NCCD | National Council on Crime & Delinquency

A Profile of Youth in the Los Angeles County Delinquency Prevention Pilot





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Prepared for the Los Angeles County Department of Children and Family Services.

NCCD promotes just and equitable social systems for individuals, families, and communities through research, public policy, and practice.

Acknowledgments

The Los Angeles County Delinquency Prevention Pilot (DPP) and this study were collaborative efforts involving the NCCD Children's Research Center (NCCD); the Los Angeles County Department of Children and Families (DCFS); the Los Angeles County Probation Department; the Los Angeles County Juvenile Court; Casey Family Programs; Georgetown University's Center for Juvenile Justice Reform (CJJR); California State University, Los Angeles; and the Conrad N. Hilton Foundation. NCCD is indebted to everyone who was part of the DPP's design, training, implementation, research, funding, and oversight.

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Introduction

Children involved in the child welfare system are more likely than other children to be arrested or referred for delinquent offenses. Their risk of involvement in the juvenile justice system also increases as exposure to violence increases. Although the Los Angeles County Department of Children and Family Services (DCFS) had a program in place for children who were dually involved with the child welfare and juvenile justice systems,[1] they sought to develop a mechanism for identifying youth served by DCFS who were at greatest risk of juvenile justice system involvement. This would allow provision of targeted services to those youth in an effort to prevent such involvement.

Since 1999, DCFS has used the Structured Decision Making® (SDM) decision-support system, developed by the NCCD Children's Research Center. The SDM® system for child welfare includes an actuarial risk assessment to identify families investigated for child maltreatment who were at greatest risk of subsequent maltreatment. In 2010, DCFS staff involved in the Crossover Youth Practice Model (CYPM) asked NCCD to examine the possibility of creating a similar assessment for assessing the risk of delinquency among children receiving child welfare services in the county.

NCCD conducted a study in 2011 and was able to develop an actuarial assessment, the SDM delinquency prevention screening assessment (DPSA),[2] to help the county identify children at higher risk of subsequent delinquency than other children. The assessment was initially piloted by four Los Angeles County offices (Compton, Glendora, Palmdale, and South County) in the fall of 2012 as part of the Delinquency Prevention Pilot (DPP). Children identified as high risk of subsequent delinquency in the pilot offices were to receive resources targeted to their needs and risk factors related to delinquency (e.g., substance abuse, education, mental health, and delinquency) during the subsequent six months. In order to assess implementation, NCCD sought and received funding for a process evaluation from the Center for Juvenile Justice Reform (CJJR) at Georgetown University McCourt School of Public Policy. CJJR received funding for the evaluation of DPP and its work with CYPM from the Conrad N. Hilton Foundation. In 2013, the evaluation plan was modified to include short-term monitoring of process and outcome measures including service provision and entry into the juvenile justice system.

The following literature review provides an empirical and theoretical basis for the project. The evaluation provides background for the development and implementation of DPP, describes successes and challenges related to implementation, serves as a first step in evaluating the effectiveness of the program to reduce delinquency over time, and offers recommendations for improving implementation of a delinquency prevention model in Los Angeles County and other sites.

[1] This program is known as the Crossover Youth Practice Model (CYPM). This initiative was designed and implemented by the Center for Juvenile Justice Reform (CJJR) at Georgetown University's McCourt School of Public Policy.

[2] Los Angeles County DCFS commonly refers to the delinquency screening assessment in Appendix B as the DPSA.

Background

Review of Literature

Numerous studies confirm that children who experience maltreatment are more likely than other children to be arrested and/or referred for delinquent offenses (English, 1998; Fagan, 2005; Jonson-Reid & Barth, 2000; Kelley, Thornberry, & Smith, 1997; Widom, 1996; Widom & Maxfield, 2001; Zingraff, Leiter, Myers, & Johnsen, 1993).[3] Children who have experienced maltreatment are also more likely to commit offenses as adults (English, Widom, & Brandford, 2002; Fagan, 2005; Mersky & Topitzes, 2010). A National Institute of Justice (NIJ) study showed that maltreated children were 11 times more likely than a matched control group to be arrested and 2.7 times more likely to be arrested as adults (English, Widom, & Brandford, 2004). Abused and/or neglected children are more likely to become delinquent at a younger age (Lemmon, 1999; Ryan, Herz, Hernandez, & Marshall, 2007) and more likely to commit a violent offense (English, 1998; English et al., 2002; Kelley et al., 1997; Widom, 1996; Widom & Maxfield, 2001).

The more violence children are exposed to, the more likely they are to become delinquent. For example, children who were maltreated and also witnessed domestic violence were more likely to become delinquent than those children exposed to only one or the other (Chiodo, Leschied, Whitehead, & Hurley, 2008). Children who were chronically maltreated were more likely to be delinquent than children who experienced only one or two incidents of maltreatment (Ryan & Testa, 2005; Stewart, Livingston, & Denison, 2008).

Entering the juvenile justice system may be especially harmful for youth who experience maltreatment. As previously mentioned, abused or neglected youth tend to enter the system at a younger age than other juvenile offenders. In addition, even after controlling for age of first offense, maltreated youth are more likely than other youth to be sentenced to a correctional facility or other "suitable placement" as opposed to probation (Ryan et al., 2007). Thus, once they become involved, maltreated youth tend to more deeply penetrate the juvenile justice system.

Previously maltreated youth who enter the juvenile justice system often have severe treatment needs and pose an elevated risk to public safety. For public agencies, such problems are extremely costly. A child may be initially identified in a child abuse/neglect investigation and then migrate through an entire spectrum of public agencies, including foster care, juvenile justice, income maintenance, and adult corrections (Colman, Mitchell-Herzfeld, Kim, & Shady, 2010; Pecora, Kessler, O'Brien, White, & Williams, 2006). The large public and human costs of youth progressing through each of these service systems are compelling reasons to explore early interventions to break this cycle. Recognizing this, the Federal Advisory Committee on Juvenile Justice (FACJJ) recommended that the federal government support research on maltreated children who enter the juvenile justice system, including evaluation of efforts to prevent children's entrance into the juvenile justice system (FACJJ, 2010).

Although children who experience maltreatment are more likely than other children to become delinquent, not all maltreated children commit delinquent offenses. Examining which maltreated children become delinquent and the factors related to subsequent delinquency can help agencies target intervention efforts for children at greatest risk. Most existing longitudinal studies of children investigated for maltreatment have relied on administrative data and thus focused on case characteristics such as child

[3] See also Lemmon, 1999; Pawasarat, 1991; Smith & Thornberry, 1995; Swanston et al., 2003; Widom & Kaufman, 1999.

demographics, maltreatment type, allegation findings (substantiated or not), whether the child or family received services, and foster care placement.

Findings regarding the effects of service delivery on subsequent delinquency have varied. One longitudinal study of 61,542 child maltreatment victims in 10 California counties showed that the proportion of children who experienced a subsequent arrest for a delinquent offense was similar regardless of the type of maltreatment experienced. In addition, maltreatment victims who did not receive protective intervention services after the maltreatment investigation were no more likely to be incarcerated for delinquency than children who received services (Jonson-Reid & Barth, 2000). In another study of 37,479 child maltreatment victims in Missouri, non-White children who received protective services were less likely to be incarcerated than those who did not receive services, but service delivery did not affect the likelihood of incarceration among White children (Jonson-Reid, 2002).

Findings to date also indicate that foster care placement has an inconsistent impact on the likelihood of delinquency. In a prospective study of 772 maltreated youth, foster home placement reduced the likelihood of delinquency among females but not males. Multiple placements and residential or group home placements increased the likelihood of delinquency for males but not for females (DeGue & Widom, 2009). A longitudinal study with a larger sample (18,676 children born in 1983 who were victims in one or more substantiated maltreatment investigations) found that children placed in foster care were more likely to become delinquent than children who remained at home (regardless of gender), and multiple out-of-home placements increased the risk of delinquency for males, but not females (Ryan & Testa, 2005).

The type of foster care placement is sometimes related to the likelihood of delinquency. In the 2004 NIJ study, arrest rates were higher for children placed in non-relative homes than for children removed from caregivers and placed with relatives or kin (English et al., 2004). Another study found that children placed in group homes were more likely to become delinquent compared with a matched cohort of children placed in a traditional foster home (Ryan, Marshall, Herz, & Hernandez, 2008).

Among children who experience maltreatment, the likelihood of delinquency varies by gender and ethnicity. African American youth are more likely to be arrested as juveniles or adults than White youth, and males are more likely to be arrested than females (DeGue & Widom, 2009; Ryan & Testa, 2005). Pathways to delinquency may also differ by gender and/or ethnicity. For example, one longitudinal study of maltreated youth showed that among girls, depression and experiencing harsh discipline significantly increased the likelihood of delinquency, while substance use significantly increased the likelihood of delinquency among boys (Postlethwait, Barth, & Guo, 2010).

In response to these issues, Los Angeles DCFS and a number of other jurisdictions developed strategies to identify youth involved concurrently in the child welfare and juvenile justice systems, called "crossover" youth. Once youth with dual involvement are identified, staff from child welfare and juvenile justice collaborate to strengthen and focus case planning for youth and their families. Efforts to better serve crossover youth include more systematic screening and assessment of youth needs and strengths, more effective case management with multidisciplinary teams consulting on treatment plans, and effective supervision of case progress (FACJJ, 2010). It is hypothesized that multisystem collaborations are likely to improve outcomes for children. For example, maltreated youth may have been exposed to violence or other trauma and thus may have mental health needs that sometimes go untreated by the juvenile justice system (Ford, Chapman, Hawke, & Albert, 2007). Preliminary findings suggest that interagency collaboration improves the likelihood that a child with a mental health problem will receive services (Chiodo et al., 2008).

The Los Angeles DCFS Delinquency Prevention Pilot

Based on the research described above and LA's work with CYPM, DCFS, CYPM, and CJJR staff realized the potential benefits of identifying youth served by DCFS who were at higher risk of becoming delinquent and focusing more intensive interventions on these youth and their families before a child became involved with the juvenile justice system. DCFS staff worked with NCCD to develop and implement a pilot initiative that used an actuarial screening assessment completed for all youth ages 10 to 17 with a new open child welfare service case.[4] This SDM delinquency prevention screening assessment (see Appendix B) was integrated into the SDM system already in place in the county. As part of the screening assessment implementation, NCCD worked with DCFS staff in four pilot offices to design a practice model for completing the assessment and using the results to improve services for youth. This design work was supported by Casey Family Programs (CFP)[5] and resulted in policies and a practice model that had the potential to contribute to successful outcomes for the youth engaged in DPP. (See Appendix C for a detailed description of the SDM practice model component for use with Child Protective Services. The DPP model used these principles to guide its practice model work.)

SDM® Model Implementation

The following sections describe the screening assessment development and model implementation process.

Designing the SDM® Delinquency Prevention Screening Assessment

The SDM delinquency prevention screening assessment (DPSA) was the result of a study conducted by NCCD in 2011.[6] The analysis was based on a sample of 3,566 children ages 7 to 15 who (1) were subjects of a maltreatment investigation between April and December 2005 that led to an ongoing service case, and (2) had not crossed over into the LA juvenile probation department prior to the time of their maltreatment case opening. Data used for the analysis was drawn from information available in the State of California's Child Welfare Services/Case Management System (CWS/CMS); webSDM, a database of SDM assessments completed for each child/family by child welfare staff; and Los Angeles County Probation Department offense history data. Subsequent arrests and adjudications in Los Angeles County were observed for a standardized three-year follow-up period (2005–2008) for each sample child. NCCD tested bivariate relationships between family and child characteristics and the outcomes and retained those with significant relationships for inclusion on the DPSA.

[4] The age group selected for inclusion in the pilot differed from the age group of the 2011 study. The age group included in the sample was ages 7 to 15. This age range was used for the study since it tracked youth delinquent behaviors for a three-year follow-up period. Youth older than 15 who had arrests or adjudications might not have remained with the juvenile court for their legal proceedings. NCCD had arrest and adjudication dates only from the LA Juvenile Probation Department.

