

DRAFT REPORT



Ingham County Action Plan for Juvenile Continuum of Care

Presented to:
**Ingham County Juvenile
Justice Steering Committee**

Prepared by:
Chinn Planning, Inc.

February 17, 2006

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SECTION |

Introduction

INTRODUCTION

In October 2005, Ingham County contracted with Chinn Planning, Inc. to provide recommendations and develop an Action Plan for a Juvenile Justice Continuum of Care to appropriately treat delinquent and disturbed youth in Ingham County. The County requested that the Action Plan provide the following:

1. Identifies the unmet needs or gaps in the County's Continuum of Care through a review of sanctions and services currently available to address the treatment needs of delinquent and disturbed youth in Ingham County;
2. Recommends the priority by which the unmet needs or gaps in the Continuum of Care should be addressed by Ingham County with the context of the County's Juvenile Justice Millage;
3. Recommends the additional specific types of programming and program capacity which should be provided by the County through deployment of the remaining Juvenile Justice Millage Funds;
4. Identifies and evaluates the alternatives by which the additional recommended programming and program capacity should be provided. Alternatives to be considered are to include contracting for programming where no new building would be required, operation of a county leased facility and a new county owned and staffed facility.
5. The evaluation of the additional programming recommendations must be sufficient to allow the county to proceed to the acquisition of the programming, programming capacity and facility. Factors relative to cost, facility size, numbers of beds, types of programming arrangements, staffing, budget and location are to be addressed.

A Project Advisory Committee was established to oversee the development of the Action Plan. Figure 1-1 shows the members of the Project Advisory Committee.

The Project Advisory Committee met four times over the course of the study. The first meeting was held to initiate the project, review goals and objectives, discuss data collection requirements and review previous studies; the second meeting was held to review the juvenile justice system assessment; a third meeting was held to review recommendations; and a fourth meeting was held to review the Draft Report.

**Figure 1-1
Ingham County Youth Action Plan for Continuum of Care
Project Advisory Committee**

PROJECT ADVISORY COMMITTEE MEMBERS

1. Honorable Judge Richard J. Garcia, Juvenile Court
2. Mr. Gerald Ambrose, Ingham County Controller
3. Mr. John Nielsen, Ingham County Deputy Controller
4. Mr. Paul Elam, Grants and Program Coordinator
(City of Lansing Human Relations Department)
5. Ms. Cindy Anderson, Director of Special Education Support Services
and Early on Program
(Ingham County Intermediate School District)
6. Ms. Tina Weatherwax-Grant, Ingham County Commissioner
7. Ms. Dianne Holman, Ingham County Commissioner
8. Mr. Travis Faulds, Ingham County Youth Center Director

This report contains the following sections:

- *Section I Introduction*
- *Section II Juvenile Justice System Assessment*
- *Section III Key Findings*
- *Section IV Recommendations and Action Plan*

SECTION **II**

**Juvenile Justice
System Assessment**

INTRODUCTION

This section provides an assessment of the growth trends and factors that impact on the juvenile justice system in Ingham County. Data were collected and analyzed on the trends and characteristics of components of the juvenile justice system. In addition, interviews were conducted with a wide range of officials and staff from the juvenile justice system and other public and private agencies in order to develop a better understanding of the issues and to aid in the interpretation of the quantitative analysis.

The goal of this assessment is to determine whether an appropriate juvenile justice continuum of care model is in place, and whether services are appropriately and effectively targeting the needs of at-risk and delinquent youth and their families in Ingham County. Finally, based on this assessment, recommendations can be made related to future use of the juvenile justice millage funds to support a continuum of care model.

MISSION STATEMENT

A mission statement guides the actions of all components of the juvenile justice system. It should reflect the philosophy of the jurisdiction, and should provide direction related to the use of a juvenile justice continuum of services and sanctions and their use. The Ingham County Juvenile Court vision and mission statements are shown below:

VISION STATEMENT

“The Juvenile Services Unit within the Family Division of the 30th Judicial Circuit Court is striving to assure a safe, secure community in which people are served, rehabilitated and encouraged to see their highest potential.”

MISSION STATEMENT

“The Juvenile Services Unit is committed to providing effective, fair, and equal services. Services will be delivered in cooperation and collaboration with other community and governmental organizations. These will be promptly delivered by a highly motivated, well-trained, courteous, compassionate, service-oriented work force, utilizing effective technology and guided by the highest ethical standards.”

Source: Ingham County Juvenile Court.

These statements do not provide a philosophy of service provision, and do not reflect the goals of having an appropriate continuum of juvenile services and sanctions. Based on national best practices in the field of juvenile justice and in support of a continuum of care model, the Ingham County Juvenile Court should consider including the following components in their mission statement:

- least restrictive placement based on objective risk assessment
- provide services close to a youth's home community whenever possible
- connect youth and families to services in the community
- provide services that are family focused
- support community wide efforts to reduce risk factors for delinquency
- provide aftercare services and support

The Ingham County/City of Lansing Youth Violence Prevention Coalition, comprised of child care agencies, human service agencies, service providers, schools, law enforcement, juvenile court personnel and other community stakeholders developed a mission statement that reflects a philosophy of providing family focused services to youth and families in Ingham County. This mission statement could provide the basis for revision to the Ingham County Juvenile Court mission statement. The YVPC mission statement is:

YOUTH VIOLENCE PREVENTION COALITION
MISSION STATEMENT

The Ingham County/City of Lansing Youth Violence Prevention Coalition (YVPC) will provide the leadership to coordinate, enhance, and develop resources that prevent and reduce crime and violence by and toward children. In addition to prevention services, targeted juvenile justice services will include program components that address the victim, the offender, and the community. Services shall support offenders in repairing the harm caused to people and to the community, and shall view victims as central to the justice process and compassionately respond to their needs. The YVPC shall work with the community to understand and prevent the root conditions conducive to crime and victimization, and make available services to develop offenders' skills and reduce their risk of re-offending.

Source: Ingham County/City of Lansing Youth

DEMOGRAPHIC TRENDS

Table 2-1 presents census demographic data on Ingham County. Ingham County experienced a slight decrease in total population between 1990 and 2000. Total Ingham County population is expected to remain constant at roughly 280,000 between 2000 and 2020.

Juvenile population in Ingham County decreased slightly between 1990 and 2000. It is projected to decrease by 6% between 2005 and 2020. Figure 2-1 illustrates the total and juvenile population growth trends for Ingham County.

Table 2-1 HISTORIC and PROJECTED POPULATION							
	1990	2000	2005	2010	2015	2020	% Increase 2005-2020
<u>Ingham County</u>							
Total Population	281,912	280,100	280,500	280,200	280,100	280,000	-0.18%
Juvenile Population (age 17 and under)	68,477	66,014	67,427	64,942	63,402	63,367	-6.02%

Source: Office of the State Demographer: Michigan Information Center and Tri-County Regional Planning Committee.

