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Annual Report Juvenile Justice Services Fiscal Year 2015

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Juvenile Justice Reform – What Has Changed?

Wayne County and private agency partners throughout the county have 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. Agencies enthusiastically embraced this opportunity. 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 have joined with experienced juvenile justice agencies to shape new organizations responsible for the day-to-day management, treatment and supervision of delinquent youth. As community-based interventions have proven successful, more youth are participating in optional prevention and diversion programs and fewer youth are entering the formal juvenile justice system.

After a decade and a half of juvenile justice reform, it is evident that uniform assessment, quality case management, home-based interventions, risk-based use of institutional placements and accountability for outcomes create the best opportunities for juveniles to succeed, thereby improving public safety. Comparison of key benchmarks (circa 1999) to current data trends show that Wayne County's care management system is convincingly improving upon conditions and outcomes that were the impetus for reform:

Measure Pre and "Post" Reform	Baseline ~1999	Progress 2015
Recidivism for Adjudicated Youth	38%-56%*	13.6%
Term of Probation – Less Than One Year**	Not Collected	85.6%
Successful Probation 1 Outcome***	Not Collected	80.5%
Youth Confined to State Training Schools****	731 / Day	5 / Day
Youth in Private Residential Agency (Average)	1,300 Day	418 / Day
Placements in Other States	200	0
Youth Confined in Secure, Short-Term Detention	500 / Day	98 / Day
State Ward Caseload	3,400	471
Youth Participating in Diversion Programs*****	Not Collected	565
Youth Participating in Prevention Programs*****	Not Collected	8,951

*State recidivism data varied according to reporting source (e.g. DHS, Auditor General)

**In 2009 the Court implemented a "fixed-term" disposition option for community probation.

***Successful means court terminated jurisdiction and youth was never escalated.

****In 2015 the State closed its largest training school (Maxey); driven by the County's discontinued use of the facility (from 350 a day in 1999 to 3 in FY 2015)

*****"Diversion" means that a youth received a petition but it was set-aside (not-authorized) pending completion of a community program.

*****"Prevention" includes youth that have not been charged with a crime (no petition) but have been identified with significant risk factors for delinquent behavior.

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.

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

- *Memorandum of Understanding (MOU)* - Wayne County and the Third Circuit Court entered into a two party agreement effective October 1, 2013. Under the agreement adjudicated youth in Wayne County are placed on court probation with the county for either home-based supervision or residential placement.
- **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 placement and a network of subcontract treatment providers.
- **“Right-TRAC” and “Youth Assistance Programs (YAP)”** that offer community-based services to reduce the juvenile’s risk of entering the formal justice system (diversion and prevention).
- **Contract with Detroit-Wayne County Community Mental Health Agency [D-WC-CMH]** – to provide community mental health services to the large number of youth entering juvenile justice diagnosed with substance abuse and 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
- **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.
- **Attendance-Participation-Support (APS)** school-based assessment and services program to prevent school expulsions and reverse the school-to-prison pipeline.
- **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 MDHHS 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 reform 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.

