Performance-based Standards (PbS) and Community-based Standards (CbS):

Measuring Success in Kansas

Kansas Residential Provider Summit

Oct. 16, 2007

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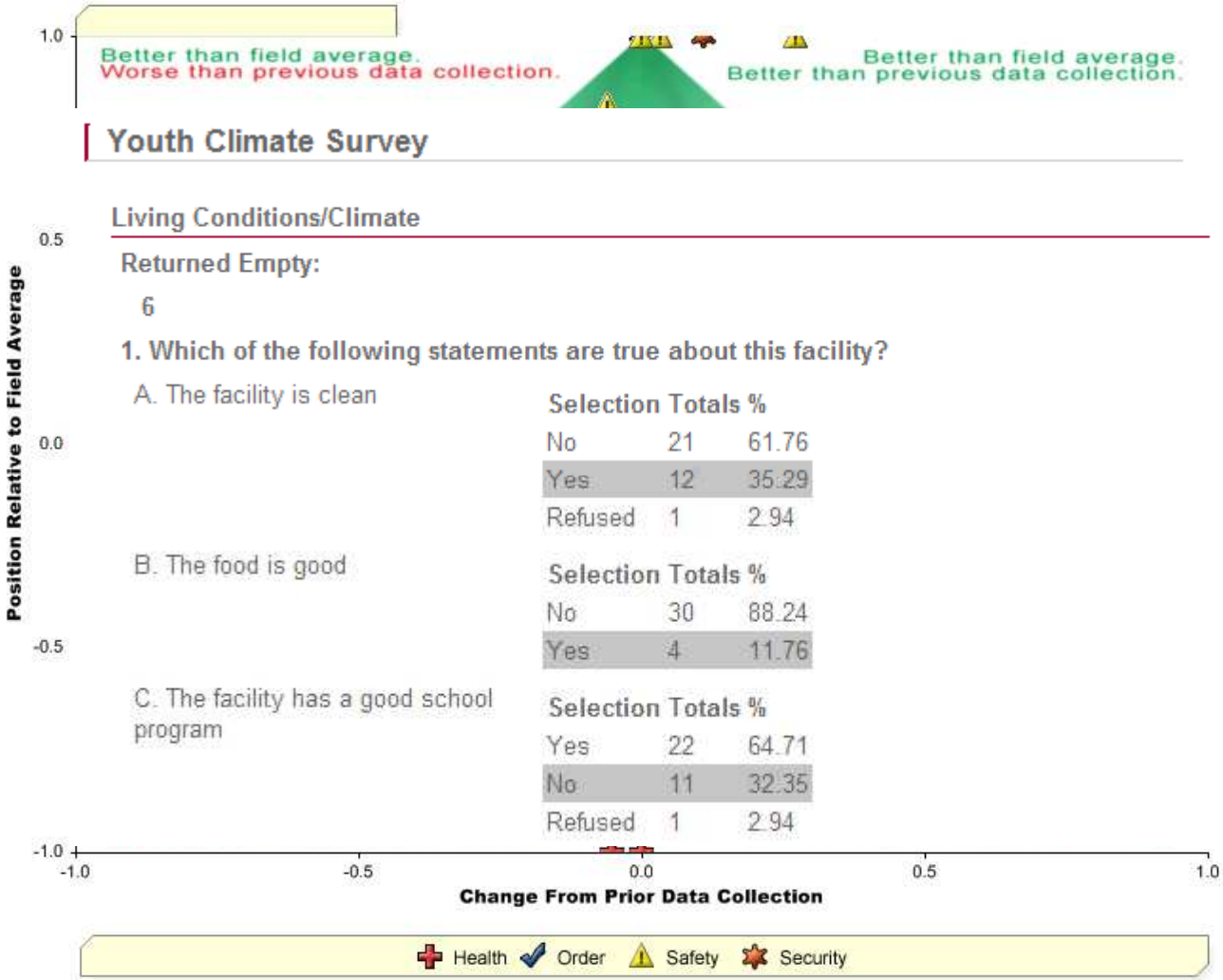

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Performance-based Standards (PbS)

Information, outcome measures, reports:

- **What's going on**
  - **Injuries, climate, fairness, staff-youth relationships**
- **Risk management**
  - **Suicidal behavior, screening, isolation**
- **What works, what doesn't**
  - **Education, programming, health/mental health services**
- **Evaluation and evidence-based practices**
  - **Treatment, behavior management**

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Council of Juvenile Correctional Administrators (CJCA)

- www.cjca.net
- Members: State directors
- Mission: Create national, state and local leadership and improve practices
- Activities: Grants and TA projects:
  - Models for Change (MfC) MacArthur Juvenile Justice Reform
  - National Center for Mental Health and Juvenile Justice (NCMHJJ)
  - Suicide Prevention Resource Center

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PbS Learning Institute (PbSLi)

- www.pbstandards.org
- Members: Facility administrators
- Mission: Expand and sustain PbS beyond federal funding
- Activities:
  - PbS implementation
  - Training, TA
  - Certification