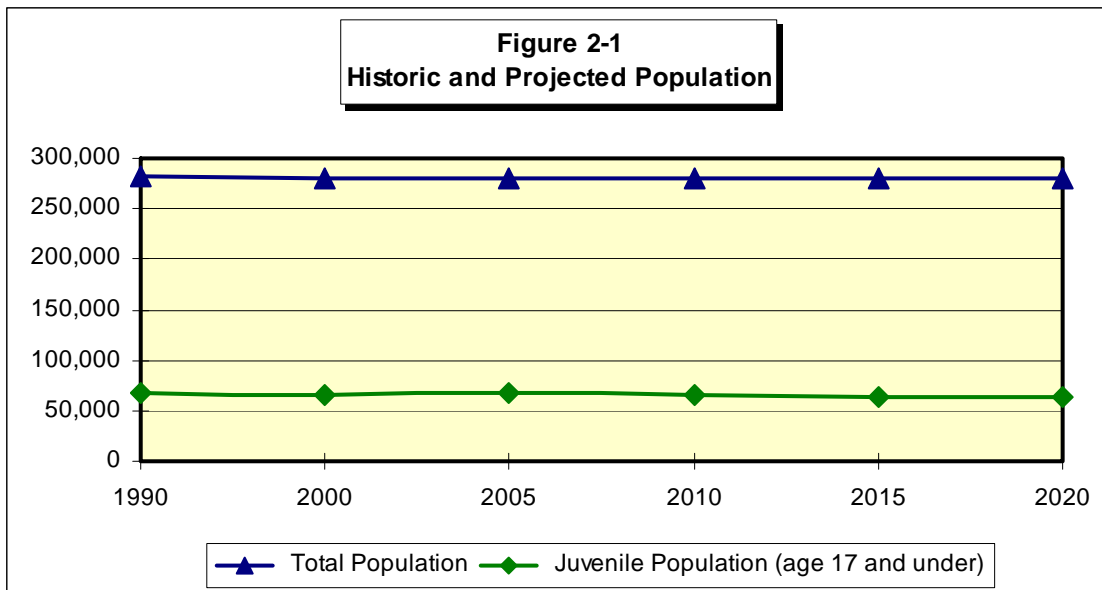


Table 2-2 INGHAM COUNTY POPULATION PROFILE 2000 Census Data	
	% of Total
Gender:	
Males	48.0%
Females	52.0%
Totals:	100.0%
Race/Ethnicity:	
Caucasian	79.5%
African-American	10.9%
Hispanic	5.8%
Other	3.8%
Totals:	100.0%
Persons in Poverty	14.6%
Median Household Income	\$ 40,774

Table 2-2 presents further demographic data on Ingham County. Median household income (\$40,774) is low compared to the statewide average (\$44,667). In addition, Ingham County has a higher percentage of persons living below poverty level (14.6%) compared to the statewide average (10.5%).

Source: 2000 U.S. Census.

Figure 2-2 shows the national profile of “risk factors” associated with youth entering the juvenile justice system. Many of these factors and characteristics are present in the juvenile population involved in the Ingham County Juvenile Justice System. Research suggests that efforts to reduce delinquent behavior should start early, address risk factors, be comprehensive and long-term, and attempt to intervene before serious and chronic delinquent behavior emerges.

**Figure 2-2
NATIONAL PROFILE OF AT-RISK YOUTH**

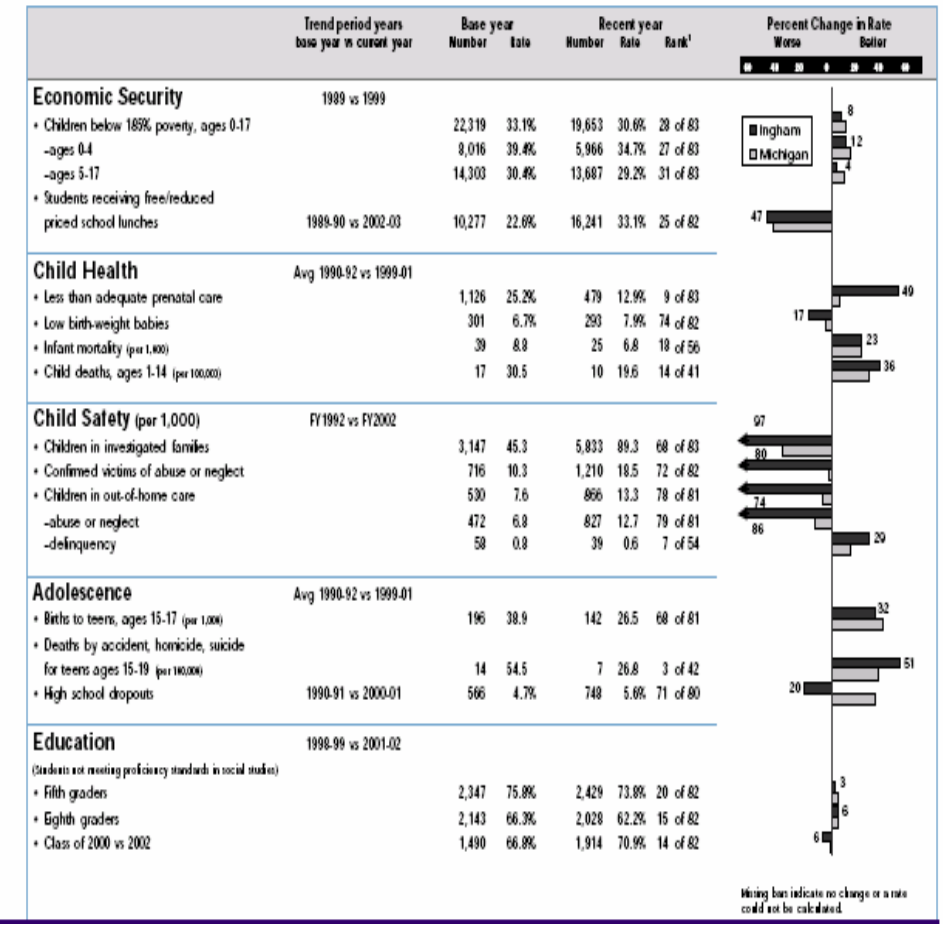
<ul style="list-style-type: none"> • Child Poverty • Housing Problems/Instability • Parental Unemployment • Mental Illness • Health Problems • Teen Pregnancy • Alcohol/Substance Abuse • School Truancy/Dropouts 	<ul style="list-style-type: none"> • Family Conflict • Victims of Violent Crimes • Early and Persistent Anti-Social Behavior • Learning and Conduct Disorders • Detached Youth • Child Abuse and Neglect • Possession of Weapons/Firearms
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Figure 2-3 presents the status of Ingham County compared to the state of Michigan on many of the risk factors for delinquency. Many key indicators of risk for delinquency have gotten worse in Ingham County over the ten-year time frame analyzed in the Kids County reports. These include:

- Low Birth Weight Babies
- Children in Investigated Families
- Confirmed Victims of Abuse or Neglect
 - Rates of substantiated child abuse and neglect are higher in Ingham County (17.9%) compared to the State (10.4%)
- Children in Out-of-Home Care: Abuse/Neglect and Delinquency
- High School Dropouts

Ingham County is experiencing higher rates of abuse and placement than the rest of the State of Michigan. Ingham County ranked 73rd of 76 counties with regards to out-of-home placement.

**Figure 2-3
Ingham County Trends in Child Well-Being
(Date Book 2003 – Kids County in Michigan)**



CRIME AND ARREST TRENDS

Table 2-3 present total reported offenses in Ingham County. Total reported offenses (juvenile and adult) decreased 23% between 1998 and 2004. Serious index offenses, which includes murder and non-negligent manslaughter, rape, robbery, aggravated assault, burglary, and larceny decreased 26% for the same period, which represents a 9% average annual decrease in serious crime in Ingham County. The Ingham county Index crime rate (40.3 Index Crimes per 1,000 population) is slightly higher than the statewide rate (35.8). Trends in reported offenses are shown in Figure 2-4.

Table 2-3 Ingham County Reported Offenses ¹								
	1998	1999	2000	2001	2002	2003	2004	% Change
Index Crimes ²	15,358	12,392	13,180	14,063	12,778	12,780	11,307	-26.38%
Non-Index Crimes	25,897	24,736	28,429	28,386	26,238	25,897	20,631	-20.33%
Total	41,255	37,128	41,609	42,449	39,016	38,677	31,938	-22.58%

Note:
 (1) County data may be incomplete due to incomplete jurisdictions reporting. Includes all reported activity within the County.
 (2) Index Crimes include: Murder & Non-negligent Manslaughter, Rape, Robbery, Aggravated Assault, Burglary, Larceny, Motor Vehicle Theft, and Arson.