[5] This work, undertaken by the DPP design team in early 2012, was led by Maryam Fatemi and Dick SantaCruz. Casey Family Programs, under the leadership of Bonnie Armstrong, provided funding for NCCD to participate in this work. CFP staff also lent their expertise to DCFS in the selection of the most effective practice strategies.

[6] Study available online at http://nccdglobal.org/sites/default/files/publication_pdf/la_delinquency_screening_assessment_report.pdf

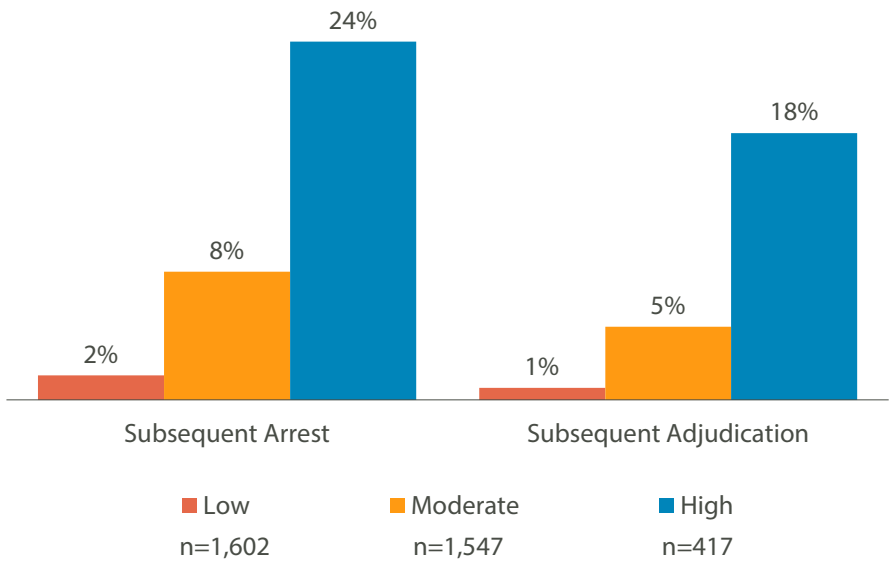
The result of the study was a prospectively valid, research-based screening assessment consisting of 10 items, including information such as child demographics; prior CPS history; and a variety of child and family needs, such as substance abuse and mental health.[7] Each item response has a corresponding score. Scores for all 10 items were totaled for an overall score, which was then translated into a risk of subsequent delinquency (low, moderate, or high).

Study results showed that it was possible to validly classify youth receiving ongoing CPS services by their likelihood of subsequent involvement in the juvenile justice system. Children classified as being at moderate or high risk of subsequent delinquency had higher arrest and adjudication outcome rates than youth classified as being at lower risk during a standardized three-year follow-up period (Figure 1).

It should be noted, however, that the great majority (75%) of high-risk youth were not arrested during the follow-up period. The DPSA also validly and equitably classified youth across racial/ethnic and gender subgroups.

CPS workers recorded the responses to all 10 items during the investigation and service planning phases for children with new open child welfare service cases and stored them in CWS/CMS and webSDM. The availability of these databases to NCCD's SafeMeasures® analytical program enabled the program to automatically calculate the risk of delinquency score and risk classification status for use during a pilot implementation project. The alert system was activated and began sending alert emails in time for the DPP launch in October 2012.[8]

Figure 1: Delinquency Outcomes by Screening Classification During a Three-Year Follow-Up Period



N = 3,566

Note: The base rate for arrest was 7% and the base rate for adjudication was 5%.

[7] The DPSA can be found in Appendix B.

[8] DPP alerts were sent to lead staff at DCFS and the Juvenile Court and Adoption Bureau (JCAB) and the four pilot offices every Monday morning. These alerts contained details on the automatic calculations that placed the youth into a high-risk classification. This procedure eliminated the need for line staff to complete another assessment tool, which would have contributed to staff's overall workload.

Developing the DPP Practice Model

DCFS administrators involved with the study design identified and solicited agreements from four offices (Compton, Glendora, Palmdale, and South County)[9] to participate in a research and pilot implementation process. Once the four offices and their DPP leadership teams were selected, Los Angeles County convened a pilot project workgroup to create a practice model that included all elements of the CPS SDM model described in Appendix A.

1. Bureau administrators decided to modify some practices to reduce the number of youth who cross over from the child welfare system to the juvenile justice system.

2. The agency adopted the newly designed DPSA, the purpose of which was to identify youth served by DCFS who were at the highest risk of becoming delinquent.

3. The workgroup developed policy and procedures to clearly define "which, who, what, when, and how" questions. As noted above, the DPSA was completed automatically in NCCD's SafeMeasures system for all youth ages 10 to 17 in a new CPS service case. Analysis began when the family's initial SDM family strengths and needs assessment (FSNA) was completed in webSDM. When any youth in the age group described above was identified as high risk and was being served by one of the pilot offices, an email alert was sent via SafeMeasures to a lead staff member in the respective office and the youth was enrolled in the DPP.

   Each office also designed a service delivery model that outlined the services and method of service delivery for youth identified as being at high risk of subsequent delinquency. In most offices, the practice model included a family-centered team/multidisciplinary team meeting held in a timely fashion to discuss the youth and family's specific delinquency-related needs. For example, if the DPSA identified substance abuse and education needs, the team would work to link the youth with additional resources focused on mitigating those needs. The team/multidisciplinary team meetings were already part of the county's core practice model, but the high-risk classification allowed the group to focus specifically on delinquency-related risks and needs. A service linkage specialist and the case social worker planned to meet monthly to discuss progress and determine whether the type and intensity of services were still appropriate or whether modifications were necessary.[10] An example of the practice model's main components can be found in Appendix C.

4. The workgroup participated in developing a training-for-trainers module. All key administrative and pilot office staff participated in a one-day training session. These participants subsequently implemented training sessions for all staff in the pilot offices who would be involved in the DPP effort.

5. DCFS and NCCD worked collaboratively to identify short-term process and outcome measures and develop a way to track those measures at the start of DPP services (baseline) and again at six months. These outcomes included occurrence of a team meeting, engagement with a significant adult or other mentor, educational performance status (i.e., credits, attendance, suspensions, and graduation status), participation in extracurricular activities, participation in substance abuse and/or mental health treatment, mental health hospitalizations, new arrests, referrals to CPS, reunifications, and placement changes (if related to substance abuse) that occurred while the youth was

[9] The four pilot offices volunteered to participate in the DPP. At the time the pilot was first launched, DCFS had a total of eight service provider areas and 19 offices; the pilot offices represented service provider areas 1, 3, 6, and 8. Each of the pilot offices identified 3% to 5% of the youth in their ongoing cases who were crossing over into the juvenile justice system.

[10] Los Angeles DCFS DPP Fact Sheet, September 12, 2012.

participating in the pilot. The measures were tracked in an MS Excel document stored on the agency's shared drive.[11]

6. NCCD used the data compiled in the first three months of implementation to create an interim management report. Administrative and office leaders used these results to make modifications to the program to improve the likelihood that the DPP's efforts would achieve positive outcomes for high-risk youth.

The SDM DPP model that was implemented in 2012 was modified slightly over the course of the pilot. Those modifications are described in the following section.

Early Pilot Implementation Monitoring

In early 2013, NCCD completed an early implementation monitoring report to profile the youth participating in the DPP during its first three months and to examine the service data recorded in the Excel database. The report included 83 youth who were enrolled in the DPP between October and December 2012. An examination of the baseline service data collected during the first three months of implementation provided some information regarding youth/mentor and youth/significant adult linkages. Only a small percentage (2%) of the youth for whom data were recorded had been linked to a mentor; 28% had been linked to a significant adult. The most important finding, however, was that data were not being recorded on a regular basis, particularly the fields related to education. NCCD recommended that the county focus efforts on collecting these service data in order to examine whether the additional services resulted in improved outcomes for youth.

NCCD also found that the DPP process was not consistently implemented. For example, not all youth for whom a DPSA alert was sent were entered into the DPP program. (Additionally, some youth for whom the county had not received an alert were enrolled in the DPP program.) It was not possible to determine the reasons that some youth were not enrolled—some of those youth may have transferred out of a pilot office prior to enrollment or may not have been enrolled for another reason. NCCD recommended that the county work to ensure that all eligible youth were enrolled moving forward and that workers track the reasons why some high-risk youth were not enrolled and given the services described in the DPP practice model.

Finally, a review of delinquency screening criteria indicated that the formula used to generate alerts did not accurately score each youth's prior CPS history—specifically, item R1, prior investigations. This resulted in overcounting prior history and, in some cases, resulted in a high-risk classification when the youth should have been classified as moderate risk. The formula was corrected in spring 2013 and staff were instructed to continue providing any ongoing additional services for those youth but to stop tracking outcomes for them at that time.[12]

Relaunching the DPP

In early spring of 2013, the Los Angeles County DCFS underwent significant organizational, structural, and staffing changes. One result of the reorganization was a decision to transfer DPP oversight from the DCFS Service Bureau to the Juvenile Court and Adoption Bureau (JCAB). The CYPM was already under the JCAB's oversight, and the transfer allowed for better coordination between the two projects. This transition resulted in key leadership changes and required updating these staff on DPP and its practice and data collection issues during the second phase of the DPP. Another result was a shift in some of the leadership positions within the four pilot offices participating in the DPP. With no remaining targeted technical assistance resources, DPP leaders and staff experienced a period of "drift" within the practices employed by staff engaged in the DPP. This drift and the existence of a strategic plan objective team committed to the reduction of crossover youth resulted in a special meeting in July 2013 to discuss

[11] Later in the pilot, staff collected service data in an online system designed by Los Angeles County. This change is discussed in the following section.

[12] Youth who were erroneously enrolled in the DPP due to an incorrect DPSA level or some other error are not included in the evaluation study. These omissions are described in the Findings section (Section V) of this report.

ways to strengthen the links between several DCFS initiatives with similar goals and objectives.[13, 14]

The strategic planning session held in July 2013 was hosted by California State University, Los Angeles. A key decision made at this session by the leadership of the three initiatives for high-risk youth was that the DPP should not continue to operate as it had been over the last several months. To address the issues that surfaced at the July session, another session was scheduled in September 2013 with the specific purpose of solving several key issues and discussing the feasibility of relaunching the DPP at the beginning of 2014. NCCD staff participated in the September onsite planning and collaboration meeting along with leaders of the JCAB; the Division of Mental Health Services; the Los Angeles CYPM; the Los Angeles County Office of the Medical Director; California State University, Los Angeles; and the Center for Juvenile Justice Reform (CJJR) at Georgetown University. The group spent time discussing the DPP's original intent and identifying specific steps that could be taken to create a continuum of care and strengthen the collaboration between the DPP and the CYPM.

One of the key issues discussed at this session was the need to make some adaptations to the original process evaluation design. Due to limitation in funding resources, a decision was made to eliminate some of the data collection strategies typically required for strong process evaluations, specifically (1) reading case files to ascertain the fidelity of implementation of the practice model; and (2) conducting focus groups of staff from the four pilot offices who were involved in the practice model. Related to this decision was the inclusion of a new focus on short-term outcomes related to reducing youth needs, delivering and tracking targeted services, and reducing subsequent involvement by youth with the juvenile justice system. The final agreement was to use implementation during three distinct periods to create cohorts for possible comparative purposes. Each cohort had distinct implementation timeframes, as well as diverse fidelity to the practice model and data collection requirements. The three cohorts are described in greater detail in the methodology section.

After considerable discussion and the design of a tentative action plan, a decision was made to modify the pilot model, its data collection system, and the process evaluation design and then relaunch the DPP in January 2014.

One of the most significant changes to the relaunched DPP was the development of a new, online data collection form designed to collect more comprehensive service outcomes than staff had previously tracked in the Excel database. The new online system was linked to CWS/CMS and made it easier for workers to track child information. This new data collection system also mirrored the system used for the Los Angeles CYPM, which was designed by DCFS staff and provided the county with a mechanism to track the delivery of services to youth engaged in both the county's child welfare and juvenile justice systems.

As part of the relaunch, the new pilot leaders adopted a strategy to simplify the data collection and entry systems. They also began to closely monitor data collection and system entry. Each of the four pilot offices was asked to identify two office leads responsible for DPP oversight in their office, who would participate in monthly DPP update meetings as part of that responsibility. The update meetings allowed office leads to share and discuss DPP-related issues in their offices and work together with other office and administrative leaders and NCCD to decide how to handle those issues.

By the end of the DPP in May 2014, there had not been a decision by DCFS to incorporate the practices developed by the pilot as overall agency policy and practice. Therefore, DCFS decided to discontinue enrolling any new high-risk youth in the pilot project but to continue serving and tracking outcomes for children and families who were already receiving DPP services.

[13] NCCD staff were not present for this session, but DPP leadership provided NCCD with detailed summaries of the group's discussions and key decisions.

[14] The three major initiatives were CYPM, DPP, and High Risk/High Needs Project.

Purpose of the Current Evaluation

The purpose of the current evaluation is threefold. First, NCCD will describe implementation fidelity of the DPSA and the delivery of corresponding services that were part of the DPP practice model in the four pilot offices. In other words, was the DPP model consistently practiced according to the guidelines designed by DCFS staff representing the four pilot offices, the policy and training units, the IT unit, special programs, and other county field operation divisions? The evaluation includes NCCD observations of the process, DPP management group feedback, and youth status and service delivery data to identify strengths and barriers to implementation. Findings from the initial DPP launch in October through December 2012 and the challenges faced by DPP during implementation in 2013 were used to improve several components of the DPP model prior to the January 2014 relaunch. Findings from the first two phases of DPP, along with findings from the post-relaunch period, are used to examine implementation fidelity in order to strengthen DPP implementation moving forward and to inform the implementation of similar programs in other jurisdictions.

The second purpose of this evaluation/monitoring report was to offer a preliminary estimate of whether the program had any short-term impacts on reducing DPP youth needs through focused service delivery and whether it prevented them from crossing over into the juvenile justice system. Specifically, NCCD examined whether children who participated in the program received services corresponding to their particular risk of delinquency needs and the extent to which children in the program became involved in the juvenile justice system. The needs reduction, service delivery, and delinquency outcome findings need to be considered within the context of the implementation findings.

Finally, NCCD used the findings of this evaluation to present improved guidelines for developing, implementing, and evaluating a child welfare-based delinquency prevention approach. Such guidelines will be shared with other agencies planning to implement a similar initiative for children at risk of involvement in the juvenile justice system.

Methodology

Data Collection and Analysis Methods

NCCD used several methods to collect data regarding implementation fidelity and short-term outcomes. Several data sources were used to gather information about implementation fidelity. DCFS and NCCD staff participated in the project design, responded to inquiries about DPP's overall purpose and the DPSA study's research results, and assisted with problem-solving strategies during implementation. Due to the nature of their involvement, these staff received feedback and heard about implementation issues and problems during all three phases of DPP implementation. Feedback and information was gathered via face-to-face discussions, monthly implementation reporting and problem-solving sessions, and phone conversations and email exchanges with DPP project staff, diverse representatives of service providers, IT staff, CYPM leaders, and other outside involved parties. During all of these exchanges, attention was regularly focused on implementation successes and challenges, availability of and ready access to appropriate services, and issues related to data collection on the youth's education, mental health, and substance abuse status, as well as determination of the current status of the delivery of specific services. Finally, data collected and stored on DCFS databases through all three phases of DPP implementation were used to identify strengths and barriers and guide the formulation of recommendations for increasing the effectiveness of the DPP practice model.

In order to examine short-term service delivery and delinquency outcome measures, NCCD identified three study cohorts that represent different stages of DPP implementation. Cohort one, which includes 83 youth identified and enrolled in the DPP during the first three months of implementation services, is considered the study baseline cohort.[15] Youth in this cohort received additional DPP-related services in addition to regular DCFS service provided through their CPS case plan. The youth in this cohort are likely to have received services per the DPP model as originally designed, although the collection of service delivery data was limited and workers found it challenging to obtain data from providers or other service delivery entities, such as the public schools.

Cohort two includes 77 youth identified as being at high risk and enrolled in the DPP between the end of January and the beginning of May, 2013. As the agency was undergoing structural and staffing changes, youth enrolled during this time may have received "services as usual" according to the DCFS case plan, and high-risk youth were unlikely to have received additional services as a result of being enrolled in the DPP. The collection and entry of very little, if any, service data into the DPP database during this time suggests a lack of focused services for these youth. This cohort of youth can be understood as a comparison group. They differ from a traditional comparison group in that services were provided at a different time, and the nature of the intervention may or may not have differed from that of other cohorts (i.e., some youth may have received wraparound services as usual).

[15] NCCD conducted a preliminary analysis on cohort one early during implementation and identified issues related to DPP enrollment. Checking resulted in the removal of some youth who should have been identified as being at only moderate risk of subsequent involvement with the juvenile justice system and some youth who had prior probation records, as these youth should not have been enrolled in the DPP. This cohort includes ONLY youth who were correctly identified through a SafeMeasures email alert as being at high risk of subsequent involvement with the juvenile justice system.

Finally, cohort three includes 70 youth who were identified as being at high risk and were enrolled in the DPP following the program relaunch, in January 2014 through early May 2014. These youth represent the treatment cohort, or youth who received DPP services in addition to regular DCFS services AND had service delivery data tracked in the newly created web-based data collection system. Comparing this cohort with the others provides information regarding whether the revitalized and relaunched program affected service delivery and service tracking among DPP youth (Table 1).

Table 1: Study Cohort Descriptions

Study Cohort	Description/ Time Period	Treatment Received	Point of Comparison/ Outcome Measures
#1: Baseline service cohort	These youth were identified as being at high risk of delinquency between October and December 2012, when the pilot was first implemented.	These youth received DPP services in addition to regular DCFS services after the first implementation; data collection procedures provide some baseline data but differ from procedures proposed for the program relaunch.	Post-implementation baseline. Outcomes: Service delivery data; subsequent delinquency during a standardized six-month period after the start of DPP services.
#2: Comparison cohort	Youth identified as being at high risk of delinquency between January and May 2013.	These youth received "services as usual" from DCFS but did not regularly receive additional services as part of the DPP. Caseworkers, however, were aware of the high-risk classification at the time the case was opened.	Post-implementation comparison. Outcomes: Service delivery data; short-term, six-month delinquency outcomes after identification as being at high risk of delinquency.
#3: Treatment cohort	Youth identified as being at high risk of delinquency between January and May 2014, after program revitalization.	These youth received services through the DPP in addition to regular DCFS open-case services. This is the treatment group for the monitoring evaluation.	Post-implementation treatment. Outcomes: Service delivery data; short-term, six-month delinquency outcomes from the start of DPP services.

NCCD used data from several sources to examine service delivery between the three study cohorts. DCFS provided the Excel database developed as part of the original DPP pilot effort as well as data from the database implemented as part of the DPP relaunch. NCCD was also able to collect information about child and family characteristics of DPP youth from CWS/CMS as well as information about family and child strengths and needs from the SDM FSNA and child strengths and needs assessment (CSNA) stored in NCCD's webSDM system. The FSNA/CSNA data were used to examine whether child and family needs related to delinquency changed over the six-month period following DPP enrollment.[16] Data from all of these sources were gathered, aggregated, matched, and compared. Results are described in the Findings section (p. 15) of this report.

In order to examine short-term delinquency outcomes for the youth in each cohort, the Los Angeles County Probation Department provided arrest, petition, and disposition data for all youth in cohorts one through three. Prior to requesting these data, NCCD made a formal request through the courts and was granted access to the probation data. For each youth in the DPP, NCCD examined subsequent arrests, petitions, and adjudications during a standardized six-month period following enrollment in the DPP. A standardized period was used to allow each youth the same "opportunity" to become involved with the juvenile justice system. It should be noted that a six-month period is a shorter time than is typically used for observing delinquency measures. In the original DPSA study, a three-year follow-up period resulted in a subsequent arrest rate of 7% and a subsequent adjudication rate of just over 4%.[17] However, because cohort three included youth who were not enrolled in the DPP until after the January 2014 relaunch, the outcome period had to be limited to six months.

Youth Characteristics by Cohort

Overall, the largest percentage (nearly one third, or 31%) of DPP youth were served by the South County office, about one quarter (26%) were served by the Compton office, and about one quarter (27%) were served by the Palmdale office. The smallest percentage of DPP youth were served by the Glendora office (16% overall). The percentage of youth who were still assigned to emergency response services at participation start increased from cohort one to cohort three, while the number of youth assigned to family maintenance services decreased from cohort one to cohort three. This shift may be due to changes in the SafeMeasures alert system implemented partway through the cohort two period.

A majority of youth in all three cohorts were Hispanic; more than one third of youth in cohorts one (34%) and two (36%) and one quarter (26%) of youth in cohort three were Black/African American. The proportion of girls enrolled in the DPP increased from 39% in cohort one to over half (54%) in cohort three. In all three cohorts, the majority of youth were age 13 or older (Table 2).

[16] NCCD identified the initial FSNA that was used to calculate the DPSA score; that FSNA served as the baseline FSNA for the comparison. NCCD then looked for a subsequent FSNA completed four to seven months following the initial FSNA. If more than one subsequent FSNA was completed during that period, NCCD selected the first one for analysis.

[17] NCCD completed additional analyses of data from the original study to determine what was the baseline arrest rate for the entire sample and the arrest rate for the high-risk youth at a standardized six-month point in time. At six months, the baseline arrest rate for the entire sample was 1% and the arrest rate for the high-risk youth was 4.8% (n=20).

Table 2: Youth Characteristics by Cohort

Case Characteristic	Cohort One (n=83)	Cohort Two (n=77)	Cohort Three (n=70)	Total (N = 230)
Pilot Office				
Compton	22 (27%)	18 (23%)	20 (29%)	**60 (26%)**
Glendora	20 (24%)	11 (14%)	5 (7%)	**36 (16%)**
Palmdale	19 (23%)	31 (40%)	13 (19%)	**63 (27%)**
South County	22 (27%)	17 (22%)	32 (46%)	**71 (31%)**
Service Type at Participation Start				
Emergency response	18 (22%)	35 (45%)	34 (49%)	**87 (38%)**
Family maintenance	39 (47%)	23 (30%)	22 (31%)	**84 (37%)**
Family reunification	21 (25%)	18 (23%)	14 (20%)	**53 (23%)**
Permanent placement	5 (6%)	1 (1%)	0 (0%)	6 (3%)
Race/Ethnicity				
Hispanic/Latino	43 (52%)	44 (57%)	44 (63%)	**131 (57%)**
African American	28 (34%)	28 (36%)	18 (26%)	**74 (32%)**
Caucasian	11 (13%)	5 (6%)	6 (9%)	**22 (10%)**
Asian/Pacific Islander	1 (1%)	0 (0%)	1 (1%)	**2 (1%)**
Not reported	0 (0%)	0 (0%)	1 (1%)	**1 (<1%)**
Gender				
Female	32 (39%)	35 (45%)	38 (54%)	**105 (46%)**
Male	51 (61%)	42 (55%)	32 (46%)	**125 (54%)**
Age at Participation Start				
10	1 (1%)	0 (0%)	1 (1%)	**2 (1%)**
11	8 (10%)	8 (10%)	6 (9%)	**22 (10%)**
12	11 (13%)	8 (10%)	7 (10%)	**26 (11%)**
13	12 (14%)	14 (18%)	13 (19%)	**39 (17%)**
14	14 (17%)	14 (18%)	7 (10%)	**35 (15%)**
15	10 (12%)	9 (12%)	11 (16%)	**30 (13%)**
16	14 (17%)	10 (13%)	16 (23%)	**40 (17%)**
17	13 (16%)	14 (18%)	9 (13%)	**36 (16%)**

Findings

Implementation Fidelity

Implementation fidelity is the degree to which a program or intervention is carried out or delivered as designed. For example, did the DPP implementation match the practice model designed prior to implementation? In other words, did youth at high risk of future delinquency actually receive an intensive intervention? In order to determine this, NCCD worked closely with DCFS administrators, pilot office leadership, and IT staff to implement, monitor and problem-solve during DPP implementation. Engaging in these activities enabled NCCD and the various DCFS leaders to identify implementation strengths and barriers. Detailed descriptions of key strengths and barriers are presented below.

Strengths

The greatest strength of the DPP implementation was the commitment of DCFS Service Bureau administrators to preventing delinquency among children already receiving ongoing CPS services. These administrators, who were already involved with the CYPM, approached NCCD to investigate the possibility of developing an actuarial assessment to identify youth involved with DCFS who were at high risk of subsequent delinquency. After NCCD developed the DPSA, the same administrators worked hard to recruit pilot offices and launch the DPP in the fall of 2012.

Another strength was support from Casey Family Programs, which allowed DCFS staff to participate in designing the DPP model, engage in training, and meet monthly to solve problems relating to implementation issues. These efforts enhanced the "buy-in" and ownership of the pilot office staff to the DPP process and allowed DCFS and NCCD to identify issues and engage in problem-solving efforts in a timely manner.

A related strength was the ability of both DCFS and workers to recommend practice changes and solicit support for these modifications from other key administrative entities.[18] DPP leadership staff were also able to adapt to significant organizational changes early in the pilot (March 2013) that remained in place through the DPP relaunch until the end of the pilot (early 2014). Although some of the organizational changes created new implementation challenges, staff commitment and ability to change directions and try something new was an important part of the pilot effort.

The service data collection system that was built and introduced at the time of the January 2014 relaunch was a notable program strength. Several data collection issues will be discussed as barriers in the next section, but identification of those issues led to the design of the new and greatly improved online data collection form, which allowed workers to link the baseline and six-month outcome forms directly to the youth's case information in CWS/CMS. This made collecting additional information easier and prevented data entry of child characteristics that were already captured in CWS/CMS.

Finally, one other strength will also be discussed as a barrier. The original DPP design included providing wraparound services, if applicable, to youth identified as being at high risk of subsequent delinquency. In the early stages of implementation, the wraparound program was not always informed that DPP had

[18] There were not always adequate resources to resolve problems that were identified during the initial phases of the pilot project. One area of particular concern was the ability of workers to easily obtain the academic records of identified youth. The lack of this information and ready access to education advocates often limited workers' abilities to address the critical education needs of these youth.

classified the youth as high risk. Prior to the relaunch, when DCFS and NCCD were discussing the pilot's future and relaunch plans, the wraparound team was added to the DPP team. The wraparound team was made aware of all youth who had been identified as being at high risk of delinquency during the initial DPP launch in 2012, and procedures were adopted for the team to contact the workers assigned to any DPP case, assess the need for wraparound services, and engage the youth/family in these services as needed. Some DPP youth were enrolled in wraparound services, but it is difficult to determine whether their enrollment was related to the DPP or was part of routine, ongoing services.

Barriers

The success or failure of many programs can be linked to the availability of adequate resources and services required to meet the needs of the identified population. The availability of these critical interventions is typically tied to positive or negative program performance. When the DPP was implemented, the intent was to provide any needed services as part of the youth/family's ongoing CPS service plan. This approach was adopted because no additional resources were made available for this initiative, nor were there data that indicated a necessity for the county to provide additional/new services to address the issues identified that could potentially lead to subsequent delinquency (e.g., substance abuse, education). Over time, however, staff feedback and service data suggested that funding to hire additional staff or provide additional services specifically for the DPP might have improved its implementation. This was particularly true when it came to meeting the educational needs of the highest-risk youth.

In addition, data collection and tracking of DPP outcomes, which are discussed below, created an unforeseen time burden for staff who had DPP youth on their caseloads. Having dedicated staff to assist with those tasks would have allowed other staff to continue serving their cases as usual. Finally, funding for services aimed at delinquency-related risks and needs would have ensured that all youth received service related to their specific delinquency needs. While many services are offered as part of regular, ongoing CPS cases, it was reported that some services were not readily available for all DPP youth who required them.

Another barrier to DPP implementation and success was the transfer of DPP oversight and implementation from one of the two newly created service bureaus to the JCAB during the pilot implementation process. This transfer strengthened the link between CYPM and DPP, but it also placed responsibility for pilot office implementation practices under a bureau that was structurally responsible for neither the offices nor their staff's performance. Despite these structural obstacles, all of the bureau administrators—including those involved when the pilot was initially implemented as well as those who took over the pilot during the reorganization—worked collaboratively to make the transfer as smooth as possible and continued to exhibit a commitment to the implementation and pilot effort.

Service and outcome data are important components to program implementation, success, and longevity. In order to show that the program is working, administrators require data that demonstrates success. Data related to service outcomes were not collected in a consistent and quantifiable manner in CWS/CMS. Rather, information related to service provision was included in case notes, and it would require an extensive case review process to extract the required information. Since resources were not available for case reviews, the DPP design team and NCCD developed a data collection system to track outcomes related to DPP services. The original form was created in an Excel document and stored on the county's shared drive. Some information was populated by Bureau of Information Services (BIS) staff, but individual workers assigned to DPP cases

were responsible for entering other information, including things such as whether the youth was linked to a mentor, educational outcomes, substance abuse information, etc.

After three months of data collection, it was clear both from staff feedback and the lack of information collected that the data collection system was not working. Staff reported difficulty collecting educational and other information that was not part of their regular case monitoring. By early 2013, most staff had completely stopped entering information into the Excel database. Because of this, little information is available regarding services for DPP youth served between January and December 2013. As a remedy to these issues, a new online data collection form was introduced as part of the DPP relaunch in January 2014.[19] While staff still reported difficulty collecting the information to answer some of the questions, there were fewer issues with data entry and form completion. Oversight by project leadership also contributed to improved data collection during the relaunch.

Finally, an item mentioned in the strengths section above was also a barrier to implementation. While the original practice model included provision of wraparound services, no formal mechanism for wraparound referrals was implemented. As a result, the wraparound services team was not notified of youths' DPP status in the early stages of the pilot. As part of the relaunch, the wraparound services team became aware of the DPP and agreed to offer services to all youth identified as being at high risk of subsequent involvement with the juvenile justice system. While these additional services are a strength in that youth are receiving additional and targeted services, providing them at different times for different youth in the DPP makes it difficult to determine whether wraparound services improved outcomes for DPP youth.

At the time of this report, DCFS was no longer enrolling youth in the DPP. When NCCD asked about the future of the program, it was reported that there was an interest in continuing the DPP practices, but feedback indicated that the DPP practices would be strengthened by the following changes.

- The DPP practice model should be incorporated into Los Angeles County DCFS's overall practice model and implemented in all service bureau offices.
- There should be an overall project manager or management team with responsibility for training, practice adaptations, resource acquisition, monitoring, and reporting.
- Data systems should be redesigned to allow for easy, consistent, and valid collection of case service information so that additional research can be conducted to determine the effectiveness of specific services and interventions.
- The link between the DPP and the CYPM should be strengthened so that prevention is enhanced and the blended interventions can be more consistently provided to both youth populations.

Short-Term Outcomes

As described in the methodology section, the short-term outcomes include service delivery (i.e., did the youth receive services needed), change in identified child strengths and needs from baseline to six months, and six-month delinquency outcomes. The analysis of short-term outcomes is primarily descriptive and there are indicators of both positive and negative behavioral changes from the point of enrollment in DPP and six months later. Due to the limitations discussed below, the outcomes should not be used to draw any firm conclusions about the success of the DPP. The following sections compare outcomes for each of the three cohorts described above.

[19] While the new online data collection system used for implementation with cohort three was an improved format, it did not contain many items that were the same as the items in the Excel database used with cohorts one and two. These differences limited the information about service delivery that was available to be compared among the three cohorts.

Service Delivery

Service delivery data were captured in two different ways.[20] For youth in cohorts one and two, DCFS and NCCD attempted to capture service data in an Excel database developed by the DPP workgroup. The original database included information regarding team meetings, mentor/significant adult linkages, school attendance, extracurricular activities, suspensions, and credits.

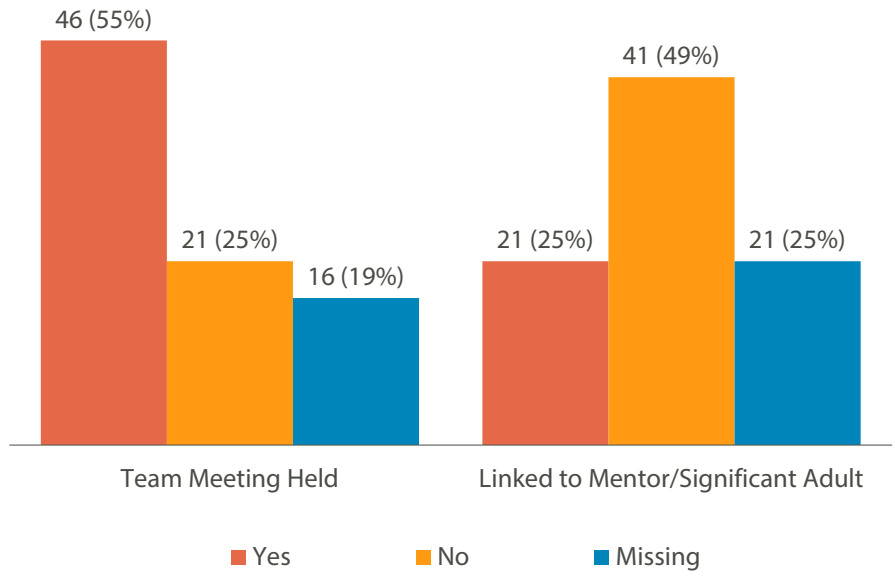
When the DPP was relaunched in January 2014, workers entered service data into an online data collection system that was built by Los Angeles County's BIS team and linked to CWS/CMS. The new data collection system asked about mental health needs and services; school enrollment, attendance, and achievement; team meetings; and service referrals and participation.

Baseline Data

a. Baseline: Cohort One

Results of data collected in the Excel database for cohort one revealed that over half (55%, or n=46) of youth participated in a team meeting at the start of their case and one quarter (25%, or n=21) of youth had been linked to a mentor and/or significant adult (Figure 2). Some school-related information was missing for as many as 60% of youth in cohort one; other fields were completed for all but 30% of youth, but it was not possible to tell whether the information entered was reliable. Therefore, school results are not reported. Staff who participated in the monthly DPP calls reported it was difficult to gain access to school records in the timeframe required to record it in the DPP database, so this finding was consistent with the feedback given by the pilot office staff.

Figure 2: Baseline Service Data–Cohort One



N = 83

[20] Detailed descriptions of the two data collection processes and related issues are contained in the methodology section of this report.

b. Baseline: Cohort Two

Service data were missing for over 75% of the 77 youth in cohort two and were not available for analysis. Cohort two youth were enrolled when DPP oversight was transitioning from one service bureau to another, and NCCD was aware that workers were not routinely gathering data.

c. Baseline: Cohort Three

Service data for cohort three were collected using the new online data collection form. Service data for this period were collected for all youth in cohort three and included additional information that was not collected in the original data collection system. Of the 70 youth in cohort three, nine were flagged by the worker as already receiving probation services.[21] NCCD examined data for the remaining 61 youth.

A total of 29 youth (48%) participated in a team meeting at the start of their case; meeting information was missing for 42%; and the remaining youth did not have a team meeting (not shown). Over one quarter (28%, or n=17) of youth had been placed in a psychiatric hospital prior to the start of their case, and one quarter (26%, or n=16) were receiving mental health services at the time of the referral that led to DPP services. Nearly half (46%, or n=28) of the cohort had family histories of mental illness. When asked about substance use/abuse, workers indicated that about one third (31%, or n=19) of youth in cohort three had substance use/abuse histories (either a pattern of substance use, substance abuse, or substance dependency). Over half of the youth (56%, or n=34) were not receiving any mental health or substance abuse services and 15%, or n=9) were missing an item response. Of the 30% (n=18) who were receiving services, most were receiving individual outpatient counseling and/or substance abuse counseling/ treatment. Smaller numbers were receiving other types of services (Table 3).

Workers were also asked to collect education-related information about each youth. Of the 61 youth in cohort three who were eligible for DPP services, 44 (72%) had at least partial education records available (not shown). Although education information was reported for more youth in cohort three than in cohort one, information was unknown or not recorded for many of the education-related questions (i.e., missing for 25% to 51% of the sample; Table 4).

[21] The prior probation flags in the DCFS database were based on worker knowledge and not actual probation data. Because the presence or absence of a probation flag was used to determine which youth would have outcomes tracked, NCCD used the data entered by the worker to determine which youth to include in this analysis. Subsequent analysis using actual probation data revealed alternate results.

Table 3: Baseline Mental Health Questions—Cohort Three (N = 61)

Question/Response*	% of N
Was this youth ever placed in a psychiatric hospital?	
No	39 (64%)
Yes, previously but not in the last nine months	6 (10%)
Yes, in the last nine months	11 (18%)
Unknown/no response	5 (8%)
Was the child involved in mental health services?	
No	33 (54%)
Yes	16 (26%)
Unknown/no response	12 (20%)
Does the youth's family have a history of mental illness?**	
No	19 (31%)
Yes—biological mother	15 (25%)
Yes—biological father	0 (0%)
Yes—both mother and father	1 (2%)
Yes—biological siblings	8 (13%)
Yes—at least one parent and siblings	4 (7%)
Yes—extended biological family	0 (0%)
Unknown/no response	17 (30%)
Did the youth have a history of substance use/abuse?	
No	30 (49%)
Pattern of use	6 (10%)
Substance abuse	10 (16%)
Substance dependency	3 (5%)
Unknown/no response	12 (20%)
What mental health and/or substance abuse services was the youth receiving?	
None	34 (56%)
Individual outpatient counseling	7 (11%)
Group outpatient counseling	1 (2%)
Family outpatient counseling	2 (3%)
Wraparound	1 (2%)
Therapeutic behavior services	3 (5%)
Full-service partnership	0 (0%)
Intensive day treatment	0 (0%)
Substance abuse counseling/treatment	4 (7%)
Unknown/no response	9 (15%)

*Response reflects information at the time of the referral that led to the current case (i.e., the start of DPP services).

**Respondents could check more than one item for this question, thus the numbers add up to more than 61.

Table 4: Baseline Education Questions—Cohort Three (N = 61)

Question/Response*	% of N
Was child enrolled in school or an educational program?	
No, not enrolled	4 (7%)
No, in process	1 (2%)
Yes, enrolled	41 (67%)
Unknown/no response	15 (25%)
If enrolled, which best characterizes attendance for the past nine months?	
N/A—youth not enrolled in school	2 (3%)
Attends regularly (≤ 5% absences)	13 (21%)
Attends sporadically (≥ 15% absences)	11 (18%)
Attends but does not go to class	1 (2%)
Attends/avoids specific classes	0 (0%)
Poor attendance—rarely attends school	7 (11%)
Unknown/no response	27 (44%)
Was the youth credit deficient?	
N/A—youth is not yet in high school	13 (21%)
No, youth on track to graduate on time	5 (8%)
Yes, youth needs assistance earning credits	9 (15%)
Yes, youth is in credit recovery program	4 (7%)
Unknown/no response	30 (49%)
What were the youth's grades in core academic classes on average?	
Doing well—mostly As and/or Bs	3 (5%)
Doing average—mostly Cs	11 (18%)
Doing poorly—mostly Ds and/or Fs	12 (20%)
Student's grades range from high to low	0 (0%)
Has not completed sufficient work to earn grade/credit	3 (5%)
Academic progress unknown/no response	24 (39%)
Other	8 (13%)
In the past nine academic months, has the youth exhibited any school discipline issues?	
No	18 (30%)
Yes, a suspension, expulsion, or opportunity is pending	3 (5%)
Yes, a history of school discipline issues but none pending	8 (13%)
Yes, currently suspended or expelled	0 (0%)
Yes, received an opportunity transfer	1 (2%)
Unknown/no response	31 (51%)

*Response reflects information at the time of the referral that led to the current case (i.e., the start of DPP services).

Table 4: Baseline Education Questions—Cohort Three (N = 61)

Question/Response*	% of N
What general education services/interventions was the youth receiving?	
Student study team review	0 (0%)
Student attendance review team/board meeting	0 (0%)
Attendance contract	0 (0%)
Response to intervention	1 (2%)
School-based counseling	4 (7%)
Academic/instructional tutoring	0 (0%)
Other	24 (39%)
Unknown/no response	32 (52%)
Was the student receiving special education services?	
No, and services do not appear necessary	18 (30%)
No, but currently being assessed	1 (2%)
No, but an assessment has been requested	1 (2%)
No, but an assessment is being recommended	5 (8%)
No, an assessment was requested but not conducted	0 (0%)
Yes, but reassessment is needed	4 (7%)
Yes, and they appear appropriate	3 (5%)
Unknown/no response	29 (48%)
What special education services was the child receiving?	
Not applicable—no special education services	24 (39%)
Resource specialist program	0 (0%)
Special day class program	2 (3%)
Special education school on public school site	1 (2%)
Non-public school	0 (0%)
Speech and language therapy	1 (2%)
Occupational/physical therapy	1 (2%)
Behavior intervention/support services	2 (3%)
Adult assistant	0 (0%)
Designated instructional services counseling	0 (0%)
Extended school year	0 (0%)
Adapted physical education	0 (0%)
Other	6 (10%)
Unknown/no response	24 (39%)

Finally, caseworkers were asked to identify mental health, substance abuse, youth development, and education services in which the youth was currently enrolled, for which a referral had been made, or for which a referral was needed. While services were frequently marked, the status of the referral (continuing, referral in process, or referral needed) was often missing. Therefore, NCCD compiled a list of services regardless of referral status. The most commonly identified services were individual mental health treatment (46%, or n=28), wraparound services (41%, or n=25), and family treatment (25%, or n=15; Table 5).

Table 5: Baseline Services Identified—Cohort Three (N = 61)*

Service	% Cases Service Identified
Mental Health Services	
Individual treatment	28 (46%)
Wraparound services	25 (41%)
Family treatment	15 (25%)
Functional family therapy	4 (7%)
Cognitive behavioral therapy	3 (5%)
Therapeutic behavioral services	3 (5%)
Full-service partnership	2 (3%)
Medication monitoring	2 (3%)
Group treatment	1 (2%)
Substance Abuse	
Alcohol/drug outpatient treatment	9 (15%)
Alcohol/drug education	5 (8%)
Alcohol/drug inpatient treatment	2 (3%)
Youth Development Interventions	
Mentoring	7 (11%)
Gang prevention/intervention	6 (10%)
Anger management (not ART)	3 (5%)
Life skills/social skills	2 (3%)
Independent living	1 (2%)
Transitional housing	1 (2%)
Vocational programming	1 (2%)

Table 5: Baseline Services Identified—Cohort Three (N = 61)*

Service	% Cases Service Identified
Education	
Individualized education program (IEP) team meeting	11 (18%)
Tutoring	10 (16%)
Daily attendance monitoring	9 (15%)
Behavioral support services	6 (10%)
Credit recovery program	4 (7%)
Enroll youth in school	4 (7%)
Appointment with school counselor	3 (5%)
One-to-one aide	2 (3%)
Regional center referral	2 (3%)
Assembly Bill 167 appropriate	1 (2%)
Career survey	1 (2%)
California High School Exit Examination (CAHSEE) Prep	1 (2%)
Graduation check	1 (2%)
Other	1 (2%)

*Services that were not marked for any youth were excluded from the table.

Six-Month Data

a. Cohort One

As noted above, cohort one service data were collected in an Excel database developed by the original DPP workgroup and NCCD. The six-month update asked workers to complete questions related to team meetings, linkages with significant adults or mentors, school attendance, enrollment, extracurricular activities, suspensions, credits, and graduation; new arrests and/or citations; substance abuse and substance abuse treatment; mental health treatment; and CPS involvement. As with the cohort one baseline data, many of the six-month update fields were not completed. For example, the team meeting, mentor, and education fields were missing for more than 90% of youth. The extent to which data was missing limited the analyses NCCD could conduct, and the extensive missing data undercuts the validity of much of the data that was collected.

Of the 83 youth in cohort one, 74 (89%) were still receiving services at the time of the six month update (not shown). Substance abuse information was missing for about half of the 74% who were receiving services, but based on information recorded, 5% (n=4) received substance abuse treatment. Over one third (35%, or n=26) received mental health treatment and treatment was pending for another 5% (n=4) of youth during the six-month outcome period; 11% (n=8) of youth were hospitalized for mental health treatment (Table 6).

Table 6: Six-Month Update—Cohort One (N = 74)

Question/Response	% of N
Team meeting held?	
No	3 (4%)
Yes	4 (5%)
No response	67 (91%)
Linked to a mentor	
No	6 (8%)
Yes	1 (1%)
No response	67 (91%)
Linked to a significant adult	
No	4 (5%)
Yes	3 (4%)
No response	67 (91%)
Arrest (based on worker report)	
No	69 (93%)
Yes	5 (7%)
Citation (based on worker report)	
No	27 (36%)
Yes	5 (7%)
Not reported	42 (57%)
Substance-free	
No	51 (69%)
Yes	23 (31%)
Placement change due to substance abuse	
No	34 (46%)
Yes	1 (1%)
Not reported	39 (53%)
Substance treatment	
No	27 (37%)
Yes	4 (5%)
Not reported	43 (58%)
Mental health treatment	
No	6 (8%)
Yes	26 (35%)
Pending	4 (5%)
Not reported	38 (51%)
Mental health hospitalization	
No	27 (36%)
Yes	8 (11%)
Not reported	39 (53%)

b. Cohort Two

Baseline data were missing for 75% of youth in cohort two; six-month data were not examined for this group.

c. Cohort Three

Cohort three's six-month service updates were recorded in the online data collection forms built by BIS. The purpose of the items on the online six-month form was to provide updates to information recorded on the online baseline form. For example, what was the substance abuse status at six months for youth who had reported substance abuse issues when they entered the DPP? Of the 61 youth in cohort three for whom NCCD examined baseline data, 56 (92%) were still receiving services at the six-month update.

A total of 23 of those youth had not had a team meeting when DPP services began; over half (52%, or n=12) had participated in a team meeting by the time of the six-month update. There were 11 youth who did not have a team meeting at all (not shown).

At baseline, 18 youth (32%) were identified as having a history of substance abuse issues (either use, abuse, or dependency). By the six-month update, two thirds (67%, or n=12) of those youth were substance-free. Of the 27 youth who were not using substances at baseline, workers reported that seven (26%) were no longer substance-free at the time of the six-month update (Table 7).

Table 7: Substance Issues—Six-Month Update, Cohort Three

Youth Substance Abuse/ Use History at Baseline	n	Youth Substance-Free at Six-Month Update?		
		No, Not Substance-Free	Yes, Substance-Free	Unknown
No use	27	7 (26%)	20 (74%)	0 (0%)
Pattern of use	6	3 (50%)	3 (50%)	0 (0%)
Substance abuse	9	2 (22%)	7 (78%)	0 (0%)
Substance dependency	3	1 (33%)	2 (66%)	0 (0%)
Unknown	11	0 (0%)	6 (55%)	5 (45%)
Total	**56**	**13 (23%)**	**38 (68%)**	**5 (9%)**

Only five students were not fully enrolled in school at baseline; four of those students were enrolled for at least part of the six-month outcome period. However, five students who were enrolled in school at baseline were either not enrolled or in the process of re-enrolling in school during the outcome period (Table 8). It appears that DPP youth exhibited both positive and negative changes in education behaviors during the follow-up period.

School attendance status changed for very few students from baseline through the six-month outcome period. Of the 18 students with sporadic to poor attendance at baseline (i.e., at least some attendance issues), seven (39%) had regular attendance during the six-month outcome period. Two (17%) of the 12 students with regular attendance at baseline demonstrated at least some attendance problems during the outcome period (Table 9).

Table 8: School Enrollment—Six-Month Update, Cohort Three

School Enrollment at Baseline	n	School Enrollment During Six-Month Outcome Period			
		No	No, but in Process of Enrolling	Yes, at Least Part of the Period	Unknown
No, not enrolled	4	1 (25%)	0 (0%)	3 (75%)	0 (0%)
No, in process	1	0 (0%)	0 (0%)	1 (100%)	0 (0%)
Yes, enrolled	39	3 (8%)	2 (5%)	34 (87%)	0 (0%)
Unknown	12	0 (0%)	0 (0%)	11 (92%)	1 (8%)
Total	**56**	**4 (7%)**	**2 (4%)**	**49 (88%)**	**1 (2%)**

Table 9: School Attendance—Six-Month Update, Cohort Three

School Attendance at Baseline	n	School Attendance During Six-Month Outcome Period		
		Regular Attendance	At Least Some Attendance Issues	Unknown or N/A
No, not enrolled	4	1 (25%)	0 (0%)	3 (75%)
No, in process	1	0 (0%)	0 (0%)	1 (100%)
Yes, enrolled	39	3 (8%)	2 (5%)	34 (87%)
Unknown	12	0 (0%)	0 (0%)	11 (92%)
Total	**56**	**4 (7%)**	**2 (4%)**	**49 (88%)**

As with attendance, credit status did not shift much from baseline during the six-month outcome period. One student who required assistance with credits at baseline was on track by the end of the six-month outcome period, but two of the five students who were on track required assistance earning credits by six months later. Credit information was missing for nearly half of the youth at the time of baseline data collection; results should be interpreted with caution (Table 10).

Academic performance was recorded using the following categories:

- Doing well (mostly As and/or Bs);
- Doing average (mostly Cs);
- Doing poorly (mostly Ds and/or Fs);
- Student's grades range from high to low;
- Insufficient work completed to earn credit/ grades;
- Progress unknown; or
- Other.

NCCD examined which students improved their academic performance, which students maintained the same academic performance, and whose academic performance declined from baseline to the six-month update. Of the 56 students who had both

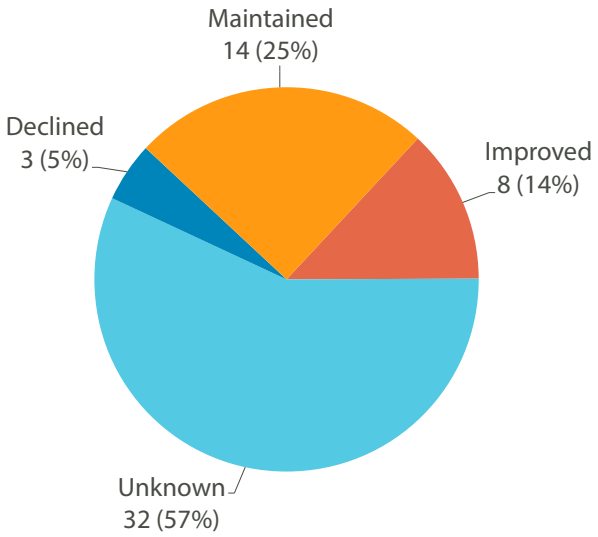
Table 10: Credit Status—Six-Month Update, Cohort Three

Credit Status at Baseline	n	Credit Status During Six-Month Outcome Period			
		N/A, Not Yet in High School	On Track to Graduate on Time	Needs Assistance Earning Credits	Unknown
N/A, not yet in high school	13	3 (23%)	5 (38%)	4 (31%)	1 (8%)
On track to graduate on time	5	0 (0%)	2 (40%)	2 (40%)	1 (20%)
Needs assistance earning credits	9	2 (22%)	1 (11%)	4 (44%)	2 (22%)
In credit recovery	4	0 (0%)	0 (0%)	3 (75%)	1 (25%)
Unknown	**25**	**7 (28%)**	**5 (20%)**	**9 (36%)**	**4 (16%)**
Total	**56**	**12 (21%)**	**13 (23%)**	**22 (39%)**	**9 (16%)**

baseline and six-month forms, 14% (n=8) improved their academic performance at least somewhat by the time of the six-month update; 25% (n=14) maintained their academic performance, performance for 5% of students (n=3) declined, and NCCD was unable to measure change in academic performance for 57% of students (n=32) because it was recorded as missing or "other" during at least one of the recording periods (Figure 3).

Of the cohort three youth, 18 did not exhibit any discipline issues in the months prior to entering DPP services; three of those youth had some sort of discipline issue during the six-month follow-up period. Half (50%) of the 12 youth who had discipline issues prior to DPP services did not have any during the six-month outcome period. Discipline status was missing for nearly half of the youth at the time of baseline data collection (Table 11).

Figure 3: Change in Academic Performance From Baseline to Six-Month Update, Cohort Three



N = 56

Table 11: School Discipline—Six-Month Update, Cohort Three

Discipline Issues During Nine Months Prior to Baseline	n	Discipline Problems During Six-Month Outcome Period			
		N/A, Not Enrolled in School	No	Yes	Unknown
No	18	0 (0%)	13 (72%)	3 (17%)	2 (11%)
Yes	12	0 (0%)	6 (50%)	4 (33%)	2 (17%)
Unknown	26	1 (4%)	12 (46%)	2 (8%)	11 (42%)
Total	**56**	**1 (2%)**	**31 (55%)**	**9 (16%)**	**15 (27%)**

In summary, a review of the reported data on the status of cohort three youth from baseline to six months reveals that some youth improved their mental health, substance abuse, or education status in some areas while others declined.

NCCD was unable to examine service status from baseline to six months for cohort three. The online version of the six-month form included the same status fields as the baseline form, which did not allow an examination of change in status. Additionally, workers frequently marked a service but did not routinely record the status, which also made examination of change difficult. Instead, NCCD compared service indicators at baseline and again at six months. For example, some youth had a service marked at baseline but not at the six-month update. For others, the service was NOT marked at baseline but was marked at the six-month update. These shifts could mean several things: that the service initially marked for referral was later found to be unnecessary and the youth was not enrolled; that the youth was on a waiting list and had not yet received services; or that during the course of the case, the worker identified the need for a referral that was not obvious at baseline. These changes in service identification could also simply mean that the worker did not correctly mark that service on one of the two forms. Without being able to examine the change in status specifically, it is difficult to draw conclusions from these results. Tables comparing service identification at baseline and at six months can be found in Appendix D of this report.

Service Delivery Summary

Examination of service data provided some information about the status of DPP youth at baseline when they entered the DPP and at the time of the six-month update. Because the original database was revised for collecting data on cohort three, there are only two items related to service delivery that were the same for all cohorts. In comparing these two data elements for cohorts one and three,[22] NCCD found the following:

- In cohort three, 56 youth (92%) were still receiving some services at the time of the six-month update, as compared to 74 youth (89%) in cohort one.
- More than three quarters (80%, n=45) of cohort three youth engaged in a team meeting while enrolled in DPP, compared to 59% (n=44) of youth in cohort one who received this service.

It was not possible to make other service comparisons, due to the differences between the two data collection instruments.

While enrollment in a delinquency prevention program that incorporates intensive services is intended to reduce a youth's needs and prevent entry into the juvenile justice system, the findings of this study are limited by two factors. The resources and interventions required to meet the needs of DPP youth were not always available. Additionally, it was often difficult for staff to regularly obtain data from other systems about the youth's needs and/or the delivery of necessary services. The absence of better system data linkages increased the probability that these data were not consistently entered in a valid and reliable manner throughout the pilot.

However, the most crucial finding for both time periods was the lack of information available, particularly for the education outcomes. This was true when looking at data from the Excel database used for cohort one as well as the improved online database designed for data collection for cohort three. Data related to education status and services were missing for 25% to 50% of youth for each item. Data for other domains, such as mental health and substance abuse, were missing for up to 30% of youth for some items as well. This lack of information highlights the need for improved access to data about youth receiving services. Observing outcomes for these youth over time can provide important information, such as which resources are required to meet youth needs,

[22] Most of the data for cohort two were missing, so the comparison does not include this group of youth.

whether the program is effectively meeting needs in some areas relative to others, and whether the agency needs to make changes in service delivery.

A secondary finding of the examination of service data is that there is a need to build a data collection system that is accessible to all staff, easy to use, and targeted to collect specific data required to answer important questions about youth progress and program effectiveness. While a great deal of data were missing due to accessibility issues, other data were lost because of limitations of the data collection system, both prior to and after the DPP relaunch.

Child Strengths and Needs

Workers complete an initial SDM FSNA/CSNA at the start of each ongoing CPS case to assist them in identifying the family's and child's needs. The assessment results should be used to develop a case plan that prioritizes those strengths and needs. Completion of an FSNA was also what initiated the DPSA calculation in SafeMeasures. The initial FSNA/CSNA reflected the family's and child's strengths and needs as they entered care. Subsequent assessments were supposed to be completed every six months as long as the case remained open. The FSNA/CSNA reassessment enabled the worker to monitor the change in child/family needs, allowing for case plan review and updates on a regular basis.

NCCD examined baseline child needs at the start of DPP services for youth in each cohort. These needs reflect FSNA/CSNA information collected as the family/youth entered services. The child was considered to have a need if a minor or significant need was identified in each domain. The most commonly identified needs at the start of DPP services included emotional/behavioral needs, educational needs, and family relationship needs. About 25% of all youth had substance abuse needs, with the highest percentage among those in cohort three, while more than 40% presented with identified deviant behavior that did not rise to a level requiring law enforcement involvement (Table 12).

Table 12: Baseline Child Needs by Study Cohort

Strengths and Needs Domain	Cohort One (n=83)	Cohort Two (n=77)	Cohort Three (n=61)	Total (N = 221)
Child emotional/behavioral needs	49 (59%)	49 (64%)	41 (67%)	139 (63%)
Child educational needs	48 (58%)	48 (62%)	40 (66%)	136 (62%)
Child family relationship needs	55 (66%)	44 (57%)	36 (59%)	135 (61%)
Child delinquency needs	31 (37%)	35 (45%)	28 (46%)	94 (43%)
Child peer/adult social relationship needs	20 (24%)	20 (26%)	20 (33%)	60 (27%)
Child substance abuse needs	19 (23%)	14 (18%)	22 (36%)	55 (25%)
Child other identified need	4 (5%)	15 (19%)	9 (15%)	28 (13%)
Child development needs	3 (4%)	11 (14%)	10 (16%)	24 (11%)
Child physical health needs	7 (8%)	11 (14%)	4 (7%)	22 (10%)
Child cultural identity needs	3 (4%)	1 (1%)	0 (0%)	4 (2%)

Table 13: Follow-Up Child Needs by Study Cohort

Strengths and Needs Domain	Cohort One (n=37)	Cohort Two (n=20)	Cohort Three (n=18)	Total (N = 75)
Child educational needs	23 (62%)	9 (45%)	10 (56%)	42 (56%)
Child emotional behavioral needs	17 (46%)	11 (55%)	7 (39%)	35 (47%)
Child family relationship needs	15 (41%)	10 (50%)	6 (33%)	31 (41%)
Child delinquency needs	16 (43%)	7 (35%)	6 (33%)	29 (39%)
Child peer/adult social relationship needs	9 (24%)	7 (35%)	4 (22%)	20 (27%)
Child substance abuse needs	6 (16%)	3 (15%)	4 (22%)	13 (17%)
Child development needs	2 (5%)	4 (20%)	2 (11%)	8 (11%)
Child other identified need	5 (14%)	2 (10%)	1 (6%)	8 (11%)
Child physical health needs	2 (5%)	4 (20%)	1 (6%)	7 (9%)
Child cultural identity needs	3 (8%)	2 (10%)	1 (6%)	6 (8%)

Cases were closed prior to the six-month mark for 23 of the 221 youth in cohorts one, two, and three. Of the 199 youth who did not have prior probation records and were still receiving services from DCFS after six months, 75 (38%) had a subsequent FSNA/CSNA completed four to seven months after the initial FSNA.[23] Based on the youth for whom both assessments were completed, it appears that overall, needs were reduced at least slightly by the time of the follow-up CSNA (Table 13). However, the limited number of follow-up CSNAs available for analysis makes it difficult to draw any firm conclusions regarding changes in child needs over time. In addition, NCCD cannot draw any conclusions about the youth in the study cohorts who did not have both assessments completed.

This section summarized youth needs data and reported limited improvement in needs outcomes between baseline and the six-month update. The finding about missing education outcome and needs data for 25% to 50% of youth deserves special attention in light of the finding that education became the primary need, at least for the youth with a six-month FSNA completed, for more than half of the youth in the combined cohort group (see Table 13). The following section examines delinquency outcomes during the same time period.

[23] FSNAs/CSNAs completed prior to three months and more than seven months following the initial FSNA were not included in the analysis.

Delinquency Outcomes

As mentioned in the methodology section, NCCD received arrest, petition, and disposition data from the Los Angeles County Probation Department for DPP study youth. The probation data included all arrests prior to, during, and for at least six months after participation start date for youth in each of the three cohorts. Typically, studies of delinquency would use a longer follow-up period, but due to limitations of the study period, a shorter timeframe was examined.[24] This time limitation and the small number of youth in each cohort, and the fact that youth in all three cohorts were enrolled in DPP, limit what conclusions may be drawn from examining outcomes across cohorts.[25] This preliminary look at outcomes is most useful for informing future implementation practices and designing an evaluation that studies longer-term outcomes.

Probation data provided an opportunity to examine which youth in cohorts one, two, and three had an arrest leading to some involvement in the juvenile justice system prior to enrollment in the DPP. Nearly 12% of the study youth had a criminal arrest and/or a sustained petition prior to involvement with the DPP.[26] These numbers differ from what was known and reported by DCFS staff and thus differ from cohort sizes in prior sections of the report.[27] Prior delinquency and involvement with law enforcement is a known risk factor for subsequent delinquency. Therefore, for the purposes of examining delinquency outcomes, NCCD excluded youth with prior probation involvement.

NCCD examined two outcomes during the six-month outcome period: arrests for criminal charges and sustained petitions. Arrests for noncriminal charges, such as warrants, were excluded from the analysis. A sustained petition was defined using the disposition codes provided in the data indicating that the case was adjudicated and that the youth was given probation services.[28] Of the 230 youth selected for the study cohorts, 203 did not have prior involvement with the Los Angeles County Probation Department; 5% of the 203 youth who did not have prior involvement had an arrest during the six-month outcome period and 4% had a sustained petition. These rates appear relatively high when compared with the three-year outcome of 7% arrest and 4% adjudication in the original DPSA study, conducted in 2010. However, that study included all youth, including those at low or moderate risk of subsequent delinquency, while this study included only youth at high risk.[29]

A comparison of outcomes by cohort showed that youth in cohort two had the highest outcome rates (9%, n=6) for arrest and 9% for sustained petition); 6% (n=4) of youth in cohort one were arrested and 3% (n=2) had a sustained petition. None of the youth in cohort three had been arrested by the end of six months (Table 14).[30]

[24] The study period became limited when the DPP group decided that the Los Angeles DCFS reorganization changes required a relaunch of DPP in January 2014. The study was initially funded to allow for at least a 12-month follow-up of youth in the initial cohort (October to December 2013). The funder granted an extension to allow for a six-month follow up for the relaunch cohort, but it was not possible to delay the study for a longer follow-up period.

[25] The evaluation design would have been strengthened if the evaluation had utilized a comparison group of youth who were identified as being at high risk of juvenile justice involvement, but who were never enrolled in the DPP. Without access to data on such a group, only limited conclusions can be drawn from comparisons between the cohorts in this study.

[26] A total of 11 (13%) of the 83 youth in cohort one, 10 (13%) of the 77 youth in cohort two, and six (9%) of the 70 youth in cohort three had a criminal arrest and/or sustained petition prior to enrollment in the DPP; those youth were excluded from delinquency outcome analyses.

[27] This difference can probably be attributed to the fact that probation department records are not always accessible to DCFS staff, as well as the fact that there were differences between DCFS staff and NCCD researchers in defining probation involvement.

[28] The disposition codes counted as sustained petitions were 654.2 (informal probation), 725A (informal probation), DEJ (deferred entry of judgment), HOP (home on probation), SP (suitable placement), CCP (camp placement), and DJJC (commitment to the California Department of Juvenile Justice).

[29] In the original DPSA study conducted in 2010, 1% of the overall sample of 3,566 youth were arrested within six months of the index event. Among the 417 youth identified as high risk, 5% (n=20) were arrested in a standardized six-month period. It is important to remember that the high-risk group in the 2010 study differed from the treatment groups profiled in this report. For example, the youth in the original study were between the ages of 7 and 15, whereas in this pilot the youth were between 10 and 17. Thus the cohorts are not directly comparable.

[30] No hypotheses were tested for significance because the primary purpose was to observe subsequent juvenile justice involvement.

Table 14: Six-Month Delinquency Outcomes by Cohort

Cohort	N*	Six-Month Outcome	
		Arrest	Sustained Petition
One	72	4 (6%)	2 (3%)
Two	67	6 (9%)	6 (9%)
Three	64	0 (0%)	0 (0%)
Total	**203**	**10 (5%)**	**8 (4%)**

*Excludes youth with prior probation involvement.

NCCD also examined outcomes during a slightly longer, unrestricted follow-up period for study youth who were enrolled in the DPP program. However, the length of the outcome period differed depending on when the youth was enrolled in the DPP program. For example, youth enrolled in the DPP program at the end of 2012 had almost two years of outcome data available, while some youth enrolled during the cohort three period would have had just over six months and others had only six months of outcome data available. Using an unrestricted period showed that 15% (n=11) of youth in cohort one had an arrest and 11% (n=8) had a sustained petition; 12% (n=8) of youth in cohort two had an arrest and 9% (n=6) had a sustained petition; and 2% (n=1) of youth in cohort three had been arrested by the middle of November 2014, when probation data were extracted (Table 15). The unrestricted follow-up period results show that given more time (even a small amount of extra time, as with youth in cohort three), more youth will exhibit delinquent behavior than during a much shorter six-month period. However, because the outcome periods for these youth were all different, this examination has its own limitations.

It is important to remember that this preliminary look at delinquency outcomes is best understood within the context of the implementation fidelity findings. Without more reliable and valid data on needs reduction and service delivery, the delinquency outcome findings cannot be viewed as definitive evidence regarding the success of the DPP. With that in mind, the six-month results show that youth in cohorts one and three, who received services as intended and had some service data recorded, had lower outcome rates than youth in cohort two, who were enrolled when the DPP was not implemented as intended. These results should be interpreted with caution given the gaps in information about implementation fidelity at baseline and during the follow-up period. It is not clear, based on other information collected, which youth in any of the cohorts received services as intended and when; NCCD suggests caution in making inferences about the efficacy of the DPP from these data.

Table 15: Unrestricted Delinquency Outcomes by Cohort

Cohort	N*	Unrestricted Outcome	
		Arrest	Sustained Petition
One	72	11 (15%)	8 (11%)
Two	67	8 (12%)	6 (9%)
Three	64	1 (2%)	0 (0%)
Total	**203**	**20 (10%)**	**14 (7%)**

*Excludes youth with prior probation involvement.

Summary and Recommendations

This study provided information regarding development of the DPP, implementation fidelity, child needs, and service delivery and delinquency outcomes. The service delivery and outcome data provide some information about the study youth, including which services were provided (when data were available), services that may have been required, and how many youth had an arrest or sustained petition following enrollment in DPP services. However, the limitations of these data and issues related to implementation fidelity do not allow us to draw any firm conclusions about the effectiveness of the DPP. Although the outcome rates differed by cohort in the direction expected (highest for cohort two and lowest for cohort three at six months), NCCD staff cannot say that the interventions provided to cohort three are responsible for the lower outcomes because we do not have sufficient service delivery data to determine whether the interventions provided to cohort three were different from or better than the interventions provided to the other two cohorts. Key lessons learned include the following.

1. The commitment of Los Angeles County DCFS was vital to the success of the DPP. Staff and leaders from the service bureaus, the offices, and the JCAB were committed to identifying youth at high risk of delinquency and providing services to youth to prevent that outcome. They worked to overcome the obstacles created by lack of resources and changing program structure during the one and a half years the pilot was in place.
2. DPP and partnering agencies designed a program with a strong theoretical basis and use of wraparound, an evidence-based practice, as an intervention. The program also has a logic model that ties program inputs and interventions to short- and long-term outcomes expected. The program has a strong design, which bodes well for future implementation efforts.
3. The effectiveness of DPP was affected by changes in leadership; limited access to required resources; and ready access to objective data related to education, mental health, and substance use status, both at the time of case opening and throughout the service episode.
4. In order to track service delivery and examine the effectiveness of those services on youth outcomes, agencies need to record more comprehensive service and outcome data. The data collection issues discussed in this report made it difficult to objectively evaluate program effectiveness. Workers in Los Angeles County did not have access to a data collection system that was easy to use for the entire pilot. Even when a new system was built, the fields were not mandatory, which resulted in a large amount of missing data. This was likely due to the fact that workers did not have access to some information (e.g., education, mental health, and substance abuse) about youth that was related to delinquency outcomes and would have been helpful in evaluating the DPP.
5. In order to evaluate a program, the agency needs to commit to continuing the program for a long enough period of time to implement and evaluate implementation through a process evaluation, making recommended adjustments and continuing the program (with adjustments) for enough time to allow for a sufficient follow-up period (at least one to three years). This should

be followed by a rigorous impact evaluation to evaluate the effectiveness of the program. The original plan for the DPP was implementation in late 2012, followed by a process evaluation. However, interest in youth outcomes as markers for program success required a truncated time examination of delinquency outcomes. The agency did not have sufficient time to address the implementation issues that NCCD discussed in this report to ensure that the model was carried out as designed. This made it difficult to objectively evaluate the program.

While findings related to program effectiveness are unclear, this study and report provide a wealth of information related to strengths and barriers to implementation that can be used to strengthen the DPP in Los Angeles County or that can be used by other jurisdictions wishing to implement a similar model.

- The agency needs to make an overall commitment to the prevention of delinquency by incorporating the required policy and procedure changes required to achieve this goal into its overall practice model.
- A delinquency prevention initiative requires an administrator or an administrative team who have the authority and resources to oversee the design and implementation of training; practice adaptations; resource acquisition; and data collection, monitoring, and reporting.
- Agencies must provide adequate training, including introductory training for new staff or staff new to the program, as well as training for all staff on an ongoing basis. Ongoing training can address changes that arise over time and serve as a reminder of important program objectives and practice considerations.
- Data systems must be designed to allow for easy, consistent, and valid collection of objective data related to youth needs and case service information so that additional research can be conducted to determine the effectiveness of specific services and interventions.
- The links between CPS and education, mental health, and behavioral health systems need to be strengthened so that prevention is enhanced and so that agencies can provide blended interventions more consistently and effectively to high-risk youth.
- Memoranda of agreement should be created between CPS and the jurisdiction's probation department to allow staff to determine whether youth have previous or subsequent involvement in the juvenile justice system, both at the time of opening a new case and throughout the ongoing service period.
- Agencies should conduct a process evaluation within the first year of implementation to identify practice issues that may be barriers to success. The process evaluation should include staff feedback from workers, supervisors, and administrators; data analysis of service data; and an objective case review to examine whether workers are implementing the practice model as intended and documenting service provision in a timely and consistent manner.
- The process evaluation should be followed by an impact evaluation to assess whether the program as designed is effective at mitigating risk and reducing the likelihood of juvenile justice involvement. The most rigorous approach is a randomized control trial or quasi-experimental study with at least a one-year follow-up period to enable observation of outcomes.

- The DPSA should be validated on a regular basis (at least every three to five years). This is true whether the screening assessment is newly developed for the jurisdiction or is an existing assessment adopted from another jurisdiction. A validation should include an examination of delinquency outcomes for youth classified at all risk levels (low, moderate, and high risk of subsequent involvement with the juvenile justice system); this would allow an examination of outcome rates by risk level. Validating ensures that the assessment is working as designed and meets the needs of a changing client population; it also shows whether the assessment continues to effectively classify youth by their risk of subsequent involvement with the juvenile justice system. If the assessment is not still producing valid classifications, the study will show which modifications are required to improve performance.

The results of the current process/outcome evaluation study cannot be used to definitely demonstrate the effectiveness of a delinquency prevention program. The program design has a strong theoretical basis, however, and recidivism was less prevalent among cohort three than among any other cohort. Findings to date suggest that with increased fidelity to a comprehensive implementation plan, adequate and appropriate services to meet youth and family needs, and agency and staff commitment, it is reasonable to expect that a rigorous long-term impact evaluation might show the effectiveness of targeting interventions to youth identified as being at high risk of juvenile justice involvement.

