input from the youth at the meeting, and 48 instances (49.5%) where Detention Probation was able to engage youth to participate who were hesitant to do so.

Table 3.5 Probation Exemplary Practices at IHTP Meetings

	N= 97	%
Exemplary Practices		
Staff gave meaningful input	60	61.9%
Youth input sought	60	61.9%
Able to engage youth to participate	48	49.5%
Staff input sought by facilitator	41	42.3%
Emotionally supportive of youth	39	40.2%
Age appropriate language	29	29.9%

The Detention Probation practices that were found to be most problematic at the IHTP meetings were that the goals reported for the youth were not measurable in 99% of the goals reported. In addition, 95.9% of the short-term goals were not directly connected to the long-term goals. Other practices that were identified as problematic were considerably less and can be seen in Table 3.6. Directive 1280 Appendix

L, issued August 2, 2012, specifically requires, among other provisions, that the IHTP include "measurable and time-limited short and long-term treatment goals" and a "description of the data procedures used to measure progress and outcomes of the treatments and other interventions in order to evaluate the minor's progress in reaching his or her goals." The IHTP included in Directive 1280 Appendix L specifically states that "goals should directly address the primary problems" and that "goals must be measurable and objective." Directive 1280 has been revised as Directive 1379, although Appendix L still addresses the IHTP process. Furthermore, the IHTP requires information typically provided by the youth at the meeting such as "youth interests," "long-term goals," among others. PowerPoint slides from the DSB Developmental Disabled Minors Training provided to Probation staff indicate that trainings were provided that included information on the measurable goals and the requirements of the IHTP.

Table 3.6 Problematic Practices at IHTP Meetings

	N = 97	%
Problematic Practices		
Unmeasurable goals	96	99%
Short-term goals not connected to obstacles	18	18.6%
Short-term goals not directly connected to long-term goals	93	95.9%
Missing information	12	12.4%
Youth input issues	23	23.7%
Discharge Plan: Supports not appropriately identified/stated	28	28.9%

.

Field and Placement Probation. Of the 59 unique youth whose meetings were observed, 23 were assigned to either Field or Placement Probation staff at the time of the meeting. These 23 youth had a total of 33 meetings that were observed by the researchers. Field or Placement Probation officers participated in 27 of these 33 meetings (81.8%) with 40% of the meetings being attended by an actual Field or Placement officer. It should be noted that Field or Placement Probation is required to participate in these meetings, but they are not required to attend in person. Exemplary practices that Field and Placement Probation staff engaged in are specified in Table 3.7. Examples of the valuable information contributed by Field or Placement Probation include, among others, new placement and schooling options for the youth, acceptance by a placement facility of which the youth was not aware, and that Probation would request early release of the youth based on the youth having sufficient credits to graduate from high school with a diploma combined with excellent behavior. Problematic practices either occurred not at all or at very low percentages.

Table 3.7 Field and Placement Probation Exemplary Practices

	N = 27*	%
Exemplary Practices		
Attend in person	9	33%
Provide information on family/parent	10	37%
Contribute valuable information	9	33%
Recommend services/discharge programs	15	56%
Talks directly with youth	12	44%

*Data are reported for the 27 meetings in which Field and Placement officers participated.

DMH. Table 3.8 specifies the exemplary practices engaged in by DMH at the IHTP meetings that were coded by the researchers. The highest occurring exemplary practice was that in 43 (44.3%) of the occurrences coded DMH provided meaningful or insightful information at the meeting about the youth.

Table 3.8 DMH Exemplary Practices at IHTP Meetings

	N= 97	%
Exemplary Practices		
Give meaningful/insightful input	43	44.3%
Youth input sought	19	19.6%
Able to engage youth to participate	16	16.5%
Strong advocate	22	22.7%

Similar to Detention Probation, Table 3.9 shows that the most problematic practice identified was that 97.9% of DMH goals that were reported at the IHTP meetings were not measurable. Furthermore, in 29.9% of the instances coded the goals were not connected to the obstacles identified. In addition, in 19 (19.6%) of the IHTP meetings, DMH was not in attendance.

Table 3.9 DMH Problematic Practices at IHTP Meetings

	N = 97	%
Problematic Practices		
Unmeasurable goals	95	97.9%
Goals not connected to obstacles	29	29.9%
Missing members	19	19.6%
Obstacles not stated	15	15.5%

LACOE. In 11.3% of occurrences, the researchers found that LACOE staff gave meaningful input/insight at the IHTP meetings. Other exemplary practices exhibited by LACOE occurred at very low percentages.

As Table 3.10 shows, 94.8% of the goals LACOE reported at the IHTP meetings were considered not measurable. Slightly less than half the goals (47.4%) did not appear to be connected to the youth's obstacles that had been reported at the meetings. Other practices considered problematic are shown below.

Table 3.10 LACOE Problematic Practices at IHTP Meetings

	N = 97	%
Problematic Practices		
Unmeasurable goals	92	94.8%
Goals not connected to obstacles	46	47.4%
Missing information on credits	16	16.5%
Missing information on school records	13	13.4%
Programs unavailable/no evidence of participation	14	14.4%

JCHS. Since a representative of JCHS only attended part of one meeting, no exemplary practices were coded. For JCHS, the most problematic practice was that the 99% of the health goals for the youth were not measurable. Since a representative of JCHS did not attend the meetings, the health information that was provided at the meetings was more often reported by Detention Probation (45.4%), or somewhat less frequently by the youth (28.9%) or DMH (27.8%).

Table 3.11 JCHS Problematic Practices at IHTP Meetings

	n *	%
Problematic Practices		
Unmeasurable goals	96	99.0%
Missing member	95	97.9%
Health information supplied by youth	28	28.9%
Health information supplied by Probation	44	45.4%
Health information supplied by DMH	27	27.81%

Regional Center. Exemplary practices were not coded since the majority of IHTP meetings observed where youth were Regional Center clients did not have a Regional Center representative present (90.3%, 56/62). The most problematic practice was that there was no representative in attendance at the meetings.

DCFS. With the low attendance of DCFS social workers at the IHTP meetings, no exemplary practices were coded. Since the researchers did not have access to information regarding which youth had DCFS social workers, it was not possible to determine whether low involvement of DCFS at IHTP meetings should be considered a problematic practice.

Discussion

One of the areas of concern identified from the observations of the IHTP meetings is that the goals reported by Detention Probation, DMH, and LACOE are, for the most part, not stated in a measurable way. Probation policy Directive 1280 (now Directive 1379) clearly states that IHTP goals are to be measurable and data collected to measure progress. Some training was provided that included information about the necessity of goals being measurable and that good behavior analysis requires observation and description about of what triggers a behavior, the details about a behavioral episode (e.g., frequency, duration, and context), as well as the consequences of the behavior (i.e., what happens after it occurs)

Since the researchers did not have access to the MDA or IHTP documents at the time of the IHTP meetings, it was not clear whether the goals on these documents were, in fact, written in a way that is measurable. However, the lack of measurable goals was confirmed during the case file review stage of the research and is described in a subsequent section. The fact that goals are not reported as measurable at the IHTP meetings is a concern since it is then difficult for the team to gauge progress and, in fact, be clear about what information must be collected and brought to a subsequent meeting to analyze the extent to which progress has or has not been made. During meetings, when an agency representative reported on a youth's progress, thereby causing a revision to the monthly IHTP goal, the initial unmeasurable goal changed only slightly in language (e.g., "attend school regularly" to "continue to attend school regularly," "continue to run a good program," etc.). After reviewing the materials that were used to train IHTP members, it appears that the problem is that they were not provided adequate training on writing measurable goals. Additional training should remedy this problem. The training should include practice on writing goals that clearly specify what the problem is (e.g., going to school versus staying at school all day), include baseline data on the youth's behavior (e.g., currently going to school 2 days per week), and specify the change that can be realistically expected along with benchmarks (e.g., go to school 5 days per week with the first benchmark go to school 3 days per week). Training should also include working with agency staff to devise a system where information on relevant youth behavior can be feasibly collected to

determine the extent to which goals are met. Since LACOE must write measurable goals for the youth's individualized education program (IEP), a discussion should take place as to whether LACOE's IEP goals should become goals for a youth's IHTP. With proper training and support, IHTP members from the relevant agencies should easily be able to convert the detailed, substantive discussions about the youth that they are already having at the IHTP meetings, into clear and measurable goals. Doing so will then enable them to document improvements over time (even for youth who stay only a few weeks in the hall).

For the three agencies that attend the IHTP meetings regularly –Detention Probation, DMH, and LACOE –agency goals were not connected to the identified obstacles for the youth. This problematic practice was most pronounced for LACOE (43.9%), and less so for DMH (23.6%) and Detention Probation (20.3%). The researchers were only aware of the obstacles that were reported at the IHTP meetings, since they did not have MDA or IHTP documents. However, review of IHTP documents at a later time confirmed this finding. The underlying problem, at least for LACOE, might be that DMH is the primary agency that identifies obstacles related to youths' behavior, but would not necessarily include as an obstacle those related to the school (e.g., that a youth does not complete school assignments, or needs credit recovery to get on grade level). Consequently, LACOE's goals would not necessarily be connected to DMH identified obstacles.

A related problematic practice of Detention Probation was that its short-term goals were not directly connected to the long-term goals (95.9%). The reason for this seems to be that the long-term goals specified are the goals that the youth has chosen. A long-term youth goal might be, for example, to become a basketball player. However, Detention Probation's short-term goals might be to follow program rules, participate in unit activities, and decrease impulsive angry behavior. It appears that it might be important to include options for both youth input for long-term goals (e.g., "future aspirations"), as well as IHTP team input concerning more *immediate* long-term goals that are measurable and achievable (e.g., graduate with a HS diploma or earn a GED). These *immediate* long-term goals would extend past the 30-day IHTP review, perhaps as a 3-month, or 6-month goal. As part of future training for IHTP members, they can be coached to help youth identify these goals in addition to their long-term aspirations.

