Juvenile Services Reform in Wayne County, Michigan

Introduction

Starting in 2000, Wayne County launched a single-entry, single-payer juvenile system with expanded alternatives to locked facilities. By assuring uniform assessment, service-based diversionary options, effective home-based programs and relying on secure institutions only for high-risk offenders, its communities are safer and outcomes for youth and families are improved.

Wayne County faced serious juvenile justice issues in a state administered system not under its direct control. Inadequate diversion, insufficient community resources and inconsistent assessment to match youth with appropriate treatment resources resulted in over reliance on institutional placements, especially for low risk (non-felony) juvenile offenders. Residential placement was overused; costs more than doubled through the 1990s; and over 200 youth from Wayne County were placed in other states.

Challenged with runaway costs and unacceptable outcomes, Wayne County initiated a formal agreement with the Third Judicial Circuit Court and the Michigan Department of Human Services to create a groundbreaking juvenile care management network. The County’s Department of Children and Family Services (WC-CFS) took funding and administrative control necessary to reform the delivery of juvenile justice services. WC-CFS launched a contract-based system consisting of a Juvenile Assessment Center (JAC), five Care Management Organizations (CMOs), local private 80-bed treatment center and Youth Assistance Programs (YAP) to reduce the number of juveniles entering the formal system of care.

The new model’s commitment was to treat each individual youth as a person (within a family context) in need of opportunities and resources rather than a societal disease that needed to be contained. Primary elements of the County’s juvenile services system include:

- The Juvenile Assessment Center (JAC) is the single-point of entry for all juveniles.
- CMOs are the lead agencies responsible for the development of a network of services and resources for adjudicated juveniles, including community-based and residential placement options for youth and their families.
- Youth Assistance Programs are community-based agencies located throughout Wayne County that provide a range of prevention services to at-risk youth and juveniles diverted from the formal justice system.
- With the introduction of uniform and comprehensive assessments by the Juvenile Assessment Center, it soon became clear that 25% of youth entering the juvenile system, diagnosed with Serious Emotional Disturbance (SED), required intensive mental health services not normally accessible to adjudicated juveniles. A formal agreement between WC-CFS and the Detroit-Wayne County-Community Mental Health Agency (D-WC-CMH) was forged to insure that diagnosed juveniles could gain access to necessary mental health services.
Community-policing is funded by CFS and operated by the Sheriff’s Department to monitor and track the juvenile’s adherence to prescribed requirements and apprehend juveniles that stop participating in programs or escape.

A new, secure residential program, operated by a private contractor, was located within the boundaries of Wayne County.

Wayne County’s juvenile services continuum is built on the belief that intervention at the right time creates the best opportunity to produce the right outcome. For many youth, if we wait to meet them in court, we have waited too long and it may be too late.

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

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>WCJDF Admissions (Unduplicated)</th>
<th>Correct Course (Diversion)</th>
<th>YAPs, Donated, Grants (Prevention)</th>
<th>Non-Reporting Probation</th>
<th>Probation With CMO (Adjud.)</th>
<th>State Ward Commitment With CMO (Adjudicated)</th>
<th>Total New Cases</th>
<th>Total Youth Served</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009</td>
<td>1,058</td>
<td>557</td>
<td>6,994</td>
<td>N/A</td>
<td>935</td>
<td>842</td>
<td>10,386</td>
<td>12,791</td>
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<tr>
<td>2008</td>
<td>1,900</td>
<td>556</td>
<td>2,703</td>
<td>154</td>
<td>732</td>
<td>1,060</td>
<td>7,105</td>
<td>10,043</td>
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<tr>
<td>2007</td>
<td>2,045</td>
<td>178</td>
<td>1,582</td>
<td>N/A</td>
<td>1,006</td>
<td>1,016</td>
<td>5,827</td>
<td>8,648</td>
</tr>
</tbody>
</table>

The Challenge

Throughout the 1990’s Wayne County was overwhelmed with juvenile justice issues that were not under the county’s direct control. Wayne County was, however, obligated by law to pay 50% of the costs for services and programs, which were administered at the State level. Pervasive problems permeated the delivery of juvenile justice services. No single issue propelled change. Rather, inconsistent use of decision-making tools, poor assessment processes, disconnect between case managers and providers of treatment and few competent community-based provider options resulted in an over reliance on and inappropriate use of institutional placements (many geographically distant from the family and community).

1 “Unduplicated” means that the juvenile was admitted to JDF but did not progress to receive probation or commitment services funded through WC-CFS. Unduplicated count tries to minimize the number of cases that are counted more than once. The following summarizes total WCJDF admission trends for several fiscal years:

- 2009 = 4,096
- 2008 = 4,248
- 2007 = 4,602
- 2006 = 4,440

2 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.