Source: Michigan State Police.

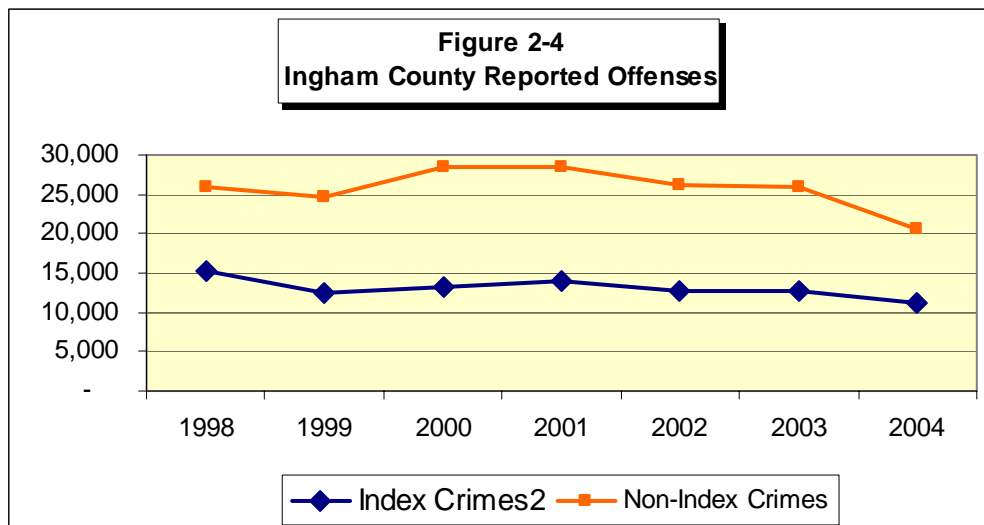


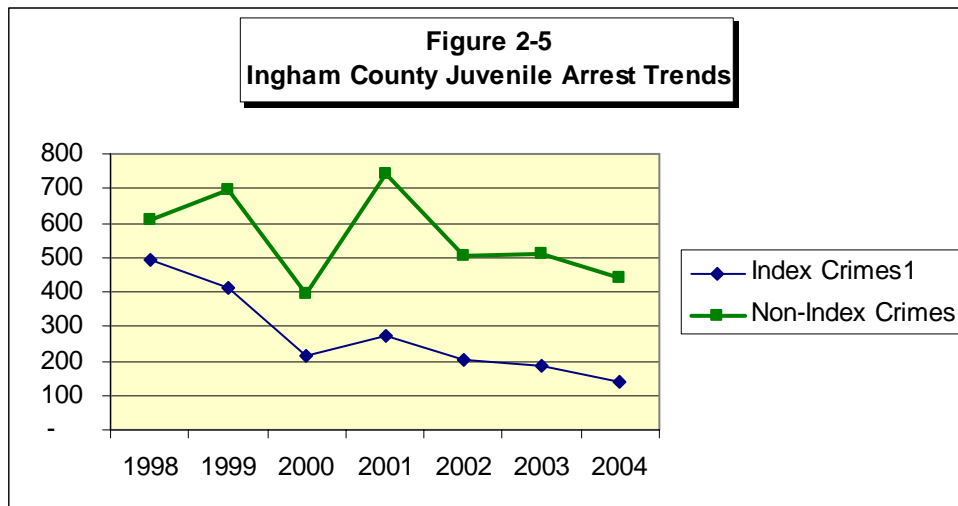
Table 2-4 presents juvenile arrest data for Ingham County. Total juvenile arrests (16 years and under) in Ingham County decreased 47.5% between 1998 and 2004. Arrest of juveniles for serious Index Offenses decreased 72% between 1998 and 2004, or 12% per year.

Arrests of juveniles for disorderly conduct and narcotic and liquor law violations comprised 27% of the total juvenile arrests in 2004. Further data indicate that 73% of juvenile arrests were for misdemeanor offenses in 2004, and 15% of arrests were for truancy. Figure 2-5 illustrates the trends in juvenile arrests in Ingham County.

Table 2-4 Ingham County Juvenile Arrest Trends ¹ (16 years and under)								
	1998	1999	2000	2001	2002	2003	2004	% Change
Index Crimes ¹	492	413	213	270	202	186	139	-71.75%
Non-Index Crimes	608	693	394	744	506	509	438	-27.96%
Total	1,100	1,106	607	1,014	708	695	577	-47.55%

Note: (1) Index crimes include: Murder & Non -Negligent Manslaughter, Rape, Robbery, Assault-Aggravated, Burglary, Larceny, Motor Vehicle Theft, and Arson.

Source: Michigan State Police.



JUVENILE COURT TRENDS

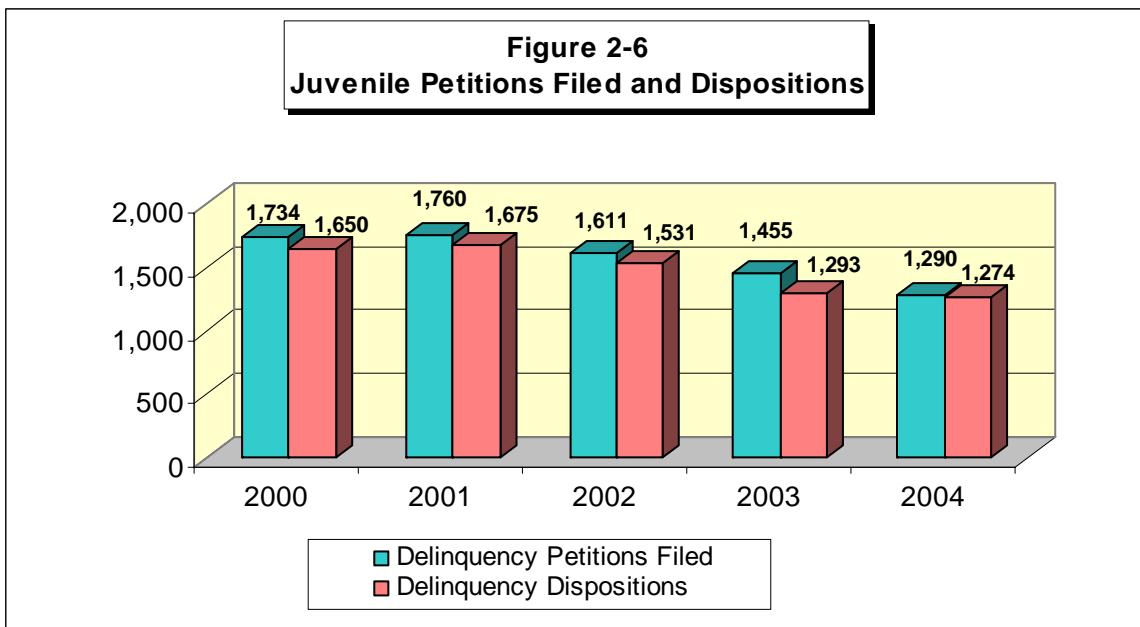
Case Filings and Dispositions

Table 2-5 presents trends in juvenile court delinquency filings and dispositions. The number of delinquency petitions filed decreased 25.6% between 2000 and 2004. These trends are illustrated in Figure 2-5.

The number of intakes handled informally dropped from 341 in 2003 to 289 in 2004. This indicates that fewer youth are being diverted from formal court processing. Neglect petitions dropped from 622 in 2003 to 561 in 2004. Through September 2005, 207 neglect petitions have been filed, which is a further reduction from 2004 petitions filed.