The IHTP document and meeting includes discharge planning for the youth. While identified as an occurrence in less than one-third of the overall occurrences coded at IHTP meetings, stating and/or identifying appropriate supports when the IHTP team discusses the Discharge Plan is an important part of the planning process that frequently was not addressed. For youth who are closer to discharge, the research team generally found that Discharge Plans tended to be more thorough and specific, especially for youth who had received placement orders. It is possible that this practice of not clearly identifying appropriate supports during the IHTP process might be due to youth who are new to the DD youth program or who have release dates that are unknown or farther in the future.

Observation of IBMP Meetings

Data Source and Collection

The Individualized Behavior Management Plan (IBMP) was a program structure that was in place prior to the Settlement Agreement. It was created to help detained youth "identify and achieve his/her goals and to give unit staff insight on how to work with the minor" (DSB Developmental Disabled Minors Training). It specifically focuses on youth who "exhibit a continuing inability to function successfully in a living unit, or who have serious medical issues, serious mental health issues, physical disabilities or a court order that precludes them from assignment to a regular unit" (DSB Developmental Disabled Minors Training). The IBMP structure was adapted to address the needs of youth with DD.

An Individualized Behavior Management Plan (IBMP) is created for each youth with or suspected of having developmental disabilities within seven days of admission to detention or initial identification as DD, if later. An IBMP includes information about the youth, including a problem statement, goal, interventions, and interagency planning. A total of three IBMP meetings were attended in December 2014 and January 2015; the first attended by one researcher, and the other two by two researchers.

Data Analysis

The notes taken during the IBMP meetings were summarized. Where two researchers had attended the same IBMP meeting, the summarized notes of one of the researchers was reviewed by the other researcher to confirm agreement as to what had occurred at the meeting.

Findings

These meetings were quick-paced, and lasted from 30-45 minutes. Although agendas were provided at each meeting, the flow of the meeting did not necessarily follow the agendas. Changes in agenda appeared to be related to when the relevant meeting participants arrived and how many youth they were there to report on. For example, all newly identified DD youth were discussed, but not necessarily at the beginning of the meeting as indicated by the agenda. Meetings started promptly at 11:00 AM; however, meeting participants (Unit Supervisors, DDMCs, IBMP/IHTP Coordinator, DMH clinicians and supervisors, and LACOE psychologists) flowed in and out of the meeting, discussing youth on their respective caseloads. As such, some participants remained for the entire meeting (e.g., DDMCs, RS Unit Supervisor, etc.), while others who only had 1 or 2 youths on the agenda to discuss left after they gave and received information about the youth(s).

Although the researchers found the pace of the meeting to be very quick, they also agreed that the conversation among the IBMP participants was quite detailed and forthcoming regarding the youths' behaviors, and possible causes and conditions for the behaviors. Types of information shared in IBMP meetings for newly identified youth include special education placement and services, obstacles, behavior triggers, unit behavior to date, and any other known information about the DD youth. In addition to newly identified youth, the team also discussed youth on youth violence, self-harm incidents, suicide gesture/verbalizations, and suicide attempts for all detained youth that occurred in the previous week.

Youth who are not identified as DD are also discussed in IBMP meetings, if they had a behavioral incident that week. This is because the IBMP meetings address behavioral incidents of any facility youth. In the first IBMP meeting attended, 14 total youth were discussed, but only 5 of these were identified youth with DD; 7 youth with DD out of a total of 15 were discussed in the second meeting; 5 youth with DD out of a total of 16 were discussed in the third meeting observed.

Discussion

The researchers found the content of the information reported in the IBMP meeting to be discussed openly and freely among participants, and differed from the IHTP meetings in that youth were not present and, therefore, participants did not have to consider the youths' presence in what they said. While the researchers were knowledgeable about the purpose of the IBMP meetings and had reviewed the IBMP meeting forms, it was at times difficult for them to fully follow the meetings. This was because it was often not clear which youth were being discussed when the agenda changed. Nevertheless, the research

team agreed that meeting participants engaged in rich conversation about all youths exhibiting behavior problems. Since the focus of the data collection was the youth with DD, the researchers found it was not time efficient to attend additional IBMP meetings since they were over quickly, and frequently focused largely on youth without DD. They instead decided to concentrate on the IBMP documents of youth with DD.

Review of Case Files

Data Source and Collection

The review of case files from IHTP meetings observed included 50 sample cases. All housing units at Central Juvenile Hall were represented by at least one case file. An initial sample of 79 youth with or suspected of having developmental disabilities was originally selected to review their Probation case files. Because these youth had already exited the juvenile hall and procedures for addressing the needs of the youth had changed somewhat, it was decided that a new sample of youth would be selected from the list of PDJ numbers of youth whose IHTP meetings the researchers had observed. A current sample of 50 youth was selected and submitted to Public Counsel so that the MDAs could be obtained from DMH. The sample includes 20 youth whose IHTP meetings were observed, and who reside in the specialized units (PQ, J, GCARE, BCARE, BESU, OMEGA). The remaining 30 youth in the sample are youth whose IHTP meetings were observed and who reside in unit RS.

For the sample of youth selected, data sources include: MDAs, IHTPs/Discharge Plans for the meetings attended by the researchers, IHTPs prior to discharge (or if the youth has not been discharged, the most recent IHTP), and IBMPs that occurred prior to the youth's IHTP attended by the researchers. Public Counsel facilitated the provision of all documents to the researchers.

Data Analysis

A coding form was designed so that the review of the documents would answer specific questions (Appendix D) which would help substantiate the strengths of the current process as well as the need for additional technical assistance. Two researchers rated the documents of ten youth cases using the coding sheet. They had 100% agreement on their rating of these documents. They then divided the remaining files and each individually rated the documents of 20 youth cases.

For each case, in addition to the rating of the documents in terms of the specified questions, demographic data were also gathered, which included the meeting date, unit, first date of IBMP, whether there were multiple IBMPs within each case, date of the MDA, date of the first IHTP, whether the first IHTP document was made available, and the date of the most recent IHTP.

Findings

IBMP. Demographic data revealed that 88% (n=44) of the sample only had one IBMP, which would be expected since, after the initial IBMP, youth would only continue to receive IBMPs if they were engaged in youth on youth violence. Overall, the sample of IBMPs analyzed revealed positive results. Ninety percent (n=45) of IBMPs were found to have goals that addressed the problem behaviors and contained interventions that used positive behavior supports.

Table 3.12: Ratings of Youth IBMP Documents

	Yes		No	
Questions	**n**	**%**	**n**	**%**
Does the goal address the Statement of Problem?	45	90%	5	10%
Does the intervention use positive behavioral approaches?	45	90%	5	10%

IHTP. One item on the review tool specifically asked to identify whether there was a connection between the obstacles on the MDA and the goals stated in the IHTP. Overall, the results were split between "Yes" 40% (n=20) and "Somewhat" 44% (n=22), with 16% (n=8) of files not having a clear connection between the obstacles and goals. The coders included the "Somewhat" option because some goals would have partial, incomplete, or weak connections to what the primary obstacles indicated. For example, one youth had primary obstacles that included difficulty managing anxiety and socializing with others; his difficulty of anxiety often manifested in the classroom and prevented him from completing tasks. It was also indicated that his anxiety could lead him to either isolate himself or associate with peers who had a negative influence on him. His goals, however, only partially addressed his needs. The Probation goal specifically mentions communicating with peers in a productive way. However, DMH and LACOE provided more generic goals of continuing with therapy weekly and work on assignments in class while avoiding restructures or referrals. At best, these goals indirectly address the youth's obstacles; likely, they are more generic goals that could use more specificity and direct mentions of the obstacles.

Next, we evaluated the measurability of short-term goals from Probation, DMH, and LACOE. We found that the vast majority (or in the case of Probation, all) of the short-term goals were found to be unmeasurable. Eighty percent (n=40) of DMH goals and 88% of LACOE goals were found to be unmeasurable. For example, many of the goals that each agency provided simply stated, "Youth will continue to participate in unit activities" or "Youth will complete classroom assignments with no referrals or restructures" or "Youth will continue to participate in weekly mental health sessions." Very few of these goals contained a timeframe (i.e., by next IHTP review, within 3 months, by discharge), a frequency (weekly or monthly points of measure) or an amount (reducing problem behaviors from 7-8 weekly to 2-3 weekly incidences).

We then evaluated whether there was a direct connection between the youth's stated obstacles and the integrated services that were being offered to assist the youth. If the connection between the obstacles and integrated services was missing a direct connection to a specific obstacle, it was evaluated as "partial" and the missing service was noted. More than half (n=27) of IHTPs we reviewed had a direct connection between the youth's obstacles and the integrated services offered. Forty-two percent (n=21) were marked as partial connections, with the following integrated services indicated as needed: anger management (n=1, 2%), gang intervention (n=5, 10%), and substance abuse (n=15, 30%). In these cases, either the integrated service indicated was unavailable or was missing in the IHTP document. Only one IHTP had no direct connection between the obstacles stated and integrated services that were being offered. In this particular case, the youth's obstacles included substance abuse issues, but there were no substance abuse services indicated in his IHTP. Rather, it recommended anger management and social skills services.

Our next step was to assess whether behavioral incidents described in multiple IBMPs were reflected in the IHTPs we reviewed. Our analysis revealed that for the most part, this was not something that occurred often or was not possible to be determined through the files alone. Only six youth had more than one IBMP in their files, and we found that 98% (n=48) of the files we looked at did not apply or did not have

enough information in them to make a determination of whether or not behavioral issues were reflected in the IHTP document.