Performance Dashboard Three-Year Trend Report

A comprehensive system of performance management has been implemented to gauge and report the progress of 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 2013	Status FY 2014	Status FY 2015
New Case Activity			
New CMO Probation Cases – Community Supervision	457	332	345
New CMO Probation Cases – Institutional Placement	480	415	326
New Diversion Cases**	484	16	565
New Prevention Cases	5,080	7,478	8,951
Committed for a Class I or II “Life” Felony ¹	9.6%	14.2%	10.4%
Accountability and Community Safety			
Recidivism (Juveniles in Commitment Status)	16.0%	16.1%	13.64%
Felony Conviction During Active Enrollment	1.5%	1.6%	1.78%
Successful Probation Completion	78.9%	80.0%	80.5%
Successful Completion of Diversion Program**	88.7%	CLOSED	Measure in 2016
Community Probation-Post 1 Yr. Felony Conviction	3.0%	2.0%	1.3%
Resource Utilization			
Use of Short-Term Secure Detention (ADP) ²	130 Day	108 Day	98 Day
Use of Non-Secure Rx ³ Placements (ADP)	256 Day	204 Day	199 Day
Use of Secure Rx Placements (ADP)	278 Day	235 Day	219 Day
Use of DHS Public Training Schools (ADP)	3 Day	3 Day	5 Day
Term of CB Probation Less Than One Year	89.6%	83.0%	85.6%
CMO Level 1 Probation Caseload (ADC) Home-Based	259	405	330 Day
CMO Level 2 Probation Caseload (ADC) Placement	856	457	423 Day
Total Average Daily CMO Caseload	1,115	862	753 Day
Adolescent Well Being and Competency Development			
Juveniles Diagnosed with Mental Illness (SED)	67.6%	52.2%	73.8%
Juveniles Self-Report of Substance Abuse (Adjudicated Youth)		77%	77%
Escalation to Placement for Technical Reason ⁴	15.3%	20.5%	19.53%
Unresolved Escape Rate ⁵	2.4%	4.8%	3.3%
TREND LINE COLOR CODES			
FAVORABLE	MARGINAL	UNFAVORABLE	

**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".

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

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

³ "Rx" means treatment placement.

⁴ 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.

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

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.

Statistical Data Trends and Outcomes through FY 15

The numbers of new adjudicated cases, ongoing caseloads, juveniles in residential placement and recidivism rates 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 with substance abusing behavior and Seriously Emotional Disturbance (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 JAC is a certified children's mental health agency.

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 Authority for Community-Based Mental Health Services				
Agency	Total Youth Referred FY 2015	Total Youth Referred FY 2014	Total Youth Referred FY 2013	Total Youth Referred FY 2012
Total New Intake	726	747	937	1,092
% SED	73.8%	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 2015.

FY 2015 CAFAS Scores for Probation Level Two (Placement) Juveniles						
CAFAS 8 Scale Score	Male	%	Female	%	Total	%
0-90	45	14.3%	8	8.6%	53	13%
100 – 130	97	30.7%	21	22.6%	118	29%
140 and Higher	174	55%	64	68.8%	238	58%
Totals	316	77.3%	93	22.7	409	100%
FY 2015 CAFAS Scores for Probation Level I (Home-Based) Juveniles						
CAFAS 8 Scale Score	Male	%	Female	%	Total	%
0-90	90	37.3%	29	31.9%	119	35.8
100 – 130	87	36.1%	33	36.2%	120	36.1
140 and Higher	64	26.6%	29	31.9%	93	28.1
Totals	241	100%	91	100%	332*	100%

*percentages calculated on 332 youth; 2 youth had no CAFAS data in JAIS

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 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 2015 IQ Scoring Range Probation Level Two Juveniles (formerly Committed) (N=297)					Frequency by JAC data	
IQ	Male n = 229/316	%	Female n= 70/93	%	Total n=297*	%
100+ (Normal and Above Normal)	10	4.4	3	4	13	4.4
71 – 99 (Low Normal to Normal)	152	66.4	53	76	205	69
50 – 70 (Mild Mental Retardation)	65	28.4	12	17	77	25.3
35 – 49 (Severe Mental Retardation)	2	0.8	2	3	4	1.3
Not Evaluated (Refused)	0	-	0	-	0	-
Court's Clinic for Child Study Performed Evaluation (Scores Not Recorded in JAIS)	89	-	23	-	112	-
FY 2015 IQ Scoring Range Level I Probation Juveniles (N=334)					Frequency	
IQ	Male n=244	%	Female n=90	%	Total n=334	%
100+ (Normal and Above Normal)	19	7.8	10	11.1	29	8.7
71 – 99 (Low Normal to Normal)	180	73.8	65	72.2	245	73.3
50 – 70 (Mild Mental Retardation)	41	16.8	14	15.5	55	16.5
35 – 49 (Severe Mental Retardation)	2	0.8	0	0	2	0.5
Not Evaluated (Refused)	2	0.8	1	1.1	3	0.8
Court's Clinic for Child Study Performed Evaluation (Scores Not Provided)	0	0	0	0	0	0

*youth with no IQ data recorded in JAIS = 3

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, risk, 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). They are completed The following table compares diagnostic findings over a five-year period:

DSM IV R Diagnoses FY 2011-2015					
Level I and II Probation Juveniles with an Axis 1 Diagnosis or Deferred Diagnosis					
Type of Diagnosis Axis 1	2015 Frequency of Diagnosis	2014 Frequency of Diagnosis	2013 Frequency of Diagnosis	2012 Frequency of Diagnosis	2011 Frequency of Diagnosis
Behavioral Disorders (ADHD, Oppositional, Disruptive, Impulsive, Conduct Disorder)	28.6%	59.5%	73.5%	67%	72.3%
Substance Abuse (Polysubstance, Marijuana, Alcohol, Cocaine, Opiates, Other Illegal Substance as only primary diagnosis)	22.3%	2.4%	2.2%	2.4%	2.2%
Depression (All Categories)	10.6%	9.8%	4.5%	6.3%	4.7%
Learning and Communication (Self & Family Report)	2.0%	0.7%	0.3%	.23%	0.3%
Bipolar, Intermittent Explosive, Mood Disorder (Diagnosis may be reported as designated prior to Juvenile Adjudication)	22.2%	19.3%	12.9%	12.1%	9.4%
Anxiety Disorders (PTSD and/or Anxiety)	3.5%	2.8%	2.4%	2.6%	1.3%
Active Psychosis (Schizophrenia, Delusional, Psychotic, Prior Treatment)	0.1%	0.4%	0.1%	.3%	0.4%
Adjustment Disorders	0.9%	1.9%	2.4%	3.7%	5.0%
Asperger's, PDD, Reactive Attachment and/or Stuttering as Primary Diagnosis	0.3%	0.4%	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)	9.4%	2.8%	1.8%	5.1%	4.4%
Totals (N = 658 unduplicated youth in 2015) 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)	100%	100%	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)			
	FY2015	FY2014	FY 2013	FY 2012
Number of Juveniles Placed	220	298	301	445

Note: Facilities licensed as Child Caring Institutions – not psychiatric 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, WC-HVCW 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 community 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 at the JAC, aligned with specific 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 15, **769 (adjudicated and at-risk)** youth assessed with SED/DD and enrolled with a community mental agency were monitored by the JAC’s ICBS Care Coordinators. **12,238** Targeted Case Manage units were delivered.

Involvement in the DHHS 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.

Probation Level 2 (Placement Cases) Juveniles Previously Placed in DHHS Out of Home Care for Abuse/Neglect												
CMO	% Female Assigned				% Male Assigned				% of CMO Assigned			
	FY 12	FY 13	FY 14	FY 15	FY 12	FY 13	FY 14	FY 15	FY 12	FY 13	FY 14	FY 15
% of all Probation Level 2 Youth	33.1	31	38.2	33.3	22.2	25	21.3	19.6	24.7	26	24.1	22.7

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.

Probation Level I (Home-Based) Juveniles Previously Placed in DHHS Out of Home Care for Abuse/Neglect												
CMO	% Female Assigned				% Male Assigned				% of CMO Assigned			
	FY 12	FY 13	FY 14	FY 15	FY 12	FY 13	FY 14	FY 15	FY 12	FY 13	FY 14	FY 15
% of all Probation Level I Youth	19.4	27	17.9	23	16.4	19	15	14.4	17	21	15.8	16.7

Childhood exposure to trauma is disproportionately high for justice-involved-youth. Traumatic stress occurs when children are exposed to adverse 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 15.