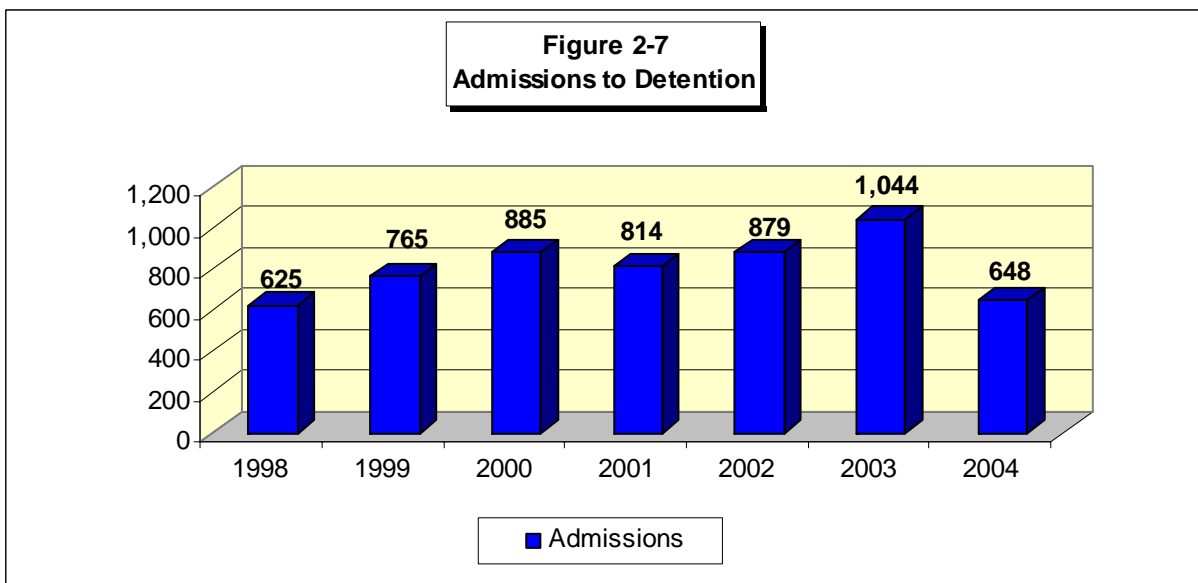
Table 2-5 JUVENILE DELINQUENCY PETITIONS FILED AND DISPOSITIONS						
	2000	2001	2002	2003	2004	% Change
Ingham County						
Delinquency Petitions Filed	1,734	1,760	1,611	1,455	1,290	-25.61%
Delinquency Dispositions	1,650	1,675	1,531	1,293	1,274	-22.79%
<i>Disposition Rate</i>	95%	95%	95%	89%	99%	

Source: Ingham County Juvenile Court.



Secure Detention

Figure 2-7 presents trends on admissions to Ingham County's 24-bed secure detention center. Youth Detention Center admissions peaked in 2000 and 2003, and then were drastically reduced in 2004. The average daily population in the Youth Detention Center in 2004 was 24 youth, which is the capacity of the facility. Average length of stay in the Youth Detention Center in 2004 was 13 days. The detention center is used for short term holding of youth prior to disposition. In the past few years, the County has contracted with the Shiawassee County staff secure facility (2-3 youth per day) when the Ingham County Youth Detention Center is at capacity.



Source: Ingham County Youth Detention Center, 2005.

Non-Residential Programs and Cost

Table 2-6 presents information on non-residential delinquency programs utilized by the court. On average, roughly 1600 to 1800 youth are placed in various non-residential programs each year. Some youth may be placed in more than one program in a given year. The 2004 unit cost is also shown in Table 2-6 for programs where cost information was provided. Unit cost is calculated by dividing total 2004 placements by the 2004 budget for the program. Unit costs for non-residential programs are substantially lower than costs for residential placements.

Table 2-6 Family Division Non-Residential Delinquency Programs Ingham County, Michigan									
Program	FY 2004			FY 2005			2004 ⁶ Unit Cost	2004 Expenditures ¹	2005 Expenditures ¹
	Placements	Average Daily Population	Average Length of Stay	Placements	Average Daily Population	Average Length of Stay			
Aftercare				16	5	109		\$ 255,743.20	\$ 483,739.00 ²
Crossroads	72	25	126	86	24	104	5,241	\$ 377,347.94	\$ 399,702.07 ³
In-Home Detention	359	25	26	294	20	24	467	\$ 167,610.95	\$ 160,639.92
In-Home Detention/Tether	112	10	31	99	7	25	236	\$ 26,387.75	\$ 19,698.50
Intensive Probation Services	235	81	126	161	53	121	2,739	\$ 643,643.50	\$ 700,249.85 ⁴
Intensive Probation Services/ After Care	28	6	79	110	27	90			NA
Sex Offender Program	24	12	176	39	22	206	7,545	\$ 181,090.14	\$ 193,405.99
Standard Probation	291	85	107	517	157	111	3,003	\$ 873,783.58	\$ 885,137.57 ⁵
MSU Diversion	125			125			1,199	\$ 149,886.00	\$ 152,692.68
Truancy Court	345			410			394	\$ 135,938.35	\$ - ²
TOTAL	1,591	244	671	1,841	310	681	20,824	\$ 2,811,431	\$ 2,995,266

Note:
(1) Fiscal Year (FY) period for Child Care Fund Programs (all except Standard Probation) is October through September. Standard Probation FY period is January through December.
(2) Community Service / Aftercare merged with Truancy in FY 2005. Can not identify costs separately in FY 2005.
(3) Peckham contractual expenses only. Excludes Crossroads salary & fringes amounts, because these costs were merged in FY 2005 into Intensive Probation.
(4) Includes Crossroads salary, fringe & administrative costs for both FY
(5) Includes the cost of the Family Court Treatment cost center / org code 10114004 only.
(6) Unit Cost is 2004 Expenditures divided by 2004 Placements.

Source: Ingham County Circuit Court, Family Division.

Residential Placements and Cost

Table 2-7 presents a summary of all residential placements used by the juvenile court in 2004 and 2005. In addition to information on admissions to residential programs, average daily population and average length of stay for each program is shown in Table 2-7. Residential placements are broken down between in-state placements, out-of-state placements, and detention. The exact location of each placement is indicated in Appendix A. It should be noted that many of the in-state placements shown in Table 2-7 are located over two hours away from Lansing.

The per diem rates are shown for each residential placement. Ingham County contracts on a fixed rate basis for local residential programs, including Clarinda Transitional Living (6 bed girls), and Peckham Industries Footprints (6 bed girls), and StART (24 bed capacity). Because these programs are not currently operating at capacity, the per diem rates are very high. If the programs were operating at capacity, the per diem rates would be as follows:

Per Diem Rates

- Clarinda Transitional Living \$227
- Peckham Industries Footprints \$190
- StART \$186

The average length of stay for all in-state placements averaged 66 days in 2005. The average length of stay for all out-of-state placements averaged 145 days in 2005, indicating that youth placed in out-of-state programs are removed from their home and community for a much longer period of time.

