



Warren C. Evans  
Wayne County Executive



Tadarial Sturdivant  
Director

# Annual Report Juvenile Justice Services Through Fiscal Year 2014

Daniel Chaney  
Director  
Juvenile Services Division

Suite 578  
640 Temple  
Detroit, MI 48201  
313-833-3468

<http://www.waynecounty.com/cfs/512.htm>

# Summary of Highlights, Accomplishments and Significant Trends

## Wayne County Juvenile Justice Services

### INTAKE / CASELOAD TRENDS

- New intake of adjudicated cases has declined by 53.3% (since FY 2010)
- 52% of new (adjudicated) cases in FY 2014 were assessed as meeting criteria for Serious Emotional Disturbance (SED)
- 7,500 at-risk youth participated in Prevention services programs in FY 2014
- Ongoing adjudicated delinquency caseload has declined by 56.0% (since FY 2010)
- Caseload peaked at 2,802 in FY 2007 - Since then the total decline has reached 67.5%

### RESOURCE UTILIZATION

- Average daily population (ADP) in short-term secure detention has declined to 108 juveniles; a 50% reduction since FY 2010
- In 2014, 45% of residential placements were for specialty treatment – 24% mental health and 21% substance abuse
- Residential placements have declined 47.8% over five years and 66% since high point in 2008
- In FY 2014, 83% of juveniles were discharged from probation within one year of court jurisdiction
- Residential placement costs peaked at \$105 M in 2008 and declined to \$42.9 M in 2014
- *CCF and State Ward Expenditures have declined 27% since FY 2010. Total accumulated actual “savings” for juvenile justice and child welfare over the past five years equals \$59,000,000!*

### OUTCOMES

- Felony conviction rate for adjudicated juveniles participating in community programs has remained below 2% (during active enrollment and ongoing court jurisdiction)
- 98% of juveniles that completed community probation in 2013 remained felony free after completing their term (defined as a felony conviction within one year after court termination)
- 80% of juveniles on Level 1 Probation (community-based) with a CMO completed their term of probation and 20% were escalated to an institutional placement (violation of probation)
- The recidivism rate for juveniles released from residential placement has averaged 16.5% over the past three years (defined as a felony conviction within two years after court termination)
- 88% of participants successfully completed a community-based prevention services program in FY 14

## Performance Dashboard Three Year Trend Report

Wayne County has implemented a comprehensive system of performance management to gauge and report the progress of our juvenile justice program to achieve outcomes that clients, tax payers and stakeholders expect. The following dashboard provides up-to-date status information on Key Performance Indicators.

Juvenile Justice Services Dashboard			
Measure	Status FY 2012	Status FY 2013	Status FY 2014
<b>New Case Activity</b>			
New CMO Probation Cases – Community Supervision	467	457	332
New CMO Probation Cases – Institutional Placement	625	480	415
New Diversion Cases**	837	484	16
New Prevention Cases	8,482	5,080	7,478
Committed for a Class I or II “Life” Felony <sup>1</sup>	9.4%	9.6%	14.2%
<b>Accountability and Community Protection</b>			
Recidivism (Juveniles in Commitment Status)	17.4%	16.0%	16.1%
Felony Conviction During Active Enrollment	2.2%	1.5%	1.6%
Successful Probation Completion	74.7%	78.9%	80.0%
Successful Completion of Diversion Program**	89.5%	88.7%	N/A
Community Probation-Post 1 Yr. Felony Conviction	1.6%	3.0%	2.0%
<b>Resource Utilization</b>			
Use of Short-Term Secure Detention (ADP) <sup>2</sup>	176 Day	130 Day	108 Day
Use of Non-Secure Rx <sup>3</sup> Placements (ADP)	305 Day	256 Day	204 Day
Use of Secure Rx Placements (ADP)	323 Day	278 Day	235 Day
Use of DHS Public Training Schools (ADP)	7 Day	3 Day	3 Day
Term of CB Probation Less Than One Year	83.3%	89.6%	83.0%
<b>Adolescent Well Being and Competency Development</b>			
Juveniles Diagnosed with Mental Illness (SED)	53.5%	67.6%	52.2%
Escalation to Placement for Technical Reason <sup>4</sup>	18.4%	15.3%	20.5%
Unresolved Escape Rate <sup>5</sup>	3.8%	2.4%	4.8%
<b>Finance and Administration</b>			
Juvenile Services CCF <sup>6</sup> Expenditures	\$131.1 M	\$124.9 M	\$118.5 M
Juvenile Services CCF Expenditures County GF Only	59.7 M	56.9 M	\$55.5 M
Title IV-E Revenue (Federal)	\$2.5 M	\$2.3 M	\$2.3 M
CMO Level 1 Probation Caseload (ADC) Home-Based	306	259	405
CMO Level 2 Probation Caseload (ADC) Placement	971	856	457
Total Average Daily CMO Caseload	1,276	1,115	862
CMO Total Adjudicated Juveniles Served	2,901	2,462	2,078
<b>TREND LINE COLOR CODES</b>			
FAVORABLE	MARGINAL	UNFAVORABLE	

<sup>\*\*</sup>In FY 13 the Department of Human Services disapproved the use of state funding (CCF) for the Prosecutor's costs in diversion programming. The program was suspended in mid FY 2013. Diversion will be re-started in FY 2015 with 100% county funding and has been renamed "RightTRAC".

Note: "ADC" means average daily caseload. It does not equate to total youth served.

<sup>1</sup> Prior to 2014 measure was for placement cases only; changed to home-based and placement cases in 2014.

<sup>2</sup> "ADP" means Average Daily Population. It does not equate to total youth served.

<sup>3</sup> "Rx" means treatment placement.

<sup>4</sup> Measures probation violation for adjudicated juveniles (probation/commitment) initially assigned to in-home that are subsequently transferred to placement for technical (no new criminal conviction) reasons; as approved by the court.

<sup>5</sup> Prior to 2014 escape was for institutional placements only; changed to home-based and institutional placement in 2014.

<sup>6</sup> "CCF" means Child Care Fund. CCF is the primary funding source for Wayne County's juvenile services system. The CCF is a 50/50 cost-sharing (uncapped) formula between the County and State. Expenditure trends for juvenile justice only. Prosecutor, Court, Child Welfare not included. Data includes donated (non-county GF) funds for prevention programming.

Many dashboards are benchmarked against other “competitors” (states, counties, etc.) to compare relative rankings. In juvenile justice there are few universal definitions or industry standards and the ages and eligibility of youth vary greatly from state to state. Wayne County decided to measure progress against its own trends, within the mission and goals of the Department. Key outcomes include (1) Efficiency and effectiveness of the system of care and (2) Alignment of each youth’s risks and needs with the least restrictive intervention necessary to achieve positive safety and treatment outcomes

## Wayne County Juvenile Services Model

Wayne County has been actively involved in juvenile justice reform for the past 15 years. In place of the centralized, institution-based, state administered program for juveniles, the County introduced a community-based approach. Realignment of responsibility to Wayne County was enacted at the request of the State. Private stakeholder agencies were challenged to tackle the problem of juvenile crime. The County, Third Circuit Court and the Michigan Department of Human Services (MDHS) executed an interagency Memorandum of Understanding (MOU) that aligned responsibility for administration of juvenile justice services under Wayne County. A contract-based structure was created to deliver a core governmental mandate - public safety and juvenile rehabilitation. Community-based mental health and substance abuse providers joined with experienced juvenile justice agencies to form new organizations responsible for the day-to-day management, treatment and supervision of delinquent youth. As community-based interventions proved successful, more youth were served in optional, voluntary prevention and diversion programs and fewer youth have entered the formal justice system.

The long term strategy was to transform the service delivery system and infrastructure, embracing the following core elements:

Core Strategy	
Move Away From Historic Practices	Move To System Reform
Congregate Care Institutions	Continuum of Service Options, Based on Needs and Risks / Early Interventions to Limit System Involvement (Accountability without Criminalization)
Geographic Isolation and Separation	Services Located Close to Families
Supervision Based on Obedience & Conformity	Cognitive-Behavioral Interventions for Troubled Youth**
State Financing of Institutions	Investment in Community Based Menu of Services / Incentives for Local Responsibility
Bureaucratic Entrenchment	Contract-Based, Privatized Services Network, Adaptability and Resiliency

\*\*"CBT" is a form of treatment that examines thoughts, feelings and behavior as causally related. Focus is on changing thinking in order to modify behavior and emotions.

The Wayne County model has evolved into a continuum of service options and includes the following **new organizations, processes and practices**:

- **Juvenile Assessment Center [JAC]** – the single gateway to access prevention, diversion and rehabilitative services, uniform assessment (clinical, social, substance abuse, and risk level), assignment to a service agency and access to Community Mental Health Agency services.
- **Five Care Management Organizations (CMO)** – lead agencies with unconditional responsibility for adjudicated juvenile cases within a cluster of zip codes are contracted to provide core responsibilities: case management, service planning, balanced and restorative justice (BARJ), court services, home-based interventions, residential placements and a network of subcontract treatment providers.
- **“First-Contact” and “Youth Assistance (YAP)”** programs that offer community-based services to reduce the juvenile’s risk of entering the formal justice system (diversion and prevention).

