



ARIZONA DEPARTMENT OF JUVENILE CORRECTIONS
SAFER COMMUNITIES THROUGH SUCCESSFUL YOUTH

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Older New Commits

2010 – 2013 (YTD)

ADJC Research & Development

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The Department of Juvenile Corrections (ADJC) offers both the most restrictive placement for juvenile offenders in Arizona and evidence-based treatment. A total of 1,754 juvenile offenders were committed to ADJC between 2010 and 2013 (year to date).¹ Arizona statute (ARS 8-101) sets 18 as the age when offenders must be referred to the adult criminal justice system, or discharged if under ADJC or juvenile court supervision. Fully 21% of ADJC new commits were 17 years and 5 months or older when they arrived. Many may not have sufficient time with the department - both in secure care and the community - to complete their individualized treatment plans and demonstrate their ability to be crime-free before they must be discharged. Juveniles who arrive with 60 days or less before their eighteenth birthday are especially challenging, because the lack of time, limits ADJC's ability to identify their extensive criminogenic needs and effectively address them. This problem is especially difficult for sex offenders and juveniles diagnosed with serious substance abuse and mental illness.

The purpose of this white paper is to present an analysis of older new commits to ADJC with a special focus on sex offenders and juveniles with substance, mental health, and co-occurring issues within 60 days or less until their eighteenth birthday. This paper demonstrates that recent older new commits had serious delinquency histories and extensive criminogenic needs. During their stay with ADJC, they received a comprehensive assessment and a treatment plan. Since they must be discharged at 18, they did not have time to complete their treatment plans and demonstrate their ability to be crime-free in the community. The paper begins with an overview of new commits by age, followed by a review of the delinquency histories of the 33² older juveniles that ADJC received with 60 days or less to serve before turning 18 (identified as cohort 1). Next we provide an analysis that considers the time served in secure care by ADJC releases who successfully returned to the community and who did not recidivate (identified as cohort 2). Afterwards we examine the criminogenic needs of cohort 2 followed by a brief synopsis of how juveniles typically progress through treatment and a description of the

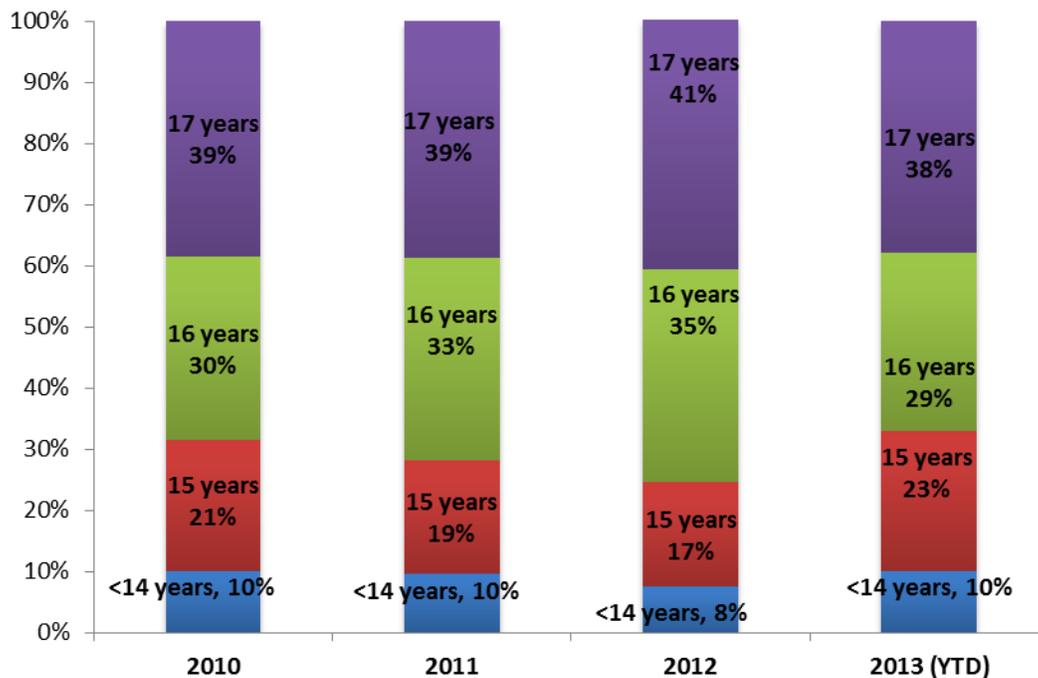
¹ The majority (89%) of the juveniles committed to ADJC had court-ordered minimum lengths of stay. Those minimums can range from one day to more than one year; some are court-ordered to stay until their 18th birthday.