Table 2-7 Residential Placements and Cost Ingham County, Michigan									
Placement	FY 2004				FY 2005				
	Admissions	Average Daily Population	Number of Stay Days	Average Length of Stay (Days)	Admissions	Average Daily Population	Number of Stay Days	Average Length of Stay (Days)	Current Per Diem Rate
IN-STATE PLACEMENT									
Clarinda Transitional Living Center (Girls)					11	2.0	751	68	\$ 682 ¹
Florence Crittenton Services					1	0.0	115	115.0	\$ 70
Eagle Village, Inc.	1	-	4	4					
Eagle Village, Inc. - Foster Care	1	-	18	18					
Fieldstone Hospital	1	-	49	49					
Highfields - Long Term	1	1	253	253	1	0.0	18	18	\$ 164
Kairos Healthcare (Intake)					2	0.0	32	16	
Kairos Healthcare Treatment					3	0.0	145	48.3	\$235 - \$275
Kairos Healthcare (Bay County)					1	0.0	21	21.0	\$ 278
Lakeside Treatment & Learning Center					3	0.0	167	56	\$ 265
Maurice Spears	2	1	356	178					\$ 130
Peckham Footprints Group Home					7	2.0	796	114	\$ 569 ¹
St. Vincent's Home	4	1	289	72	2	0.0	2	1.0	\$ 231
St. Vincent's Home - Foster Care	1	1	365	365	1	0.0	19	19	\$ 69
StART	73	15	5,288	72	119	19.0	7,094	60	\$ 236 ¹
Turning Point Youth Center	1	0	22	22	3	1.0	350	117.0	\$ 249
Wedgwood Christian Services	2	1	194	97	1	0.0	126	126.0	\$ 242
Lakeview Wilderness Academy (Closed)	2	0	132	66	3	1.0	435	145.0	\$ 124
Subtotal		20.0				25.0			
OUT-OF-STATE PLACEMENT									
Boys Town	1	-	41	41					
Clarinda Academy	12	6.0	2,363	197	11	3.0	1,032	94	\$ 125 #
Girls Town	2	1.0	344	172	1	-	18	18	\$ 70 #
Glen Mills Schools	11	8.0	2,833	258	12	6.0	2,322	194	\$ 128 #
Havenwyck Hospital RTC	2	-	60	30	1	1.0	258	258	\$ 225 #

Table 2-7 (continued) Residential Placements and Cost Ingham County, Michigan									
Placement	FY 2004				FY 2005				
	Admissions	Average Daily Population	Number of Stay Days	Average Length of Stay (Days)	Admissions	Average Daily Population	Number of Stay Days	Average Length of Stay (Days)	Current Per Diem Rate
Mingus Mountain Academy	4	1.0	294	74	12	5.0	1,921	160	\$ 185
Muncie Reception & Diagnostic Center	32	2.0	670	21	14	1.0	518	37	\$ 156
Normative Services, Inc.	2	1.0	194	97	5	4.0	1,379	276	\$ 185
Woodward Academy	9	3.0	994	110	20	7.0	2,552	128	\$125 - \$185
Subtotal		22.0				27.0			
DETENTION									
Shiawassee Detention Center	115	3.0	1,089	9	54	2.0	564	10	\$ 125 #
Ingham Youth Detention	628	23.4	8,504	13.5	545 ¹	22.0	-	12.2	\$ 236 #
Subtotal		26.4				24.0			
TOTAL		68.4				76.0			

Note:
(1) High per diem rate based on fixed contract and facility operation below capacity.

Source: Ingham County Circuit Court, Family Division.

Residential Placement Summary

Table 2-8 presents a summary of the 2005 residential placements used by the Ingham County Juvenile Court. On an average daily basis in 2005, 76 youth were in residential placement. Thirty-five percent (35.5%) of residential placements were out-of-state placements. When detention is excluded, over half of all residential placements are out-of-state placements.

Profile statistics for youth in residential placements indicate:

- 60% Male; 40% Female
- 50% African American
- 80% Age 14-16

Table 2-8 2005 Residential Summary - Average Daily Population		
	ADP	%
Detention		
> Ingham County Youth Detention Center	22	
> Chiawasse County Staff Secure Detention	2	
Subtotal	24	32%
In-State Placements	25	
Subtotal	25	33%
Out-of-State Placements	27	
Subtotal	27	36%
TOTAL	76	100%

Source: Chinn Planning, Inc.

RISK ASSESSMENT TRENDS

In 2005, the Ingham County Juvenile Court began to implement a risk assessment process. The Youth Level of Service (YLS) is an empirically based assessment instrument that produces detailed information of the recidivism risk and treatment need factors of youth. The first section of the YLS consists of 42 items that are considered to be predictive of youth criminal behavior. When the 42 items are totaled, it represents the degree of risk for re-offending. The Case Management Inventory (CMI) is the second component of the YLS-CMI. The CMI is meant to assist Family Division court personnel in developing an individualized and comprehensive case management plan for a youth.

The YLS-CMI has not been fully implemented by the juvenile court. Every youth entering juvenile court programs is not receiving an assessment. The court has entered sample data from various components/programs of the juvenile court. Figure 2-8 illustrates the YLS results, including sample size, mean YLS score, mean age, and risk level are shown below.

Figure 2-8
SUMMARY OF DESCRIPTIVE STATISTICS – YLS PROJECT (SEPTEMBER 2005)
(Source: Ingham County Juvenile Court)

1. **Intake Division— Youth Referred for intake**

- Total Sample Size = 393
- Mean YLS Score = 8.23 (Low Range)
- Mean Age = 14

<u>Risk Level:</u>	<u>#</u>	<u>%</u>
▪ Low	235	60%
▪ Moderate	140	36%
▪ High	18	4%
▪ Very High	0	0%

2. **Delinquency Division— Youth Referred for Delinquency Petition**

- Total Sample Size = 501
- Mean YLS Score = 16 (Moderate Range)
- Mean Age = 15

<u>Risk Level:</u>	<u>#</u>	<u>%</u>
▪ Low	124	25%
▪ Moderate	259	52%
▪ High	114	23%
▪ Very High	4	<1%

Note: The number of youth scoring low moderate (9-14 points) is 19%, which results in a combined score of 44% low to low moderate.

3. **Standard Probation—Standard Caseload of Youth Monitored in the Community**

- Total Sample Size = 310
- Mean YLS Score = 14 (Moderate)

<u>Risk Level:</u>	<u>#</u>	<u>%</u>
▪ Low	95	30%
▪ Moderate	174	56%
▪ High	40	13%
▪ Very High	1	<1%

4. **Intensive Probation—High-Risk Caseload of Youth Monitored in the Community**

- Total Sample Size = 132
- Mean YLS Score = 21 (Upper Moderate Range)

<u>Risk Level:</u>	<u>#</u>	<u>%</u>
▪ Low	10	8
▪ Moderate	58	44%
▪ High	62	47%
▪ Very High	2	1%

5. **Truancy Court (2004-2005 School Year)**

- Total Sample Size = 188
- Mean YLS Score = 13 (Moderate)
- Mean Age = 14

<u>Risk Level:</u>	<u>#</u>	<u>%</u>
▪ Low	61	32%
▪ Moderate	104	55%
▪ High	23	12%
▪ Very High	0	0%

6. **Court Sanctioned Treatment Programs**

➤ **Crossroads (Non-residential day program) Current Participants**

- Total Sample Size = 25
- Mean YLS Score = 19 (Upper Moderate)

<u>Risk Level:</u>	<u>%</u>
▪ Low	0%
▪ Moderate	74%
▪ High	26%
▪ Very High	0%

➤ **StART Program (Residential program)– Current Participants**

- Total Sample Size = 16
- Mean YLS Score = 23 (Upper Moderate)

<u>Risk Level:</u>	<u>%</u>	
▪ Low	0%	
▪ Moderate	50%	
▪ High	50%	
▪ Very High	0%	

➤ **Out-of-State Residential Program – (Aggregate Count, Since October, 2004)**

- Total Sample Size = 40
- Mean YLS Score = 24 (High Risk Range)

<u>Risk Level:</u>	<u>#</u>	<u>%</u>	
▪ Low	4	10%	¹
▪ Moderate	10	25%	
▪ High	25	63%	
▪ Very High	1	2%	

Note: (1) All overrides, with the 5-10% range deemed acceptable by CCJR.

