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# Comprehensive Statistical Report Through Fiscal Year 2010

## Juvenile Justice Services Wayne County Care Management System

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# Executive Dashboard

## Report of Performance Measures and Outcomes

The following table presents a summary of key performance and outcome measures for the Wayne County juvenile services system. More substantive detail for each measure is provided in the body of this report.

Measure	Status FY 2009	Status FY 2010	Trend Line
<b>New Case Activity</b>			
New CMO Probation Cases	917	874	○
New CMO Commitment Cases	841	726	○
New Diversion Cases	557	819	○
New Prevention Cases	6,904	6,104	○
<b>Criminal Behavior and Community Protection</b>			
Recidivism (Juviles in Commitment Status)	18.1%	18.8%	○
Felony Conviction During Active Enrollment	1.5%	2.2%	○
Successful Probation Completion	73.5%	70.6%	○
Successful Completion of Diversion	89.6%	92%	○
Committed for a Class I or II "Life" Felony	9.9%	8.5%	○
<b>Resource Utilization</b>			
Use of Short-Term Secure Detention <sup>1</sup> (ADP) <sup>2</sup>	250 Day	214 Day	○
Use of Non-Secure Rx <sup>3</sup> Placements (ADP)	665 Day	468 Day	○
Use of Secure Rx Placements (ADP)	225 Day	246 Day	○
Use of DHS Public Training Schools (ADP)	18 Day	2 Day	○
Term of Probation Less Than One Year	74.5%	81.6%	○
<b>Adolescent Well Being</b>			
Juveniles Diagnosed with Mental Illness (SED)	27.9%	31.0%	○
Improved "CAFAS" <sup>4</sup> Score (At Termination)	83.8%	93.0%	○
Escalation to Placement for Technical Reason <sup>5</sup>	14.3%	15.0%	○
Unresolved Escape Rate	3.7%	3.5%	○
<b>Finance and Administration</b>			
Juvenile Services CCF <sup>6</sup> Expenditures	\$156.4 M	\$142.1	○
Title IV-E Revenue	\$3.4 M	\$1.8 M	○
CMO Probation Caseload (ADP)	499	572	○
CMO Commitment Caseload (ADP)	1,786	1,331	○
Total Average Daily CMO Caseload	2,269	1,903	○
CMO Total Juveniles Served	4,810	4,702 <sup>7</sup>	○

<b>○ = Favorable</b>	<b>○ = STABLE</b>	<b>○ = UNFAVORABLE</b>
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<sup>1</sup> Detention is a short-term secure placement for juveniles awaiting completion of a legal proceeding (adjudication / disposition).  
<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> "CAFAS" means Child & Adolescent Function Assessment Scale. It is a recognized psychometric instrument for measuring well being.  
<sup>5</sup> Measures escalation of 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>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.  
<sup>7</sup> Total count includes "fiduciary" only cases assigned to CMOs for pre-disposition private detention only.



## Wayne County Juvenile Services System Introduction and Overview

A decade ago Wayne County launched a comprehensive, community-based reform of juvenile justice services. In place of the centralized, state administered program for juveniles, the county embraced a new approach by tapping into the commitment and creativity of private stakeholder agencies to tackle the problem of juvenile crime. DHS and the court were persuaded that a broken system could not fix broken lives. The county, court and DHS executed an interagency agreement (MOU) that realigned responsibility for administration of juvenile justice services under the Wayne County Executive. A contract-based, privatized 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 services and the day-to-day management and supervision of delinquent youth.

Wayne County's care management system changes the structure intended to rehabilitate juveniles and protect public safety. By combining fundamental juvenile justice requirements with the core principles of behavioral health care, it launched a new strategy to reform a fragmented and dysfunctional system that was characterized by:

- Limited dispositional choices for the court that consisted of either probation or institutional placement and few services to support in-home interventions (with a family treatment focus).
- Overuse of out-of-home care, with a slot-driven, one-size-fits-all approach that resulted in 700 youth a day in public training schools, more than a 1,000 in private facilities and 200 placed in states outside of Michigan. Residential costs more than doubled in one decade.
- Excessive use of short-term detention with as many as 500 youth a day awaiting disposition and placement.
- Unnecessary conviction of troubled adolescents and sentencing into the formal justice system just to access the "help" they needed in the first place (≈40% of youth in placement were non-felony offenders).
- Excessive lengths-of-stay in placements, where progress was most often measured by compliance to rules instead of behavioral and emotional change necessary for rehabilitation.
- State Auditor General's report that was especially critical of the state's centralized administration of juvenile justice (1999).

In everyday terms, juvenile justice in Wayne County was not meeting its responsibility to help kids graduate from high school, get a job and have a good life. An employed and contributing citizen will always be the best solution to crime.

Instead of initiating a range of individual treatment programs for juveniles, the county developed a groundbreaking new approach to juvenile justice unleashing the creativity of community agencies to tackle the problem of juvenile crime. Not only did local services grow, the political and policy environment in which they would function changed to accommodate them because Wayne County:



- Assumed the sole responsibility for all of its adjudicated juveniles – no longer divided between court, state and county.
- Became the single point of entry to deliver all mandated assessments and services.
- Acted as primary funder and administrator for mandated services to juveniles and their families.
- Contracted with an agency to accept, test and assign youth to local service organizations located where the youth lives.
- Contracted with private management agencies to provide or purchase all home, community or residential services based on each youth's individual treatment plan.
- Created an internet-based 24/7 Juvenile Agency Information System (JAIS) to monitor daily services, compliance with treatment plans and court orders, assess strengths and weakness and measure successes.

Wayne County's juvenile services system breaks new ground as a comprehensive, humane strategy with a unified mission to reclaim juveniles, strengthen family life and increase community safety.

Searching for answers and beset with runaway costs and unacceptable program outcomes, Wayne County, through a formal agreement with the Court and State, launched its own juvenile services care management network in 2000.

**Challenge: Over Reliance on Residential Care as the Primary Treatment Modality**

Too many youth in need of attention and direction were unnecessarily entering the justice system to get help with social problems. Backward budget priorities impeded development of proven front-end programs. In less than a decade placement costs soared 260%.

How did rampant incarceration of non-violent children become the standard in Wayne County?

- Risk assessment tools were not used to inform court sentencing
- Accountability between case management decisions and cost was not understood
- Home-based services were not yet credible
- State controlled services - county was merely a payee

Prior to the year 2000 there were few home and community-based service options for juveniles in Wayne County. Absent viable in-home treatment options, the County and State expended \$113.1 M for private residential care and State operated facility placements (FY 2000). This did not include approximately \$12.0 M in placement costs that were offset by the federal Title IV-E foster care maintenance program. More than 200 youth from Wayne County were placed in other States. The average daily population of juveniles in DHS facilities has declined from 731 in FY 1998 to two in FY 2010. CMO contractors have implemented effective community-based, as well as in-county residential options, to placement in State operated Training Schools.

Placement in DHS Public Training School Facilities-Average Daily Population from Wayne County												
1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
731	597	529	240	107	40	34	46	45	38	44	18	2



Out-of-home care is no longer the placement of first choice. Wayne County has established a rich array of community-based services, including access to community mental health providers. Comprehensive assessment services upon intake and risk-based utilization of resources has resulted in increased in-home treatment services and less reliance on residential care. However, assaultive and high risk juvenile offenders are appropriately placed in secure detention and treatment facilities. On average 10% of the total juvenile justice caseload was confined in secure longitudinal treatment facilities.

To change course, Wayne County and the State leadership decided it was time to realign responsibility for juvenile services. Youth had to be removed from institutions and the federal/state/local dollars being spent on them reclaimed and reinvested in a new *human investment model*.

## **Juvenile Services Reform / Service Delivery Structure**

How has Wayne County transformed the delivery of services to juveniles? Wayne County has implemented a County administered, contract-based network of privately operated management agencies and service providers to fulfill mandated service requirements.

- **Juvenile Assessment Center (JAC)** – is the single gateway to uniform assessments, services, utilization management, payment authorization & access to services. The JAC is responsible for receipt of court orders, case intake, clinical, social, substance abuse, delinquency risk assessment, assignment to a contract service agency and access to Detroit-Wayne County Community Mental Health Agency funded programs and services for adjudicated juveniles. The JAC registers new juvenile justice cases that are eligible for programs funded through the Wayne County Department of Children and Family Services.
- **Five Care Management Organizations (CMO)** are the lead agencies with unconditional responsibility for managing the most serious adjudicated juvenile cases. Care Management Organization (CMO) agencies to cover all of Wayne County and is responsible for the development of a locally organized system of mandated juvenile justice services and resources that includes community-based and residential service placement options for youth and their families.

The CMO agencies must develop, implement and manage a Plan of Care for each juvenile. The paths children take early in life often do make a considerable difference in the destination that awaits them down the road. To redirect youth to more positive developmental pathways, each CMO has developed a “Care Path” model to monitor and evaluate treatment progress. Care Paths have been developed for substance abuse, mental health, sex offenders, chronic offenders, and cognitively challenged juveniles. Care Paths define progress benchmarks for both home-based and residential placements. Each path has defined goals and expected clinical / behavioral outcomes tied to the youth’s assessed behavioral issues.

- **A behavioral health focused secure private residential program** that is located within Wayne County (Highland Park).
- **Youth Assistance Programs (YAP)** are local agencies that provide neighborhood-based prevention & diversion services designed to deter entry into the formal justice system.

Historically in Wayne County, adolescents identified as “at-risk” by teachers and local law enforcement were brought to the attention of the Court in order to access services and



deterrent sanctions. It is well established that when juveniles are under the “lens” of the Court, their behavior will be defined by legal standards and subject to formal consequences. And, their failure to meet the Court’s requirements can lead to deeper system penetration, even for the most low risk juveniles.

- **Care Path Models** define expected clinical/behavioral growth markers and target services tied to the youth’s assessed behavioral issues. The paths children take early in life often do make a considerable difference in the destination that awaits them down the road. To redirect youth to more positive developmental pathways, each CMO has developed a “Care Path” model to monitor and evaluate treatment progress. Care Paths have been developed for substance abuse, mental health, sex offenders, chronic offenders, and cognitively challenged juveniles. Care Paths define progress benchmarks for both home-based and residential placements. Each path has defined goals and expected clinical / behavioral outcomes tied to the youth’s assessed behavioral issues.
- **Community-policing (Warrant Enforcement Bureau)** is funded by Wayne County and commanded by the county Sheriff’s Department to track the juvenile’s adherence to court ordered requirements and apprehend truants. The “Spot-Check” program is comprised of Officers that make random and unannounced home visits to determine if a juvenile is abiding by the terms of probation.
- **“Correct Course”** diversion program that links youth to community-based agencies and the Prosecutor offers a last-chance option for juveniles to remain out of the formal system.
- **Innovative Court dispositions**, such as fixed-term probation, increased use of in-home detention, electronic monitoring, drug/alcohol screening, progressive sanctions, shorter stay lengths in residential care and earlier termination of wardship once the juvenile can present resolution of his/her delinquency issues.
- **An internet-based Juvenile Agency Information System (JAIS)** connects WC-CFS, the JAC, CMOs and all providers and glues together information about every juvenile in the system 24/7.

### **Authority / Administration of Juvenile Services**

The county, court and DHS executed an interagency agreement (MOU) that realigned responsibility for administration of juvenile justice services under the Wayne County Executive. To memorialize the commitment necessary to reform juvenile services, Wayne County, the Third Circuit Court and Department of Human Services developed this groundbreaking MOU. The MOU codifies a commitment to realign responsibility under one entity for administration of services, as allowed for under existing law; especially Child Care Fund rules that require local management of home-based services.

The County of Wayne is now the funding and administrative authority for its locally managed juvenile services system. Wayne County defines program priorities and appropriates a juvenile justice budget necessary to fulfill legal mandates and maximize efficiencies. The State DHS does not administer or provide delinquency services in Wayne County.

- MOU does not relieve any of the parties from discharging mandates and obligations set forth in statute or regulation or Court order.



- Wayne County juvenile services system operates within existing law and Child Care Fund requirements.

The county administered juvenile system can only exist with the support of the Third Circuit Court, Wayne County Prosecutor and State Department of Human Services. There is no law that mandates that Wayne County must operate a juvenile services system. There is a law that Wayne County must pay 50% of the costs (for out-of-home placements). All of the parties to the MOU have voluntarily agreed to vest Wayne County with responsibility to administer a comprehensive and complex continuum of juvenile services made operational by a dedicated cadre of private organizations.

## **Funding**

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) formula between the County and State. Wayne County incurs expenses and then bills the State for 50% reimbursement of eligible expenditures. The County must submit an Annual Plan and Budget, subject to the approval of DHS. The CCF is unique compared to other State-administered fund sources in that it is the County that controls decisions about services and expenditures. It is the only fund source that obligates the State DHS to reimburse 50% of the cost for in-home services and independent living. Juvenile justice programs are locally developed and administered and the State becomes involved only in assuring that reimbursement is made for eligible expenditures.

Case management and service activities must conform to minimum DHS CCF requirements. As such, the County’s discretion to set the cost of services is limited by contact and caseload ratio mandates set by the State Department of Human Services (DHS).