² The number of ADJC new commits that had 60 days or less to serve before turning 18 doubled between 2010 (7) and 2012 (14). See Figure 1 for more evidence of the trend in older juveniles being committed to ADJC.

evidence based treatment programs used by ADJC. We conclude with a comparison of the demographics of cohort 2 to the total ADJC population.

Juveniles committed to ADJC typically arrive late in adolescence. The most common age at arrival was 17.³ The second largest category was 16. The percentage of juveniles who were 17 or older has remained relatively high over the last four years (see Figure 1). Meanwhile, the percentage of new commits that were 15 years old or younger has remained relatively low. It appears as though the Courts may have been deferring the referral of juveniles from ADJC until they were older. For some (specifically those 17 or older), that may not allow ADJC enough time to fully treat their serious criminogenic needs and supervise them in the community before they must be discharged.

Figure 1: Age at commitment by calendar year



³ More than a third (39%) of ADJC new commits for 2010-2013 was 17 or older.

Older New Commits – Cohort 1

Since 2010, ADJC received 33 juveniles with 60 days or less before their eighteenth birthday. More than two-thirds (69%) had extensive delinquency histories by virtue of having one or more felony adjudications or four or more misdemeanor adjudications, and more than one fourth (28%) had two or more felony adjudications. Additionally,

- 86% were identified as having a high risk level to reoffend⁴
- 86% had more than 5 referrals to juvenile court, 45% with more than 10 referrals
- 48% had more than one probation violation (technical and non-technical violations)
- 83% had more than one prior adjudication (see Table 1 for an example of the timeframe for prior adjudications)

Table 1. ADJC New Commits with 60 days or less by Age at Adjudication & Commitment

	K#	Age at 1 st Adjudication	Age at 2 nd Adjudication	Age at 3 rd Adjudication	Age at 4 th Adjudication	Age at 5 th Adjudication	Age at ADJC Commitment
1	30725	14y6m	15y0m	16y5m	16y,10m		17y,10m
3	31178	16y,3m	16y8m	17y2m			17y,10m
4	30207	14y11m	15y3m	16y5m	16y6m	17y0m	17y,10m
6	31122*	13y,3m	13y9m	13y11m	15y6m	15y11m	17y,10m
7	30570	15y9m	15y10m	16y0m			17y,10m
8	31309*	11y3m	15y9m	16y2m	16y9m	16y11m	17y,10m
9	30395	15y6m	15y7m	15y8m	16y7m	17y0m	17y,10m
10	31003*	15y6m	15y8m	15y10m	16y2m	17y0m	17y,10m
11	30914	13y11m	16y11m	17y6m	17y9m		17y,10m
13	29662	14y7m	14y10m	7y0m	17y4m	17y6m	17y,10m
14	29215	16y3m	17y0m	17y2m	17y7m		17y,10m
15	30841	15y10m	16y3m	16y8m	17y0m		17y,10m

*Indicates juveniles with more than 5 prior adjudications.

The limited number of 15 year old commits and the concomitant high percentage of 17 year old commits between 2010 and 2013 (YTD), suggests the possibility that some serious delinquents were being sent to ADJC later in their delinquency careers, perhaps too late for them to gain the full benefit from ADJC’s evidence based programming⁵.

⁴ Based on the Arizona Risk/Needs Assessment completed prior to ADJC commitment

⁵ As the county Juvenile Court staff begins utilizing the Arizona Youth Assessment System (AZYAS) Residential tool as a guide to placement they will be able to detect serious juvenile offenders earlier and send those to ADJC so they can benefit from our evidence based treatment services. To help in that effort, ADJC has the capability to provide training on all AZYAS tools to county court and probation staff, and now offers free AZYAS residential assessments, by an independent contractor, to county court and probation staff.