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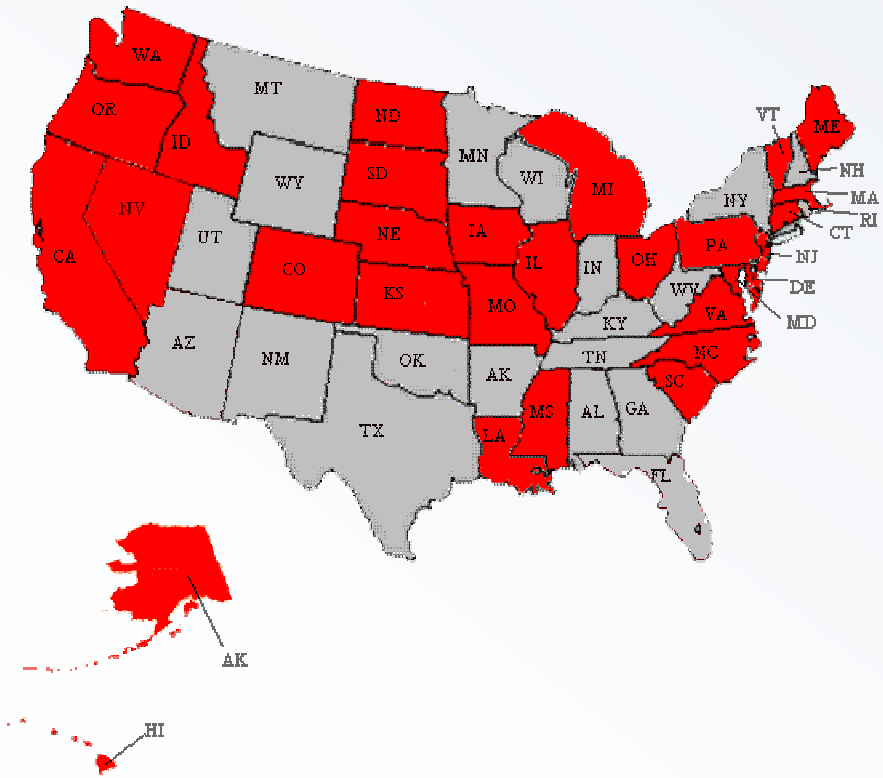
Project Participants: October 2007



- 192 facilities (16% all public facilities)
- 29 states
  - 122 Correction
  - 60 Detention
  - 10 Assessment Centers
- 80 small (< 50 beds)
- 37 medium
- 70 large (> 100 beds)
- 20 all-girls

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History: 1994 Conditions of Confinement Study

- Congressionally-mandated
- Studied 1,000 secure facilities
- Found "substantial and widespread deficiencies:"
  - High rates of youths and staff getting hurt
  - High rates of suicidal behavior
  - Few timely or professional health screenings
  - High levels of staff turnover; overcrowding
  - Adherence to existing standards did not mean "better" facility, need to develop and implement performance-based standards

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OJJDP selected CJCA to develop and implement PbS

- Belief: Time youths are removed from families and community should be an opportunity to improve their lives and skills
- Model: Facilities must provide safe environments in order for learning and changing behavior
- GAO Testimony Oct. 10, 2007, House Ed & Labor
  - Congress asked to GAO to verify whether allegations of abuse at residential treatment programs are widespread and examine closed cases (excluded state-sponsored foster care, jj, sa and psychiatric)
  - Found:
    - "Thousands of allegations of abuse, some of which involved death…"
    - "Ineffective management in most of the 10 cases, with program leaders neglecting the needs of program participants and staff"
    - Oversight varies; "there are no federal laws that define and regulate residential treatment programs… three federal agencies fund: DOJ, HHS, DOE. Reviewing for next year.
    - "We found it difficult to obtain an overall picture of the extent of the

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The Scope of PbS: A Blueprint

- A set of goals and standards that indicate facility:
  - Safety
  - Order
  - Security
  - Health and mental health
  - Programming
  - Justice
  - Reintegration (Corrections Only, 1998)

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PbS Blueprint

Goal

Performance Standard(s)

Outcome Measures	Expected Practices	Processes
Rates, frequencies, numbers that show change in status, occurrence or prevalence.	Practices expected to produce higher quality outcomes based on available research, consensus of professional opinion and past PbS experience.	Policies, forms, tests used to describe or perform practices.

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PbS Goals

Safety: To engage in management practices that promote the safety and well-being of staff and youths.

Order: To establish clear expectations of behavior and an accompanying system of accountability for youths and staff that promote mutual respect, self discipline and order.

Security: To protect public safety and to provide a safe environment for youths and staff, an essential condition for learning and treatment to be effective.

Programming: To provide meaningful opportunities and services to youths to improve their educational and vocational competence, to effectively address underlying behavioral problems and to prepare them for responsible lives in the community.

Justice: To operate the facility in a manner consistent with principles of fairness and that provides the means of ensuring and protecting youth's and family's legal rights.