Our results for the discharge plan analysis were, overall, very positive. Eighty-eight percent (n=44) of the youth's medical needs were described in the discharge plan, with only five plans containing partial medical information. An example of partially described medical information would be a youth who had vision and acne problems (for which he took medication), yet the discharge goal never mentioned these needs directly, only to be knowledgeable of prescribed medications, follow instructions for taking medications, and to stay current with pediatric appointments. More than half (n=28) of discharge plans contained a description of the youth's mental health needs, while more than a third (n=18) provided only partial information. For example, one youth's mental health needs included coping with the death of a close relative, fostering better pro-social skills with his peers, working on creating healthier boundaries with peers and staff, and managing his depressive symptoms. His mental health discharge goal specifically mentioned working on his depression and pro-social skills, but failed to address his need for creating boundaries and coping skills for dealing with the death of a close family member. For educational needs, we found that nearly three-quarters (n=37) of IHTPs contained adequate descriptions of the youths' needs and supports, with 22% (n=11) providing only partial information. While the partial information provided in the IHTP addressed specific needs of the youth (such as need for IEP placement evaluation, difficulty concentrating without structure, peer conflict, etc.), these needs did not transfer to the written discharge plan; most discharge plan goals were generic descriptions of attending school and earning full credits. Lastly, we looked to see if the youths' legal needs were adequately described in the discharge plan; we found that more than 80% (n=41) instructed the youth to "follow the conditions of probation," (which we considered an adequate level for this review), while six plans included only partial information. For the few partial cases, much of this was due to a lack of specificity in the plan in referring to unique issues that adult detainees face. Several youth had unclear legal futures pending court decisions, and this was not reflected in the discharge plan.

Lastly, we wanted to evaluate change over time with IHTP documents, evaluating whether there was evidence of follow-through over time. Our plan was to look at cases that had at least two IHTPs and compare what had changed. We found this task to be very difficult or not possible in 48 (96%) of the cases. A couple youth had only one IHTP included in their files, which made change over time impossible to determine. Two other IHTPs had specifically described change over time, indicating a change in Regional Center status, or a note typed in the "Additional Notes" section stating, "He is making some improvement, less isolation and a little more verbal communication." The remaining documents gave no indication or description of any change or follow-through over time.

Table 3.13: Ratings of Youth IHTP Documents

	Yes		Somewhat/Partial		No	
Questions	**n**	**%**	**n**	**%**	**n**	**%**
Is there a connection between obstacles on MDA and goals on IHTP?	20	40%	22	44%	8	16%
Are the short-term goals measurable - Probation?	0	0%	n/a	n/a	40	100%
Are the short-term goals measurable - DMH?	10	20%	n/a	n/a	40	80%
Are the short-term goals measurable - LACOE?	6	12%	n/a	n/a	44	88%
Is there a connection between the Integrated Services planned and youth's obstacles?	27	54%	21	42%	2	4%

Does the DP describe the youth's medical needs and supports?	44	88%	5	10%	1	2%
Does the DP describe the youth's MH/behavioral needs and supports?	28	56%	18	36%	4	8%
Does the DP describe the youth's educational needs and supports?	37	74%	11	22%	2	4%
Does the DP describe the youth's legal needs and supports?	41	82%	6	12%	3	6%

Discussion

A review of case file documents for the sample of 50 youth substantiated what was reported from the observation of IHTP meetings–IHTP goals contained in the plans, for the most part, are not being drafted as measurable. None of Probation's short-term IHTP goals were measurable and a high percentage of DMH's (80%) and LACOE's (88%) short-term goals were not measurable. Without measurable goals, it is difficult at best to chart improvement from one IHTP meeting to the next.

The observation of the IHTP meetings found a fair number of occurrences where the monthly IHTP goals were not connected to the obstacles specified for the youth. The review of case file documents was able to provide more light on this issue. Forty percent (n=20) of the case files reviewed showed a definite connection between the obstacles specified in the youths' MDAs and the goals in their IHTPs. Sixteen percent (n=8) showed no connection between the obstacles and the goals. The largest category, however, was 44% (n=22) where the goals were "somewhat" connected to the obstacles. In this category, the goals had partial, incomplete, or weak connections to the youths' primary obstacles. They were often quite generic (e.g., "Continue with therapy.").

In evaluating the connection between the IHTP goals and the integrated services specified, only one (2%) IHTP showed no connection between the goals and services to be provided. Fifty-four percent (n=27) of the youths' IHTP goals had a direct connection to the integrated services specified. Of the 42% (n=21) that had a partial connection, gang intervention and substance abuse services were the services identified as needed. One (2%) youth was not participating in any programs, so no obstacles were listed.
A problem identified in the IHTPs was that in 96% of the cases, it was not possible to determine whether there was change over time from one IHTP to a later one and particularly whether there was evidence of staff follow through related to the youth's needs. Part of the problem is that there is no place in the IHTP document to specifically designate what actions are to take place from one IHTP meeting to the next and chart if and when they have occurred.

The discharge planning largely showed positive results. Nearly 90% (n=44) of the youths' medical needs were described with sufficient specificity in the discharge plan. Over 80% (n=41) of discharge plans included descriptions of youths' specific legal needs. N early three-quarters (n=37) of IHTPs contained adequate descriptions of the youths' educational needs and supports. More than half (n=28) of the discharge plans contained a description of the youth's mental health needs. Nevertheless, there is a need for more specificity in the description of the youths' discharge needs, particularly in the area of mental health and education.

A review of the IBMPs found that a high percentage contain interventions connected to the youth's obstacles. However, 90% (n=44) of the sample only had one IBMP. Nevertheless, the IBMP goals addressed the problem behaviors and contained interventions that used positive behavior supports.

Interviews of Agency Personnel

Data Source

The researchers initially developed a list of staff to interview from Probation, DMH, LACOE, and JCHS from those who had attended IHTP meetings that they had observed. The list was then submitted to Public Counsel and DRC, and Probation Bureau Chief Sharon Harada, each of whom added to, specified correct titles, and refined the list. The researchers conducted 31 interviews with 14 Probation staff plus 4 additional Probation Field Officers, 8 DMH staff, 4 LACOE psychologists, and 1 JCHS representative.

Data Collection

The research team conducted 31 interviews between May and September 2014. Each interview took between thirty and forty-five minutes, and each was recorded electronically except for two where interviewees declined to have their interviews recorded. In addition to the recordings, the researchers took comprehensive notes during the interviews.

During the interviews, one researcher asked the questions that were developed by the research team and previously reviewed and added to by Public Counsel and DRC (Appendix E). Follow-up questions were asked as appropriate by the primary interviewer. The other researcher(s) attending the interview typically asked additional follow-up questions at the conclusion of the interview. Follow-up questions were asked primarily for purposes of clarification based on the responses of the interviewees. Recorded interviews were transcribed by a professional online transcription service and verified by one of the researchers. For the two interviews that were not recorded, one of the researchers prepared transcripts from the written notes; these transcripts were also verified by another researcher.

Data Analysis

Prior to reading the interview transcriptions (or notes where electronic recoding was denied), the researchers identified 34 likely codes, based on the topics of the interview questions and their observations of the IHTP meetings, for the purpose of categorizing relevant excerpts of the interviewees' responses.

These codes along with the transcriptions were entered into Dedoose, a web-based data analysis service. All three researchers read through and coded one to two transcriptions from the representatives of each agency. They then discussed their coding until they had attained a high rate of agreement. Interrater reliability for the several transcripts was calculated using an analysis feature in Dedoose that uses Cohen's kappa coefficient. Scores ranged between 0.70 to 0.74 between coders, indicating moderate to strong agreement.

The codes were subsequently refined and definitions of codes were agreed upon (Appendix F). The 30 revised codes were entered into Dedoose, and transcripts previously coded were then recoded using the refined list. After all transcripts were analyzed using the revised list of codes, two researchers then downloaded all the excerpts related to each code. Codes that were similar were then combined and became the themes and subthemes for this report.

Findings

This report focuses on four major themes, and subthemes under each theme, that provide the most fruitful information in identifying areas where technical assistance appears to be needed as well as for making recommendations to Public Counsel and DRC regarding how to improve the training, process, procedures, and documents related to the MDA, IHTP, or Discharge Plan.

Theme 1 - Strengths

All 31 responders were directly asked about the strengths of this multi-agency process through the following question: *Reflecting on the process for development of the MDA/IHTP/Discharge Plan, what do you feel are some strengths of this multi-agency process?* Responses focused on three main areas of strength: collaboration for the IHTP document/meeting, institutional processes, and strong individual staff members.

Sub-theme 1.1 - Collaboration for the IHTP document/meeting. More than two-thirds (n=21) of responders indicated that the IHTP process brought the key agencies (Probation, DMH, LACOE, JCHS) to the same table to provide a comprehensive picture of each youth, working toward a common goal of advocating for DD youth within Central Juvenile Hall. While a JCHS representative rarely attended an IHTP meeting, health information was discussed at the meetings. About half (n=15) of responders specifically noted that the IHTP process allowed for the sharing of information, where otherwise it would have been difficult. Many responders echoed the sentiments of a Probation supervisor, who felt that there is *"[a] lot to benefit from all of us being able to share information and to plan what's best for this youth and how to get them there."* Staff (n=8) also indicated that this process was strengthened by each other's ability to effectively communicate with one another. Several staff mentioned that they either called or were called by Probation staff before the scheduled IHTP meetings to discuss planning, progress, and other IHTP matters.

