



Outcome Evaluation of Calcasieu Parish's Multi-Agency Resource Center (MARC)

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EXECUTIVE SUMMARY

Calcasieu Parish, Louisiana is increasingly being recognized as a leader in juvenile justice reform. When working with both youth who have been charged with an act of delinquency—an offense that would be considered a crime if committed by an adult—as well as those who have been charged with a status offense—non-criminal behaviors such as running away or chronically skipping school (locally referred to as Families in Need of Services, or FINS), Calcasieu strives to respond to youth in need without drawing them further into the system.¹

Through funding from the MacArthur Foundation’s *Models for Change* initiative, and following an intensive planning period, in 2011 Calcasieu launched the Multi-agency Resource Center (MARC)—a centralized point of intake for FINS and delinquency cases, housed under the Office of Juvenile Justice Services (OJJS). The MARC is based on the philosophy that providing effective prevention and intervention services to youth and families as early as possible greatly increases the potential to impact their lives positively and divert them from a path of serious delinquency down the road. It was designed with two main purposes in mind: (1) to link youth and families to services in the community that can most directly address their needs; and (2) to facilitate timely access to those services. The Vera Institute of Justice (Vera) conducted an outcome evaluation to determine if the existence of the MARC has contributed to better overall system functioning. The evaluation was guided by the following research questions:

1. Are youth who are referred to services by the MARC more likely to be successfully diverted when compared to similar youth who went through the system prior to the MARC’s existence? Relatedly, is there evidence that the MARC may be contributing to net-widening, or bringing more youth into the juvenile justice system?
2. How well are youth, once assessed for needs at the MARC, subsequently referred to appropriate services based on these needs?
3. Did the implementation of the MARC contribute to an increase in the speed of service delivery and overall case processing for young people?

The evaluation findings outlined in this report include, but are not limited to, the following:

- ✓ Young people who went through the system after the MARC was implemented were less likely to return than those who experienced the system prior to the MARC;
- ✓ Fewer FINS referrals are entering the system;
- ✓ There is no evidence of a net-widening effect;

¹ Status offenders are children who are not committing crimes, but are chronically misbehaving: missing school, running away, or simply acting out to such a degree that their parents cannot control them. When we talk about status offenders holistically, we are not only referring to children, but also to families who are in crisis and need help. In Louisiana, these cases are known as FINS.

- ✓ Since the implementation of the MARC, there has been a significant decrease in case processing times.
- ✓ There appears to be a gap between the goals (or needs) indicated by the JIFF assessment instrument and the services received by youth, with some needs resulting in more apparent matches to services than others.

The first four findings above illustrate the positive and laudatory impact of the MARC on system diversion and case processing. The last one is more complicated and is likely part of the natural growing pains that come with introducing a new assessment instrument and striving to both conduct and document needs-based service referrals. As is always the case with a new and ambitious reform effort, this finding simply indicates there is room for further exploration and refinement.

INTRODUCTION

Though Calcasieu Parish has exhibited great success in diverting youth from the deeper end of the juvenile justice system, local officials continue to look for ways to enhance and improve how they work with young people and families. In 2011, through funding from the MacArthur Foundation's *Models for Change* initiative, Calcasieu launched the Multi-agency Resource Center (MARC) to (1) to link youth facing potential status offense (locally referred to as FINS) or low-level delinquency charges and their families to services in the community that can most directly address their needs; and (2) to facilitate timely access to those services. As part of the *Models for Change* National Resource Bank (NRB), the Vera Institute of Justice (Vera) was asked to conduct an outcome evaluation to determine if the existence of the MARC has contributed to better overall system functioning.

This report presents the findings from the evaluation. Prior to the discussion of what was discovered through our analysis of the MARC's process and practice, the report includes a description of the juvenile justice system in Calcasieu, with a particular focus on the conceptualization and implementation of the MARC. The report then outlines Vera's evaluation methodology, describes the research sample, reveals key research findings, and offers some recommendations for how the findings can be used on the ground to bolster and enhance the MARC's practices.

BACKGROUND

For over a decade, Calcasieu Parish has implemented progressive juvenile justice practices and tailored their response to system-involved youth to include more rehabilitative and community-based approaches. In 2000, the parish adopted the national Juvenile Detention Alternatives Initiative (JDAI) model and in 2007 the parish became one of five Louisiana sites to be selected to participate in the *Models for Change* initiative.

As a result of numerous local policy and practice changes, the number of system-involved youth who are removed from their families and homes has dropped dramatically and at no cost to public safety.² Between 2003 and 2010, admissions to secure detention (equivalent to jail in the adult context) decreased by 50 percent (from 31 to 17); and between 2003 and 2013, admissions to state custody (equivalent to prison in the adult context) decreased by 36 percent (from 40 to 11). These sharp decreases in formal juvenile justice involvement are due largely to Calcasieu's adherence to a local fundamental philosophy—youth and families are best served when provided with individually tailored, community-based services. This philosophy has gone hand in hand with the development of a range of diversion and intervention options that hold youth accountable for problematic behavior, promote youth improvement, and keep communities safe and families intact.

² Annie E. Casey Foundation, Annual Report, 2012.

<http://www.aecf.org/MajorInitiatives/JuvenileDetentionAlternativesInitiative/Resources/JDAI/2012/Winterpercent202012/Featurepercent20Stories/JDAIpercent20practicespercent20maypercent20easepercent20flowpercent20ofpercent20committedpercent20youth.aspx>

The MARC

While Calcasieu was proud of its juvenile justice reform efforts, local leaders recognized that more could be done. Early on in its work with *Models for Change*, the parish closely examined its case processing for FINS and delinquency cases. It found that the average length of time between the point in which a youth arrived to the OJJS and then received a service referral was much longer than desired. This was considered to be largely due to the youth bouncing from one agency to another before they finally hit intake. Based on this examination, the parish set out to develop and implement an assessment center to improve the system's response and service delivery. The MARC is the product of an 18-month, multi-agency planning effort undertaken by OJJS, the local Children and Youth Planning Board, and the Calcasieu Parish Police Jury. The planning group sought to develop an assessment center that would adopt national best practices and adhere to the goal of providing a needs-based response to at-risk youth. Planning Board members conducted site visits to a number of assessment centers across the country in order to get a sense of how different models operate, understand both the strengths and weaknesses of the various models, and ensure that Calcasieu's assessment center was informed by the national field while reflective of the parish's local needs and goals.

In the spring of 2011 the MARC opened its doors. Drawing on the availability of community-based resources and services, as well as the collaborative nature of the system, the MARC aims to provide an enhanced response to FINS and delinquency cases, while serving a diversionary role of keeping youth out of the system and in their communities whenever possible. As such (and as noted earlier), the center was designed with two main purposes in mind: (1) to link youth to services in the community that can most directly address their needs; and (2) to facilitate immediate access to these services. These purposes are achieved, in turn through three core components. The first is a walk-in intake policy for all cases, regardless of their referral source, which eliminates the gap that previously existed between referral and intake. The second is comprehensive on-site assessment, designed to ensure that youth and family service plans are informed by the needs they actually have. The third is immediate referral to services themselves once needs are identified.

In order to fully understand the outcome evaluation findings, this section will discuss how the MARC was designed to operate. With that in mind, in this section we provide a brief overview of the MARC process. It should be noted that because the MARC provides assistance to a range of youth and families in Calcasieu Parish—not just those involved in the juvenile justice system—the manner in which youth are processed can look different for different types of case. Specifically, the process varies by the source of the referral to the center. Broadly, referrals can be divided into two categories—delinquency referrals from law enforcement, and other referrals from families, walk-ins, community agencies, and schools (including FINS referrals). In this section we describe the MARC process—as designed—for each of these two categories of youth, beginning with delinquency referrals.

Delinquency Referrals

For youth arrested for alleged delinquency, the MARC is intended to operate as a diversion from formal court processing. When a youth is arrested by law enforcement, the officer is expected to

call the MARC and speak to the MARC officer on duty. The MARC officer, using a screening process (*see* Appendix A for the screening form) will then determine whether the youth should be transported to the MARC, the detention center, or a respite location (if it is after hours at the MARC). The MARC is intended to process only youth arrested on misdemeanors and low-level felony charges. Youth arrested on all other charges are transported to the detention center. The MARC screening process consists primarily of a review of exclusionary criteria, as youth with certain characteristics are required to be transported directly to the detention center, where a second “detention” screening is conducted. Among them are:

- Youth with an active warrant;
- Youth who appear to be under the influence of any mind-altering drugs, unconscious, intoxicated, or show evidence of being ill, injured, or psychotic must be cleared before processing through the MARC or detention center;
- Youth whose current offense is a felony, involves a firearm, or involves battery of a police officer; and
- Youth who are on active probation and are being charged with a new delinquent act.

Additionally, during the screening process the MARC officer will assess the caregiver’s willingness or capacity to assume supervision. If the youth is eligible to be processed through the MARC but either the parent or guardian is not willing to take the child home or the family appears to be in crisis, the child may be transported to Harbour House—the respite shelter in Calcasieu Parish, and a follow-up appointment is made for the youth and family to return to the MARC at a later date, when the issues have been resolved.

If the youth is not excluded from consideration based on any of the criteria listed above, the officer will transport him/her to the MARC, at which point formal processing will begin. Once the officer and youth arrive at the MARC, a MARC officer meets them, obtains an OJJS referral form (the incident report) that has been completed by the law enforcement officer and provides details of the incident, verifies that the youth’s parents have been contacted, and ensures that the youth is not intoxicated, on any drugs, or injured. At the same time the MARC staff will fax/email the incident report to the District Attorney’s office for acceptance or rejection of charges. Once these steps have been completed, and confirmation of charges is pending from the District Attorney’s office, custody of the youth is transferred from the law enforcement officer to the MARC officers, and the law enforcement officer is free to leave the Center.

Once custody is transferred to the MARC staff, the youth waits in a secure area for his/her parent or guardian to arrive. After the arrival of the parent two outcomes are possible. First, if the district attorney rejects the charges, custody is transferred to the parent and the youth is free to leave. Alternatively, if the district attorney accepts the charges, the MARC officer will go over a youth’s Miranda Rights and the MARC diversion waiver (*see* Appendix B). The diversion waiver process includes explaining to the youth and the parents that the prosecutor intends to file charges on the youth, and that, in order to avoid prosecution, the youth and family have the option of accepting diversionary services through the MARC. The officer explains to the youth and family that the services are voluntary, and that the District Attorney’s office could, at any point, accept, modify, or dismiss any/all charges against the youth. If a family agrees to receive

diversionary services, then the process moves into the assessment stage. If the family refuses services, the case is referred back to the District Attorney's office for formal processing.

Youth and families that agree to be diverted through the MARC are then walked through a series of assessments to determine the needs of the youth and assist MARC officers in linking youth and families to appropriate services based on those needs. To start, youth are administered the Juvenile Inventory for Functioning (JIFF).³ The JIFF assesses how a youth functions in everyday life. The instrument has questions regarding what is happening in the child's life in ten areas of functioning including school, at home, family life, friends, neighborhood, management of emotions, negative thoughts, alcohol and drug use, logical thinking, and health. If the JIFF flags high risk in any of these areas, in turn, a follow-up screening may be conducted using either the Massachusetts Youth Screening Instrument, Version 2 (MAYSI-2) or Substance Abuse Subtle Screening Inventory (SASSI) tool. The JIFF is computer-based and self-administered by the youth just after they are brought to the MARC; the assessment takes approximately 30 minutes to complete. While the youth is completing the JIFF, the MARC officer will conduct a semi-structured interview with the parent/guardian to hear from him/her about many of the same areas covered by the assessment, including family dynamics, the youth's needs, school history, any physical or mental ailments, history of substance use, and any other significant social information that will help in determining the appropriate services for the youth and/or the family.

Once the assessment process is complete, the MARC officer will review the results of the JIFF, collateral information collected via the parent/guardian interview, and other information available on the youth (e.g. prior contacts with law enforcement), and will develop recommendations for services such as counseling, functional family therapy, after-school programs, and tutoring, among others—drawing from a pool of providers that are directly connected to the MARC.⁴ These recommendations are presented to the youth and the family in the form of a service plan, and if the youth and family find the plan agreeable upon their review, they will sign an agreement pledging to comply with the requirements listed. From there, the MARC officer will, if possible, schedule initial appointments with the service agencies identified in the plan and provide the family with all the information necessary to get to them; and at that point the family is free to leave. The case is then entered into the juvenile case management database and is monitored by the MARC officer for a period of up to six months. During this six month monitoring period, MARC officers usually check-in with the youth and family once a month—or more frequently if needed—either by phone or in person. The purpose of the check in is to make sure that the family and youth are complying with and making progress on the service plan, or—in the case of services that are not a good fit—making a new referral.

If the youth and family comply with all of the requirements of the service plan, the decision to close the case is made in collaboration with the District Attorney's office, after a six month

³ Starting in July 2012, youth who entered the MARC also completed a self-administered LBGQT survey to provide the MARC with additional information about the youth they serve, specifically, the prevalence of lesbian, gay, bisexual, transgender, and questioning (LGBTQ) youth who come to the MARC.

⁴ OJJS has developed a collaborative relationship with service providers in Calcasieu Parish that has benefited the MARC. In fact a number of service and agency providers were included in the planning stages of the MARC including the Department of Children and Family Services (Child Welfare), Imperial Calcasieu Human Services Authority, Office of Public Health, and Educational and Treatment Council, Inc. among others.

period, though cases can be closed earlier than that in instances where the youth and family are doing exceptionally well. If youth and families don't comply with the service plan at any point during the diversionary period, on the other hand, they can be referred back to the District Attorney's office for formal processing.⁵ Level of compliance is determined by each individual officer and depends on the circumstances of the case.

FINS Referrals/ Walk-ins

In addition to referrals from law enforcement described above, youth can also be referred to MARC by individuals—specifically, by family members or by school or community agencies that are involved with the youth and/or his/her family. Youth are often referred by these sources for behaviors such as skipping school, running away, or family issues, and would likely enter the formal or informal FINS system in the absence of the program.

When a community agency or school makes a referral to the MARC, a MARC officer contacts the family and explains the MARC process, emphasizing that participation is completely voluntary. If the family agrees to participate the officer makes an appointment for them to appear at the MARC and the intake and referral process outlined above is followed. If the family refuses to participate in the process, the case is referred to a senior MARC officer who may initiate formal procedures against the family. As mentioned above, these procedures may include filing a formal FINS petition.