Health and Mental Health: To identify and effectively respond to residents' health, mental health and related behavioral problems throughout the course of confinement through the use of professionally appropriate diagnostic, treatment, and prevention protocols

Reintegration: To prepare youths for successful reintegration into the community while they reside at the facility

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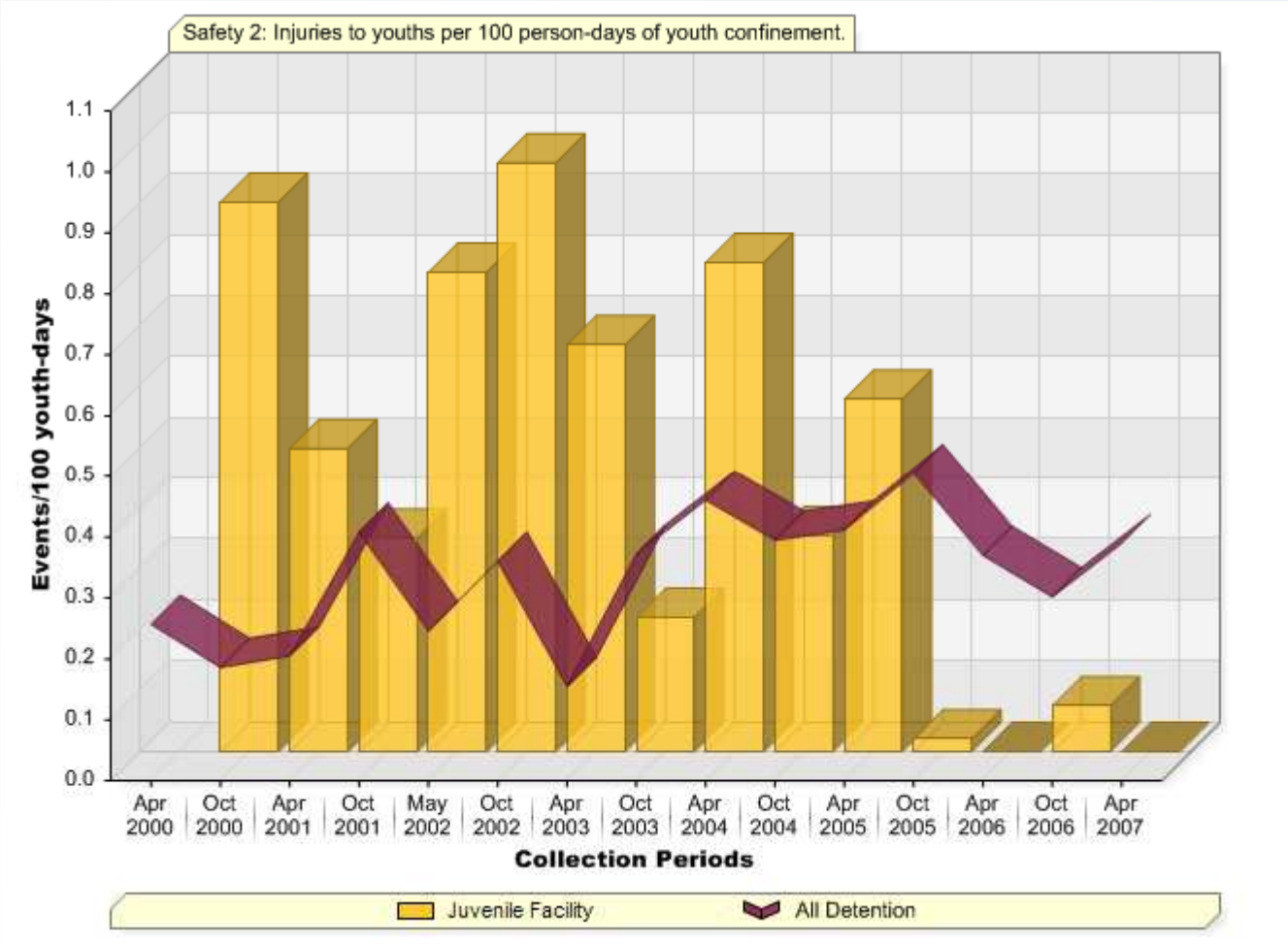
Example: Safety

- Goal: To engage in management practices that promote the safety and well-being of staff and youths.
- Standards:
  - Protect youth and staff from intentional and accidental injuries
  - Promote management practices and behavior that minimize harm resulting form the use of restraints, isolation and environmental risks;
  - Protect youth and staff from fear.
- Outcome Measures: Injuries to youths; injuries to staff; injuries to youths by other youths; incidents of suicidal behavior with and without injury; percent of youths and staff reporting that they fear for their safety