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Appendix A: Background on SDM® Implementation

Successful implementation of any practice or program requires support, planning, training, and ongoing monitoring to ensure that the program or practice is implemented according to plan and to identify where adjustments are needed. Since 1995, NCCD has worked with more than 35 child welfare agencies across the United States, Australia, Bermuda, Canada, Taiwan, and Singapore to implement its Structured Decision Making® (SDM) model for families referred to child welfare agencies with allegations of child maltreatment. When the SDM® model was implemented in each of those jurisdictions, NCCD worked closely with agency staff to develop the model and a plan for successful implementation.

All SDM models have several key practice components, the success of which have been documented through data management reports and formal system evaluations.

1. Key agency leaders decide to prioritize the modification of some or all agency practices to achieve a highly desirable outcome (e.g., improving child safety and/or reducing subsequent child protective services [CPS] involvement for families).
2. The agency adopts reliable and valid research-based assessments that are designed to assist workers in making decisions at various points in the investigation and service process. For example, workers complete a safety assessment designed to help determine whether children can safely remain in their homes and a risk assessment to help determine which families are at highest risk of subsequent maltreatment and enable the agency to target its limited resources to those families. Agencies may also implement family and child strengths and needs assessments to help workers identify and integrate individual strengths and needs into case plan development.
3. An agency workgroup formulates and publishes concrete policy and procedures to explain the purpose of each assessment and document practice expectations associated with each assessment. Minimally, these policies and procedures need to define:
    a. Which cases should be assessed?
    b. Who will assess each case?
    c. What decision does the assessment guide?
    d. What is the timeframe for completing the assessment? and
    e. How will the assessment be completed (e.g., on paper, in an online system)?

    These details are typically contained in a printed or online practice model resource guide.
4. The workgroup designs and oversees the implementation of a comprehensive training plan so that all parties affected by the practice change are aware of its purpose and prepared to modify their roles and work practices to maximize the anticipated positive results.
5. A database is developed (if one does not already exist) to gather the information required to monitor practice model implementation and assess the effectiveness of this new approach.
6. Key leaders and staff use aggregate data, which can be compiled in a data management report, to guide their decisions related to adaptations that might be necessary to strengthen the model and ensure that it is being implemented with fidelity and consistency.[31]

These steps ensure that workers' use of assessments results in better targeting of case actions and interventions.

[31] Visit www.nccdglobal.org for examples of SDM policy and procedures manuals, management reports, and evaluation reports.

Appendix B: SDM® Delinquency Prevention Screening Assessment

LOS ANGELES COUNTY SDM® DELINQUENCY SCREENING ASSESSMENT

c: 07/11

Child Name: _____ **Client ID:** _____

Referral ID: _____ **Referral Date:** _/_____/_____

R1.	Prior investigation(s) for abuse or neglect		
	a.	None	0
	b.	One or two	1
	c.	Three or more	2 _____
R2.	Prior CPS services		
	a.	None	0
	b.	One	1
	c.	Two or more	2 _____
R3.	Prior injury to any child in the home resulting from child abuse/neglect		
	a.	No	0
	b.	Yes	1 _____
		If yes:	
		☐ Child being assessed ☐ Another child in the home	
R4.	Child was placed in a group home as a result of investigation that led to current case		
	a.	No	0
	b.	Yes	1 _____
R5.	Child age at time of CPS referral that led to current case		
	a.	7 to 10	-1
	b.	11 or 12	0
	c.	13 or older	1 _____
R6.	Child gender		
	a.	Female	0
	b.	Male	1 _____
R7.	Child substance use/abuse		
	a.	No	0
	b.	Yes	1 _____
R8.	Child academic difficulty		
	a.	No	0
	b.	Yes	1 _____
R9.	Child past or current delinquency		
	a.	No	0
	b.	Yes	1 _____
R10.	Child mental health/behavioral issue (any child in the home)		
	a.	No	0
	b.	Yes	1 _____
		If yes:	
		☐ Child being assessed ☐ Another child in the home	
			Total: _____

Scored Risk Level

-1 to 1 ☐ Low
2 to 4 ☐ Moderate
5+ ☐ High

Preliminary research only: Not to be used without consultation and authorization of NCCD/CRC.

Appendix C: Sample Delinquency Prevention Pilot Practice Model

SAMPLE DELINQUENCY PREVENTION PILOT PRACTICE MODEL

Delinquency Prevention Youth Identification	CSAT MAT/SLS Staff	Child and Family Team (CFT) Meeting	Tracking
			
Weekly Alert is sent to Service Linkage Specialists (SLS) and Child Welfare Mental Health Service (CWMHS) Division's SLS Admin Team for tracking in CWS/CMS' Special Projects. DP Youth—Date youth determined to be DP risk (date of case promotion/ opening).	Review DP Implementation and Assessment Sheet to determine risk factors in the areas of: • Substance Abuse • Academic Difficulty • Past/Current Delinquency • Mental Health or Behavioral issues Forward completed CSAT packet (MHST, consents, MEDSlite sheet and DCFS 174 to DMH SFC) for mental health service linkage. Email the Alert to SCSWs and CSWs other risk factor areas of concern and determine if a CFT/ TDM is needed. SLS and Resources Specialist are available for consultation. MAT – Inform MAT Provider of Risk Factors to incorporate into MAT SOF Report. SLS provides DPA info to the Provider. Scheduled CFT/TDM meeting to address child's risk factors	MAT—MAT Provider Agency to address High Risk areas at MAT SOF Meeting. CSW and SCSW determine a CFT is needed, CSW/ SCSW Conduct a pre-CFT Meeting through consultation with SLS/MAT Coordinator, SFC, Probation Officer and Educational Liaison, as appropriate, based on child's high risk factors to develop solutions to the child's challenging areas.	CSAT MH Service delivery to be tracked by MAT Coordinator or SLS staff. All other tracking to occur by Regional office's designated staff. Each section of ARA will send quarterly data sheet to CSWs. Secretary of the section will enter the data on the Share-Drive database.

Appendix D: Service Identification: Baseline to Six Months

The tables in Appendix D show service identification from baseline to six months for youth whose cases were still open at the six-month update. As discussed in the body of the report, the results show that some services identified at baseline were no longer identified at the time of the six-month update. For example, in Table D1, 27 youth had individual treatment identified as a service at baseline; at the time of the six-month update, only 15 of those youth still had individual treatment services identified. Results also show the opposite—that some services which were not identified at baseline were identified at the six-month update. For example, of the 29 youth who did not have individual treatment identified at baseline, 12 did at the time of the six-month update. Based on the limitations of the service data, which were identified in the body of the report, it is difficult to interpret these results.

Table D1: Mental Health Services—Six-Month Update, Cohort Three (N = 56)

Service	Indicated at Baseline	n	Indicated at Six-Month Update	
			No	Yes
Individual treatment	No	29	17 (59%)	12 (41%)
	Yes	27	12 (44%)	15 (56%)
Wraparound services	No	32	21 (66%)	11 (34%)
	Yes	24	11 (46%)	13 (54%)
Family treatment	No	42	37 (88%)	5 (12%)
	Yes	14	12 (86%)	2 (14%)
Cognitive behavior therapy	No	53	51 (96%)	2 (4%)
	Yes	3	3 (100%)	0 (0%)
Functional family therapy	No	53	51 (96%)	2 (4%)
	Yes	3	2 (67%)	1 (33%)
Therapeutic behavior services	No	53	51 (96%)	2 (4%)
	Yes	3	3 (100%)	0 (0%)
Full service partnership	No	54	54 (100%)	0 (0%)
	Yes	2	1 (50%)	1 (50%)
Medication monitoring	No	54	43 (80%)	11 (20%)
	Yes	2	0 (0%)	2 (100%)
Strengthening family program	No	54	54 (100%)	0 (0%)
	Yes	2	2 (100%)	0 (0%)
Group treatment	No	55	53 (96%)	2 (4%)
	Yes	1	0 (0%)	1 (100%)

Table D2: Substance Abuse Services—Six-Month Update, Cohort Three (N = 56)

Service	Indicated at Baseline	n	Indicated at Six-Month Update	
			No	Yes
Alcohol/drug outpatient treatment	No	48	46 (96%)	2 (4%)
	Yes	8	7 (88%)	1 (13%)
Alcohol/drug education	No	52	50 (96%)	2 (4%)
	Yes	4	3 (75%)	1 (25%)
Alcohol/drug inpatient treatment	No	54	54 (100%)	0 (0%)
	Yes	2	1 (50%)	1 (50%)

Table D3: Youth Development Intervention Services—Six-Month Update, Cohort Three (N = 56)

Service	Indicated at Baseline	n	Indicated at Six-Month Update	
			No	Yes
Mentoring	No	50	49 (98%)	1 (2%)
	Yes	6	6 (100%)	0 (0%)
Gang prevention/ intervention	No	51	51 (100%)	0 (0%)
	Yes	5	5 (100%)	0 (0%)
Anger management (not ART)	No	53	50 (94%)	3 (6%)
	Yes	3	3 (100%)	0 (0%)
Life skills/social skills	No	54	52 (96%)	2 (4%)
	Yes	2	2 (100%)	0 (0%)
Independent living	No	55	54 (98%)	1 (2%)
	Yes	1	0 (0%)	1 (100%)
Transitional housing	No	55	55 (100%)	0 (0%)
	Yes	1	0 (0%)	1 (100%)
Vocational programming	No	55	53 (96%)	2 (4%)
	Yes	1	1 (100%)	0 (0%)
Anger replacement therapy	No	56	55 (98%)	1 (2%)
	Yes	0	0 (0%)	0 (0%)
Community service	No	56	55 (98%)	1 (2%)
	Yes	0	0 (0%)	0 (0%)
Community detention program	No	56	56 (100%)	0 (0%)
	Yes	0	0 (0%)	0 (0%)
JAWS	No	56	56 (100%)	0 (0%)
	Yes	0	0 (0%)	0 (0%)
Pro-social community activities	No	56	56 (100%)	0 (0%)
	Yes	0	0 (0%)	0 (0%)

Table D4: Education Services—Six-Month Update, Cohort Three (N = 56)

Service	Indicated at Baseline	n	Indicated at Six-Month Update	
			No	Yes
IEP team meeting	No	46	40 (87%)	6 (13%)
	Yes	10	5 (50%)	5 (50%)
Daily attendance monitoring	No	47	43 (91%)	4 (9%)
	Yes	9	8 (89%)	1 (11%)
Tutoring	No	47	42 (89%)	5 (11%)
	Yes	9	9 (100%)	0 (0%)
Behavioral support services	No	51	48 (94%)	3 (6%)
	Yes	5	3 (60%)	2 (40%)
Credit recovery program	No	52	44 (85%)	8 (15%)
	Yes	4	2 (50%)	2 (50%)
Enroll youth in school	No	52	47 (90%)	5 (10%)
	Yes	4	2 (50%)	2 (50%)
Appointment with school counselor	No	54	52 (96%)	2 (4%)
	Yes	2	1 (50%)	1 (50%)
One-to-one aide	No	54	49 (91%)	5 (9%)
	Yes	2	2 (100%)	0 (0%)
Regional center referral	No	54	53 (98%)	1 (2%)
	Yes	2	0 (0%)	2 (100%)
AB 167 appropriate	No	55	55 (100%)	0 (0%)
	Yes	1	0 (0%)	1 (100%)
Career survey	No	55	55 (100%)	0 (0%)
	Yes	1	0 (0%)	1 (100%)
CAHSEE prep	No	55	54 (98%)	1 (2%)
	Yes	1	0 (0%)	1 (100%)
Other education service	No	55	50 (91%)	5 (9%)
	Yes	1	1 (100%)	0 (0%)
Graduation check	No	56	52 (93%)	4 (7%)
	Yes	0	0 (0%)	0 (0%)
Responsible adult for education rights	No	56	55 (98%)	1 (2%)
	Yes	0	0 (0%)	0 (0%)
SST	No	56	55 (98%)	1 (2%)
	Yes	0	0 (0%)	0 (0%)
Weekly attendance monitoring	No	56	53 (95%)	3 (5%)
	Yes	0	0 (0%)	0 (0%)