Sub-theme 1.2 - Institutional processes. The IHTP process as a whole was identified as a source of strength by three-quarters of staff (n=23) in terms of painting an accurate picture of each youth, helping staff better focus their efforts on supporting DD youth, and creating accountability measures for each participating agency. Several staff members (n=5) stated that the IHTP process "*brings the whole picture of this minor together… [it] just lets us see a more detailed picture"* of each DD youth. A LACOE representative summarized what many responders described in terms of the collaborative strength of the IHTP process and how it ultimately benefits the youth: "*I think it's really beneficial that we all collaborate so we all know what is happening, from Probation, DMH, Health Services, everyone is so, you know. And I think we do pretty well. I feel our relationship with one another is a good working relationship where we can call and, you know, share information with one another without issue. And that's key for the treatment of the student, I believe so, to know, you know, they may have this diagnosis or they may be taking this medication because for us in the school it helps to be able to know, kind of understand better."*

More than half (n=16) of staff stated that the process helps staff across agencies better support DD youth. One DMH clinician described how the implementation of this new process has helped shift institutional priorities and staff attitudes away from a more punitive mindset to one that focuses on rehabilitation and fostering positive and productive development among DD youth. He stated, *"You know the whole [process], so it's just really a whole change in mindset from you know how do we get everybody to not cause trouble and follow the rules versus how we all focus on what we need to do for this kid to help them be able to function successfully in the real world."*

Lastly, the IHTP process has helped foster a sense of accountability among many of the staff members. Several staff (n=6) mentioned that creating important timelines and requirements has increased participation and allowed the work for DD youth to be more comprehensive. As one Probation staff member explained: *"[T]he process itself, the flow of it, it's very comprehensive. There's accountability to timelines and participation from the bottom up and from the top down."*

Sub-theme 1.3 Strong individual staff members. More than a quarter (n=8) of staff members identified specific staff members within DMH and Probation whose participation, expertise, and efforts within the IHTP process is a great asset. One Probation staff mentioned that there is *"…one … [staff] in particular …[that]puts in so much extra, above and beyond what … [the staff] is actually required to do. So, I believe … [this staff member] does have a lot more expertise, because that's … [this staff's] main focus."*

Several staff members also identified another specific staff member as one of the strengths in the process. One commented, *"[The staff member] . . . continuously donate[s] doing booster trainings and going over with staff ways to address certain behaviors."*

Lastly, several of the responders identified what they term the "DD Attorneys" as sources of strength for the IHTP process. One Probation Supervisor stated, *"I think a great strength is the fact that the DD attorneys… we work so closely together. And sometimes we may disagree to agree, but in the end it's about that kid, and I think that's a huge strength for our Department that we have that great relationship with the attorneys because we're all here to make sure that Probation remains in compliance with these kids and make sure that we do identify those kids to make sure that they're getting the right services."*

Theme 2 - Training

Of the 31 interviews conducted, 30 responders addressed the theme of training. Specific questions in the interview protocol addressed the topic of training: *What kind of training did you receive so that you would know how to implement the information contained within the IHTP? Would you like additional training on implementing the IHTP? If yes, in what areas? If you have questions or concerns about something within the IHTP, whom do you turn to for clarification?* Responses were coded and arranged into the following areas: formal training, informal training, and suggested trainings.

Sub-theme 2.1 - Formal training. All Probation staff interviewed (n=18) reported receiving the Public Counsel and Disability Rights California - Developmental Disability ("DD training") formal training upon hiring. During this training, staff indicated that they reviewed the referral process for youth suspected of a developmental disability, including the different criteria for DD designation, the different age groups, and the necessary paperwork for ensuring proper DD identification and notification. Staff responses were mixed in regard to the depth of this formal training. Hall Probation staff indicated that *"everything is discussed, and they're shown the actual paperwork"* but *"it wasn't exactly writing it up; it was just pretty much an overview of what it is and stuff like that."* However, Field Probation officers reported that in addition to reviewing the forms, they were walked through the process of submitting an actual referral.

Of the 8 DMH staff interviewed, 3 explicitly referenced formal training in staff meetings. One clinician said there was no formal training on DD youth or the IHTP process, while the remaining four interviewees vaguely remembered receiving a training upon initial hire, but could not remember if the training was formal or required. All DMH staff the reported the need for more training.

LACOE and JCHS staff (n=5) reported never participating in the DD training. In fact, when asked specifically about any formal trainings received, a LACOE psychologist replied: *"I never received any formal training on what [the IHTP meeting] was or why we were doing it or what the purpose was. So it was kind of more, we go to these meetings and we share the information."*

Sub-theme 2.2 - Informal training. While Probation and DMH staff reported receiving the formal DD training, staff from all agencies reported receiving informal training in the form of support from a supervisor, on-the-job training, and past experiences. Probation, LACOE, and DMH staff reported relying upon their prior professional and educational experiences working with similar populations; DMH and LACOE staff utilized their trainings in social sciences and knowledge of developmental disabilities in general, while Probation staff mostly utilized prior work experiences. In addition to prior experiences, staff reported learning on-the-job as a major form of training. DMH clinicians and LACOE psychologists worked closely with designated Probation staff members with responsibilities for youth with DD (e.g., DDMCs, IBMP/IHTP Coordinator, etc.) and unit supervisors when they had a question about the IHTP process or procedures. Lastly, all Probation and DMH staff described being directly supported by their immediate supervisors as situations arose. Probation supervisors described the support they provide to line staff and the effort expended to provide on-the-job training to staff who work closely with the youth and who may not know the particular characteristics of the DD population. It should be noted however, that LACOE psychologists did not report this level of support from their own agency, relying instead on support from each other and designated Probation staff as it pertains to the IHTP.

Sub-theme 2.3 - Suggested trainings. Of the 30 responders on training, 24 spoke to the need for more training, with 6 responders specifically indicating that they would like trainings or *"refresher courses"* on a quarterly basis. Six staff felt they had sufficient training and knowledge in the identification and IHTP development of youth with developmental disabilities, and did not think further training for them was necessary. However, all six of these responders acknowledged the need for more training for line staff that implements the IHTPs.

Specific areas of desired training included:

- Implementation of the IHTP goals
- Differences between Regional Center criteria and Probation criteria for identification of a developmental disability
- Significance, purpose, and completion of specific forms (e.g., IHTP, IBMP, Discharge Plans)
- Behaviors of DD youth, including assessment, modification, and positive interventions
- Interagency collaborative trainings for youth with multi-agency involvement (e.g., crossover youth, etc.)
- Case-based problem solving trainings

Theme 3 - Weaknesses

All 31 interviewees were specifically asked about the program's weaknesses through the following question: *Reflecting on the process for development of the MDA/IHTP/Discharge Plan, what do you feel are some of the weaknesses of this multi-agency process?* Responses focused on four main areas of weakness: identification of DD youth, collaboration, discharge planning, and IHTP/IBMP meetings.

Sub-theme 3.1 - Identification of youth with DD. A prominent theme voiced among all 8 DMH and 4 LACOE staff interviewees addressed the incongruence between Probation's eligibility criteria for developmental disability and Regional Center's eligibility criteria. LACOE psychologists more often alluded to differences in Probation's criteria and special education criteria for the identification of a developmental disability: *"Cause you know, I'm a school psychologist. I know what it takes to identify this*

population. And there were several times this discussion is not congruent with this particular type of individual I'm used to servicing." DMH clinicians also expressed doubts about Probation's identification of youth with DD: *"I think there's a lot of misdiagnosis. I think it has to do with just not attending school. I've worked with kids with, you know, issues with processing, you know, cognitive processing issues, some memory stuff. Again, we've got kids who are addicts, you know, and when they're first assessed and alerted as having a disability... there's really no thought put into it. It's just boom-boom. They've failed the Regional [Center's] set of tests, they're DD. Now they're stuck here for six months."* A different DMH clinician summarized the impact of this identification process on the youth when she explains the following: *"They have no idea what the Regional Center is, but they've been told by Probation staff that they're newly identified. So these kids are not given an explanation of exactly what that means and then you've got a clinician, you know, meeting with a minor for the first time and having to kind of explain what the Regional Center is or what developmental disabilities are and then you don't even know what particular disability they're talking about. So it's not like I can explain to this kid, you know, 'Well you've been designated because you had a seizure disorder or because ... you're suspected to have autism.' I can't even like process that with the kid."*

While DMH and LACOE staff were the primary respondents on identification weaknesses, Probation staff commented on the impact of this DD designation, including the segregation in programming and housing, for those youth who may be misidentified: *"...when the Regional Center does find a youth ineligible, I know the DRC still wants us to monitor them. It's just hard 'cause I know there's been some parents who've had an issue with that. They don't want their child to be monitored or, they think they're being segregated...."* Additionally, both Field and Hall Probation staff commented on the difficulty of securing quality placements for youth with DD. A staff person responsible for placing youth with DD upon discharge reported, *"A lot of the Dev Dis minors end up being here a lot longer than the other minors do, being hard to place, or due to the stigma of having that diagnosis alerted and labeled. Now it's like, before, you could come in and, okay, kind of fly under the radar and get released to a placement. But now that it's like a big stamp across your forehead, a lot of places-whether it's written or not-I'm finding they're shying away from that. And I mean who are we to say, 'You can't,' or, 'Don't,' especially if that's not what they specialize in. For ones who do specialize in them, they take them. It's not a problem."*

Sub-theme 3.2 - Discharge planning. Along the lines of identification of DD impacting where these youth were ultimately placed, staff discussed other areas of discharge planning they felt to be a weakness in the overall process. Staff across agencies felt they had no idea about the effectiveness of their planning due to a lack of feedback on youth who have been discharged. One Probation staff person commented, *"I would love to see, okay, did they actually go through with it; what the minor says, 'Uh, that program sucks,' because right now, we're referring minors, but we don't have feedback on that. So some days, I feel like, okay, I'm just pushing papers without that actual feedback because we do these meetings over and over and they become really repetitive. Without that feedback, I don't know if it's even worth it."* In addition to the lack of feedback, staff also commented on the generic questions and nature of the discharge plan. Specifically, staff felt that the 3-day timeline for initial completion of the discharge plan was too short to develop a quality personalized plan.

Sub-theme 3.3 - IHTP Meetings. Several interviewees responded that IHTP meetings are too frequent to see change in a youth, causing the meetings to feel repetitive and counterproductive for the youth. One Probation staff person said: *"just watching how it affects the minors and how the information doesn't change as much as I think it probably would. Right now, we do every 30 days review which, when you have such a structured environment like this, every day is repetitive. Every day is the same thing. There's not much change in 30 days."*

Besides the frequency, staff commented that the scheduling of IHTP meetings also presented a problem because they are scheduled back to back on two days of the week, exclusively during the day, and during times of other agency meetings and trainings.