3 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.

4 This column only includes those cases placed on court probation and assigned to a CMO. The court’s IPU is not included (they are not funded by WC-CFS).

5 “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.
Searching for answers and beset with runaway costs and unacceptable program outcomes, Wayne County, through a formal agreement with the Court and State, launched its own juvenile services care management network in 2000.

In 2008 The Annie E. Casey Foundation reported that, “Indiscriminate and wholesale incarceration of juveniles is proving expensive, abusive, and bad public policy.” At the turn of the century Wayne County was admittedly over reliant on institutional placements. There were few home and community-based service options for juveniles within the state operated system. Absent viable in-home treatment options, the County and State over used residential placements and in FY 2000 $125.1 M was expended for private and State operated placements. Residential agencies in Michigan consistently operated at or above licensed capacity and youth from Wayne County were placed in other States. Time youth spent in institutions was excessive, progress assessment was too often measured by compliance to rules and reintegration planning was abysmal.

Wayne County, with support from the State and Court, began to invest in the development of a continuum of community-based services. In the ensuing years, the average daily population of juveniles in DHS facilities declined from 731 in FY 1998 to 18 in FY 2009 and spending on residential placements has dropped by over $50.0 M a year. As of January 2010 only two juveniles from Wayne County were still housed in the state training school.

<table>
<thead>
<tr>
<th>Year</th>
<th>1998</th>
<th>1999</th>
<th>2000</th>
<th>2001</th>
<th>2002</th>
<th>2003</th>
<th>2004</th>
<th>2005</th>
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<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>1998</td>
<td>731</td>
<td>597</td>
<td>529</td>
<td>240</td>
<td>107</td>
<td>40</td>
<td>34</td>
<td>46</td>
<td>45</td>
<td>38</td>
<td>44</td>
<td>18</td>
<td>2</td>
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</table>

**The Response: Description of Program**

*How has Wayne County transformed the delivery of services to juveniles?*

The County, not the state, is now the funding and administrative authority for its own juvenile services system. Unlike other counties in Michigan, where program responsibility is typically divided between the Court, County and local DHS office, the Wayne County Department of Children and Family Services has been delegated sole authority for administration of juvenile justice services for juveniles on court probation or committed to DHS. Wayne County defines program priorities and appropriates a juvenile justice budget. The state now matches what the county spends – not the other way around. The State contracts Wayne County to provide all statutory juvenile justice services.

The county established five Care Management Organization (CMO) agencies to cover all of Wayne County. A CMO is a Wayne County contractor that is the main organization for the provision and management of mandated juvenile justice services for adjudicated youth. There are five CMO agencies, which develop, implement and manage a Treatment Plan of Care for each juvenile. A CMO is the lead agency for a defined service delivery area (aligned 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. Case management is a core responsibility of the CMO and includes all Court related functions. CMOs manage and pay for services from vendors.

CMO case planning for each juvenile carefully documents environmental conditions and risks that in the absence of in-home services will 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 and monitor the juvenile’s living arrangement to insure that necessary protections are present.
CFS policy establishes boundaries for resource utilization, according to a juvenile’s eligibility category. Resource utilization standards *per se* do not mitigate the conditions or risks that could result in the juvenile’s removal from home. Wayne County utilization policy structures access to treatment resources and targets the delivery of in-home care services to prevent removal from home. Access to out-of-home placements becomes accessible only as a juvenile’s legal status changes from at-risk or probation to commitment with the Department of Children and Family Services.

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

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

- A uniform process has been defined and implemented for adjudicated youth with a Serious Emotional Disturbance to access services from D-WC-CMH mental health providers. And,
- Federal Medicaid has been tapped to pay for clinical services delivered by Juvenile Assessment Center, which has been credentialled and enrolled as a provider with the D-WC-CMH Agency. All services paid for through Medicaid reduce costs to the juvenile justice system.

The JAC is the single access point to a mental health provider for adjudicated juveniles diagnosed with a Serious Emotional Disturbance. 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. Case management and court services / reporting remains the responsibility of the CMO agency.

Starting in FY 2008 the D-WC-CMH also funded intensive Wraparound services for youth in the juvenile justice system diagnosed with a Severe Emotional Disturbance (SED). Historically in Wayne County, adolescents identified as “at-risk” by teachers and local law enforcement were brought to the attention of the Court in order to access services and deterrent sanctions. It is well established that when juveniles are under the “lens” of the Court, their behavior will be defined by legal standards and subject to formal consequences. And, their failure to meet the Court’s requirements can lead to deeper system penetration, even for the most low risk juveniles. To curtail the number of juveniles entering the formal justice system, WC-CFS and the Prosecutor initiated a diversion option called “Correct Course.” Because competent, timely assessment is the compass for redirecting youth at risk of penetration into the formal justice system, a new instrument, Juvenile Inventory for Functioning (JIFF) – derived from the Child and Adolescent Functional Assessment Scale (CAFAS) used by many mental health entities – is administered to every youth entering the county detention facility, Youth Assistance Program and
most “not-in-custody” cases. Via inter-active computer questions (psychometrically sound), responses to questions are printed highlighting problematic functioning in a bar graph and prioritized goals to design a “service plan.” JIFF has become a trusted screening tool for diverting youth from the formal docket to community-based services. In the words of one judge, “We want to keep kids off the formal docket because once they hit it, the rate of re-offense and the creation of a juvenile record become real and continuing.”