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S 12 – Assaults on staff

S 14 – Staff fear

S 9 – Staff-youth ratio

S 4 – injuries to youths by youth

S 11 – Assaults youth on youth

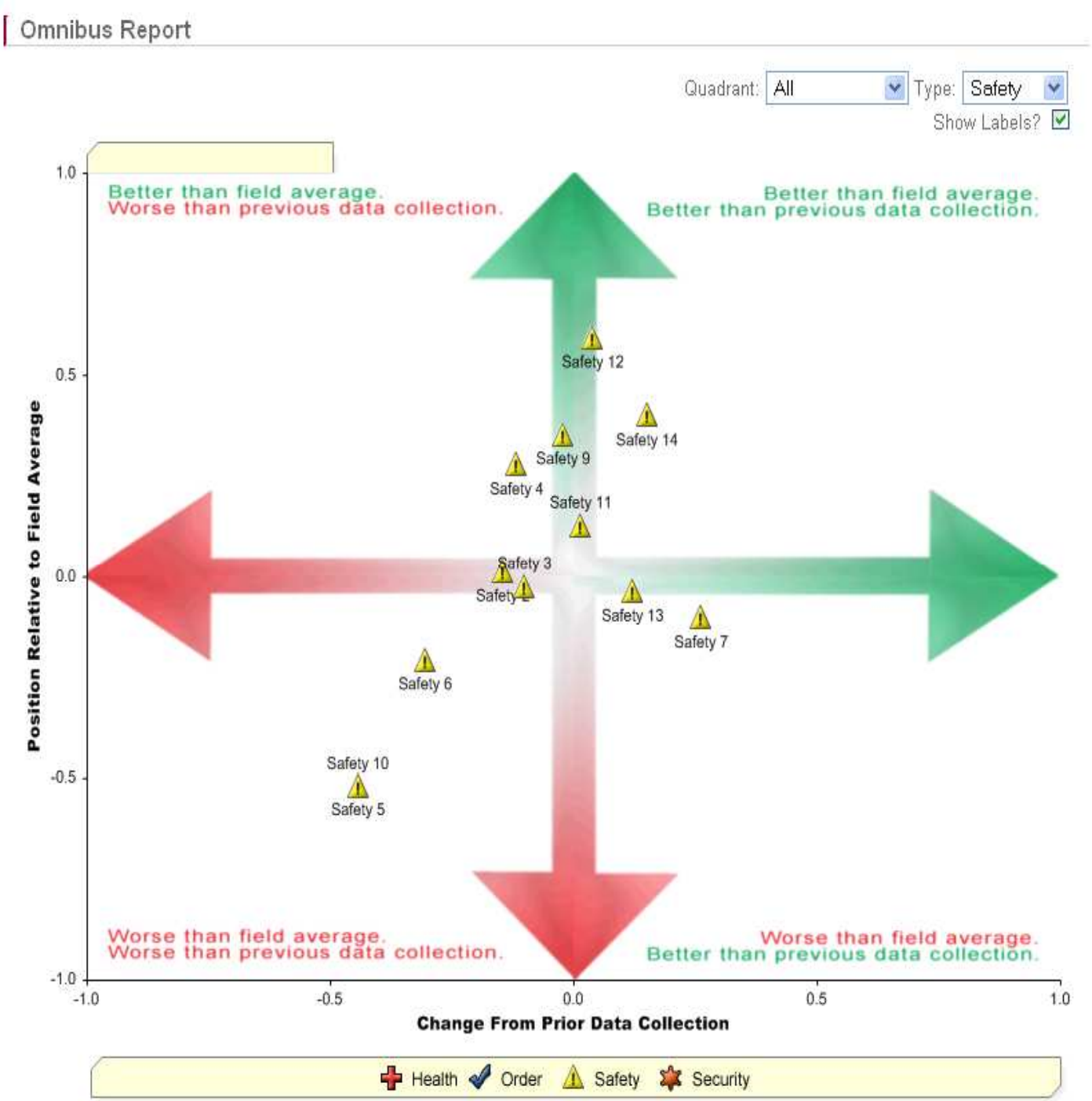
S 13 – Youth fear

S 7 – Suicidal behavior w/o

S 6 – Suicidal behavior w/ injury

S 10 – Youths injured restraints

S 5 – Youths injured by staff



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PbS works !

- **PbS uniquely and effectively serves as a tool to improve conditions of confinement**
  - **Winner 2004 Innovations in American Government Award, Ash Institute for Democratic Governance and Innovation, Harvard University**
- **PbS provides outcome reports that show how well facilities align practices to national standards and a field average**
  - **Case study: KJCC success story**

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Yale School of Management Survey 2006

- PbS gives facilities data, twice year, showing levels of safety, order, security, programming, health/mental health services, justice and reintegration
- PbS process guides facilities in ways to use the information to identify what works and celebrate success as well as what isn't working and a structured path to create change
- Improves accountability: facilities have data to share
- Prevents future incidents, lawsuits by improving compliance with best practices and high standards
- Identifies progress over time, compared to other facilities
- Ongoing, personalized customer support
- Access to resources, networking across USA

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CRIPA Analysis 2006

- Mapped 10 years of investigations with PbS
- Conclusion: Facilities that implement PbS as intended and should not expect a CRIPA investigation because CRIPA investigates based on failure to meet the <u>bare minimum</u> Constitutional standards and PbS sets the <u>highest standards</u> for operational success.
- Case study: SD

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Mental Health

PbS Goal - To identify and effectively respond to youths' health, mental health and related behavioral problems throughout the course of confinement through the use of professionally-appropriate diagnostic, treatment and prevention protocols.

Standard - Identify youths at time of admission who have acute health problems or crisis mental health situations and following evaluation, ensure delivery of appropriate health or mental health services.

DOJ's Standard - A general deviation from providing adequate care and protection that would include a complete medical (including dental), mental health, and suicide screening of new admissions. A review of the screening process will include the following: all screenings must be conducted by qualified individuals who have been trained to conduct such screenings; initial screenings should be reviewed and signed by a qualified professional; and the initial screening must include the taking of the youth's medical history and a review of accompanying health records.

