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## *The Impact of Trauma for Children and Adolescents Involved with the Juvenile Justice System*

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*We are pleased to publish the important and timely testimony of Tadarial J. Sturdivant, Director of the Department of Children and Family Services, Wayne County, Mich. Delivered April 24, 2012 to the Attorney General's National Task Force on Children Exposed to Violence.*

### **Introduction**

As the Attorney General's Task Force on Children Exposed to Violence undertakes its mission, it is critical that the task force considers the impact of trauma for children and adolescents that become involved with the juvenile justice system. Children become involved with the justice system for a variety of reasons. One recurring factor is exposure to some form of adversity in early life. Repetitive exposure to violence is intensely stressful and can be toxic to a child's normal development.

In Wayne County, 75 percent of youth entering the justice system present with one or more diagnosable mental health conditions and a third are assessed as Seriously Emotionally Disturbed (SED). More than

30 percent of the juvenile justice 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 the 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 the same issues is at the heart of juvenile rehabilitation 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.

A significant part of my testimony is a description of the county's innovative juvenile justice system and

how the model has proven responsive to children with a wide variety of the challenges, adversity, risks and needs.

A decade ago Wayne County launched a comprehensive, community-based reform of juvenile justice services. In place of the centralized, state administered program for juveniles, the county pioneered 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 a Memorandum of Understanding (MOU) that realigned responsibility for administration of juvenile justice services under the Wayne County executive. A contract-based structure was created to deliver a core governmental mandate - public safety and juvenile rehabilitation. Mental health and substance abuse providers joined with experienced juvenile justice agencies to form new organizations responsible for the day-to-day management and supervision of delinquent and at-risk youth.

## The Impetus for Reform

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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 percent due to:

- ◆ Overuse of out-of-home care with a one-size-fits-all approach, fueled by “slot-driven” place-

ments 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 need
- ◆ 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 percent and high escape rates that contributed to a revolving door in and out of court hearings, resulting in escalation to secure placements for technical violations (not new crimes)
- ◆ Large numbers of children in the child welfare system for neglect and abuse that “crossed-over” to the juvenile justice system for institutional placement
- ◆ High percentage of emotionally disturbed adolescents that could not obtain help in the mental health system and were court ordered to the juvenile system

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. The number was not enough and 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 kids graduate from high school, get a job and pursue a good life; because an employed and contributing citizen will always be the best solution to crime. 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 Table 1.

**Table 1**  
**Transformative Strategy**

<b>Move away from historic practices</b>	<b>Move to system reform</b>
Congregate care institutions	Continuum of service operations, based on needs and risks
Geographic isolation and separation	Services located close to families
Supervision based on obedience and 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 access services
- ◆ 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 treatment recommendations (in each youth’s assessment report) 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

The 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 planning, Balanced and Restorative Justice (BARJ), court services, residential placement and a network of subcontract treatment providers.
- ◆ **Youth Assistance Programs [YAP]** – local agencies that provide neighborhood-based prevention services designed to deter entry into the formal justice system.
- ◆ **Contract with Detroit-Wayne County Community Mental Health Agency [D-WC-CMH]** – to provide community mental health services to 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 (3<sup>rd</sup> Circuit)** dispositions, such as fixed-term probation, increased use of in-home detention, electronic monitoring, drug/alcohol screening, progressive sanctions, dedicated behavioral health 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. CMOs purchase residential care and are responsible for outcomes.

## Prevention and Diversion Services —

Longitudinal data from Wayne County made it clear that too many youth were entering the formal juvenile system to get the help and support they needed to remain in school, stay off drugs, become competent adults and lead law abiding lives. We know that in most instances, if we wait to meet these families and children in court, then we’ve met them too late!

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 expanded locally across the entire county. The 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.

The Wayne County Prosecutor has discretion to divert youth from formal court processing. Formal charges can be held in abeyance pending the adolescent’s successful completion of a short-term



community program. In support of this strategy Wayne County and the Prosecutor initiated “Correct Course.” Participation is based on a careful screening process. The Prosecutor first considers the seriousness of a youth’s offense. The JAC then completes a brief assessment using a tool called the Juvenile Inventory for Functioning (JIFF), which is a computer interactive series of questions and answers that is completed by both the youth and parent. Ninety-five percent of the youth screened are selected for participation and are assigned to a Youth Assistance Program (YAP) for services.

The county has allocated millage dollars to fund YAPs that 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 YAPS divert juveniles from penetration into the formal juvenile justice system and provide services that target 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 wrap-around service coordination.

Through a federal Disproportionate Minority Contact (DMC) grant the county has rolled out the “First Contact” program. First Contact creates an opportunity to collaborate with the Detroit Police Department and offer services at the street-level to support the Patrol Officer that has first contact with the juvenile. The county will fund a “Youth / Liaison Officer” to champion the program with police officers and advocate DMC values and principles. As an alternative to arrest and detention, DPD will convey youth to the JAC for stabilization, parental contact, brief assessment, transportation home and referral for voluntary services.

## Assessment

Historically, children in the juvenile justice system have rarely been screened for trauma. This is especially true “upstream” where at-risk youth are involved in prevention and diversion programs. Information on trauma has yet to fully permeate the juvenile justice system or to inform the court’s dispositional decisions. One of the cruel ironies of trauma is that children exposed to violence often grow up to perpetrate violence or to be further victimized. Different studies report that 75 – 90 percent of youth that come into contact with the juvenile system have experienced some type of adverse experience in childhood. A judicial system that understands the effects of trauma will render very different disposition decisions and effect different and individualized services at an early point of contact. Of course, in order to get to this level accurate assessment and screening for trauma is essential.

As noted above the Juvenile Assessment Center uses a screening tool called the JIFF for youth at an early contact point for juvenile concerns. The JIFF total score predicts diversion program completion and the likelihood of recidivism. Analysis has shown that youth with higher JIFF scores require more intervention and the higher score is predictive of recidivism and program drop out. These youth typically also have substance abuse and trauma issues that may require more intensive interventions than just outpatient community treatment and also require additional family supports around domestic violence, poverty, adverse experiences, burden of care and limited resources within the family, to stabilize the escalating behaviors of the youth and involvement with other community youth that are a negative influence on behavioral choices.

## Access to Community Mental Health Services

The needs of delinquent children often cut across agencies, categorical programs, 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 Juvenile Assessment Center (JAC) evaluates diversion and adjudicated youth that come within the jurisdiction of the legal system. Many youth may, simultaneously, meet requirements for mental health services through the D-WC-CMH network.

While located in the juvenile justice system, the JAC is a Medicaid approved children's mental health agency. The JAC is the designated agency for adjudicated juveniles diagnosed with a SED / DD to access community-based children's mental health services. In order to obtain services from a mental health agency, court involved youth must be referred by the JAC.

Following determination of SED / DD, the case is assigned to a CMH Mental Health treatment provider. The CMH provider and Care Management Organization (CMO) agency are then responsible for coordination of ongoing clinical services to resolve the specific diagnosis and treatment needs of the juvenile. The blending of mental health and juvenile justice services increases the probability of successful home-based treatment. Case management and court services / reporting are the responsibility of the CMO agency, as the juvenile remains under court jurisdiction.

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

## Results

Comparison of current data trends to available baseline data indicates that Wayne County's care management system is constructively improving upon conditions that created the need for reform, see Table 2.

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 adjudicated youth, are free to design or broker interventions to meet each youth's unique strengths, individual needs and safety risks. Capitation funding (*non per diem*) 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.

Accurate assessment is essential to target the right level of intervention before the adolescent’s behavior and traumatic injuries have time to aggravate and

elevate the risk of offending and development of major mental health issues. By embedding a broad menu of approaches to safely prevent unnecessary entry and sometimes toxic consequences of involvement in the justice system, 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 and to support their recovery from deprivation, trauma and adversity.

**Table 2**  
***Comparison of Wayne County Care Management Trends***

<b>Measure</b>	<b>Baseline System FY 1999</b>	<b>County Model FY 2011</b>
Recidivism for adjudicated youth	38—56 percent	17.2 percent
Positive probation completion	Unknown	78 percent
Term of probation less than one year	Unknown	85.2 percent
Youth in public and private residential care	2,000	600
Residential care costs	\$113.5 million	\$51.2 million
Placements—other states	200	0
Secure detention population	More than 500 a day	195 days
State ward caseload	3,400	1,050
Youth diagnosed as emotionally disturbed*	Unknown	30 percent
Diversion cases	Unknown	More than 800
Positive diversion completion	Unknown	89.6 percent
Diversion recidivism rate	Unknown	10.6 percent
Youth participating in prevention	Unknown	6,000

\*SED is under counted because youth in residential placement at the time of case intake are not yet authorized by D-WC-CMH for community mental health services.