



Robert A Ficano
Wayne County Executive



Tadarial Sturdivant
Director

Dinah Moore
Deputy Director

Comprehensive Statistical Report Through Fiscal Year 2012

Juvenile Justice Services Wayne County Care Management System

Juvenile Services Division

Daniel L. Chaney
Eric Reed

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

JUVENILE JUSTICE MILESTONES 2012

The reform of Wayne County Juvenile Justice Services, begun in late 1999, is working. The county's most recent Outcome Report (FY 12) shows how its care management system is constructively improving upon the conditions that were the impetus for reform – specifically:

- ✓ In 5 years access to prevention and diversion services reduced by 38% the number convicted juveniles entering the formal justice system.
- ✓ Adjudicated delinquency caseload has declined 49% in 5 years and is now at record low numbers.
- ✓ Fewer juveniles are escalated to higher, more costly levels of care for technical violations.
- ✓ Juveniles are being safely maintained in their communities with a low number of felony convictions during active enrollment (1.9%).
- ✓ Juveniles with felony convictions after termination remain low at 17.5% compared to the 50% national average.
- ✓ Wayne County's reliance on expensive DHS State Training Schools has been eliminated, averaging just 6 youth.
- ✓ Residential placements and lengths-of-stay have continued to decline for 5 straight years and the use of out-of-home placements has been cut in half.
- ✓ Residential care expenditures have declined by 44.3% (\$46.5M since FY 2008).
- ✓ No Wayne County juveniles have been transferred to states outside of Michigan for services.
- ✓ Retention of juveniles in community supervision and residential placement – a key metric for public safety and wellness, averages 80%.
- ✓ Juvenile justice expenditures in FY 2012 declined by 2.8% and Child Care Fund expenditures for juvenile justice have declined by 18.2% since FY 2008.
- ✓ 96.9% of youth in the system have improved 20 or more points on the post-CAFAS – an impressive trend in terms of the improved well-being of the youth.
- ✓ Detention (short-term) utilization has been reduced by 67% in one decade.

“By embedding a broad menu of approaches to safely prevent entry into the justice system and eliminate unnecessary and costly institutional placements, the county has demonstrated that local management of juvenile justice systems is the best alignment to help youth develop and maintain essential ties with families, schools and communities.”

See: Wayne County Children & Family Services “Outcome Report through Fiscal Year 2012 - Juvenile Justice Services”



TABLE OF CONTENTS

Section Number	Subject	Page
	Milestones	2
	Dashboard	3
	Introduction and Overview	4
I	Intake Trends and Court Commitment Rates	13
II	Demographic Trends and Offense Profiles	14
III	Behavioral Health Profiles	16
IV	Juvenile Risk Assessment	24
V	Level of Care and Utilization Management	27
VI	Caseload Data	34
VII	JAC: Service Unit Delivery Trends	36
VIII	Spectrum Juvenile Justice Center	37
IX	Budget and Expenditure Information	38
X	Outcomes	42
XI	Private Agency Service Network (Contact Roster)	51



Performance Management Three Year Report of Outcomes and Trends

Wayne County has implemented a comprehensive system of performance management to gauge and report the progress of our juvenile justice program to achieve outcomes that clients, tax payers and stakeholders expect. The following dashboard provides up-to-date status information on Key Performance Indicators. Data is simply presented, trends are easy to identify and color coding indicates progress status.

Juvenile Justice Services Dashboard			
Measure	Status FY 2010	Status FY 2011	Status FY 2012
New Case Activity			
New CMO Probation Cases	874	637	467
New CMO Commitment Cases	726	646	625
New Diversion Cases	819	937	837
New Prevention Cases	6,104	10,523	8,482
Committed for a Class I or II "Life" Felony	8.5%	12.6%	9.4%
Accountability and Community Protection			
Recidivism (Juveniles in Commitment Status)	18.8%	17.2%	17.5%
Felony Conviction During Active Enrollment	2.2%	1.9%	2.5%
Successful Probation Completion	70.6%	78.0%	74.7%
Successful Completion of Diversion Program	92.0%	89.6%	89.5% ¹
Resource Utilization			
Use of Short-Term Secure Detention (ADP) ²	214 Day	195 Day	156 Day
Use of Non-Secure Rx ³ Placements (ADP)	468 Day	339 Day	310 Day
Use of Secure Rx Placements (ADP)	318 Day	328 Day	323 Day
Use of DHS Public Training Schools (ADP)	2 Day	3 Day	7 Day
Term of Probation Less Than One Year	81.6%	85.2%	83.3%
Adolescent Well Being and Competency Development			
Juveniles Diagnosed with Mental Illness (SED)	31.0%	26%	53.5%
Improved "CAFAS" ⁴ Score (At Termination)	93.0%	Not Avail	96.9%
Escalation to Placement for Technical Reason ⁵	15.0%	17.0%	18.4%
Unresolved Escape Rate	3.5%	3.1%	3.8%
Finance and Administration			
Juvenile Services CCF ⁶ Expenditures	\$142.6	\$134.9 M	\$131.1 M
Title IV-E Revenue (Federal)	\$1.8 M	\$1.7 M	\$2.5 M
CMO Probation Caseload (ADP)	572	414	306
CMO Commitment Caseload (ADP)	1,331	1,053	971
Total Average Daily CMO Caseload	1,903	1,467	1,276
CMO Total Adjudicated Juveniles Served	4,702	3,277	2,901
TREND LINE COLOR CODES			
Favorable	STABLE	UNFAVORABLE	

Most dashboards benchmark results to other competitors, states, counties, etc. to determine if they are ranked in the top third, middle or bottom. In juvenile justice there are few common definitions, quantitative measures vary, as do the ages and eligibility of youth from state-to-state. The county decided to measure progress against its own trends, within the mission and goals of the department. Is the system of care efficient, effective and are the youth's needs and risks aligned with the least restrictive level of intervention?

¹ Recidivism rate is cumulative for all terminated cases since inception of the program in 2007 (N=3,147)

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

³ "Rx" means treatment placement.

⁴ "CAFAS" means Child & Adolescent Function Assessment Scale. It is a recognized psychometric instrument for measuring well being.

⁵ 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.

⁶ "CCF" means Child Care Fund. CCF is the primary funding source for Wayne County's juvenile services system. The CCF is a 50/50 cost-sharing (uncapped) formula between the County and State. Expenditure trends juvenile justice only. Prosecutor, Court, Child Welfare not included.



Wayne County Juvenile Services System Introduction and Overview

In 2000 Wayne County embarked on 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. The Michigan Department of Human Services (DHS) and the Third Circuit Court were persuaded that a broken system could not fix broken lives. The county, court and DHS executed an interagency Memorandum of Understanding (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 and at-risk youth.

The Impetus for Reform

Throughout the mid to late 1990s chronic problems permeated the delivery of juvenile justice services in Wayne County. In the absence of a continuum of service options, too many no and low risk youth unnecessarily penetrated the formal court system. The state ward caseload ballooned to 3,500 adolescents. Out-of-control spending for institutional placements ensued and obstructed development of proven front-end programs. In less than a decade placement costs had soared 260% due to:

- Overuse of out-of-home care with a one-size-fits-all approach, fueled by a “Slot-driven” placements that merely matched a youth with an open bed
- Unnecessary conviction of troubled adolescents and sentencing into the formal juvenile justice system to get the “help” they needed in the first place
- A decision-making process that classified youth by funding streams rather than by individual safety risks and treatment needs
- Multi-year institutional placements, where progress was measured by compliance to rules instead of behavioral and emotional growth necessary for rehabilitation
- Undifferentiated use of secure short-term detention, with as many as 500 youth a day awaiting disposition and placement
- Recidivism rates greater than 50% and high escape rates that contributed to a revolving door in and out of court hearings, resulting in escalation to secure placements primarily for technical violations (not new crimes)

Juvenile justice was in chaos. So much so that it became the story of the week in the *Detroit News and Free Press*. In a flawed strategy, 500 new institutional beds were added by the state in three years. This added capacity proved insufficient and, consequently, 200 youth were placed in other states.

In 1996, DHS Director Gerald Miller planted the seeds for reform when he announced that his agency would relinquish administrative control to any county willing to take responsibility for its delinquent youth. Dr. Miller publicly conceded that the state could not “build enough beds” to fix juvenile justice and local alternatives were needed. Wayne County accepted the challenge.

In everyday terms, juvenile justice in Wayne County was not meeting its responsibility to help troubled kids graduate from high school, get a job and pursue a good life. A fundamental question emerged, “Are the right children entering the juvenile justice system?”

Juvenile reform in Wayne County has been complex, large in scope, sometimes controversial and continuously evolving since 2000.



The Model

Instead of initiating a range of individual treatment programs for juveniles, the county adopted a realignment and reinvestment strategy:

- Transfer of responsibility and authority for all mandated juvenile justice services to Wayne County (Codified in an Inter-Agency Agreement).
- Reduce use of unnecessary high cost institutional placements and reinvest in services and programs that divert and prevent penetration into the court system.

The long term strategy was to transform the service delivery system and infrastructure, as summarized in the following table:

Transformative Strategy	
Move Away From Historic Practices	Move To System Reform
Congregate Care Institutions	Continuum of Service Options, Based on Needs and Risks
Geographic Isolation and Separation	Services Located Close to Families
Supervision Based on Obedience & Conformity	Cognitive-Behavioral Interventions for Troubled Youth
State Financing of Institutions	Reinvestment in Community Based Menu of Services / Incentives for Local Responsibility
Bureaucratic Entrenchment	Contract-Based, Privatized Services Network, Adaptability and Resiliency

To memorialize the commitment necessary to reform juvenile services a groundbreaking inter-agency agreement (MOU) was executed to realign responsibility under one governmental entity. The MOU with the court and state provided the springboard to design and build a new system of care and for the county to:

- Assume sole responsibility for all adjudicated juveniles – no longer divided between court, state and county
- Become the lead funding and administrative agency for mandated services
- Use performance based contracting to focus on outcomes; not the process of how services will be delivered
- Establish a single point of entry for at-risk and adjudicated juveniles to direct juveniles to the least restrictive services necessary to resolve risk and need factors
- Implement risk and needs assessment technology to structure supervision and treatment decision making
- Contract with an agency for all case intake, uniform assessment and assignment of youth to local service organizations (located where the youth lives)
- Contract with five agencies to provide core case management for adjudicated youth, to provide or purchase all home, community or residential services based on each youth's individual treatment plan and court order
- Establish an independent "utilization review" process to monitor adherence to court orders and implementation of needed treatment (in each youth's assessment report) and duration of jurisdiction across a network of community-based and residential vendors
- Design and implement an internet-based (24/7) Juvenile Agency Information System (JAIS) to monitor daily services, compliance with treatment plans and court orders and measure outcomes
- Embed a continuum of prevention and diversion services, use validated methods to assess each youth's risk level and connect him/her to the right service, at the right time and in the shortest duration necessary to achieve individualized service goals



- Use objective data to Identify court processes and decisions that unnecessarily drive up the cost of delivering juvenile services without enhancing legal objectives or improving outcomes

This strategy guided transformation of the county's juvenile services system, which today is comprised of the following **new organizations, processes and practices**:

- **Juvenile Assessment Center [JAC]** – the single gateway to access prevention, diversion and rehabilitative services, assessment (clinical, social, substance abuse, and risk level), assignment to a service agency and access to Community Mental Health Agency services (adjudicated juveniles).
- **Five Care Management Organizations (CMO)** – lead agencies with unconditional responsibility for adjudicated juvenile cases within a cluster of zip codes are contracted to provide core responsibilities: case management, service plan, Balanced and Restorative Justice (BARJ), court services, residential placement and a network of subcontract treatment providers.
- **“First-Contact” and “Youth Assistance (YAP)”** community programs that offer services to reduce the juvenile's risk of entering the formal justice system.
- **Contract with Detroit-Wayne County Community Mental Health Agency [D-WC-CMH]** – to provide community mental health services to the 30% of youth entering juvenile justice diagnosed with Serious Emotional Disturbance (SED).
- **Care Paths** that define expected clinical/behavioral growth markers and target services tied to the youth's assessed behavioral strengths and needs, with continuity across home-based and residential placements.
- **Community-policing** – operated by the county Sheriff's Department to track the juvenile's adherence to court requirements and quickly apprehend absconders.
- **“Correct Course”** diversion program in partnership with the Wayne County Prosecutor links youth to community-based agencies and offers a last-chance option for the juvenile to remain out of the formal system.
- A small, **treatment focused secure private residential program** located within Wayne County for the highest risk juveniles.
- **Innovative Court (3rd Circuit) dispositions**, such as fixed-term probation, increased use of in-home detention, electronic monitoring, drug/alcohol screening, progressive sanctions, dedicated Wraparound services docket, shorter stay lengths in residential care and earlier termination of wardship once the juvenile presents resolution of his/her delinquency issues to the jurist.
- **Court “Notice of Concern” (NOC)** process that enhances the court's faith in the system of care. It is triggered whenever a case manager fails to perform defined requirements. The Judge sends a NOC to the county for investigation, a remedy is designed and results are communicated back to the judge.
- An **internet-based Juvenile Agency Information System [JAIS]** that connects the JAC, CMOs, YAPs and all providers and glues together information about every juvenile in the system 24/7.
- **Preferred Provider Network (PPN)** comprised of a select cadre of private residential agencies that work in partnership with CMOs to assure that the scope of service integrates with the **Care Path Model** and meets the needs and risks of the juvenile.

Wayne County's care management system changes the structure intended to prevent delinquent behavior and to rehabilitate adjudicated (convicted) juveniles and protect public safety. By combining fundamental juvenile justice requirements with the core principles of behavioral health care, a new strategy was launched to reform a fragmented and dysfunctional system.

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. Mental health prevention funding is allotted to CMOs to provide services to youth assessed as at risk of developing a serious emotional disturbance (SED).



Prevention and Diversion Services

Instead of initiating a range of individual treatment programs for juveniles, the county developed a new strategy and structure for juvenile justice that tapped the creativity of community agencies to tackle the problem of juvenile crime. It is a completely new infrastructure for service delivery designed to nurture and accelerate local program changes. In place of traditional bureaucratic structures, the county invested in a contract-based model to enable private agencies to respond more quickly to emerging trends, financial challenges and local needs. As a result, new programs and home-based interventions for troubled juveniles and their families are expanding locally across the entire county.

This approach is most evident in the growth of prevention and diversion programs intended to reverse the unnecessary conviction of at-risk adolescents and their sentencing into the formal justice system just to get the “help” they needed in the first place.

For over 25 years, the County of Wayne has allocated Millage dollars and general fund money to the Wayne County Youth Assistance Program (YAP) to provide countywide programming designed to prevent youth from entering the juvenile justice system. Juveniles that receive an authorized petition for violation of the juvenile code are at much greater risk of out-of-home placement. In-home and community-based services provided through the Youth Assistance Programs (YAPS) divert juveniles from penetration into the formal juvenile justice system and provide services that successfully address risk factors so that juveniles can remain with their parents or caretakers. YAP participants are referred by parents, faith-based and community-based organizations, school districts, law enforcement, jurists and probation officers. YAP interventions include tutoring, mentoring, job and life skills, recreation, substance abuse education, computer training, individual / group counseling, anger management training and wraparound service coordination. More than 2,000 (including non-CCF cases) youth are involved in YAPs throughout the 43 communities in Wayne County on an annual basis.

The development of prevention programs is a proven option to further reduce the unnecessary and inappropriate use of out-of-home placements. The county’s continuum of community services offer alternatives to formal court disposition to prevent entry into the formal justice system.

“If we wait to meet youth in court, then we’ve met them too late.”

Wayne County contracts with community-based agencies that offer a wide range of programs:

- Early childhood intervention
- School truancy reduction
- Substance abuse education
- Alternative community-based education
- Forensic interviewing support for victims of abuse and neglect
- Family crisis counseling
- Mentoring
- Life skills training
- Tutoring
- Anger management and conflict resolution
- Recreation
- Exposure to cultural events
- Sex education
- Domestic violence intervention and education
- Financial literacy education



The following table summarizes case registration trends for a range of prevention, diversion and juvenile corrections programs:

New Case Registration Trends								Total Youth Served ⁴
Fiscal Year	WCJDF Admissions (Unduplicated) ¹	Correct Course ¹	YAPs, Donated, Federal Grants ²	Court Walk-In Unit (Diverted)	Probation With CMO ³	State Ward Commitment With CMO	Total New Cases	
2012	2,055	837	8,482	N/A	449	624	12,447	13,823
2011	2,310	789	10,523	151	645	669*	15,087	16,672
2010	2,672	688	6,104	131	875	726	11,196	13,766

*Includes recommitment cases "Unduplicated" means that each juvenile was counted only once, even though he/she may have participated in more than one of the categorical programs listed in the above chart. Unduplicated count tries to minimize the number of cases that are counted more than once. The following summarizes total WCJDF admissions for several fiscal years:

Total WCJDF Admissions

- 2012 = 2,732
- 2011 = 3,759
- 2010 = 4,382

The number of adjudicated juveniles entering the Wayne County system has declined for five consecutive years. 1,092 new adjudicated cases were enrolled in FY 2012; a year-over-year decrease of 14.9%; and a five year decline of 38.4%. A total of 2,901 adjudicated youth participated in ongoing services through the CMOs in FY 2012; a decline of 11.5% over FY 11. The number of charged youth that were diverted from formal prosecution again increased in FY 12 (5.7%).

Eligible Population for CMO Enrollment

Care Management Organizations are responsible for supervision and services for adjudicated juveniles. 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.

The following table summarizes youth served by each CMO.

Care Management Organizations Adjudicated Juveniles Served				
CMO Agency	Service Areas	FY 2012 Youth Served	Average Daily Caseload	% of Total Adjudicated Caseload
Black Family Development	East Side of Detroit, Eastern Suburbs	683	256	20.0%
Bridgeway Services	Southwest Detroit, Downriver Suburbs	566	266	20.9%
Central Care Management	Highland Park, Hamtramck, Central Detroit	589	265	20.8%

¹ 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.

² 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.

³ 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-CAFS).

⁴ "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.



Starr Vista	West Side of Detroit	572	262	20.5%
Growth Works	Western Suburbs	491	227	17.8%
FY 2012		2,901	1,276	
FY 2011		3,277	1,467	
FY 2010		4,038	1,983	

*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.

Access to Community Mental Health Services

The needs of delinquent children often cut across agencies, categorical programs, mandatory programs, services, roles and responsibilities. Many youth entering the juvenile justice system are diagnosed as Serious Emotional Disturbed (SED) or Developmentally Disabled (DD). 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. 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 the D-WC-CMH network.

The JAC is a Medicaid approved children's mental health agency.

The JAC is the single access point for adjudicated juveniles diagnosed with a Serious Emotional Disturbance Developmental Disability. The JAC is the liaison to Pioneer Behavioral Health call center for access to community based mental health treatment. The Detroit Wayne CMH has certified the JAC and the JAC Assessment professionals as an eligible CMH provider for assessment purposes. Following determination of eligibility, Pioneer refers the case to a CMH Mental Health treatment provider. The CMH provider and CMO agency are then responsible for coordination of ongoing clinical services to resolve the specific diagnosis and treatment needs of the juvenile. This model supports least restrictive treatment for each juvenile and forges collaboration between the juvenile justice provider and the mental health provider to sustain the juvenile with his or her family. The blending of mental health and juvenile justice services increases the probability of successful home-based treatment. Case management and court services / reporting remains the responsibility of the CMO agency, as the juvenile remains under court jurisdiction. 584 (53.5%) of new (adjudicated) juvenile cases were diagnosed as SED in FY 2012. 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 significantly improved cross-system access for mental health services.

Baseline Systemic Progress and Reform

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

Measure	Baseline System FY 1999	County Model FY 2012
Recidivism	38% - 56%	17.4%
Positive Probation Completion	Unknown	74.7%
Term of Probation Less Than One Year	Unknown	83.3%
Youth Confined in State Training Schools (ADP)	731 Day	7 Day
Youth in Public & Private Residential Care (ADP)	≈ 2,000 Day	633 Day
Residential Care Costs	\$113.5 M	\$58.4 M*
Placements - Other States	200	0



Secure Detention Population (ADP)	> 500 Day	156 Day
State Ward Caseload	≈3,400	1,079
Diversion Cases	Unknown	837
Youth Assistance Programs Recidivism Rate	Not Measured	10.5%
Youth Participating in Prevention	Not Measured	8,482

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

New state ward commitments, adjudicated caseloads and juveniles in residential placement are at historic low rates. 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 actively managed,
- Subsequent contact with the law enforcement is relatively low, and
- Post assessment data shows overall improvement in the youth's well being (school, community, home, substance abuse, etc.).

Wayne County is now the funding and administrative authority for its locally managed juvenile services system. It defines program priorities and appropriates a juvenile justice budget necessary to fulfill legal mandates. CMO agencies, with complete responsibility for each youth, are free to design or broker interventions to meet each youth's unique strengths, individual needs and safety risks. Capitation funding gives CMOs flexibility to purchase existing or create new treatment resources. By establishing the CMO as the single responsible agency for adjudicated juveniles, organizational continuity was established between case management, treatment decisions and spending for services. This unique linkage supports performance-based contracting that focuses on outcomes like recidivism, drug use, and academic achievement.

More youth are served in optional, voluntary prevention and diversion programs compared to the number of juveniles that enter the formal justice system.

Accurate assessment is essential to target the right level of service and propel intervention before the adolescent's thinking and behavior have time to aggravate and elevate the risk of offending. Because it is the responsible juvenile correctional agency the county also understands that risk assessment, competent case management, consistent accountability and defined consequences create the best opportunities for juveniles to succeed and thereby improve public safety. By embedding a broad menu of approaches to safely prevent entry into the justice system and eliminate unnecessary and costly institutional placements, the county has demonstrated that local management of juvenile justice systems is the best alignment to help youth develop and maintain essential ties with families, schools and communities.

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 2012 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 2012. Most significant, cases in commitment status that require out-of-home placements have declined 39.8% since FY 2008. Delinquency commitment rates (PA 150 state wards) 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 New Commitments	Annual Rate of Change	Number of CMO Probation Cases	Annual Rate of Change	Probation & Commitment Combined
2012	625	-3.25%	467	-26.69%	1,092 ↓ 14.9%
2011	646	-11.1%	637	-27.1%	1,283 ↓ 19.81%
2010	726	-13.8%	874	-6.5%	1,600 ↓ 10.0%
2009	841	-18.8%	917	25.3%	1,758 ↓ 0.01%
2008	1,038	+2.1%	732	-27.3%	1,773 ↓ 12.5%



- 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 longitudinal residential placement. Through an exception review they may receive 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. All probation services are intensive (i.e. minimum of one in person contact per week).

Table I-B

<u>New Court DHS Commitments Assigned to CMO Agencies</u>			
CMO Agency	FY 2012	FY 2011	FY 2010
Black Family Development	120	116	147
Bridgeway	117	142	155
Central Care Mgt.	141	134	154
StarrVista	125	147	136
Growth Works	122	107	134

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

Table I-C

<u>New Court Probation Assignments to CMO Agencies</u>			
CMO Agency	FY 2012	FY 2011	FY 2010
Black Family Devel.	60	111	188
Bridgeway	105	142	169
Central Care Mgt.	86	116	162
StarrVista	92	128	171
Growth Works	124	140	164

Section II: Demographic and Offense Profiles and Trends

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

Table II-A

CMO Agency	<u>Gender - New Committed Juveniles with a CMO Agency</u>					
	FY 2012 Males / Females		FY 2011 Males / Females		FY 2010 Males / Females	
BFD	25.0%	75.0%	77.7%	22.3%	77.7%	22.3%
Bridgeway	23.9%	76.1%	70.4%	29.6%	70.4%	29.6%
CCMO	26.2%	73.8%	84.3%	15.7%	84.3%	15.7%
StarrVista	19.2%	80.8%	83.0%	17.0%	83.0%	17.0%
Growth Works	18.9%	81.1%	73.8%	26.2%	73.8%	26.2%
Totals	22.7%	77.3%	77.7%	22.3%	77.7%	22.3%



Table II-B

CMO Agency	Gender – New Juveniles on Probation with a CMO					
	FY 2012 Males / Females		FY 2011 Males / Females		FY 2010 Males / Females	
BFD	35.0%	65.0%	62.2%	37.8%	62.2%	37.8%
Bridgeway	30.5%	69.5%	64.8%	35.2%	64.8%	35.2%
CCMO.	38.4%	61.6%	74.1%	25.9%	74.1%	25.9%
StarrVista	30.4%	69.6%	75.8%	24.2%	75.8%	24.2%
WW - GW	24.2%	75.8%	75.8%	24.2%	75.8%	24.2%
Totals	30.8%	69.2%	71.5%	28.6%	71.5%	28.6%

Table II-C

CMO Adjudicated, YAP Correct Course, YAP Prevention and DMC/DPD First Contact 2012 Age Distribution (at registration)					
Age	Committed n=623*	Probation n=463*	Correct Course n=813	YAP Prevention (Categories 1,2,& 3) n=451	DMC / DPD First Contact n=137
<8	0	0	0	17	5
9	0	0	2	8	6
10	0	1	13	19	2
11	0	4	19	37	7
12	7	17	72	44	11
13	36	39	131	78	15
14	91	72	175	98	30
15	167	138	189	62	24
16	237	150	177	66	28
17	80	46	35	21	9
18	5	0	0	1	0
19	0	0	0	0	0

*Includes one rescinded case

**Includes three rescinded cases and one out of state relocation

Table II-D

Ethnicity Adjudicated Juveniles Assigned to a CMO Agency 2010 – 2012			
Ethnicity	Percent of New Cases FY2012	Percent of New Cases FY 2011	Percent of New Cases FY 2010
White	21.7%	22.8%	18.8%
African American	71.8%	72%	72.7%
Hispanic	2.3%	3.4%	2.9%
Arabic	2.9%	1.4%	1.2%
Asian	0.0%	0%	.1%
Native American	0.2%	0%	0%
Other or not identified	1.1%	.4%	4.4%



Table II-E

Parent/Guardian Residence At Time of Assignment to a CMO Agency Probation and Placed/Committed Juveniles		
Fiscal Year	Detroit	Suburbs
FY 12	60%	40%
FY 11	55%	45%
FY10	59.7%	40.3%
FY 09	64.3%	35.7%

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

Offense Severity Juveniles Committed to DHS/ WC-CAFS						
Offense Severity	FY 2012 Males / Females		FY 2011 Males / Females		FY 2010 Males / Females	
Class I	7.3%	2.8%	9.8%	0%	7.7%	2.1%
Class II	3.5%	0%	2.8%	0%	4.3%	2.1%
Class III	37.5%	5.6%	38.8%	11.8%	44.0%	14.1%
Class IV	49.2%	86%	46.4%	78.5%	40.8%	68.3%
Class V	2.5%	5.6%	2.2%	9.7%	3.2%	3.3%

Class I Most Serious ↔ Class V Least Serious

Table II-G

Offense Severity Probation with WC-CAFS						
Offense Severity	FY 2012 Males / Females		FY 2011 Males / Females		FY 2010 Males / Females	
Class I	1.9%	0.8%	3.1%	0%	3.1%	0.5%
Class II	1.9%	0%	2.9%	0%	1.5%	0.5%
Class III	29.3%	3.4%	33.4%	8.2%	41.8%	11.4%
Class IV	41.9%	31.5%	42.0%	47.8%	38.8%	41.1%
Class V	25%	64.3%	18.7%	44.0%	14.8%	46.6%

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 2010-2012 (1,306 CMO assigned) Probation and Committed Juveniles with an Axis 1 Diagnosis or Deferred Diagnosis				
Type of Diagnosis Axis 1	2012 Frequency of Diagnosis	2012 Number of Diagnosis/ Youth with Diagnosis	2011 Frequency of Diagnosis	2010 Frequency % Of Diagnoses)
Behavioral Disorders (ADHD, Oppositional, Disruptive, Impulsive, Conduct Disorder)	772	73.5%	67%	72.3%
Substance Abuse (Poly-substance, Marijuana, Alcohol, Cocaine, Opiates, Other Illegal Substance as only primary diagnosis) 427 youth (32.6%) had a secondary diagnosis of Substance Abuse	23	2.2%	2.4%	2.2%
Depression (All Categories)	47	4.5%	6.3%	4.7%
Learning and Communication (Self & Family Report)	3	0.3%	.23%	0.3%
Bipolar, Intermittent Explosive, Mood Disorder (Diagnosis may be reported as designated prior to Juvenile Adjudication)	135	12.9%	12.1%	9.4%
Anxiety Disorders (PTSD & Anxiety)	25	2.4%	2.6%	1.3%
Active Psychosis (Schizophrenia, Delusional, Psychotic, Prior Treatment)	1	0.1%	.3%	0.4%
Adjustment Disorders	25	2.4%	3.7%	5.0%
Aspergers, Reactive Attachment and Stuttering as Primary Diagnosis	0	0.0%	.4%	
Diagnosis Deferred for Further Evaluation (may be a history of abuse, sexual abuse, neglect, bereavement due to loss, or unable to finalize in single assessment)	19	1.8%	5.1%	4.4%
Totals (N = 1,306 Probation & Placed Juveniles - Juvenile May Have More Than One Axis 1 Diagnosis and Other MH/SA Diagnosis on Axis 2 or 3)	1,050	100%	100%	100%

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

Table III-B						
FY 2012 IQ Scoring Range Juveniles – Probation Juveniles					Frequency	
N=874						
IQ	Male n=274	%	Female n=121	%	Total n=395	%
100+ (Normal and Above Normal)	16	5.84%	5	4.1%	21	5.32%
71 – 99 (Low Normal to Normal)	206	75.18%	96	79.3%	302	76.46%
50 – 70 (Mild Mental Retardation)	51	18.61%	19	15.7%	70	17.72%
35 – 49 (Severe Mental Retardation)	1	0.36%	1	0.8%	2	0.51%
Not Evaluated (Refused)	5	N/A	1	N/A	6	N/A



Court's CCS Performed Evaluation (Scores Not Provided)	44	N/A	22	N/A	66	N/A
--	----	-----	----	-----	----	-----

Table III-C						
FY 2012 IQ Scoring Range Juveniles – Committed Juveniles					Frequency	
IQ	Male n=386	%	Female n=127	%	Total	%
100+ (Normal and Above Normal)	12	3.1%	5	3.94%	17	3.31%
71 – 99 (Low Normal to Normal)	257	66.6%	98	77.17%	349	68.03%
50 – 70 (Mild Mental Retardation)	113	29.3%	24	18.90%	143	27.88%
35 – 49 (Severe Mental Retardation)	4	1.0%	0	N/A	4	0.78%
Not Evaluated (Refused)	1	N/A	1	N/A	2	N/A
Court's CCS Performed Evaluation (Scores Not Provided)	117	N/A	21	N/A	201	N/A

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 2012 CAFAS Scores for Probation Juveniles						
CAFAS 8 Scale Score	Male	%	Female	%	Total	%
0-90	136	42.63%	48	33.10%	184	39.66%
100 – 130	118	36.99%	52	35.86%	170	36.64%
140 and Higher	65	20.38%	45	31.03%	110	23.71%
Totals	319	100.00%	145	100.00%	464	100.00%



Table III-E

FY 2012 Baseline CAFAS Scores for Committed Juveniles						
CAFAS 8 Scale Score	Male	%	Female	%	Total	%
0-90	98	19.52%	14	9.50%	112	17.20%
100 – 130	204	40.64%	58	39.20%	262	40.25%
140 and Higher	200	39.84%	76	51.40%	277	42.55%
Totals	502	100.00%	148	100.00%	651	100.00%

- 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 Assessed in FY 2012

Over 75% of committed youth self-report use of illegal substances and alcohol. 55% of probation youth self-report use of illegal substances and alcohol.

- Every juvenile entering the County's JDF is screened for use of substances of the detention admissions test positive for use of some illegal substance or alcohol.
- 2,720 substance abuse screens (150 refused, 41 underage without parental permission) for 2,338 unduplicated youth at WCJD
- 1,064 unduplicated youth JDF admission youth screened positive for tested substances (50%) if the youth who refused are included the number of unduplicated youth testing positive, the percent positive is 55% for JDF
- 20,859 youth substance abuse screens were attempted/provided (241 refused, 41 underage)
- 4,084 unduplicated juvenile youth were screened in FY 2012
 - 3,253 males
 - 1,202 females
- Of the total 20,859 juvenile substance use screens analyzed:
 - 4,951 screens were positive for marijuana
 - 195 screens were positive for opiates
 - 23 screens were positive for cocaine
 - 587 screens were positive for amphetamines (may or may not be prescribed)
 - 4 breathalyzer screens were positive for alcohol
 - 241 youth refused to be AOD screened
 - 41 youth were underage and unable to be AOD screened without parental permission



- 636 screens were determined as tampered via lab analysis (thus counted as positive)

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

1,561 youth were provided an Alcohol and Drug Diagnosis Global Assessment of Individual Need (GAIN) to determine the treatment level of care recommended for documented substance abuse. Subsequent re-evaluations were also provided to address lack of treatment benefit and increased use. 691 youth were assessed at Level 3 (in need of residential substance abuse treatment). 709 youth were assessed at Level 2 (in need of Intensive Outpatient substance abuse treatment). 160 youth were assessed at Level 1 (in need of Outpatient treatment for substance abuse). (Some youth required assessment more than once due to continued substance use and are not counted in the unduplicated count of final assessed treatment need.)

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/Developmentally Disabled Authorized by CMH for Community-Based Mental Health Services						
FY 2012				FY 2011		
CMO	Male	Female	Totals	Male	Female	Totals
BFDI	51	32	83	49	29	78
BWY	91	32	123	48	36	84
CCMO	69	47	116	44	23	67
WWCMO	75	25	100	36	15	51
SV	91	33	124	65	31	96
JAC Diversion	17	21	38	21	23	44
Totals	394	190	584	263	157	420

Table III-H-ii

2012 Developmentally Disabled Eligible Juvenile Justice Youth			
CMO	Males	Females	Total Youth Referred
BFDI	2	0	2
BWY	1	2	3
JAC	0	0	0
CCMO	1	0	1
SV	4	0	4
WW	1	1	2
TOTAL	9	3	12



Juveniles in Mental Health (Child Caring Institutions) Facilities

There was an increase in the number of mental health placements in FY 12 for youth diagnosed with a mental health disorder.

Table III-I

Residential Mental Health Placements (1)			
	FY2012	FY 2011	FY 2010
Number of Juveniles Placed	454	424	475

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

50% of new adjudicated cases in FY 12 were assessed at SED/DD. Most of the youth placed for mental health treatment were non-violent offenders (status offenses, truancy, property crimes). These youth most frequently presented with traumatic events, chronic and acute emotional disturbances and a pattern of management and externalized behavioral issues that required a safe, intensive residential treatment provider.

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. 73.5% of new adjudicated cases scored 100 or higher on the CAFAS. These scores mean that care is needed that is more intensive than outpatient interventions. While overall residential placements are declining, the complexity and needs of many youth entering juvenile justice require highly specialized treatment.

Abuse-Neglect Placement History (Committed Juveniles) FY 2012

Many juvenile justice involved youth have extensive prior involvement with the Child Welfare system due to substantiated abuse and neglect. Victimization and ensuing trauma is especially acute for children in the juvenile justice system. When these facts are correlated with the prevalence of childhood adversity it is clear that earlier and accurate diagnostic opportunities are being missed. Youth exposed to trauma present with a wide range of symptoms and behaviors. At this moment in their development constructive support and a safe, supportive environment is essential to recovery.

Effective support systems are often under developed or absent for children that enter the juvenile justice system. It is also a significant contributing factor in delinquent behavior. Involvement in the justice system for a developing child is itself a traumatic experience. Exposure to adverse events increases a youth's risk of major mental illness, substance abuse, and academic difficulties. Resolution of these same issues is at the heart of juvenile therapeutic interventions.

In reforming its juvenile justice system Wayne County has emphasized the role of support as pivotal to rehabilitation and recovery from trauma, substance abuse and other related maladies.

Table III-J

Children's Trauma Assessment Analysis for Juvenile Adjudicated Youth 2012	
Areas of known or suspected for the following experience	
Physical Abuse	11.8%
Suspected Neglect/Home	14.8%
Emotional Abuse	5.5%
Exposure To Domestic Violence	12.4%



Exposure To Drug Activity	29.7%
Exposure To Other Violence	7.1%
Parental Caregiver Drug Use/Abuse	27.7%
Multiple Separations from Caregivers	22.4%
Multiple moves and/or Homelessness	7.7%
Sexual Abuse or Exposure	9.6%
Experience Other Concerns	14.6%
Experience Other Notes	numerous deaths experienced, parent, murders, loss
Concerns in the followings areas (do not indicate trauma but there is a relationship)	
Aggression or Violence to Self	6.0%
Aggression Others or Violence to Others	38.5%
Explosive Behavior (0-100 instantly)	34.3%
Hyperactivity, Distractibility, Inattention	22.4%
Withdrawn or Excessively Shy	3.7%
Oppositional and/or Defiant Behavior	65.4%
Sexual Behaviors Not Normal for Age	0.5%
Peculiar Patterns of Forgetfulness	0.8%
Inconsistency In Skills	0.8%
Behavior Other Notes	suicide attempts reported, ideation and thoughts of
Exhibits the following emotions or moods:	
Excessive Mood Swings	20.8%
Chronic Sadness	7.7%
Very Flat or Withdrawn	4.5%
Quick, Explosive Anger	60.5%
Mood Other Notes:	paranoia, mood swings, avoidant, resentment, guilt, panic, lack of focusing
Exhibits Problems in School:	
Low or Failing Grades	66.9%
Inadequate Performance	54.8%
Difficulty With Authority	53.6%
Attention Problems or Memory Problems	13.6%
School Problems Notes:	truancy, cognitive impaired, expelled, hearing problems, fighting, bullied
Given the information notes, what is the appropriate next step:	
Trauma-informed Mental Health Referral	23.7%
General Mental Health Referral	62.4%
Immediate Stabilization Mental Health Need	1.5%
No Mental Health Referral	12.4%

- 25% % of committed juveniles were verified as previously placed out of home, prior to delinquency adjudication. This is up .6% from 2011.



- 33.6 % of female committed juveniles were verified as previously placed out of home prior to delinquency adjudication. This is up 3.7% from 2011. 21.2% of probation youth were verified as previously placed in out of home care prior to delinquency adjudication.
- 22.6% of male committed juveniles were verified as previously placed out of home prior to delinquency adjudication. This is up 1.9% from 2011. 17% of probation male juveniles were verified as previously placed in out of home care.

Table III-K

Committed Population Previously Placed in DHS Out of Home Care for Abuse/Neglect Sorted By CMO FY 2012			
CMO	% Female Assigned	% Male Assigned	% of CMO Assigned
Black Family Development	32.2	30.3	30.8
Bridgeway Services	7.0	14.6	12.7
Central Care Management	37.8	24.0	27.6
Starr Vista	34.7	27.7	29.0
Growth Works	56.5	14.3	22.3
of all Committed Youth 2012	33.1	22.2	24.7

Table III-L

Probation Population Previously Placed in DHS Out of Home Care for Abuse/Neglect Sorted By CMO FY 2012			
CMO	% Female Assigned	% Male Assigned	% of CMO Assigned
Black Family Development	9.5	23.1	18.3
Bridgeway Services	25.0	11.0	15.2
Central Care Management	36.4	15.1	23.3
Starr Vista	10.7	32.9	26.1
Growth Works	10.0	7.4	8.1
of all Probation Youth 2012	19.4	16.4	17.3

Assessed Needs and Menu of Services

Table III-M

Care Management Organization Service Array	
Assessed Need / Domain	Services Array
Substance Abuse	<ul style="list-style-type: none"> • Substance Abuse Education • Alcohol and Drug Screening • Inpatient Treatment • Parent Recovery Programs



	<ul style="list-style-type: none"> • Intensive Outpatient Treatment
Mental Health	<ul style="list-style-type: none"> • Wraparound Process • Health Evaluations • Community Based Behavioral Services • Specialized Residential Placements • Cognitive Behavioral Therapy
Transition to Adulthood	<ul style="list-style-type: none"> • Job Readiness • Housing Resources • Clothing • Transportation • Obtaining Vital Records • Supervised Independent Living
Family Functioning	<ul style="list-style-type: none"> • Housing Resource Access • Crisis Support • Parenting Education Classes • "Parent Voices Matter" Events • Functional Family Therapy
Delinquent Behavior	<ul style="list-style-type: none"> • Case Management and Supervision • Court Services • Aggression Replacement Training (ART) • Random Drug/Alcohol Screens • Mentoring • Day Treatment • Social Living Skills • Academic Tutoring • Electronic Monitoring • Behavioral Contracting • Progressive Sanctions • Secure / Non-Secure Residential Placements
Well Being	<ul style="list-style-type: none"> • Restorative Justice Practices • Positive Youth Development Activities • Home-Based Counseling • "Men of Color Symposium" • "African Centered Olympics" • Trauma Informed treatment

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)

Juveniles in commitment status are eligible for residential placement. This statute (PA 150) is used by the court when a juvenile violates probation or the court determines that the severity of a juvenile's offense requires out-of-home placement. Juveniles that can participate in home-based services are either diverted from the system entirely or placed on probation for community supervision.

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

Table IV-A

Initial Security Classification Levels - Male Only Commitment Status			
Classification Level	FY 2012	FY 2011	FY 2010
Community Based	1.6%	N/A	0.2%
Non-Secure	64.3%	68.5%	70.2%
High Security	33.7%	31.5%	29.6%

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 forward is necessarily lower compared to prior years. Judges may order exceptions to this policy. The same is true for females in the following chart.

Table IV-B

Initial Security Classification Levels - Female Only Commitment Status			
Classification Level	FY 2012	FY 2011	FY 2010
Community Based	N/A	N/A	0.7%
Non-Secure	73.3%	83.3%	85.9%
High Security	26.7%	16.7%	13.4%

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

Overrides to Increase or Decrease the Security Level of a Juvenile's Treatment Placement At the Time of Initial Commitment FY 2012 N = New Committed Cases (623)							
CMO Agency	Judge's Order	CMO Initiated Administrative Modification	Total Overrides	Percent Total Override	Total Committed Youth	Jurist Override/Mitigate Percent	CMO Override Percent
Black Family Development	9	12	21	17.5%	120	7.5%	10.0%
Bridgeway Services	6	11	17	14.5%	117	5.1%	9.4%
Central Care Management	14	23	37	26.2%	141	9.9%	16.3%
StarrVista	10	33	43	34.7%	124	8.1%	26.6%
Western Wayne	13	14	27	22.3%	121	10.7%	11.5%
Total Overrides	52	93	145	23.3%	623	8.3%	14.9%

Risk Assessment refers to the evaluation of re-offending potential that the youth poses to the community (i.e., new crimes). This process classifies re-arrest potential for groups of offenders (i.e., low, moderate, high). Risk assessment is an actuarially based system for like groups of juveniles, not an 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

Risk Assessment – Females – FY 2012 Juveniles on Probation with CMO N= 130		Risk level Assessment – Females – FY 2011 Juveniles on Probation with a CMO N = 182	
		Risk Classification Level	Distribution
Low	16.9%	Low	14.8%
Moderate	46.9%	Moderate	46.7%
High	36.2%	High	37.4%
AWOL, rescinded or escalated	0	AWOL, rescinded or escalated	1.1%

Table IV-E

Risk Assessment – Males – 2012 Juveniles on Probation with CMO N= 320		Risk level Assessment – Males – FY 2011 Juveniles on Probation with a CMO N = 455*	
		Risk Classification Level	Distribution
Low	25.6%	Low	25.1%
Moderate	40.3%	Moderate	41.3%
High	32.8%	High	33.0%
AWOL, rescinded or escalated	1.3%	AWOL, rescinded or escalated	0.7%



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 2012 the JAC completed 9,039 utilization (case) reviews.

CMO Utilization Trends

The county established five Care Management Organization (CMO) agencies to provide services to adjudicated juvenile throughout all of Wayne County. A CMO is a private contractor that is the main organization for the provision and management of mandated juvenile justice services to Wayne County youth and their families. There are five CMO agencies, which develop, implement and manage a Plan of Care for each juvenile. A CMO is the lead agency for a defined service delivery area (delineated by Zip codes) and is responsible for development of a locally organized system of services and resources, which includes community-based and residential service placement options.

CMO case planning for each juvenile carefully documents environmental conditions and risks, which in the absence of in-home services, will likely result in the juvenile's removal from home. Ongoing assessment of the juvenile's health, safety and welfare is fundamental to the provision of in-home services. A CMO is expected to continually assess the juvenile's living arrangement to insure that necessary protections are present.

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. Enrollment days decreased 7.62% in FY 2012. Compared to FY 2009 total enrollment days have declined by 47.06%.

Table V-A

Fiscal Year	Days of Enrollment Commitment	
	Days of Enrollment	Annual Rate of Change
2012	355,207	-7.62%
2011	384,523	-20.85%
2010	485,809	-24.06%

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



Table V-B

CMO Agencies Days-of-Enrollment Probation Cases Only		
Fiscal Year	Days of Enrollment	Annual Rate of Change
2012	111,912	-25.86%
2011	150,957	-27.69%
2010	208,761	14.70%

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

Table V-C

Total Days-of-Care by CMO			
CMO	FY 12	FY 11	FY10
Black Family Development	93,619	117,928	165,015
Bridgeway	97,424	115,681	143,794
Central Care	97,047	117,930	165,529
StarrVista	96,055	101,598	142,059
WW-Growth Works	82,974	82,343	107,574

Note: Data includes all youth served.

Table V-D

Utilization By Level of Care for Juveniles Assigned to CMO Agencies Probation and Committed Cases			
Level of Care (1)	FY 2012 Days-of-Care (ADC) & Percentage	FY 2011 Days-of-Care (ADC) & Percentage	FY 2010 Days-of-Care (ADC) & Percentage
In-Home Care	211,254 (577.2 ADC)	266,256 (729.5 ADC)	370,195 (1,014 ADC)
Family Foster Care	7,603 (20.8 ADC)	Included in Non-Secure	500 (1.4 ADC)
Independent Living	5,909 (16.1 ADC)	8,843 (24.2 ADC)	18,357 (50 ADC)
Non-Secure Residential	111,576 (304.8 ADC)	123,811 (339.2 ADC)	170,673 (468 ADC)
Secure Residential	99,429 (271.7 ADC)	104,103 (285 ADC)	110,289 (302 ADC)
Case Mgt. Only, 3 rd Party Payee	24,486 (66.9 ADC)	26,897 (73.7 ADC)	1,479 (5 ADC)
Wraparound Services	6,862 (18.7 ADC)	5,660 (15.5 ADC)	23,077 (63 ADC)
Subtotal for CMO Purchased Services	467,119 (1,276.2 ADC)	535,480 (1,467 ADC)	694,570 (1,903 ADC)
SJJS Lincoln Treatment	16,866 (46.1 ADC)	27,835 (76.3 ADC)	29,200 (80 ADC)
DHS Facilities	2,580 (7.0 ADC)	1,059 (2.9 ADC)	871 (2.4 ADC)



Subtotal for County Purchased Beds	19,446 (53.1)	28,894 (79.2 ADC)	30,071 (82.4 ADC)
Grand Total Service Days	486,565	564,374	724,641
(ADC) Average Daily Caseload	1,329.4	1,546	1,985

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.
4. Case Management Only pertains to placements at Maxey, Bay Pines and Lincoln Center.

CMOs are responsible for purchasing residential care from private vendors. The following table presents residential utilization and trends for a three year period.

Table V-E

CMO Purchased Residential Care Utilization, Level of Care Per Diems, Expense Trends			
Security Level	Days FY 2012	Days FY 2011	Days FY 2010
Non-Secure*	111,576	123,811	170,673
Annual Rate of Change	↓9.88%	↓27.46%	↓29.67%
High / Secure	99,429	104,013	110,289
Annual Rate of Change	↓4.41%	↓5.69%	↓1.65%
Total Days and Annual Rate of Change	211,005	227,824	280,962
	↓7.38%	↓18.91%	↓20.82%
Total Expenditures and Annual Rate of Change	\$48,351,796	\$51,260,400	\$63,216,450
	↓5.67%	↓18.91%	↓15.13%

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.

CMO utilization is tracked for level of care to identify trends in the use of home-based and residential placement interventions. Since FY 08 residential utilization has declined 50.7%. The following table describes trends for a three year period.

Table V-F

Out-of-Home Days of Care / Sorted by CMO Residential Services Purchased by CMOs Committed Juveniles						
CMO Agency	FY 2012	FY 2011	FY 2010	FY 2009	FY 2008	Cumulative % Change (08 – 12)
Black Family Dev	40,546	49,729	60,824	86,006	98,473	-58.8%
BWY	44,543	49,581	53,627	67,390	78,789	-56.5%
Central Care Mgt.	41,841	50,530	65,105	82,915	98,530	-57.5%
Starr Vista	45,792	43,897	56,447	62,718	92,019	-50.2%
Growth Works	38,283	34,087	44,959	55,792	60,951	-37.2%
Average Daily Residential Caseload	579	624	770	972	1,175	-50.7%



Preferred Provider Network (PPN)

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

The following table summarizes PPN placements in FY 2012:

Table V-G

FY 12 Preferred Provider Network (PPN) Placement Admissions - Year End Report		
PPN Provider	YTD Placements	% of Placements
DBI - Capstone Harmony Females SED	22	
DBI - Capstone Horizon CI	32	
DBI - Capstone Males SED	65	
DBI - Capstone Serenity Girls Intensive	0	
DBI - Renaissance Recovery SA	4	
**DBI Subtotal	123	8.786%
Don Bosco - DePaul SED	43	
Don Bosco - EAGLE	6	
Don Bosco - Sutton	64	
**Don Bosco Subtotal	113	8.071%
Ennis Center - Safe Net Specialized Foster Care	2	
Ennis Center - Specialized Treatment Care	19	
**Ennis Subtotal	21	1.500%
Holy Cross - Bowman**	17	
Holy Cross - Clinton (Generic)	26	
Holy Cross - Clinton Alexander/Basil	24	
Holy Cross - Clinton Healy SLU	25	
Holy Cross - Clinton SOT	5	
Holy Cross - Clinton Sub. Abuse	58	
Holy Cross - Kairos Adolescent Detox	0	
Holy Cross - Kairos Adolescent Sub. Abuse Females	3	
Holy Cross - Kairos Adolescent Sub. Abuse Males	8	
Holy Cross - M.L. King	7	
Holy Cross - St. Thomas**	16	
Holy Cross - St. Vincent (Hope)	1	
Holy Cross Subtotal	190	13.571%
Judson Center - Respite Crisis Stabilization	3	
Judson Center - Specialized Intensive Treatment (SED)	16	
Judson Subtotal	19	1.357%
SJJS - Chronic Offenders	76	
SJJS - Cognitive Impairment	19	
SJJS - Lincoln Center	50	
**SJJS Subtotal	145	10.357%
Starr Commonwealth - Albion Generic	52	
Starr Commonwealth - Sexual Offender Program	8	
Starr Commonwealth - Sub. Abuse	54	



Starr Commonwealth Subtotal	114	8.143%
Todd Phillips Children's Home - Substance Abuse	0	
**Todd Phillips Subtotal	0	0.000%
Vista Maria - IBH	95	
Vista Maria - Secure Treatment	34	
**Vista Maria Subtotal	129	9.214%
Wolverine - Pioneer W&L	216	
Wolverine - Pioneer W&L (Detroit)**	9	
Wolverine - Pioneer WCARE	107	
Wolverine - Secure DD (Male)	5	
Wolverine - Secure Treatment Center	35	
Wolverine - Vassar Campus - Journeys	5	
Wolverine - Vassar Campus - Stabilization	28	
Wolverine - Vassar Campus - WCARE-IG	19	
Wolverine - Vassar House - Passages (Female)	23	
Wolverine - Victor (DD)**	24	
Wolverine - Victor Substance Abuse**	37	
Wolverine CFLA	38	
Wolverine Subtotal	546	39.000%
PPN Placements YTD	1,400	96.15%
Non-PPN Placements YTD	56	3.85%
Total Placements FY 12	1,456	
Placements within Wayne County YTD	634	43.54%
Mental Health Placements	454	31.18%
Substance Abuse Placements	501	34.41%

*PPN Data Recording Started 1-15-2011

The following table provides data on the total youth participating in residential care:

Table V-H

Number of Residential Placements by Security Level FY 2012		
CMO Agency	Secure	Non-Secure
Black Family Development	148	174
Bridgeway	91	178
Central Care Management	119	179
StarrVista	145	160
Western Wayne – Growth Works	124	181
Totals	627	872

Length-of-Stay in Residential Placements

Length-of-stay (LOS) in residential placements has been declining for several years. In FY 12 the overall length-of-stay in residential placement was 6.4 months.

Table V-I

Length-of-Stay in Residential Placement (In Days) FY 2012		
CMO Agency	Secure LOS	Non-Secure LOS
Black Family Development (N= 213)	225 Days (N = 90) (20,977)	140 Days (N = 123) (20,019)
Bridgeway (N= 258)	239 Days (N = 83) (32,743)	102 Days (N = 175) (18,462)
Central Care Management (N = 329)	237 Days	126 Days



	(N = 150) (35,601)	(N = 179) (22,566)
StarrVista (N= 216)	172 Days (N = 73) (24,880)	122 Days (N = 143) (19,520)
Western Wayne – Growth Works (N = 289)	259 Days (N = 181) (32,131)	143 Days (N = 108) (25,883)
Totals/Averages	254 Days (8.7 Months)	146 Days (4.8 Months)

N = Number of youth released from placement during the reporting period. Data includes private agencies, Maxey and Lincoln Center. A youth in multiple placements may be counted more than once. Data does not include short-term detention placements.

Juveniles Placed in State Training School Facilities by CMO Agencies

The number of placements to state training schools increased in FY 12. The average daily population (ADP) of juveniles from Wayne County in state training schools was 7 in FY 2012, compared to 4 in FY 11 (see Table X-H). Placement in a DHS training school must be specifically ordered by the Court. The following table describes public training school placements by the individual CMO agencies.

Table V-J

Placements in Public Training Schools			
Care Management Organization	FY 2012	FY 2011	FY 2010
Black Family Development	1	2	1
Bridgeway Services	1	0	0
Central Care Management	3	1	1
StarrVista	8	2	0
Growth Works	0	2	2
Total Placements	13	7	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. 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 direct admission of juveniles charged with a crime (they must go to WCJDF).

Countywide secure detention utilization has decreased 37.5% since FY 09, as summarized in the following chart:



Table V-K

Short-Term Detention Utilization Trends - Average Daily Population (ADP)				
(Juveniles Awaiting a Hearing or Placement)				
Detention Provider	ADP	ADP	ADP	ADP
	FY 2012	FY 2011	FY 2010	FY 2009
Secure Private Agency	2.5	30	56	82
Lincoln Detention	17.5	1	N/A	N/A
County JDF	135.0	154	158	168
Subtotal Residential	155.0	185	214	250
CMO In-Home Det.	36.8	53	68	94
Grand Total	191.8	238	282	344
Annual Rate of Change	-19.4%	-15.60%	-18.02%	-18.68%
Cumulative Change	-44.2%			

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.

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-L

Juveniles Diverted from Secure Custody to Home-Based Detention		
FY 2012		
Number of Juveniles Authorized	Successful Termination	Unsuccessful Termination
547	62.9% (344)	37.1% (225)

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

Table V-M

Reasons for Unsuccessful Termination FY 2012	
In-Home Detention	
Reason	Number
Escape	29.8% (67)
Charge for a New Offense	8.4% (19)
Non-Compliance with Program Conditions	61.8% (139)



Table V-N

Escape Information FY 2012 Juveniles Assigned to CMOs			
CMO Agency	Unresolved Escape Rate for All Juveniles Served	Juveniles That Never Escaped	Juvenile Escaped and Was Resolved
BFD (N = 683)	2.64% (18)	80.23% (548)	17.13% (117)
Bridgeway (N = 566)	2.7% (13)	83.6% (488)	13.7% (65)
CCMO (N= 589)	7.5% (44)	84.0% (495)	8.5% (65)
StarrVista (N = 572)	5.1% (29)	83.9% (480)	11.0% (63)
Growth Works (N = 491)	1.0% (5)	90.0% (435)	9.0% (43)
Totals/Averages	3.8%	84.3%	11.9%

Note: "N" is defined as total youth served for the reporting period. Includes reported escapes from institutional placements and community supervision.

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 adjudicated youth. 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 fixed 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.

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.

- In just the last four years the average daily CMO caseload has declined 46.0%

Table VI-A

CMO Average Daily Caseload by Legal Status			
Fiscal Year	Probation ADC	Commitment ADC	Total ADC
2012	306	971	1,276
2011	414	1,053	1,467
2010	572	1,331	1,903
2009	516	1,851	2,367

Table VI-B

Point-In-Time Caseload Comparison (Actual Case Count - Includes Escapees)				
Legal Status	FY 2012	FY 2011	FY 2010	FY 2009
Probation	297	443	571	680



Commitment	1,079	1,129	1,383	1,918
Total	1,376	1,572	1,954	2,598

Table VI-C

Average Daily Caseload by CMO				
CMO	FY 12	FY 11	FY 10	FY 09
BFD, I	255.8	323.1	452.1	558.0
Bridgeway	266.2	316.9	394.0	471.8
Central Care	265.1	323.1	453.5	544.7
StarrVista	262.4	278.4	389.2	451.4
WW-GW	226.7	225.6	294.7	340.8

The total CMO caseload has been consistently declining. The following chart tracks actual (not averaged) CMO caseload trends for a set point-in-time:

Chart VI-D

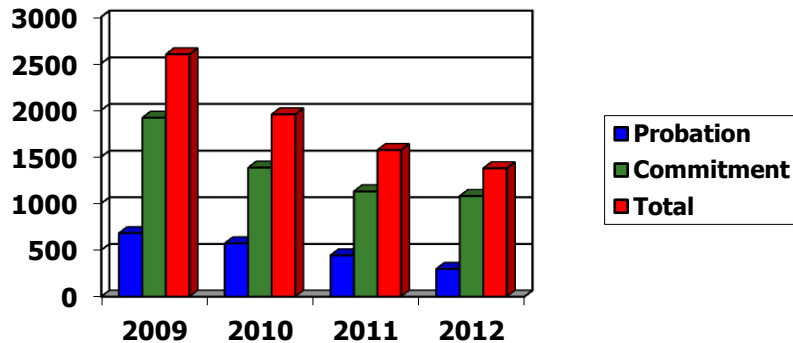


Table VI-E

Adjudicated Caseload Distribution – Probation and Commitment Among CMO Agencies			
Care Management Organization	% Of Total Caseload FY 2012	% Of Total Caseload FY 2011	% Of Total Caseload FY 2010
Black Family Development	20.042%	22.0%	22.8%
Bridgeway Services	20.856%	21.6%	19.9%
Central Care Management	20.776%	22.0%	22.8%
StarrVista	20.563%	19.0%	19.6%
Growth Works	17.763%	15.4%	14.8%

Notes:

- 1) Caseload represented as the average for the fiscal year (excludes 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.

As CFS works to contain juvenile services costs, while insuring that legal mandates are properly managed, 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 in the system, as they are assigned to institutional care.

Table VI-F

Distribution/Assignment of <u>New Probation Cases</u> By CMO Agency					
Fiscal Year	BFD	BWY	CCMO	S-V	G-W
2012	11.4%	20.0%	28.6%	17.1%	22.9%
2011	17.4%	22.3%	18.2%	22.0%	20.1%
2010	22.0%	19.8%	19%	20%	19.2%
2009	20.2%	21.7%	20.2%	19.7%	18.2%

Table VI-G

Distribution/Assignment of <u>New Commitment Cases</u> By CMO Agency					
Fiscal Year	BFD	BWY	CCMO	S-V	G-W
2012	17.0%	18.7%	18.6%	22.0%	23.7%
2011	18.0%	22.0%	20.7%	16.6%	22.7%
2010	20.2%	21.3%	21.2%	18.7%	18.5%
2009	22.4%	19.3%	22.8%	20.2%	15.3%

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 2012	FY 2011	FY 2010	FY 2009
Intake & Commitment Evaluation	820	876	1,238	1,369
Psychological Assessment Report	875	1082	1,511	1,553
Psychiatric Evaluation	1022	641	986	582
Abridged Intake	0	0	0	0
Juvenile Inventory for Functioning	2895	2821	3,190	2,430
Abridged Clinical Assessments	87	201	187	212
AOD Clinical Assessment & AOD Screens	21880	24,323	29,835	30,110
Federal Title IV-E Eligibility Determinations	2273	1,380	1,163	1,036
Non-Scheduled Payments to CMO Clients	673	1009	1,186	1,053
SSI	180	170	0	0
Post CAFAS	65	0	169	0
Electronic Monitoring Assignments	547	547	590	449
Non-Reporting Probation	0	0	0	23
D-WC-CMH Access - SED	584	420	518	495
Total Units	31,901	35,428	36,210	39,312

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 and Lincoln Centers in Highland Park. The 2011-12 focus of these programs included:

- The 20-bed Calumet Center Detention Program 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 Organizations.
- A 22-bed treatment unit for cognitively impaired chronic offenders within Calumet Center and a 44-bed treatment unit for violent and chronic offenders within Calumet Center. SJJS also provides an 80 bed treatment program for chronic and violent offenders, sex offenders and delinquent substance abusers within Lincoln Center.
- The 146 longitudinal treatment beds at Lincoln and Calumet Treatment Centers provide ongoing services that are designed to address juvenile offenders' criminal behaviors and treatment 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

Number of Juveniles Served From Each CMO Agency Calumet Detention Center			
CMO Agency	FY 2012	FY 2011	FY 2010
Black Family Development	83	45	94
Bridgeway Services	61	35	87
Central Care Management	74	30	94
Starr Vista	66	36	86
Growth Works	40	48	54
Totals	324	164	415

Table VIII-B

Number of Juveniles Served By Program Specialization Lincoln Treatment Center			
Program Focus	FY 2012	FY 2011	FY 2010
Chronic & Violent Offenders	112	122	99
Substance Abuse	21	9	40
Sex Offender	14	9	20
Totals	147	140	159

Table VIII-C

Number of Juveniles Served From Each CMO Agency Lincoln Treatment Center			
CMO Agency	FY 2012	FY 2011	FY 2010
Black Family Development	19	15	34
Bridgeway Services	38	33	35
Central Care Management	37	39	44
Starr Vista	26	28	23
Growth Works	27	28	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 2012	8	11	17	11	9	56
Escape/Not Return 2012	0	0	0	0	0	0
Failure to return from CMO Pass 2012	0	0	0	0	0	0
Transfer to Another Secure Facility 2012	0	1	2	0	1	4
Transfer to Adult System (second charge) 2012	0	0	0	0	0	0
Early release from program by CMO & Jurist	3	4	3	4	5	19
Total Releases FY 2012	11	16	22	15	15	79
Successful Program Completion 2011	1	12	15	7	8	43
Escape/Not Return 2011	0	0	0	0	0	0
Failure to return from CMO Pass 2011	0	0	2	0	0	2
Transfer to Another Secure Facility 2011	0	0	0	0	0	0
Transfer to Adult System (second charge) 2011	0	0	3	1	0	4
Total Releases FY 2011						49
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	0	0	1	0	0	1
Transfer to Another Secure Facility 2010	0	0	0	0	0	0
Transfer to Adult System (second charge)	0	0	1	1	0	2
Total Releases FY 2010						72

Table VIII-E

Average Length of Stay* Sorted By CMO Agency Lincoln Treatment Center			
CMO Agency	FY 2012	FY 2011	FY 2010
BFD	351	271	178
BWY	393	387	219
CCMO	361	374	379
SV	310	367	347
WW-GW	319	401	324
Average Length of Stay	348	370	316

Section IX: Budget and Expenditure Information

The FY 2012 CMO budget was down 14.4% over FY 2011. Since 2008 CMO budgets have declined 44.8%.

Table IX-A

Care Management Organizations County Payment Trends		
Fiscal Year	Total CMO Expenditures	Annual Rate Of Change
2012	\$63,562,336	-14.41%
2011	\$77,063,296	-12.1%
2010	\$87,500,000	-12.49%
2009	\$99,989,174	-13.2%
2008	\$115,239,428	+3.1%



Table IX-B

Individual CMO Agency Payment Trends All Legal Categories				
Care Management Organization	FY 2012 Total Payments	FY 2011 Total Payments	FY 2010 Total Payments	FY 2009 Total Payments
BFD	\$13,896,380.95	\$17,550,980.11	\$20,282,500	\$23,322,730
BWAY	\$13,573,368.84	\$15,486,414.00	\$17,482,500	\$19,969,195
CCMO	\$13,128,544.32	\$17,245,368.00	\$19,932,500	\$22,510,246
SV	\$12,445,347.04	\$15,169,798.00	\$17,395,000	\$19,862,167
GW/WW	\$10,518,694.84	\$11,610,736.14	\$12,407,500	\$14,324,836
Total	\$63,562,335.99	\$77,063,296.25	\$87,500,000	\$99,989,174

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

CMO Gross Payments By Legal Status				
Fiscal Year	Probation Status	Annual Rate Of Change	Commitment Status	Annual Rate Of Change
FY 2012	\$4,172,954	-16.91%	\$59,389,382	-17.56%
FY 2011	\$5,022,364	-35.79%	\$70,670,642	-11.30%
FY 2010	\$7,822,011	15.4%	\$79,677,989	-14.5%
FY 2009	\$6,779,932	-7.2%	\$93,209,242	-14.1%

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

Average Payments Compared to Average Daily Caseload Care Management Organizations					
Fiscal Year	Total Expenditures	Average Daily Caseload	Annualized County Costs Per Case	Total Enrollment Days	Average County Costs Per Youth Per Day
2012	\$63,562,336	1,276	\$49,803	467,119	\$136.07
2011	\$77,063,296	1,467	\$52,923	535,480	\$143.91
2010	\$87,546,510	1,983	\$44,125	694,570	\$126.04
2009	\$111,810,221	2,383	\$46,920	869,674	\$128.57

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

Average County Payments Per Day, Per Youth Sorted By CMO Agencies				
CMO Agency	FY 2012	FY 2011	FY 2010	FY 2009
Black Family Development	\$123.17	\$148.83	\$127.92	\$118.88
Bridgeway Services	\$128.35	\$133.87	\$127.73	\$118.60
Central Care Management	\$120.75	\$146.23	\$126.08	\$118.34
Starr Vista	\$126.00	\$149.31	\$126.51	\$123.28
Growth Works	\$133.46	\$141.00	\$120.24	\$119.06
Agency Averages	\$126.07	\$143.91	\$126.04	\$119.60

Note: Does not include cost of placements at WCJDF, Spectrum Secure Center or State training facilities
Note: Above data includes rounding.

Table IX-F

Juvenile Assessment Center Juvenile Justice Services Only Expenditure Trends			
FY 2012 Expenses	FY 2011 Expenses	FY 2010 Expenses	FY 2009 Expenses
\$4,981,151	\$5,598,330	\$6,414,791	\$6,097,239

- 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 \$52.5 M or 70% since FY 2000.

Juvenile justice services DHS approved reimbursable claims for FY 2012 was \$2.5 M. Table IX-J presents Title IV-E revenue trends in Michigan since FY 2000:

Table IX-G

Title IV-E Revenue Trends in Michigan for Child Welfare and Juvenile Justice												
Location	FY 2000	FY 2001	FY 2003	FY 2004	FY 2005	FY 2006	FY 2007	FY 2008	FY 2009	FY 2010	FY 2011	FY 2012
Out-State	\$95.0 M	\$97.6 M	\$83.5 M	\$75.8 M	\$77.4 M	\$66.0 M	\$61.0M	\$58.1M	\$59.1M	\$69.3 M	\$78.5 M	\$78.5 M
Wayne County	\$75.4 M	\$75.1 M	\$56.8 M	\$47.6 M	\$36.7 M	\$19.5 M	\$18.2M	\$15.9M	\$24.5M	\$18.9 M	\$22.9 M	\$22.9 M
Total State	\$170.4M	\$172.7M	\$140.3 M	\$123.4 M	\$114.1M	\$85.5 M	\$79.2M	\$74.1M	\$84.5M	\$88.2 M	\$101.3	\$101.4 M



Wayne County's Portion of Total Title IV-E Revenue	44.2%	43.5%	40.5%	38.6%	32.2%	22.9%	23.0%	21.5%	29.0%	21.4%	22.6%	22.6%
--	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------

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-H

Trends in Charge-Back Rates for State Operated Training Schools						
Agency	2012	2011	2010	2009	2008	2007
Maxey Training School	\$572.54	\$667.48	\$626.54	\$756.15	\$562.83	\$553.46
Out-State Training Schools	\$384.95	\$384.72 \$473.03	N/A	N/A	\$350.00	N/A

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.

Use of public training schools has virtually been eliminated in Wayne County.

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 increased to \$1,420,501 in FY 2012. All juveniles are placed in state training schools pursuant to a specific court order.

Table IX-I

Expenditures for State Training School Facilities Juvenile Justice Cases Only Wayne County Only				
	FY 2012	FY 2011	FY 2010	FY 2009
Days-of-Care	2,580	1,370	946 (2.6 ADP)	5,983 (16 ADP)
Expenditures	\$1,420,501.02	\$702,466.76	\$518,297	\$3,109,047

Note: CMOs reimburse the county \$250.00 for each day a youth is placed in a DHS training school (non-waiver cases only).

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 2012 total juvenile justice expenses declined by 2.8% and 15.1% since FY 2009. The following table presents trends based on total expenditures for the CCF and State-ward charge-backs to the County. CCF expenditures for juvenile services have declined for five straight years. Refer to Table X-O for expenditure detail.

Section X: Juvenile Services Outcome Measures

New state ward commitments, adjudicated caseloads, juveniles in residential placement and recidivism are at historic low rates for Wayne County. In the past decade thousands of youth that would have been unnecessarily detained and placed in residential care are remaining at home, attending school and successfully avoiding entry into the formal juvenile justice system.

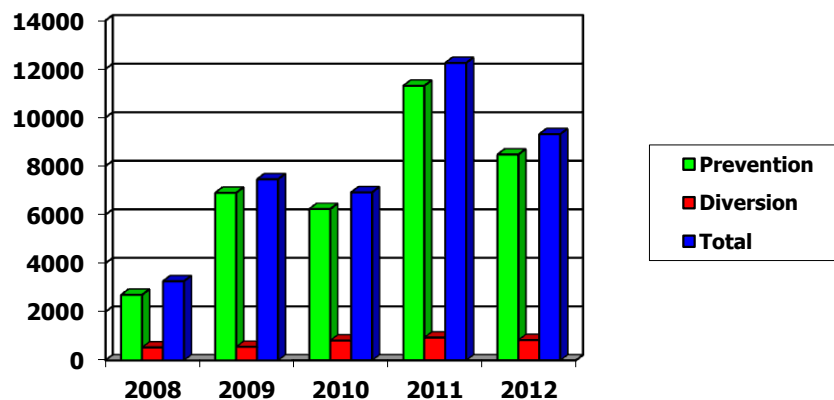
This section presents data on key performance outcomes for the Wayne County juvenile services system.

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

The county's support of prevention and diversion programming offers an expanded array of community-based service options for youth that are at risk of out-of-home placement but who do not require formal court jurisdiction for public safety reasons. Accountability that is integrated with service programs offer 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.

Since FY 2008, voluntary participation in community-based prevention and diversion services has increased substantially, as evidenced by the following chart:

Chart A

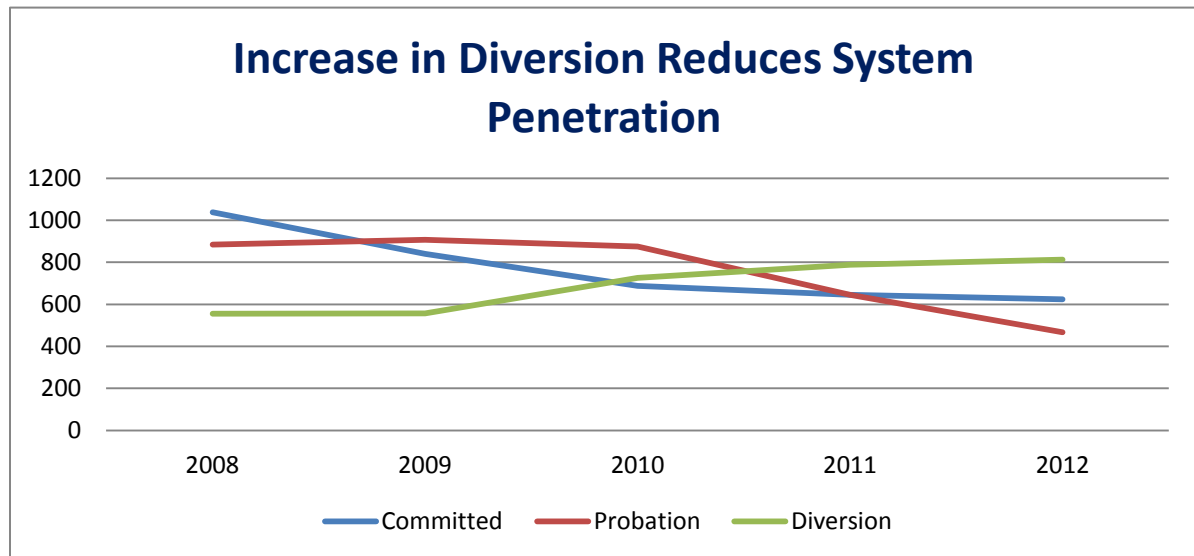


Assessment, at the right time in a youth's development of risk-taking behaviors, is essential for redirecting youth in jeopardy of penetration into the formal justice system. Wayne County and the JAC have pioneered the "Juvenile Inventory for Functioning" (JIFF) – derived from the Child and Adolescent Functional Assessment



Scale (CAFAS), used by many mental health entities. The JIFF is administered to every youth entering the county detention facility 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.

Chart B



Cost Per Youth
Diversion = \$1,312 Probation = \$6,768 Placement = \$43,950

To curtail the number of juveniles unnecessarily entering the formal justice system, WC-CFS and the Prosecutor initiated a diversion option called "Correct Course." Since 2007, 3,150 juveniles have completed Correct Course through FY 2012. In these cases a formal complaint was held in abeyance pending the juvenile's completion of community-based services. Juveniles that did not adhere to program requirements were returned to the Office of the Prosecutor for imposition of formal processing.

A successful outcome in Correct Course is defined as no new (authorized) petition or warrant for one-year after program termination. Since inception, 89.5% of the youth that completed the one-year post measurement period have remained out of the formal justice system. Only 10.5% have been convicted of a new offense.

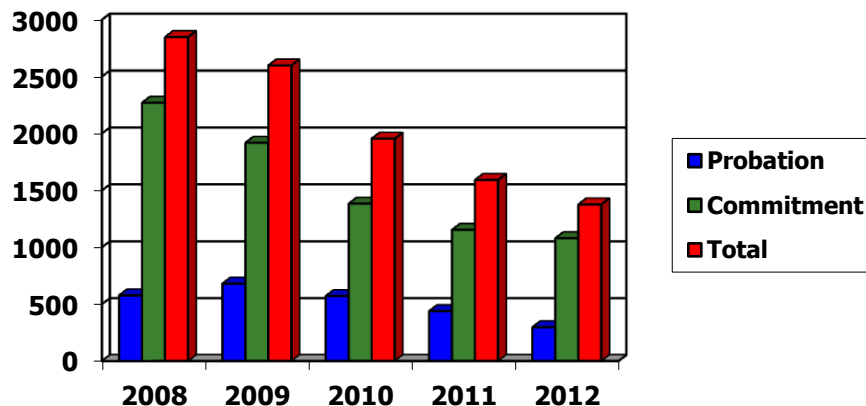
Delinquency (Adjudicated) Caseload Has Been Consistently Declining

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

Table C

New Court Probation and Commitment Trends Assigned to CMO Agencies			
Fiscal Year	Number of New Commitments	Number of CMO Probation Cases	Probation & Commitment Combined
2012	625	467	1,092
2011	646	637	1,283
2010	726	874	1,600
2009	841	917	1,758
2008	1,038	732	1,773

In five years intake of new adjudicated cases has declined 38.4%. The total ongoing CMO caseload has been correspondingly declining. The chart below tracks CMO caseload trends for a set point-in-time (actual caseload count) for a five year period. During the reporting period the adjudicated caseload was reduced 51.7%. Fixed-term probation, less reliance on residential placements, shorter lengths of stay, and reduced term of court jurisdiction have contributed to significant caseload reductions for juveniles on probation and commitment status.

Chart D

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

Research 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. This outcome measure tracks juveniles initially assigned to in-home supervision and their retention or escalation to out-of-home care.

Table E

Juvenile Escalations for Technical Violations (Not New Criminal Convictions)			
CMO Agency	FY 2012	FY 2011	FY 2010
Black Family Development	29.1%	26.0%	14.5%
Bridgeway	20.0%	9.1 %	8.0%
CCMO	7.6%	15.8%	18.31%
StarrVista	20.0%	16.0%	20.41%



WW-Growth Works	13.7%	12.9%	12.8%
Averages	18.4%	17.0%	15.00%

**N" 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; averaging about 2.0% of the state ward population.

Table F

Juveniles Convicted of a New Felony While Under Active Jurisdiction			
Juveniles in Commitment Status			
CMO Agency	FY 2012	FY 2011	FY 2010
BFD, I	< 1.0%	<0.1%	5.1%
Bridgeway	3.8%	5.4%	2.9%
CCMO	1.0%	1.8%	5.2%
StarrVista	<1.0%	<0.1%	4.1%
WW-Growth Works	1.4%	2.4%	2.1%
Averages	1.3%	1.9%	2.2%

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 lower lengths-of-stay in placements and expanded number of juveniles assigned to a community-based level of care, with a significant increase in street time.

Juveniles with Felony Convictions Post CMO Termination

The CMO recidivism rate in FY 2012 was 17.5%. 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 offending and chronic and violent offending. Recidivism for this population therefore measures safety outcomes for the most high risk and complex juveniles in the system.



Table G

Post-Termination Felony Conviction Measured Two-Years Post Termination			
Agency	FY 2010 Cohort with Felony Convictions Thru FY 2012	FY 2009 Cohort with Felony Convictions Thru FY 2011	FY 2008 Cohort with Felony Convictions Thru FY 2010
BFD, I	18.9%	20.2%	19.5%
Bridgeway	17.6%	17.0%	13.2%
CCMO	15.8%	16.4%	25.4%
StarrVista	21.2%	17.5%	19.8%
(WW) Growth Works	13.5%	14.0%	13.0%
Averages	17.5%	17.2%	18.8%

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. For FY 2010 cohort there were 222 convictions / 1,268 releases.

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

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 eliminated. The average daily population of juveniles in DHS facilities has declined from 731 in FY 1998 to seven in FY 2012. 13 youth were placed in DHS training schools in FY 12, compared to seven in FY 11.

Table H

Placement in DHS Public Training School Facilities-Average Daily Population from Wayne County													
1998	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
731	529	240	107	40	34	46	45	38	44	16	2	4	7

Residential Placements and Length-of-Stay Have Continued to Decline

Residential care utilization has declined for five straight years in Wayne County. The use of out-of-home placements has been cut in half. The average out-of-home placements declined from 1,271 in FY 2008 to 633 in FY 2012. The steepest decline has occurred in non-secure placements. As more diversion options have come on-line through Correct Course and other prevention programs, fewer status and low risk offenders are being placed in non-secure residential facilities. This is reflected in the 63.0% drop in non-secure placement utilization since FY 2008. In September 2012 the average daily count of youth in residential placement dropped to under 600. Secure placement utilization has declined 25.6 % over the same time period. Secure juvenile facilities are being utilized for the most serious, high risk offenders and youth with specialized needs.

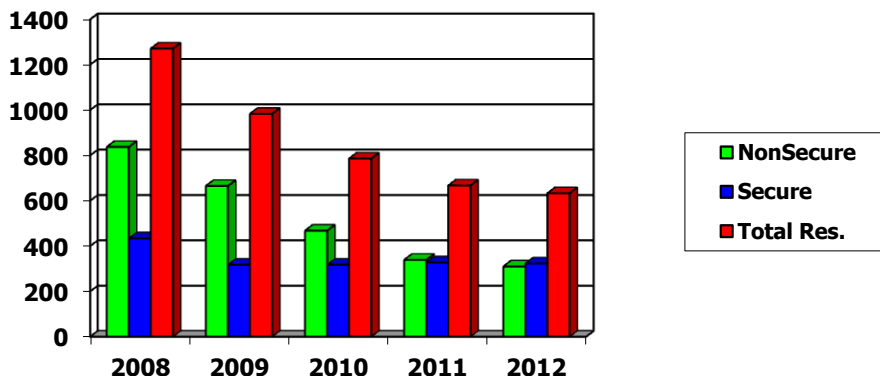
Separate facilities, specializing in mental health, are used for youth diagnosed with SED/DD. In FY 2012, 31.8 % of placement admissions were to mental health programs and 34.4% were to substance abuse treatment centers.



In FY 2012 the overall length-of-stay (LOS) in residential placements declined to 6.4 months: 8.7 months for secure and 4.8 months for non-secure. The declining LOS has significantly reduced the average daily population held in residential facilities. There were 1,499 placements in FY 12 (includes youth participating in multiple placements during the reporting period).

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

Chart I



- Residential care expenditures have declined by \$46.5 M since FY 2008 (-44.3%)

Juveniles on Court Probation Are Being Successfully Supervised By CMO Agencies

In FY 2012, 74.7% 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 J

CMO Agency	Probation Outcomes and Escalation in Legal Status			
	FY 2012 Release Status		FY 2011 Release Status	
	Successful	Escalation	Successful	Escalation
BFD	77.8%	22.2%	80.9%	19.1%
Bridgeway	62.1%	37.9%	73.8%	26.2%
CCMO	71.0%	29.0%	70.7%	29.3%
StarrVista	79.4%	20.6%	80.0%	20.0%
Growth Works	83.0%	17.0%	79.9%	20.1%
Averages	74.7%	25.3%	78.0%	22.0%

*Counts based on the number of youth on probation for the reporting period. N = 1,116 for FY 2011 and 788 for FY 12. "Escalation" includes unresolved escapes.

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.



Juveniles were also tracked for one year for conviction on a new felony (following court termination of probation). The probation recidivism rate was 1.6%.

Table K

Probation Youth with Felony Convictions Post One Year Termination of Probation FY 2012				
CMO	Probation Youth with Felony Convictions Post Termination	Probation Youth with No Felony Convictions	Total Probation Youth Terminated (10/1/10 -9/30/11)	Recidivism Rate Felony Convictions Post 1 Year After Termination
BFDI	1	97	99	2.0%
BWY	0	116	116	0%
CCMO	1	72	73	1.4%
WW/GW	1	109	110	1.0%
SV	5	100	105	4.8%
Grand Total	8	494	503	1.6%

In 2009 the court implemented a fixed-term probation model for juveniles assigned to CMOs. The option of indeterminate probation was also retained. In FY 2012 83.3% 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 L

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

Detention (Short-Term) Utilization Has Been Reduced

Chronic detention overcrowding was a primary impetus in the County's decision to operate its own juvenile services system. More than 500 juveniles a day were confined in the (old) WCJDF, DHS operated and private detention facilities. Through FY 2012 average daily secure detention population was reduced to 156.

The average daily secure detention population has declined by 44.2% from FY 2009 to FY 2012. The ADC includes the county's secure Juvenile Detention Facility. Countywide detention services were provided as summarized in the following chart:

Table M

Short-Term Detention Utilization Trends - Average Daily Population (ADP) (Juveniles Awaiting a Hearing or Placement)				
Detention Provider	ADP FY 2012	ADP FY 2011	ADP FY 2010	ADP FY 2009
Secure Private Agency Detention	21	31	56	82



County JDF	135	154	158	168
Subtotal Residential	156	185	214	250
Secure-Annual Rate of Change	-15.7%	-13.6%	-14.4%	
CMO In-Home Det.	36	53	68	94
Grand Total	192	238	282	344
Annual Rate of Change	-19.3%	-15.60%	-18.02%	-18.68%
Cumulative Change	-44.2%			

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

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. Lincoln Center opened two detention pods in FY 11.
- 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 placements.

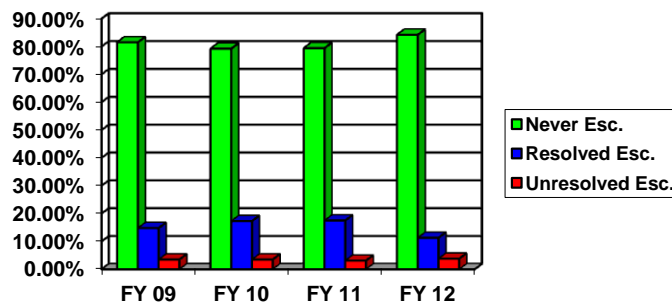
Juveniles from Wayne County Have Not Been Transferred to States Outside of Michigan for Services

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

Escape

Retention of juveniles in community supervision and residential placements is a key metric for public safety and wellness. Escape is defined as any unauthorized departure from a residential facility and must be reported to local police and the Sheriff's Warrant Enforcement Bureau. When an adjudicated juvenile assigned to community based supervision cannot be physically contacted for three days, the CMO notifies the court. The CMO files a petition for a Writ of Apprehension with the court whenever a juvenile's status changes to "escaped." On average 80% of youth never experienced an escape episode. 17% escaped and the episode was resolved and youth returned to custody. 3.5% remained on escape status (without resolution at the end of the fiscal year reporting period).

Chart N



Juvenile Justice Expenditure Trends

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) 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.



In FY 2012 total juvenile justice expenses declined by 2.8%. The following table presents trends based on total expenditures for the CCF and State-ward charge-backs to the County. CCF expenditures for juvenile services have declined for five straight years.

➤ **CCF Expenditures for Juvenile Justice Have Declined 15.1% since FY 2009**

Table O

WC-CFS Child Care Fund and State Ward Board & Care (SWBC) Expenditure Trends Juvenile Justice and Child Welfare 100% of Expenditures (1) (2)				
Program	FY 2012	FY 2011	FY 2010	FY 2009
Juvenile Justice CCF	\$138,123,946	\$143,343,033	\$150,433,671	\$159,532,130
Juvenile Justice State Wards (SWBC)	\$1,420,501	\$702,467	\$518,297	\$3,109,047
Juvenile Justice (1) Total	\$139,544,447	\$144,045,500	\$150,951,968	\$162,641,177
Less Revenue Collections (3)	(\$8,407,218)	(\$9,092,304)	(\$8,332,887)	(\$8,221,502)
Net Juvenile Justice Expenses	\$131,137,229	\$134,953,196	\$142,619,081	\$154,419,675
"JJ" Annual % Increase/Decrease	(2.8%)	(5.4%)	(7.6%)	(4.0%)
Juvenile Justice Cumulative Rate of Change FY 09– FY 12	(15.1%)			

Notes:

- (1) Costs Shared 50%-50% By State and County
- (2) Table does not include the Court, Prosecutor components in the Child Care Fund.
- (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.
- (4) Table does not include costs for court and Prosecutor programs in the CCF. These services are not administered by WC-CFS.

It is significant that total CCF spending has continued to decline during a period in which Title IV-E revenue for Wayne County plummeted a staggering \$52.5 M or 70% since FY 2000. Title IV-E (maintenance) pays for qualifying out-of-home placements. Given the depth of federal revenue losses, the county was at great risk of increased spending for out-of-home placements. New program policies and practices have mitigated the impact of lost federal revenue.

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 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. 96.9% of youth in the sample (N=64) improved 20 or more points on the post-CAFAS. On average the impact of the change was impressive in terms of the improved well-being of the youth.



Section XI: JAC and Care Management Organization Agencies

Black Family Development, Inc. - CMO

5555 Conner, Suite 1E21

Detroit, MI 48213

(313) 308-0255 - Office

(313) 308-0270 – Fax

Alice Thompson, Executive Director athompson@blackfamilydevelopment.org

Stevia Simpson-Ross, VP of Juvenile Justice Services sross@blackfamilydevelopment.org

Bridgeway Services, Inc. - CMO

19265 Northline

Southgate, MI 48195

(734) 284-4819 - Office

(734) 287-2948 - Fax

Susan Shuryan, Director sshuryan@bridgewaysservices.org

Shirley Laszlo, Quality Operations Manager slaszlo@bridgewaysservices.org

Center for Youth and Families - CMO

New Center Once, Suite 370

3031 W. Grand Boulevard

Detroit, MI 48202

(313) 875-2092 - Office

(313) 875-2192 - Fax

Jeri Fisher, Executive Director jeri.fisher@ccmorg.org

Janis Wilson, Chief Operating Officer janis.wilson@ccmorg.org

StarrVista - CMO

22390 W. Seven Mile

Detroit, MI 48219

(313) 387-6000 - Office

(313) 387-0760 - Fax

Michelle Rowser, Director rowserm@starrvista.org

Tawana Rogers-Reece, Asst. Director rogersreecet@starrvista.org

Western Wayne (Growth Works) - CMO

271 S. Main

Plymouth, MI 48170

(734) 455-4095 - Office

(734) 455-2664 - Fax

Dale Yagiela, Director dyagiela@growth-works.org

April Wyncott, Program Director awyncott@growth-works.org

Juvenile Assessment Center (JAC)

7310 Woodward Ave., Suite 601

Detroit, MI 48202

(313) 896-1444 - Office

(313) 896-1466 - Fax

Cyndi Smith, Executive Director csmith@assuredfamilyservices.org

Sallie Smith-Brown, Chief Operating Officer ssbrown@assuredfamilyservices.org



Youth Assistance Program Providers

Alkebu-Lan Village

7701 Harper
Detroit, MI 48213
Office: (313) 921 1616
Fax: (313) 921-1151
Marvis Coefield, Executive Director-marviscoefield@aol.com
Sammira John, Program Director-sammira.tyner@aol.com

Black Family Development, Inc.

8555 Conner
Detroit, MI 48213
Office: (313-) 758-0150
Fax: (313) 308-0270
Alice Thompson, Executive Director- athompson@blackfamilydevelopment.org
Stevia Simpson-Ross, VP of Juvenile Justice Services- ross@blackfamilydevelopment.org

Central Care Management Organization-Center for Families & Youth

3031 W. Grand Blvd, Suite 370
Detroit, MI 48202
Office: (313) 875-2092
Fax: (313) 875-2192
Jeri Fisher, Executive Director-jeri.fisher@ccmorg.org
Janis Wilson, Chief Operating Officer-janis.wilson@ccmorg.org

Conference of Eastern Wayne

15115 Jefferson
Grosse Point Park, MI 48230
Office: (313) 822-6200
Fax: (313) 822-1280
Dale Krajniak, City Manager-gppkd@aol.com

Conference of Western Wayne

271 S. Main Street
Plymouth, MI 48170
Office: (734) 455-4095
Fax: (734) 455-1254
Marsha Bianconi, Executive Director
Scott Levely, Chief Financial Officer of Growth Works

Don Bosco Hall

19321 W. Chicago
Detroit, MI 48228
Office: (313) 493-9129
Fax: (313) 496-9624
Charles Small, President/CEO- csmall@donboscohall.org
Duane Carter, Director of Program Development-dcarter@donboscohall.org

Downriver Community Conference

15601 Northline Road
Southgate, MI 48195
Office: (734) 785-7334 / (734) 785-7705
Fax: (734) 285-5467
Jessica Okkerse, Program Manager (TGC) jokkerse@iamtgc.net
Sheri Coffman, YAP Program Coordinator (TGC)



Ennis Center for Children

20100 Greenfield Road

Detroit, MI 48235

Office: (313) 342-2699

Fax: (313) 342-2180

Ursula Ahart, Director-ursula.ahart@enniscenter.org

Rhea Cooper, Program Supervisor-rhea.cooper@enniscenter.org

Healthy Kidz, Inc.

227 Iron Street, Suite 121

Detroit, MI 48207

Office: (313) 393-2222

Cell: (313) 995-0607

Maria Adams-Lawton, Executive Director/CEO-maria.adams-lawton@sbcglobal.net

Matrix Human Services

450 Eliot

Detroit, MI 48201

Office: (313) 831-7927

Fax: (313) 831-4960

Celia Thomas, VP of Child & Family Services-cthomas@matrixhs.org

Brad Maliszewski, Program Director-bmaliszewski@matrixhs.org

Southwest Counseling Solutions

5716 Michigan Ave

Detroit, MI, 48210

Office: (313) 963-2266

Fax: (313) 963-2471

Donna Cielma, Director, Youth and Families-dcielma@swsol.org

Marquita Felder, Program Director-mfelder@swsol.org

Starr Commonwealth

22400 W. Seven Mile Road

Detroit, MI 48219

Office: (313) 794-4447

Fax: (313) 794-4484

Michelle Rowser, Director of Operations-rowserm@starrvista.org

Dawn Stewart, YAP Administrator-stewartd@starr.org

Yuinon, The, Inc.

111 E. Kirby

Detroit, MI 48202

Office: (313) 870-9771

Fax: (313) 870-9722

Nicole Wilson, Executive Director-nicole@theyuinon.com