Sub-theme 3.4 - Collaboration. While staff across agencies commented on the positive aspects of collaboration, these same staff members also discussed the negative aspects of collaboration, including issues of confidentiality and missing stakeholders. Although the processes put in place by the Directive allow for the development of multi-agency teams, according to staff responses, each agency still operates within its own silo. LACOE, JCHS, and DMH staff reported feeling conflicted about the ability to share personal information (e.g., eligibility for special education, mental health diagnosis, etc.) about the youth, even in the IHTP meeting, avoiding any potential violations of privacy. One DMH clinician summarizes it as an area for improvement: *"When it comes to developing the IHTP, there's some information that legally we're not allowed to share with Probation nor LACOE. And, you know, from the same point of view, LACOE is not, you know, legally allowed to share some information. So, I think, you know, that's also an area of enhancement to consider. So, in the theoretical level, it may be integrated, you know, but when it comes to implementation again, because of all this legal, you know, requirements, we can cooperate, but not really."* A school psychologist echoed the same confusion: *"You know I think it's kind of a tricky thing just because my understanding is that there's some limitation about the information that the school can share with Probation. Like, specifically the student's eligibility. My understanding is that we're not really supposed to share the eligibility at that meeting, so it's kind of unclear what specific information is most pertinent for those meetings and what information is, kind of, information that should be confidential. Extremely confidential."*

Lastly, respondents indicated another weakness of the process as the inability to bring everyone to the table. Specifically, interviewees commented on the need to increase parental involvement, line staff involvement, placement and field Probation staff involvement, and Regional Center involvement in IHTP meetings: *"I think that more people should be involved [in the IHTP meetings]. Like I think the parents should be there. You know get the PO, the parent, the clinician, the school psychologist, ... or the teacher, ... the probation senior, and the Regional Center worker. Where are the Regional Center workers?"*

Theme 4 - Suggestions for improvement

Of the 31 interviews conducted, 27 responders addressed the theme of suggestions for improvement. There was one specific question that addressed this theme directly: *Do you have any specific recommendations for improving this process (i.e., the process of providing DD youth with a comprehensive plan that meets all treatment, training/educational, mental health, and other unique needs of the youth)?* However, many responders offered various suggestions for improvement throughout the interview outside of this particular question. Responses were coded and arranged into the following areas: reduce frequencies of meetings, shorten/condense IHTP form, and collaborate more with parents and/or community partners (i.e., Regional Center).

Sub-theme 4.1 - Reduce frequencies of meetings. Approximately a third (n=9) of responders suggested that there be a change in the frequency at which IHTP meetings were held; most (n=6) were Probation employees, with the rest (n=3) being represented by DMH. Each of the respondents indicated that they felt meetings were held too frequently to see and/or enact real change, and that 30 days was not enough time to see change in the youth. Responses often gave suggestions indicating it was not necessary for there to "*be one every month, although they [possibly referring to Disability Rights or Public Counsel] would like for us to see one every month*." The rationale was that many of the DD youth have longer stays, therefore they thought that a "*discussion over a month and a half, two months would be*

good, healthy discussion." Many responders were concerned that change could not be accurately reflected in a "*30-day timeframe*." Another responder suggested that after the initial 30-day review, that subsequent IHTP meetings be held every 60 or 90 days after that first review IHTP, while another different responder suggested quarterly meetings.

Sub-theme 4.2 - Shorten/condense IHTP form. Just under twenty-five percent (n=7) of responders indicated that they felt the IHTP document should be shortened or condensed in some way. All of these respondents emphasized how the document can be very long and cumbersome (20+ pages), which made it difficult to manage for many others, including Probation Officers and the youth themselves. One Probation employee described the IHTP as "*lengthy*" while a DMH clinician described much of the IHTP as "*redundant*" and "repetitive." A different DMH clinician suggested that the document be more "*succinct… [to make it contain] more useful information about the kid for the current team and for the team wherever the kid is gonna end up*." Two Probation employees suggested shortening the document to accommodate the lower attention spans of the youth in order to better engage them in the process.

Sub-theme 4.3 - Collaborate more with parents and/or community partners. More than two-thirds (n=21) of responders suggested that there be more collaboration with parents and various community partners, particularly with Regional Center. A little over a quarter (n=8) of responders specifically mentioned that they would like to see parents more involved in the process, even with the difficulties there are in getting parents to participate. Two responders indicated that they felt the department did not always make parent/guardian accessibility easy. For example, one responder, when asked what can make it difficult for active parent/guardian participation, replied, "*…sometimes their documentation is not current, so they may have an ID that is expired, they won't allow them to enter…I mean, ideally providing transportation would be ideal."* At least two responders, however, indicated that Probation does offer discount Metro passes to make the process easier.

Many staff also indicated that collaboration with other agencies, especially Regional Center, was a much-needed improvement for the process. Several (n=3) staff mentioned that Regional Center needed to be held more "*accountable*" for the services they provide the youth, especially ones they can provide while the youth is incarcerated. One of these staff stated: "*I would love to see the Regional Center people here. Just so we could pick their brain and get a little info that would be useful."* A DMH staff commented that there "*is no bridge. There is no one on the receiving end. Regional Center just kind of, you know, I don't know if they think they're not responsible until they're out of placement 'cause I think it's a payer issue*." Lastly, another staff remarked: "*Where are the Regional Center workers? [LAUGH] I'm not kidding I think I've been in one IEP that was about maybe a month or two ago and the Regional Center worker was actually there. I couldn't believe it. In the IEP. But they never come. We never know who they are*."

Discussion

Theme 1 - Strengths. From the interviews with 31 staff from Probation, DMH, LACOE, and JCHS, significant strengths in the MDA, IHTP, and Discharge process were reported. A high percentage of agency staff reported that the collaboration between agencies as well as the entire MDA, IHTP, Discharge Plan process is viewed as a major strength. They reported that they were able to compile a comprehensive picture of the youth and more effectively support them because of this process that requires that they collaborate with relevant staff from the other agencies housed at the juvenile halls. This collaboration occurs both at the IHTP meeting and outside the meeting. Some staff described the timelines related to the MDA, IHTP, and Discharge Plan process as helping to bring about the collaboration on behalf of the youth with DD. Contributing to effective supports for the youth with DD

were individual staff members from Probation and DMH, who were described as extremely knowledgeable, and willing to donate time to help staff improve services for the youth.

Theme 2 - Training. All Probation staff reported receiving the formal Developmental Disabilities Training provided by a Disability Rights California expert. Only 3 of the 8 DMH staff clearly indicated they had received the formal training and none of the LACOE or JHCS staff reported receiving this training. All DMH staff reported desiring additional training. LACOE staff indicated that training would be helpful to ensure that they fully understood the MDA/IHTP/Discharge Plan process rather than simply sharing information on the youth. Staff from each of the agencies, however, reported either having some prior knowledge, past experiences with youth with developmental disabilities, or on-the-job training that helped them participate in the MDA/IHTP/Discharge Plan process. While Probation and DMH staff described being directly supported by their supervisors when they had questions related to the process, LACOE staff did not report having this support within their own agency, and instead relied on each other or Probation staff.

Eighty-one percent (n=24) of interviewees indicated that more training was needed, with 19% (n=6) requesting "refresher courses" on a quarterly basis. Training was also requested for Probation unit staff members who implement the IHTPs. Areas of desired training included: eligibility criteria for identification of youth with DD and how and why the criteria across agencies may differ; review of the various forms (e.g., IHTP, DP, IBMP), how to complete them, and their significance; understanding, assessing, and modifying behaviors of youth with DD including positive interventions; implementation of IHTP goals; problem solving trainings focused on specific cases of youth; interagency trainings on serving youth with multi-agency involvement (e.g., crossover youth).

Theme 3 - Weaknesses. The interviewees reported weaknesses in various aspects of the MDA, IHTP, and Discharge Plan process. One area of concern had to do with the criteria being used to identify youth with DD by Probation and that it appeared to differ from that used by the Regional Center and in special education. DMH also expressed doubts about misdiagnosis. Additional concern was relayed about segregation in programming and housing of the youth within the juvenile hall who may be misdiagnosed. Furthermore, there was concern about youth who may be misdiagnosed in terms of securing quality placements and being placed expeditiously.

Another weakness noted by several interviewees was that IHTP meetings occurred too frequently to see changes in the youth and, therefore, the meetings tended to be repetitive. This problem may be related to the fact that the IHTP goals, for the most part, are not measurable and, therefore, quantitative data is not reported at the meetings to ascertain progress. Furthermore, there was concern expressed about scheduling of the meetings and the conflicts with other meetings and training. In addition, interviewees relayed their concern that, for the most part, missing from the IHTP meetings were parents, Probation line, field, and placement staff, and Regional Center representatives.

While collaboration was noted as a significant strength brought about by the multi-agency process established to better serve youth with DD, concern was also expressed during the interviews because each agency still operates separately. DMH, LACOE, and JCHS staff reported being conflicted and in some cases confused about their ability to share certain information deemed confidential by their own agencies (e.g., special education eligibility; mental health diagnosis).

Theme 4 - Suggestions for improvement. Eighty-seven percent (n=27) of the interviewees offered suggestions for improving the MDA/IHTP/Discharge Plan process. Twenty-nine percent recommended a reduction in the frequency of IHTP meetings claiming that 30 days was too short a timeframe to see change in youths' behaviors related to their goals. Recommendations for IHTP meeting timelines ranged from every 45 to 90 days after the first 30-day IHTP meeting. Twenty-three percent (n=7) of staff

interviewed also recommended that the IHTP form be shortened arguing that it was "repetitive" and "cumbersome" and was difficult for Probation Officers and youth to use. Almost 68% of those interviewed suggested that the parents of the youth should be involved in the IHTP meetings as well as community representatives, such as the Regional Center.