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PbS

Outcome Measures

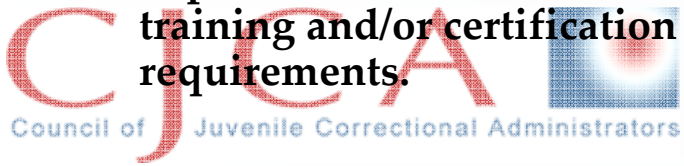
Percent of youths that had a complete intake screening by trained and qualified staff.

Percent of youths presented for admission that had a complete intake screening (suicide, mental health and health) completed within one hour or less by trained and qualified staff.

Expected Practices

All youths presented for admission receive a complete health, mental health, and suicide intake screening.

Staff assigned to do intakes are deemed qualified by state law and policy and/or agency policy. Qualification depends on education, training and/or certification requirements.



DOJ

Constitutional, Statutory and/or Case Law –

- Constitutionally mandated right to adequate medical care, a concept that embraces mental health treatment and suicide prevention measures. See Patten v. Nichols, 274 F.3d 829, 835 (4th Cir. 2001)
- Youths in juvenile justice institutions receive adequate mental health care. Youngberg, 457 U.S. at 323, n.30; Nelson, 491 F.2d at 360; see also K.H. v. Morgan, 914 F.2d 846, 851 (7th Cir. 1990);
- In assessing the constitutional adequacy of mental health practices consider if professional decisions substantially depart from accepted professional judgment. See Youngberg, 457 U.S. at 323

Minimum Measures Needed to Rectify Deficiencies

- Facilities must have sufficient mental health and medical staff to meet the serious mental health and medical needs of their youth population.
- Facilities should develop and implement a mental health and suicide risk screening instrument for use in all of their facilities. They should also develop and implement a training program for staff who will administer the screenings. Only a qualified mental health professional should conduct an intake screening for each youth as soon as practicable upon admission to any facility.

PbS Safety Research

- **Research Goals:**
  - Test relationships between safety, order and security outcome measures, practices and process;
  - Search for predictors, influences on outcome measures
  - Use to develop tools to help facilities improve
- **Findings:**
  - Staff and facility practices influence misconduct within a facility for more than the characteristics of its residents (i.e., "violent kids" do not make a facility violent, etc.)
  - The most important predictors of safety are individual-level factors like a juvenile's relationship with staff

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Facility-level findings:

- More violence within means more youths injured by staff and more injuries due to restraints
- More punitive responses (confinement, restraints) means more safety and order problems
- "Safest" = male correction facility with low rates of overall violence, high staff-youth ratio and positive perception of youths
- Use of restraints increases:

Abuse/neglect	Assaults on youths and staff
Suicidal behavior w/ injuries	Fear among youths and staff
Injuries to youths and staff	

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Individual-level data strongest

- Understanding facility rules, perception of school as good, staff as helpful and whether or not report being locked up
  - The more youths who understand the rules, rate staff as helpful and school as good, the less violence, victimization and fear
  - Facilities with the most kids understanding rules have lower rates of restraint use, isolation

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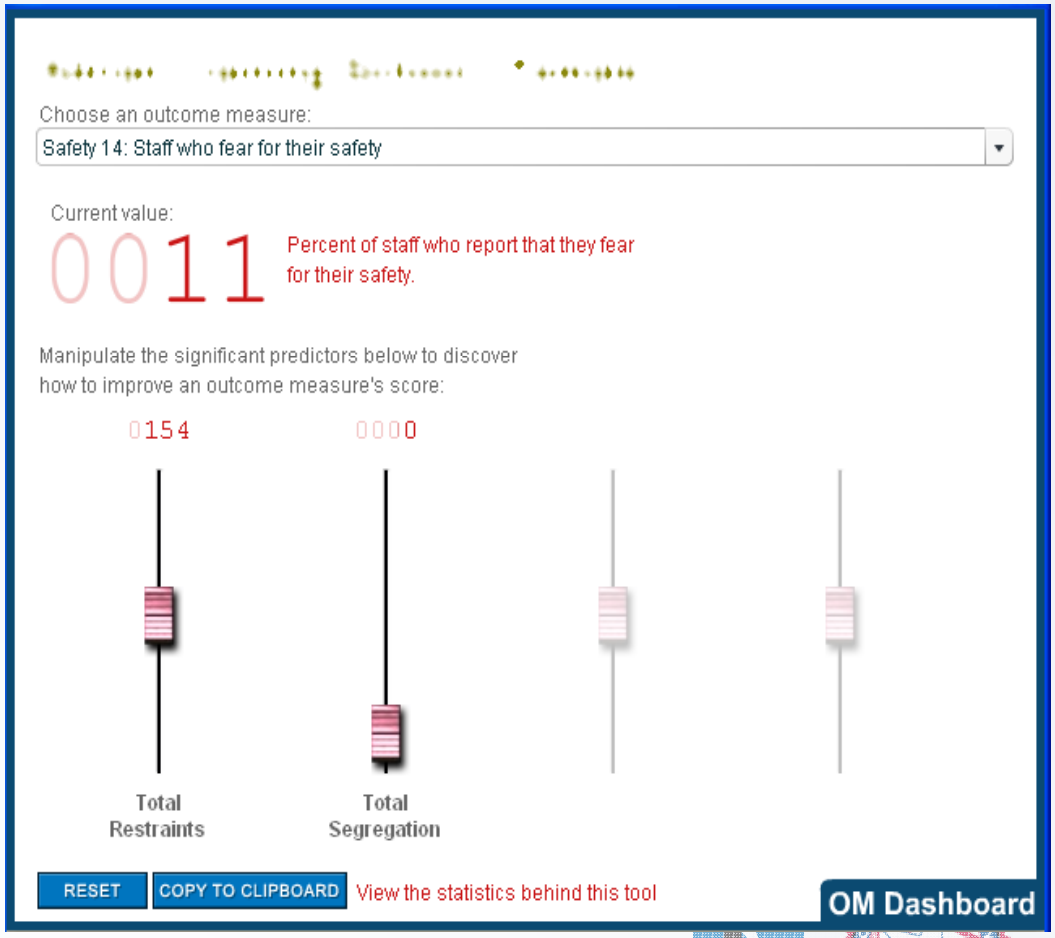
Research into practice