Other funding sources include:

- State Ward Board and Care for juveniles placed in State operated training schools. The State DHS pays for services and then bills the County for 50% of expenses.
- Federal Title IV-E is claimed when an eligible juvenile (family income and deprivation) is placed in an eligible facility (open, non-secure).
- Medicaid is claimed for health and dental care when a juvenile is placed in a qualifying privately operated residential facility and for behavioral health care services provided through the Juvenile Assessment Center.
- The Detroit-Wayne County-Community Mental Health Agency provides funding for behavioral health assessments and services provided through the Juvenile Assessment Center (for youth diagnosed as Seriously Emotionally Disturbed) and Wraparound services for juveniles assigned to CMOs.

## **Eligible Population for Enrollment**

The Third Judicial Circuit Court may order the following categories of adjudicated juveniles to Wayne County for supervision and treatment services (from a CMO):

- Juveniles on Court probation status may be assigned for community-based supervision and intensive home-based services.



- Juveniles in State ward status (PA 150) may be assigned for case management and all levels of out-of-home care and community-reintegration.

At-risk (non-adjudicated) youth receive services through an array of community-based prevention and diversion programs funded by the Department.

The following table summarizes case registration trends for a range of prevention, diversion and CMO services for adjudicated youth:

New Case Registration Trends							
Fiscal Year	Correct Course (Diversion) <sup>1</sup>	YAPs, Donated, Grants <sup>2</sup> (Prevention)	Court Walk-In Unit	Probation With CMO <sup>3</sup> (Adjud.)	State Ward Commitment With CMO (Adjudicated)	Total New Cases	Total Youth Served <sup>4</sup>
2010	688	6,104	131	875	726	8,524	11,094
2009	557	6,994	NA	935	842	9,328	11,733
2008	556	2,703	NA	886	1,060	5,205	8,143
2007	178	1,582	NA	1,006	1,016	3,782	6,603

1,601 new adjudicated cases were enrolled in FY 2010; a 10.0% decrease compared to FY 2009. A total of 4,052 adjudicated youth received ongoing services through the CMOs in FY 2010. The following table summarizes youth served by each CMO.

CMO Agency	Service Area	Youth Served FY 2010*	Average Daily Caseload**	% Of Total Caseload
Black Family Development	East side of Detroit/Suburbs	957	453	22.9%
Bridgeway Services	Southwest Detroit, Downriver Suburbs	770	394	19.9%
Central Care Management	Highland Park, Hamtramck, Central Detroit	778	453	22.5%
Starr Vista	West side of Detroit	867	389	19.9%
Growth Works	Western Suburbs	666	294	14.9%
		4,038	1,983	100%

\*Includes both in-home and out-of-home care cases for juveniles in probation and state ward commitment status. A "Youth Served" is defined as a juvenile that received one or more days of service within the reporting period of 10/1/09 – 9/30/10. The data is an unduplicated count.

\*\*Based on days-of-enrollment data.

<sup>1</sup> Correct course diversion referrals can be initiated prior to detention admission or during the preliminary hearing following detention placement. Correct course has reduced detention admissions and length of stay in detention.

<sup>2</sup> Column includes juveniles participating in prevention and diversion services that were not part of the Correct Course program. Funding sources include CCF donations and federal grants.

<sup>3</sup> This column only includes those cases placed on court probation and assigned to a CMO. The court's IPU is not included (they are not funded by WC-CFS).

<sup>4</sup> "Total Youth Served" is the (unduplicated) aggregate of all juveniles that received one or more days of service in the corresponding fiscal year. The total includes juveniles admitted in a previous year where enrollment continued into a subsequent fiscal year(s) plus all new case intakes. Does not include count of admissions to county detention facility.



## Access to Community Mental Health Services

Many youth entering the juvenile justice system are diagnosed as Serious 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 typically aligned. Access to mental health services should not be contingent upon a youth's status in any particular service delivery system – be it juvenile justice, child welfare or mental health. Rather, access to treatment should be driven by clinical conditions and the needs of the child and family. The needs of delinquent children often cut across agencies, categorical programs, mandatory programs, services, roles and responsibilities.

The Detroit-Wayne County-Community Mental Health Agency (D-WC-CMH) contracts with WC-CAFS for the provision of Medicaid eligible assessment and counseling services. The Juvenile Assessment Center delivers these contractual services that facilitate access to mental health services in the D-WC-CMH provider network. The contract between CMH and CAFS directly benefits youth in the juvenile justice system diagnosed with a need for mental health services. Significant enhancements include:

- A uniform process has been defined and implemented for adjudicated youth with a Serious Emotional Disturbance to access services from D-WC-CMH mental health providers. And,
- Federal Medicaid has been tapped to pay for clinical services delivered by Juvenile Assessment Center, which has been credentialed and enrolled as a provider with the D-WC-CMH Agency. All services paid for through Medicaid reduce charges to the child Care Fund for youth in the juvenile justice system.
- The JAC is the single access point for adjudicated juveniles diagnosed with a Serious Emotional Disturbance. The JAC is the liaison to Pioneer Behavioral Health call center for access to community based mental health treatment.

D-WC-CMH continued to fund Wraparound services in FY 2010 for youth in the juvenile justice system diagnosed with a Severe Emotional Disturbance (SED).

31.8% of new (adjudicated) juvenile cases were diagnosed as SED in FY 2010. These juveniles were assigned to a CMH community-based provider for mental health treatment services.

The partnership between D-WC-CMH and WC-CAFS has improved cross-system access for mental health services and correspondingly reduced charges to the County's general fund.

## Changes in How Wayne County Delivers Juvenile Justice Services

What new structures, methods and practices are contributing to the success of the care management model for juvenile services in Wayne County?

- As noted, mental health and substance abuse agencies partnered with traditional juvenile justice providers to create the JAC and Care Management Organizations. These collaborations created a new paradigm to treat each youth as *a person in need of resources* rather than as *a societal disease that needed to be contained*.



- In place of traditional bureaucratic structures, Wayne County has invested in a contract-based model with the ability to respond quickly to emerging trends and challenges. Agility and resiliency is embedded in the model because private agency business plans are adaptable to systemic forces, changing governmental demands and diminished public funds.
- A juvenile assessment process insures uniform and comprehensive screening of children and families and provides a single gateway to access services – both for at-risk and adjudicated juveniles.
- The JAC monitors each juvenile’s level of care (home-based or residential) selected by the CMO and reviews each youth’s care at six-month intervals and court ordered security level changes. The JAC authorizes all changes in level of care on the county’s automated information system. Data on this computer system is used by the County to pay the CMOs.
- CMOs, with complete responsibility for each youth, are free to design interventions to meet their unique strengths, individual needs and safety risks. Capitation funding gives CMOs flexibility to broker, purchase or create treatment resources. By establishing the CMO as the single responsible agency, an organizational connection was established between case management, treatment decisions and spending for services. This unique linkage supports performance-based contracting that keeps vendors focused on outcomes, e.g. recidivism, drug use, academic achievement, etc. unlike traditional government contracts that count activities unrelated to rehabilitation. The CMO contracts and pays for individualized services – not a governmental agency.
- The county, JAC and CMOs have pioneered an internet-based data management system that provides real time information on each juvenile and his/her status.
- The court can express criticism of the JAC/CMO one case at a time. The interface of case managers with judges provides frequent opportunities to assess adherence to the MOU. Accountability becomes transparent when the court reviews each individual juvenile’s progress. The county values this feedback and has implemented a “Notice of Concern” (NOC) process that is triggered whenever a case manager fails to perform defined requirements. The notice is sent to the county, an investigation is conducted, remedy is designed and results are communicated to the judge. The NOC has enhanced the court’s trust in the new system of care.



## Baseline Progress

The care management approach to juvenile justice is working! Better results are being achieved for the children and families in Wayne County, when compared to the conditions that created the need for reform.

Measure	Baseline System FY 1999 <sup>1</sup>	County Model FY 2011
Recidivism <sup>2</sup>	38% - 56%	18.8%
Positive Probation Completion <sup>3</sup>	Unknown	70.6%
Residential Care Costs	\$113.5 M	\$48.9 M
Placements - Other States	200	0
Secure Detention Population <sup>4</sup>	> 500 Day	190 Day
State Ward Caseload <sup>5</sup>	≈3,400	1,250
Population in Public DHS Facilities <sup>6</sup>	731 (ADP)	3 (ADP)
High Secure LOS	> 2 Years	11 Months
Diversion Cases	Unknown	> 800
Positive Diversion Completion <sup>7</sup>	Unknown	92.0%
Youth Participating in Prevention	Unknown	> 6,000

New state ward commitments, caseloads (adjudicated) and the numbers of juveniles in residential placement are at historic lows in Wayne County. Hundreds of youth that would have been unnecessarily detained and placed in residential care are remaining at home, attending school and successfully avoiding entry into the formal juvenile justice system. When serious offenders enter the justice system, risk appropriate resources are provided, placement length of stay is proactively managed, subsequent contact with the law enforcement is relatively low and post assessment shows overall improvement in the youth's well being (school, community, home substance abuse, etc.).

The county has learned that accurate assessment is essential to target the right level of service and propel intervention before the adolescent's thinking and behavior have time to worsen and elevate the risk of offending. And, as the responsible juvenile correctional agency we also understand that risk assessment, competent case management, consistent accountability and defined consequences create the best opportunities for juveniles to succeed and thereby improve public safety. Local management of juvenile justice systems is the best alignment to

<sup>1</sup> Under PA 150 DHS is responsible for care and supervision of "committed" juveniles. Starting in 2000 this responsibility was transferred to Wayne County. Baseline data is through the year 1999.

<sup>2</sup> Juveniles are tracked for 730 days from the date of court termination for conviction on a new felony offense. All FY 2007 cohort members reached their two year post-measurement anniversary date in FY 2009. Cohort means that combined group of juveniles terminated within the fiscal year. In this instance the cohort is FY 2007 terminated cases. 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.

<sup>3</sup> Probation success is defined as termination of probation without escalation to state ward status. "Escalation" means that the juvenile's legal status was changed from probation to state ward commitment. The escalation category also includes juveniles assigned to probation that could not be physically located by the CMO (after receipt of the court order) and those juveniles who failed to adhere to the terms and conditions of probation within the first 30-days of assignment to a CMO and a violation petition was filed.

<sup>4</sup> "Detention" is a short-term placement for juveniles awaiting completion of a legal proceeding (adjudication and/or disposition). It is not a treatment placement.

<sup>5</sup> "Caseload" represents those juveniles committed to DHS under the state ward-ship act. The baseline and FY 2009 is a comparison of case counts for juveniles in the same legal status. This count includes all cases adjudicated and disposed to the State (DHS) (home-based, placed, aftercare, etc.). The data is the highest caseload count (point-in-time) during the report period (FY). Probation cases are not included.

<sup>6</sup> "ADP" means average daily population. This count is only for state-wards that are housed in state operated training schools. As of 12-31-09 there were two Wayne County juveniles in placement at the Maxey Training School.

<sup>7</sup> A successful outcome in Correct Course is no new (authorized) petition or warrant for one-year after program termination.



help youth develop and maintain essential ties with families, schools and communities. Wayne County is embedding a broad menu of approaches to safely prevent entry into the justice system and eliminate unnecessary and costly institutional placements.

### **Significant Data Trends**

This statistical report on the contract-based, care management approach to service delivery affirms Wayne County's commitment to confront the challenges that overwhelmed juvenile justice throughout the 1990's and early 2000's.

***Special Thanks to Cynthia Smith and the Juvenile Assessment Center (JAC) for assistance with data mining and collection. Without the JAC's contributions this report would not have been possible.***



## Comprehensive Statistical Report through FY 2010 Wayne County Juvenile Justice Services

### Section I: Intake Process and Court Commitment Trends

#### Juvenile Assessment Center - Scope of Service: Juvenile Justice

The Juvenile Assessment Center (JAC) is the point of entry for receipt of court orders, case intake, clinical, social, substance abuse, delinquency risk assessment, assignment to a contract service agency and access to Detroit-Wayne County Community Mental Health Agency funded services (adjudicated juveniles). The JAC registers new juvenile justice cases that are eligible for programs funded through the Wayne County Department of Children and Family Services.

Primary responsibilities of the JAC include:

- Intake services physically located at the Court (1025 E. Forest, Detroit)
- Initiation of a case on the County's automated information system
- Establishment of funding eligibility for services
- Standardized psychological testing battery, social history, substance abuse screening and psychiatric evaluation (when indicated)
- Data collection for DHS determination of eligibility for federal Title IV-E
- Authorized agency for referring adjudicated juveniles to the Detroit-Wayne County – CMH to access services from a mental health provider
- Detention authorization and agency assignments – residential and in-home
- Operation of the tether program to divert juveniles from residential detention
- Routine on-site substance abuse screening
- Initial juvenile classification and risk assessment
- Assignment to a service agency or Care Management System (CMO) Agency
- Independent utilization review and authorization of the necessity, length and intensity of services each juvenile receives
- Monitoring of performance outcomes
- Completion of operational statistical reports for WC-CAFS
- Assessment of each CMO recommendation for a juvenile's dis-enrollment

The assignment of newly adjudicated cases to Wayne County continued to decline in FY 2010. Most significant, cases in commitment status that require out-of-home placements have declined 28.5% since FY 2007. Delinquency commitment rates (PA 150 & CAFS "Placed" Combined) and court probation assignments to CMO agencies are presented below:

**Table I-A**

New Court Probation and Commitment Trends Assigned to CMO Agencies					
Fiscal Year	Number of Commitments	Annual Rate of Change	Number of CMO Probation Cases	Annual Rate of Change	Probation & Commitment Combined
2010	726	-13.67%	874	-4.69%	1,600 ↓ 9.0%
2009	841	-18.8%	917	25.3%	1,758 % ↓ 1.0%
2008	1,038	+2.1%	732	-27.3%	1,773 ↓ 12.5%
2007	1,016	+3.7%	1,006	+18.4%	2,022 ↑ 10.5%



- Note:

For statistical purposes, "commitment" cases are equivalent in status to PA 150 (Youth Rehabilitation Services Act) juveniles historically committed to DHS. In the absence of the Wayne County Care Management Organization system these cases would be the responsibility of the state Department of Human Services. DHS contracts with Wayne County to provide mandated case management, supervision and treatment services.

Juveniles on probation are not eligible for residential placement, except in-patient substance abuse (90 days) care based on a medical necessity determination. CAFS services for juveniles on probation with CMO agencies are financed through the Child Care Fund In-Home Care (IHC) component

**Table I-B**

<b>New Court DHS Commitments Assigned to CMO Agencies</b>			
<b>CMO Agency</b>	<b>FY 2010</b>	<b>FY 2009</b>	<b>FY 2008</b>
Black Family Devel.	147	188	262
Bridgeway	155	162	215
Central Care Mgt.	154	192	198
StarrVista	136	170	210
Growth Works	134	129	153

Note: DHS contracts with WC-CAFS for all mandated PA 150 services (state wards).

**Table I-C**

<b>New Court Probation Assignments to CMO Agencies</b>			
<b>CMO Agency</b>	<b>FY 2010</b>	<b>FY 2009</b>	<b>FY 2008</b>
Black Family Devel.	188	185	163
Bridgeway	169	199	151
Central Care Mgt.	162	185	138
StarrVista	171	181	155
Growth Works	164	167	124

## Section II: Demographic and Offense Profiles and Trends

This section presents a range of demographic and offense related data on adjudicated juveniles court ordered to the Wayne County Department of Children and Family Services.

**Table II-A**

<b>CMO Agency</b>	<b>Gender - Committed Juveniles with a CMO Agency</b>					
	<b>FY 2010</b>		<b>FY 2009</b>		<b>FY 2008</b>	
	<b>Males / Females</b>	<b>Males / Females</b>	<b>Males / Females</b>	<b>Males / Females</b>	<b>Males / Females</b>	<b>Males / Females</b>
BFD	116/78.9%	31/21.1%	85%	15%	86%	14%
Bridgeway	122/78.7%	33/21.3%	77%	23%	79%	21%
CCMO	122/79.2%	32/20.8%	85%	15%	80%	20%
StarrVista	112/82.4%	24/17.6%	82%	18%	83%	17%
Growth Works	112/83.6%	22/16.4%	73%	27%	79%	21%
Totals	80.4%	19.6%	81%	19%	82%	18%

**Table II-B**

<b>CMO Agency</b>	<b>Gender - Juveniles on Probation with a CMO</b>					
	<b>FY 2010</b>		<b>FY 2009</b>		<b>FY 2008</b>	
	<b>Males / Females</b>	<b>Males / Females</b>	<b>Males / Females</b>	<b>Males / Females</b>	<b>Males / Females</b>	<b>Males / Females</b>
BFD	139/73.9%	49/26.1%	82%	18%	77.3%	22.7%
Bridgeway	137/72.5%	52/27.5%	68%	32%	72.8%	27.2%
CCMO	127/78.4%	35/21.6%	78%	22%	75.4%	24.6%
StarrVista	134/78.4%	37/21.6^	69%	31%	76.1%	23.9%
Growth Works	118/72%	46/28%	81%	19%	78.2%	21.8%
Totals	219/75%	65/25%	76%	24%	75.9%	24.1%



**Table II-C**

<b>CMO Adjudicated, YAP Correct Course and Status Walk In Referral Cases 2010 Age Distribution</b>				
<b>Age</b>	<b>Committed</b>	<b>Probation</b>	<b>Correct Course</b>	<b>Status Walk In</b>
8	0	0	0	1
9	0	0	1	0
10	1	0	6	2
11	5	3	22	0
12	24	18	53	8
13	72	49	93	28
14	184	110	148	31
15	222	200	189	37
16	180	293	145	24
17	38	201	31	0
18	0	0	0	0
19	0	0	0	0
<b>Total</b>	<b>726</b>	<b>874</b>	<b>688</b>	<b>131</b>

**Table II-D**

<b>Ethnicity Adjudicated Juveniles Assigned to a CMO Agency 2007 – 2009</b>			
<b>Ethnicity</b>	<b>Percent of New Cases FY 2010</b>	<b>Percent of New Cases FY 2009</b>	<b>Percent of New Cases FY 2008</b>
White	18.8%	16.7%	17.5%
African American	72.7%	74.7%	76%
Hispanic	2.9%	2.6%	2.5%
Arabic	1.2%	1.3%	1.2%
Asian	.1%	0.2%	.1%
Native American	0%	0.0%	.1%
Other or not identified	4.4%	4.6%	2.7%

**Table II-E**

<b>Parent/Guardian Residence At Time of Assignment to a CMO Agency Probation and Placed/Committed Juveniles</b>		
<b>Fiscal Year</b>	<b>Detroit</b>	<b>Suburbs</b>
FY10	59.7%	40.3%
FY 09	64.3%	35.7%
FY 08	64.0%	36.0%

Note: Starting in 2007 Highland Park and Hamtramck were defined as suburban communities.

The following tables present data on the most serious offense on the record at the time of probation or commitment to DHS (WC-CAFS).

**Table II-F**

<b>Offense Severity Juveniles Committed to DHS/ WC-CAFS</b>						
<b>Offense Severity</b>	<b>FY 2010</b>		<b>FY 2009</b>		<b>FY 2008</b>	
	<b>Males / Females</b>	<b>Males / Females</b>	<b>Males / Females</b>	<b>Males / Females</b>	<b>Males / Females</b>	<b>Males / Females</b>
Class I	7.7%	2.1%	8.5%	6.0%	7.3%	2.1%
Class II	4.3%	2.1%	3.7%	0%	3.7%	0%
Class III	44.0%	14.1%	43.6%	11.3%	46.6%	10.5%
Class IV	40.8%	68.3%	37.7%	68.8%	36.4%	64.4%
Class V	3.3%	13.4%	6.3%	19.4%	6.1%	23%

**Class I Most Serious ←→ Class V Least Serious**



**Table II-G**

Offense Severity	Offense Severity Probation with WC-CAFS					
	FY 2010		FY 2009		FY 2008	
	Males / Females		Males / Females		Males / Females	
Class I	3.1%	0.5%	2.0%	0.4%	1.8%	0%
Class II	1.5%	0.5%	1.0%	0.4%	1.3%	0%
Class III	41.8%	11.4%	39.3%	9.8%	42.4%	7.4%
Class IV	38.8%	41.1%	37.2%	43.3%	39.2%	40.3%
Class V	14.8%	46.6%	20.5%	46.0%	15.3%	52.3%

Class I Most Serious ↔ Class V Least Serious

**Table II-H**

Offense Severity for Committed Youth Sorted by CMO for FY 2010					
CMO	Class I	Class II	Class III	Class IV	Class V
BFD	10	7	60	63	7
BWY	8	6	53	75	13
CCMO	15	5	60	67	7
SV	7	5	46	72	4
WW	8	5	58	58	7
<b>TOTAL</b>	<b>48</b>	<b>28</b>	<b>277</b>	<b>335</b>	<b>38</b>
	6.6%	3.9%	38.2%	46.1%	5.2%

Class I Most Serious ↔ Class V Least Serious

**Table II-I**

Offense Severity for Probation Youth Sorted by CMO for FY 2010					
CMO	Class I	Class II	Class III	Class IV	Class V
BFD	5	4	70	65	44
BWY	7	1	56	72	53
CCMO	5	2	71	57	27
SV	2	2	41	79	40
WW	2	2	61	71	35
<b>TOTAL</b>	<b>21</b>	<b>11</b>	<b>299</b>	<b>344</b>	<b>199</b>
	2.4%	1.3%	34.2%	39.4%	22.8%

Class I Most Serious ↔ Class V Least Serious

**Section III: Behavioral Health Profile Information**

The JAC is responsible for completion of a comprehensive clinical battery for new delinquent probation and committed juveniles. The JAC uniformly provides social, clinical, substance abuse and mental health assessments that specify individualized needs and risks that CMOs use to facilitate development of a juvenile's Treatment Plan of Care. Professional assessment reports are only performed by credentialed and licensed professionals and must be completed within 14



calendar days of case acceptance.

## Diagnostic Profiles

**Table III-A**

DSM IV R Diagnoses FY 2010 1,600 Probation and Committed Juveniles with an Axis 1 Diagnosis or Deferred Diagnosis (not an unduplicated count of youth, some youth 133 youth escalated during the fiscal year from probation to committed)		
Type of Diagnosis Axis 1	Number of Diagnoses/Youth with Diagnosis	Frequency % Of Diagnoses)
Behavioral Disorders (ADHD, Oppositional, Disruptive, Impulsive, Conduct Disorder)	1,007	72.3%
Substance Abuse (Polysubstance, Marijuana, Alcohol, Cocaine, Opiates, Other Illegal Substance as only primary diagnosis) <b>467 youth had a secondary diagnosis of Substance Abuse</b>	30	2.2%
Depression (All Categories)	66	4.7%
Learning and Communication (Self & Family Report)	4	0.3%
Bipolar, Intermittent Explosive, Mood Disorder (Diagnosis is reported to have given to Youth Prior to Juvenile Adjudication)	131	9.4%
Anxiety Disorders (PTSD & Anxiety)	18	1.3%
Active Psychosis (Schizophrenia, Delusional, Psychotic, Prior Treatment)	5	0.4%
Adjustment Disorders	70	5.0%
Diagnosis Deferred for Further Evaluation	61	4.4%
Totals (N = 1,769 Probation & Placed Juveniles - Juvenile May Have More Than One Axis 1 Diagnosis and Other MH/SA Diagnosis on Axis 2 or 3)	1,392	100%

## IQ Scores at the Time of Probation and Commitment to Wayne County

<b>Table III-B</b>						
<b>FY 2009 IQ Scoring Range Juveniles – Probation Juveniles N=874</b>					<b>Frequency</b>	
<b>IQ</b>	<b>Male n=655</b>	<b>%</b>	<b>Female n=142</b>	<b>%</b>	<b>Total</b>	<b>%</b>
100+ (Normal and Above Normal)	31	4.70%	22	10%	53	6.10%
71 – 99 (Low Normal to Normal)	422	64.40%	151	68.90%	573	65.60%
50 – 70 (Mild Mental Retardation)	134	20.50%	34	15.50%	168	19.20%
35 – 49 (Severe Mental Retardation)	5	0.80%	0	0%	5	0.60%

2 females and 8 males never attended the scheduled appointment for evaluation =1.1%  
65 youth were evaluated by the Clinic for Child Study and scores are not in this data = 7.4%

<b>Table III-C</b>						
<b>FY 2009 IQ Scoring Range Juveniles – Committed Juveniles</b>					<b>Frequency</b>	
<b>IQ</b>	<b>Male</b>	<b>%</b>	<b>Female</b>	<b>%</b>	<b>Total</b>	<b>%</b>
100+ (Normal and Above Normal)	33	5.70%	10	7.10%	43	5.90%



71 – 99 (Low Normal to Normal)	401	68.70%	104	73.20%	505	69.60%
50 – 70 (Mild Mental Retardation)	133	22.80%	26	18.30%	159	21.90%
35 – 49 (Severe Mental Retardation)	11	1.90%	1	0.70%	12	1.70%

1 male and female never attended the scheduled appt for evaluation =.3%  
5 males were evaluated by the Clinic for Child Study and scores are not in this data =.7%

### Child and Adolescent Functional Assessment Scale Data Trends for Probation and Committed Juveniles (CAFAS Scores)

The Child & Adolescent Functional Assessment Scale (CAFAS) is a highly regarded and often used rating instrument, which assesses a youth's degree of impairment in day-to-day functioning due to emotional, behavioral, psychological, psychiatric, or substance use problems.

**Table III-D**

FY 2010 CAFAS Scores for Probation Juveniles						
CAFAS 8 Scale Score	Male (655)		Female (219)		Total	%
		%		%		
0-90	305	46.6%	71	32.4%	376	43.0%
100 – 130	219	33.4%	78	35.6%	297	34.0%
140 and Higher	131	20.0%	70	32.0%	201	23.0%

\*N= 874 Probation Cases with data

**Table III-E**

FY 2010 Baseline CAFAS Scores for Committed Juveniles						
CAFAS 8 Scale Score	Male (584)		Female (142)		Total	%
		%		%		
0-90	117	20.0%	21	14.8%	138	19.0%
100 – 130	229	39.2%	50	35.2%	279	38.4%
140 and Higher	238	40.8%	71	50.0%	309	42.6%

\*N= 726 Committed Cases with data

**Table III-F**

FY 2010 Baseline CAFAS Score Percentages by Gender						
CAFAS 8 Scale Score	Male (1,239)		Female (361)		Total (1,600)	
	Probation	Committed	Probation	Committed	Probation	Committed
0 – 90	46%	20%	32.4%	14.8%	43.0%	19.0%
100 – 130	33.40%	39.20%	35.6%	35.2%	34.0%	38.4%
140 +	20%	40.80%	32.0%	50.0%	23.0%	42.6%

- Description of CAFAS Score Ranges
  - 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 – Up = 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 community.

**Addictive Behaviors and Treatment Needs FY 2010**

Over 77.5% of committed youth self-report use of illegal substances and alcohol.

- Every juvenile entering the County’s JDF is screened for use of substances – 58% of the detention admissions test positive for use of some illegal substance or alcohol.
- 3,045 substance abuse screens for 2,495 youth at WCJDF
  - 1,447 JDF admission youth screened positive for tested substances (58%)
- 5,033 unduplicated juvenile youth were screened in FY 2010
  - 3,784 males
  - 1,249 females
- Of the total 25,855 juvenile substance use screens analyzed:
  - 5,455 screens were positive for marijuana
  - 255 screens were positive for opiates
  - 43 screens were positive for cocaine
  - 643 screens were positive for amphetamines (may or may not be prescribed)
  - 15 breathalyzer screens were positive for alcohol
  - 509 youth refused to be AOD screened
  - 41 youth were underage and unable to be AOD screened without parental permission at detainment
  - 869 screens were determined as tampered via lab analysis

Note: Drug screens must be authorized by court order.

1,824 youth were provided a Federally Approved Global Appraisal of Individual Needs Assessment specific to Substance Abuse Treatment acuity and severity (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. 756 youth were assessed at Level 3 (in need of residential substance abuse treatment). 734 youth were assessed at Level 2 (in need of Intensive Outpatient substance abuse treatment). 334 youth were assessed at Level 1 (in need of Outpatient treatment for substance abuse).

**Table III-G**

<b>FY 2010 Results</b>				
<b>(GAIN) Global Appraisal of Individual Needs Assessment</b>				
<b>ADAD Site/Pop</b>	<b>GAINS Total</b>	<b>LEVEL 1</b>	<b>LEVEL 2</b>	<b>LEVEL 3</b>
JDF/detention-Cal-EI-VM-ST	1422	232	546	644
BFD CMO*	66	4	25	37
BWY CMO*	16	1	6	9
CCMO CMO	48	6	23	19
SV CMO*	114	12	40	62



WW CMO *	9	2	4	3
Diversion Referred	104	50	40	14
Lincoln Court Location and STAND Drug Court	276	70	140	66
Total	2055	377	824	854

\* post adjudication for ongoing CMO treatment planning and level of care need  
Key: Level 1 = Outpatient Rx, Level 2 = Intensive Outpatient Rx, Level 3 = Residential Placement

### Juveniles Diagnosed with Serious Emotional Disturbance (SED) and Authorized for Community Mental Health Services

The JAC evaluates all adjudicated youth that come within the jurisdiction of Wayne County through the County's administration of the Child Care Fund and who may, simultaneously meet requirements for mental health services through D-WC-CMH Agency's provider network. A uniform process has been defined and implemented for adjudicated youth with a Serious Emotional Disturbance (SED) to access services from D-WC-CMH mental health providers.

**Table III-H**

Juveniles Certified as Seriously Emotionally Disturbed Authorized by CMH for Community-Based Mental Health Services						
FY 2010				FY 2009		
CMO	Male	Female	Totals	Male	Female	Totals
BFDI	72	36	108	79	25	104
BWY	81	39	120	70	37	107
CCMO	53	22	75	75	22	97
WWCMO	56	20	76	46	29	75
SV	67	19	86	76	25	101
JAC	16	9	25	5	1	6
Totals	345	145	490	353	142	495

### Juveniles in Mental Health (Child Caring Institutions) Facilities

There was a decrease in FY 10 in the utilization of residential agencies providing mental health services to youth court ordered into the juvenile justice system and diagnosed with a mental health disorder. However, the number of juveniles receiving services remained about the same. This is indicative of decreased length of stay in these specialized programs.

**Table III-I**

	Residential Mental Health Placements (1)		
	FY 2010	FY 2009	FY 2008
Days-of-Care	66,725	76,896	92,130
Number of Juveniles Placed	475	559	598
Average Daily Population	183	211	252

1. Facilities licensed as Child Caring Institutions – not hospitals).

Most of the youth placed for mental health treatment were non-violent offenders (status offenses, truancy, property crimes). These youth most frequently presented cognitive learning delays, chronic and acute emotional disturbances and a pattern of management and externalized behavioral issues.



**Table III-J**

Gender	Mental Health Placements Cognitive Impairment and Behavioral Health Issues		
	Number of Placements FY 2010	Number of Placements FY 2009	Number of Placements FY 2008
	Males	299	426
Females	176	133	201
Total	475	559	598

For fiscal year 2010, placements with Juvenile Justice Residential Mental Health Providers were predicated on independent evaluations that recommended specialized care to address safety, supervision and acuity of mental health treatment needs. Youth may have had more than one provider during this time period, as treatment and management needs required more specialized treatment interventions.

**Abuse-Neglect Placement History (Committed Juveniles) FY 2010**

- 26.2% of committed juveniles were verified as previously placed out of home, prior to delinquency adjudication. This is up 3.6% from 2009.
- 33.8% of female committed juveniles were verified as previously placed out of home prior to delinquency adjudication. This is up 3.4% from 2009.
- 24.3% of male committed juveniles were verified as previously placed out of home prior to delinquency adjudication. This is up 3.6% from 2009.

**Table III-K**

Committed Population Previously Placed in DHS Out of Home Care for Abuse/Neglect Sorted By CMO FY 2010			
CMS	% Female Assigned	% Male Assigned	% of CMO Assigned
Black Family Development	51.6%	25.9%	31.3%
Bridgeway Services	21.2%	25.4%	24.5%
Central Care Management	31.3%	24.6%	26.0%
Starr Vista	37.5%	29.5%	30.9%
Growth Works	27.3%	16.1%	17.9%
Of all committed youth 2009	33.8%	24.3%	26.2%

**Section IV: Juvenile Risk Assessment**

An element of the Intake and Commitment Evaluation performed by the JAC is the Classification and Assignment Report (JCAR) for juveniles placed with CAFS for care and supervision. Court commitment to Wayne County requires an out-of-home placement. The JCAR is used to assign a juvenile to an initial level of care. A juvenile’s initial security level is computed from two (2) factors:



- Most serious adjudicated offense on a juvenile’s record at the time of acceptance.
- The risk level (i.e., low, moderate, high) from the 12-factor Delinquency Risk Assessment Scale (actuarial model).

New commitment juveniles were classified for ongoing treatment placement as follows (final level after specified Judicial Orders and CMO initiated overrides):

**Table IV-A**

<b>Initial Security Classification Levels - Male Only Commitment Status</b>			
<b>Classification Level</b>	<b>FY 2010</b>	<b>FY 2009</b>	<b>FY 2008</b>
Community Based	0.2%	27.8%	69.3%
Non-Secure	70.2%	60.4%	27.3%
High Security	29.6%	11.8%	3.4%

Note: In June 2009 the legal status “commitment” was changed to mean residential placement only. Juveniles that would have been committed and classified for community based services were instead placed on probation. Thus, the portion of the committed population classified for CB in FY 2009 is necessarily lower compared to prior years. The same is true for females (see below).

**Table IV-B**

<b>Initial Security Classification Levels - Female Only Commitment Status</b>			
<b>Classification Level</b>	<b>FY 2010</b>	<b>FY 2009</b>	<b>FY 2008</b>
Community Based	0.7%	29.4%	71.2%
Non-Secure	85.9%	70.6%	28.3%
High Security	13.4%	0%	0.5%

Structured Decision-Making (SDM) is a generic phrase that describes a decision model, based on set standards and systemic criteria. Risk assessment is an actuarially based system. The process classifies re-arrest potential for groups of offenders (i.e., low, moderate, high). SDM cannot predict the behavior of an individual offender.

Override refers to extenuating circumstance(s) resulting in an escalation (increase) or mitigation (decrease) to a juvenile’s security level classification. Discretionary overrides are based on individual case evaluation and circumstances. “Specified Order” means that the judicial order included a specific placement agency or security level.

**Table IV-C**

<b>Overrides to Increase or Decrease the Security Level of a Juvenile’s Treatment Placement At the Time of Initial Commitment FY 2010 N = 706 New Committed Cases</b>							
<b>CMO Agency</b>	<b>Judge’s Order</b>	<b>CMO Initiated Administrative Modification</b>	<b>Total Overrides</b>	<b>Percent Total Over ride</b>	<b>Total Committed Youth</b>	<b>Jurist Over ride and Percent</b>	<b>CMO Over ride and Percent</b>
Black Family Development	7	20	27	18.4%	147	5.4%	13.6%
Bridgeway Services	11	15	26	16.8%	155	7.1%	9.7%



Central Care Management	6	12	18	13.4%	134	4.5%	13%
StarrVista	15	16	31	22.8%	136	11%	11.8%
Western Wayne	6	12	18	13.4%	134	4.5%	9%
Total Overrides	45	75	120	17.0%	706	6.4%	10.6%

Risk Assessment refers to the evaluation of re-offending risk 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 individually predictive model. No instrument or system can reliably and accurately predict individual behavior.

Only the risk assessment scale is used for juveniles assigned to probation. Juvenile on probation are not eligible for residential placement and the security level matrix does not apply. The following table describes risk levels for juvenile assigned to probation.

**Table IV-D**

2009 – 2010 Risk Categories - Probation Youth at Assignment Sorted By Gender						
Risk Level	Male*		Female*		Combined*	
	2010 N=655	2009 N=690	2010 N=219	2009 N = 224	2010 N-874	2009 N = 913
Low	22.4%	124= 17.9%	15.1%	37 = 16.5%	20.6%	161=17.6%
Moderate	39.1%	388 = 56%	43.4%	125 = 55.8%	40.2%	513=55.9%
High	38.3%	178 = 25.7%	41.6%	61 = 27.2%	39.1%	239=26.1%

## Section V: Level of Care and Utilization Management

### Utilization Management Process

An innovative process in Wayne County’s juvenile care management system is the performance of independent authorization reviews to access and utilize specific levels of care (home-based and residential care). Levels of service are organized by “care management tracks” (CMT). A CMT establishes the level of care, intensity and service elements. The JAC is the contract agency designated by Wayne County to conduct utilization reviews (UR). The purpose UR is to confirm that the selected CMT provides the scope of service needed to address each juvenile’s emotional and behavioral issues and safety risks.

The JAC has no ongoing interest or decision-making authority over implementation of a juvenile’s ongoing treatment plan. CMT authorizations are transacted on the automated Juvenile Agency Information System (JAIS). A CMT approved by the JAC on JAIS constitutes authorization for Wayne County to reimburse a CMO. URs are conducted for detention placements, treatment placements, case reviews and security-level overrides (i.e., home-based, non-secure and secure residential care) and case closure. Every placement change is reviewed by the JAC to insure adherence to court ordered requirements.

In FY 2010 the JAC completed 11,243 utilization (case) reviews.



## CMO Utilization Trends

Utilization in the Wayne County Juvenile Services System is measured as days-of-enrollment. Enrollment is measured as the date the court assigns a case to Wayne County followed by the date on which the court legally discharges a juvenile. Juvenile enrollment days decreased 8.1% in FY 2010. Compared to FY 2008 total enrollment days have declined by 23.4%.

**Table V-A**

Days of Enrollment Sorted By Level of Care – Probation and Commitment				
Fiscal Year	Community-Based	Residential	Total Days Of Care	Annual Rate of Change
2010	413,608	280,962	694,570	-16.7%
2009	479,234	354,821	834,055	-8.1%
2008	478,455	428,762	907,217	-6.9%

Note: Includes probation and committed juveniles / CMO purchased services only (excludes Maxey, WCJDF, Spectrum)

**Table V-B**

CMO Agencies Days-of-Enrollment Probation Cases Only		
Fiscal Year	Days of Enrollment	Annual Rate of Change
2010	208,761	14.7%
2009	181,990	-8.6%
2008	199,051	-31.0%

The following table presents a comprehensive analysis of utilization by level of care and living arrangement.

**Table V-C**

Utilization By Level of Care for Juveniles Assigned to CMO Agencies Probation and Placed/Committed Cases			
Level of Care (1)	FY 2010 Days-of-Care (ADC) & Percentage	FY 2009 Days-of-Care (ADC) & Percentage	FY 2008 Days-of-Care (ADC) & Percentage
In-Home Care	370,195 (1,014 ADC)	433,645 (1,188 ADC)	429,449 (1,177 ADC) 47.0%
Family Foster Care	500 (1.4 ADC)	1,500 (4 ADC)	1,369 (3 ADC) < 0.001
Independent Living	18,357 (50 ADC)	18,456 (56 ADC)	22,829 (62 ADC) 2.4%
Low Security Residential	N/A	N/A	185,550 (507 ADC) 19.3%
Medium Security (Non-Secure 2009)	170,673 (468 ADC)	242,683 (665 ADC)	119,992 (328 ADC) 12.5%
High Security	110,289 (302 ADC)	112,138 (307 ADP)	123,220 (337 ADC) 12.8%
Case Mgt. Only, 3 <sup>rd</sup> Party Payee	1,479 (5 ADC)	6,983 (13 ADC)	6,788 (19 ADC) (< 0.007%)
Wraparound Services	23,077 (63 ADC)	18,601 (51 ADC)	24,808 (68 ADP)
Subtotal for CMO Purchased Services	694,570 (1,903 ADC)	(2,285 ADC) 834,006	(2,497 ADC) 914,005
SJJS Lincoln Treatment	29,200 (80 ADC)	29,280 (80 ADC)	29,280 (80 ADC) 3.1%
DHS Facilities	946 (2.6 ADC)	6,388 (18 ADC)	16,272(44 ADC) 1.7%
Subtotal for County Purchased Beds	30,146 (82.6 ADC)	35,668 (98 ADC)	(124 ADC) 45,552
Grand Total Service Days	724,716	869,674	959,557



(ADC) Average Daily Caseload	1,986	2,383	2,629
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Notes:

1. "ADC" means average daily caseload. Data source: CMO payment records.
2. Private agency residential placements include both short-term detention and ongoing treatment.
3. % is based on the Grand Total days of service.

CMOs are responsible for purchasing residential care from private vendors. Since FY 08 residential utilization has declined 39.0%. The following table presents residential utilization trends for a three year period.

**Table V-D**

<b>CMO Purchased Residential Care Utilization, Level of Care Per Diems, Expense Trends</b>			
<b>Security Level</b>	<b>Days FY 2010</b>	<b>Days FY 2009</b>	<b>Days FY 2008</b>
<u>Low</u> Annual Rate of Change	N/A	N/A	<u>185,550</u> ↑ 2.1% (\$165.00 Per Day)
<u>Medium</u> Annual Rate of Change	N/A	N/A	<u>119,992</u> ↑ 12.8% (\$198.12 Per Day)
<u>Non-Secure*</u> Annual Rate of Change	<u>170,673</u> ↓29.67%	<u>242,683</u> ↓20.6%	<u>305,542</u> Low/Medium Combined
<u>High / Secure</u> Annual Rate of Change	<u>110,289</u> ↓1.65%	<u>112,138</u> ↓9.0% (Single-Rate)	<u>123,220</u> ↑ 20.8% (\$270.60 Per Day)
<u>Total Days and</u> Annual Rate of Change	<u>280,962</u> ↓20.82%	<u>354,821</u> ↓17.2% (Single-Rate)	<u>428,762</u> ↑ 9.9%
<u>Total Expenditures and</u> Annual Rate of Change	<u>\$57,718,024</u> ↓34.47	<u>\$72,890,878**</u> Single-Rate	<u>\$88,080,993</u> ↑ 14.9%

Notes: \*Distinction between low and medium security was eliminated 10-01-2008 and combined into one category titled "non-secure."

\*\*Given the single-rate CMO payment schedule in FY 2009, an average residential daily rate cannot be calculated. However, the FY 2008 average rate of \$205.43 can be used for comparative purposes. Based on the \$205.43 daily rate CMO residential care payments will be equivalent to about \$72,890,878 or \$15,190,115 less in FY 2009 (17.2% year-over-year decline). Note that these are the amounts the County paid to the CMOs and are not necessarily the same average rates CMOs paid to subcontracted providers.

**Table V-E**

<b>Out-of-Home Days of Care / Sorted by CMO Committed Juveniles</b>				
<b>CMO Agency</b>	<b>FY 2010</b>	<b>FY 2009</b>	<b>FY 2008</b>	<b>Cumulative % Change (08 - 10)</b>
Black Family Dev	60,824	86,006	98,473	-38.2%
BWY	53,627	67,390	78,789	-31.9%
Central Care Mgt.	65,105	82,915	98,530	-33.9%
Starr Vista	56,447	62,718	92,019	-38.7%
Growth Works	44,959	55,792	60,951	26.2%

CMO utilization is tracked for level of care to identify trends in the use of home-based and residential placement interventions. The following table describes trends for a three year period.



## Juveniles Placed in State Training School Facilities by CMO Agencies

The average daily population (ADP) of juveniles from Wayne County in state training schools was 2.4 in FY 2010, compared to 18 in FY 10. Placement in a DHS training school must be ordered by the Court. The following table describes public training school placements by the individual CMO agencies.

**Table V-F**

Care Management Organization	FY 2010	FY 2009	FY 2008
Black Family Development	1	14	26
Bridgeway Services	0	9	11
Central Care Management	1	11	21
StarrVista	0	1	15
Growth Works	2	4	4

Note:

Juveniles are placed in State facilities because of court orders requiring training school placement. The above chart details new admissions only for the designated fiscal year. Training Schools are operated by the Michigan Department of Human Services.

## Short-Term Detention Utilization

Wayne County utilizes a combination of public and private agency detention providers. The County operated facility is available to all communities throughout Wayne County. Juveniles must meet admission criteria and the Third Judicial Circuit Court (24-Hour Intake) must authorize admission to detention placement. A hearing is held within 24-hours of admission in order to find if there is a legal basis to detain a youth and to authorize or deny confinement. Most juveniles held at WCJDF are there pending resolution of a legal proceeding, either adjudication or disposition hearing. The Court must authorize releases from WCJDF.

The Care Management Organization (CMO) agencies also contract for short-term, private agency detention services for juveniles in commitment status. Most of these juveniles are in post-disposition status and are awaiting implementation of their Plan of Care. On a limited basis, private detention agencies may also be used for juveniles in pre-trial status. Police agencies may not use private detention facilities for juveniles charged with a crime (they must go to WCJDF).

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

**Table V-H**

Short Term Detention Utilization Trends			
Detention Provider	Average Daily Population FY 2010	Average Daily Population FY 2009	Average Daily Population FY 2008
Secure Private Agency	57	82	138
Calumet Center	N/A	N/A	20
County JDF	158	168	155



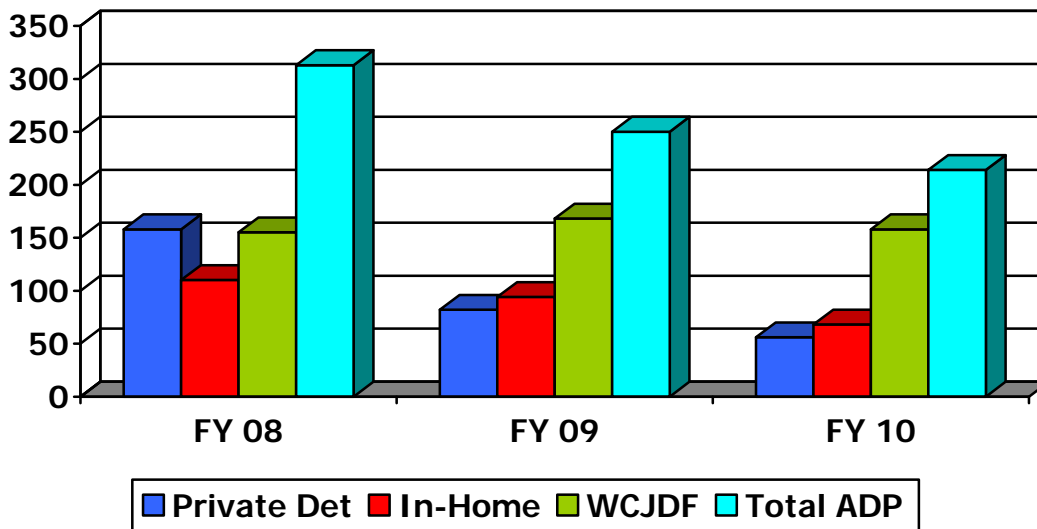
Residential Detention Totals/Averages	215	250	313
In-Home Detention w/ Electronic Monitoring	68	94	110
Grand Totals Averages	283	344	423

Notes:

- 1) Private detention facilities provided services to juveniles in pre-trial status and juveniles placed with a CMO agency (pending implementation of the Treatment Plan of Care). CMO agencies contract with vendors for these services.
- 2) In-Home Detention is used as an alternative to secure confinement. The JAC screens and assigns juveniles to the tether program. In-home detention is provided by CMO agencies. The Court must authorize the use of home detention.
- 3) WCJDF operating capacity was adjusted by CAFS in FY 2009 to retain more juveniles in the public facility instead of private agency detention placement.

Secure detention utilization dropped by an average 61 juveniles a day in FY 2010. Since 2008 the ADP has declined by 33.1%.

**Chart V-G**



Juveniles admitted to WCJDF are screened by the JAC for diversion to In-Home Detention with electronic monitoring surveillance. Diversion of juveniles to home-based detention substantially reduces the need for secure detention capacity. The use of home-based detention is subject to the approval of the Jurist that presides over the preliminary detention hearing. Juveniles diverted to home-based detention receive case management services from the CMO.

**Table V-I**

Juveniles Diverted from Secure Custody to Home-Based Detention FY 2010		
Number of Juveniles Authorized	Successful Termination	Unsuccessful Termination
590	434	156



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

**Table V-J**

Reasons for Unsuccessful Termination FY 2010 In-Home Detention	
Reason	Number
Escape	58
Charge for a New Offense	14
Non-Compliance with Program Conditions	84
Total	156

**Table V-K**

Escape Information FY 2010 Juveniles Assigned to CMOs			
CMO Agency	Unresolved Escape Rate for All Juveniles Served	Juveniles That Never Escaped	Juvenile Escaped and Was Resolved
BFD (N=957)	5.9%	70.7%	23.4%
Bridgeway (= 770)	1.9%	82.6%	15.5%
CCMO (N= 778)	4.0%	77.0%	19.0%
StarrVista (N = 867)	3.1%	80.3%	16.6%
Growth Works (N =666)	2%	91.0%	7%
Totals/Averages (N = 4,038)	3.5% (142)	79.2% (3,205)	17.3% (691)

### Section VI: Care Management Organization Agency Caseload Data

A CMO is a privately incorporated organization that is the primary agency for the provision and management of juvenile justice services to Wayne County youth and their families. As the lead agency for a defined service delivery area, the CMO is responsible for development of a locally organized system of services and resources that includes community-based and residential service tracks. Juveniles are assigned to CMOs by the JAC, based on the parents'/guardians' zip code. CMOs may deliver services directly or contract with other providers in order to insure timely access to resources that are aligned with the youth's needs and risks. CMO financing is based on a case-rate capitation structure that is inclusive of administrative services, case management and direct treatment. Once a juvenile is enrolled, the CMO has full responsibility and risk for case planning, care and supervision, until the supervising court terminates enrollment.

**Table VI-A**

Caseload Distribution – Probation and Commitment Among CMO Agencies			
Care Management Organization	% Of Total Caseload Average Daily Caseload FY 2010	% Of Total Caseload Average Daily Caseload FY 2009	% Of Total Caseload Average Daily Caseload FY 2008
Black Family Development	22.8% 453	23.3% 517	24.8% 649
Bridgeway Services	19.9% 394	20.2% 447	18.5% 483
Central Care Management	22.8% 453	22.8% 506	22.9% 599
StarrVista	19.6% 389	19.2% 425	20.1% 528
Growth Works	14.8% 294	14.5% 322	13.7% 356
Total	1,983	2,217	2,615



Notes:

- 1) Caseload represented as the average for the fiscal year (excludes escapes and WCJDF placements)
- 2) Total does not include CMO cases at Lincoln Center and DHS Training Schools.
- 3) Average caseload does not represent the total number of youth served during a reporting period.
- 4) "ADC" is calculated by dividing total enrollment days by 365.

CMO contractors provide case management services to enrolled youth. Case Management is the central organizing process for all client interventions. It ensures that each young person receives the supervision, services and supports they require. Case Manager's are responsible for all court related activities (i.e. reports, hearings, testimony, petitions, writs, etc.) and working with each juvenile to help him/her to understand and meet the terms and conditions set by the court.

**Table VI-B**

Distribution/Assignment of New Probation Cases By CMO Agency					
Fiscal Year	BFD	BWY	CCMO	S-V	G-W
2010	22.0%	19.8%	19%	20%	19.2%
2009	20.2%	21.7%	20.2%	19.7%	18.2%
2008	28.6%	18.2%	21.6%	17.6%	13.9%

**Table VI-C**

Distribution/Assignment of New Commitment Cases By CMO Agency					
Fiscal Year	BFD	BWY	CCMO	S-V	G-W
2010	20.2%	21.3%	21.2%	18.7%	18.5%
2009	22.4%	19.3%	22.8%	20.2%	15.3%
2008	23.9%	18.6%	23.1%	21.0%	13.3%

As CFS works to contain juvenile services costs, while insuring that legal mandates are properly delivered, new case intake activity and the overall adjudicated caseload is a significant cost driver. Probation cases are the least costly cases assigned to a CMO. "Commitment" case trends are especially significant as these juveniles comprise the highest cost cases, as they are assigned to institutional care. It is noteworthy that the commitment caseload (ADC) has declined 31.4% since FY 2008.

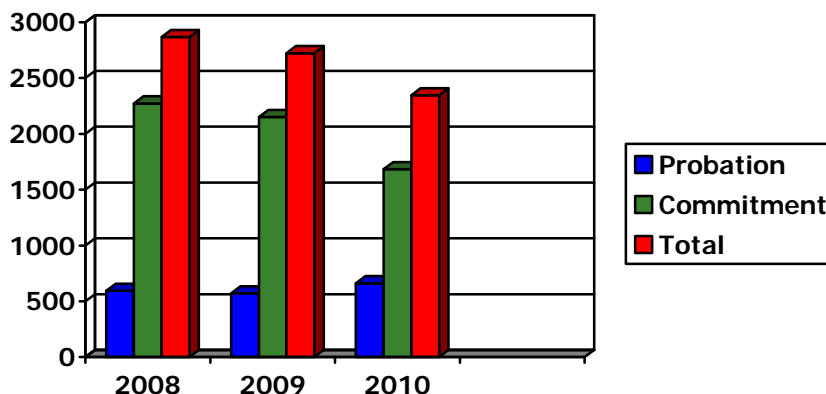
**Table VI-D**

Fiscal Year	Probation Caseload ADC	Commitment Caseload ADC	Total Average Daily Caseload
2010	572	1,331	1,903
2009	499	1,786	2,285
2008	545	1,940	2,485



The total CMO caseload has been consistently declining. The following chart tracks CMO caseload trends for a set point-in-time (February):

**Chart VI-E**



### Section VII: Juvenile Assessment Center Service Units Delivered

JAC Compensation is calculated from the actual number of service units provided at pre-determined unit rates.

**Table VII-A**

Name of Service Unit	Service Units Delivered Juvenile Justice Cases		
	FY 2010	FY 2009	FY 2008
Intake & Commitment Evaluation	1,238	1,369	1,477
Psychological Assessment Report	1,511	1,553	1,467
Psychiatric Evaluation	986	582	634
Abridged Intake	0	0	0
Juvenile Inventory for Functioning	3,190	2,430	2,532
Abridged Clinical Assessments	187	212	35
(1) Subtotal Psychological & Social Assessments	2,749	2,922	2,944
AOD Clinical Assessment & AOD Screens	29,835	30,110	24,059
Federal Title IV-E Eligibility Determinations	1,163	1,036	663
Non-Scheduled Payments to CMO Clients	1,186	1,053	1,185
SSI	0	0	0
Post CAFAS	169	0	0
Electronic Monitoring Assignments	590	449	618
Non-Reporting Probation	0	23	145
D-WC-CMH Access - SED	518	495	461
<b>Total Units</b>	<b>36,210</b>	<b>39,312</b>	<b>36,220</b>

Note: A significant portion of JAC services is reimbursed by federal Medicaid.

### Section VIII: Spectrum Juvenile Justice Centers

Wayne County contracts with Spectrum Juvenile Justice Services, Inc. for secure residential treatment services at the Calumet Center in Highland Park. The 2010 focus of these programs included:

- The 20-bed Calumet Detention Center that provides temporary, short-term confinement and residential care to delinquent juveniles, 24 hours a day, 365 days a year. The



detention unit functions as a transitional placement that bridges a youth's movement between the court system and WC-CAFS Care Management Organization.

- A 20-bed treatment unit for cognitively impaired chronic offenders within Calumet Center. A 20-bed treatment unit for violent and chronic offenders within Calumet Center. An 80 bed treatment program for chronic and violent offenders within Lincoln Center.
- The 120 longitudinal treatment beds at Lincoln and Calumet Treatment Centers provide ongoing services that are designed to address a juvenile offender's behaviors and needs that resulted in their out-of-home placement. Services are provided for chronic and violent juvenile offenders and specialized interventions are added for juveniles diagnosed with a need for substance abuse and sex offender treatment. Many juveniles present co-occurring disorders.

**Table VIII-A**

<b>CMO Agency</b>	<b>Number of Juveniles Served From Each CMO Agency Calumet Detention Center</b>		
	<b>FY 2010</b>	<b>FY 2009</b>	<b>FY 2008</b>
Black Family Development	94	201	254
Bridgeway Services	87	137	176
Central Care Management	94	185	227
Starr Vista	86	163	201
Growth Works	54	81	100
Totals	415	767	958

**Table VIII-B**

<b>Program Focus</b>	<b>Number of Juveniles Served By Program Specialization Lincoln Treatment Center</b>		
	<b>FY 2010</b>	<b>FY 2009</b>	<b>FY 2008</b>
Violent Offenders	99	108	99
Substance Abuse	40	24	24
Sex Offender	20	34	35
Totals	159	166	158

**Table VIII-C**

<b>CMO Agency</b>	<b>Number of Juveniles Served From Each CMO Agency Lincoln Treatment Center</b>		
	<b>FY 2010</b>	<b>FY 2009</b>	<b>FY 2008</b>
Black Family Development	34	43	40
Bridgeway Services	35	28	32
Central Care Management	44	45	37
Starr Vista	23	27	26
Growth Works	23	23	23



**Table VIII-D**

Outcomes for Juveniles Released from Lincoln Treatment Center Program Status At the Time of Release Sorted By Individual CMO Agency						
Outcomes	BFD	BWY	CCMO	SV	GW-WW	CMO Totals
Successful Program Completion 2010	22	10	21	9	7	69
Escape/Not Return 2010	0	0	0	0	0	0
Failure to return from CMO Pass 2010	0	0	1	0	0	1
Transfer to Another Secure Facility 2010	0	0	0	0	0	0
Transfer to Adult System (second charge) 2010	0	0	1	1	0	2
<b>Total Releases FY 2010</b>						<b>69</b>
Successful Program Completion 2009	18	15	22	13	11	79
Escape/Not Return 2009	0	0	0	0	0	0
Failure to return from CMO Pass	2	0	2	0	1	5
Transfer to Another Secure Facility 2009	0	1	0	0	0	1
Transfer to Adult System (second charge)	0	1	0	0	0	1
<b>Total Releases FY 2009</b>						<b>85</b>
Successful Program Completion 2008	18	16	15	13	11	73
Escape/Not Return 2008	0	0	0	0	0	0
Failure to return from CMO Pass	1	0	0	1	0	2
Transfer to Another Secure Facility 2008	0	0	0	0	0	0
Transfer to Adult System (second charge)	2	1	0	0	0	3
<b>Total Releases FY 2008</b>						<b>78</b>

**Table VIII-E**

Average Length of Stay* Sorted By CMO Agency Lincoln Treatment Center			
CMO Agency	FY 2009	FY 2009	FY 2008
BFD	178	335	261
BWY	219	384	268
CCMO	379	317	345
SV	347	328	368
WW-GW	324	364	313
Average Length of Stay	316	341	313

\*Note: Average LOS computed as youth are released.

**Section IX: Budget and Expenditure Information**

The FY 2010 CMO budget was down 12.5% over FY 2009. Since 2008 CMO budgets have declined 24.0%

**Table IX-A**

Care Management Organizations County Payment Trends		
Fiscal Year	Total CMO Expenditures	Annual Rate Of Change
2010	\$87,500,000	-12.49%
2009	\$99,989,174	-13.2%
2008	\$115,239,428	+3.1%



**Table IX-B**

<b>Individual CMO Agency Payment Trends All Legal Categories</b>			
<b>Care Management Organization</b>	<b>FY 2010 Total Payments</b>	<b>FY 2009 Total Payments</b>	<b>FY 2008 Total Payments</b>
BFD	\$20,282,500	\$23,322,730	\$27,034,941
BWAY	\$17,482,500	\$19,969,195	\$21,595,634
CCMO	\$19,932,500	\$22,510,246	\$26,325,109
SV	\$17,395,000	\$19,862,167	\$23,963,154
GW/WW	\$12,407,500	\$14,324,836	\$16,320,590
<b>Total</b>	<b>\$87,500,000</b>	<b>\$99,989,174</b>	<b>\$115,239,428</b>

Notes:

1. Does not include minor adjustments by the CAFS budget office.
2. Represents county payments to CMOs. Does not include other direct pay county contracts / grants.

**Table IX-C**

<b>CMO Gross Payments By Legal Status</b>				
<b>Fiscal Year</b>	<b>Probation Status</b>	<b>Annual Rate Of Change</b>	<b>Commitment Status</b>	<b>Annual Rate Of Change</b>
FY 2010	\$7,822,011	15.4%	\$79,677,989	-14.5%
FY 2009	\$6,779,932	-7.2%	\$93,209,242	-14.1%
FY 2008	\$7,305,282	-53.1%	\$108,525,808	+12.8%

Notes:

1. Probation expenses include \$1,668,300 for Wraparound services funded by the D-WC-CMH Agency.
2. Commitment expenses include \$2,052,900 for Wraparound services funded by the D-WC-CMH Agency.

**Table IX-D**

<b>Average Payments Per Case Based on Average Daily Caseload Compared to Caseload and Enrollment Trends</b>					
<b>Fiscal Year</b>	<b>Total Expenditures</b>	<b>Average Daily Caseload</b>	<b>Annualized County Costs Per Case</b>	<b>Total Enrollment Days</b>	<b>Average County Costs Per Youth Per Day</b>
2010	\$87,546,510	1,983	\$44,125	694,570	\$126.04
2009	\$111,810,221	2,383	\$46,920	869,674	\$128.57
2008	\$132,075,270	2,629	\$50,238	959,557	\$137.64

Notes:

1. Averages include all CMO home-based services / private agency placements, Maxey Training School and Lincoln Center; only WCJDF cost is excluded.
2. Includes \$46,510.00 in payment adjustments from FY 2009.

**Table IX-E**

<b>County Payments By Service Type and Level of Care All CMO Services</b>			
<b>Level of Care</b>	<b>FY 10 Payments</b>	<b>FY 09 Payments</b>	<b>FY 08 Payments</b>
Home-Based	\$28,322,524	\$24,950,856	\$25,589,819
Foster Care	\$23,200	\$25,000	\$21,951
Independent Living	\$1,436,252	\$2,122,440	\$1,546,665
Residential Care	\$57,718,024	\$72,890,878	\$88,080,993
<b>Subtotal CMO Purchased</b>	<b>\$87,500,000</b>	<b>\$99,989,174</b>	<b>\$115,239,428</b>
DHS Training Facilities	\$548,849	\$3,109,047	\$8,123,842
Lincoln Rx Center	\$8,712,000	\$8,712,000	\$8,712,000
<b>Subtotal County Purchased</b>	<b>\$9,260,849</b>	<b>\$11,821,047</b>	<b>\$16,835,842</b>
<b>Total Expenses</b>	<b>\$96,760,849</b>	<b>\$111,810,221</b>	<b>\$132,075,270</b>
<b>Total Days of Enrollment</b>	<b>724,641</b>	<b>869,674</b>	<b>959,557</b>
<b>Cost Per Youth, Per Day</b>	<b>\$133.53</b>	<b>\$128.57</b>	<b>\$137.64</b>



## Notes:

1. All living arrangements are through privately incorporated vendors, except for DHS secure residential facilities.
2. Payments include CMO administrative and case management services.
3. Data does not include Wayne County Juvenile Detention Facility or Juvenile Assessment Center costs.
4. Residential care data includes both short-term detention and long-term treatment placements.

**Table IX-F**

<b>Average County Payments Per Day, Per Youth Sorted By CMO Agencies</b>			
<b>CMO Agency</b>	<b>FY 2010</b>	<b>FY 2009</b>	<b>FY 2008</b>
Black Family Development	\$127.92	\$118.88	\$119.35
Bridgeway Services	\$127.73	\$118.60	\$128.61
Central Care Management	\$126.08	\$118.34	\$127.41
Starr Vista	\$126.51	\$123.28	\$130.20
Growth Works	\$120.24	\$119.06	\$133.64
Agency Averages	\$126.04	\$119.60	\$127.03

Note: Does not include cost of placements at WCJDF, Spectrum Secure Center or State training facilities

**Table IX-G**

<b>Detention Costs Public / Private Agencies</b>			
<b>Cost Driver</b>	<b>FY 2010</b>	<b>FY 2009</b>	<b>FY 2008</b>
County Operated Juvenile Detention Facility *	\$29,337,858	\$29,511,010	\$24,031,663
Spectrum (County Paid)	N/A	N/A	\$721,282
Private Agency Detention	\$4,883,520	\$7,156,560	\$12,256,850
Total Cost Residential Detention	\$34,221,378	\$36,667,570	\$37,009,795

**Table IX-H**

<b>Juvenile Assessment Center Juvenile Justice Services Only Analysis of Expenditures by Functional Responsibility</b>				
<b>FUNCTION</b>	<b>UNIT RATE</b>	<b>FY 2010 Expenses</b>	<b>FY 2009 EXPENSES</b>	<b>FY 2008 EXPENSES</b>
Court Intake Unit (Located at Third Circuit Court Juvenile Division), Receive/Register Cases, Liaison to Jurists, CMO Assignments, Pre-Audit Court Reports/Petitions, etc. (1)	\$50,000 Per Month	600,000	600,000	600,000
"Commitment Evaluation" (Initial Home Visit, Social Work Evaluation, Risk Assessment)	\$1,200.00 Per Case	1,485,600	1,642,800	1,772,400
Abridged Intake	\$850.00 Per Case	0	0	0
Psychological Assessment Reports	\$525.00 Per Case	868,825	892,975	843,525
Abridged Psychological Assessment	\$350.00 Per Case	71,995	81,620	13,475
Psychiatric Evaluations	\$165.00 Per Hour	162,608	95,947.50	104,527.50
Neuro Psychiatric	\$385.00	0	0	0
Substance Abuse Screening, Assessment, Pick-Ups, Lab Operations	\$25.00 Per Test	930,125	917,350	772,775
Non Scheduled Payments	\$25.00 Per Case	29,650	26,333.50	29,622.75
Juvenile Inventory for Functioning (JIFF)	\$150.00 Per Assessment	643,700	364,500	432,900
Title IV-E Eligibility Determination Transactions	\$150.00 Per Trans.	174,450	155,400	99,450



Tether Unit	\$11,000.00 Month	94,696		
SSI	\$125.00	0	0	0
Post-CAFAS	\$250.00	42,250	0	0
D-WC-CMH Agency Access, SED assessment, etc.	\$27,800 Month	110,892	120,313.42	183,384.30
"Ancillary Services" - Detention Access & Diversion, Detention Population Control, Attend Preliminary Detention Hearings, Central Case Record Management, Courier, Scheduled / Ad Hoc Data Reports, Non-Scheduled Payments Fiduciary Utilization Management of CMO Service Levels, D-WCMH Agency Liaison, System Dis-enrollment	\$100,000.00 Per Month	1,200,000	1,200,000	1,200,000
Total		\$6,414,791	\$6,097,239.42	\$6,052,059.55

- 1) All new adjudicated juvenile cases are screened for Serious Emotional Disturbance (SED) and Developmental Disability (DD). The data represents the number of cases that met eligibility standards and were referred to D-WC-CMH for access and assignment to a mental health provider.

## Federal Title IV-E Revenue

Federal Title IV-E foster care maintenance revenue (i.e. funding to pay for out-of-home placements) has declined sharply in Wayne County. When a case is determined ineligible for Title IV-E, the cost of care shifts to the Child Care Fund and is shared 50/50 by the County and State. The State's share of placement expenses is generally not increased or decreased by Title IV-E revenue. This trend has had an even more significant impact on the County's juvenile justice system due to the increased use and success of home-based interventions. Title IV-E revenue for Wayne County has plummeted a staggering \$56.5 M or 75% since FY 2000.

Table IX-K summarizes Title IV-E revenue trends in Michigan since FY 2000:

**Table IX-I**

Title IV-E Revenue Trends in Michigan											
Location	FY 2000	FY 2001	FY 2002	FY 2003	FY 2004	FY 2005	FY 2006	FY 2007	FY 2008	FY 2009	FY 2010
Out-State	\$95.0 M	\$97.6 M	\$96.5 M	\$83.5 M	\$75.8 M	\$77.4 M	\$66.0 M	\$61.0 M	\$58.1 M	\$59.1 M	\$69.3 M
Wayne County	\$75.4 M	\$75.1 M	\$66.7 M	\$56.8 M	\$47.6 M	\$36.7 M	\$19.5 M	\$18.2 M	\$15.9 M	\$24.5 M	\$18.9 M
Total State	\$170.4 M	\$172.7 M	\$163.3 M	\$140.3 M	\$123.4 M	\$114.1 M	\$85.5 M	\$79.2 M	\$74.1 M	\$84.5 M	\$88.2 M
Wayne County's Portion of Total Title IV-E Revenue	44.2%	43.5%	40.9%	40.5%	38.6%	32.2%	22.9%	23.0%	21.5%	29.0%	21.4%

Key OS = OutState, WC = Wayne County Only, State = All Counties in Michigan. Revenue includes both neglect and juvenile justice cases.



## Placement in State Operated Training Schools and Per Diem Rates

Wayne County is legally responsible to pay 50% of the charge-back costs for placements in public, State operated facilities. The following table summarizes trends in charge-back rates:

**Table IX-J**

Trends in Charge-Back Rates for State Operated Training Schools					
Agency	2010	2009	2008	2007	2006
Arbor Heights*	Closed	Closed	Closed	Closed	\$350.72
Adrian Training School	Closed	Closed	\$520.79	\$477.53	\$360.07
Maxey Training School	\$626.54	\$756.15	\$562.83	\$553.46	\$413.54
Out-State Training Schools	N/A	N/A	\$350.00	N/A	\$246.50
Out-State Detention Centers	N/A	N/A	\$350.00	N/A	\$246.50
Juvenile Justice Centers*	N/A	N/A	\$281.36	\$261.15	\$215.18

Notes:

1. Facility is eligible for Title IV-E foster care maintenance – cost to WC is 25% of published rate.
2. In some years the ATS rate was combined with the out-State rates.
3. DHS has sole authority to set State ward charge-back rates, subject to the requirements in Act 150 of 1974, as amended.
4. 2006 rates based on DHS publication of January 30, 2006. Rates are included here for information and planning purposes.

Changes to State ward charge-back rates for training school placements impact total Wayne County juvenile justice expenses, driven by the total days-of-care utilized. The cost declined to \$548,849 in FY 2010.

**Table IX-K**

Expenditures for State Training Facilities Juvenile Justice Cases Only Wayne County				
	FY 2010	FY 2009	FY 2008	FY 2007
Days-of-Care	946 (2.6 ADP)	5,983 (16 ADP)	16,272 (44 ADP)	13,732 (38 ADP)
Expenditures	\$518,297	\$3,109,047	\$8,123,842	\$5,480,689

## Overall Juvenile Justice and Child Welfare Expenditure Trends

The “Child Care Fund” (CCF) is the primary funding source for Wayne County’s juvenile services system and child welfare services (not eligible for Title IV-E funding). The CCF is a 50/50 cost-sharing (uncapped) program between the County and State. Wayne County incurs expenses and then bills the State for 50% reimbursement of eligible expenditures. The County must submit an Annual Plan and Budget, subject to the approval of DHS.

WC-CFS is responsible for 50% of child welfare expenses for children that are not eligible for federal Title IV-E maintenance claims. Vendor payments are made by CFS through the CCF.

In FY 2010 total juvenile justice expenses declined by 7.6%. The following table presents trends based on total expenditures for the CCF and State-ward charge-backs to the County.



**Table IX-L**

<b>WC- AFS Child Care Fund and State Ward Board &amp; Care (SWBC) Expenditure Trends Juvenile Justice and Child Welfare 100% of Expenditures (1) (2)</b>			
<b>Program</b>	<b>FY 2010</b>	<b>FY 2009</b>	<b>FY 2008</b>
Juvenile Justice CCF	\$150,433,671	\$159,532,130	\$163,378,558
Juvenile Justice State Wards (SWBC)	\$518,297	\$3,109,047	\$8,123,842
Juvenile Justice (1) Total	\$150,951,968	\$162,641,177	\$171,502,400
Less Revenue Collections (3)	(\$8,332,887)	(\$8,221,502)	(\$10,629,228)
Net Juvenile Justice Expenses	\$142,619,081	\$154,419,675	\$160,873,172
"JJ" Annual % Increase/Decrease	<b>(7.6%)</b>	<b>(4.0%)</b>	4.0%
<b>Juvenile Justice Cumulative Rate of Change FY 08 – FY 10</b>	<b>(11.3%)</b>		
DHS CCF Neglect/Abuse	\$35,683,936	\$36,136,049	\$31,328,922
Neglect/Abuse State Wards (SWBC)	\$13,829,637	\$16,777,548	\$18,387,000
Neglect/Abuse Total	\$49,513,573	\$52,913,597	\$49,715,922
DHS Annual % Increase/Decrease	<b>(6.4%)</b>	6.4%	<b>(6.7%)</b>
<b>Neglect/Abuse Cumulative Rate of Change FY 07 – FY 09</b>	<b>(0.004%)</b>		
Total CCF Expenditures DHS & WC-CAFS	\$177,784,720	\$187,446,677	\$184,078,252
Net CFS Grand Total CCF & SWBC Expenditures (2)	\$192,132,654	\$207,333,272	\$210,589,094
Annual Rate of Change (Increase/Decrease)	<b>(7.3%)</b>	<b>(1.5%)</b>	<b>(0.02%)</b>
<b>Cumulative Rate of Change FY 07 – FY 09</b>	<b>(8.8%)</b>	<b>(1.8%)</b>	N/A

Notes:

- (1) Costs Shared 50%-50% By State and County
- (2) Table does not include the Court, Prosecutor or donated funds components in the Child Care Fund. Total CCF expenses for: FY 2009 = \$204,315,938; FY 08 = \$202,888,989;
- (3) Total juvenile justice expenditures are net after applying revenues collected by the County from Medicaid, D-WC-CMH Agency, SSI or Title IV-E. These revenue collections decrease county general fund charges to the CCF: (\$8,221,502 in FY 09; \$10,629,228 in FY 08)
- (4) Table does not include costs for neglect/abuse wards funded by federal Title IV-E.

### **Section X: Juvenile Services Outcome Measures**

This section presents data on key performance-based outcome measures for the Wayne County juvenile services system.

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

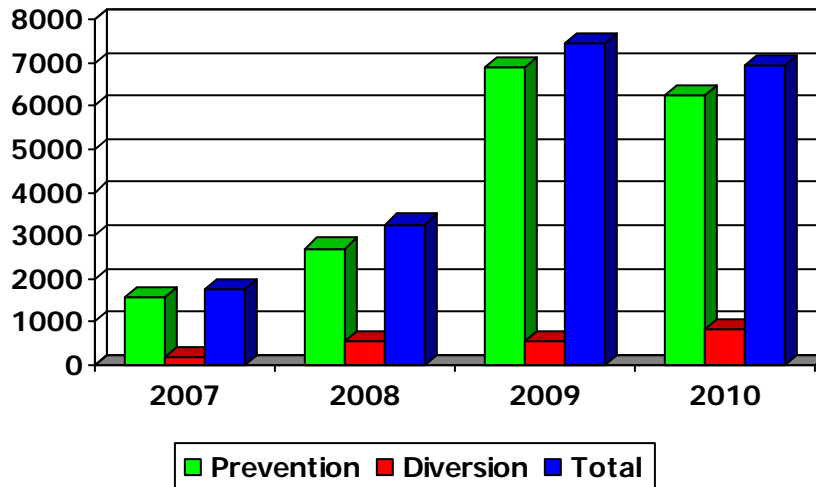
WC-CAFS' support of an accountability-based service continuum, through prevention and diversion, is one way that Wayne County can offer an expanded array of community-based service options for youth that are at less risk of out-of-home placement. Graduated sanctions



broadly refer to the continuum of disposition options that the Prosecutor and Court have at their disposal for delinquency reduction, without requiring entry into the formal justice system. Consequences that are integrated with service programs offer the greatest opportunities to produce needed behavioral change by addressing the underlying family, school, peer group and individual risk factors that can lead to out-of-home placement.

In the past two years community-based prevention services have increased substantially, as evidenced by the following chart:

**Chart X-A**



Competent, timely assessment is the compass for redirecting youth at risk of penetration into the formal justice system, a new instrument, “Juvenile Inventory for Functioning” (JIFF) – derived from the Child and Adolescent Functional Assessment Scale (CAFAS) used by many mental health entities – is administered to every youth entering the county detention facility and others referred to the Juvenile Assessment Center. Via inter-active computer psychometric questions, responses to questions are printed highlighting problematic functioning and suggested goals to design a “service plan.” JIFF has become a trusted screening tool for diverting youth from the formal docket to community-based services. Juveniles that do not adhere to program requirements are returned to the Office of the Prosecutor for imposition of formal processing.

To curtail the number of juveniles entering the formal justice system, WC-CFS and the Prosecutor initiated a diversion option called “Correct Course.” Since its inception in FY 2007, more than 1,900 juveniles have participated in Correct Course through FY 2010.

A successful outcome in Correct Course is defined as no new (authorized) petition or warrant for one-year after program termination. Since inception, 92% of the youth that completed the one-year post measurement period have remained out of the formal justice system.

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

Historically in Wayne County, many juveniles were initially placed in medium and high security facilities because they violated technical conditions set by the Court (i.e. curfew, school attendance, peer associations, drug use, etc.). One study in the late 1990s reported that two-



thirds of the admissions to the State's most secure juvenile facilities were for technical violations, not new criminal convictions. Research clearly shows that multiple placements are one of the strongest risk factors associated with rehabilitative "failure" in the juvenile justice system. While the majority of cases are assigned for in-home services for probation and post-care, fewer juveniles are escalated to more restrictive levels of custody for violations of community supervision standards.

**Table X-B**

<b>Juvenile Escalations for Technical Violations (Not New Criminal Convictions)</b>			
<b>CMO Agency</b>	<b>FY 2010</b>	<b>FY 2009</b>	<b>FY 2008</b>
Black Family Development	14.5%	11.7%	10.0%
Bridgeway	8.0%	7.3%	13.3%
CCMO	18.31%	19.4%	11.5%
StarrVista	20.41%	19.4%	7.3%
WW-Growth Works	12.8%	13.3%	19.2%
Averages	15.00%	14.3%	11.4%

\*Denominator is youth that participated one or more days in community-based services.

\*\*Excludes juveniles in community based supervision that were escalated to placement because of a new conviction.

### **Juveniles Are Being Safely Maintained 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.

**Table X-C**

<b>Juveniles Convicted of a New Felony While Under Active Jurisdiction Juveniles in Commitment Status</b>			
<b>CMO Agency</b>	<b>FY 2010</b>	<b>FY 2009</b>	<b>FY 2008</b>
BFD, I	5.10%	1.60%	1.00%
Bridgeway	2.90%	3.70%	3.30%
CCMO	5.20%	<1.0%	1.90%
StarrVista	4.10%	7.80%	1.30%
WW-Growth Works	2.10%	<1.0%	1.90%
Averages	2.2%	1.50%	1.80%

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

The County's care management process features active engagement of local police agencies in dealing with juvenile offenders after they have been convicted and sent to the CMO for supervision and treatment. Community stakeholders are recruited to assist in monitoring the progress of all youth charged with crimes and assigned to CMO agencies. Aggressive drug testing and drug treatment, along with family intervention, are some of the keys to successfully serving and retaining juveniles in community-based programs. A low offense rate is an especially noteworthy achievement given the 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**

The CMO recidivism rate in FY 2010 was 18.8%. Recidivism is measured for juveniles in state ward commitment status. Juveniles are tracked for two consecutive years following official court



termination from state ward status. Recidivism is defined as conviction for a felony offense within the two-year measurement period. With the success of the Correct Course diversion program, increased use of home-based services and positive outcomes for Probation, committed cases are comprised of the most complex and high risk cases in the juvenile services system. Most juveniles in commitment status are placed in residential institutions, including specialized behavioral health care facilities for seriously emotionally disturbance, substance abuse, sex offenders and chronic and violent offenders. Recidivism for this population therefore represents outcomes for the most challenging juveniles in the system.

**Table X-D**

<b>Post-Termination Felony Conviction Measured Two-Years Post Termination</b>		
<b>CMO</b>	<b>FY 2010 Recidivism Rate</b>	<b>FY 2009 Recidivism Rate</b>
BFD	19.5%	17.5%
Bridgeway	13.2%	22.6%
CCMO	25.4%	15.4%
StarrVista	19.8%	20.2%
Western Wayne – Growth Works	13.0%	15.2%
Averages	18.8%	18.1%

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.

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 Training Schools Has Been Eliminated**

Wayne County's historic reliance on State Training Schools for delinquent juveniles has been virtually eliminated. The average daily population of juveniles in DHS facilities has declined from 731 in FY 1998 to two in FY 2010. CMO contractors have implemented effective community-based, as well as county-based residential options, to placement in State operated Training Schools.

**Table X-E**

<b>Placement in DHS Public Training School Facilities-Average Daily Population from Wayne County</b>												
1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
731	597	529	240	107	40	34	46	45	38	44	16	2

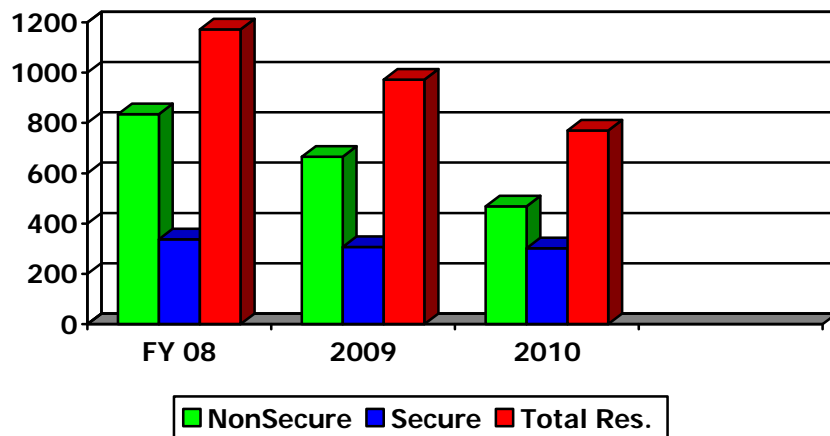
**Private Agency Residential Placements Have Declined**

Residential care utilization has declined for four straight years. The steepest decline has occurred in non-secure placements. As more diversion options have come on-line through Correct Course, fewer status and low risk offenders are being placed in non-secure residential facilities. This is reflected in the 44.0% drop in non-secure placement days-of-care since FY



2008. In comparison secure placement utilization has declined only 10.4 % over the same time period. Serious and high risk juvenile offenders are being appropriately placed. The following chart presents residential utilization trends for a four year period:

**Chart X-F**



Private residential agency utilization dropped by 24.7% in FY 2010. By Expanding diversion options, making intensive home-based services available to all juveniles on probation, reducing the number of new commitment cases, and shortening the length of stay in placement, spending for residential care decreased by \$15.2 M in a single year.

**Table X-G**

CMO Purchased Residential Care Utilization, Level of Care Per Diems, Expense Trends			
Security Level	Days FY 2010	Days FY 2009	Days FY 2008
Total Days	280,962	354,821	428,762
Annual Rate of Change	↓20.82%	↓17.2% (Single-Rate)	↑9.9%
Total Expenditures	\$57,718,024	\$72,890,878**	\$88,080,993
Annual Rate of Change	↓24.7%	↓17.2%	↑14.9%

**Juveniles on Court Probation Are Being Successfully Supervised By CMO Agencies**

In FY 2010, 70.6% of juveniles successfully completed probation and did not end up in an out-of-home placement. A successful outcome is defined as positive case closure (i.e. fulfillment of the terms and conditions of probation) by the court. Juveniles that the court changes from probationary status to DHS (state ward) commitment status are defined as unsuccessful.

**Table X-H**

CMO Agency	Probation Outcomes and Escalation in Legal Status			
	FY 2010 Release Status		FY 2009 Release Status	
	Successful	Escalation	Successful	Escalation
BFD	71.1%	28.2%	72.5%	27.5%
Bridgeway	69.9%	30.1%	77.7%	22.3%
CCMO	69.5%	30.5%	78.4%	21.6%



StarrVista	71.8%	28.2%	73.0%	27.0%
Growth Works	70.7%	29.3%	63.6%	36.4%
Averages	70.6%	29.4%	73.5%	26.5%

The outcome “Escalation” means that the juvenile’s legal status was changed from probation to state ward commitment, resulting in out-of-home placement. The escalation category also includes juveniles on unresolved escape status, juveniles assigned to probation that could not be physically located by the CMO and those juveniles who failed to adhere to the terms and conditions of probation within the first 30-days of assignment to a CMO and a violation of probation petition was filed.

In 2009 the court implemented a fixed-term probation model for juveniles assigned to CMOs. The option of indeterminate probation was also retained. By FY 2010 82% of juveniles were on probation for less than one year. The following table reports on the actual terms of probation (for juveniles terminated from probation).

**Table X-I**

<b>Length of Time on Probation for Juveniles Assigned to CMOs</b>		
<b>Term of Probation</b>	<b>FY 2010</b>	<b>FY 2009</b>
185 Days or Less	34.6%	27.1%
186 Days to One Year	47.0%	47.5%
Greater Than One Year	18.4%	25.4%

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

Detention overcrowding was a compelling factor lead the County launch its own juvenile services system in 2000. More than 500 juveniles a day were being confined in the (old) WCJDF, DHS operated and private detention facilities. Through FY 2010 average daily secure detention population was reduced to 214. Since 2008 the ADP has declined by 31.6% (99 less youth per day). The ADC includes the county’s secure Juvenile Detention Facility.

Detention expenditures have consistently declined for three consecutive years.

**Table X-J**

<b>Detention Expenditure and Utilization Trends</b>			
<b>Cost Factor</b>	<b>FY 2010</b>	<b>FY 2009</b>	<b>FY 2008</b>
Total Cost Residential Detention	\$29,805,055	\$31,399,160	\$37,009,795
In-Home Detention Services*	\$1,241,000	\$1,715,500	\$2,007,500
Total Detention Expenses	\$31,049,055	\$33,114,660	\$39,017,295
Average Daily Population - Secure	214	250	313
Average Daily Population – In-Home	68	94	110
Total Population	282	344	423

\*Services provided by CMOs only.

\*\*Does not include tether services utilized by the court (non-CFS cases).



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

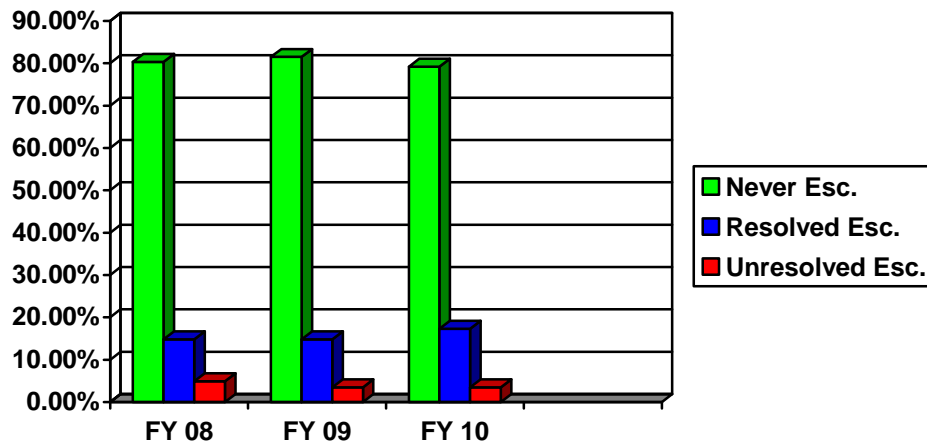
When Wayne County assumed administrative responsibility for juvenile services, more than 200 adjudicated youth were placed in Florida, Texas, Missouri, Pennsylvania and other states. In 2000 these youth were returned to Michigan. Since then no juveniles have been placed outside of Michigan. Residential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

### Escape from Jurisdiction

Retention of juveniles 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 Writ of Apprehension with the court whenever a juvenile's status changes to "escaped."

On average 15% of youth that escaped were apprehended and returned to supervision. 3.5% remained on escape status (without resolution at the end of the fiscal year reporting period).

Chart X-K



### Juvenile "Well-Being"

The "Child and Adolescent Functional Assessment Scale" (CAFAS) is a mental health assessment tool that evaluates functional impairment in youth attributed to behavioral, emotional, psychological or substance abuse disorders. All juveniles in commitment status receive an initial CAFAS as part of the JAC's comprehensive dispositional Assessment Report. Late in FY 09 the JAC began piloting the use of a "post" termination CAFAS to measure changes in scores across the measured functional domains (i.e. behavior towards others, thinking, self-harmful behavior, etc.). Post-CAFAS data is collected on a sampling basis. Changes in CAFAS scores at the time of formal case closure can provide an indication of the impact and value of services to rehabilitate juvenile offenders. Some research has shown a strong relationship between CAFAS scores and re-offending behavior.



**Table X-L**

Cases sampled pre-post: 142

	Mean Intake CAFAS Score	Mean Exit CAFAS Score	Mean Difference in Total Score (Initial – Exit)	% Meaningful & Reliable Change (20-pt difference)	Exit Score less than 40*
Total Sample (N=37)	122.7	52.7	70	93%	36%

**Table X-M**

Change in CAFAS Scores	Mean T1	ST Dev T1	Mean T2	ST Dev T2	Mean diff	ST Dev Diff	d-stat	t (142)	P-value
School	25.1	9.6	11.0	13.0	14.1	15.2	.9	11.1	0.001
Home	19.7	11.9	6.2	9.6	13.4	14.0	1.0	11.5	0.001
Community	27.6	4.3	20.1	5.3	7.5	6.4	1.2	13.9	0.001
Behavior T'd Others	19.0	8.5	4.8	8.1	14.2	10.7	1.3	15.9	0.001
Moods	12.2	8.4	6.0	8.0	6.2	9.2	.7	8.0	0.001
Self Harm	3.0	7.4	.4	2.5	2.7	7.6	.4	4.2	0.001
Substance Use	13.9	13.2	4.2	9.2	9.7	13.5	.7	8.6	0.001
Thinking	2.3	6.1	.4	2.5	2.0	6.3	.3	3.7	0.001
Total	122.7	34.9	52.7	34.3	70.1	39.2	1.8	21.4	0.001

The average initial CAFAS score was 122.7 the average discharge CAFAS score was 52.7. A t-test comparing the two means was statistically significant ( $t[142]=21.4, p<.001$ ). The d-statistic, which indicates the actual magnitude of the significant change, was 1.8, which indicates a large effect size. Thus, not only was there statistically significant change, but furthermore, on average the impact of the change was impressive in terms of the improved well-being of the youth. In addition to the CAFAS Total score, significant improvements were observed for each CAFAS subscale.

The total pilot sample was 142 youths with an initial CAFAS and a post court oversight with CMO service. There was statistically significant improvement in the CAFAS total score from initial to last (discharge) CAFAS. The average initial CAFAS score was 122.7, the average discharge CAFAS score was 52.7. A t-test comparing the two means was statistically significant ( $t[142]=21.4, p<.001$ ). The d-statistic, which indicates the actual magnitude of the significant change, was 1.8, which indicates a large effect size. Thus, not only was there statistically significant change, but furthermore, on average the impact of the change was impressive in terms of the improved well-being of the youth.

**Table X-N**

	Improved (20 pts or greater)	Stayed the Same (less than 20-pt change)	Worsening of Functioning
Total Sample (N=142)	93% (132)	4.2% (6)	2.8% (4)



In addition, the proportion of youth who made significant and reliable improvement (i.e., a reduction in total score of 20 or more points) was examined. The results are as follows: 93% (132/142 cases) improved, 4.2% (5/142 cases) stayed about the same. (4/142 cases) deteriorated in functioning. If you consider any reduction in total CAFAS score a sign of improved well-being, then 97.2% made some change toward more positive functioning.

AnnualStatisticalReport-F010<dlc>



## Section XI: JAC and Care Management Organization Agencies

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Stevia Simpson Ross, Vice President, Juvenile Justice

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(313) 308-0270, fax  
After Hours Emergency Pager No. – (313) 684-5070  
Contact: Ms. Tracy Purnell, Program Director [tpurnell@blackfamilydevelopment.org](mailto:tpurnell@blackfamilydevelopment.org)

**Bridgeway Services, LLC** Kari Walker, Board Member  
Susan Shuryan, Program Director

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(313) 257-0583 or (313) 708-0142  
Contact: Ms. Linda Kenderski, Program Director [shuryan@bridgewayservices.org](mailto:shuryan@bridgewayservices.org)

**Center for Family and Youth** Robert Ennis, Board Chairman  
Jeri Fisher, Executive Director

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(313) 875-2192, fax – (313) 875-2391, alternate fax  
After Hours Emergency No. (313) 875-2092, then press 8 to get connected to emergency cell number.  
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April Wyncott, Program Director

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(734) 455-2664, fax  
After Hours Emergency Pager Numbers – (888) 322-0570  
Contact: Ms. April Wyncott, Program Director [awyncott@growth-works.org](mailto:awyncott@growth-works.org)

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Michelle Rowser, Program Director

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Ms. Michelle Rowser, Program Director [rowserm@starrvista.org](mailto:rowserm@starrvista.org)

### Juvenile Assessment Center (JAC)

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