The YLS-CMI process will provide the court with objective information on the risk and need factors of youth. Risk assessment results are not currently driving placement decisions. Although the process has not been fully implemented, sample results indicate that the court may have opportunities for increasing community based non-residential programming. For example, the sample of youth in the delinquency division indicates that 44% of youth score at the low-low moderate level. In addition, 35% of youth placed in out-of-state programs score at the low or moderate risk level. Youth scoring at low to moderate risk could be candidates for intensive community based non-residential programming.

COST TRENDS

Table 2-9 presents trends in non-residential and residential service costs. Non-residential service costs increased 59.8% between 2001 and 2005, which translates to roughly 15% per year growth in expenditures. Residential service costs increased 287% between 2001 and 2005, which translates to a 72% increase per year in expenditures. The vast majority of the juvenile justice millage fund has been used to increase capacity for residential programs in Ingham County, which is illustrated in Figure 2-9.

Table 2-9 Total Placement Budget						
	2001	2002	2003	2004	2005	% Change
Non-Residential Services	\$ 5,419,007	\$ 7,056,079	\$ 8,794,903	\$ 8,219,126	\$ 8,663,371	59.87%
Residential Services ¹	\$ 1,592,672	\$ 2,232,443	\$ 3,324,028	\$ 4,276,378	\$ 6,160,517	286.80%

Note: (1) Includes Youth Center Costs.

Source: Ingham County Juvenile Court.

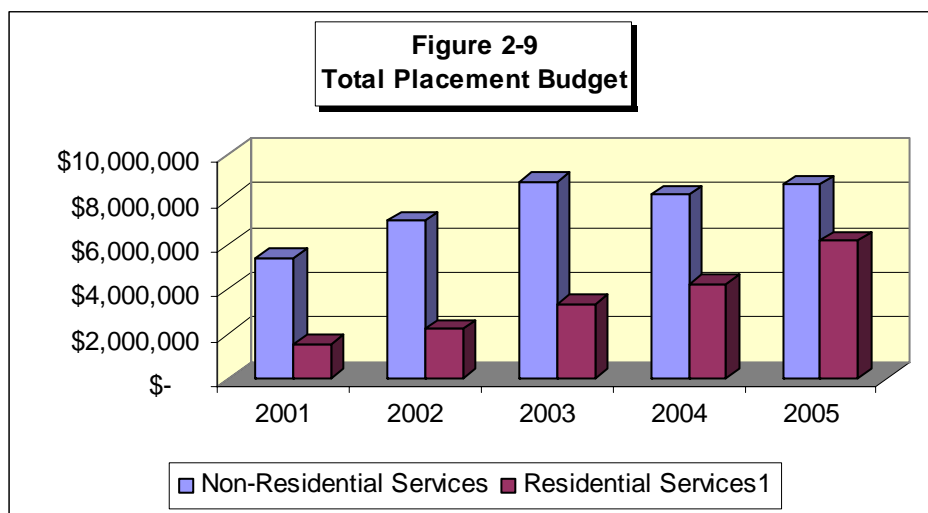
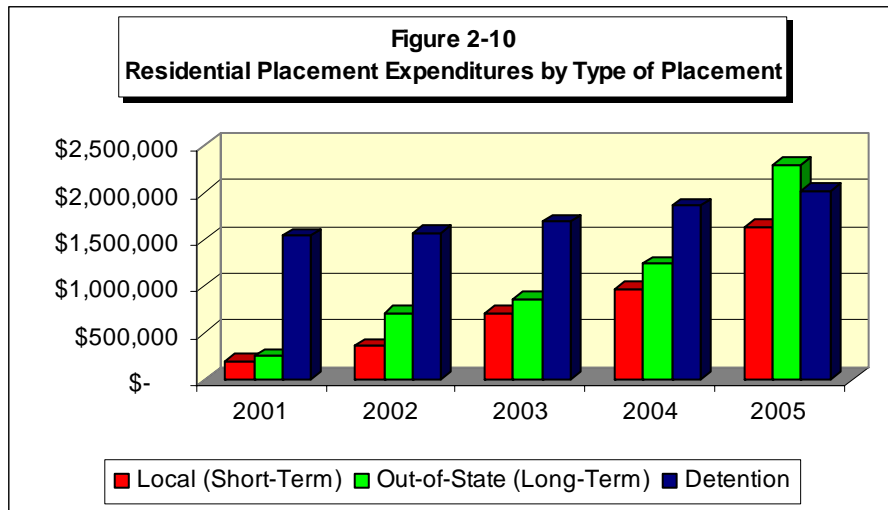


Table 2-10 and Figure 2-10 presents trends in expenditures for short-term (local, residential) versus out-of-state placements (long-term). Expenditures for short-term placements increased 709% between 2001 and 2005, or 177% per year. Expenditures for long-term (out-of-state) placements increased 800% between 2001 and 2005, or 200% per year. Ingham County Youth Detention Center costs increased 31.5% between 2001 and 2005, or 7.8% per year.

Table 2-10 Residential Placement Expenditures by Type of Placement						
	2001	2002	2003	2004	2005	% Change
Local (Short-Term)	\$ 202,241	\$ 358,717	\$ 711,992	\$ 977,595	\$ 1,637,078	709.5%
Out-of-State (Long-Term)	\$ 256,403	\$ 714,221	\$ 865,217	\$ 1,241,940	\$ 2,307,200	799.8%
Detention	\$ 1,537,327	\$ 1,578,554	\$ 1,691,026	\$ 1,858,494	\$ 2,021,659	31.5%

Source: Ingham County Juvenile Court.



Section III of this report will present a summary of the data and trends presented in this Section.

SECTION **III**

Key Findings

KEY FINDINGS

A clear mission statement that reflects the philosophy of the Juvenile Justice System in Ingham County does not exist. A mission statement guides the actions all components of the juvenile justice system.

Many key factors that would result in more youth entering the juvenile justice system have decreased over the past five or six years in Ingham County. These include a decrease in juvenile population, a decrease in reported crime, a substantial decrease in juvenile arrests (47.5%), and a decrease in juvenile court delinquency filings (25.6%).

Other risk factors for delinquency, including child abuse and neglect, truancy, high-school dropout, child poverty, and abuse and neglect out-of-home placements have increased in Ingham County over the past ten years.

The number of intakes processed by the Court that are handled informally has dropped in the past two years. There has been an increase in the number of youth formally processed within the Juvenile Court, and fewer youth are being placed into Diversion Programs. All youth are placed on probation at adjudication, and a high percentage of youth violate probation.

Data on residential and non-residential programs is difficult to access, and only two years of data are available. Accurate and consistent data is not maintained to provide a trend analysis on youth in residential and non-residential placements. Important information including admissions, average daily population, average length of stay, and per diem costs should be maintained for all Ingham County youth placed in residential and non-residential programs.

In 2005, the average daily population of youth in residential placements was approximately 76 youth. Of these, roughly, 31.5% were in detention, 33% were placed in-state placements, and 35.5% were in out-of-state placements. Many of the in-state residential placements are over two hours away from Ingham County.

Based on expenditure data, there has been a substantial increase in the number of youth placed in residential programs. Juvenile justice millage funds have been spent almost exclusively on expansion of residential placements. Residential service costs increased 286.8% between 2001 and 2005. Non-residential service costs increased 59.8% between 2001 and 2005.

Expenditures for local residential programs increased 709% between 2001 and 2005, and increased 800% for out-of-state placements. Ingham County Youth Detention Center expenditures increased 32% between 2001 and 2005. The average per diem rate for local residential placements is \$179, compared to \$113 for out-of-state placements. The Youth Detention Center per diem rate is \$236.

Risk assessment results indicate that 44% of all delinquent youth score at the low/low moderate risk level. This would indicate a high percentage of youth appropriate for intensive community based non-residential services rather than residential programs.

Risk assessment results for youth placed in out-of-state residential programs indicate that 35% score as low to moderate risk, which indicates that many youth placed in out-of-state residential

programs may be more appropriately placed in community based non-residential or residential programs. The current capacity of 36 beds for local residential treatment is not fully utilized.