In cases where the family seeks help voluntarily, without a referral, in turn, the case is assigned to a MARC officer who meets with the child and the parent—either together or separately—to discuss the issues at hand. As a first step, the parent/guardian completes a FINS referral sheet and family history form, which captures basic demographic information and the purpose of the referral/visit; and a family history form, which captures information on family composition and dynamics, youth psychological, social, and health history, and details related to the issues at hand. The MARC officer then explains the assessment and referral process to the family, again emphasizing that the entire process is voluntary. If the parent and child do not agree with the process, they are free to leave. If they do agree to participate, an informal FINS case is initiated for the family. The youth and parent/guardian are then separated and assessments are conducted, in a process identical to that for youth who come in with a delinquency referral. Following the assessments, a case plan is developed and the youth and family are linked with services. Again, this case planning process is identical to the process followed in the case of delinquency referrals. Different from the delinquency referral process, however, once a plan is developed, the case is closed at the MARC and transferred to the Families in Need of Services (FINS) department for monitoring (see Appendix A).

Regardless of the referral source, if the child or family referred is in crisis—defined as a situation in which either the parent or child is highly emotional and unable to be calmed down, or the child scores high on an assessment indicating imminent risk of violent or self-destructive behavior—a member of the Crisis Intervention and Respite Services (CART) team will become involved in the assessment process. The CART counselor conducts an additional interview with

⁵ All MARC cases are staffed with assistant district attorneys who collaborate with the MARC staff to decide whether to place a youth in diversion.

the youth and family, and determines whether or not the youth needs immediate mental health services (which could include hospitalization) or needs to be removed from the home to offer respite to either him/her or the family (for a period of no more than 72 hours). Once the crisis situation has been addressed, the youth and family may return to the MARC to continue through the process and be referred to additional services.

In addition to seeking actual services, families can also walk into the MARC during operating hours to get more information on the program and/or its various service options. When this happens, a MARC officer will usually meet with the family to try to get a sense of their needs and provide them with information on services that can be accessed through the program. No formal assessments are conducted, however—nor are any forms filled out or information tracked—given that the purpose of the visits is merely informational.

2011 Process Assessment of the MARC

As part of its ongoing assistance to Calcasieu, in 2011 Vera conducted a process assessment of the MARC implementation to determine whether the on-the-ground practices reflected the program design, and to identify and explore factors that may have affected the implementation. The assessment was qualitative in nature, consisting of interviews with a range of administrators and staff involved in the operation of the MARC in various ways. Findings were based on the perspectives and opinions of those interviewed and were meant to be a pre-cursor to a more rigorous outcomes evaluation. The process assessment findings included, but were not limited to:

- ✓ *Decrease in case processing time.* Time between point of contact with law enforcement, OJJS intake, and referral to diversionary services was greatly reduced; having been concentrated to approximately two hours that involved law enforcement taking the youth directly to the MARC for immediate assessment, followed by the referral to services, and the development of a service plan for the young person and their family.
- ✓ *Greater accessibility to services.* The non-traditional hours of the MARC allows for staff to assist a wider range of families in need of services.
- ✓ *Effective and immediate needs-assessment.* Conducting timely assessments to determine the needs of the youth and their family reportedly had a streamlining affect on the overall process and positively impacted the development of the service plan and the family's compliance.
- ✓ *Integrated case management system.* A comprehensive case management system facilitated more efficient case monitoring, allowing for the early detection of non-compliance with the service plan or the need to provide an alternate referral.

METHODOLOGY

The objective of this outcome evaluation was to determine whether youth who go through the MARC referral process have better diversionary outcomes than youth who were referred to the

system prior to the launch of the MARC, and if the existence of the MARC has contributed to better overall system functioning, specifically for youth brought in on status offenses and low-level delinquency charges. Knowing that only about 1 percent of FINS youth who go through the MARC end up with some type of formal court involvement and with limited data to measure court referrals for either the pre- or post-MARC study groups—researchers chose to focus on the quality and speed of services, the likelihood of becoming subsequently involved in the system, and whether or not net-widening has occurred as key indicators of how well the MARC was meeting its goals. All components of the evaluation were guided by the following research questions:

1. Are youth who are referred to services by the MARC more likely to be successfully diverted when compared to similar youth who went through the system prior to the MARC's existence? Relatedly, is there any evidence of a net-widening effect?
2. How well are youth, once assessed for needs at the MARC, subsequently referred to appropriate services based on these needs?
3. Did the implementation of the MARC contribute to an increase in the speed of service delivery and overall case processing for young people?

Data Sources

This evaluation relied exclusively on case-level administrative data collected by the Calcasieu Parish's Juvenile Case Management System. These data files included basic demographics, arrests and charges, service referrals, court activity, criminal history, admissions to detention, and youth risk levels and needs. Vera researchers cleaned and reconstructed the various data files into two main files—one for the control group of youth who went through the system prior to the MARC (1,396 youth, between January 1, 2010 and December 31, 2010) and another for the treatment group of youth who went through the MARC (696 youth, between June 1, 2011 and May 31, 2012).⁶

Researchers organized the data so that the criminal history table served as the primary file, or file to which all other files would be linked. The criminal history data for the pre-MARC group was for all youth referred to the OJJS up until December 31, 2011 and the criminal history data for the MARC group covered all youth referred to the OJJS up until May 31, 2013. The data included arrest (or referral) details, and corresponding court dates and other activity. Researchers then recoded the data provided on youth risk factors into dichotomous variables to reflect whether or not a youth had been flagged for any of the risk types (e.g. has the youth had prior court involvement? 1=yes, 0=no). Vera followed a similar process for the client services data, recoding the client services into 18 categories, by which a youth was coded as 0 or 1 depending on whether or not the services were received. For both the risk and client services data, all

⁶ The month in which the MARC was launched- June 2011- and the six month period around it was intentionally excluded from the analysis, since outcomes for youth who go through a system that is about to change, or through a program that has very recently been implemented, may not be considered an accurate depiction of how the program functions more generally and may be considered unreliable. For this reason, they are often excluded from evaluation research studies.

recoded information was aggregated by Entity ID and then merged back into the criminal history table. Vera narrowed all files down to include only the cases that fell in the study and follow-up periods (see page 11 for follow-up periods), with cases outside of these periods then deleted from the data files used for analysis.

With information provided by OJJS, Vera tracked youth coming into the system for each group—the pre-MARC control group and the MARC treatment group—for a period of one year, following each individual youth for one year from the date of the original referral.

Construction of Key Outcome Variables

New Referrals: As noted above, researchers designated one year after the first referral date in the study period to be the end of the follow-up period for each youth. For example, if a youth’s first referral was June 1, 2010, then the end of the follow-up period would be May 31, 2011.

Researchers then calculated re-referrals and the time to re-referral by flagging any new referral to the system for either a FINS or delinquency offense within each youth’s one-year follow-up period. In addition, Vera categorized the severity of the re-referral, defining “more serious re-referrals” as any subsequent referral to the system for a more serious charge than the original (e.g., an original FINS referral that returned as a JD referral). In instances where the youth had multiple offenses listed under one referral date (whether the initial referral or a return to the system), the top—or most serious—charge was used.⁷ Finally, if a member of the control group’s first referral in the study period was a felony-person charge, the youth was removed from the sample entirely since there were no analogous charges in the treatment group, due to the MARC’s exclusionary criteria.

Match to Services: In order to measure match to services, researchers examined JIFF data (provided to Vera in pdf format) for all youth in the MARC study group. The goals and services identified in the JIFF were coded to pair them with the services reported in the client services table. The following categories were used for the 54 distinct JIFF Goals: assessment, counseling, medical, parent, school, social services, substance abuse, violence and aggression, work, and miscellaneous. In order to pair to the client services data, researchers also recoded the programs listed in the client services table into larger categories. While some of the categories directly overlapped with the JIFF goal categories, others were unique.⁸ Vera then analyzed the data to determine whether the youth was matched to the appropriate program/ service indicated by the service matrix and based on the needs flagged by the JIFF.

Case Processing Times: Each young person’s case file (or OJJS data) contains “court dates.” Calcasieu staff informed researchers that these “court dates” did not necessarily indicate that the

⁷ Statute class refers to the type/ category of crime (e.g. felony-property, misdemeanor-person). The seven severity classes created by Vera researchers to facilitate analysis include: 1) Status Offense, 2) Combined category= County Ordinance, Drug Offense, Contempt of Court, Judicial Order Offense, and Public Peace Disturbance, 3) Probation Violation, 4) Misdemeanor Property, 5) Misdemeanor Person, 6) Felony Property, and 7) Felony Person.

⁸ Miscellaneous goals include “increasing compliance with the law,” The unique services include things that were not indicated by the JIFF – for instance, alternative court processing, ATD, or Placement. Unique categories also include a widely used OJJS Shoplifting Accountability Program and drug testing. Miscellaneous services include housing assistance and others.

young person was referred to court or that the date in question pertained to an actual court hearing. Rather, this terminology simply indicated a date of case processing on which action was taken in the youth's case. Examples of this include a dispositional review, diversion to teen court, changes made to the youth's informal service plan, or intake completed. There is currently no "closed date" field in OJJS, or something equivalent. Therefore, Vera researchers determined the approximate case processing time by measuring the time between referral date and the final "court" date listed for the young person

Data Analysis

In order to meet the objective of this evaluation Vera researchers used several analytic approaches. We conducted basic descriptive and bivariate analyses to better understand the demographics, needs, and outcomes experienced by both the pre-MARC ("control") and MARC ("treatment") groups. We then conducted more sophisticated analyses—including Cox Hazards/Survival analysis, propensity score matching, and time-series analysis, to isolate the direct effect of the MARC implementation on particular outcomes, and to explore the relationships between outcomes and other explanatory variables (e.g. time to re-referral).⁹ Finally, we conducted a descriptive matching exercise to understand the ways in which assessed needs related to service referrals for youth who went through the MARC.

Data Limitations

Calcasieu Parish provided Vera researchers with several years worth of administrative case and youth-level data, collected from various sources. While the various data sources provided a wealth of information, there were some limitations to the types of analyses that could be conducted with the data supplied, including:

Demographic Data: The demographics table provided information on the race of the youth, but did not account for the youth's ethnicity. This may have resulted in the potential to inaccurately record Latino youth in the study sample. But, with the Hispanic population in Calcasieu being relatively low, approximately 1%, this is unlikely.¹⁰ Additionally, there was a lack of administrative data on gender identity and sexual orientation. In response to this, Vera created a survey to capture information about the LGBTQ youth (if any) who go through the MARC (see Appendix B).

Access to and Quality of Services: Vera was able to ascertain whether a young person was referred to a service following a MARC assessment from the information provided in the client services table. However, the data to indicate whether the youth completed the referred services or programs, or information about the quality of those services, was highly unreliable.

⁹ Descriptive analysis identifies the basic features and trends of the data. Bivariate analysis measures the degree of association between two variables (for example, re-referral rates by gender). Survival analysis correlates the time that passes before an event of interest occurs, to one or more covariates that may be associated with that time lapse. Interrupted time-series designs compare before and after measures to detect whether an intervention has had an impact greater than any underlying trend in the data; often used for evaluating the effectiveness of interventions. Propensity score matching analysis is often used with observational data as a way to "correct" for bias by the existence of confounding factors when estimating the treatment effect.

¹⁰ Hispanic/Latino Americans are very racially diverse, and as a result form an ethnic category, rather than a race.

Potentially Unreliable Risk Data: For youth in both study samples, OJJS used self-reported and collateral information such as school records and police reports to identify a youth's risk factors or possible contributors to the youth's problematic behavior. In addition, for youth who went through the MARC, there was a more comprehensive self-reporting method through the JIFF assessment, in addition to youth and parents interviews.

Based on the information provided in the risk data table, researchers identified cases where pre-MARC youth were cited to have particular risks, but the risk level assigned to that youth didn't coincide. This could be attributed to issues with the pre-MARC risk assessment process not having been guided by an objective, standardized, or validated risk assessment instrument. But, for the purposes of the outcome evaluation, this discrepancy in the risk assessment processes used by both groups made it difficult to draw conclusions about the youth risks provided via the risk table and the effective match to services, and, more importantly, to control for differences in risk between the treatment and control groups in ways that impact the researchers' ability to measure treatment effects of the MARC.

JIFF Data: MARC program administrators were not able to access the case-level, tabulated JIFF data that is currently collected by the Multi-Health Systems (MHS Inc), the JIFF vendor. Because electronic data were not available, Vera requested paper JIFF files and received scanned assessments, which were then entered into a data spreadsheet by Vera staff and matched to the OJJS administrative data. This process was not ideal and may have impacted the reliability of the JIFF data used for the study. A small number of cases in the treatment group were missing JIFF assessment data.

No Baseline for Match to Services: Due to the relatively recent implementation of the JIFF, structured needs assessment data are available only for the youth who went through the MARC. There was no comparable assessment tool used by the OJJS prior to MARC implementation. Thus, while we were able to analyze the extent to which youth are being assessed and matched with services since the MARC implementation, we were unable to assess whether or not the implementation of the MARC contributed to *better* matches of youth to services based on needs.

Inability to Identify Date of Access to Services: Because it was not possible to match the program referral dates found in the client services table to the exact behavior that resulted in the MARC referral, researchers were unable to identify the exact date on which services were accessed. To account for this, researchers created a case processing proxy measure that relied on the "court date" variable, which was actually an indicator of when the case was closed.

Other Threats to Validity: As with any analysis that examines real-world data, historical validity was an issue. For this outcome evaluation, Vera researchers were looking at data for a specific time and place. The analyses conducted do not account for the influence of other events that might provide alternate explanations for the outcomes examined.