Older New Commits – Cohort 2

In CY 2013 (YTD), 47 (17%) juveniles were committed to ADJC with insufficient time to successfully complete their treatment⁶. Success is defined as NOT returning to custody with ADJC or the Arizona Department of Corrections (ADC) within one year of release.⁷ Successful releases⁸ had lengths of stay (LOS) ranging from 5 months to 12 months depending upon their respective treatment plans (see Table 2).

Table 2. Outcomes and lengths of stay by treatment plan⁹

	Cohort				
	Sexual Behavior ¹⁰	Substance Abuse or Dependency	Mental Health	Co-Occurring	Core
Successful	76%	49%	57%	51%	63%
Median LOS (months)	12	6	5	6	7
Number of 2013 (YTD) new commits not having sufficient LOS	15 (41%)	15 (11%)	0 (0%)	10 (16%)	7 (27%)

The juveniles in cohort 2 had serious criminogenic needs as identified by ADJC’s Criminogenic and Protective Factors Assessment (CAPFA) and resulting in extensive treatment plans. The CAPFA consists of nine domains, and more than 100 assessment items (see Appendix A). Most juveniles in cohort 2 had one or more of the following criminogenic needs:

- Substance abuse or dependence;
- Firearm use or possession;
- Gang involvement;
- Parents with incarceration histories;
- Parents that used illegal drugs
- Families that used intimidation or violence to manage conflict; or
- Multiple school suspensions or expulsions

⁶ Includes 4 juveniles from cohort 1.

⁷ Juveniles 17 and older at the time of intake were excluded from the release cohort.

⁸ Based on the 2011 cohort, which is the most recent cohort that has been tracked for recidivism purposes.

⁹ Cohort determination based on diagnoses identified in CAPFA or adjudicated offense (sexual offenders).

¹⁰ Sex offenders returned to custody were a result of technical and delinquent parole revocations and not a result of new sex offenses.

While a mental illness is not a criminogenic need, a mental health disorder can exacerbate anti-social behavior, adding to the complexity of treatment. More than one-third (37%) of the older new commits were diagnosed with a mental health disorder.

Upon arrival at ADJC, juveniles undergo an extensive assessment and classification process that requires approximately 21 days to complete. Assessment results are provided to a Multi-Disciplinary Team (MDT) that meets with the juvenile and their participating parent/guardian on a monthly basis to set treatment goals and track their progress. Within their assigned units, juveniles are evaluated daily based on their behavior. They can advance through a four stage level system depending upon their behavior and ability to demonstrate competencies which are related to their individual treatment plans. Juveniles must stay at a specific level for a minimum of 28 days before they can petition for advancement. These higher levels are indicative of a juvenile who is demonstrating both pro-social behavior and treatment progress. In order to complete their programming, a juvenile must be promoted to stage IV and demonstrate their competencies for a minimum of 28 days. In other words, the least amount of time a juvenile can take to be assessed, receive treatment, demonstrate they have learned how to behave properly, and petition for release is 4.1 months or 126 days. Juveniles committed for sexual offenses, with substance abuse or dependency or mental health diagnoses and co-occurring disorders require more intensive and specialized services that generally take longer to successfully complete.

All juveniles at ADJC participate in ADJC's core treatment program, New Freedom. Juveniles with co-occurring mental health and substance abuse disorders or sexual behavior offenses supplement New Freedom with relevant evidence-based treatment.

Juveniles who are on the "high-end" of the chemical dependency spectrum participate in the Recovery program, which is funded by a Residential Substance Abuse Treatment (RSAT) grant and is, at a minimum, a six-month program. The overarching principles of the Recovery program include: (1) universal evidence-based screening and assessment; (2) classification to treatment based on research-derived risk factors; (3) comprehensive treatment matched to

individual youth needs; and (4) high quality, evidence-based treatment interventions. The purpose of the Recovery Program is to reduce and eliminate the harmful effects of substance use in the lives of juveniles. While in the Recovery program, ADJC juveniles receive cognitive-behavioral therapy (CBT) through New Freedom, dialectical behavior therapy (DBT), and The Seven Challenges treatment. In addition, juveniles are given opportunities to participate in motivational interviewing, Teen Alcoholics Anonymous (AA), and relapse prevention planning. A 2012 evaluation of the Recovery Program found it was effective in reducing recidivism.