- **Partnership with Detroit-Wayne County Community Mental Health Agency [D-WC-CMH]** – to provide community mental health services to the 50% of youth entering juvenile justice diagnosed with Serious Emotional Disturbance (SED).
- **Care Paths** that define expected clinical/behavioral growth markers and target services tied to the youth's assessed behavioral strengths and needs, with continuity across home-based and residential placements to achieve competency outcomes
- **Community-policing** – operated by the county Sheriff's Department to track the juvenile's adherence to court requirements and quickly apprehend absconders.
- **Diversion** programs that offer a last-chance option for the youth to remain out of the justice system and avoid formal charges upon successful completion of a **YAP** agency program.
- A small, **treatment focused secure private residential program** located within Wayne County for the highest risk juveniles.
- An **internet-based Juvenile Agency Information System [JAIS]** that connects the JAC, CMOs, YAPs and all providers and offers information about every juvenile in the system 24/7.
- **Preferred Provider Network (PPN)** comprised of a select cadre of private residential agencies that work in partnership with CMOs to assure that the scope of service integrates with the **Care Path Model** and meets the needs and risks of the juvenile.

**Note:** At the conclusion of FY 13 MDHS did not participate in renewal of the three-party interagency Memorandum of Understanding. Wayne County and the Third Circuit Court entered into a new two party agreement effective October 1, 2013. Under the agreement adjudicated youth in Wayne County are placed on court probation for either home-based supervision or residential placement.

As system transformation evolved, the **Third Circuit Court** implemented new, non-traditional **Options (Pre and Post Disposition)**, such as fixed-term probation, in-home detention, electronic monitoring, reduced stay lengths in residential care and earlier termination of jurisdiction when the juvenile presents evidence of substantial adherence to court ordered terms and conditions. The outcomes presented in this report could not have happened without Court innovation, support and commitment.

### System Reform: Baseline Progress Evaluation

Comparison of current data trends to available baseline data (circa 1999) indicates that Wayne County's care management system is constructively improving upon conditions and outcomes that were the impetus for reform:

Measure	Baseline System FY 1999	County Model FY 2014
Recidivism	38% - 56%	16.1%
Positive Probation Participation	Unknown	87.6%
Term of Community Probation	Jurisdiction Until Ageing Out of System	83% Terminated within 1 Year
Community Probation Recidivism (with a CMO)	Unknown	2.0%
Youth Confined in State Training Schools (ADP)	731 Day	3.2 Day
Youth in Public & Private Residential Care (ADP)	≈ 2,000 Day	439 Day
Residential Care Costs (Annual)	\$113.5 M	\$42.9 M*
Placements - Other States	200	0
Length-of-Stay in Residential Placements	2 Years (+)	6.3 Months
Secure Detention Population (ADP)	> 500 Day	108 Day
State Ward Caseload (ADC)	≈ 3,400	457
Youth Participating in Prevention	Not Measured	7,478

\*Residential care costs also include the cost of CMO case management associated with youth in placement. Data includes state training schools, Lincoln Center and all CMO purchased private residential placements. Expense total does not include cost of county detention facility.

After a decade and a half of juvenile justice reform, it is evident that uniform assessment, quality case management, community/home-based interventions, and risk-based use of institutional placements create the best opportunities for juveniles to succeed, thereby improving public safety. Secure institutions are reserved for only the most serious, high risk offenders. By embedding a broad menu of approaches to safely prevent entry into the justice system and eliminate unnecessary and costly institutional placements, the County has demonstrated that local management of its juvenile justice system is the best structure to help youth develop and maintain essential ties with families, schools and communities and become contributing citizens. The goal is to hold youth accountable without criminalizing their behavior. Most often that is more successfully achieved in programs close to home.

### Statistical Data Trends and Outcomes through FY 14

**The number of new adjudicated cases, ongoing caseloads, juveniles in residential placement and recidivism are at historic low rates in Wayne County.** In the past decade, thousands of youth that would have been unnecessarily detained and placed in residential care are remaining at home, attending school, following the law and successfully avoiding entry into the formal juvenile justice system. Adolescents that do enter the system are provided with high quality care that targets presenting and emerging behaviors, as is evidenced by low recidivism rates.

### Behavioral Health Services

It is well established that the needs of delinquent children often cut across agencies, categorical programs, mandatory programs, services, roles and responsibilities. Many youth entering the juvenile justice system are diagnosed as Seriously Emotionally Disturbed (SED). Addressing the needs of these clients requires formal partnerships and a commitment to connecting parts of agencies, services and programs that are not traditionally aligned. For these reasons, the County contracts with the Juvenile Assessment Center (JAC) to administer a comprehensive evaluation for all adjudicated youth that come within the jurisdiction of Wayne County and who may, simultaneously, meet requirements for community mental health services through the Detroit-Wayne Mental Health Authority (DWMHA) provider network.

The Juvenile Assessment Center (JAC) provides a range of assessment and community-based behavioral health services. The JAC is also the gateway for youth to gain access to prevention, diversion and juvenile correctional services and resources. The DWMHA has designated the JAC as the access point for justice-involved-youth diagnosed with a Serious Emotional Disturbance (SED) or Developmental Disability (DD). The JAC is a certified children's mental health provider. Justice-involved-youth with SED/DD are referred to an agency in the CMH network for home-based and outpatient mental health treatment. Case management responsibility remains with the Care Management Organization (CMO). The CMH provider and CMO agency are then responsible for coordination of ongoing clinical services to resolve the specific diagnosis and treatment needs of the juvenile. The blending of behavioral health and juvenile justice services increases the probability of successful home-based treatment.

The table below documents the high incidence of serious mental health issues with justice-involved-youth:

Juveniles Designated as Seriously Emotionally Disturbed Authorized by CMH for Community-Based Mental Health Services			
Agency	Total Youth Referred FY 2014	Total Youth Referred FY 2013	Total Youth Referred FY 2012
Total New Intake	747	937	1,092
% SED	52.2%	67.6%	46.5%

## Child and Adolescent Functional Assessment Scale (CAFAS)

The CAFAS (K. Hodges), assesses the degree of impairment in youth with emotional, behavioral, psychiatric, or substance use problems. The CAFAS provides an objective, comprehensive assessment of a youth's needs that is sensitive to change over time, making it the most widely used outcome measure available. CAFAS, for ages 5 to 19, is the gold standard for assessing a youth's day-to-day functioning across critical life domains and for determining whether a youth's functioning improves over time. It is backed by over 20 years of research supporting its validity and sensitivity to detecting change in behaviors. The CAFAS is widely used to inform decisions about level of care, type and intensity of treatment, placement, and need for service referral. CAFAS items (problem behaviors, strengths, and goals) are behaviorally descriptive and validated, resulting in high credibility. The following table presents CAFAS findings (for adjudicated cases) from FY 2014.

FY 2014 CAFAS Scores for Probation Level 2 Juveniles – Residential Placement						
CAFAS 8 Scale Score	Male	%	Female	%	Total = 100 %	
0-90	46	13.33%	2	2.82%	48	11.54%
100 – 130	136	39.42%	18	25.35%	154	37.02%
140 and Higher	162	46.96%	51	71.83%	213	51.25%
Totals	344	100.00%	71	100.00%	415	100.00%
FY 2014 CAFAS Scores for Probation Level I Juveniles - Home-Based						
CAFAS 8 Scale Score	Male	%	Female	%	Total	%
0-90	73	31.30%	27	32.50%	100	31.60%
100 – 130	90	38.60%	24	28.90%	114	36.10%
140 and Higher	70	30.10%	32	38.60%	102	32.30%
Totals	233	100.00%	83	100.00%	316	100.00%

### Description/meaning of CAFAS Score Ranges: 8-Scale Summary Description

0-10 Youth exhibits no noteworthy impairment

20-40 Youth likely can be treated on an outpatient basis, provided that risk behaviors are not present

50-90 Youth may need additional services beyond outpatient care

100-130 Youth likely needs care which is more intensive than outpatient and/or which includes multiple sources of supportive care

140 & higher Youth likely needs intensive treatment, the form of which would be shaped by the presence of risk factors and the resources available within the family and the community

## IQ Assessment

FY 2014 IQ Scoring Range Level 1 Probation Juveniles (Home-Based)					Frequency	
IQ	Male n=233	%	Female n=83	%	Total n=316	%
100+ (Normal and Above Normal)	13	6%	4	5%	17	5.40%
71 – 99 (Low Normal to Normal)	167	72%	58	70%	225	71.20 %

50 – 70 (Mild Mental Retardation)	45	19.50%	20	24%	65	20.60 %
35 – 49 (Severe Mental Retardation)	2	1%	1	1%	3	0.95%
Not Evaluated (Refused)	1	0.50%	0	0	1	0.30%
Court's Clinic for Child Study Performed Evaluation (Scores Not Provided)	2	1%	0	0	2	0.60%

FY 2014 IQ Scoring Range Level 2 Probation Juveniles (Out-of-Home)					Frequency	
IQ	Male n = 345	%	Female n= 71	%	Total n=416*	%
100+ (Normal and Above Normal)	16	4.64%	5	7%	21	5.05%
71 – 99 (Low Normal to Normal)	217	63%	50	71%	267	64.83%
50 – 70 (Mild Mental Retardation)	100	29%	13	19%	113	27.16%
35 – 49 (Severe Mental Retardation)	5	1.46%	2	3%	7	1.68%
Not Evaluated (Refused)	0	0%	0	0%	0	0%
Court's Clinic for Child Study Performed Evaluation (Scores Not Provided)	7	2%	0	0%	7	1.68%

Important Note:

IQ score is not the sole determinant of a developmental disability or impairment of intellectual functioning. Other factors including adaptive-functional behavior, severity and duration must also be evaluated. Federal criteria and approved protocols administered by credentialed individuals provide the determination of eligibility for developmental disability services, mental health services or other supportive care services.