As programs (residential and non-residential) have been expanded or implemented, it appears that they have had an impact of “widening the net”. This seems particularly relevant for the Truancy Court. More youth are placed in detention and further into the juvenile justice system as opposed to diverting youth from formal handling by the Court. Recidivism data for all programs is being collected through the Risk Assessment process. Valuable information on recidivism and program effectiveness will not be available until 2006.

A centralized intake and assessment process does not exist for at-risk youth in Ingham County. There is no structured decision making process to determine risks and needs of all at-risk and delinquent youth entering the juvenile justice system. Youth are penetrating deep into the Juvenile Justice system in order to access needed services. Previous juvenile justice system studies conducted in Ingham County also indicate that risk assessment does not drive placement decisions, and many youth are placed in programs that do match their risk level and treatment needs. A 2003 study conducted by the University of Cincinnati found the following juvenile justice system components to be less than adequate:

- assessment process
- length of programming
- monitoring
- family involvement
- aftercare

There is a heavy reliance on residential placement versus community based programming. Based on data analysis, interviews, and observations, program areas that should be expanded include:

- assessment process – initial and ongoing
- psychiatric and mental health services
- substance abuse services
- community-based programs
- non-residential programs for girls
- aftercare services
- domestic violence and family intervention services

SECTION **IV**

**Recommendations
and Action Plan**

INTRODUCTION

The intent of Ingham County is to utilize the juvenile justice millage and child-care funds to expand the juvenile justice system in a manner that is most appropriate to foster appropriate behavior, apply appropriate sanctions, and reduce recidivism. Juvenile justice millage funds have been spent almost exclusively on expanding residential placements. Based on the system assessment and previous studies conducted in Ingham County, future funding should be focused on expanding community-based services to enhance Ingham County's Juvenile Continuum of Care. The recommendations that are presented in this Section are based on the guiding principles outlined below, and they should provide direction to the County on appropriate use of future juvenile justice millage and child-care funding.

GUIDING PRINCIPLES

Based on the system assessment, previous studies and evaluations, national principles of "best practices", priorities established by the Ingham County Board of Commissioners, and the Consultants recommendation, the following principles provide the basis for recommendations:

- Placement into programs should be based on comprehensive assessment. Services that are provided should be modeled after research and evidence based programs.
- Youth should be placed in the least restrictive setting based on risk and needs.
- Services should be family focused and as close to a youth's home community as possible.
- Youth should not be placed in the juvenile justice system in order to access services.
- All out-of-state placements should be risk level appropriate and made only when local residential treatment is not available.
- Local residential capacity should be fully utilized before considering out-of-state placement.
- Future funding (juvenile millage and Child Care funds) should be targeted toward expansion of services for at-risk youth in community-based programs, including prevention, intervention, and aftercare strategies.
- Truancy Court should provide diversion from formal court proceedings, and should not result in long- term residential placement. Appropriate assessment and treatment services should be provided to all youth involved in Truancy Court.
- Programs and services should be reviewed annually to ensure they meet the treatment needs of youth and families and achieve desired program outcomes.
- Outcome and performance measures should be monitored and reported.

- Aftercare services should be provided to youth transitioning out of treatment, including residential and non-residential programming.

RECOMMENDATIONS

1. ADOPT NEW JUVENILE JUSTICE MISSION STATEMENT

The current Ingham County Juvenile Justice mission statement does not reflect a philosophy for providing treatment and services to youthful offenders and their families.

VISION STATEMENT

“The Juvenile Services Unit within the Family Division of the 30th Judicial Circuit Court is striving to assure a safe, secure community in which people are served, rehabilitated and encouraged to see their highest potential.”

MISSION STATEMENT

“The Juvenile Services Unit is committed to providing effective, fair, and equal services. Services will be delivered in cooperation and collaboration with other community and governmental organizations. These will be promptly delivered by a highly motivated, well-trained, courteous, compassionate, service-oriented work force, utilizing effective technology and guided by the highest ethical standards.”

(Source: Ingham County Juvenile Court)

Factors to include in the development of a new mission statement include:

- Placement Decisions based on Comprehensive Assessment
- Least Restrictive Placement
- Family Focus
- Tied to Services in the Community
- Aftercare and Reintegration

Sample Mission Statements:

- Charleston County (SC) Juvenile Justice System Mission Statement

Mission Statement

The mission of the Juvenile Justice System is to provide leadership for change, develop the positive performance of the child and families involved, to teach the child accountability, and to provide protection to the community. The Juvenile Justice System will strive to create a continuum of services, to recognize gender and cultural differences of each youth, and meet the individual needs of children, families and the community. These services shall be integrated, family centered, and community based. Collaboration and resources from public and private agencies will be required to carry out this mission.

- Sarpy County (NE), Juvenile Justice System Mission Statement

VISION

The vision of the Juvenile Justice System is to reduce juvenile delinquency and enhance public safety in Sarpy County.

MISSION STATEMENT OF THE JUVENILE JUSTICE SYSTEM

The mission of the Sarpy County Juvenile Justice System is to reduce juvenile delinquency, and enhance public safety by:

- (1) Identifying the risk factors related to delinquency and abuse/neglect;
- (2) Developing appropriate prevention and intervention programs for delinquency and abuse/neglect; and,
- (3) Fostering system communication and cooperation across agencies and with the public to strengthen system effectiveness.

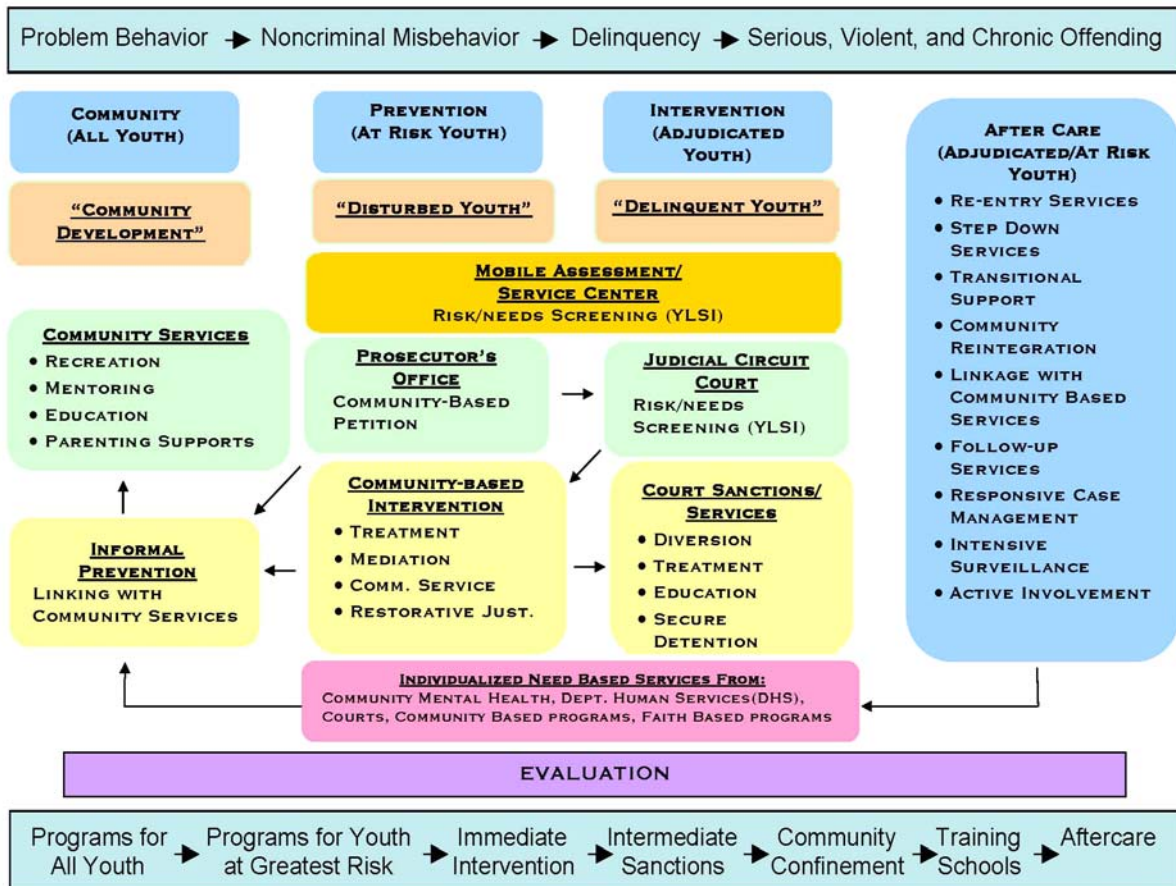
Source: Sarpy County Comprehensive Plan 2002-2005.