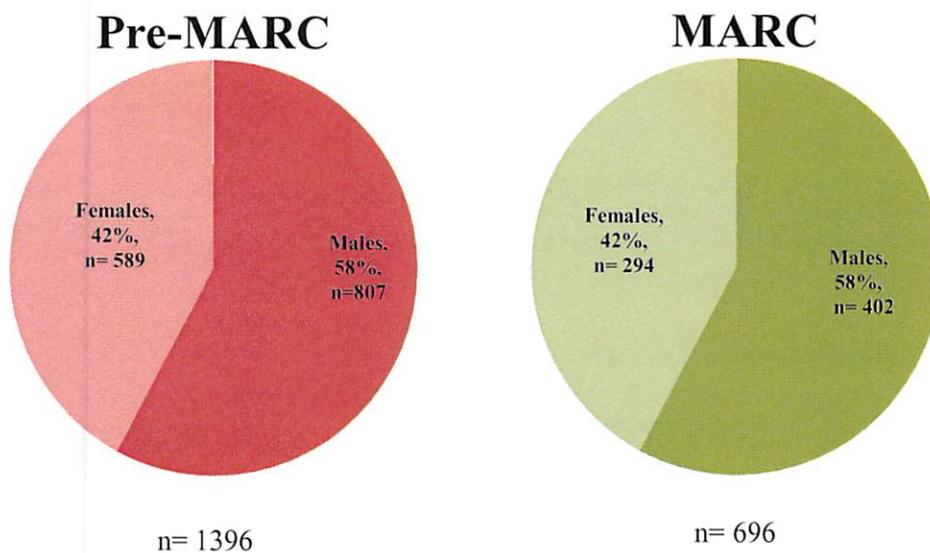
RESEARCH SAMPLE

This section of the report provides sample demographics and case characteristics for the 1,396 youth in the pre-MARC control group and the 696 youth in the MARC treatment group.¹¹

Gender and Race

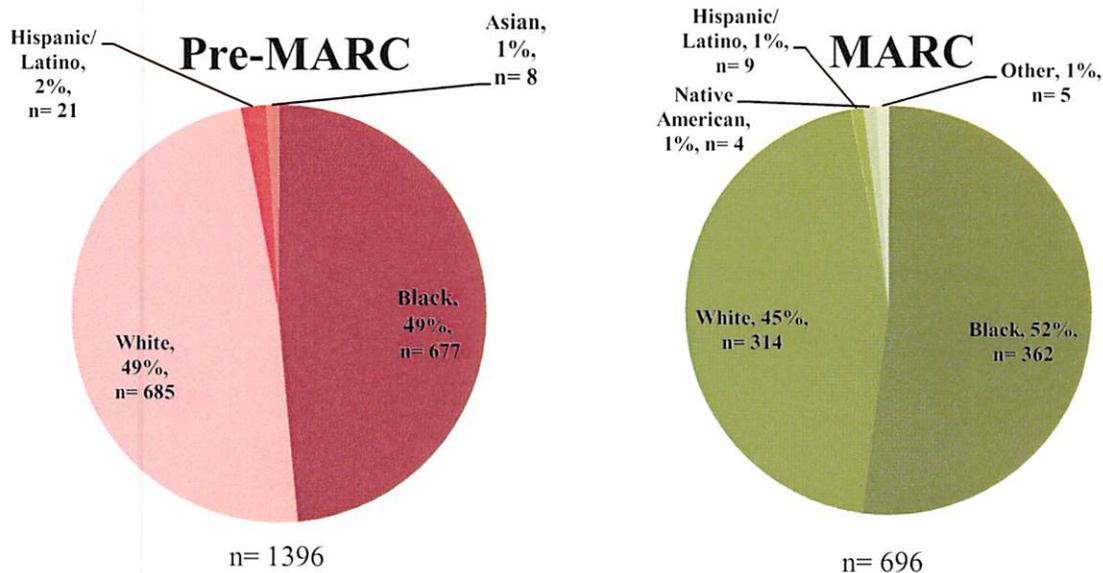
The proportion of males to females was the same in both the pre-MARC and MARC groups, with each sample comprised of about 58 percent males. Each sample was over 97% black and white combined, with roughly equal proportions of black and white youth and small proportions of native American, Latino, Asian or “Other” youth. The treatment group had a slightly higher proportion of black youth than the control group. Figures 1 and 2 present the gender and race breakdowns of the pre-MARC and MARC study groups.

Figure 1. Pre-MARC and MARC Youth by Gender.



¹¹ The month in which the MARC was launched- June 2011- and the six month period around it was intentionally excluded from the analysis, since outcomes for youth who go through a system that is about to change, or through a program that has very recently been implemented, may be not be considered an accurate depiction of how the program functions more generally and may be considered unreliable. For this reason, they are often excluded from evaluation research studies.¹² Interrupted time-series designs compare before and after measures to detect whether an intervention has had an impact greater than any underlying trend in the data; often used for evaluating the effectiveness of interventions.

Figure 2. Pre-MARC and MARC Youth by Race.



Sexual Orientation and Gender Identity

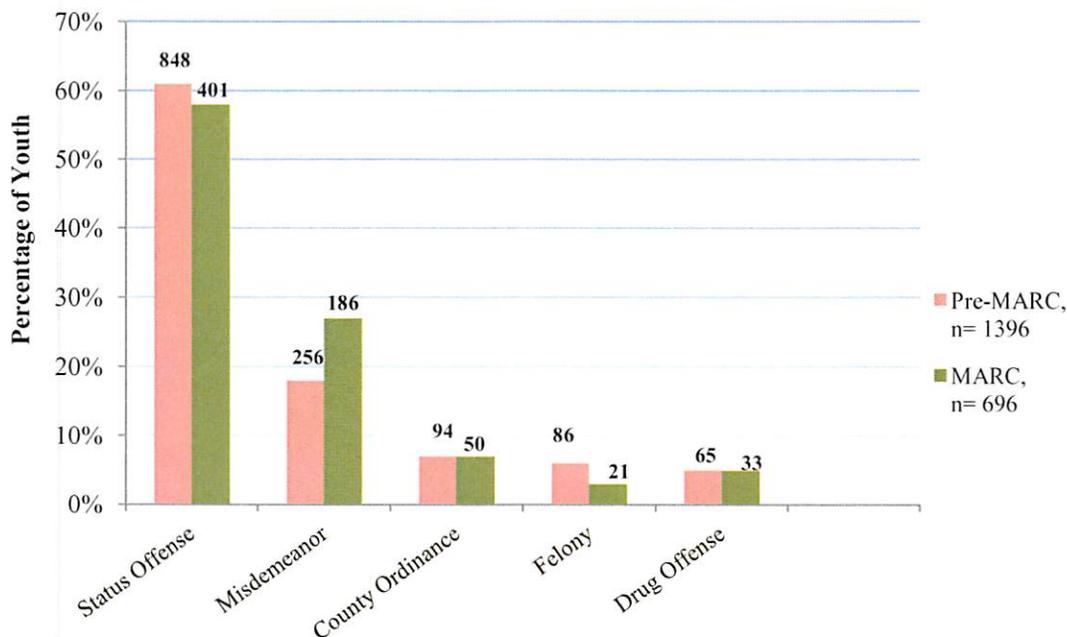
There were no reliable measures of sexual orientation or gender expression available in the administrative data. Vera created a survey that was confidentially self-administered by youth at the MARC to gauge the prevalence of lesbian, gay, bisexual, transgender, and questioning (LGBTQ) youth. The survey was administered to MARC youth between July 2012 and June 2013, which resulted in many youth falling outside of the follow-up period under examination for this outcome evaluation. This prevented researchers from conducting any type of analysis between the LGBTQ youth and the pre-MARC or MARC groups. However, findings from the 554 MARC youth who completed the survey revealed that LGBTQ youth are present in the population of young people served by the MARC, though in low numbers. Of the survey participants who responded to the question about sexual orientation, 1 percent ($n=6$) identified as lesbian or gay, and 2 percent ($n=13$) identified as a gender that was not the same as their biological sex. More information about the results from the LGBTQ survey can be found in Appendix B.

Charges

The young people in both study groups were referred to OJJS for a number of charges, the most common being a status offense, at 61percent for pre-MARC youth and 58 percent for the MARC group. Figure 3 presents the types of charges that resulted in the first referral for youth in both study groups. The greatest difference found for first referral charge type was for misdemeanor offenses, with more youth in the MARC group (27 percent) experiencing their first referral

because of a misdemeanor offense, as compared to the youth who went through the pre-MARC (18 percent).

Figure 3. Pre-MARC and MARC Youth by First Referral Charge.



Risk Factors

All youth in the study sample who were referred to OJJS, whether before or after the MARC implementation, underwent an assessment process that helped to guide decisions about the types of program/service referrals that would be most appropriate. Prior to the existence of the MARC, a young person’s risk factors were identified through self-reporting and other sources including police reports, school records, reports from providers, and prior juvenile justice history. While the MARC uses these same sources to determine a young person’s risk factors, MARC staff also administer the JIFF assessment instrument to all youth as an additional component in identifying risks. Figures 4 to 6 present the four most common risk factors identified by the respective intake processes for the FINS and JD youth, respectively, in the pre-MARC and MARC cohorts. As seen here, youth in the pre-MARC and MARC groups were flagged for the same top four risk factors—family-related, school, mental health, and drug/ alcohol use. It is important to note that these categories are not mutually exclusive, as a young person can be found to have more than one risk.

Figure 4. Pre-MARC and MARC Youth by Top Four Risks

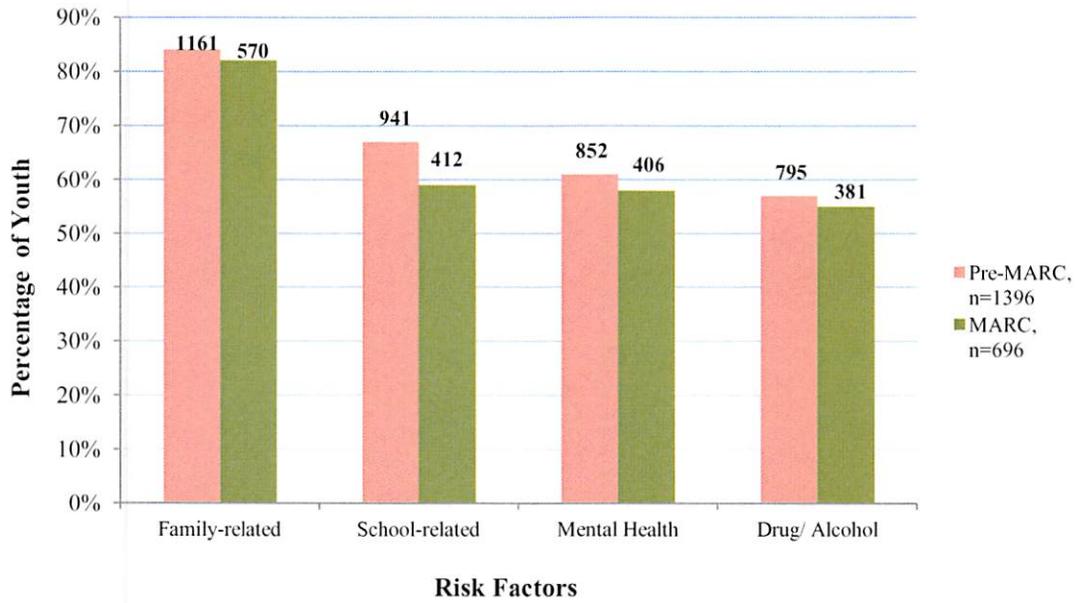


Figure 5. Top Four Risks for Pre-MARC and MARC FINS Youth.

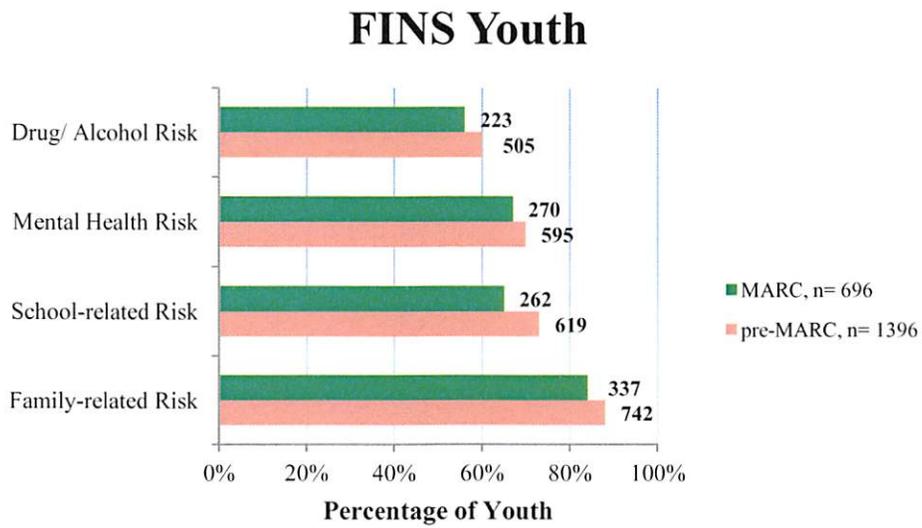
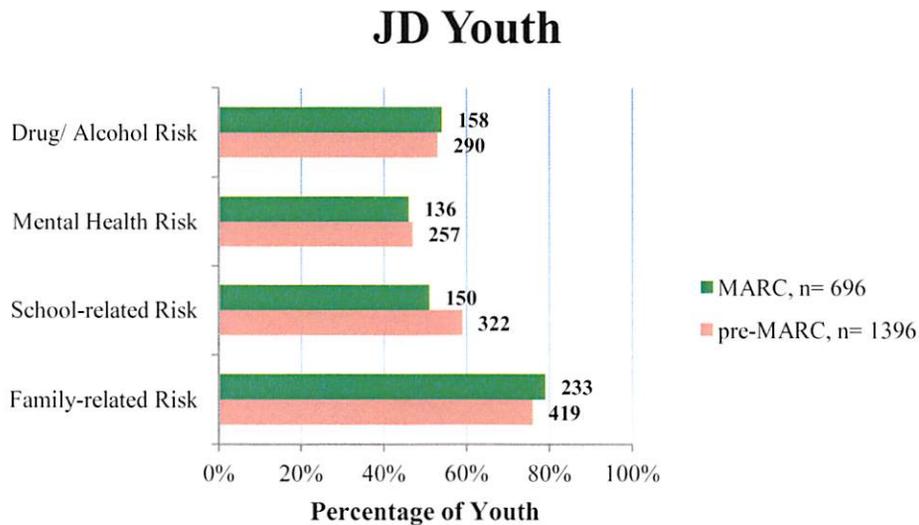


Figure 6. Top Four Risks for Pre-MARC and MARC JD Youth.



FINDINGS

In this section we present the findings of the outcome evaluation, organized by the three key research questions the study sought to answer.

Question #1: Diversion

Are youth who are referred to services by the MARC more likely to be successfully diverted when compared to similar youth who went through the system prior to the MARC’s existence?

This study found evidence that the MARC is a successful diversion model, as evidenced by the fact that there are fewer referrals to the system and youth who go through the MARC remained free of subsequent system involvement for a longer period than those who did not go through the MARC. The study also found no evidence of a net-widening effect.