## DSM Diagnostic Profiles

The JAC is responsible for completion of a comprehensive clinical battery for new adjudicated delinquent youth. The JAC uniformly provides social, clinical, educational, substance abuse and mental health assessments that specify individualized needs and risks that CMOs use to facilitate development of a juvenile's Probation Supervision and Services Plan (PSSP). Professional assessment reports are performed by credentialed and licensed professionals. They are completed within 14 calendar days of case acceptance. The following table compares diagnostic findings over a five year period:

DSM IV R Diagnoses FY 2010-2014					
Level I and II Probation Juveniles with an Axis 1 Diagnosis or Deferred Diagnosis (671 unduplicated CMO assigned youth)					
Type of Diagnosis Axis 1	2014 Frequency of Diagnosis	2014 Number of Diagnosis/ Youth with Diagnosis	2013 Frequency of Diagnosis	2012 Frequency of Diagnosis	2011 Frequency of Diagnosis
Behavioral Disorders (ADHD, Oppositional, Disruptive, Impulsive, Conduct Disorder)	59.5%	399	73.5%	67%	72.3%
Substance Abuse (Polysubstance, Marijuana, Alcohol, Cocaine, Opiates, Other Illegal Substance as only primary diagnosis) 494 youth	2.4%	16	2.2%	2.4%	2.2%

(73.6%) had a secondary diagnosis of Substance Abuse					
Depression (All Categories)	<b>9.8%</b>	<b>66</b>	4.5%	6.3%	4.7%
Learning and Communication (Self & Family Report)	<b>0.7%</b>	<b>5</b>	0.3%	.23%	0.3%
Bipolar, Intermittent Explosive, Mood Disorder (Diagnosis may be reported as designated prior to Juvenile Adjudication)	<b>19.3%</b>	<b>129</b>	12.9%	12.1%	9.4%
Anxiety Disorders (PTSD and/or Anxiety)	<b>2.8%</b>	<b>19</b>	2.4%	2.6%	1.3%
Active Psychosis (Schizophrenia, Delusional, Psychotic, Prior Treatment)	<b>0.4%</b>	<b>3</b>	0.1%	.3%	0.4%
Adjustment Disorders	<b>1.9%</b>	<b>13</b>	2.4%	3.7%	5.0%
Asperger's, PDD, Reactive Attachment and/or Stuttering as Primary Diagnosis	<b>0.4%</b>	<b>3</b>	0.0%	.4%	0.0%
Diagnosis Deferred for Further Evaluation (may be a history of abuse, sexual abuse, neglect, bereavement due to loss, or unable to finalize in single assessment)	<b>2.8%</b>	<b>18</b>	1.8%	5.1%	4.4%
Totals (N = 671 in 2014) Level I and Level II Juveniles Juveniles May Have More Than One Axis 1 Diagnosis and Other MH/SA Diagnosis on Axis 2 or 3)	<b>100%</b>	<b>671</b>	100%	100%	100%

## Placements (Out-of-Home) for Mental Health Treatment

The following table compares the number of new mental health placements for a three-year period:

	Residential Mental Health Placements (1)		
	FY2014	FY 2013	FY 2012
Number of Juveniles Placed	298	301	445

Note: Facilities licensed as Child Caring Institutions – not hospitals

A disproportionately large number of youth in mental health placements have prior placement history in the child welfare system. On average, 35% of placements are based on the need for mental health treatment. Another 25% of placements are for substance abuse treatment. In total 60% of all out-of-home placements are driven by significant behavioral health issues.

## Targeted Case Management

Navigating access to resources for multi-system youth and distressed families is challenging. Strong supports are necessary to overcome barriers and sustain participation in community-based services. In recognition of this the Mental Health Authority, CFS and its juvenile justice contractors implemented the “Integrated Community Based Services (ICBS)” model.

ICBS provides a variety of services to encourage continued engagement with supportive mental health services when youth are having problems coping in their environment: dealing with traumatic stressful events and/or changes: behavioral problems at home or school; and/or experiencing symptoms of mental illness.

ICBS Coordinators, assigned by the JAC and to the CMOs, are responsible for assuring access to CMH treatment and convening an integrated (cross-systems) treatment team to develop the Care Coordination Plan. The Service Coordinator ensures the family has an identified a provider of choice within the CMH Preferred Provider Network (community mental health).

During FY 14, **797** youth assessed with SED/DD and enrolled with a community mental agency were monitored by the JAC's ICBS Care Coordinators. **13,351** Targeted Case Manage units were delivered.

### Involved in the DHS Child Welfare System

The connection between involvement in the child welfare system and the heightened risk of "crossing over" to the juvenile justice system has been well established. The table below presents the relationship between a previous child welfare out-of-home placement and subsequent placement in a juvenile justice facility.

CMO	Probation Level 2 Juveniles Previously Placed in DHS Out of Home Care for Abuse/Neglect								
	% Female Assigned			% Male Assigned			% of CMO Assigned		
	FY 12	FY 13	FY 14	FY 12	FY 13	FY 14	FY 12	FY 13	FY 14
% of all Probation Level 2 Youth	33.1	31	<b>38.2</b>	22.2	25	<b>21.3</b>	24.7	26	<b>24.1</b>

The tables above and below illustrate that there is a substantially higher percentage of (prior) child welfare involvement among youth that are placed on probation for out-of-placement, compared to those on community probation.

CMO	Probation Level I Juveniles Previously Placed in DHS Out of Home Care for Abuse/Neglect								
	% Female Assigned			% Male Assigned			% of CMO Assigned		
	FY 12	FY 13	FY 14	FY 12	FY 13	FY 14	FY 12	FY 13	FY 14
% of all Probation Level I Youth	19.4	27	<b>17.9</b>	16.4	19	<b>15</b>	17	21	<b>15.8</b>

Childhood exposure to trauma is disproportionately high for justice-involved-youth. Traumatic stress occurs when children are exposed to traumatic events, which overwhelm their capacity to cope with the experience(s). Youth that experience trauma may exhibit a variety of symptoms such as depression, anxiety, aggression, etc. Conduct disorders and oppositional or defiant behavior are prominent among juvenile justice youth. While trauma may not directly cause these disorders, it can interfere with a youth's ability to think and learn. Traumatic experiences disrupt normal adolescent development. Traumatic stress puts a child at increased risk for child welfare and juvenile justice systems involvement. The following table presents trauma experiences for new cases (adjudicated) in FY 14.

Children's Trauma Assessment Analysis for Adjudicated Juveniles		Probation Level I n= 312*		Probation Level II (formerly Committed) n= 416 *		Dual Wards 2014 n= 8	
Areas of known or suspected trauma for the following experience		number	percent	number	percent	number	percent
Physical Abuse		27	8.70%	44	10.60%	2	25.00%
Suspected Neglect/Home		14	4.50%	99	23.80%	8	100.00%
Emotional Abuse		12	3.80%	26	6.30%	2	25.00%
Exposure To Domestic Violence		33	10.60%	61	14.70%	2	25.00%
Exposure To Drug Activity		86	27.60%	151	36.30%	2	25.00%
Exposure To Other Violence		15	4.80%	34	8.20%	4	50.00%
Parental Caregiver Drug Use/Abuse		74	23.70%	120	28.80%	4	50.00%

Multiple Separations from Caregivers	54	17.30%	94	22.60%	4	50.00%
Multiple moves and/or Homelessness	20	6.40%	38	9.10%	3	37.50%
Sexual Abuse or Exposure	24	7.70%	46	11.10%	3	37.50%
Experience Other Concerns	84	26.90%	98	23.60%	1	12.50%
Experience Other (e.g. numerous deaths experienced)	86	27.60%	97	23.30%	1	12.50%

## Traumatic Brain Injury

Traumatic Brain Injury is of concern in national juvenile justice policy and training. Having a screening tool to examine a youth's known history provides useful insight regarding the youth that report head and brain injury.

In Wayne County a TBI event has not been historically assessed. The first TBI assessments were implemented in FY 14. Many youth reported being hit by adults, dropped as infants or young children, hit by siblings or in fights during adolescence. Others reported injury in street games of football and bike or car accidents. TBI can affect verbal memory ability, visual scanning ability, impulse control and problem solving skills.

TBI assessments are passed on to CMOs and are addressed in the youth's treatment plan. Two of the recommended treatment interventions are Trauma Focused Cognitive Behavioral Therapy and Aggression Replacement Therapy (US Dept. of Health and Human Service 2011). These treatment modalities are present in our Wayne County System of Care. The US Dept. of Health and Human Services also reports that youth with TBI are more likely to have mental health, substance abuse and co-occurring disorders. They also report that youth with head injury are more prone to victimization, social inappropriateness, anger and difficulty following rules. Further comparison of data for those youth identifying TBI should be analyzed to better understand the consequences of TBI in youth development.

2014 Adjudicated Youth Traumatic Brain Injury Assessment Data		
Type of Reported Head Injury	Number of Youth	Percentage
Loss of consciousness before age 15	20	9.9%
Multiple TBI close together in time	3	1.5%
Recent TBI	9	4.5%
Youth with any event of head trauma	42	20.8%
Head Trauma Under Age 5	7	3.5%
Head Trauma Age 6 - 9 years	8	4.0%
Head Trauma Age 10 - 12 years	10	5.0%
Head Trauma Age 13 - 15 years	13	6.4%
Head Trauma Age 16 older	4	2.0%
No memory or knowledge of any head injury	159	78.7%

\* Traumatic Brain Injury ID questionnaire initiated April of 2014 using OSU instrument.

## Juvenile Risk Assessment

An important element of the intake and evaluation process is the completion of a risk assessment report. Risk Assessment refers to the evaluation of re-offending potential that the youth poses to the community (i.e., new crimes). This process classifies re-arrest potential for groups of offenders (i.e., low, moderate, high). Risk assessment is an actuarially based system for like groups of juveniles, not an individual prediction model.

Juveniles on Level 1 Probation (Community Supervision) Risk Level Assessment – FY 2014		
Risk Level	Male	Female
Low	43 = 19%	24 = 28%
Moderate	134 = 57%	32 = 39%
High / Enhanced	56 = 24%	27 = 33%

The risk assessment process is also used to establish the most appropriate level of care for each juvenile the Court orders to Level 2 Probation for residential placement (open placement, secure placement).

Juveniles on Level 2 Probation (Out-of-Home Placement) Security Level Assessment – FY 2014		
Risk Level	Male	Female
Non-Secure	235 – 68%	50 – 70%
Secure	110 – 32%	21 – 30%

### Addictive Behaviors and Treatment Needs

Over 86% of Probation 2 youth (placed out of home) self-report use of illegal substances and alcohol. 65% of Probation 1 youth (community based) self-report use of illegal substances and alcohol. Over 77% of all adjudicated youth self-report illegal substance use at the Risk Assessment. (This is an increase of proportion of youth reporting the use of illegal substances from the last two years, as the adjudicated population has significantly decreased).

- Every juvenile entering the County's Juvenile Detention Facility is screened for use of substances. Not-in-custody youth may be screened for substances at the Lincoln Hall of Justice. These screens are subject to a court order.
- 1,480 unduplicated youth were screened at Lincoln Hall for 4050 AOD screens
- 13,410 substance abuse screens (252 refused, 567 tampered) for 1,358 unduplicated youth for the fiscal year of AOD screens.
- 881 unduplicated JDF detained youth screened positive for tested substances (52%). If the detained youth who refused screening (normal counting practice in substance abuse analysis) are included the number of unduplicated youth testing positive, the percent positive climbs to over 67% for JDF
- 1,297 adjudicated youth were screened randomly at the CMO location (7,947 AOD random screens) to support CMO treatment and monitor youth use and relapse for youth participating in community-based treatment.
- 2,641 unduplicated juvenile youth were screened in FY 2014
  - 1,972 males (75%) 10,917 screens
  - 669 females with 2,948 AOD screens

Note: Drug screens must be authorized by court order and an individual must give permission, youth under age 14 must have parental permission.

1,471 youth were provided an Alcohol and Drug Diagnosis Global Assessment of Individual Need (GAIN) to determine the treatment level of care recommended for documented substance abuse. Subsequent re-evaluations were also provided to address lack of treatment benefit and increased use.

<b>GAIN Level of Care by Assessment Recommendation</b>		
<i>Level 1(outpatient)</i>	<i>Level 2 (intensive outpatient)</i>	<i>Level 3 (residential stabilization)</i>
475	672	563

Some youth required assessment more than once due to continued substance use and are not counted in the unduplicated count of final assessed treatment need.

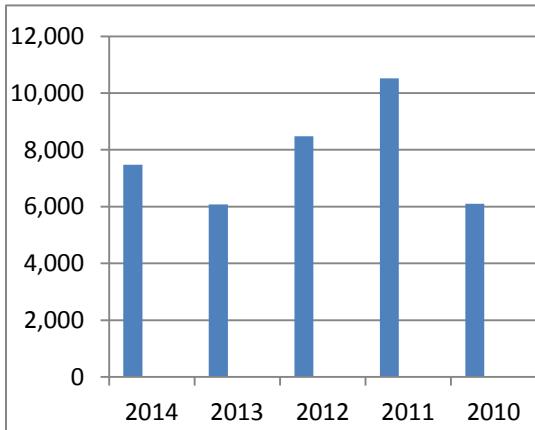
### **Timely Access to Prevention and Diversion Services is Successfully Reducing the Number of Juveniles That Enter the Formal Justice System**

Prevention is defined as services that assist the youth in averting contract with the formal court system. The County's commitment to prevention programming provides an expanded array of community-based service options for youth that are at risk of out-of-home placement but who do not require formal court jurisdiction. Accountability that is integrated with community services create opportunities to achieve behavioral change, in non-criminal justice settings, by addressing the underlying family, school, peer group and individual risk factors that can lead to out-of-home placement

Assessment, at the right time in a youth's developing risk-taking behaviors, is essential for redirecting youth in jeopardy of penetration into the formal justice system. Wayne County and the JAC have pioneered the "Juvenile Inventory for Functioning" (JIFF) – derived from the Child and Adolescent Functional Assessment Scale (CAFAS), used by many mental health entities. The JIFF is administered to every youth entering the County detention facility, diversion cases and other youth referred to the Juvenile Assessment Center. Participation in the JIFF is voluntary. Via inter-active computer questions, juvenile and caretaker responses to questions are assessed for problematic functioning, goals needed to design a "service plan" are specified and a summary plan is printed. JIFF has become a trusted screening tool for diverting youth from the Court's formal docket to community-based services.

While varying by year, due to funding fluctuations, voluntary participation in community-based prevention services has increased substantially, as evidenced by the following chart:

**Youth Participating in Voluntary Prevention Programs**



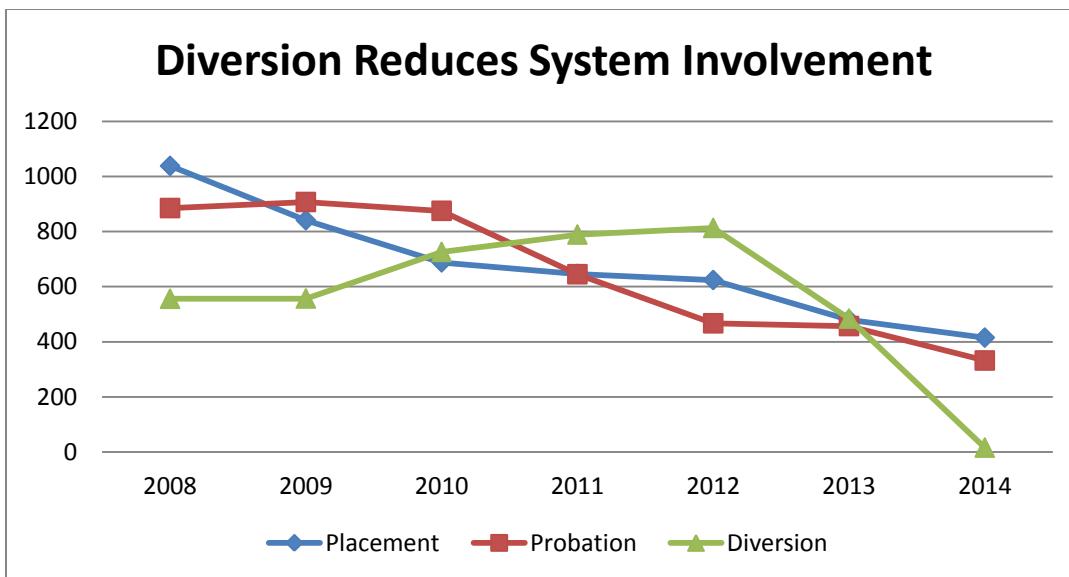
Wayne County contracts with 30 community-based prevention agencies located throughout Wayne County.

<b>First Contact Prevention Programs</b> <b>FY 14 Outcomes</b>	
<b>Reporting Factor/Data Item</b>	<b>Totals</b>
1. # of Total Youth Served FY 14	7,478

2. # Youth Released That Obtained Goals	3,571
3. % That Obtained Goals	87.61%
4. # Youth Released Did Not Obtain Goals	505
5. % Did Not Obtain Goals	12.39%

To curtail the number of juveniles unnecessarily entering the formal justice system, a diversion option was developed. The diversion decision point resides primarily with the Prosecutor and in some instances with the Court. When the youth is diverted, a formal complaint/charge is held in abeyance pending successful completion of a community-based Youth Assistance Program (YAP) program. Juveniles that do not adhere to program requirements are returned to the Office of the Prosecutor for reinstatement of formal processing.

A successful diversion outcome is defined as no new (authorized) petition or warrant for one-year after program termination. Since inception in late 2007, 4,000 juveniles have participated. 88% of the youth that completed the one-year post measurement period remained out of the formal justice system.



In FY 13 the Department of Human Services disapproved the use of state funding (CCF) for the Prosecutor's costs in diversion programming. The program was suspended in mid FY 2013. Diversion will be re-started in FY 2015 with 100% county funding and has been renamed "RightTRAC". The above data is for new cases only.

Level of care (home-based or institutional) for delivering supervision and treatment services is a significant cost driver in the juvenile justice system. Wayne County uses a structured approach to assess each youth's risks and needs. Alignment of services (level of care) with a youth's risks and needs is more likely to produce successful outcomes and more efficient use of resources. The following table illustrates the cost of different levels of care/service for each participant.

<i>Cost Per Youth</i>	<i>Cost Per Youth</i>	<i>Cost Per Youth</i>
<b>Diversion - \$1,838</b> <i>(Community-Based)</i>	<b>Probation - \$6,845</b> <i>(Home-Based)</i>	<b>Placement - \$43,460</b> <i>(6-Months)</i>

Wayne County contracts with 12 community-based diversion agencies that are located throughout Wayne County. Youth Assistance Programs (YAPs) are focused on services to prevent at-risk youth from entering into the formal justice system. Juveniles that are adjudicated and placed on probation are at greater risk for out-of-home placement. They are subject to court ordered terms and conditions that have the force of law. Juveniles that violate these terms are often placed (escalated) directly in residential care. Data indicates that most escalations to residential care are a direct result of a technical probation violation, not conviction for a

new crime. Services that divert youth from deeper penetration into the formal justice system dramatically reduce out-of-home care utilization and mitigate a significant minority disproportionate contact point.

Youth Assistance Programs (YAPs) provide an array of services including: conflict management, aggression replacement training, anti-bullying, substance abuse education, trauma counseling, mentoring, shoplifting prevention, life skills and many others.

Youth Assistance Programs FY 14 Outcomes	
Reporting Factor/Data Item	Totals
1. # of Total Youth Served FY 14	1,026
2. # Youth Released That Obtained Goals	645
3. % That Obtained Goals	83.12%
4. # Youth Released Did Not Obtain Goals	131
5. % Did Not Obtain Goals	16.88%

Data is for community prevention referrals in FY 14. Programs will return to diversion in FY 15.

### Services for Adjudicated Juveniles / Living Arrangements / Types of Settings

Adjudicated juveniles are placed on probation with Care Management Organization (CMO) agencies. Each youth is assigned to a Case Manager. The CMO develops a "Probation Supervision and Services Plan." This plan includes assignment to a Care Path, which defines expected clinical/behavioral growth markers and targets services tied to the youth's assessed behavioral strengths and needs, with continuity across home-based and residential placements. The goal is to achieve competency outcomes that prevent further criminal conduct.

CMOs are required to provide access to a wide array of services. The following table illustrates some of those service options:

Care Management Organization Service Array	
Assessed Need / Domain	Services Available
Substance Abuse	<ul style="list-style-type: none"> <li>• Substance Abuse Education</li> <li>• Alcohol and Drug Screening</li> <li>• Counseling by Mc-BAB Staff</li> <li>• Intensive Outpatient Treatment</li> <li>• Inpatient Treatment</li> </ul>
Mental Health	<ul style="list-style-type: none"> <li>• Wraparound Process</li> <li>• Clinical Counseling/Therapy</li> <li>• Community Based Behavioral Services</li> <li>• Specialized Residential Placements</li> <li>• Cognitive Behavioral Therapy (CBT)</li> <li>• Multi-Systemic Therapy (MST)</li> </ul>
Transition to Adulthood	<ul style="list-style-type: none"> <li>• Job Readiness</li> <li>• Housing Resources</li> <li>• Clothing</li> <li>• Transportation</li> <li>• Obtaining Vital Records</li> <li>• Employment Opportunities / Guidance</li> </ul>
Family Functioning	<ul style="list-style-type: none"> <li>• Housing Resource Access</li> <li>• Crisis Support</li> <li>• Individual Family Therapy</li> <li>• Parenting Education Classes</li> <li>• "Parent Voices Matter" Events</li> <li>• Functional Family Therapy</li> </ul>

Delinquent Behavior	<ul style="list-style-type: none"> <li>• Individualized Risk, Clinical, Bio-Social Assessment</li> <li>• Anger Management and Conflict Resolution</li> <li>• Random Drug/Alcohol Screens</li> <li>• Mentoring</li> <li>• Day Treatment</li> <li>• Home-Based Counseling/Supervision</li> <li>• Social Living Skills</li> <li>• Academic Tutoring</li> <li>• Educational Advocacy</li> <li>• Electronic Monitoring</li> <li>• Behavioral Contracting</li> <li>• Progressive Sanctions</li> <li>• Residential Placements</li> </ul>
Well Being	<ul style="list-style-type: none"> <li>• Restorative Justice Practices</li> <li>• Positive Youth Development Activities</li> <li>• “Men of Color Symposium”</li> <li>• “African Centered Olympics”</li> <li>• Trauma Informed Treatment</li> <li>• Medical/Dental Screenings</li> <li>• Housing Assistance</li> </ul>

The following table provides detail on the types of living arrangements adjudicated juveniles participated in over a three year period.

Utilization By Level of Care for Adjudicated Juveniles Assigned to CMO Agencies ADC=Average Daily Caseload			
Level of Care (1)	FY 2014 Days-of-Care and Average Daily Caseload	FY 2013 Days-of-Care and Average Daily Caseload	FY 2012 Days-of-Care and Average Daily Caseload
In-Home Care	163,167 (447 ADC)	196,160 (537 ADC)	218,116 (598 ADC)
Family Foster Care	5,097 (14.0 ADC)	6,894 (18.9 ADC)	7,603 (20.8 ADC)
Independent Living	4,003 (11.9 ADC)	4,564 (12.5 ADC)	5,909 (16.1 ADC)
Private Non-Secure Residential	73,908 (203.5)	93,263 (255.5 ADC)	111,576 (304.9 ADC)
Private Secure Residential	68,153 (186.7 ADC)	89,704 (245.8 ADC)	105,825 (289.1 ADC)
Subtotal for CMO Purchased Services	314,328 (861 ADC)	390,565 (1,070 ADC)	449,029 (1,226.9 ADC)
SJJS Lincoln Treatment	17,144 (47.0 ADC)	15,351 (42.1 ADC)	16,866 (46.1 ADC)
DHS Facilities	1,022 (2.8 ADC)	1,183 (3.2 ADC)	1,224 (3.3 ADC)
Subtotal for County Purchased Beds	18,166 (50 ADC)	16,534 (45.3 ADC)	18,090 (49.4)
Grand Total Service Days	332,494	407,099	467,119
(ADC) Average Daily Caseload	911	1,115.3	1,276.3

Notes:

1. Private agency residential placements include both short-term detention and ongoing treatment
2. "Secure Residential" also includes short-term detention at Lincoln Center
3. WCJDF detention beds not included in above table

➤ **Caseload for adjudicated juveniles peaked in FY 2007 at 2,802 (1,022,642 care days) - Since then the caseload decline has declined 67.5%**

The Wayne County "Preferred Provider Network" (PPN) is comprised of contracted, licensed residential vendors that have been selected for their expertise, quality of services, experience with the Wayne County juvenile services system and cost effectiveness. The PPN offers a continuum of residential care services and a specific scope of service and rate structure that has been tailored to the unique design of the Wayne County juvenile services system. All out-of-home placements must be processed through the PPN. The table below tracks residential placement admissions for a three-year period.

Preferred Provider Network (PPN) for Residential Placements FY 2014				Prior Years	
Name of Agency	PPN Capacity	FY 14 New Placements	% of Placements	FY 13	FY 12
Detroit Behavioral Institute (DBI)	50	64	7.14%		
Don Bosco	83	83	9.26%		
Ennis Center for Children	15	6	0.67%		
Havenwyck	10	23	2.57%		
Holy Cross	11	52	5.80%		
Spectrum Juvenile Justice	128	139	15.51%		
Starr Commonwealth	57	130	14.51%		
Vista Maria	32	69	7.701%		
Wolverine Human Services	162	330	36.83%		
<b>PPN Placements YTD</b>	<b>548</b>	<b>896</b>	<b>97.39%</b>		
<b>Non-PPN Placements YTD</b>		<b>24</b>	<b>2.61%</b>		
<b>Total Placements FY 13</b>		<b>920</b>	<b>100.00%</b>	<b>1,149</b>	<b>1,456</b>
<b>Placements within Wayne County</b>		<b>390</b>	<b>42.39%</b>		

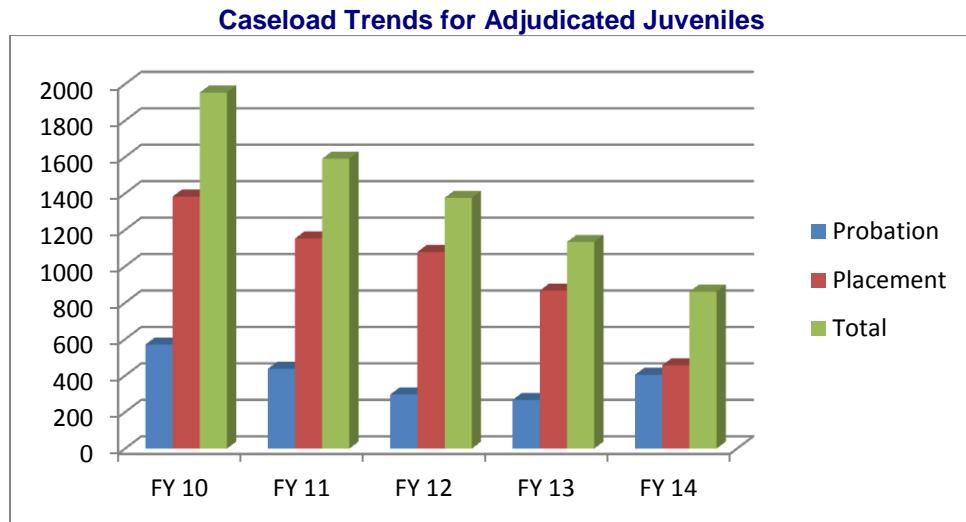
**Delinquency (Adjudicated) Caseload Has Been Consistently Declining**

The Court and Prosecutor have demonstrated a commitment to insure that the "right" juveniles are entering the formal justice system, as is evident by the number of youth participating in prevention and diversion programs. Use of these alternative, optional services has a direct impact on the number of juveniles that become involved with the formal justice system.