**Changes in How Wayne County Delivers Juvenile Justice Services**

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

- Mental health and substance abuse agencies partnered with traditional juvenile justice agencies to form the JAC and Care Management Organizations. These collaborations brought a new paradigm and shifting priorities in the delivery of services.
- CMOs have unconditional responsibility for each youth. They cannot “eject” a juvenile from care or transfer problematic cases to another agency. However, CMOs are also free to design relevant and creative interventions to meet the unique strengths, needs and risks presented each youth.
- A capitation payment structure allows CMOs to purchase individualized treatment resources based on an assessment of each youth’s risks, strengths and needs. The CMO – not a governmental agency - contracts and pays for individualized services.
- The JAC monitors each juvenile’s level of care (home-based or residential) selected by the CMO and reviews each youth’s progress at six-month intervals. Court orders are reviewed to insure that the CMO is adhering to specified conditions. The JAC authorizes all changes in level of care on the county’s automated information system. Data on this computer system is used by the County to pay the CMOs and document adherence to state funding requirements.
- An accountability linkage has been established between case management supervision, treatment decisions and spending for services, under the umbrella of one agency – the CMO.
- An assessment process insures uniform and comprehensive screening of children and families and provides a single gateway to access appropriate services – both for at-risk and adjudicated juveniles.
- The Court has reduced indeterminate probation dispositions. Most juveniles are placed on a six-month term of probation. Based on the court’s review of progress, the juvenile’s probation with a CMO may be extended for three additional months (for a total term of nine-months). At the end of the probation term the Court will either end probation or change the juvenile’s legal status to state ward status.
- Funding is vested with private contractors, instead of traditional bureaucratic structures, and facilitates a more rapid response to emerging needs and trends. An array of treatment options is continuously developing - ranging from home-based to secure care - all under the responsibility of one agency - the CMO. Agility and resiliency is embedded in the CMO model. Their business plans can be executed with strategic adaptation to systemic and governmental demands.
- Performance-based contracting focuses on outcomes such as recidivism, abstinence from drugs, academic achievement, escalations in level of care, functional progress, etc. instead of traditional agreements that prescribe how agencies must deliver services.
- There is a strong cultural connection between the CMO and the community it serves.
- The county, JAC and CMOs have pioneered a client information system that provides real time information on each juvenile’s status. An internet case management, service provider and payment data system has facilitated adaptation of managed care techniques to the administration of juvenile services, enhanced juvenile accountability and produced comprehensive trend data to guide new initiatives.
The JAC and CMOs are systematically evaluated and monitored by CFS. They are held accountable for what they do or fail to do.

Outcomes

The care management approach to juvenile justice is producing desirable results:

- No adjudicated juveniles have been placed outside the State of Michigan since 2000
- The average daily population of juveniles in public training school facilities has declined from 731 in 1998 to two in 2010
- Since 2000 use of short-term secure detention has been cut in half
- Juveniles living in their home communities have less than a 1% felony conviction rate during active enrollment with a CMO. Only 18.1% of adjudicated juveniles were convicted of a new felony offense following dis-enrollment (measured within two years following court termination)
- 1,300 plus youth have participated in Correct Course. Historically these are the same youth that would have been placed on probation or committed for residential placement. A successful outcome in Correct Course is defined as no new (authorized) petition or warrant for one-year after program termination. Since inception, 90.5% of the youth that completed the one-year post measurement period have remained out of the formal justice system.
- 500 youth ordered into the juvenile system annually, diagnosed as SED, are receiving services from a licensed, community-based mental health provider (at no cost to the juvenile justice system)
- Only 15% of committed juveniles were placed in secure juvenile facilities in 2009. Through diversion programming and by making intensive home-based services available to all juveniles on probation and reducing the number of new commitment cases, private residential agency utilization dropped by 17.2%. Most juveniles in commitment status are placed in residential institutions, including specialized behavioral health care facilities for seriously emotionally disturbed, substance abuse, sex offenders and chronic and violent offenders.

The County’s evolving service continuum maximizes efficient use of resources and safely directs youth to the least restrictive types of services.