The Department's Triumph Unit houses juveniles deemed seriously mentally ill. The purpose of Triumph is to increase the department's ability to stabilize mental health related symptoms in juveniles that are more severe in nature, threaten safety, interfere with a juvenile's ability to effectively engage in treatment, and/or interfere with a juvenile's capacity to function effectively in important areas of daily living e.g., school. Triumph serves juveniles diagnosed with select Axis I mental disorders who present with target behaviors that are interfering with their overall treatment within secure care. The evidence-based programming delivered in Triumph is ADJC's core treatment, New Freedom, and Dialectical Behavior Therapy (DBT). A 2011 evaluation found it was effective in reducing recidivism.

ADJC's Journey program is undergoing some important changes and it is now known as the Sexual Behavior Treatment Program (SBTP). SBTP enhancements will provide more well-rounded treatment for juvenile sex offenders. ADJC regularly evaluates program effectiveness using the evidence based Correctional Program Checklist (CPC). A CPC evaluation of the SBTP will be conducted after the changes are completed.

All ADJC juveniles regularly meet one-on-one with their assigned clinical therapist to discuss treatment progress. If necessary, juveniles also meet with a clinical psychiatrist for the administration and monitoring of psychotropic medications. The treatment and custody progress for each juvenile is also assessed monthly by the MDT¹¹.

¹¹ Weekly multidisciplinary team (MDT) meeting includes the juvenile and their families as well as representatives from the housing unit (security staff, case manager, psychology associate), education, community supervision, medical and psychiatry.

Juveniles who arrive at ADJC with insufficient time before they turn 18 cannot take full advantage of the rich assessment and treatment services ADJC offers. To best serve juveniles committed to ADJC and allow them sufficient time to successfully complete their full treatment regimen, new commitments need a minimum of 4.1 months, while an analysis of recidivism results indicate that juveniles with core treatment needs may need 7 months, juveniles with substance abuse or dependency diagnoses may need 6 months, those with mental health diagnoses may need 5 months, those with co-occurring diagnoses may need 6 months, and juveniles committed on a sexual offense need may 12 months.

Those committed with less time will benefit from ADJC's rich assessment tools, and likely return to their communities with treatment needs identified but not fully addressed with the evidence-based and recidivism reducing treatment services ADJC provides.

Demographic Comparisons

Figures 2 and 3 illustrate a comparison of cohort 2 (17% of CY 2013 (YTD) new commits) to all new commits by gender. As can be seen, cohort 2 juveniles are more likely to be male than female.

Figure 2: Cohort 2 by gender

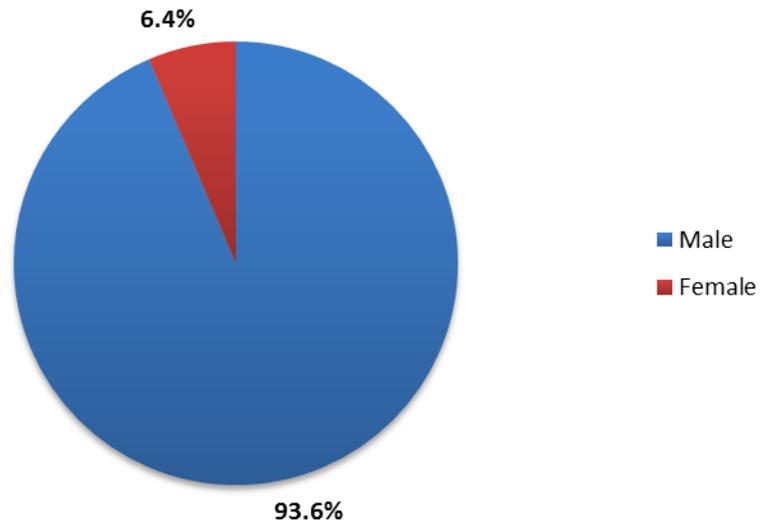


Figure 3: All new commits by gender

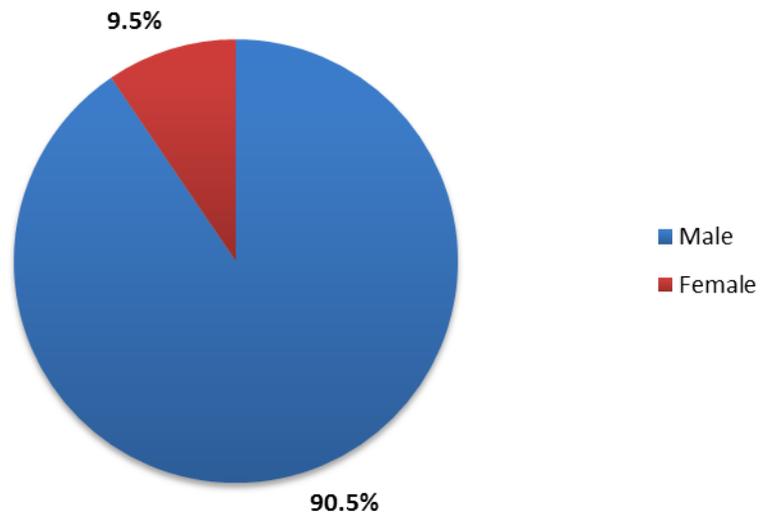


Figure 4: Cohort 2 by age at first adjudication

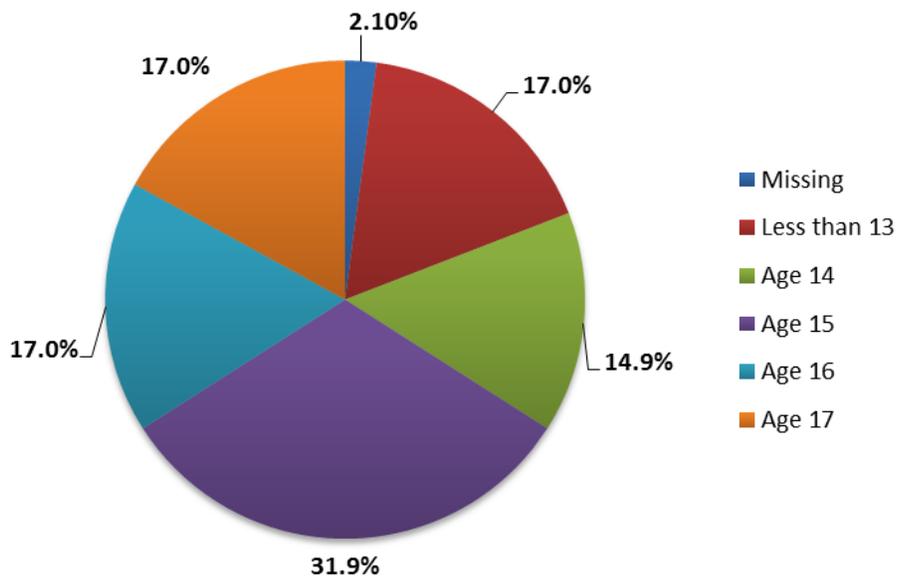
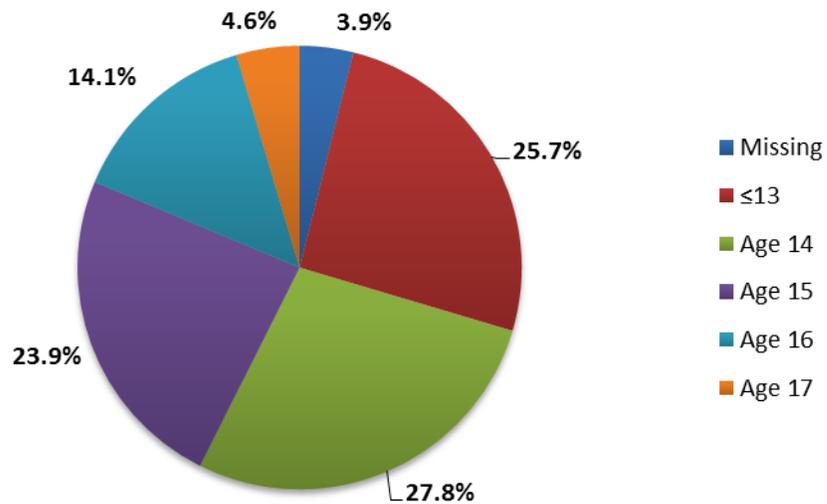


Figure 5: All new commits by age at first adjudication



Figures 4 and 5 present a comparison of older new commits to all new commits by age at first adjudication. This comparison reveals that cohort 2 youth began their delinquency later than other new commits.

Figure 6: Cohort 2 by race

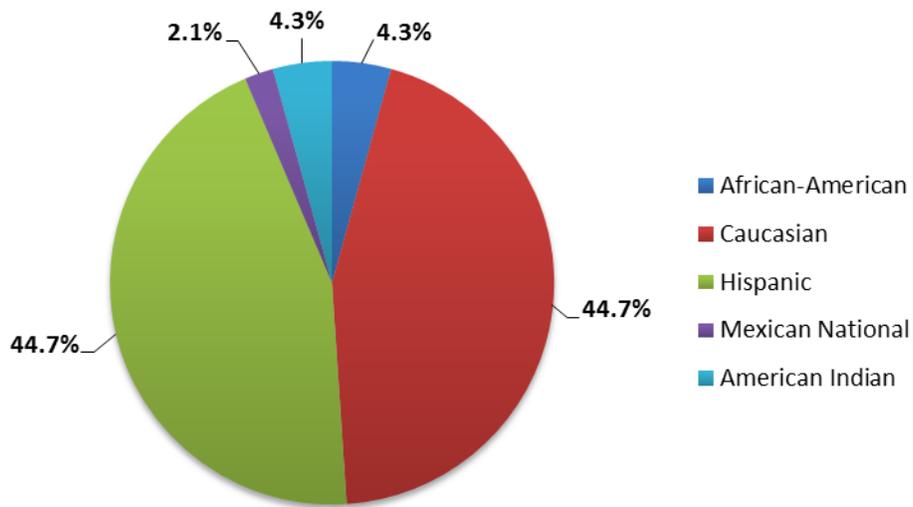
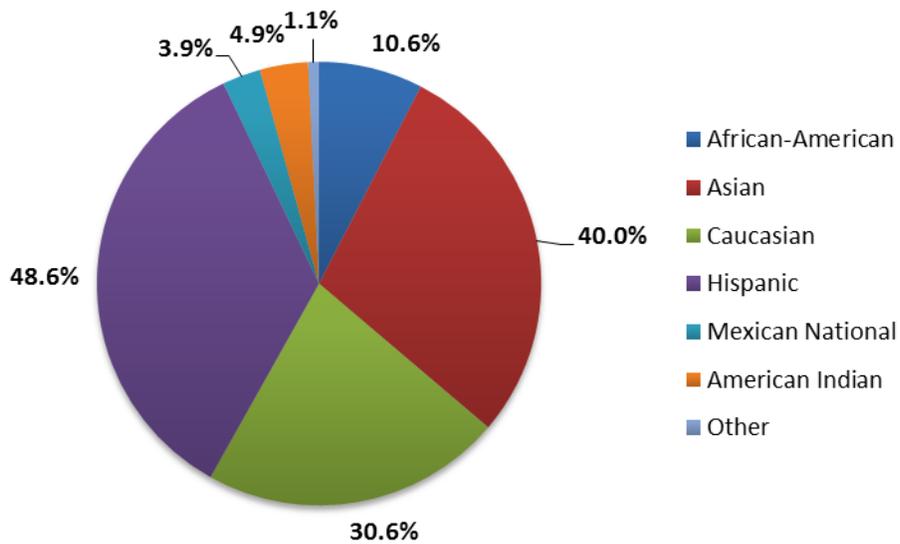


Figure 7: All new commits by race



Figures 6 and 7 illustrate a comparison between the race/ethnicity of those in cohort 2 and all new commits. This comparison shows that Caucasians and American Indians are more likely to be found among older new commits than all new commits. Asians, African-Americans, and Mexican Nationals were less likely to be found among the older new commits.

Figure 8: Cohort 2 by county

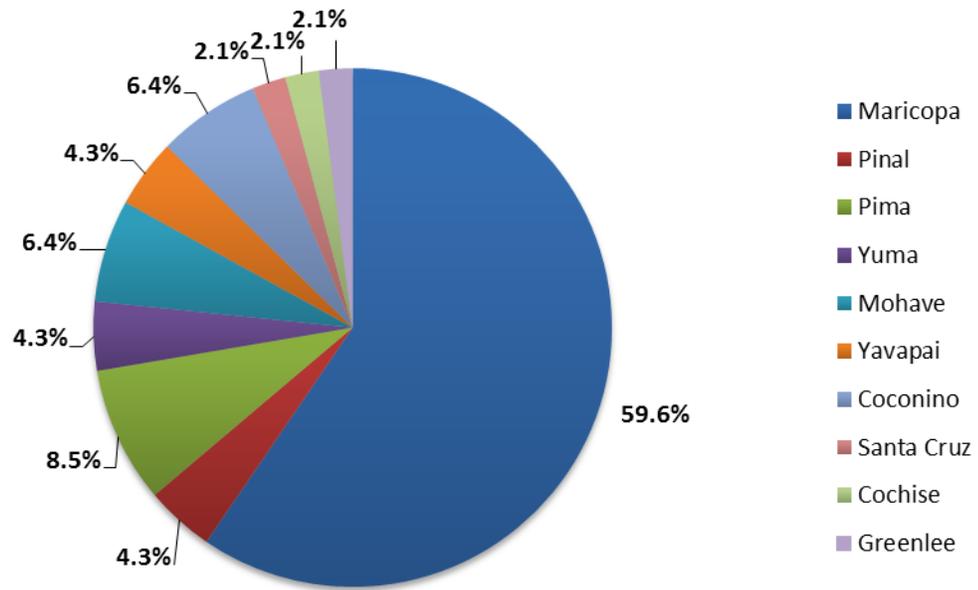
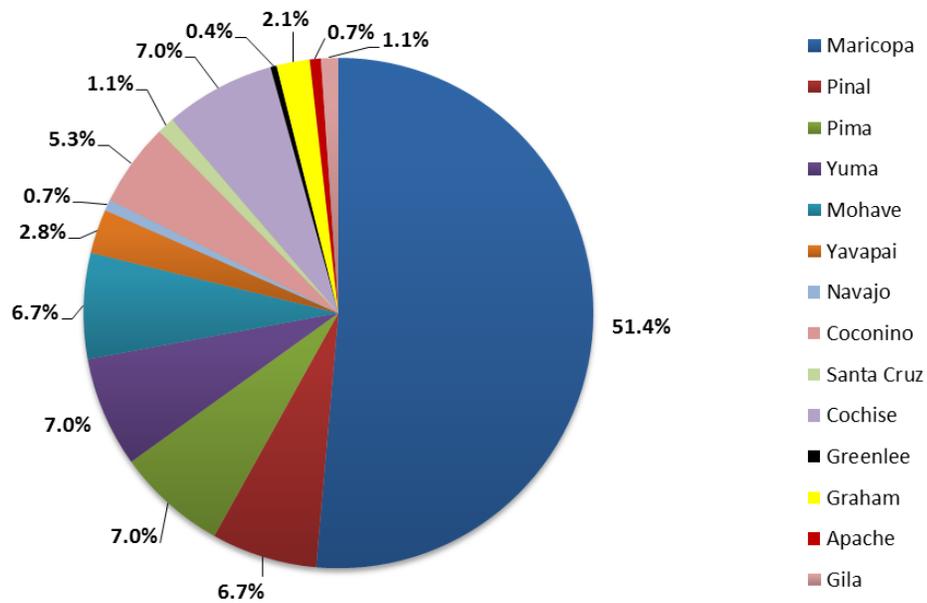


Figure 9: All new commits by county



Figures 8 and 9 compare cohort 2 to all new commits by county of origin. This comparison reveals that Maricopa, Pima, Mohave, and Coconino commits were more likely to be found committing older juveniles.

Appendix A:

The Criminogenic and Protective Factors Assessment (CAPFA) is one of the tools used in the ADJC assessment and classification process. The CAPFA is designed to be used as a systematic and objective means of ensuring that case planning decisions are based on a number of factors that research has proven to be vital in reducing recidivism. The CAPFA is administered through a structured interview between the interviewer¹² and offender, with supporting documentation collected from family members, case files, and other relevant sources as needed. The CAPFA contains a mix of static and dynamic risk factors divided into nine domains:

1. Mental Health (29 items)
2. Education (31 items)
3. Employment (3 items)
4. Alcohol and Drugs (10 items)
5. Aggression (9 items)
6. Sexual Behavior (2 items)
7. Family (31 items)
8. Social Influences (12 items)
9. Abscond and Recidivism Risk (19 items)

¹² Interviewers include Education staff, Youth Program Officers, Psychology Associates and Community Corrections staff.