2. ADOPT YOUTH VIOLENCE PREVENTION COALITION CONTINUUM OF CARE MODEL FOR AT-RISK YOUTH

The continuum of care model that has been developed by the Ingham County Youth Violence Prevention Coalition shown in Figure 4-1 meets all of the objectives of the guiding principles, and it has been adopted by the Ingham County Board of Commissioners. (See resolution Appendix B) These include:

- Comprehensive Assessment
- Prevention And Intervention Services
- Risk And Needs Based Services
- Work With Family As A Unit
- Emphasis On Community Based Treatment And Services

**Figure 4-1
 Continuum of Care for Youth in Ingham County**



Minnesota developed a Youth Intervention Services Program to address issues of family violence, truancy, delinquency, chemical dependency, child abuse, teen pregnancy and runaways. Youth Intervention Programs are community-based and provide an effective community solution to the youth-related problems facing families. Community-based programs keep youth living with their families and out of the more costly correctional institutions, foster homes, residential treatment, and chemical abuse treatment facilities. Each year over 30,000 Minnesota youth receive services through YIPA agencies. Services include:

MINNESOTA YOUTH INTERVENTION SERVICES

- Pre-Court Diversion Programs:
 - Truancy Intervention
 - Shoplifting Prevention/Intervention
 - Curfew Violation
 - Sexual Perpetrator Counseling
 - Vandalism Prevention/Intervention
 - Fire Awareness
 - Drug/Alcohol Prevention/Intervention
 - Tobacco Use Prevention/Intervention

- Restorative Justice Programs:
 - Victim/Offender Mediation
 - Community
 - Service Program for Offenders
 - Crime Victim Advocacy
 - Restitution Services

- Counseling Programs:
 - Individual, Family & Group Counseling
 - Mentoring
 - Crisis Intervention
 - Out Reach Services for “At-Risk” Youth
 - Prostitution Counseling
 - Chemical Health Assessments and Referral
 - Delinquency Prevention
 - Teen Parenting/Pregnancy Counseling
 - Runaway/Homeless Youth Services
 - School Groups
 - Peer Counseling
 - Anger Management
 - Culturally Specific Counseling
 - Aftercare

MINNESOTA YOUTH INTERVENTION SERVICES (Continued)

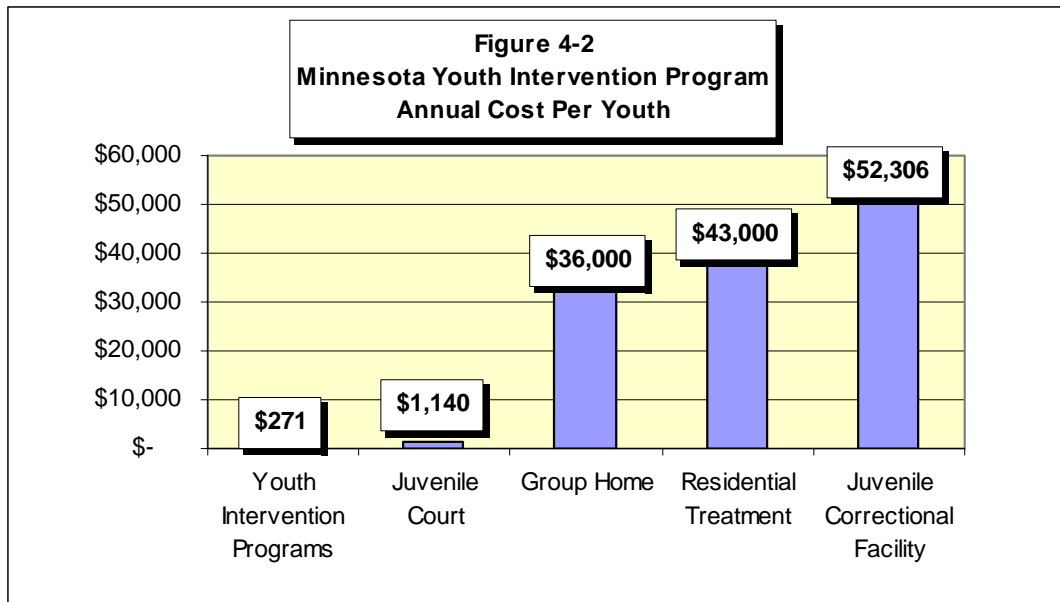
➤ Education Programs:

- Shoplifting/Vandalism Prevention
- Prevention and Early Intervention Video Production
- Parenting Education
- Job Training/Preparation
- Drug/Alcohol Use prevention
- Child Abuse Awareness
- Feeling and Values Awareness
- Conflict Resolution
- Cultural Awareness
- Tutoring Services

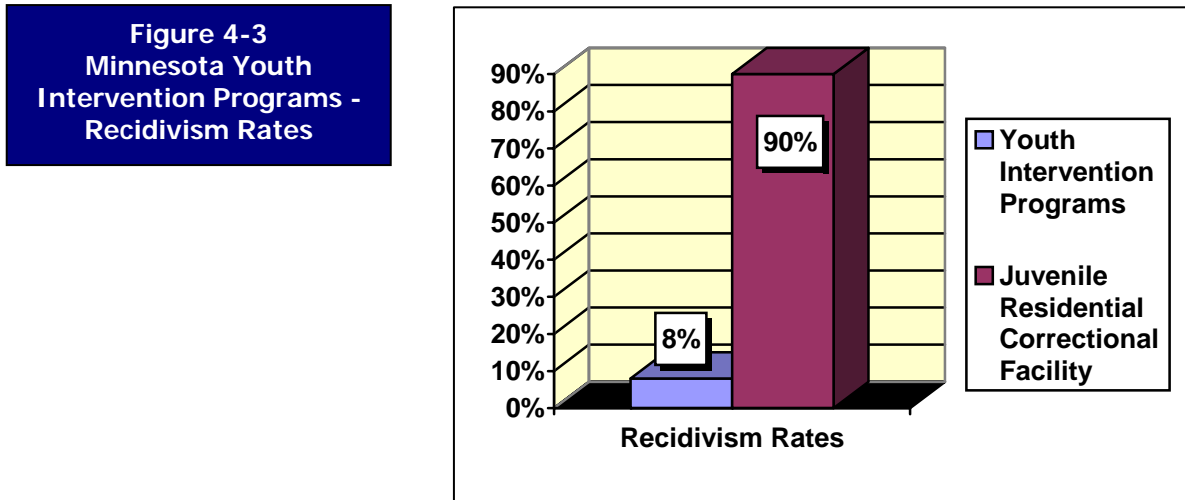
➤ Other Services:

- Direct Employment
- Youth Advocacy
- Referrals
- Community Transitioning from Corrections
- