



Warren C. Evans  
Wayne County Executive

## Wayne County Department of Health, Veterans & Community Wellness

### **Child Care Fund Plan for FY 2016** **FIA 4471-Section IV: Juvenile Assessment Center (JAC) Impact** **Statement for Services Provided in FY 2015**

#### I. Introduction

The Juvenile Assessment Center (JAC) is the gateway for accessing all services provided within the Wayne County juvenile justice system. This includes Care Management Organization (CMOs) agencies for adjudicated youth, Youth Assistance Programs (YAP) for diverted youth and First Contact agencies that provide prevention programs for at-risk youth. As the screening and intake center for these programs, the JAC completes program assignments, clinical/social assessments, outpatient therapy and post-program outcome evaluations.

In that sense the JAC provides “one-and-done” types of services. CMOs, YAPs and First Contact agencies are responsible for ongoing treatment. In CCF terms they are responsible for treatment plans, updates and weekly face-to-face contacts. As outlined below the JAC provides a range of supportive services to these clients and the assigned agencies.

#### II. Program Service Descriptions

##### **A. Services at Third Circuit Court**

The JAC located at Third Circuit Court, is the point of entry for Child Welfare-eligible treatment referrals, diversion and Juvenile Justice assignment, eligibility and registration via the Wayne County Prosecutor’s Office and Third Circuit Court Orders. All documentation is processed, including referrals, court orders, case intakes and court-order referrals for services. A service provider and/or CMO assignment is made within 24 hours of receipt and review. Customer focus and responsiveness is the guide for the Court JAC staff. Assuring that families understand what has and will occur, and that the Jurists are served timely and accurately with data entry and client information correct, is the primary function of the Court JAC. Careful attention to the Wayne County Juvenile Detention Facility population assures that youth are not detained unnecessarily and that there is available bed space for new admissions with appropriate transfers to private detention facilities, releases and alternative detention resources coordination.

##### **B. Assessment Services**

A JAC Assessment Specialist is responsible for completing comprehensive, psychosocial and legally sustainable Social History Assessments on each youth and family referred to the

JAC for Wayne County Health, Veterans and Community Wellness (HVCW) for resources after adjudication. The detailed narrative and assessment includes a thorough interview with the youth and family, in their home environment, which provides opportunities for clinical restorative justice, as well as person-centered and culturally competent recommendations to the CMO for adjudicated youth. Recommendations are based on individualized strengths, needs, abilities, preferences and risk indicators for each youth, along with sound clinical protocols implemented when evaluating the youth, family and community environment.

Using the standardized JAC Assessment Report as a pre-dispositional evaluation for recommendations and identified needs of adjudicated youth, Jurists know what issues to monitor and they are able to ensure that the CMOs impact, prioritize, provide services and track youth appropriately. The Dispositional Report, which includes summarized information from the JAC Social History Assessment and the JAC Psychological Evaluation Report, helps jurists to confirm that focused efforts were made and outcomes achieved which improved the potential for youths' successful living and community participation.

### **C. Clinical Services Program**

The JAC Clinical Services Program carries out all the psychological and psychiatric services delivered by the JAC, collaborating with Assessment Specialists, the Substance Abuse Services Program and the CMOs. Psychological and psychiatric evaluations are provided to adjudicated and non-adjudicated juveniles and court-ordered Child Welfare individuals, for reasons related to court orders, treatment planning, service implementation and court disposition determinations. The JAC Clinical Services Program provides reliable evaluations for all referred individuals, as well as access to CMH service coordination using standardized, objective and clinical procedures to achieve competent and insightful individualized recommendations.

### **D. Substance Abuse Services**

The JAC Substance Abuse Services Program provides substance abuse testing, using Alcohol and Other Drug (AOD) urine screens and certified laboratory analysis within the JAC. By screening for substance abuse at the earliest point of entry of the Justice System for youth and for caregivers, it allows Jurists and treatment providers to address factors that lead to the behavior that caused legal and court involvement.

Substance abuse treatment recommendations are provided through the administration of the Global Appraisal of Individual Needs (GAIN) assessment tool for each youth who has a positive AOD screen. Results allow for ongoing measurement of substance abuse and treatment need to deter and teach youth about substance use and harmful effects of substance use. The JAC Substance Abuse Services process ensures timely and accurate identification of illegal substance use and provides direction for appropriate judicial decisions, timely treatment intervention and education, while always ensuring the clients' rights and confidentiality are maintained and respected.

### **E. Therapeutic Services**

The JAC Therapeutic Services Program is responsible for oversight of the provision of various in-home and specialized therapeutic services, both clinical and educational, court-ordered treatment and family preservation services for youth and families involved in the Child Welfare system. Services are available to parents, caregivers and youth within HVCW who are court-ordered as a result of child abuse and/or neglect. The JAC works with both internal and externally contracted credentialed provider organizations to ensure timely and

appropriate service delivery, clinical proficiency and culturally competent treatment. Services managed by the JAC Therapeutic Services Program include:

- In-Home Family Support
- Parenting Skills Education
- Substance Abuse Screening and Treatment
- Anger Management
- Domestic Violence Counseling
- Home-Based and Office Based Mental Health Therapy
- Psychological and Additional Provider audit and training data is discussed in section VI of this report.

## **F. Diversion Services**

The JAC Diversion Services Program is a collaborative effort of the Wayne County Prosecutor's Office, the Third Circuit Court and HVCW to provide early assessment and access to community based services that prevent further penetration into Juvenile Justice adjudication. Juveniles with first-time or low-risk offenses, that are not Petitioned or Dismissed by the Jurist with agreement of the Prosecutor, are then assigned to their local Youth Assistance Programs (YAP) for services.