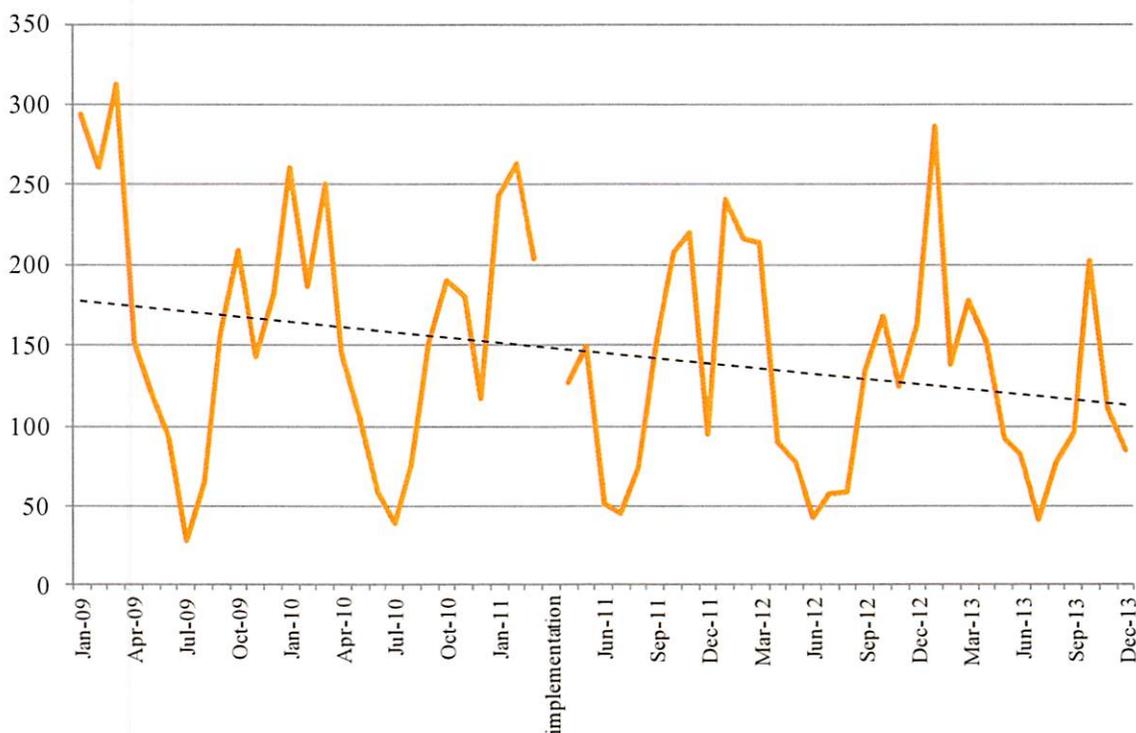
Total Number of Referrals over Time

In order to determine whether or not youth who go through the MARC are less likely to become formally involved with the juvenile justice system and experience formal court processing, the research team examined two primary outcomes—the number of cases coming into the system and the number of cases returning to the system on a subsequent referral. Because one percent of FINS cases result in formal court involvement and limited data available to measure court referrals for either the pre-MARC or MARC groups this research focused on new referrals to OJJS within the one-year follow-up period.

In an attempt to examine overall system changes over time, we first looked at the aggregate number of FINS referrals coming into the system, and found that the total number of referrals has decreased significantly since the launch of the MARC. While reducing the total number of referrals parish-wide is not an explicit goal of the MARC, changes in monthly referrals is an important indicator of the efficacy of the MARC to divert youth from further juvenile justice involvement. When youth are referred to services quickly and more efficiently, the likelihood for repeat referrals should decrease, ultimately resulting in the total number of referrals to decrease over time.

Figure 7 shows the total number of FINS referrals by month over the five year period. While there is a great deal of variation by month, several trends emerge, and a linear trend line suggests that the total number of referrals has slowly and steadily decreased overall. The number of referrals peaked at 312 in March of 2009, and fell to just 45 in July 2011 (roughly 3 months post-implementation of the MARC) and 41 in July 2013. The referral patterns are clearly seasonal in this period, peaking in the late winter/early spring, and falling drastically in the summer months. This is likely due to referrals for school-based incidents, specifically truancy, since absences are not likely to hit the threshold required for truancy referrals until several months into the school year.

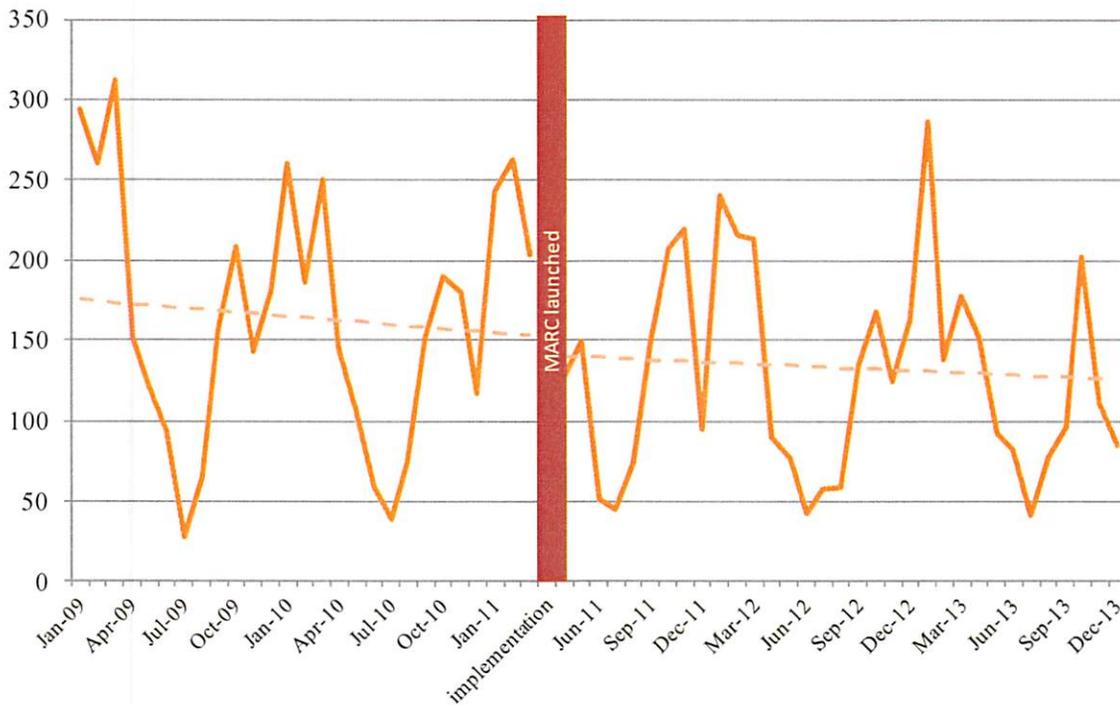
Figure 7. Total number of FINS referrals by month, 2009-2013.



While it's difficult to determine whether or not the MARC independently impacted the total number of FINS referrals, especially in light of all of the other reform work going on in the parish, it is possible to analyze whether or not the implementation of the MARC contributed to a

change in system trends, using a method known as interrupted time series analysis.¹² Figure 8 shows the total number of monthly FINS referrals, measuring the slope or linear trend, in referrals for two periods—pre and post-MARC implementation. Over a two year period prior to the MARC implementation, the average change in the number of referrals from one month to the next was relatively small; after the implementation of the MARC, this decrease was five times as large, indicating a clear downward trend in the number of FINS referrals coming into the system.

Figure 8. Time series analysis of monthly FINS referrals, 2009-2013.



The research team then tested whether or not the number of FINS referrals by month was impacted by the implementation of the MARC using linear regression analysis to measure how much of the outcome (total number of referrals) was affected by one predictor—the MARC implementation.¹³ The regression model was significant ($p=.047$), meaning that MARC implementation explains the change in the total number of referrals. The regression coefficient showed a significant negative correlation ($p=.047$), meaning that, on average, during the months after the MARC implementation, there were roughly 38 less FINS referrals than in prior months.

¹² Interrupted time-series designs compare before and after measures to detect whether an intervention has had an impact greater than any underlying trend in the data; often used for evaluating the effectiveness of interventions.

¹³ Linear regression uses a simple equation, $Y=a+bX$, and in this example, Y is the total number of referrals, a is the intercept or average number of referrals (166), b is the slope of the line, and X is the explanatory variable (pre- or post-MARC).

Analysis of Re-referrals

To better understand youth-level outcomes, we then tested whether youth who went through the MARC were more or less likely than the control group to come back to OJJS on a subsequent charge, as well as on a more serious charge. **The findings show that there was no significant difference between each group’s likelihood to be re-referred to the system, or re-referred on a more serious charge. However, young people who went through the MARC remained free of subsequent system involvement for longer periods of time, suggesting that the MARC is an effective and successful diversionary process.**

Who Gets Re-referred and What Happens To conduct this analysis, researchers first looked descriptively at re-referral rates for the pre-MARC and MARC groups and found that the groups experienced almost identical rates of re-referrals—30.1 percent and 30 percent respectively. The types of charges that resulted in a young person returning for a re-referral (FINS/ status offense, misdemeanor, low-level felony) were similar for both groups. To assess whether or not these re-referrals led to deeper system involvement, researchers also examined what happened to the cases that went to court. There were some differences found—6.4 percent of pre-MARC youth compared to only 3 percent of MARC youth were adjudicated delinquent in response to a subsequent case. In other words, re-referrals prior to the MARC were slightly more likely to end in adjudication as compared to post-MARC. Arraignments of re-referrals for both groups were similar.

Re-referral Analysis Using Propensity Score Matching. In order to determine whether differences in the rate of re-referrals between two groups can be attributed to a specific treatment (going through the MARC) and not something else (such as differences in charge severity and legal history between the two samples), the research team analyzed re-referrals using a method known as propensity score matching (PSM). This method isolates treatment effects by ensuring that the cases being compared are as similar as possible, with the only difference between groups being the presence or absence of the treatment, or in this case, the MARC process. This method attempts to approximate a random-controlled experiment, where cases are randomly assigned to either a treatment or control group, in situations where it is not ethical or feasible to conduct a random trial. This quasi-experimental approach is heavily relied on for evaluations of social service programs that appear in contemporary research journals.

The PSM involved controlling for certain confounding factors (e.g. legal history, risk factors) that may have influenced the outcome, and then comparing outcomes of pre-MARC and MARC cases that were as similar as possible on all of those factors.¹⁴ Researchers controlled for differences between the pre-MARC and MARC groups by measuring those differences as each subject’s propensity (or predicted likelihood) for belonging to the treatment group, based on all of the known potential confounding factors, and then using that propensity as a statistical control. This analytic process allows researchers to draw conclusions that, all things being equal between

¹⁴ The technique of propensity score matching was first published by Paul Rosenbaum and Donald Rubin in 1983, and allows for causal inferences in observational studies. The method controls for differences between the control and treatment groups by measuring those differences as each subject’s propensity (or predicted likelihood) for belonging to the treatment group, based on all of the known potential confounding factors, and then using that propensity as a statistical control.

the treatment and control group, the only differences in likelihood of experiencing a re-referral are directly attributed to the treatment—in this case, going through the MARC.

Cases in each group were assigned scores between 0 and 1 based on confounding variables like race, gender, prior history, and risk, with cases scored closest to 1 being indicative of a higher propensity for the youth to be in the treatment group. In order to determine the average treatment effect of the MARC on a young person's likelihood of re-referral, Vera researchers matched the propensity scores of both groups, and then measured the change in likelihood of referral that can be attributed to the MARC.¹⁵ The ATT value, a measure of the magnitude of the treatment effect, was non-significant, which indicates no significant difference in the likelihood for a youth in the MARC cohort to be re-referred as compared to a youth in the pre-MARC.

New Referrals—More Serious Charge. While the rates at which youth in both study groups experience re-referrals are important, examining the severity of the charge that led to the re-referral is equally important for making conclusions about the efficacy of the MARC process. Did youth who came back into the system come back on a more serious offense? This is an important question for this population, since a young person may come back into the system for another FINS-related charge because they recognize they need additional guidance or services. This could be considered a positive outcome if the youth is reflective and feels comfortable with the process and considers it a good resource. However, when a youth returns for an escalated, more serious charge, there may be concerns or flaws with the original referral process that require further scrutiny.

Descriptively, a slightly higher percentage of FINS cases in the MARC treatment group returned for a more serious charge, as compared to the status offense youth who went through the pre-MARC, at 38 percent and 35 percent respectively. However, after controlling for differences between the two groups, regression analysis revealed this difference was not significant. A second propensity score matching model was conducted to further examine any differences in the likelihood of re-referrals for a more serious charge, and found no significant differences in likelihood of more serious referrals between the two groups (*see* Appendix C for output).

Time to Re-referral. Time-to-referral, or the time post-program in which a young person remains free of system-involvement, is another common outcome used to assess whether or not justice programs are successful. This is particularly important for the MARC because returning to OJJS for a re-referral (particularly in the case of JDs) may indicate an unaddressed need that places youth at greater risk for more serious justice involvement.

Vera researchers examined time to re-referrals for both groups. Descriptively, without controlling for differences between the two groups, young people who went through the MARC remained free of further system involvement for a longer time period than the control group: the overall average time-to-re-referral was 125 days and 159 days for the pre-MARC and MARC groups respectively. A t-test comparing the mean average times to re-referral for both the control

¹⁵ Conducting a nearest neighbor match with propensity scores consisted of matching the pre-MARC cases (control units) to the MARC cases (treatment units) to determine the difference in outcomes, and then averaging these differences (ATT value). The ATT (average treatment effect on the treated) measures the difference in average outcomes between cases assigned to the treatment group and cases assigned to the control group.

and treatment groups confirmed that the difference is statistically significant ($p < .001$). When looking at the rate at which youth were re-referred, chi-square analysis revealed that the youth in the control group cohort were significantly more likely to experience a re-referral within a month (measured as 31 days) from the date when the original case was closed, as compared to the youth in the MARC treatment group, 26 percent and 12 percent, respectively.

Further analysis of time-to-re-referral was done using a Cox Hazard regression, which is a model used to predict the probability for a young person to experience a re-referral over a particular time period following the first referral, controlling for differences between the two groups. The Hazard regression analysis revealed no significant differences between the groups.¹⁶ Though the Hazard plot (and coefficients) did show that the MARC group had a slightly decreased hazard of the event occurring (re-referral), meaning that the survival duration increased, as noted, the statistical differences between the control and treatment groups were not significant. This is likely due, in part, to important statistical controls that appeared to be unreliable, most importantly measures of risk (*see* Appendix D for output).

Question #2: Service Matches

How well are youth, once assessed for needs at the MARC subsequently referred to appropriate services based on these needs?

Data analyses revealed that there appears to be a gap between the goals (or needs) indicated by the JIFF assessment instrument and the services received by the youth, with some needs resulting in more apparent matches to services than others.

Assessment and Match of Youth to Programs and Services. Calcasieu has consistently sought to provide a needs-based response when working with at-risk youth. In accordance with this objective, the MARC utilizes both a mental health screening instrument and a needs assessment instrument to determine the needs of the young person seeking diversionary assistance. These assessments inform the types of referrals made by the MARC staff for the youth, with the understanding that when the young person is successfully linked to the appropriate services and receives the necessary assistance the likelihood of their future system involvement decreases. In order to better understand the relationship between linking youth to services and the overall efficacy of the MARC, Vera examined the data from the JIFF—the primary assessment tool used to identify the needs of the youth (*see* page 5 for a detailed description of the JIFF and how it is administered), and matched it to service referral data from the OJJS case management system.

The JIFF is intended to capture all aspects of the assessment process outlined on page 5—including the interview with the young person’s parent/ guardian. However, based on the JIFF files provided by the MARC, the rationale for linking youth to particular services was not always apparent.

¹⁶ The Cox Hazard regression used the following covariates: demographics, current charge characteristics, arraignment on the current charge, any time spent in detention, priors and prior types of offenses, and risk factors (family, child welfare, education, drug and alcohol abuse, and peers and gangs).

Calcasieu representatives provided Vera with the most recent JIFF data for each youth in the treatment group during the study period (OJJS was not using the JIFF for needs assessment prior to the existence of the MARC). 767 youth who were referred to the MARC completed the JIFF during the study time period. Almost 4 out of 5 (81 percent) youth took the JIFF once during this and the follow up year. The remaining youth took the JIFF one or two more times. This is likely due to a new status offense or delinquency case referral.

Vera assessed whether the goals (or needs) indicated by the JIFF output led to referrals to services, using the rationale indicated on the MARC's JIFF Service Matrix (*see Appendix E*). For example, in cases where the JIFF flagged the youth for further psychological assessment ("Evaluation to address depression (CAFAS)"), Vera reviewed the services table to determine whether the additional assessment occurred (or was recorded as having occurred).¹⁷ Using recoded data, we found that of the 242 youth who had an assessment goal (need), only 39 percent were recorded as receiving an assessment service, indicating that either there may be some under-serving of youth who flag with certain needs or that the service (in this case, an assessment) is not being documented or recorded. Table 1 presents the percentage of youth who were connected to services based on the JIFF.

Researchers found that some goal areas resulted in better matches of youth to services. For instance, three out of five youth with counseling goals were referred to program services categorized as counseling. Mean while, other goal areas appear to have little effect on service referrals, with only 1 in 20 youth with a school-related JIFF goal having been recorded as referred directly to school-specific programming.

Vera then examined the data differently, by looking at cases involving youth who received services for needs/ issues that were not flagged as a goal by the JIFF—in other words, youth who may have been over-served. One such example involves the JIFF flag that recommends the youth receive additional assessment (e.g. MAYSI, CAFAS). We found that 69 of the 164 youth in the study sample who received a follow-up assessment were not actually flagged for this goal by the JIFF. Table 2 presents the JIFF goals matched to the number of youth served for the MARC study group.

¹⁷ Child and Adolescent Functional Assessment Scale

Table 1. Whether Youth with JIFF Goals Received Services

JIFF Goals and Services Received					
Goal	Total # of youth	Served		Un-served	
		#	%	#	%
Assessment	242	95	39	147	61
Counseling	245	149	61	96	39
Medical	100	3	3	97	97
Parent	2	1	50	1	50
School	477	26	5	451	95
Social Services	64	13	20	51	80
Substance Abuse	149	40	27	109	73
Work	109	7	6	102	94

Table 2. Whether Served Youth Had Matching JIFF Goals

JIFF Goals Matched to Youth Served					
Goal	Total # of Youth	With Goal		Without Goal	
		#	%	#	%
Assessment	164	95	58	69	42
Counseling	265	149	56	116	44
Medical	18	3	17	15	83
Parent	10	1	10	9	90
School	30	26	87	4	13
Social Services	80	13	16	67	84
Substance Abuse	74	40	54	34	46
Work	62	7	11	55	89

These tables show that many youth who were referred to services by the MARC did not have JIFF goals related to the service to which the youth was later referred. For instance, 15 out of the 18 youth referred to medical services were not flagged for having a medical JIFF goal. A possible explanation for this could be that the JIFF is not intended to diagnose for medical issues. However, for other areas, like assessment and counseling, the gap between the MARC youth served and those with goals flagged may be indicative of goals for the youth that were not accurately identified or recorded by the JIFF. An alternate explanation would be that the youth in this MARC study period are over-served, receiving services beyond the need of the youth. While the latter is a logical possibility, it seems unlikely.

Further inquiry into the validity of the JIFF revealed that cross-referrals happen frequently at the MARC. This means that a young person may already be receiving services for a risk factor flagged by the JIFF assessment, resulting in the MARC addressing another risk for which the youth may not have scored as high. For example, if a youth were suspended for substance abuse and subsequently sent to the MARC by the school, the MARC may link the youth to services that address the substance abuse, though school-related risks were flagged as high priority by the JIFF.

Another way in which cross-referrals may account for the apparent slippage between flagged needs and service referrals would be when a youth has received services directly from the school system or obtained indirect school-related services via community programs that were not recorded. Yet, given the widespread need, it was surprising to discover that these services were not recorded in the client services data provided. Additionally, there are times when families have already tried the services being recommended through the JIFF, and seek out referrals based on their interview with the MARC officer.¹⁸

¹⁸ Calcasieu's Multi-Agency Resource Center: A Process Assessment of MARC Implementation. The Vera Institute of Justice. November, 2011.

Researchers determined that the JIFF is intended to be one of many sources of information that inform the referral of an at-risk youth to appropriate services. Though the JIFF does not appear to take into account or record all aspects of the MARC's decision-making process, it is clear that the service plan developed by the MARC staff goes beyond the output of this singular assessment tool.

During the MARC implementation assessment concern was raised by the MARC staff interviewed about the potential for young people to misinterpret the JIFF questions, resulting in the inaccurate account of the young person's life areas that may need to be addressed. This presented validity concerns for measuring particular outcomes, which we attempted to correct by coding for all information provided on the JIFF form, and not just the JIFF output of goals (e.g. MARC officer's suggestions/ comments and notes from interviews with youth and their parent). However, there remained a discrepancy between the discretionary decision-making by the MARC to refer youth to services, and the goals outputted by the JIFF.

Question #3: Case Processing

Did the implementation of the MARC contribute to an increase in the speed of service delivery and overall case processing young people?

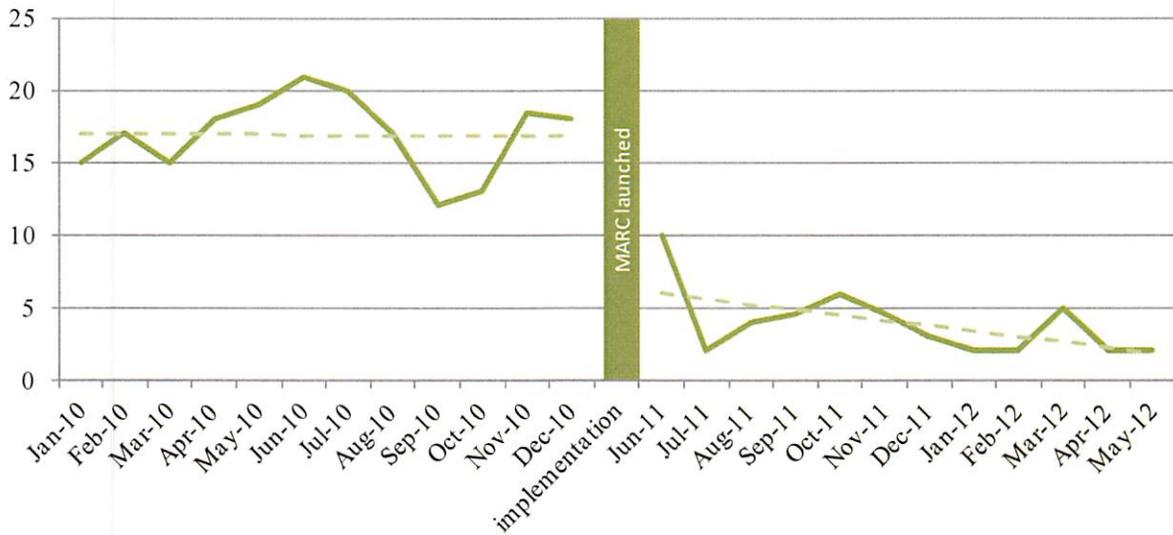
While it was challenging to measure the speed with which young people actually *received* services (see limitations section), case processing times have shortened significantly since the MARC was implemented.

One of the stated goals of the MARC is to reduce the amount of time it takes for young people to receive services from days or weeks, to just hours. In order to test whether or not the MARC achieved this goal, the research team looked at the median case processing time, by month, for youth referred to the OJJS before and after the implementation of the MARC.¹⁹ The findings suggest that the implementation of the MARC has resulted in a significant decrease in case processing time, as compared to young people coming to the OJJS prior to the implementation. The process for handling cases is much faster since the implementation of the MARC.

The monthly trends and slopes for median case processing times during the study period are presented in Figure 9. The decrease in case processing times is clear—prior to the implementation of the MARC, case processing time was, on average, 17 days and remained relatively constant over time. Following the MARC implementation, time-series analysis revealed that the average median case processing time for all referrals was 3.9 days, with a downward trend indicated.

¹⁹ The case processing time refers to the number of days between referral and court.

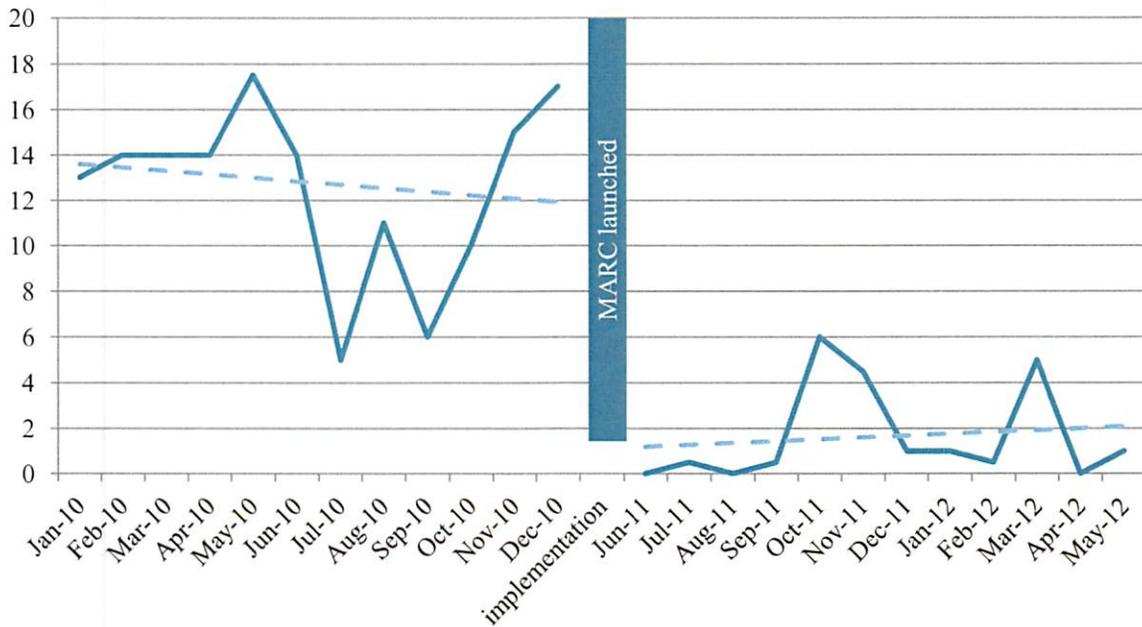
Figure 9. Median Case Processing Time for All Referrals, Pre- and Post-MARC.



Regression analysis revealed that the implementation of the MARC was a strong explanatory factor in terms of median case processing times ($p < .001$), with the linear regression coefficient indicating a strong negative correlation ($p < .001$), demonstrating that the MARC process is responsible for the reduction in case processing times by approximately 13 days.

Because a number of youth facing delinquency charges (who are more likely than FINS cases to end up in court, thus lengthening their case processing times) are included in both samples, the research team ran a separate analysis focusing only on youth referred for status offenses. Figure 10 shows the median case processing times for status offenders, pre- and post-implementation of the MARC. The average case processing time for status offenders dropped dramatically after the MARC implementation, with an average decrease of 12.5 to 1.7 days. The slopes for each time period are relatively small and of limited use in the pre-implementation period, case processing times were decreasing at a small but somewhat constant pace; after implementation, they are increasing at an even smaller pace. However, the slight positive trend in the post-implementation slope is not significant and should be interpreted with caution, since the average time in some months reflects a processing time of less than one day, meaning there is only room for it to increase, not decrease.

Figure 10. Median Case Processing Time for FINS Cases, Pre- and Post-MARC.



Regression analysis confirms that the MARC process is strongly tied to these trends. Analysis using the MARC as a predictor of case processing times was significant ($p < .001$), and revealed a strong negative correlation. In other words, the implementation of the MARC caused the median case processing time for FINS referrals to decrease by nearly 11 days.

Researchers then ran a final regression model to examine whether case processing times for all cases decreased after controlling for important differences between the control and treatment groups, specifically demographics, prior offending history, and severity of the offense for the instant referral. The results of the model are shown below, in Table 3. The regression model found that, after controlling for differences in the demographics, charge severity, and prior history of the treatment and control groups, there was still a significantly significant decrease in case processing times for the MARC group of eight days.

Table 3. Case Processing Regression Model.

	B	T	Sig
(Constant)	6.856	1.954	0.051
age at referral	0.326	1.252	0.211
race (black)	2.246	1.563	0.118
sex (male)*	3.069	2.065	0.039
charge severity (higher=more serious)***	5.828	13.149	0.000
any prior felony**	7.441	2.73	0.006
Treatment Group***	-8.058	-5.244	0.000
<i>*p<.05, **p<.01, ***p<.001</i>			

It is increasingly being recognized nationally that timely responses to young people and families in need is a critical aspect of any successful juvenile justice initiative. These findings illustrate that Calcasieu is a leader in this area.

RECOMMENDATIONS

As discussed in the previous sections, Calcasieu Parish has taken significant steps in establishing a resource center to meet the needs of youth and families who are struggling. It is no small accomplishment to identify a new model, secure funding and commitment, and work with existing agencies and staff to launch an initiative of this magnitude.

Vera's outcome evaluation sought to determine the efficacy of the MARC to meet objectives shaped by the Parish's guiding philosophy: that providing effective prevention and intervention services to youth and families as early as possible greatly increases the potential to impact their lives positively and divert them from a path of serious delinquency down the line. The evaluation findings illustrate that, by and large, the center has been successful. OJJS is now tasked with maintaining and building upon this success. This section presents Vera's recommendations to OJJS, based on the research findings. While some of the recommendations pertain to data collection, monitoring, and accountability, and others are specific to program operations, they all aim to assist the OJJS in maintaining the MARC's already high level of performance and the center's capacity to assist Calcasieu's youth and families in need.

Data Recommendations

The findings reveal the success of the MARC to assist Calcasieu's youth and families in need, and help prevent them from re-entering the system. While the data received from the Parish for use in this study was enormously beneficial and quite extensive, there are areas where the locality could strengthen and enhance its data collection efforts, with an eye toward ongoing analysis, monitoring, and system improvements. With this in mind, we recommend expanding and enhancing the internal performance tracking system to help make data that looks at measures of success for the FINS and delinquency population readily available, and provide benchmarks by which future progress can be measured. The following data recommendations address the types of information not currently collected by the MARC that could be useful down the road.