Interviews of Youth

Data Source and Collection

Youth interviews commenced in March 2015. To date, seven interviews have been conducted with youth who have returned to Central Juvenile Hall. These youth were identified from the monthly IHTP meeting schedules that contain basic identifying information, such as housing unit, meeting type (i.e., initial, review, review/initial), the name of the DMH clinician assigned to the youth, date of birth, and more. Approximately 2-3 youth were identified from these calendars each month. The researchers chose to focus on review/initial meetings to address Public Counsel's project goals of identifying practices and procedures that contribute to the successful transition back to the community, and thereby reducing recidivism.

Of the seven, three youth were discharged to suitable placement (SP) and four were released home on probation (HOP). Five youth were males residing in unit RS and two youth were female with one residing in GCARE and the other in Unit J (currently serving as Girls' Special Handling Unit). Five of the youth were Regional Center clients, and 2 were found ineligible. The ages ranged from 14 -18, with an average age of 16.67 years.

In addition to the youth who return to juvenile hall, the researchers will also interview youth who were discharged during the course of the study (August 2013 through September 2014), but who have successfully remained out of juvenile hall for six months or longer, and who are still actively monitored by Probation. The research team has identified 61 potential youth who fit these criteria, and efforts to locate these youth are currently underway. Results from the interviews with youth in the halls, as well as youth in the community will be examined to determine where and how discharge practices and procedures can improve. This report will be available once interviews are completed and data are analyzed.

Sample questions included: *Before you were released from juvenile hall the last time, did someone go over your discharge plan with you? Tell me what you thought about the discharge plan. Did you understand it? Agree with it? Plan to follow it? Did Probation provide any assistance to you once you left juvenile hall? Tell me about the relationship with your Probation officer. What do you think could have helped you make a better transition back to the community, and stay out of juvenile hall?*

Data Analysis

Preliminary analysis of the data reveal that youth do not know of the discharge plan as a document, but do report being told about the importance of enrolling in school; however, this related primarily to being told it was a condition of probation, and if not followed, would result in a violation. When probed about other needs such as individual counseling and group therapy, differences emerged between youth who went to placement versus youth who were sent home on probation (HOP). The four youth who were HOP did not receive counseling services (e.g., individual or group therapy), although it was a recommendation in the discharge plan, and all three are Regional Center clients. Further analysis is necessary and will continue as more interviews are completed.

Provision of Technical Assistance

Purpose

The purpose of providing technical assistance is to improve the quality, as needed, of the MDA, IBMP, IHTP, and Discharge Plan procedures and process in order to reduce harmful behavior of the youth and improve their functioning.

Recommendations for Technical Assistance

Based on the analysis of the data collected from the observation of the IHTP meetings, interviews with Probation, DMH, LACOE, and JCHS staff, review of case file documents of youth, and preliminary findings of youth interviews, we make the following recommendations:

- Over-identification of DD Youth
    - Address agency staff concerns regarding the over-identification of youth with DD, the possible negative consequences of identifying youth as DD (e.g., housing segregation in the juvenile hall, difficulty finding placement in the community), and how and why the criteria for identifying individuals as DD may differ across agencies
    - Provide training on the different definitions and criteria for identifying youth with DD (e.g., used by the Regional Center, special education, mental health) to all agency staff who attend IHTP meetings
    - Review the policy regarding maintaining youth in the juvenile hall as DD when they have been denied Regional Center eligibility (particularly multiple times), including the adoption of a process for reviewing these cases.
    - Review services that youth have access to (or do not have access to) on the various housing units for youth with DD

- Measurable IHTP Goals and Reporting Progress
    - Provide training to agency staff who attend IHTP meetings on
        - Writing and reporting measurable IHTP monthly attainable goals that are connected to youth obstacles
        - Collecting baseline data and reporting progress on goals

- Assessment and modification of behavior using positive interventions
    - Provide training to DMH and other relevant agency staff on
        - Collecting relevant assessment data on behavior of youth with DD
        - Using positive interventions to change behavior
    - Engage LACOE school psychologists as a resource on implementing positive behavior supports and interventions

- Implementation of IHTP goals
    - Train Probation staff on the units that house youth with DD on how to implement IHTP goals and collect relevant data to determine progress on the goals

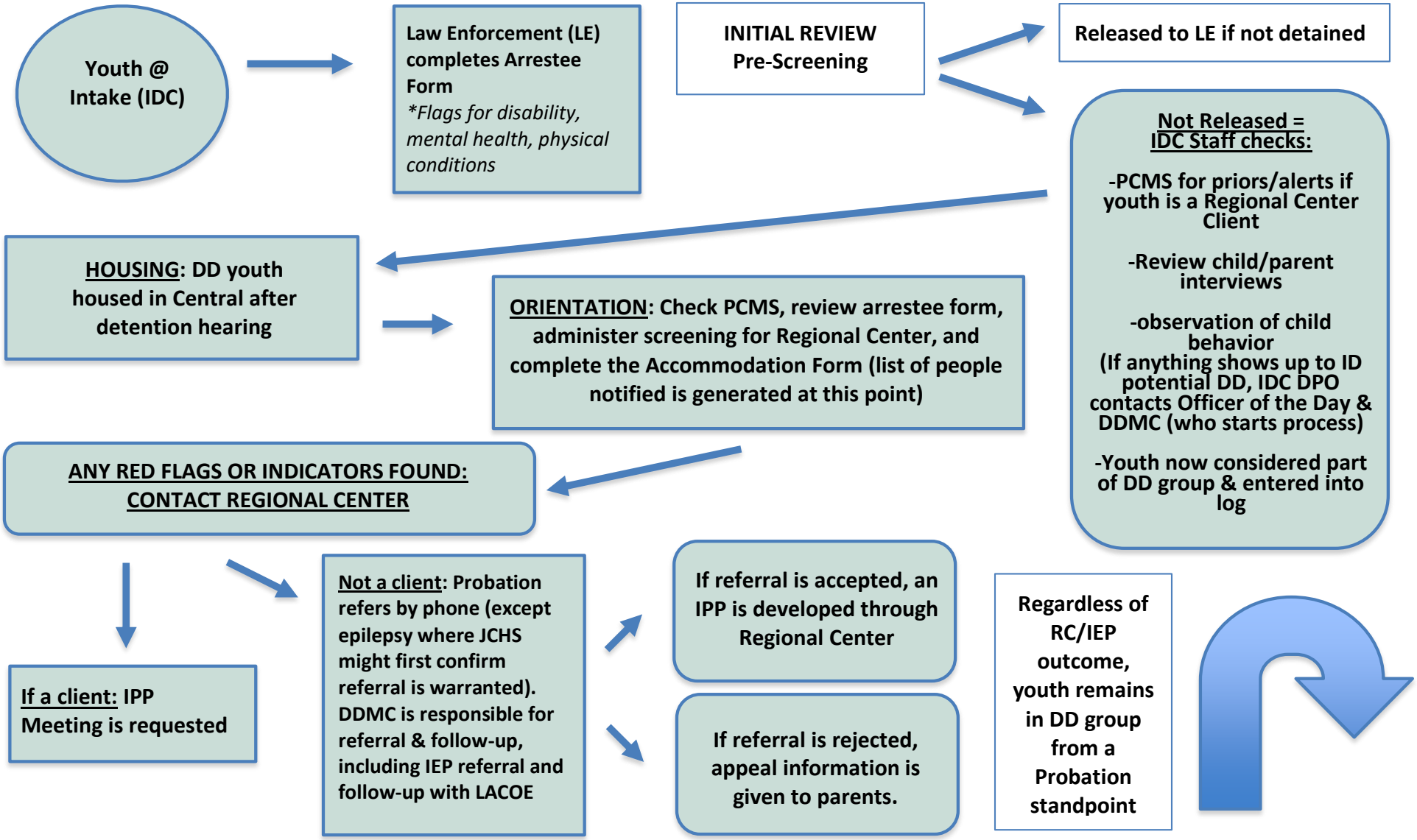
- Review various forms (e.g., IHTP, DP, IBMP) with relevant agency staff and the possibility of streamlining the forms
    - Provide training to LACOE and other relevant agency staff on the significance of the forms and how to complete them accurately
    - Consider revising the IHTP form so that:

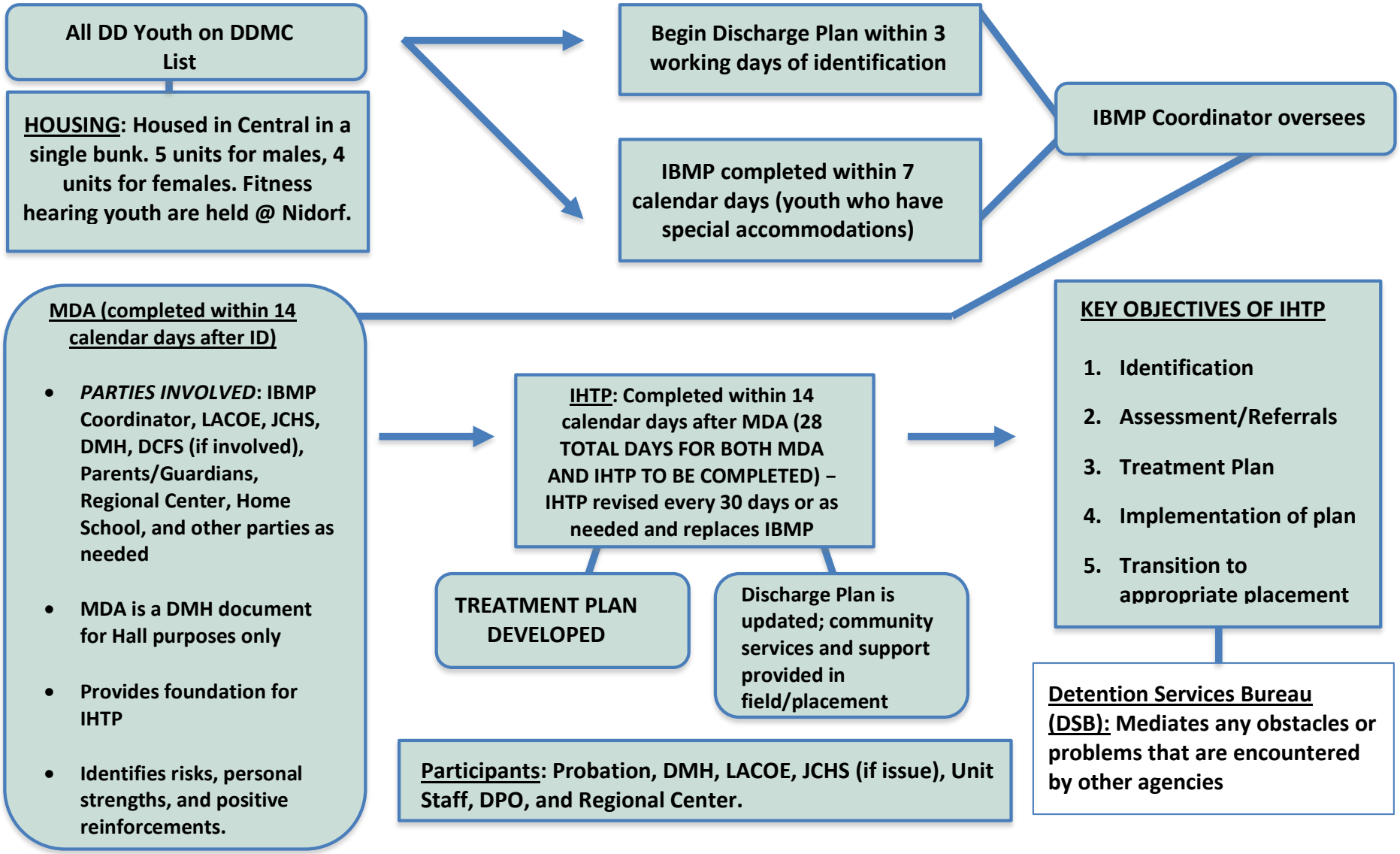
        - The youth's obstacles do not have to be described in three separate sections (i.e., Part I List the minor's strengths and resources and primary obstacle …; Part II Primary Obstacles To Stability an Habilitation; and Suggested Strategies to Avoid Challenging Behaviors …)
        - Under the section labeled Suggested Strategies To Avoid Challenging Behaviors Identified in the MDA, it should be made clear that the youth's challenging behaviors should specify baseline behaviors and be described in measureable terms including the specific conditions under which the behaviors occur (e.g., Minor hits other minors twice a day when he perceives other minors use disrespectful language toward him.)

- Problem solving specific cases of youth
    - With IHTP agency staff, identify specific types of cases of youth with DD, including those dually involved with Probation and Child Welfare, for problem solving sessions with a facilitator

- Discharge Planning and Transition
    - Identify a process for ensuring that youth with DD are aware of and agree with their discharge plans, not only with the conditions of probation
    - Collect periodic information on the success of discharge planning for individual youth with DD who returned to the community

Appendix A


Youth @ Intake (IDC)
Law Enforcement (LE) completes Arrestee Form
*Flags for disability, mental health, physical conditions
INITIAL REVIEW Pre-Screening
Released to LE if not detained
Not Released = IDC Staff checks:
-PCMS for priors/alerts if youth is a Regional Center Client
-Review child/parent interviews
-observation of child behavior
(If anything shows up to ID potential DD, IDC DPO contacts Officer of the Day & DDMC (who starts process)
-Youth now considered part of DD group & entered into log
HOUSING: DD youth housed in Central after detention hearing
ORIENTATION: Check PCMS, review arrestee form, administer screening for Regional Center, and complete the Accommodation Form (list of people notified is generated at this point)
ANY RED FLAGS OR INDICATORS FOUND: CONTACT REGIONAL CENTER
If a client: IPP Meeting is requested
Not a client: Probation refers by phone (except epilepsy where JCHS might first confirm referral is warranted). DDMC is responsible for referral & follow-up, including IEP referral and follow-up with LACOE
If referral is accepted, an IPP is developed through Regional Center
If referral is rejected, appeal information is given to parents.
Regardless of RC/IEP outcome, youth remains in DD group from a Probation standpoint


All DD Youth on DDMC List
HOUSING: Housed in Central in a single bunk. 5 units for males, 4 units for females. Fitness hearing youth are held @ Nidorf.
Begin Discharge Plan within 3 working days of identification
IBMP completed within 7 calendar days (youth who have special accommodations)
IBMP Coordinator oversees
MDA (completed within 14 calendar days after ID)
PARTIES INVOLVED: IBMP Coordinator, LACOE, JCHS, DMH, DCFS (if involved), Parents/Guardians, Regional Center, Home School, and other parties as needed
MDA is a DMH document for Hall purposes only
Provides foundation for IHTP
Identifies risks, personal strengths, and positive reinforcements.
IHTP: Completed within 14 calendar days after MDA (28 TOTAL DAYS FOR BOTH MDA AND IHTP TO BE COMPLETED) – IHTP revised every 30 days or as needed and replaces IBMP
TREATMENT PLAN DEVELOPED
Discharge Plan is updated; community services and support provided in field/placement
Participants: Probation, DMH, LACOE, JCHS (if issue), Unit Staff, DPO, and Regional Center.
KEY OBJECTIVES OF IHTP
1. Identification
2. Assessment/Referrals
3. Treatment Plan
4. Implementation of plan
5. Transition to appropriate placement
Detention Services Bureau (DSB): Mediates any obstacles or problems that are encountered by other agencies

Appendix B

Comparison of Unique Youth with No SHU Episode (N=170) and Unique Youth with at Least One SHU Episode (N=100)

	Type of Youth		SHU Episode by Interval		
	No SHU (N=170)	**SHU (N=100)**	**1 Episode (N=38)**	**2-4 Episodes (N=37)**	**5+ Episodes (N=25)**
Gender					
Male	144 (85%)	94 (94%)	35 (92%)	37 (100%)	22 (88%)
Female	26 (15%)	6 (6%)	3 (8%)	---	3 (12%)
Characteristics					
Open DCFS Case	32 (19%)	20 (20%)	6 (16%)	9 (24%)	5 (20%)
Found Incompetent	10 (6%)	16 (16%)	4 (11%)	5 (14%)	7 (28%)
IEP	125 (74%)	96 (96%)	36 (95%)	35 (95%)	25 (100%)
Regional Center Status					
Current Client	66 (39%)	59 (59%)	20 (53%)	20 (54%)	19 (76%)
Ineligible	20 (12%)	20 (20%)	9 (24%)	8 (22%)	3 (12%)
Evaluation Pending	84 (49%)	21 (21%)	9 (24%)	9 (24%)	3 (12%)
Recidivism					
Sustained Charge	35 (21%)	25 (25%)	4 (11%)	9 (24%)	12 (48%)
Sustained Violation	23 (14%)	21 (21%)	7 (18%)	4 (11%)	10 (40%)

Appendix C

Codebook - IHTP Observations
1= present, occurred in meeting
0= not present, not applicable

Excel Column	Probation	
K	UMGP	Unmeasurable goals (Probation)
L	NSTG	No short-term goals
M	NLTG	No long-term goals mentioned
N	LTGU	Long-term goals unavailable
O	GNCO	Short-term goals not connected to obstacles
P	STLT	Short-term goals not directly connected to long-term goals
Q	MMP	Missing members (Probation)
R	MIP	Missing information (Probation)
S	DIPP	Discrepancy in program participation (e.g., no ART or Paxton/Patterson)
T	PDP	Power dynamics (Probation)
U	POM	Pace of meeting (1=issues with pace, 0=no issues)
V	FFTP	Failure to follow-through (Probation)
W	LYI	Limited youth involvement
X	YII	Youth input issues
Y	DPMG	Discharge Plan: Missing goals
Z	DPNC	Discharge Plan: No connection to need(s) stated in meeting
AA	DPSI	Discharge Plan: Supports not appropriately identified/stated
AB	SGMI	Staff give meaningful input
AC	YIS	Youth input sought
AD	EYPP	Able to engage youth to participate (Probation)

AE	SFT	Staff followed-through from previous meeting
AF	SISF	Staff input sought by facilitator
AG	POMI	Pace of meeting ideal
AH	ESY	Emotionally supportive of youth
AI	DPD	Diffuse power dynamics
AJ	AAL	Age-appropriate language

Field Probation (Includes DCFS placement)

AK	IAFB	In attendance (Field)
AL	MIF	Missing information (Field)
AM	FFTF	Failure to follow-through (Field)
AN	LCYF	Limited contact with youth prior to release (Field)
AO	PDF	Power dynamics (Field)
AP	APF	Attend in-person (Field)
AQ	PIF	Provide info on family/parent (Field)
AR	CVIF	Contribute valuable information (Field)
AS	RSDF	Recommend services/discharge programs (Field)
AT	TDYF	Talks directly with youth (Field)

Placement Probation

AU	IAP	In attendance (Placement)
AV	MIPP	Missing information (Placement)
AW	FTPP	Failure to follow-through (Placement)
AX	LCYP	Limited contact with youth (Placement)
AY	PDPP	Power dynamics (Placement)

AZ	AIPP	Attend in-person (Placement)
BA	PIP	Provides info on family/parent (Placement)
BB	CVIP	Contributes valuable information (Placement)
BC	RSDP	Recommends services/discharge programs (Placement)
BD	TDYP	Talks directly with youth (Placement)
	DMH	
BE	UMGD	Unmeasurable goals (DMH)
BF	GNCD	Goals not connected to obstacles (DMH)
BG	SNCG	Strategies not connected to goals/obstacles
BH	MMD	Missing members (DMH)
BI	MIGD	Missing information: Goals (DMH)
BJ	ONS	Obstacles not stated
BK	PDD	Power dynamics (DMH)
BL	FFTD	Failure to follow-through (DMH)
BM	TDYI	Therapist dismissive of youth input
BN	YRT	Youth resistant to therapy
BO	HMMY	Hasn't met with minor yet
BP	GMII	Give meaningful/insightful input
BQ	YISD	Youth input sought (DMH)
BR	FTPD	Follow through from previous meeting (DMH)
BS	ISPS	Input sought from Probation staff
BT	EYTP	Able to engage youth to participate
BU	SA	Strong advocate