Children's Trauma Assessment Analysis for Adjudicated Juveniles	2015 Probation Level I n=334 *			Probation Level II n= 426*			Dual Wards 2015 n= 7		
Areas of known or suspected trauma for the following experience	2015 number	2015 %	2014 %	2015 number	2015 %	2014 %	2015 number	2015 %	2014 %
Physical Abuse	27	8.1%	8.7%	49	11.5%	10.6%	1	14.2%	25.0%
Suspected Neglect/Home	66	18%	4.5%	104	24.4%	23.8%	5	71.4%	100.0%
Emotional Abuse	16	4.8%	3.8%	23	5.4%	6.3%	1	14.2%	25.0%
Exposure to Domestic Violence	46	13.8%	10.6%	64	15%	14.7%	0	0%	25.0%
Exposure to Drug Activity	92	27.5%	27.6%	157	37%	36.3%	1	14.2%	25.0%
Exposure to Other Violence	17	5.1%	4.8%	25	5.9%	8.2%	1	14.2%	50.0%
Parental Caregiver Drug Use/Abuse	88	26.3%	23.7%	124	29%	28.8%	3	42.8%	50.0%
Multiple Separations from Caregivers	52	15.6%	17.3%	82	19.2%	22.6%	4	57.1%	50.0%
Multiple moves and/or Homelessness	26	7.8%	6.4%	35	8.2%	9.1%	1	14.2%	37.5%
Sexual Abuse or Exposure	21	6.3%	7.7%	54	12.7%	11.1%	2	28.6%	37.5%
Experience Other Concerns & Notes: (numerous deaths experienced, parental death/jail, murders, other losses)	95	28.4%	27.6%	114	27%	23.3%	3	42.8%	12.5%

*Includes Reassigned and Re-enrolled Youth

Traumatic Brain Injury

Traumatic Brain Injury (TBI) 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 youths 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.

Type of Reported Head Injury	2015 Number of Youth (n=487)	2015 Percentage
Hospitalization during lifetime for head or neck injury	74	15.2%
Injury to head or neck related to vehicle or bike collision	28	5.75%
Injury to head or neck related to fall, being injured by something, playground or sports	60	12.3%
Injury to head or neck related to being hit, shaken violently or shot in head or neck	33	6.8%
Near to an explosion or blast	4	0.8%
Head Trauma Under Age 5	9	1.8%
Head Trauma Age 6 - 9 years	21	4.3%
Head Trauma Age 10 - 12 years	17	3.5%
Head Trauma Age 13 - 15 years	31	6.4%
Head Trauma Age 16 older	5	1.0%
Youth with any event of head trauma	83	17%

* Not all 2015 youth were assessed due to Clinic for Child Study assignment

Juvenile Risk Assessment

An important element in case planning for adjudicated youth 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 2015*		
Risk Level	Male	Female
Low	57 (23.4%)	10 (11%)
Moderate	119 (49%)	59 (65%)
High / Enhanced	67 (27.6%)	22 (24%)

*Includes Probation Reassignment Cases

Addictive Behaviors and Treatment Needs

When young people engage in alcohol and other drug use, they, their families, and their communities usually suffer. The strong association between substance abuse and delinquency results in an increased responsibility on the juvenile justice system to respond to substance abuse.

In FY2015 over 86% of Probation 2 youth (placed out of home) self-reported 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 on the Juvenile Risk Assessment Report (JCAR).

Every juvenile that enters 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 (juvenile court building).

Substance use screens must be authorized by a court order. Once initial screens are completed, youth with substance abuse issues are subsequently screened for continued use. Screening is both scheduled and random.

- 1,954 unduplicated youth were screened at Lincoln Hall for 1,702 substance use 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.
- 948 adjudicated youth were screened randomly at the CMO location (6,275 AOD random screens) to support CMO treatment and monitor youth use and relapse for youth participating in community-based treatment.
- 1,199 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 reevaluations were also provided to address lack of treatment benefit and increased use.

GAIN Level of Care by Assessment Recommendation		
<i>Level 1(outpatient)</i>	<i>Level 2 (intensive outpatient)</i>	<i>Level 3 (residential stabilization)</i>
442	505	252

*Includes youth in the community (CMO, Court Ordered, STAND)

*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.

*Western Wayne treatment provides assessment of care. If admitted into JDF or screened at LHJ, a GAIN is completed if needed by AFS.

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 and Juveniles That Enter the Formal Justice System

Historically, in Wayne County, a combination of inadequate diversionary tools and resources resulted in an over reliance on and inappropriate use of institutional placement. Inaccurate and inconsistent use of risk assessment to match youth with treatment resources, few effective home-based alternatives to institutional placement, poor community supervision, insufficient specialized programs for mental health and substance abuse contributed to over use of institutional placements.

To curtail the number of juveniles unnecessarily entering the formal justice system, a network of prevention and diversion programs was developed. In order to select youth that can be safely served outside of the formal justice system a companion assessment process was developed by the Juvenile Assessment Center.

Prevention

Prevention is defined as services that assist the youth in averting contact with the formal court system. The Court and 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 effective 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.

Since inception of the First Contact program voluntary participation in community-based prevention services has grown substantially and impacted the significant reduction in residential placements (documented elsewhere in this report).

Wayne County contracts with a network of private community-based prevention agencies. Service access is located throughout the county. In FY 2015 more than 8,000 youth participated in prevention services.

First Contact Prevention Programs FY 15 Outcomes	
Reporting Factor/Data Item	Totals
1. # of Total Youth Served FY 15	8,845
2. # Youth Released That Obtained Goals	6,841
3. % That Obtained Goals	77%
4. # Youth Released Did Not Obtain Goals	2004
5. % Did Not Obtain Goals	23%

Diversion

Diversion programming targets youth that have been charged with an offense. 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.

Wayne County contracts with 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.

The Prosecutor approved the diversion of 565 youth in FY 2015. Outcome data for diversion in FY 15 has not been collected. Diversion programs were refunded in FY 2015 in FY 15 and outcome data will be reported in FY 16.

A successful diversion outcome is defined as no new (authorized) petition or warrant for one-year after program termination. Since inception, prior to FY 14, 88% of the youth successfully completed the one-year post measurement period and remained out of the formal justice system.

The “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. Interventions (level of care) are then aligned with the youth’s risks and needs in an individualized plan of care. This practice 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>Diversion - \$1,838</i>	<i>Probation - \$6,845</i>	<i>Placement - \$49,603</i>
<i>(Community-Based)</i>	<i>(Home-Based)</i>	<i>(6-Months)</i>

Assessment, at the right time in a youth’s emerging risk-taking behaviors, is essential for redirecting youth in jeopardy of penetration into the formal justice system. The JAC has 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, all 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 outlined. JIFF has become a trusted screening tool for diverting youth from the Court’s formal docket to community-based services.

Adjudicated Juveniles

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"> • Substance Abuse Education • Alcohol and Drug Screening • Counseling by Mc-BAB Staff • Intensive Outpatient Treatment • Inpatient Treatment
Mental Health	<ul style="list-style-type: none"> • Wraparound Process • Clinical Counseling/Therapy • Community Based Behavioral Services • Specialized Residential Placements • Cognitive Behavioral Therapy (CBT) • Multi-Systemic Therapy (MST)
Transition to Adulthood	<ul style="list-style-type: none"> • Job Readiness • Housing Resources • Clothing • Transportation • Obtaining Vital Records • Employment Opportunities / Guidance
Family Functioning	<ul style="list-style-type: none"> • Housing Resource Access • Crisis Support • Individual Family Therapy • Parenting Education Classes • “Parent Voices Matter” Events • Functional Family Therapy
Delinquent Behavior	<ul style="list-style-type: none"> ▪ Individualized Risk, Clinical, Bio-Social Assessment ▪ Anger Management and Conflict Resolution ▪ Random Drug/Alcohol Screens ▪ Mentoring ▪ Day Treatment ▪ Home-Based Counseling/Supervision ▪ Social Living Skills ▪ Academic Tutoring ▪ Educational Advocacy ▪ Electronic Monitoring ▪ Behavioral Contracting ▪ Progressive Sanctions ▪ Residential Placements
Well Being	<ul style="list-style-type: none"> ▪ Restorative Justice Practices ▪ Positive Youth Development Activities ▪ “Men of Color Symposium” ▪ “African Centered Olympics” ▪ Trauma Informed Treatment ▪ Medical/Dental Screenings ▪ Housing Assistance

Level of Care and Service Delivery for Adjudicated Juveniles

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 2015 Days-of-Care and Average Daily Caseload	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	310 ADC	447 ADC	537 ADC	598 ADC
Family Foster Care	9 ADC	14.0 ADC	18.9 ADC	20.8 ADC
Independent Living	11 ADC	11.9 ADC	12.5 ADC	16.1 ADC
Private Non-Secure Residential	199 ADC	203.5 ADC	255.5 ADC	304.9 ADC
Private Secure Residential	180 ADC	186.7 ADC	245.8 ADC	289.1 ADC
Subtotal for CMO Purchased Services	709 ADC	861 ADC	1,070 ADC	1,226.9 ADC
SJJS Lincoln Treatment	39 ADC	47.0 ADC	42.1 ADC	46.1 ADC
DHHS Facilities	5 ADC	2.8 ADC	3.2 ADC	3.3 ADC
Subtotal for County Purchased Beds	44 ADC	50 ADC	45.3 ADC	49.4 ADC
(ADC) Average Daily Caseload	753	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 – and has declined by 73.0%**

Intake of New Adjudication Cases

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 increasing 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. Such cases have consistently declined in Wayne County. Adjudicated youth are assigned to CMOs for supervision and treatment services.

New Court Probation 1 and 2 Trends Assigned to CMO Agencies			
Fiscal Year	Number of New Probation 2 Cases	Number of New Probation 1 Cases	Probation 1 & 2 Combined
2015	345	326	671
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 58.0% (since FY 2010)***

Caseload – Adjudicated Juveniles

The ongoing CMO caseload has consistently declined. Reduced 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, as documented in the table below:

	FY 2015	FY 2014	FY 2013	FY 2012	FY 2011
Average Caseload	753	862	1,115	1,277	1,467
Level 1 (CB) ADC	330	405	259	306	414
Level 2 (Place) ADC	423	457	856	971	1,053
Total Youth Served	1,889	2,078	2,462	2,901	3,277

1,889 total youth were served by the CMOs in FY 2015: 1,102 on Probation Level 1 and 787 on Probation Level 2.

YOUTH SERVED BY LEGAL STATUS FY 15 CMO DETAIL			
Agency	Level 1 Probation	Level 2 Probation	Total
Black Family Development	212	203	415
Bridgeway	247	232	479
CCMO	200	173	373
StarrVista	198	99	297
Western Wayne	245	80	325
Totals	1,102	787	1,889

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

Males comprised 78% and females 22% of the adjudicated caseload in FY 2015.

Escalation to More Restrictive 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 2015	FY 2014	FY 2013	FY 2012
Black Family Development	17.7	17.0%	20.9%	29.1%
Bridgeway	23.5	22.0%	14.1%	20.0%
CCMO	14.5	22.0%	15.1%	7.6%
StarrVista	21.72	20.0%	14.0%	20.0%
WW-Growth Works	19.6	21.6%	<1.0%	13.7%
Averages	19.53%	20.5%	15.3%	18.4%

Felony Convictions during Active Enrollment – Adjudicated Juveniles

The number of juveniles’ adjudicated/convicted of a new felony offense while actively enrolled with a CMO remained low over the past four 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 2015	FY 2014	FY 2013	FY 2012
BFD	2.00%	1.9%	1.7%	< 1.0%
Bridgeway	3.80%	3.4%	4.2%	3.8%
CCMO	0.00%	0.0%	<0.5%	1.0%
StarrVista	<1.0%	1.73%	1.0%	<1.0%
WW-Growth Works	1.60%	1.0%	<1.0%	<0.5%
Averages	1.78%	1.6%	1.5%	2.2%

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.”

Residential Placements for Adjudicated Juveniles

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 four-year period.

Use of residential placements as an intervention continued to decline in FY 2015.

Preferred Provider Network (PPN) for Residential Placements						Prior Years	
Name of Agency	PPN Capacity	FY 15 New Placements	FY 15 % of Placements	FY 14 New Placements	FY 14 % of Placements	FY 13	FY 12
Detroit Behavioral Institute (DBI)	50	58	7.1%	64	7.14%		
Don Bosco	83	63	6.5%	83	9.26%		
Ennis Center for Children	15	0	0	6	0.67%		
Havenwyck	10	Not PPN	Not PPN	23	2.57%		
Holy Cross	11	1		52	5.80%		
Spectrum Juvenile Justice	128	127	15.5%	139	15.51%		
Starr Commonwealth	57	111	13.6%	130	14.51%		
Vista Maria	32	66	7.9%	69	7.701%		
Wolverine Human Services	162	391	47.7%	330	36.83%		
PPN Placements YTD	548	819	96.9%	896	97.39%		
Non-PPN Placements YTD	32	26	3.1%	24	2.61%		
Total Placements FY 13	580	845	100%	920	100.00%	1,149	1,456
Placements within Wayne County	38.0%	319	37.8%	390	42.39%		

Residential care utilization has consistently declined. 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.

Residential Placement Trends Average Daily Caseload (ADC)				
Level of Care	FY 2015	FY 2014	FY 2013	FY 2012
Private Non-Secure Residential	199 ADC	204 ADC	256ADC	305 ADC
Private Secure Residential	180 ADC	187 ADC	246 ADC	289 ADC
SJJS Lincoln Treatment	39 ADC	47 ADC	42 ADC	46 ADC
DHHS Training Schools	5 ADC	3 ADC	3 ADC	3 ADC
Annual Average Daily Caseload	423	441	509	643

787 youth participated in residential treatment in FY 15.

The following table presents stay trends for secure and non-secure residential programs:

Agency	Length-of-Stay (In Months)			
	FY 15	FY 14	FY 13	FY 12
Non-Secure	6.3	4.9	4.3	5.8
Secure	9.1	8.8	7.5	8.5
Overall	8.2	6.3	5.8	6.3

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

Wayne County's Use of DHHS Public Training Schools

Wayne County's historic reliance on State Training Schools for delinquent juveniles has been eliminated. The average daily population of juveniles in DHHS facilities has declined from **731** in FY 1998 to **five** FY 2015.

Average Daily Population from Wayne County in DHHS Public Training School Facilities															
2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
529	240	107	40	34	46	45	38	44	16	2	4	7	3.2	2.8	5

Note: The State's largest training school (Maxey) is scheduled for closure by October 1, 2015. State training school capacity has declined from 1,100 to less than 100 beds.

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 2015 was 13.7%. Recidivism is measured for adjudicated juveniles that received treatment in a residential facility. Juveniles are tracked for two consecutive years after 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 2013 Cohort w/ Felony Convictions Thru FY 2015	FY 2012 Cohort w/ Felony Convictions Thru FY 2014	FY 2011 Cohort w/ Felony convictions Thru FY 2013	FY 2010 Cohort w/ Felony Convictions Thru FY 2012
BFD	14.39%	19.2%	17.7%	19.2%
Bridgeway	8.27%	11.2%	18.5%	17.6%
CCMO	15.44%	21.1%	17.9%	16.1%
StarrVista	19.28%	12.2%	14.9%	20.9%
(WW) Growth Works	9.42%	15.5%	7.8%	11.9%
Averages	13.65%	16.1%	16.0%	17.4%

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 3rd Circuit Court's Juvenile Information System (JIS – AS 400), 3rd Circuit "ODYSSEY" (Criminal Division) adult data system and the State Department of Corrections' "OTIS" system.

Juveniles on Community Probation Supervised by CMO Agencies

In FY 2015, 80.5% of juveniles successfully completed a term of Level 1 (Community) Probation. 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 15			Completions
	# Probation 1 Served	Escalations	% Escalated	% Successful
BFD	212	39	18.40%	81.60%
BWY	247	58	23.48%	76.52%
CCMO	200	29	14.50%	85.5%
SV	198	43	21.72%	78.30%
WW - GW	245	48	19.59%	80.40%
Total	1,102	217	19.69%	80.31%

*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 1.3% for FY 2015.

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			
	F Y 1 5	F Y 14	F Y 13	F Y 12	F Y 15	F Y 14	F Y 13	F Y 12	F Y 15	F Y 14	F Y 13	F Y 12	F Y 15	F Y 14	F Y 13	F Y 12
BFDI	0	0	5	1	14	34	62	97	14	34	67	99	0%	0%	7%	2.0 %
BWY	1	1	4	0	46	51	75	116	47	52	79	116	2.1%	2%	5%	0%
CCMO	0	3	0	1	21	39	56	72	21	42	56	73	0%	7%	0%	1.4%

WW/G W	0	1	1	1	36	49	94	109	36	50	94	110	0%	2%	1%	1.0%
SV	1	0	3	5	28	59	69	100	29	59	69	105	3.4%	0%	4%	4.8%
Grand Total	2	5	13	8	145	231	352	494	147	237	365	503	1.3%	2.1%	3%	1.6%

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 2015, 86% 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 2015	FY 2014	FY 2013	FY 2012	FY 2011	FY 2010
Six Months or Less	Pending	40.4%	53.7%	34.5%	37.8%	34.6%
Six Months to One Year	Pending	42.9%	35.2%	48.8%	47.4%	47.0%
Greater Than One Year	14.4%	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, DHHS operated, and private detention facilities. Through FY 2015, average daily secure detention population was reduced to 108 (includes county facility).

➤ **ADP in short-term, secure detention has declined to 98 juveniles; a 62% reduction since FY 2010**

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

Short-Term Detention – Average Daily Population (ADP)						
Detention Provider	FY 2015	FY 2014	FY 2013	FY 2012	FY 2011	FY 2010
Secure Detention	98.0	107.7	129.5	156	185	214
CMO In-Home Detention*	20.0	22.4	33.5	36	53	68
Grand Total	108	130.1	163	192	238	282
Annual Rate of Change	-17.0%	-20.2%	-15.1%	-19.3%	-15.60%	-18.02%
Cumulative Change	-61.7%	-49.7%				

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

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. 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 15		
Number of Juveniles Authorized	Successful Termination	Unsuccessful Termination
251	64 % (158)	36% (90) *

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

Reasons for Unsuccessful Termination FY 2015 In-Home Detention	
Reason	Number
Escape	20% (18)
Charge for a New Offense	26% (23)
Non-Compliance with Program Conditions	54% (46)
Total	90

Juveniles from Wayne County 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, all youth were returned to Michigan. Since then no juveniles have been placed outside of 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. 3.3% remained on escape status (without resolution at the end of the fiscal year reporting period).

CMO Agency	NUMBER OF ESCAPES FY 15			%of Escapes FY 15			Total
	Never Escaped	Esc. Resolved	Esc. Not Resolved	Never Escaped	Esc. Resolved	Esc. Not Resolved	
BFD	244	60.00	6.00	78.71%	19.35%	1.94%	310.00
BWY	313	20.00	7.00	92.06%	5.88%	2.06%	340.00
CCMO	223	53.00	18.00	75.85%	18.03%	6.12%	294.00
SV	239	45.00	17.00	79.40%	14.95%	5.65%	301.00
WW - GW	295	26.00	4.00	90.77%	8.00%	1.23%	325.00
Total	1,314	204	52	83.69%	12.99%	3.31%	1,570.00

PROVIDER ROSTER

Wayne County Juvenile Justice Services – Roster of Primary Providers					
Name of Agency	Address	City	ZIP	Phone #	Contact
Juvenile Assessment Center (All Youth)					
Juvenile Assessment Center	7310 Woodward Ave., Suite 601	Detroit	48202	313.896.1444	Cynthia Smith
Care Management Organizations (Adjudicated Youth)					
lack Family Development CMO	5555 Conner Ave., Suite 1E21	Detroit	48213	313.308.0255	Stevia SimpsonRoss
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
First Contact – At-Risk Prevention Agencies					
Ace Academy	22620 Woodward Ave.	Ferndale	48220	248-582-8100	Barbara Cricui
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	Kietric Jenkins
Student Advocacy Center	124 Pearl Street, Suite 504	Ypsilanti	48197	734-482-0489	Peri StonePalmquist
The Guidance CenterKids Talk	13101 Allen Road	Southgate	48195	734-785-7705 X 7120	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

Youth Assistance Programs (YAP's) – Diversion Agencies					
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
Conference of Eastern Wayne - YAPs					
Conf. of Eastern Wayne	PO Box 36070	Grosse Pointe Farms	48236	313-822-6200	Dale Krajniak
Conference of Western Wayne - YAPs					
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