Findings used to:

- **Build reports**
- **Analysis tools**
- **Best practices**



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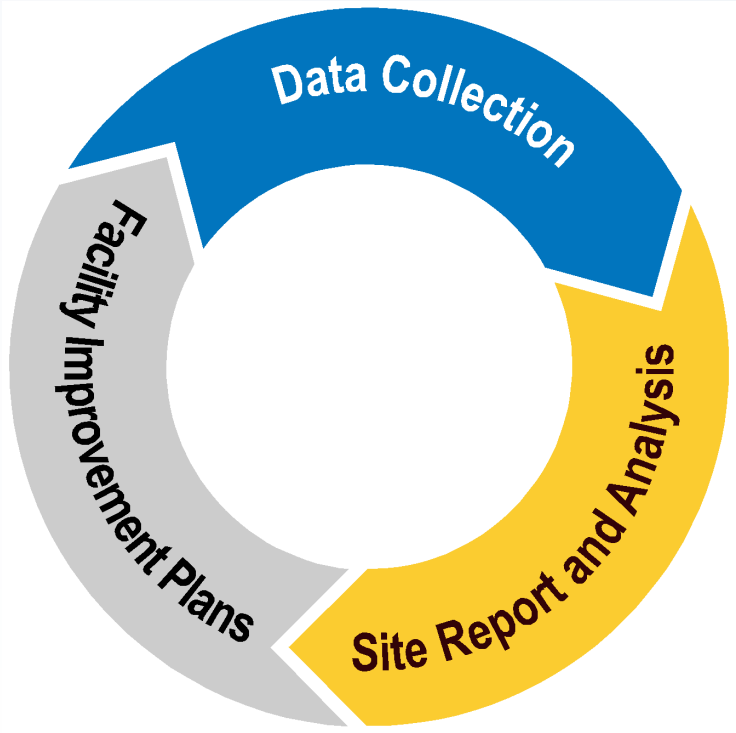
PbS Process



- April and October are data collection months.
- Draft Site report is received within 48 hours of close of data entry.
- Data corrections are made to anomalies, not recorded and outliers
- Final Site Reports are generated along with summary reports for all data collection forms 14 days after receipt of the draft reports
- Improvement plan is developed and entered into website with targeted outcome measures.

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Part 1: Data Collection

- Administrative Form
  - 1 per site, 46 questions
- Incident Reports
  - All incident reports for data collection period
- Youth Record
  - 30 random YR, 93 questions
- Youth Climate Survey
  - 30 random youths, 38 questions
- Staff Climate Survey
  - 30 random staff, 38 questions
- Youth Exit Interview
  - All youths released since last data collection, 24 questions

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Part 2: Site Reports and Analysis

- Individual outcome measures
- Grouping by area
- Comparison over time
- Comparison to the field average
- Outcome measures selected for improvements
- Critical outcome measures
- Tools: correcting outcomes, dashboard

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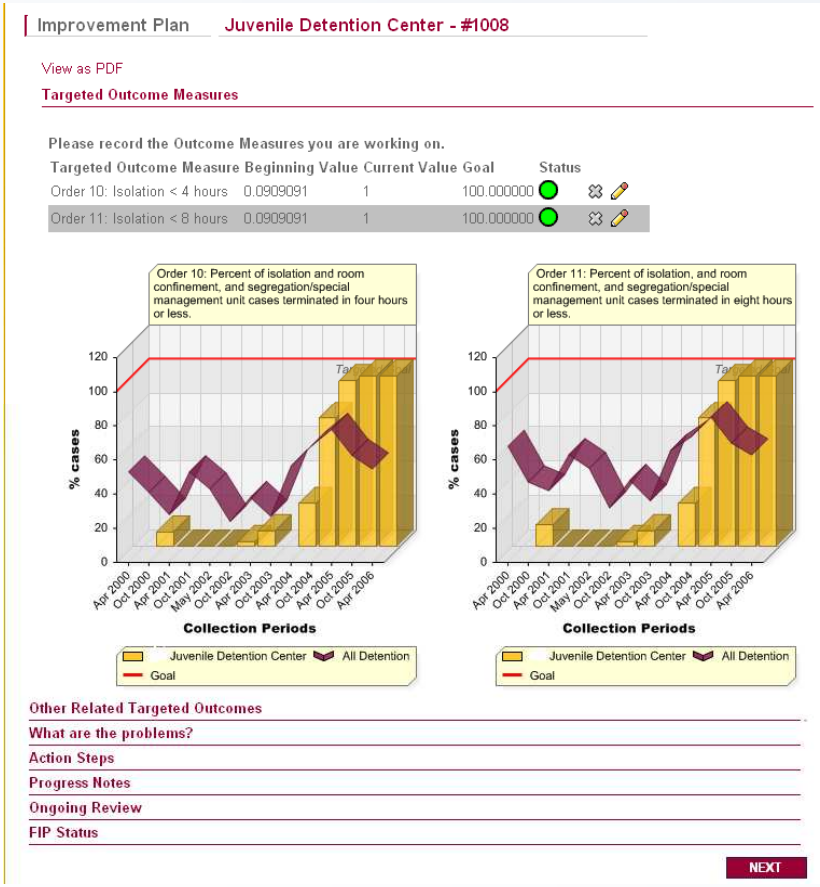
3. Facility Improvement Plans



Components:

- Targeted Outcome Measures
- Targeted Outcome Measure Goals
- What is the problem?
- Action Steps
- Progress Notes
- Ongoing Review by Facility Administrator and PbS State Coordinator

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PbS Levels of Achievement

Level 4:
PbS Mentor Site Certification

Level 3:
Programming Outcome Measures Improvement Certification

Level 2:
Critical Outcome Measures Improvement Certification

Level 1:
Data Collection Compliance Certification

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Certification tools

- Performance profiles

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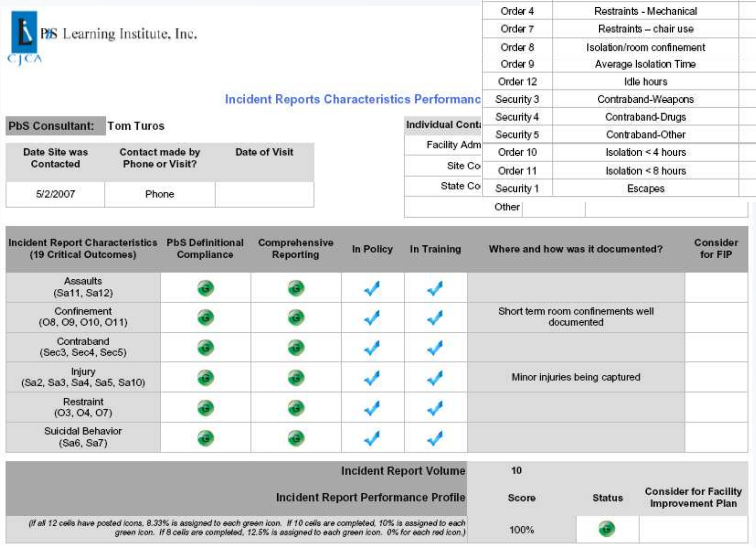
Critical Outcome Measure (COM)	COM Description	DC/CR or Sample Size	DC/CR or Sample Size Status	Same/Better than Field Average	Same/Better than Prior Data Collection	Consider for Facility Improvement Plan
Safety 2	Youth injuries	DC/CR				
Safety 3	Staff injuries	DC/CR				
Safety 4	Injuries from youths	DC/CR				
Safety 5	Injuries from staff	DC/CR				
Safety 6	Suicidal behavior with injury	DC/CR				
Safety 7	Suicidal behavior without injury	DC/CR				
Safety 9	Staff/youth ratio	Administrative Form				
Safety 10	Injuries - restraints	DC/CR				
Safety 11	Assaults/fights	DC/CR				
Safety 12	Assaults on staff	DC/CR				
Safety 13	Youths who fear for their safety	Youth Climate Survey				
Safety 14	Staff who fear for their safety	Staff Climate Survey				
Order 3	Restraints - Physical	DC/CR				
Order 4	Restraints - Mechanical	DC/CR				
Order 7	Restraints – chair use	DC/CR				
Order 8	Isolation/room confinement	DC/CR				
Order 9	Average Isolation Time	DC/CR				
Order 12	Idle hours	NA	NA		Y	
Security 3	Contraband-Weapons	DC/CR				
Security 4	Contraband-Drugs	DC/CR				
Security 5	Contraband-Other	DC/CR		NA		
Order 10	Isolation < 4 hours	DC/CR				
Order 11	Isolation < 8 hours	DC/CR				
Security 1	Escapes	NA	NA			

- Site visit



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Incident Reports Characteristics Performanc

PbS Consultant: Tom Turos

Date Site was Contacted	Contact made by Phone or Visit?	Date of Visit
5/2/2007	Phone	