Enhanced Data on Service Provision

One primary goal of the MARC is to link youth and families with services in the community. Based on the data collected for the evaluation, it is clear that youth are referred to services and that these referrals happen quickly. However, there is no indication of whether or not the youth completed a program, attended sessions, or of their overall receptiveness to, or satisfaction with, that service. For example, for a FINS youth who leaves the MARC with a service plan, it's difficult to know whether or not the family has actually made an appointment for services, or showed up to any appointments made with providers. Service provider data would be helpful for learning more about a young person's progress with actually fulfilling their service plan. This can be done through follow-up from the service provider to the MARC about the young person's progress with the program/service. These regular updates would not be used as a rationale to pull

the young person into the formal system, but would be a good measure for the effectiveness of the match, enable the early detection of any issues the youth may have with the referral, and allow for any necessary adjustments to the youth's service plan. Data from these reports could be aggregated and reported out regularly, and used as a performance measure to monitor MARC staff's ability to match youth to programs that are not only a good fit in terms of services, but are programs with which the youth is actually likely to engage.

Complete Record of Referral Decision-making Process

The evaluation revealed gaps in the MARC's record-keeping for how and why certain program/service referrals were made. The JIFF data currently includes the output following the young person's completion of the assessment, and a comments field for MARC staff to provide additional information that may have impacted the service referrals (though this field is optional). However, based on Vera's findings, a complete account of the factors that inform the MARC's decision about program referrals for youth is not always available. And, because no needs assessment data were available prior to the implementation of the MARC, it was impossible to know whether or not these decisions were being made better as a result.

The MARC may consider adding an element to their case management tracking system that captures, in a standardized way, reasons for referrals that aren't in line with the JIFF. Comprehensive data collection on all components of the decision-making process would allow OJJS to set benchmarks, creating a point of comparison for future analysis of the JIFF and the MARC's ability to identify and address the needs of at-risk youth. More comprehensive data collection on the match to services will also allow for the MARC to track deviations from the JIFF output and enable long-term monitoring of not only the referral process, but also youth progress.

Program Recommendations

To continue the success of the MARC and help the program identify and make improvements when necessary, Vera recommends implementing a comprehensive quality assurance process that addresses the importance of family and staff input.

Routinely Examine Continuum of Services

In order to ensure that all youth who go through the MARC are referred to the appropriate programs and services, it is important for MARC staff to have access to a current and comprehensive list of services and related providers to meet all possible needs for which a youth may be flagged. We recommend that the MARC regularly review the services available to Calcasieu's youth and families in order to prevent gaps and enable staff to make the best possible match between youth and program/ service.

Examine the Use of the JIFF

A thorough understanding of how MARC staff view and use the JIFF is crucial to help MARC administrators determine whether the JIFF is the most appropriate tool for this decision point. While the JIFF is a highly regarded tool, its psychometrics, while promising, has not been

subject to study by an objective third party.²⁰ In addition, while the creators of the tool have offered some evidence of its predictive validity, or ability to measure what it purports to (e.g., needs), these findings are limited because they pertain to the instrument's ability to predict subsequent adjudication, an outcome that is more suitable for validations of risk assessments and arguably of limited utility in studying ability to predict needs.²¹ This is not to say that the JIFF is inappropriate or not useful for the MARC, simply that more information may be needed to decide that. We recommend that while the Parish continues to use the JIFF to assess needs, it may want to consider simultaneously conducting a careful examination of its use to be in a position to make a more informed decision about long-term use down the road. We provide below several approaches to assess the JIFF.

Staff Survey. The first step in assessing the use of the JIFF is gaining a clearer picture of how staff actually use it. If staff hold little stock in the output of the JIFF and instead rely heavily on information gathered from interviews and collateral information about the youth, then the JIFF, as currently used, may be of limited utility. We recommend conducting a confidential staff survey of all staff who currently or recently were tasked with coming up with service plans for youth and family based on the JIFF, perhaps using a simple and free (or low-cost) online survey platform like surveymonkey to preserve anonymity and encourage candor. Survey questions may assess:

- How well the role of the JIFF in the service referral process is understood
- How staff rate the utility of the JIFF
- Challenges in using the JIFF
- Experiences using the JIFF relative to other needs assessments for service planning
- Recommendations for changes to the process

Youth Experiences. Because the JIFF is self-administered, it is important to assess young people's experiences with the tool and their level of comprehension of the questions. This is key, since completing the JIFF is one of the first things a young person does after arriving at the MARC, at a time when they might still be in crisis mode and/or shortly after being arrested. We recommend engaging a group of youth whose cases were recently closed successfully and conducting a structured focus group or one-on-one interviews to learn more about their experiences self-administering the JIFF. Questions may include:

- How well did you understand the questions you were asked to answer?
- Were there any items that you recall being hard to answer or that you did not want to answer?

²⁰ The JIFF psychometric summary indicates that the JIFF has acceptable face validity (its purpose is apparent to those taking it), generalizability (no race effects and applicable to a number of settings), and reliability (multiple tests and multiple rates will yield the same score for one individual). Functional Assessment Systems. *Psychometric Support for the JIFF*. North Tonawanda, New York: Mental Health Systems, 2014.

²¹ Kay Hodges , Lisa A. Martin , Cynthia Smith & Shaun Cooper (2011) Recidivism, Costs, and Psychosocial Outcomes for a Post-Arrest Juvenile Diversion Program, *Journal of Offender Rehabilitation*, 50:7, 447-465, DOI: [10.1080/10509674.2011.586106](https://doi.org/10.1080/10509674.2011.586106)

- Was the assessment too long? Did you feel at some point as though you didn't want to finish it? Were there any items you skipped or didn't pay attention to?
- Would you have rather had a staff member ask you these questions?
- Did you have to ask for help (or press the question mark button) at any point?
- Did you mind taking the JIFF when we asked you to take it?

Quality Assurance. The MARC currently engages in a limited quality assurance process, wherein a certified psychologist pulls case files and conducts a thorough review of assessment and service planning for youth referred to the CART. Vera recommends expanding the process in two ways. First, while it may not be feasible for the psychologist to review all case files, we recommend pulling a random sample of twenty non-crisis files per month for review. Second, we recommend implementing a similar process for intake staff supervisors, wherein a separate random sample of cases is reviewed on a regular basis.

Test for Concurrent Validity. While assessing the predictive validity of a needs assessment instrument can be a difficult task, there are some steps the MARC can take to begin to test for concurrent validity, meaning that the results match up with other tools used to assess the same needs. Currently, MARC staff administer the MAYSI on youth whose JIFF indicates that they have mental health needs. We recommend conducting the MAYSI screen on a larger population of youth referred to the MARC for a limited period of time, for research purposes only.²² With mental health data from both assessments in hand, the MARC can then study whether the results of the MAYSI are in line with the results of the JIFF, in terms of flagging mental health needs. There may be other concurrent assessments available to examine other JIFF domains as well, such as assessments done by the school on educational needs.

Youth and Family Feedback

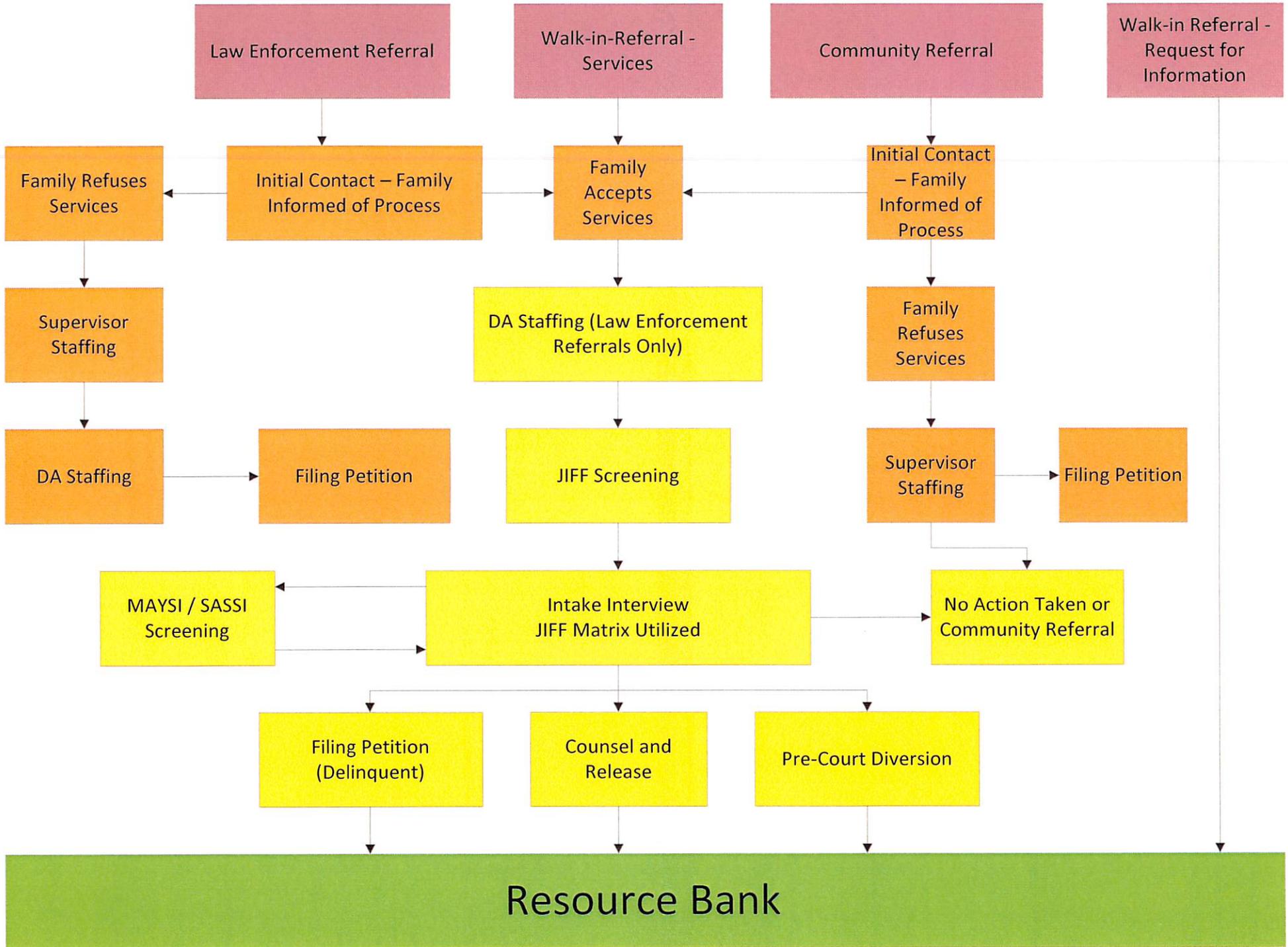
The MARC is intended to be centered on the needs of youth and families and their level of satisfaction with the process is one of the markers of success for the center. To that end, we recommend that the MARC develop a method of obtaining feedback from youth and families regarding their experience and satisfaction with the MARC process, and, if possible, the services to which they were referred. Implementing a client satisfaction-type survey would provide valuable information about how the families perceive and experience the MARC and the service providers to which they were referred. Receiving feedback from the youth and their family about what works and what doesn't about the MARC process—including the interviews with the MARC officer, the completion of the JIFF, the development of the service plan, referral to services, and their later interaction with the service providers will help to enhance current practices and procedures. Gathering survey data about the service providers specifically may be helpful to gauging the usefulness of particular providers to address youth needs, and to understanding the accessibility of the service provider by the youth and their family. For example, if the provider is available at limited times, and/ or inconveniently located in relation to the families served by the MARC, the center may need to reconsider the provider as a referral option at all.

²² The use of consent forms is advised for this process, if possible.

Vera suggests eliciting youth and family feedback at two points in time, with a survey at the time of their last engagement with the MARC, and a follow-up phone call conducted three months after case completion. This would allow for some distance from the incident/ event that may have brought the youth to the MARC, and hopefully result in a more opportune time in which to ask the family to reflect on their experience with the MARC.

In addition, we encourage the MARC to think about new ways to engage the youth and families of Calcasieu Parish, especially those who have been in crisis and gone to the MARC for help. This may include establishing and convening a community advisory board of youth and families who meet several times a year to discuss and provide feedback on the MARC.

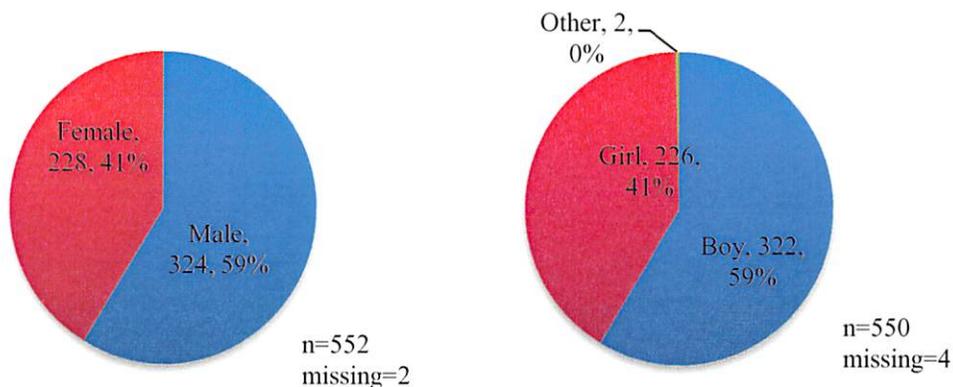
Appendix A. MARC Flow Chart



Appendix B: LGBTQ Survey of MARC Youth

Vera surveyed 554 youth entering the MARC to gauge the prevalence of lesbian, gay, bisexual, transgender, and questioning (LGBTQ) youth that are receiving services. Analysis of survey responses to questions about biological sex and gender revealed that 59 percent (or 324) of the youth identified their biological sex as male, while 41 percent (or 228) were female; two were missing. Among youth who responded to the sexual orientation question, one percent (or 6 youth) identified as lesbian or gay and two percent of youth (or 13) identified a gender not conventionally associated with their biological sex (gender non-conforming). See Figures B.1 and B.2 for the breakdown of MARC youth by sex and gender identity.

Figures B.1 and B.2. MARC Youth by Biological Sex & Gender Identity.



Lesbian, Gay, Bisexual, & Questioning Youth

In addition to sex and gender, Vera surveyed the sexual orientation of MARC youth. Researchers found that the majority of youth identified their sexual orientation as straight (96% or 525) but four percent (or 23) identified as lesbian/gay, bisexual, or questioning (LGBQ). Among all youth, six identified as lesbian/gay (or 1%), 14 identified as bisexual (or 3%) and three identified themselves as questioning their sexual orientation. See Figure B.3 for the breakdown of MARC youth by sexual orientation. Vera also looked at sexual orientation by gender, and found the majority of LGBQ youth identified as girls (78% or 18). See Figure B.4 for the breakdown of MARC youth by sexual orientation and gender identity.

Figure B.3. MARC Youth by Sexual Orientation.