Through use of a unique psychometric, personalized computer interview called the Juvenile Inventory for Functioning (JIFF), the youths' strengths and needs, as well as the caregivers' perceptions about the youths' strengths and needs, which can also include mental health needs, are assessed for treatment planning and service recommendations.

The ten domains that are identified and addressed on the JIFF consist of:

- School / Your Job
- Family Life
- You and Your Neighborhood
- Dealing with Bad Feelings
- Thinking
- Home
- You and Your Friends
- Your Feelings
- Alcohol and Drugs
- Your Health

The JAC Diversion Services Program assures that youth with significant mental health concerns, substance use, unsafe environments and special situations have access to more intensive services without being adjudicated. All youth and families referred receive local, accessible services concluding with a post JIFF assessment to measure outcomes and progress.

The JAC Diversion Services Program also coordinates with the JAC Substance Abuse Services Program to administer drug screens, as required. The JIFF report is utilized by the assigned YAP for appropriate treatment planning and service delivery and if needed, more intensive services that include: SED mental health services, CHOICES in-home counseling and CB-TFC treatment.

## G. C.H.O.I.C.E.S.

CHOICES, which stands for Community Health, Outreach, Intervention and Clinical Engagement Services, is a community mental health treatment program at the JAC that provides short-term, in-home counseling and group therapy services. This program provides clinical assessments, comprehensive individual and family counseling, which offers realistic and practical approaches to family preservation and mental health needs.

Through counseling/therapy, substance abuse education/treatment, parent education and adolescent anger management counseling, CHOICES staff help improve the quality of life for youth and families, empower them to restore successful living, improve healthy psychological functioning; promote learning of new skills for successful relationships and ultimately promote safer communities.

Additionally, CHOICES clinicians help promote the development of positive relationship skills, effective parenting skills, improve family conflictual concerns and address life challenges to prevent further involvement in the Juvenile Justice System. The AFS-CHOICES program received 534 referrals during FY 2016. 515 were unduplicated referrals and 39 were youth who were referred for service more than one time.

177 youth (33%) were females and 357 youth (67%) were males. Of the females referred, 48% were referred through At-Risk/Prevention and/or Right TRAC Diversion programs, 37% through CMOs, 14% through DHHS-SED or Child Welfare, 1% were self-referred and 1% were through the 17 y/o Turn-Around program. Of the males referred, 54% were referred through CMOs, 39% through At-Risk/Prevention and/or Right TRAC programs, 3% through the Turn-Around Program, 1% were self-referred, and 3% were from DHHS-SED or Child Welfare programs.

The breakdown of CHOICES referral sources is as follows:

<b>CMO/AFS</b>	<b>Number of Referrals FY 2016</b>	<b>Number of Referrals FY 2015</b>	<b>Number of Referrals FY 2014</b>	<b>Number of Referrals FY 2013</b>	<b>Number of Referrals FY 2012</b>
BFD	74	75	38	63	70
BW	85	102	107	169	105
CCMO	47	71	76	80	64
GW	44	56	56	74	67
SV	6	26	4	12	6
(Diversion, (APS)	112	157	19	144	122
(17 y/o Turn (SED-CW)	12	12	-	-	-
(SED-CW)	35	27	88	1	-
DHHS –	1	2	1	1	-
AFS – special	0	0	1	1	-
Infant Mental	0	5	2	-	-
Community	6	-	-	-	-
<b>Total</b>	<b>534</b>	<b>784</b>	<b>694</b>	<b>696</b>	<b>435</b>

A total of 11,825.5 units of services were provided in FY 2016 to 1102 unduplicated youth with 8938 separate encounters.

CHOICES provided a total of 3,047 encounters in Family Therapy, 4,732 Individual Therapy encounters 67 Substance Abuse encounters, 1,091 Group Counseling encounters 1 Parent Education Class encounters. Staff have been engaging with the youth referred and also engaging with the families with nearly as many family therapy units provided as individual therapy. It is important to note that the substance abuse encounters do not include services that are funded through Detroit Bureau of Substance Abuse.

CHOICES provided a total of **4243.75** encounters in Family Therapy, **6046** Individual Therapy encounters **98** Substance Abuse encounters, **1366.25** Group Counseling encounters **1.5** Parent Education Class encounters. Staff have been engaging with the youth referred and also engaging with the families with nearly as many family therapy units provided as individual therapy.

Service Unit	Units Delivered in FY 2012	Units Delivered in FY 2013	Units Delivered in FY 2014	Units Delivered in FY 2015	Units Delivered in FY 2016
Family Counseling	2788	5254	6744	7132	<b>4243.75</b>
Individual Counseling	3092	5363	7181	7592	<b>6046</b>
Substance Abuse Counseling	71	343	480	530.5	<b>98</b>
Group Counseling	3391	1830.5	409	4	<b>1366.25</b>
Parent Education	101	62.5	1	75.5	<b>1.5</b>
<b>Total Units</b>	<b>9,443</b>	<b>12,853</b>	<b>14,815</b>	<b>15,334</b>	<b>11,755.5</b>

Regarding SED youth, there were 306 CAFAS pre and post-tests completed for comparison. The average age was 14 with a range of 6-18 years of age. Of those assessed, 59% were male and 41% female. For SED youth no longer in treatment, there is a 17 point difference between the average CAFAS Youth Total Score for Initial and Most Recent Assessments. For those youth, the average CAFAS youth total score on initial assessments is 86 with the average CAFAS youth total score on the most recent assessment being 69.

For SED youth who are no longer in treatment, 53% demonstrated an improvement in CAFAS total score on one or more outcome indicators. 54% of the SED youth, both still active in treatment and closed cases, showed an improvement in CAFAS Total on one or more outcome indicators.

## CAFAS<sup>®</sup> Aggregate Report Comparing Initial and Most Recent Assessments

**Organization:** MI: Choices at JAC - Wayne CMH

**Report Date:** 9/22/2016

**Service Area/Program(s):** Juvenile Assessment Center (CHOICES) Home-

**Time Range: Start Date:** 10/1/2015 - 9/22/2016

**Active/Inactive Status:**

Sample size for Comparison of Initial to Most Recent Assessments: **306**

**Age Mean:** 14 years old.

**Age Range:** 6 - 20 years old.

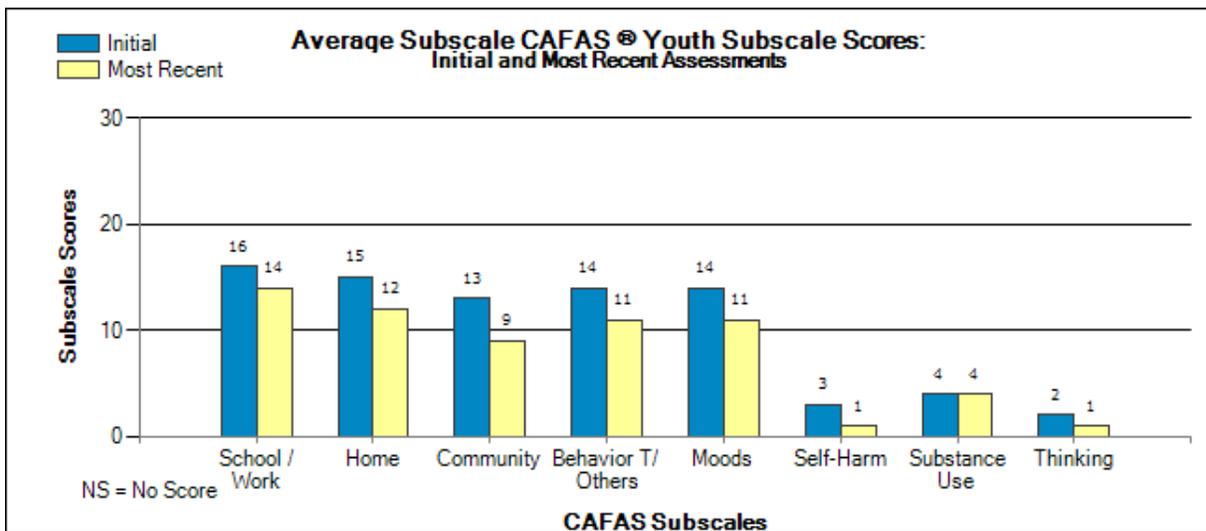
**Age Grouping:** 18% Preadolescent; 82%

**Gender:** 59% Male; 41% Female; 0%

## CAFAS<sup>®</sup> Profile: Subscale Scores

Examination of the results by subscale highlights the needs of the youth you serve, which can be considered in program

The CAFAS subscales reflect the youth's day-to-day functioning across life domains. This chart presents a comparison of the average scores by subscale (aggregated across all



## CAFAS<sup>®</sup> Total Score

The CAFAS Total Score is the sum of the impairment ratings for the 8 subscales for the youth. For each subscale, the rater selects the item(s) which are true for the youth, which in turn, determines the youth's level of impairment for that subscale. There are 4 levels of impairment: Severe Impairment (30), Moderate (20), Mild (10), and No or Minimal (0) Impairment. A higher score indicates greater impairment

For this administrative report, CAFAS Total Scores are aggregated across youths and a comparison is made between the average scores for the initial and most recent assessments. A lower average score at the most recent assessment indicates a positive change. The average difference score is also calculated: a positive number indicates improvement in functioning, 0 indicates no change, and a negative number indicates greater functional impairment.

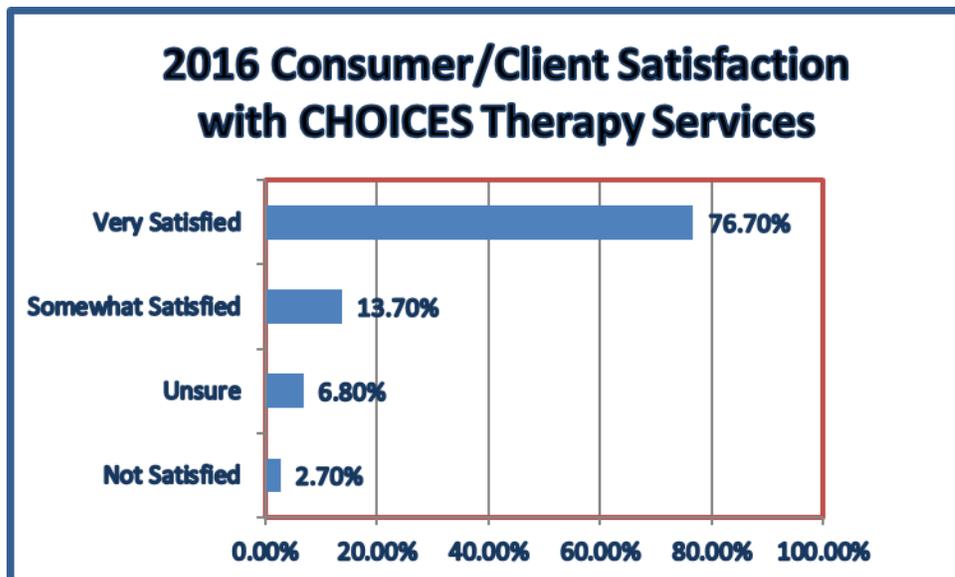
## CHOICES Client Satisfaction Surveys 2016 with Survey Response

Of the families responding to the **CHOICES Client Satisfaction and Verification Surveys** conducted via telephone by the AFS QA staff (308 Attempted; 205 Completed; 66.5% Completion Rate):

- **91.8%** reported being satisfied with the services received from the CHOICES program;
- **97.3%** reported being satisfied with the services being home based at their convenience;
- **100%** reported that their therapist treats them with respect and listens to their concerns;
- **100%** reported that their therapist respected and was sensitive to their culture and spiritual beliefs;
- **89.2%** reported that their child is getting along better with family members;
- **83.8%** reported that their child is showing improvement in school/work;
- **91.9%** reported that their child is better able to cope with stressors when things go wrong;
- **89.2%** reported that their child with previous police contact has shown reduced police contact.

Some specific comments received during the survey process were:

- *"The therapist seems to be personally invested and concerned and goes above and beyond to help my child."*
- *"Our therapist implements hope where there was none."*
- *"The therapist is giving my son skills to use even when she is not there."*
- *"Everything is perfect; the therapist is excellent; my daughter is learning to read and everything."*
- *"The therapist is a good listener, always on time and has empathy for others."*
- *"I appreciate the in home therapy. I trust my child with the therapist and can get a little respite while they are talking; relax, read or take a bath."*



#### H. Title IV-E

The Title IV-E program ensures that Wayne County has the capacity to make valid and legitimate claims for reimbursement of eligible federal Title IV-E foster care maintenance and administrative expenses for eligible juveniles. AFS-JAC is a Wayne County designated agency allowed to perform Title IV-E services and administrative responsibilities. AFS-JAC staff regularly call families to obtain the most recent information about youth in care. Title IV-E legislation (*The Adoption Assistance and Child Welfare Act of 1980 amended Title IV of the Social Security Act to establish a new Part E*) provides for federal payments to the states for foster care maintenance and adoption assistance payments made on behalf of certain eligible children.

The objectives of the Title IV-E legislation are:

- To improve the quality of care provided to children in substitute care;
- To reduce the number of children who are removed from their own homes for placement in substitute care. Substitute care includes foster family, group home and institutional care;
- To return children from substitute care to their homes as soon as conditions in the home permit; and
- To facilitate the adoption or other permanent placement for those children who cannot be returned to their own homes.

There are three components of Title IV-E that must be met before a juvenile can be determined to be Title IV-E eligible:

- A compliant Court Order, containing language determining that for the juvenile to remain at home is contrary to his/her welfare and containing language indicating that reasonable efforts to prevent the juvenile's removal from home have been made.
- Michigan Department of Human Services (DHHS) Title IV-E funding eligibility determination for the youth; and
- Approved/Eligible Title IV-E Placement, as determined by the Michigan DHHS.

During FY 16, AFS-JAC provided documentation for the billed reimbursement claims eligible to Wayne County for the amount of unknown as DHHS has 276 IVE applications still pending.

#### I. JAC Electronic Monitoring and Tether Services Unit Eula

<b>Juveniles Diverted from Secure Custody to Home-Based Detention</b>		
<b>FY 2015-2016</b> *Represent all terminated cases which includes youth that were carried-over as active on tether from the previous fiscal year and include duplicated youth		
<b>Number of Juveniles Authorized</b>	<b>Successful Termination</b>	<b>Unsuccessful Termination</b>
<b>236</b>	<b>125 61%</b>	<b>79 39%</b>

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

Reasons for Unsuccessful Termination FY 2016 In-Home Detention	
Reason	Number
Escape	22% (17)
Charge for a New Offense	16% (13)
Non-Compliance with Program Conditions	62% (49)
<b>Total</b>	<b>79</b>

During the 2016 fiscal year, AFS staff provided new training for new contracted Wayne County electronic monitoring equipment and process. The JAC provides daily emails to CMOs regarding youth that have turned off/not charged tether and may have absconded to assure prompt attention to youth and community safety. Training included software changes and hardware modifications to the CMOs and Court's (Intensive Probation Unit and STAND) program personnel, as well as, provide technical assistance and troubleshooting for any potential problems.

#### J. JAC Juvenile Justice Intake Activity for FY 2016

The Juvenile Assessment Center (JAC) is the single-point of entry for receipt of service referrals, court orders and case intake processing. The JAC registers all new juvenile justice cases that are eligible for programs funded through the HVCW on the County's automated Juvenile Agency Information System (JAIS).

The following table summarizes new case registration trends for Wayne County funded juvenile justice service programs for:

Juvenile Justice Services Dashboard					
Measure	Status FY 2012	Status FY 2013	Status FY 2014	Status FY 2015	Status FY 2016
<b>New Case Activity</b>					
New CMO Probation Cases – Community Supervision	467	457	332	317	331
New CMO Probation Cases – Institutional Placement	625	480	415	409	381
New Diversion Cases**	837	484	16	565	654
New Prevention Cases	8,482	5,080	7,478	6,473	6,474
Committed for a Class I or II "Life" Felony <sup>1</sup>	9.4%	9.6%	14.2%	12.2%	13.9%
<b>Accountability and Community Protection</b>					
Recidivism (Juveniles in Commitment Status)	17.4%	16.0%	16.1%	13.64	12%
Felony Conviction During Active Enrollment	2.2%	1.5%	1.6%	1.8%	1.5%
Successful Probation Completion	74.7%	78.9%	80.0%	85.6%	88.2%

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

Successful Completion of Diversion Program**	89.5%	88.7%	N/A	NA	92%
Community Probation-Post 1 Yr. Felony Conviction	1.6%	3.0%	2.0%	1.3%	1.5%
<b>Resource Utilization</b>					
Use of Short-Term Secure Detention (ADP) <sup>2</sup>	176 Day	130 Day	108 Day	98 day	99 Day
Use of Non-Secure Rx <sup>3</sup> Placements (ADP)	305 Day	256 Day	204 Day		dept
Use of Secure Rx Placements (ADP)	323 Day	278 Day	235 Day		dept
Use of DHS Public Training Schools (ADP)	7 Day	3 Day	3 Day	3	0
Term of CB Probation Less Than One Year	83.3%	89.6%	83.0%	85.6%	90.2%
<b>Adolescent Well Being and Competency Development</b>					
Juveniles Diagnosed with Mental Illness (SED)	53.5%	67.6%	52.2%	55%	65%
Escalation to Placement for Technical Reason <sup>4</sup>	18.4%	15.3%	20.5%	19.5%	
Unresolved Escape Rate <sup>5</sup>	3.8%	2.4%	4.8%	3.3%	7%
<b>Finance and Administration County Finance to complete</b>					
Juvenile Services CCF <sup>6</sup> Expenditures	\$131.1 M	\$124.9 M	\$118.5 M	Dept	Dept
Juvenile Services CCF Expenditures County GF Only	59.7 M	56.9 M	\$55.5 M	dept	dept
Title IV-E Revenue (Federal)	\$2.5 M	\$2.3 M	\$2.3 M	na	Unknown due to DHHS delay in reviews
CMO Level 1 Probation Caseload (ADC) Home-Based	306	259	405	260	388
CMO Level 2 Probation Caseload (ADC) Placement	971	856	457	406	498
Total Average Daily CMO Caseload	1,276	1,115	986	944	886
CMO Total Adjudicated Juveniles Served	2,901	2,462	2,078	1,889	1,468

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

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

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

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

<sup>6</sup> "CCF" means Child Care Fund. CCF is the primary funding source for Wayne County's juvenile services system. The CCF is a 50/50 cost-sharing (uncapped) formula between the County and State. Expenditure trends for juvenile justice only. Prosecutor, Court, Child Welfare not included. Data includes donated (non-county GF) funds for prevention programming. NA Diversion did not reach 1 yr. post after re-start of 1/1/15 yet.

TREND LINE COLOR CODES		
FAVORABLE	MARGINAL	UNFAVORABLE

The JAC assigns new adjudicated probation and commitment cases to Care Management Organizations (CMO). The following table presents new case intake trends:

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 Health & Human Services. DHHS contracts with Wayne County to provide mandated case management, supervision and treatment services.

#### **K. In-Home Services and Cost Savings**

Community-based assessment services provided through the JAC to youth and families directly supports family preservation. Competent assessment services and tested placement decision-making instruments prevent youth from entering the out-of-home placement system by directing youth to risk appropriate treatment resources. Juveniles that are separated from their families and placed in residential care are much less likely to achieve permanency. Sound assessment, counseling, in-home supports, parent education and ongoing substance abuse screening reduce risk factors and support preservation of the family. Services that prevent youth from further penetration into the juvenile justice system reduce opportunities that increase out-of-home care utilization.

An integral element of Wayne County's juvenile care management system is the performance of independent authorizations to access and utilize specific levels of care (home-based and residential care). The JAC is the agency authorized by Wayne County to render utilization decisions (guided by county policy). Utilization reviews reduce the use of residential placements, prevent escalations and accelerate return home for those juveniles that are placed in out-of-home care. The JAC reviews residential placements at six-month intervals.

Assessment information compiled by the JAC is used by Care Management Organizations (CMO) to develop comprehensive Plans of Care. Thus, successful program completion data is reported in the CMO components of the CCF Plan for juveniles on probation and commitment legal status.

#### **L. Access to Mental Health Services for Youth in the Juvenile Justice System**

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 D-WCCMHA's network.

The JAC is the single access point for adjudicated juveniles diagnosed with a Serious Emotional Disturbance or 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. The following table presents data on juveniles diagnosed as SED or DD and certified for community-based mental health services:

### **M. 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 to that specify individualized needs and risks that CMOs use to facilitate development of a juvenile's Treatment Plan of Care. Professional assessment reports can only be performed by credentialed and licensed professionals and must be completed within 14 calendar days of case acceptance.

In fiscal year 2016, the JAC continued to serve the families and children of Wayne County via the policy direction of the Wayne County Department Health, Veterans and Community Health and the Detroit Wayne Mental Health Authority. **6,473** youth and families were served in 'at risk' prevention, diversion and school based services thus greatly affecting the number of youth adjudicated and entering the juvenile delinquency system. **545** juvenile justice and 'at risk' (meeting the criteria of the Child Care Fund) youth were found eligible CMH Developmental Disability services and/or for Serious Emotional Disturbance criteria to more rapidly access community based CMH children's treatment resources. Integrated Community Behavioral Services clinicians helped the CMOs to assure that where eligible and by choice, those community juvenile justice youth and families engaged in the mental health treatment that could better support community living and family stability and improved safety. **2,008** caretakers and abuse neglect children referred by court orders for assessment and treatment were served and **726** adjudicated youth were assigned, assessed and monitored for CMO services.

As a CMH Medicaid Enrolled Provider under Wayne County HVCW, our CHOICES outpatient services served **748** youth with **15,334** sessions of in the home based therapy/treatment, supporting our clients and families to have increased access to mental health services.

**65%** of new adjudicated cases were diagnosed with some mental health issue or challenge. **26%** were assessed with a severe mental health disorder (SED), placed in the community and referred to a Detroit-Wayne Community Mental Health Provider for treatment services. **386** other Juvenile Justice adjudicated youth with significant MH needs for treatment and safety were placed in JJ Mental Health Residential Services in fiscal 2014 and will be eligible for SED community services when de-escalated from MH residential placements.

### **Diagnoses of Adjudicated Youth**

**\*In 2016, DSM V defined diagnosis differently that may change proportionality in counting diagnosis of each youth. 88.5% of adjudicated youth met criteria for one or more diagnosis. The chart below provides insight regarding the prevalence and frequency of youth that meet diagnostic criteria and experience the need to critical treatment necessity to support development, learning, socialization and stability.**

<b>Behavioral Health Diagnosis Data</b>	<b>2016</b>	<b>2015</b>	<b>2014</b>	<b>2013</b>	<b>2013</b>
Behavioral Disorders (ADHD, Oppositional, Disruptive, Impulsive, Conduct Disorder)	<b>30.5%</b>	28.6%	59.5%	73.5%	67%
Substance Abuse (Polysubstance, Marijuana, Alcohol, Cocaine, Opiates, Other Illegal Substance as primary diagnosis with or w/o Behavioral Disorder) <b>85% of Level 2 youth self-report substance use,70% of all adjudicated youth report substance use</b>	<b>52%</b>	22.3%	2.4%	2.2%	2.4%
Depression (All Categories)	<b>12%</b>	10.6%	9.8%	4.5%	6.3%
Learning and Communication (Self & Family Report)	<b>2%</b>	2.0%	0.7%	0.3%	.23%
Bipolar, Intermittent Explosive, Mood Disorder (Diagnosis may be reported as designated prior to Juvenile Adjudication)	<b>14.1</b>	22.2%	19.3%	12.9%	12.1%
Anxiety Disorders (PTSD and/or Anxiety)	<b>3.6%</b>	3.5%	2.8%	2.4%	2.6%
Active Psychosis (Schizophrenia, Delusional, Psychotic, Prior Treatment)	<b>.1%</b>	0.1%	0.4%	0.1%	.3%
Adjustment Disorders	<b>1.2%</b>	0.9%	1.9%	2.4%	3.7%
Asperger's, PDD, Reactive Attachment and/or Stuttering as Primary Diagnosis	<b>.3%</b>	0.3%	0.4%	0.0%	.4%
Other Diagnosis or Diagnosis Deferred for Further Evaluation (may be a history of abuse, sexual abuse, neglect, bereavement due to loss, or unable to finalize in single assessment)	<b>3.6%</b>	9.4%	2.8%	1.8%	5.1%
<b>2016 PTSD and Trauma - recent CMH training and research provides more insight into youth development, brain development and the effect of trauma on behavior that may result in arrest, disruption, substance use, conflictual relationships or service attention for behavioral concerns.</b>	<b>7.8%</b>	na	na	na	na

## Addictive Behaviors and Treatment Needs Assessed in FY 2016

An attempt to complete an Alcohol and Other Drug urine (AOD) screen is made with every juvenile entering the WCJDF, unless deemed to be underage (youth under age 14 without parental consent).

- 2,793 unduplicated youth were screened in 2016
- 1,266 unduplicated youth were screened at the WCJDF for 1,608 AOD screens
- 32 detained youth were under age 14 and unable to be screened without guardian consent for 35 not provided screens
- 937 unduplicated youth were screened at Lincoln Hall for 2,383 AOD screens @ Court
- 380 unduplicated caregivers were AOD screened at Lincoln Hall per Jurist order for 608 screens
- 81 unduplicated Juvenile Drug Court youth were screened at Lincoln Ct per Jurist Court order for 1,124 screens
- Over all 962 unduplicated adjudicated youth were screened randomly at the CMO locations for 5,104 AOD random screens to guide CMO treatment and monitor youth use and relapse
- Overall 2,560 unduplicated youth were screened for 10,884 youth AOD screens
- Overall 773 unduplicated female youth clients were screened for 2,615 AOD screens
- Overall 1,827 unduplicated male youth clients were screened for 8,269 AOD screens

***(Note: Drug screens must be authorized by a Court Order and an individual must give permission, youth under age 14 must have parental permission.)***

2,560 youth were provided an *Alcohol and Drug Diagnosis Global Assessment of Individual Need Quick* (GAIN-Q) to determine the treatment level of care recommended for documented substance abuse. 214 youth required subsequent re-evaluations were also provided to address lack of treatment effect and increased use to increase intensity of treatment.

### Data for GAIN Assessments

Location	Level 1 (outpatient)	Level 2 (intensive outpatient)	Level 3 (residential stabilization)
Wayne County Juvenile Detention (WCJDF)	421	467	304
Lincoln Hall of Justice*	72	176	147
<b>Total</b>	<b>493</b>	<b>643</b>	<b>451</b>

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

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

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

### N. Abuse-Neglect Placement History (Placed/Committed Juveniles) Cyndi

- 25% of committed juveniles were verified as previously placed out of home, prior to delinquency adjudication. This up 1% from 2015.
- 26% of female committed juveniles were verified as previously placed out of home prior to delinquency adjudication. This is down 3% from 2016.

- **24%** of male committed juveniles were verified as previously placed out of home prior to delinquency adjudication.

### Security Level Classification for Juveniles in Commitment Status

Initial Security Classification Levels by Gender Level II (formerly Committed) Youth for FY 2016 Juveniles		
Security Level	Males N=289	Females N=92
Community	N/A	N/A
Non-Secure	216 (74%)	91 (99%)
High/Secure	73 (25.2%)	1 (1%)

An element of the Intake and Commitment Evaluation performed by the JAC is the Classification and Assignment Report (JCAR) for juveniles committed to DHHS/HVCW for care and supervision. Juveniles are committed to HVCW for access to out-of-home care. The JCAR is used to assign a juvenile to an initial level of care (i.e. non-secure or secure). A juvenile's initial security level is computed from two (2) factors:

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

Structured Decision-Making (SDM) is a determinate model, based on set standards and systemic criteria. SDM is designed to reduce individual bias and to promote equity and fairness in the placement of juveniles. Risk assessment element of SDM is an actuarially based model. The process classifies re-arrest potential for groups of offenders (i.e., low, moderate, high). SDM cannot predict the behavior of an individual offender. Classification categories changed in 2010 to Non-Secure and Secure for Committed youth.

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. Mandatory overrides are pre-determined, based on policy.

### Risk Assessment for Juveniles on Probation II with a CMO

Offense Severity for Probation <b>Level II</b> youth Sorted by CMO for FY 2016 N = 381										
CMO	Class I		Class II		Class III		Class IV		Class V	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
BFD	0	0	9	1	12	0	20	4	3	10
BWY	8	0	3	0	32	3	19	17	3	4
CCMO	2	0	3	0	20	3	21	9	3	2
SV	7	0	5	0	26	1	26	9	5	0
WW	7	0	8	0	21	2	23	21	4	4
<b>TOTAL</b>	<b>24</b>		<b>29</b>		<b>120</b>		<b>169</b>		<b>38</b>	

The JAC completes a “Probation Risk Assessment Report” for each juvenile placed on probation with a CMO. This report determines the initial risk level for juveniles ordered to HVCW for probation with a CMO. The initial risk level will be used to assign the juvenile to a Probation Tier. The Probation Tier to which the JAC initially assigns the juvenile will be based on the following combination of elements:

- Assessment of the juvenile’s need for services, as documented in the social history, clinical assessment and substance abuse reports that comprise the Dispositional Assessment Report.
- Assessment of the juvenile’s well-being as reported on the Child and Adolescent Functional Assessment Scale (CAFAS).
- The juvenile’s risk level (low, moderate, high), as assessed on the “Probation Risk Assessment” instrument.

Probation 1 Risk Level	Probation 1 Tier
Low	I
Moderate	II
High	III

The following tables summarize aggregate risk levels for juveniles placed on probation I and II with a CMO in FY 2016:

2016 Risk Categories - Probation Level I Youth at Assignment Juveniles* N=331		
Risk Level	Male N = 221	Female N = 110
Enhanced	52 (23.5%)	19 (17%)
Moderate	114 (51.5%)	57 (52%)
Low	55 (25%)	34 (31%)

Offense Severity for Probation Level I Youth Sorted by CMO for FY 2016 N = * 331										
CMO	Class I		Class II		Class III		Class IV		Class V	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
BFD	0	0	0	0	13	3	23	10	2	2
BWY	0	0	1	0	14	1	20	9	18	17
CCMO	0	0	0	0	11	4	7	9	2	4
SV	0	0	0	0	9	2	12	11	5	2
WW	2	0	4	0	14	1	47	17	14	21
<b>TOTAL</b>	<b>2</b>		<b>5</b>		<b>72</b>		<b>165</b>		<b>87</b>	

2016 Probation Level I Offense Data by Gender N = 331		
Offense Class	Females	Percent
I	0	0%
II	0	0%
III	10	9%
IV	56	50%
V	46	41%
Total	112	100%
Offense Class	Males	Percent
I	2	1%
II	5	2%
III	62	28%
IV	109	50%
V	41	19%
Total	219	100.0%

CMO	2012	2013	2014	2015	2016	2012	2013	2014	2015	2016	2012	2013	2014	2015	2016
BFDI	54	31	28	19	18	230	144	118	113	115	19.2	17.7	19.2	14.4	13.5
BWY	44	34	15	11	10	206	150	119	122	124	17.6	18.5	11.2	8.27	7.46
CCMO	42	36	34	23	22	224	165	127	126	128	15.7	17.9	21.1	15.4	14.6
WW	30	9	15	32	30	192	115	108	134	147	13.5	7.8	12.2	19.2	16.9
SV	52	24	22	13	12	189	137	120	125	130	21.5	14.9	15.5	9.42	11.8
Grand Total	222	134	114	98	92	1044	836	592	620	644	17.6	16.0	16.1	13.6	12.5

#### O. Utilization Management Process

An integral element of Wayne County's juvenile Care Management Organization system is the performance of independent authorizations to access and utilize specific levels of care (home-based and residential care). The JAC is the agency authorized by HVCW to approve levels of care used by CMO agencies. Levels of service are organized by Rate-Bands. A band establishes the assigned level of care, intensity, service elements and case rate for each enrolled juvenile. The JAC is the contract agency designated to conduct utilization reviews in order to assess a juvenile's progress relative to the necessity and duration of a Rate-Band, within policy requirements defined by the HVCW. The JAC is an independent agency and has no ongoing interest or decision-making authority over implementation of a juvenile's ongoing treatment plan. Rate-Band authorizations are transacted on an automated Juvenile Agency Information System (JAIS). A level of care approved by the JAC on JAIS constitutes authorization for Wayne County to reimburse a CMO. Utilization reviews are conducted for detention placements, treatment levels of care and security-level overrides (i.e., home-based, low, medium or high residential care).

CMO rate band utilization reviews monitor for timely and appropriate placement and services with all treatment planning completed and thus reduce the use of residential placements, prevent escalations and accelerate return home for those juveniles that are placed in out-of-

home care. All juvenile youth are accounted for with daily report analysis, CMO requests and documentation review as well as the treatment progress during placement and services that best fit the defined needs of each youth within reasonable timelines of provision and recording. In FY 2016 the JAC completed 8,322 CMO placement, PPN pre approval and detention utilization reviews and authorizations on JAIS and many uncounted discussions with CMOs regarding appropriate service planning for the juvenile youth.

Prevention Services for 1<sup>st</sup> Contact and School Based Services for youth detained and in residential care were provided in 2016 per policy requirements. In Fy 2016 the JAC completed 5,275 prevention utilization reviews and service documentation approvals on JAIS and 405 additional services requests as well as technical assistance to 1<sup>st</sup> Contact Agencies regarding documentation and review of prevention eligible at risk youth.

#### P. CMO Utilization Trends

Utilization in the Wayne County Juvenile Services System is measured as days-of-enrollment. Contractors are compensated at a case rate for each day a juvenile is actively enrolled. 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.

#### Q. Short-Term Detention Utilization

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

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

Short-Term Detention – Average Daily Population (ADP)							
Detention Provider	FY 2016	FY 2015	FY 2014	FY 2013	FY 2012	FY 2011	FY 2010
Secure Detention	99	98	107.7	129.5	156	185	214
CMO In-Home Detention*	15	20	22.4	33.5	36	53	68
Grand Total	114	118	130.1	163	192	238	282
Annual Rate of Change	-4.4%	-9.3%	-20.2%	-15.1%	-19.3%	-15.60%	-18.02%

<b>Cumulative Change</b>	<b>-52.2% compared to FY 2011</b>	<b>-48.3% compared To FY 2011</b>
--------------------------	-----------------------------------	-----------------------------------

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.

The decline in demand for detention placements was due to in large part to the success of the Right TRAC Diversion program with YAP services and Graduated Sanction 1<sup>st</sup> Contact prevention programs. The JAC screens all juveniles for assignment to the least restrictive intervention.

#### **R. Juvenile Justice and Child Welfare**

Juvenile Justice and Child Welfare programs exist in order to prevent child abuse, provide rehabilitation, promote recovery, support family success, promote community safety, protect youth and encourage family stability. JAC services are provided to juveniles and families and our competent findings are shared with our colleagues to improve the overall quality of service and care and to promote safe and healthy communities. JAC services include:

- Liaison to the Court, Wayne County Health, Veterans and Community Wellness (HVCW) Care Management Organizations (CMOs), Prevention Providers, and Detention Providers
- Timely Data Entry and Registration
- Utilization Monitoring, Review and Analysis
- Assessment
- Early and comprehensive, fitting the individual needs identified
- Access to Community Mental Health Serious Emotional Disturbances (SED) Eligibility
- Prevention and Diversion from Adjudication
- Evidence-Based and Best Practice Treatment for Children and Adults
  - In-Home
  - Office-Based
  - Specialized Populations
  - Reintegration Support for Juveniles Returning to the Community
  - Specialized Trauma Focused Cognitive Behavioral Treatment (TF-CBT)
  - Family and Youth Treatment
  - Substance Abuse Treatment of Adolescents
  - Outcome Measurement
  - Data Analysis
  - Research Based Reports and Analysis
  - Training and Educational Supports

The purpose of Juvenile Justice Services and the Child Welfare system is to strengthen families, individuals and promote community safety by providing sound prevention and treatment services to youth and their families so they can better succeed in the community. The JAC strives to ensure that the appropriate and allowable services are provided to individuals requiring:

- Eligibility Determination
- Custody
- Assessment
- Treatment
- Linkage
- Timely Attention

As appropriate to the legally defined needs regarding risk and safety, the JAC supports efforts to assure that all in-home, community based and campus-based residential detention and treatment services, as well as alternatives to secure care, are provided as near to the youth's residential community as possible, and in the least restrictive environment required to facilitate positive treatment and maintain appropriate safe family connections.

### **Court Ordered Therapeutic Services Ordered for Child Welfare Families and Children**

<b>Service Unit</b>	<b>Units Delivered in FY 2016</b>	<b>Units Delivered in FY 2015</b>	<b>Units Delivered in FY 2014</b>	<b>Units Delivered in FY 2013</b>	<b>Units Delivered in FY 2012</b>	<b>Units Delivered in FY 2011</b>
Adult and Child Psychologicals	428	366	407	394	461	453
Psychiatric Evaluation	618	261	399	430	448	660
AOD Screen & Assessment	557	1,983	4,714	6,119	8,338	10,579
Therapeutic Services (Ind & Gp)	33,939	34,960	37,566	40,127	41,409	46,194
In-Home Care Services	136	245	277	356	244	692
Parent Ed Class	7,849	7,331	8,382	6,109	4,738	4,977
PMTO	0	0	0	41	648	808
Treatment Foster Care Evaluations	0	0	0	0	8	21
Kinship Service	0	0	662	3,653	2,539	2,688
<b>Total DHHS Units</b>	<b>43,527</b>	45,146	51,745	57,229	58,833	67,072