Individual Conta
Facility Adm
Site Co
State Co
Other

Incident Report Characteristics (19 Critical Outcomes)	PbS Definitional Compliance	Comprehensive Reporting	In Policy	In Training	Where and how was it documented?	Consider for FIP
Assaults (Sa11, Sa12)						
Confinement (O8, O9, O10, O11)					Short term room confinements well documented	
Contraband (Sec3, Sec4, Sec5)						
Injury (Sa2, Sa3, Sa4, Sa5, Sa10)					Minor injuries being captured	
Restraint (O3, O4, O7)						
Suicidal Behavior (Sa6, Sa7)						

Incident Report Volume	10		
Incident Report Performance Profile	Score	Status	Consider for Facility Improvement Plan
(If all 12 cells have posted icons, 8.33% is assigned to each green icon. If 10 cells are completed, 10% is assigned to each green icon. If 8 cells are completed, 12.5% is assigned to each green icon. 0% for each red icon.)	100%		

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CbS

- **History:**
  - **Began in 2001 in Connecticut**
  - **Mental health section summit 2003**
  - **Field feedback, paper pilot 2004 -2006**
  - **Technology build 2007**
  - **Pilot test technology 2008**
- **Vision: Expand PbS to community programs**
- **Strategy: Use all lessons learned PbS**

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Goals

Safety: To provide a safe and productive environment that retains youths at the program until their planned discharges.

Mental Health: To identify and effectively respond to all youths' mental health, suicide and substance abuse problems.

Programming: To provide meaningful opportunities and services for youths that improve their education, vocational and cognitive competencies to help them succeed in the community.

Order: To establish clear expectations of behavior and an accompanying system of accountability for youths and staff that promote mutual respect, self discipline and order.

Justice: To ensure equal and timely access to services and the protection of legal rights for youths and their families.

Health: To respond to all youths' medical and health problems through the use of professionally appropriate diagnostic, treatment and prevention protocols.

Reintegration: To prepare youths for successful reintegration into the community through individualized planning and programming.

Security: To protect community safety and operate a secure environment for youths, families, staff and neighbors.

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Plan

- Finish technology/ website Dec. 2007
- Pilot test 2008
  - On site visits, off-site feedback
    - » Ease, intuitiveness of technology
    - » Scope: too much, too little?
    - » Frequency reporting
    - » Most meaningful comparisons
    - » Workload
    - » Benefits to build on
    - » How public?

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Community based Standards

User: Pass:

Forgot username or password? | Help

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Announcements:

Apply for the Barabara Allen-Hagen award today!

Documents, Tools and Research:

Brochure
Standards

Become part of the CbS Community Now!

CJCA

Welcome to Community-based Standards

CJCA launched the CbS to address the needs of juvenile justice facilities and programs and the community. The goals are:

1. To increase accountability through the use of data in the system, which enhances ability to track improvement and identify issues. Historically there is a lack of data to support current practices and policies;
2. To improve understanding of best practices and methods that, when fully employed, can significantly improve conditions of confinement in the juvenile justice system;
3. To provide a reasonably-priced solution across the country that allows for uniform data collection, analysis and use in all jurisdictions;
4. To support the notion that the juvenile justice system is well able to help youths in confinement.

CbS was formed in February 2004 to promote, support, assess and monitor the processes of continuous improvement at juvenile justice facilities that will lead to safer conditions and increased services for youths. The CbS will serve as the forum for enhancing integration and understanding of the Community-based Standards (CbS) improvement management system at correction and detention facilities nationwide. CbS addresses the problem of federal funding to increase the number of participating facilities as well as the lack of funding beyond the current federal initiative. The CbS was launched to ensure PbS continues beyond federal funding.

Contact us today for more information at:
170 Forbes Road, Suite 106 Braintree, MA 02184
781-843-2663 or email us

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Welcome Bob Dugan | Logout
Email the CbS help desk | Email your CbS Coach

Community based Standards

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DATE RANGE
Start: 04/01/2007
End: 09/30/2007
Change

DATA ENTRY
- Administration Form
- Incident Reports
- DQA Incident Reports
- Staff Climate Survey
- Youth Climate Survey
- Youth Exit Interview
- Youth Records

ANALYSIS TOOLS
- Outcome Measures
- Omnibus
- Other Reports

IMPROVEMENT PLANS
- Improvement Plans

ADMINISTRATION
- Resources
- Content Management
- User Management
- Facility Management
- Administrative Reports
- Correlating OMs

CJCA

Center for Human Development Community Assessment Program

WELCOME > MEMBERS HOME > INCIDENT REPORTS

Form Counts Hide

Form	Total	Complete	Incomplete
Incident Reports	9	7	2

NEW FORM

Complete Forms Hide

Survey ID	Facility ID	Submitted On	Submitted By
1036	P-049-07	04/01/2007	Cindy Interdonato
1037	P-050-07	04/01/2007	Bob Dugan
1038	P-051-07	04/02/2007	Chad Burggraf
1039	P-052-07	04/03/2007	Cindy Interdonato
1041	P-054-07	04/03/2007	Dan Minton
1042	P-055-07	04/04/2007	Bob Dugan
1044	P-057-07	04/05/2007	Chad Burggraf

Incomplete Forms Hide

Survey ID	Facility ID	Submitted On	Submitted By
1040	P-053-07	04/04/2007	Cindy Interdonato
1043	P-056-07	04/05/2007	Bob Dugan

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