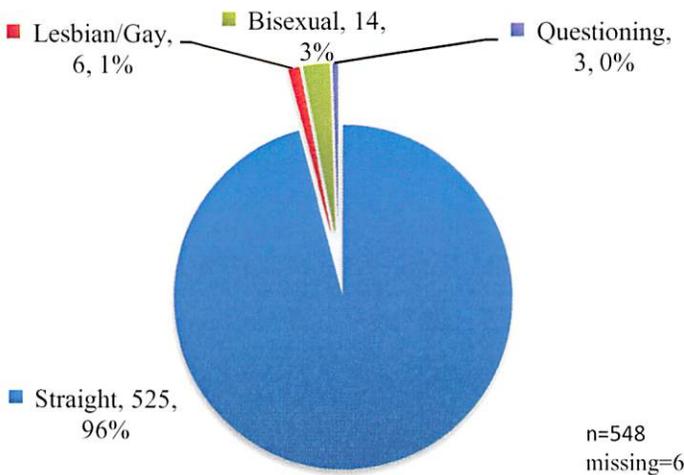
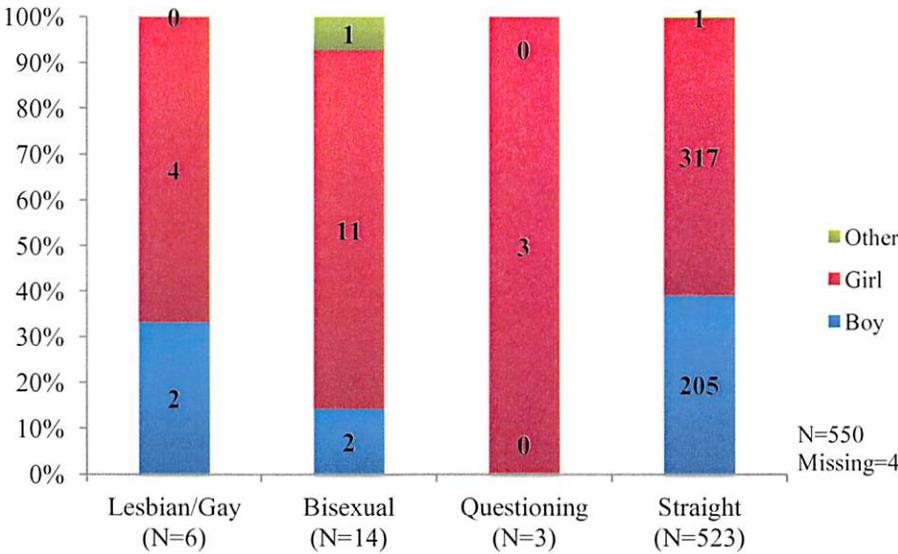


Figure B.4. MARC Youth by Sexual Orientation & Gender Identity.



Appendix C: Propensity Score Matching Output

PSM Model 1: Re-referral

 Estimation of the ATT with the nearest neighbor matching method
 Random draw version

Note: the common support option has been selected
 The region of common support is [.01506474, .9975481]

The outcome is Treatment_Group

Variable	Obs	Mean	Std. Dev.	Min	Max
Treatment_~p	2072	.332529	.4712331	0	1

The treatment is ReReferral_Flag

did youth have a rereferral in the study period?	Freq.	Percent	Cum.
no	1,444	69.69	69.69
yes	628	30.31	100.00
Total	2,072	100.00	

The distribution of the pscore is

Estimated propensity score					
Percentiles	Smallest				
1%	.0242863	.0150647			
5%	.0539617	.0153958			
10%	.0726532	.0153958	Obs	2072	
25%	.1197141	.0153958	Sum of Wgt.	2072	
50%	.2378568		Mean	.3024069	
	Largest	Std. Dev.	.2296047		
75%	.4327237	.9884697			
90%	.6476048	.99043	Variance	.0527183	
95%	.8006632	.9932908	Skewness	1.038387	
99%	.9534989	.9975481	Kurtosis	3.35921	

The program is searching the nearest neighbor of each treated unit.
 This operation may take a while.

Forward search

Backward search

Choice between backward or forward match

Display of final results

The number of treated is

628

The number of treated which have been matched is

628

Average absolute pscore difference between treated and controls

Variable	Obs	Mean	Std. Dev.	Min	Max
PSDIF	628	.0022878	.0053603	0	.0340294

Average outcome of the matched treated

Variable	Obs	Mean	Std. Dev.	Min	Max
Treatment_~p	628	.3328025	.4715921	0	1

Average outcome of the matched controls

Variable	Obs	Weight	Mean	Std. Dev.	Min	Max
Treatment_~p	443	628.000001	.3494559	.4773372	0	1

ATT estimation with Nearest Neighbor Matching method

(random draw version)

Analytical standard errors

n. treat.	n. contr.	ATT	Std. Err.	t
628	443	-0.017	0.041	-0.411

Note: the numbers of treated and controls refer to actual nearest neighbour matches

PSM Model 2: Re-referral Charge Severity

 Estimation of the ATT with the nearest neighbor matching method
 Random draw version

Note: the common support option has been selected
 The region of common support is [.00952326, .72954453]

The outcome is Treatment_Group

Variable	Obs	Mean	Std. Dev.	Min	Max
Treatment_~p	1661	.3955449	.4891147	0	1

The treatment is moreserious

reref more serious	Freq.	Percent	Cum.
no reref; or same or less serious	1,465	88.20	88.20
more serious	196	11.80	100.00
Total	1,661	100.00	

The distribution of the pscore is

Estimated propensity score					
Percentiles	Smallest				
1%	.0103672	.0095233			
5%	.0147439	.0095233			
10%	.0214345	.0095233	Obs	1661	
25%	.041637	.0095233	Sum of Wgt.	1661	
50%	.0821453		Mean	.1164443	
	Largest	Std. Dev.		.1062801	
75%	.1547131	.6575614			
90%	.2522448	.6584643	Variance	.0112955	
95%	.3351632	.7184709	Skewness	1.891677	
99%	.5076981	.7295445	Kurtosis	7.601982	

The program is searching the nearest neighbor of each treated unit.
 This operation may take a while.

 Forward search

 Backward search

 Choice between backward or forward match

Display of final results

The number of treated is
196

The number of treated which have been matched is
196

Average absolute pscore difference between treated and controls

Variable	Obs	Mean	Std. Dev.	Min	Max
PSDIF	196	.000647	.0015755	0	.0125313

Average outcome of the matched treated

Variable	Obs	Mean	Std. Dev.	Min	Max
Treatment_~p	196	.377551	.4860159	0	1

Average outcome of the matched controls

Variable	Obs	Weight	Mean	Std. Dev.	Min	Max
Treatment_~p	190	196	.3803207	.4867482	0	1

ATT estimation with Nearest Neighbor Matching method
(random draw version)
Analytical standard errors

n. treat.	n. contr.	ATT	Std. Err.	t
196	190	-0.003	0.053	-0.052

Note: the numbers of treated and controls refer to actual nearest neighbor matches

Omnibus Tests of Model Coefficients^a

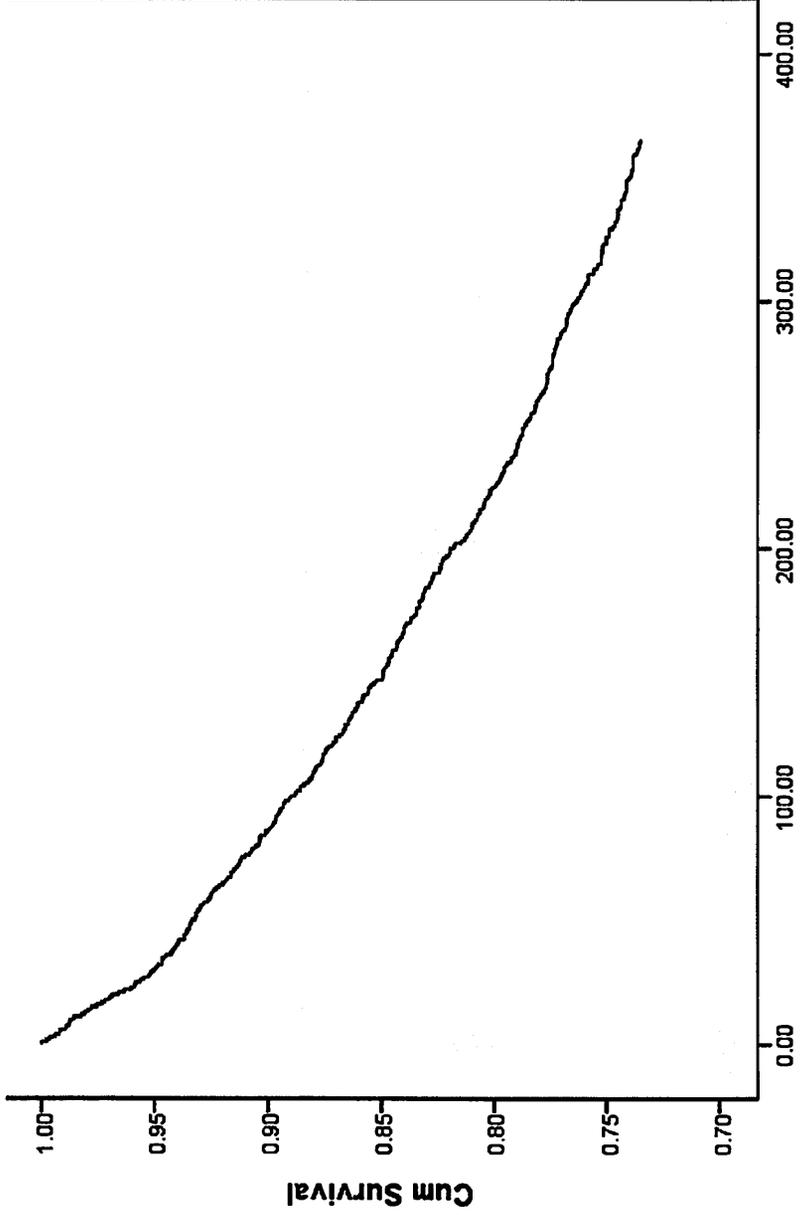
-2 Log Likelihood	Overall (score)			Change From Previous Step			Change From Previous Block		
	Chi-square	df	Sig.	Chi-square	df	Sig.	Chi-square	df	Sig.
9145.392	320.184	22	.000	6.188	6	.402	6.188	6	.402

a. Beginning Block Number 4. Method = Enter

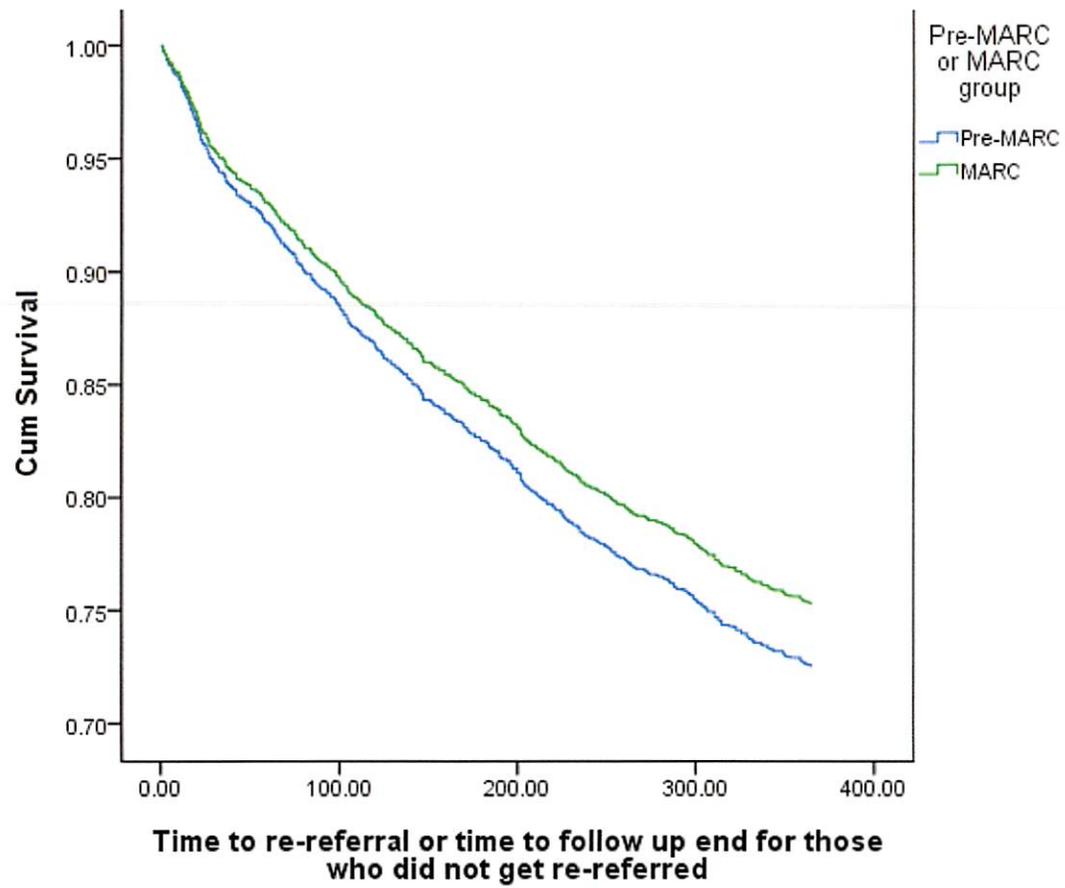
Variables in the Equation

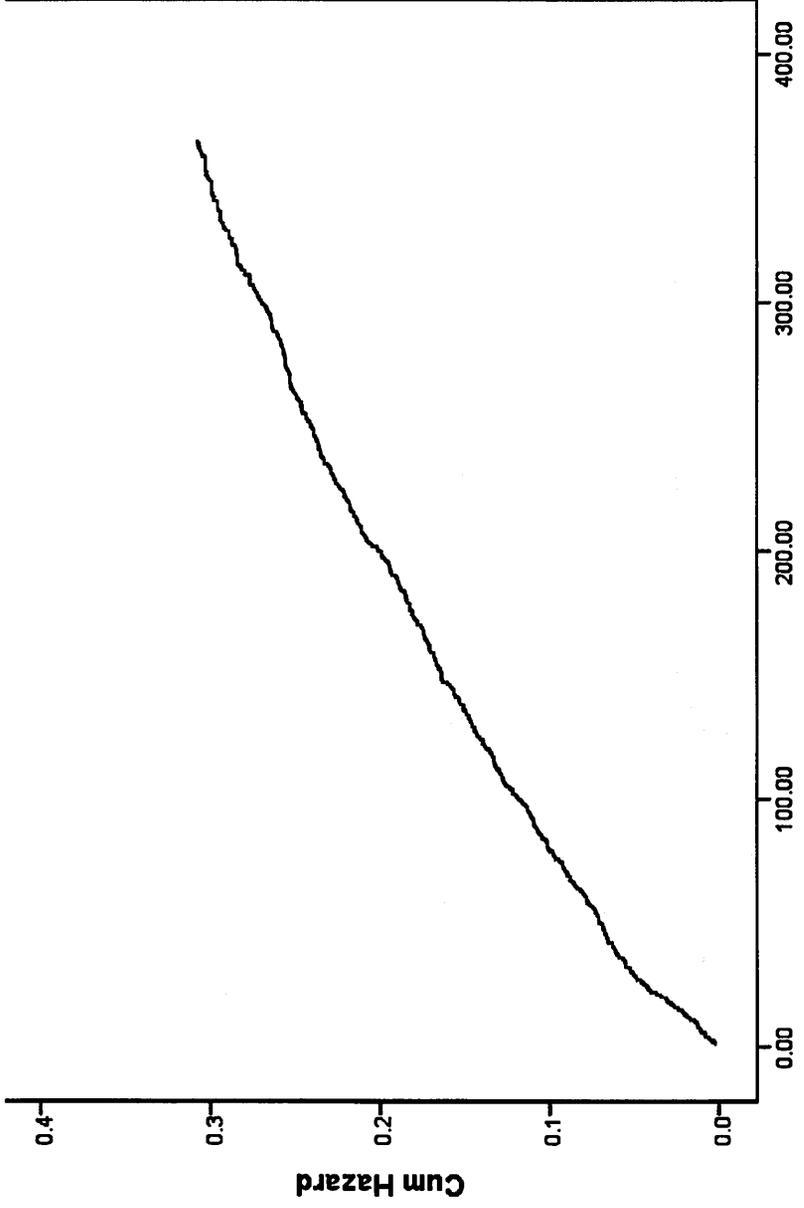
	B	SE	Wald	df	Sig.	Exp(B)
Treatment_Group	-.123	.091	1.828	1	.176	.884
Race_Black	.305	.086	12.653	1	.000	1.357
Race_Hispanic_Latino	.119	.361	.109	1	.742	1.126
Race_Asian	-9.028	62.721	.021	1	.886	.000
Race_NativeAmerican	-.616	1.004	.377	1	.539	.540
Race_Other	-.424	1.005	.178	1	.673	.654
Sex	.459	.089	26.501	1	.000	1.582
Age_at_Referral	.081	.015	27.762	1	.000	1.084
Drug_misdemeanor	.112	.254	.195	1	.659	1.119
Felony_Person	.517	.602	.739	1	.390	1.678
Felony_property	.951	.197	23.278	1	.000	2.589
Misd_Person	.464	.209	4.956	1	.026	1.591
Misd_property	.373	.188	3.930	1	.047	1.453
Status_offense	.678	.164	17.062	1	.000	1.969
AnyPriors	.629	.087	52.918	1	.000	1.876
Detained	1.027	.176	34.087	1	.000	2.793
Family_Risk	-.036	.115	.099	1	.753	.964
MH_Risk	.134	.094	2.017	1	.156	1.144
Alc_drug_abuse_Risk	.074	.092	.646	1	.421	1.077
Peers_gangs_Risk	-.165	.093	3.120	1	.077	.848
School_related_Risk	.047	.096	.236	1	.627	1.048
Behavioral_Risk	-.021	.099	.046	1	.830	.979

	Mean	1	2
Treatment_Group	.333	.000	1.000
Race_Black	.497	.497	.497
Race_Hispanic_Latino	.014	.014	.014
Race_Asian	.005	.005	.005
Race_NativeAmerican	.003	.003	.003
Race_Other	.004	.004	.004
Sex	.578	.578	.578
Age_at_Referral	13.184	13.184	13.184
Drug_misdemeanor	.047	.047	.047
Felony_Person	.003	.003	.003
Felony_property	.048	.048	.048
Misd_Person	.059	.059	.059
Misd_property	.152	.152	.152
Status_offense	.597	.597	.597
AnyPriors	.402	.402	.402
Detained	.031	.031	.031
Family_Risk	.827	.827	.827
MH_Risk	.601	.601	.601
Alc_drug_abuse_Risk	.562	.562	.562
Peers_gangs_Risk	.419	.419	.419
School_related_Risk	.647	.647	.647
Behavioral_Risk	.399	.399	.399

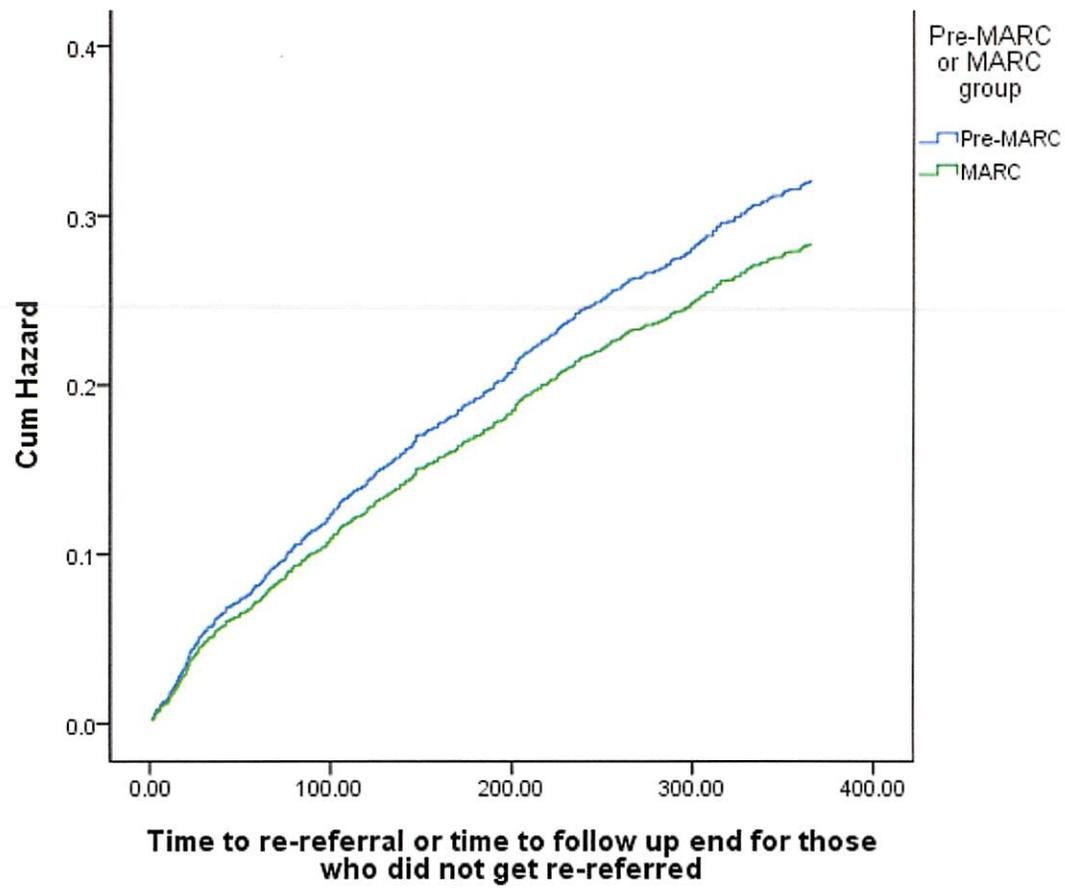


Time to re-referral or time to follow up end for those who did not get re-referred





Time to re-referral or time to follow up end for those who did not get re-referred



Appendix E: JIFF Services Matrix

MARC JIFF Service Matrix

SCHOOL DOMAIN	
Areas of Interest	Service Delivery
Pursue GED or return to school	Refer to Child Welfare & Attendance for educational options. www.cpsb.org/ Refer to Louisiana National Guard/Youth Challenge Program www.ngycp.org/site/state/la/
Increase school attendance	Refer to school counselor for intervention. www.cpsb.org/
Improve poor grades	Refer to school counselor for intervention. www.cpsb.org/
Address academic needs	Refer to school counselor for intervention. www.cpsb.org/
Increase behavioral compliance at school	Refer to school counselor for intervention. www.cpsb.org/
In school, cease aggression or intimidation and increase appropriate expression of feelings	1) Conduct a follow-up interview to determine the validity of the information. 2) If information is deemed valid by a Senior MARC Staff the MAYSI screening shall be administered according to Sec 6.3.
JOB	
Areas of Interest	Service Delivery
Explore job or job training opportunities	Refer to Calcasieu Parish Workforce Center. www.laworks.net/
Explore educational options or opportunities	Refer to Child Welfare & Attendance for educational options. www.cpsb.org/ Refer to LA National Guard/Youth Challenge Program www.ngycp.org/site/state/la/
PICKED ON BY PEERS	
Areas of Interest	Service Delivery
Improve social, interpersonal, or physical skills	Consider referral one or more of the following: 1) Big Brothers/Big Sisters www.bbbs.org/ 2) Family and Youth Counseling Agency www.fyca.org/ 3) For a comprehensive list of Therapeutic Services please see the Children and Youth Planning Board website. www.calcy pb.org/
NON COMPLIANCE AT HOME	
Areas of Interest	Service Delivery
In home, cease aggression or intimidation and increase appropriate expression of feelings	1) MARC Staff shall conduct a follow-up interview to determine the validity of the information. 2) If the information is deemed valid by a Senior MARC Staff the MAYSI screening shall be administered according to Sec 6.3.

NON COMPLIANCE AT HOME (continued)

Areas of Interest	Service Delivery
Increase behavioral compliance at home * Improve relationships within the family * Increase monitoring of activities* Improve youth's relationship with family members*	* Consider referral to one of the following in-home counseling services: 1) Gulf Coast Teaching-Multi Systemic Therapy www.gctfs.org/ 2) Educational & Treatment Council-Functional Family Therapy 3) Educational & Treatment Council-Family Preservation Program www.etc-youth.org/ 4) For a comprehensive list of therapeutic services, please see the Children and Youth Planning Board website: http://www.calcypb.org/

PEER INFLUENCES

Areas of Interest	Service Delivery
Increase monitoring of peer associations * Increase participation in pro-social activities with appropriate peers.* In neighborhood, provide alternatives to negative influences.*	* Consider referral one or more of the following: 1) Big Brothers/Big Sisters www.bbbs.org/ 2) Family and Youth Counseling Agency www.fyca.org/ 3) For a comprehensive list of youth services, please see the Children and Youth Planning Board website www.calcypb.org/

UNSAFE COMMUNITY BEHAVIOR

Areas of Interest	Service Delivery
Reduce possible anti-social tendencies	Consider referral one or more of the following: 1) Lake Charles Mental Health www.dhh.louisiana.gov/ 2) Psychologist/Psychiatrist of the families choice 3) For a comprehensive list of youth services, please see the Children and Youth Planning Board website www.calcypb.org/
In community, cease aggression or intimidation and increase appropriate expression of feelings	1) Conduct a follow-up interview to determine the validity of the information. 2) If information is deemed valid by a Senior MARC Staff the MAYSI screening shall be administered according to Sec 6.3.
Reduce possible gang associations	Consider referral one or more of the following: 1) Big Brothers/Big Sisters www.bbbs.org/ 2) Family and Youth Counseling Agency www.fyca.org/ 3) For a comprehensive list of youth services, please see the Children and Youth Planning Board website www.calcypb.org/
Extinguish fire-setting behavior to ensure safety	1) Conduct a follow-up interview to determine the validity of the information. 2) If information is deemed valid by a Senior MARC Staff the MAYSI screening shall be administered according to Sec 6.3.

UNSAFE COMMUNITY BEHAVIOR (continued)

Areas of Interest	Service Delivery
Eliminate inappropriate sexual behavior to ensure safety	<p>1) Conduct a follow-up interview to determine the validity of the information.</p> <p>2) If information is deemed valid by a Senior MARC Staff, the MAYSI screening shall be administered according to Sec 6.3.</p>

FEELINGS

Areas of Interest	Service Delivery
<p>Evaluation to assess anxiety *</p> <p>Evaluation to assess depression *</p> <p>Evaluation to assess effects of trauma *</p> <p>Improve mood and coping with feelings *</p>	<p>* Consider referral one or more of the following:</p> <p>1) Lake Charles Mental Health www.dhh.louisiana.gov/</p> <p>2) Psychologist/Psychiatrist of the families choice</p> <p>3) For a comprehensive list of youth services, please see the Children and Youth Planning Board website www.calcyph.org/</p>

SELF HARM POTENTIAL

Areas of Interest	Service Delivery
Reduce risk-taking or self-harmful behavior	<p>1) Conduct a follow-up interview to determine the validity of the information.</p> <p>2) If information is deemed valid by a Senior MARC Staff the MAYSI screening shall be administered according to Sec 6.3.</p>
Evaluation to assess suicidality	<p>* Consider referral one or more of the following:</p> <p>1) Lake Charles Mental Health www.dhh.louisiana.gov</p> <p>2) Psychologist/Psychiatrist of the families choice</p> <p>3) For a comprehensive list of Youth Services please see the Children and Youth Planning Board website: http://www.calcyph.org/</p>

SUBSTANCE USE

Areas of Interest	Service Delivery
<p>Eliminate alcohol use *</p> <p>Eliminate drug use *</p>	<p>* Consider one or more of the following:</p> <p>1) Administer Drug Screen for confirmation of substance use</p> <p>2) Administer SASSI</p> <p>2) Administer SASSI to determine dependency level</p> <p>3) Referral to outpatient substance abuse group/agency:</p> <p>a. Educational and Treatment Council: Multi-Family Group</p> <p>b. Nu-Exodus Substance Abuse Program</p> <p>c. Clinic for Addictive Disorders intensive outpatient group</p> <p>3) For a comprehensive list of Youth Services please see the Children and Youth Planning Board website: http://www.calcyph.org/</p>

THINKING	
Areas of Interest	Service Delivery
Evaluation to assess possible illogical thinking and irrationality (CAFAS)	<p>1) Conduct a follow-up interview to determine the validity of the information.</p> <p>2) If information is deemed valid by a Senior MARC Staff the MAYSI screening shall be administered according to Sec 6.3.</p>
<p>Health Related</p> <p>Explore need for medical care</p> <p>Explore need for dental care</p> <p>Explore need for vision exam or glasses</p> <p>Provide sex education or teen medical services</p>	<p>Consider a referral to one or more of the following:</p> <ol style="list-style-type: none"> 1) Family Physician 2) Family Dentist 3) For a comprehensive list of Health Services please see the Children and Youth Planning Board website: http://www.calcyph.org/
Eliminate smoking behavior	Provide smoking cessation literature provided by Tobacco Free Living
Cease partner violence (on Youth JIFF only)	
Enhance parenting skills	<p>Consider one of the following:</p> <ol style="list-style-type: none"> 1) Educational and Treatment Council Nurturing Parenting Class 2) Volunteers of America for family services 3) For a comprehensive list of Parenting Services please see the Children and Youth Planning Board website: http://www.calcyph.org/
BURDEN OF CARE	
Areas of Interest	Service Delivery
Enhance support to caregivers (on Caregiver JIFF only)	N/A
FAMILY ENVIRONMENT	
Areas of Interest	Service Delivery
Assessment of family needs.	N/A

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