	LACOE	
BV	UMGL	Unmeasurable goal (LACOE)
BW	GNCL	Goals not connected to obstacles/needs (LACOE)
BX	MML	Missing member(s) (LACOE)
BY	MII	Missing information: IEP
BZ	MIC	Missing information: Credits
CA	MISR	Missing information: School records
CB	ICP	Incorrect/inappropriate class placement
CC	HGNP	HS/GED/18+ No program
CD	PUNE	Programs unavailable/no evidence of participation (e.g. Paxton, READ 180, credit recovery
CE	PDL	Power dynamics (LACOE)
CF	FFTL	Failure to follow-through (LACOE)
CG	GMIL	Give meaningful insight/input (LACOE)
CH	YISL	Youth input sought (LACOE)
CI	EYPL	Able to engage youth to participate (LACOE)
CJ	FTPL	Follow-through from previous meeting (LACOE)
CK	ISAL	Input sought from other agencies (LACOE)
CL	III	Integrated IEP information into IHTP
	JCHS	
CM	UMGJ	Unmeasurable goal (JCHS)
CN	MMJ	Missing member (JCHS)
CO	HISY	Health information supplied by youth
CP	HISP	Health information supplied by Probation

CQ	HISD	Health information supplied by DMH
CR	PUHC	Previously unknown health condition
CS	ILT	Inadequate/lack of treatment for issue
CT	FFTJ	Failure to follow-through (JCHS)
	Regional Center	
CU	MMR	Missing member (RC)
CV	NHFP	Not helpful in finding placement
CW	RCD	Regional Center delays
CX	CLFT	Concern of lack of follow-through from Regional Center
	DCFS	
CY	MMWN	Missing member (when needed)
CZ	MIPF	Missing information: Placement details/feedback
DA	MIPD	Missing information: Placement decision
DB	MISD	Missing information: Status of DCFS case
DC	IFOP	Issues with finding/obtaining placement
	Courts/Other	
DD	CRUU	Competency ruling unclear or unknown
DE	OPD	Ordered placement but delayed for some unknown reason
DF	POE	Placement options seemingly exhausted
DG	OCP	Ordered camp placement but can't attend due to DD label
DH	NPIA	No programs/infrastructure available for adult inmates
DI	UCC	Unclear on conservatorship

Appendix D

PDJ#
Obs Mtg
Mtg Purpose
Unit
1st IBMP
MultIBMP
MDA Date
1st IHTP
1st Present
Last IHTP

- IBMP: Does the goal address the Statement Of Problem? (YES, NO)
- IBMP: Does the intervention use positive behavioral approaches? (YES, NO)
- MDA: Is there a connection between obstacles on MDA and goals on IHTP? (YES, SOMEWHAT, NO)
- IHTP: Are the short-term goals measurable - Probation? (YES, NO)
- IHTP: Are the short-term goals measurable - DMH? (YES, NO)
- IHTP: Are the short-term goals measurable - LACOE? (YES, NO)
- IHTP: Is there a connection between the Integrated Services planned and youth's obstacles? (YES, NO, PARTIAL)
- If above question is "partial" then indicate what is missing (e.g., drug intervention, gang intervention)
- **IHTP/IBMP** (only for more than 2 IBMPs) Are behavioral incidents described in
- IBMP documents reflected in IHTPs? (YES, NO, SOMEWHAT)
- DP: Does the DP describe the youth's medical needs and supports? (YES, NO, PARTIAL)
- DP: Does the DP describe the youth's MH/behavioral needs and supports? (YES, NO, PARTIAL)
- DP: Does the DP describe the youth's educational needs and supports? (YES, NO, PARTIAL)
- DP: Does the DP describe the youth's legal needs and supports? (YES, NO, PARTIAL)

- **2 IHTPs ONLY** Is there evidence of follow-thru over time (e.g., referral to services/programs, response to actions taken, etc.)? (YES, NO, PARTIAL, CAN'T BE DETERMINED)

Appendix E

INTERVIEW QUESTIONS FOR STAFF

A. Development/Revision of Documents

1. Which of the following documents are you involved in developing or revising: MDA, IBMP, IHTP, and/or Discharge Plan?
2. What is your role in developing these documents?

For Only DMH Staff

3. What sources of information do you rely on in developing the MDA? How do you obtain this information?
4. What other information do you think would be useful in developing the MDA?

For IBMP/IHTP Coordinator

5. What training have you received regarding writing measurable IBMP and IHTP goals?
6. How comfortable are you in identifying interventions so that youth will attain their IHTP goals?

For All Staff

7. What do you see as your role at the IHTP meetings?
8. What information do you provide about the DD youth?
9. How often do you attend IHTP meetings?
10. How is it determined whether you attend?
11. What sources of information do you rely on in helping to develop/revise the IHTP?
12. What other information do you think would be useful in developing/revising the IHTP?

For staff involved in developing/revising the Discharge Plan

13. What sources of information do you rely on in helping to develop/revise the Discharge Plan?
14. What other information do you think would be useful in developing/revising the Discharge Plan?

For All Staff

15. What is your understanding of how the MDA, IHTP, and Discharge Plan relate to each other?
16. What is your understanding of how the IHTP and Discharge Plan should be updated and modified over time in response to changes in the youth's behavior, availability of new information, and other factors?
17. Do you feel the decision-making process for the IHTP/Discharge Plan is a collaborative effort? How so?

B. Implementation of Documents

IHTP

18. Are you involved in implementing the IHTP? If so, what is your role? If no, which staff members are involved in its implementation?

For Only Staff Involved in IHTP Implementation

19. On an ongoing basis, do you find it easy or difficult to implement the goals, objectives, and suggested strategies contained within the IHTP? What makes it easy or difficult to implement?
20. What kind of training did you receive so that you would know how to implement the information contained within the IHTP?
21. Would you like additional training on implementing the IHTP? If yes, in what areas?
22. If you have questions or concerns about something within the IHTP, whom do you turn to for clarification?

Discharge Plan

23. Would you describe how Probation deals with a DD youth's discharge?
24. Are you involved in implementing the Discharge Plan? If yes, what is your role? If no, which staff members are?
25. How does the Discharge Plan get implemented?
26. What makes it easy or difficult to implement?

C. Strengths/Weaknesses

27. The purpose of the IHTP is to provide DD youth detained in juvenile hall with an integrated, comprehensive plan that provides all treatment, training/educational programs to meet the unique needs of the youth and that are provided by Probation and collaborative partners. The reason for providing this plan is to teach skills to enable the youth with DD to approximate the patterns of everyday living of those without disabilities. Do you think this goal is being accomplished? Why or why not?
28. Reflecting on the process for development of the MDA/IHTP/Discharge Plan, what do you feel are some strengths of this multi-agency process? Weaknesses?
29. Do you have any specific recommendations for improving this process?

D. Integration

30. Which of the following documents do you have access to: MDA, IHTP/Discharge Plan?
31. Is the information provided in the documents you have access to (i.e., MDA, IHTP/Discharge Plan) easily integrated within other agency plans, such as Regional Center referrals/reports, IEP, Mental Health treatment plans, etc.?

E. Unit Programming

32. How do you feel about the programs available on the unit for DD youth? Are there any programs that you feel are needed?

Appendix F

Code	Code Meaning	Interview Question #
Attendance	Attendance at meetings (IHTP/IBMP)	9, 10
Collaboration	Agencies working together	17
Desirable/Alternate Sources of Info – DP	Other info not currently being used for DP	14
Desirable/Alternate Sources of Info – IHTP	Other info not currently being used for IHTP	12
Desirable/Alternate Sources of Info – MDA	Other info not currently being used for MDA	4
Discharge Challenges	Obstacles in placement, tracking, etc. related to discharge	26
Discharge Process	Before, during, after discharge from detainment	23, 24
Fidelity to Directive	Timelines, knowledge & implementation of policy and procedures, alignment/misalignment, understanding/misunderstanding of Directive principles	27
Identification	Issues related to identification of DD minors	NDQ
Implementation – DP	Involvement in implementation of the DP	24, 25, 26
Implementation – IHTP	Involvement in implementation of IHTP in various settings	18, 19, 20
Integration with Other Plans	Similarity/differences between other agency plans (e.g., IEP, IPP, MDT, etc.)	31
Power Dynamics	One agency/person exerting more influence over the process/people	NDQ
Programming Needs	Recommendations for programs on the unit	32*
Programming Strengths	Aspects of unit programming that are successful	32*
Relationship between Documents	Relationship between MDA, IHTP, DP	15
Revision – DP	Revisions to the DP (why, how, frequency, etc.)	13, 16
Revision – IHTP	Revisions to the IHTP (why, how, frequency, etc.)	11, 12, 16
Revision – MDA	Revisions to the MDA (why, how, frequency, etc.)	16
Role: Documents (MDA, DP, IHTP)	Role in the preparation of MDA/DP/IHTP documents; job responsibilities	2
Role: IHTP Mtg	Role in the IHTP mtg; job responsibilities	7, 8
Sources of Info – DP	Current sources of info for completing the DP	13

Sources of Info – IHTP	Current sources of info for completing the IHTP	11
Sources of Info – MDA	Current sources of info for completing the MDA	3
Strengths of Process	Noted strengths of multi-agency process	28
Suggestions for Improvement	Recommendations for improving any aspect of the program	29
Support	Sources of support	22
Training	Training(s) received; suggestions for training	5, 20, 21
Weakness of Process	Noted weaknesses of multi-agency process	28
Youth Input/Level of Participation in IHTP	Youth involvement	NDQ

NDQ= not directly queried; look for this to occur anywhere in the interview
32* = question added to the interview protocol: How do you feel about the programs available on the unit for DD youth? Are there any programs you feel they need?