Fiscal Year	New Court Probation and Commitment Trends Assigned to CMO Agencies		
	Number of New Commitments	Number of CMO Probation Cases	Probation & Commitment Combined
2014	415	332	747
2013	480	457	937
2012	625	467	1,092
2011	646	637	1,283
2010	726	874	1,600

➤ **New intake of adjudicated cases has declined by 53.3% (since FY 2010)**

The total ongoing CMO caseload has consistently declined. Reduce term of probation, less reliance on residential placements, shorter lengths of stay in care, and reduction in the overall term of court jurisdiction have contributed to significant caseload reductions for juveniles on community probation and placement status. The chart below tracks adjudicated caseload trends as of October 1 of each fiscal year.



➤ **Ongoing adjudicated caseload has declined by 56.0% (since FY 2010)**

**Fewer Juveniles Are Escalated to Higher, More Costly Levels of Care for Technical Violations**

Multiple placements are a strong risk factor associated with rehabilitative “failure” in the juvenile justice system. While the majority of cases are assigned for diversion and in-home probation, fewer juveniles are escalated to more restrictive levels of custody for violations of community supervision standards. This outcome measure tracks juveniles initially assigned to in-home supervision and their subsequent escalation to out-of-home care due to violation of community supervision standards.

Juvenile Escalations for Technical Violations (Not New Criminal Convictions)			
CMO Agency	FY 2014	FY 2013	FY 2012
Black Family Development	17.0%	20.9%	29.1%
Bridgeway	22.0%	14.1%	20.0%
CCMO	22.0%	15.1%	7.6%
StarrVista	20.0%	14.0%	20.0%
WW-Growth Works	21.6%	<1.0%	13.7%
<b>Averages</b>	<b>20.5%</b>	<b>15.3%</b>	<b>18.4%</b>

**Adjudicated Juveniles Are Being Safely Treated in Their Communities with a Low Number of Felony Convictions during Active Enrollment**

The number of juveniles’ adjudicated/convicted of a new felony offense while actively enrolled with a CMO remained low over the past three years; averaging less than 2.0% of the adjudicated population.

Juveniles Convicted of a New Felony While Under Active Jurisdiction (Adjudicated Youth)			
CMO Agency	FY 2014	FY 2013	FY 2012
BFD	1.9%	1.7%	< 1.0%
Bridgeway	3.4%	4.2%	3.8%
CCMO	0.0%	<0.5%	1.0%
StarrVista	1.73%	1.0%	<1.0%
WW-Growth Works	1.0%	<1.0%	<0.5%
<b>Averages</b>	<b>1.6%</b>	<b>1.5%</b>	<b>2.2%</b>

Note – Committed (State ward) juveniles only (does not include juveniles on probation status (see below for probation outcomes)).

Community stakeholders are recruited to assist in monitoring the progress of all CMO youth charged with crimes. Aggressive drug testing and drug treatment, along with family intervention, are amongst the keys to successfully serving and retaining juveniles in community-based programs.

A low offense rate is an especially noteworthy achievement given the lower lengths-of-stay in placements and expanded number of juveniles assigned to a community-based level of care, with a significant increase in “street time.”

### Juveniles with Felony Convictions Post CMO Termination

Recidivism is defined as conviction for a felony offense within the two-year measurement period. The CMO recidivism rate in FY 2014 was 16.1%. Recidivism is measured for juveniles that received treatment in a residential facility. Juveniles are tracked for two consecutive years following official case termination by the court.

With the success of alternative prevention and diversion programming and increased use of home-based probation, placement (out-of-home) cases are comprised of the most complex and high risk youth in the juvenile justice system. Juveniles assessed at the highest risks/needs levels are placed in residential institutions, including specialized behavioral health care facilities for SED, substance abuse, sex offending and chronic and violent offending.

Post-Termination Felony Conviction Measured Two-Years Post Ward-Ship Termination			
Agency	FY 2012 Cohort with Felony Convictions Thru FY 2014	FY 2011 Cohort with Felony Convictions Thru FY 2013	FY 2010 Cohort with Felony Convictions Thru FY 2012
BFD	19.2%	17.7%	19.2%
Bridgeway	11.2%	18.5%	17.6%
CCMO	21.1%	17.9%	16.1%
StarrVista	12.2%	14.9%	20.9%
(WW) Growth Works	15.5%	7.8%	11.9%
<b>Averages</b>	<b>16.1%</b>	<b>16.0%</b>	<b>17.4%</b>

Notes: \*Juveniles are tracked for 730 days from the date of termination for conviction on a new felony offense. All FY 2008 cohort members reached their two year post-measurement anniversary date in FY 2010.\*\*“Cohort” means that combined group of juveniles terminated within the fiscal year. In this instance the cohort is FY 2007 terminated cases. N = 1,214 for FY 2011. Conviction and Recidivism Data Collection Sources Felony conviction information is collected from data in the 3<sup>rd</sup> Circuit Court's Juvenile Information System (JIS – AS 400), 3<sup>rd</sup> Circuit “ODYSSEY” (Criminal Division) adult data system and the State Department of Corrections' “OTIS” system.

## Wayne County's Reliance on DHS Public Training Schools Has Been Eliminated

Wayne County's historic reliance on State Training Schools for delinquent juveniles has been eliminated. The average daily population of juveniles in DHS facilities has declined from 731 in FY 1998 to three FY 2013. Four youth were placed in state training schools in FY 14 (compared to eight in FY 13). Training schools placements are the most expensive in the system, costing \$191,000 per youth per year (calendar 2014).

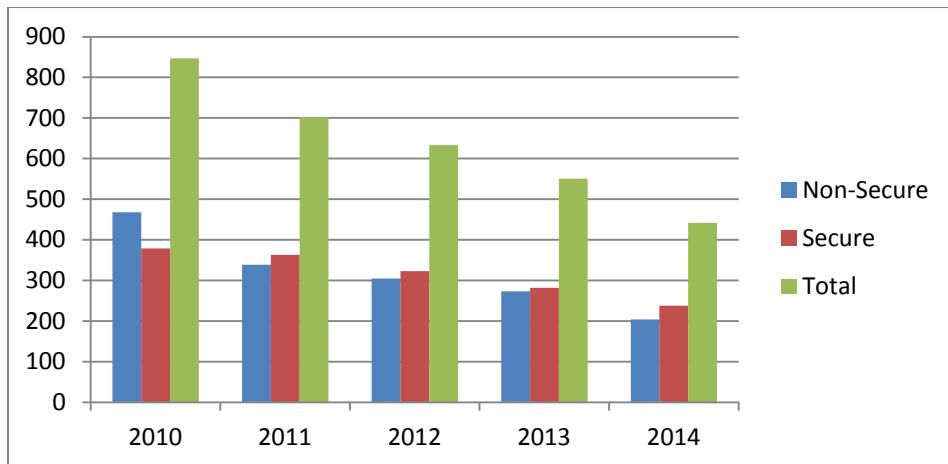
Average Daily Population from Wayne County in DHS Public Training School Facilities															
2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	
529	240	107	40	34	46	45	38	44	16	2	4	7	3.2	2.8	

## Residential Placement Population and Length-of-Stay Continue to Decline

Residential care utilization has declined for seven consecutive years beginning in 2008. The use of out-of-home placements has been cut in half. The average daily caseload in out-of-home placements declined from 847 in FY 2010 to 442 in FY 2014. The steepest decline occurred in non-secure placements. As more prevention and diversion program options have come on-line, fewer status and low risk offenders are being placed in non-secure residential facilities. This is reflected in the 56.4% drop in non-secure placement utilization since FY 2010. Secure placement utilization has declined 37.2 % over the same time period.

The following chart presents residential utilization trends for a five-year period (represented as average daily population):

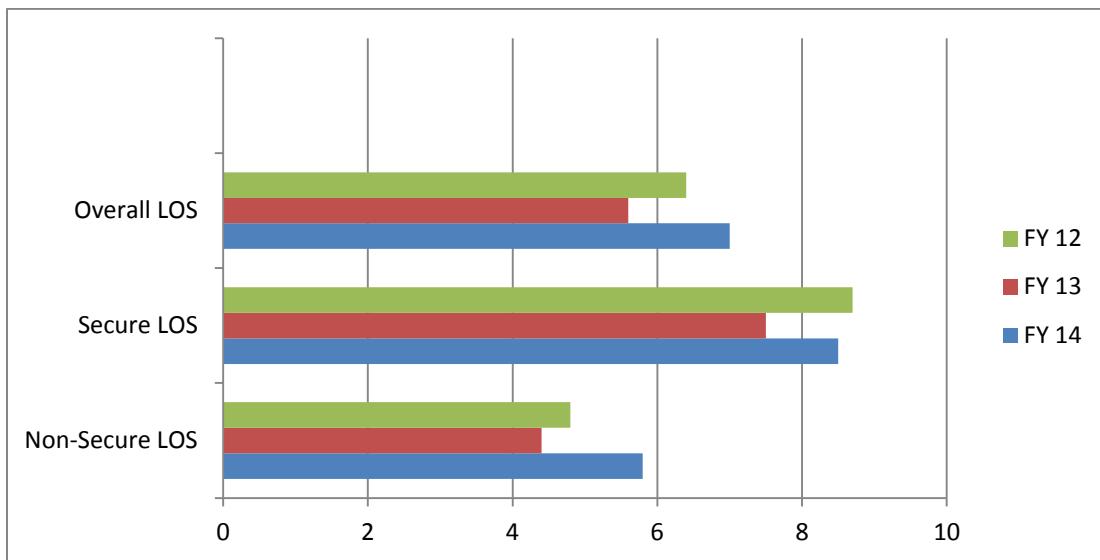
**Residential Placement Trends**  
**Average Daily Population**



### ➤ **Residential care expenditures have declined by \$29.5 M since FY 2010 (-47.8%)**

In FY 2014, the overall length-of-stay (LOS) in residential placements declined to 4.5 months: 6.1 months for secure and 3.5 months for non-secure. The declining LOS has significantly reduced the average daily population held in residential facilities. There were 1,462 placements in FY 13 (including youth participating in multiple placements during the reporting period).

## Length-of-Stay (Months) in Residential Placements FY 2012 - 2014



- Length of stay in residential placement has average 6.3 months over the past three years

Juveniles adjudicated for a sex offense have the longest overall LOS in placement (16 months).

### Juveniles on Community Probation Are Being Successfully Supervised By CMO Agencies

In FY 2014, 79.5% of juveniles participating in probation did not end up in an out-of-home placement. A successful outcome is defined as fulfillment of the terms and conditions of probation set by the court. When the Court changes a juvenile's probation status from home-based (Level 1) to out-of-home (Level 2) it is defined as a "violation of probation" (VOP).

CMO Agency	Level 1 Probation Escalations FY 14			Completions
	# Probation 1 Served	Escalations	% Escalated	% Successful
BFD	239	41	17.00%	83.00%
BWY	288	64	22.00%	78.00%
CCMO	273	59	22.00%	78.00%
SV	168	33	20.00%	80.00%
WW - GW	134	29	21.64%	78.36%
Total	1,102	226.00	20.51%	79.49%

\*Counts based on the number of youth on probation for the reporting period. "Escalation" includes juveniles that escaped and were not apprehended.

Juveniles terminated from Level 1 Probation were also tracked for one year for conviction on a new felony (does not include post-care cases). The probation recidivism rate was 2.0% for FY 2014.

Level 1 Probation Youth with Felony Convictions Post One Year Termination of Probation												
CMO	Probation Youth with Felony Convictions Post Termination			Probation Youth with No Felony Convictions			Total Probation Youth Terminated (10/1/10-9/30/11)			Recidivism Rate Felony Convictions Post 1 Year After Termination		
	FY 14	FY 13	FY 12	FY 14	FY 13	FY 12	FY 14	FY 13	FY 12	FY 14	FY 13	FY 12
BFDI	0	5	1	34	62	97	34	67	99	0%	7%	2.0%
BWY	1	4	0	51	75	116	52	79	116	2%	5%	0%
CCMO	3	0	1	39	56	72	42	56	73	7%	0%	1.4%
WW/GW	1	1	1	49	94	109	50	94	110	2%	1%	1.0%
SV	0	3	5	59	69	100	59	69	105	0%	4%	4.8%
<b>Grand Total</b>	<b>5</b>	<b>13</b>	<b>8</b>	<b>231</b>	<b>352</b>	<b>494</b>	<b>237</b>	<b>365</b>	<b>503</b>	<b>2.1%</b>	<b>3%</b>	<b>1.6%</b>

In 2009, the court implemented a fixed-term probation model for juveniles assigned to CMOs. The goal is to contain the probationary term to a period of less than one year. The option of indeterminate probation was also retained. In FY 2014, 83% of juveniles were discharged from probation within one year of court jurisdiction. Despite a reduced term of probation, the successful probation completion rate continued to remain high (80%). Likewise, the recidivism rate after termination of probation has remained consistently low (2.2%).

Length of Time on Community Probation for Juveniles Assigned to CMOs					
Term of Probation	FY 2014	FY 2013	FY 2012	FY 2011	FY 2010
Six Months or Less	40.4%	53.7%	34.5%	37.8%	34.6%
Six Months to One Year	42.9%	35.2%	48.8%	47.4%	47.0%
Greater Than One Year	16.7%	11.1%	16.7%	14.8%	18.4%

### Detention (Short-Term) Utilization Has Been Reduced

Chronic detention overcrowding was a primary impetus in the County's decision to operate its own juvenile services system. More than 500 juveniles a day were confined in the (old) WCJDF, DHS operated, and private detention facilities. Through FY 2014, average daily secure detention population was reduced to 108 (includes county facility).

- **ADP in short-term, secure detention has declined to 108 juveniles; a 50% reduction since FY 2010 and 78% from the high point in 1998**

Countywide detention services were provided as summarized in the following chart:

Short-Term Detention – Average Daily Population (ADP)					
Detention Provider	FY 2014	FY 2013	FY 2012	FY 2011	FY 2010
Secure Detention	107.7	129.5	156	185	214
CMO In-Home Detention*	22.4	33.5	36	53	68
Grand Total	130.1	163	192	238	282
Annual Rate of Change	-20.2%	-15.1%	-19.3%	-15.60%	-18.02%
<b>Cumulative Change</b>	<b>-49.7%</b>				

\*Services provided by CMOs only and do not include tether services utilized by the court (non-CFS cases).

Note: In-Home Detention is used as an alternative to secure confinement. The JAC screens and assigns juveniles to the tether program. In-home detention case management is provided by CMO agencies. The Court must authorize the use of electronic tethers to augment in-home detention.

An In-Home Detention program (supported by electronic monitoring) is used as an alternative to secure detention and/or to reduce a youth's stay in the county detention facility. The JAC Tether Services Unit receives referral and facilitates release from detention and assignment to home-based detention. It operates out of the Wayne County Juvenile Detention Facility (WCJDF). The use of home detention must be approved by the Court. Ongoing monitoring is provided by CMO Case Managers and assures that any necessary supports concerning the juvenile's behaviors and well-being are addressed.

Juveniles Diverted from Secure Custody to Home-Based Detention FY 2014		
Number of Juveniles Authorized	Successful Termination	Unsuccessful Termination
226	61 % (144)	35% (82)*

The following table summarizes reasons for unsuccessful termination of home-based detention:

Reasons for Unsuccessful Termination FY 2014 In-Home Detention	
Reason	Number
Escape	24% (20)
Charge for a New Offense	20% (16)
Non-Compliance with Program Conditions	56% (46)
<b>Total</b>	<b>82</b>

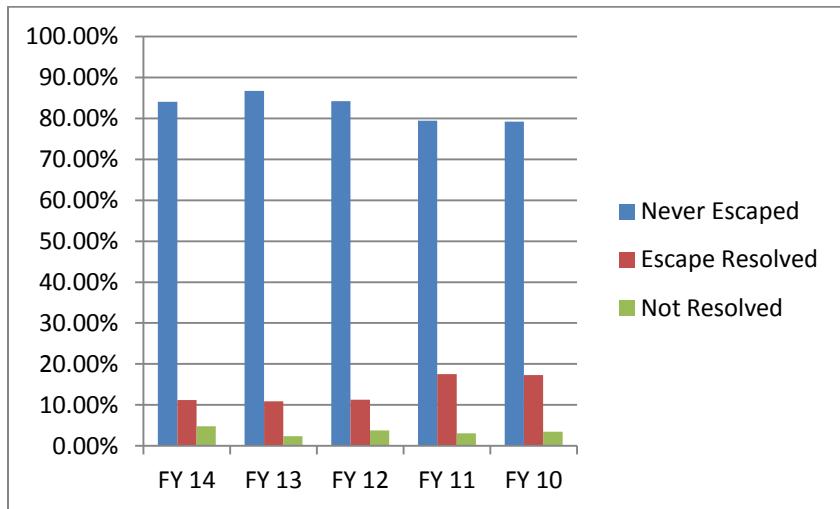
### **Juveniles from Wayne County Have Not Been Transferred to States Outside of Michigan for Services**

When Wayne County assumed administrative responsibility for juvenile services, more than 200 adjudicated youth were placed in Florida, Texas, Missouri, Pennsylvania and other states. In 2000, these youth were returned to Michigan. Since then no juveniles have been placed outside of Michigan. Residential agencies have addressed the complex treatment and supervision needs of these youth within Michigan.

#### **Escape**

Retention of juveniles (adjudicated) in community supervision and residential placements is a key metric for public safety and wellness. Escape is defined as any unauthorized departure from a residential facility and must be reported to local police and the Sheriff's Warrant Enforcement Bureau. When an adjudicated juvenile assigned to community-based supervision cannot be physically contacted for three days, the CMO notifies the court. The CMO files a petition for a Writ of Apprehension with the Court whenever a juvenile's status changes to "escaped." On average 84% of youth never experienced an escape episode. 11% escaped and the episode was resolved and youth returned to custody. 4.8% remained on escape status (without resolution at the end of the fiscal year reporting period).

## Escape Data Trends



Escape data includes adjudicated youth in residential placements and after-care status (community reintegration).

## Juvenile Justice Expenditure Trends Are Declining

The “Child Care Fund” (CCF) is the primary funding source for Wayne County’s juvenile services system. The CCF is a 50/50 cost-sharing (uncapped) fund between the County and State. Wayne County incurs expenses and then bills the State for 50% reimbursement of eligible expenditures.

In FY 2014, county CCF juvenile justice expenses declined by 5.14% (compared to FY 13) and -16.6% since FY 2010. The following table presents trends based on total juvenile services expenditures for the CCF and State-ward charge-backs to the County. CCF expenditures for juvenile services have declined each year since FY 2008.

Juvenile Justice and Child Welfare Expenditure Trends in Wayne County FY 10 - FY14					
Child Care Fund Expenditure Trends FY 2010 - 2014 (1)					
Organization	2014	2013	2012	2011	2010
WC-CFS Juvenile Justice(2)	\$105,113,369	\$106,659,514	\$111,085,447	\$125,484,620	\$139,610,440
Donated to JJ Services	\$19,280,281	\$25,323,164	\$27,038,499	\$17,858,413	\$10,823,231
(Less) Other Public Revenue(3)	\$5,905,875	\$7,071,005	\$8,407,218	\$9,092,304	\$8,332,887
Net Annual CFS JJ Expenses	<b>\$118,487,775</b>	<b>\$124,911,673</b>	<b>\$129,716,728</b>	<b>\$134,250,729</b>	<b>\$142,100,784</b>
Annual Rate of Change JJ	<b>-5.14%</b>	<b>-3.70%</b>	<b>-3.38%</b>	<b>-5.52%</b>	<b>-9.17%</b>
County JJ GF Expenses Only	<b>\$55,509,622</b>	<b>\$56,865,259</b>	<b>\$59,746,332</b>	<b>\$67,288,462</b>	<b>\$73,971,663</b>
DHS Child Welfare	\$17,661,656	\$22,109,964	\$21,952,920	\$25,645,798	\$35,683,936
Annual Rate of Change N/A	<b>-20.12%</b>	<b>0.72%</b>	<b>-14.40%</b>	<b>-28.13%</b>	<b>-1.30%</b>
County Neg/Abuse GF Expenses Only	<b>\$8,830,828</b>	<b>\$11,054,982</b>	<b>\$10,976,460</b>	<b>\$12,822,899</b>	<b>\$17,841,968</b>
Prosecutor	\$0	\$0	\$6,342,112	\$7,258,764	\$4,279,138
3rd Circuit Court	\$1,100,000	\$1,120,980	\$1,095,147	\$4,593,222	\$5,899,202
<b>Total CCF Expenditures</b>	<b>\$137,249,431</b>	<b>\$148,142,617</b>	<b>\$159,106,907</b>	<b>\$171,748,513</b>	<b>\$187,963,060</b>
<b>Total County GF in CCF</b>	<b>\$64,340,450</b>	<b>\$67,920,242</b>	<b>\$70,722,793</b>	<b>\$80,111,361</b>	<b>\$91,813,632</b>

Annual Rate of Change	<b>-7.35%</b>	<b>-6.89%</b>	<b>-7.36%</b>	<b>-8.63%</b>	<b>-8.00%</b>
<b>Year-Over-Year Change</b>	<b>-\$10,893,186</b>	<b>-\$10,964,290</b>	<b>-\$12,641,606</b>	<b>-\$16,214,547</b>	<b>-\$8,698,998</b>
<b>Cumulative % Change</b>	<b>-26.98%</b>				

	State Ward Expenditure Trends FY 2010 - FY 2014 (5)				
	2014	2013	2012	2011	2010
Expenditures	\$3,480,481	\$5,360,594	\$5,451,138	\$4,861,181	\$7,444,722.42
<b>Cumulative Change</b>	<b>-53.25%</b>				

Note: State ward expenses are for delinquency placements in public training schools and child welfare permanent wards for foster care and institutions.

State ward table only includes the county's portion of the total expense (50%)

- **CCF and State Ward Expenditures have declined 27% since FY 2010. Total accumulated “savings” over the past five years equals \$59 M!**

It is significant that total CCF spending has continued to decline during a period in which Title IV-E revenue for Wayne County plummeted a staggering 70% (2000 base year). Title IV-E (maintenance) pays for qualifying out-of-home placements. Given the depth of federal revenue losses, the county was at great risk of increased spending for out-of-home placements. New court practices, innovative prevention options and shortened terms of jurisdiction (system involvement) have mitigated the impact of lost federal revenue.

Wayne County Juvenile Justice Services – Roster of Primary Providers					
Name of Agency	Address	City	ZIP	Phone #	Contact
<b>Juvenile Assessment Center (All Youth)</b>					
Juvenile Assessment Center	7310 Woodward Ave., Suite 601	Detroit	48202	313.896.1444	Cynthia Smith
<b>Care Management Organizations (Adjudicated Youth)</b>					
Black Family Development CMO	5555 Conner Ave., Suite 1E21	Detroit	48213	313.308.0255	Stevia Simpson-Ross
Bridgeway CMO	5601 Northline Road	Southgate	48195	734.284.4819 x4452	Susan Shuryan
Center for Youth & Families CMO	3031 W Grand Blvd., Suite 370	Detroit	48202	313.875.2092	Janis Wilson
StarrVista CMO	22390 W. Seven Mile	Detroit	48219	313.308.0255	Michelle Rowser
Growth Works CMO	271 S. Main	Plymouth	48170	734.455.2664	Scott Levely
<b>First Contact – At-Risk Prevention Agencies</b>					
Abayomi CDC	24330 W. Eight Mile Rd	Detroit	48212	313- 541-9828	Tawnya Morris
Ace Academy	22620 Woodward Ave.	Ferndale	48220	248-582-8100	Barbara Criqui
Alkebu-Lan Village	7701 Harper	Detroit	48213	313-921-1616	Sammira Tyner
Alternatives For Girls	903 W. Grand Blvd.	Detroit	48208	313-361-4000	Valorie Evans
Blanche Kelso Bruce Academy	5555 Conner Avenue	Detroit	48213	313-656-2600	Blair Evans
City of Garden City	31735 Maplewood	Garden City	48135	734-793-1860	Kim Mitton-Hahn
City of Wayne	4635 Howe Rd	Wayne	48184	734-721-7004	Barbara Christner
City of Westland	36300 Warren	Westland	48185	734-467-7904	Paul Motz
Don Bosco Hall	2340 Calvert	Detroit	48206	313-869-2200	Duane Carter
Franklin Wright Settlement	3360 Charlevoix	Detroit	48207	313-579-1000	Sydney Bishop
Growth Works	271 South Main St.	Plymouth	48170	734-455-4095	Scott Levely
Healthy Kidz	227 Iron St., Suite 121	Detroit	48207	313-393-2222	Maria Adams-Lawton
Latino Family Services	3815 W. Fort	Detroit	48216	313-279-3232	Catherine Griggs
Logical Choice	5575 Conner, Suite 210	Detroit	48213	248-416-3997	Ketric Jenkins
Student Advocacy Center	124 Pearl Street, Suite 504	Ypsilanti	48197	734-482-0489	Peri Stone-Palmquist
The Guidance Center-Kids Talk	13101 Allen Road	Southgate	48195	734-785-7705 X7120	Sherri Zacharski
The Yuinon, Inc	111 E. Kirby St.	Detroit	48202	313-870-9771	Nicole Wilson
United Way for Southeastern MI	660 Woodward, Suite 300	Detroit	48226	313-226-9402	Rebecca Slay
Univ. of Mich. Center for Child Advocacy	3031 W. Grand Blvd., Suite 440	Detroit	48202	313-875-4233	Robbin Pott
Vista Maria	20651 West Warren Avenue	Dearborn	48127	313-271-3050 X 316	Mary Trader Lang
Young Men In Transition	440 Burroughs, Suite 307	Detroit	48202	313-703-7924	Sterling Jackson
<b>Youth Assistance Programs (YAP's) – Diversion Agencies</b>					
Alkebu-Lan Village	7701 Harper	Detroit	48213	313-921-1616	Sammira Tyner
Black Family Development CMO	2995 E. Grand Blvd. (Main Office)	Detroit	48202	313-758-0150	Cynthia Williams

Center for Youth & Families CMO	3031 W Grand Blvd., Suite 370	Detroit	48202	313-875-2092	Reginald Terry
Don Bosco Hall	2340 Calvert	Detroit	48206	313-869-2200	Duane Carter
Downriver Comm. Conf.	13101 Allen Road	Southgate	48195	734-785-7700	Kevin Carleton
Ennis Center for Children	20100 Greenfield	Detroit	48235	313-342-2699	Rhea Cooper
Healthy Kidz	227 Iron Street, Suite 121	Detroit	48207	313-393-2222	Maria Adams-Lawton
Matrix Human Services	450 Elliott	Detroit	48201	313-831-7927	Brian Maliszewski
Starr Commonwealth	22400 W. Seven Mile Rd	Detroit	48219	313-794-4447	Ashley Gray
Southwest Counseling Solutions	5716 Michigan Ave.	Detroit	48210	313-963-2266	Chantal James
The Yuinion, Inc.	111 E. Kirby St.	Detroit	48202	313-870-9771	Nicole Wilson
<b>Conference of Eastern Wayne - YAPs</b>					
Conf. of Eastern Wayne	PO Box 36070	Grosse Pointe Farms	48236	313-822-6200	Dale Krajniak
<b>Conference of Western Wayne - YAPs</b>					
Dearborn Heights YAP	20651 W. Warren Ave.	Dearborn Heights	48127	313-271-3050 X 189	Kim Hall
Garden City YAP	31735 Maplewood	Garden City	48135	734-793-1860	Kim Mitton-Hahn
Inkster YAP	30000 Hiveley Rd.	Inkster	48141	313-563-5005	N. Garcia
Wayne YAP	4635 Howe	Wayne	48184	734-721-7004	Barbara Christner
Westland YAP	36701 Ford Rd.	Westland	48185	734-467-7904	Paul Motz

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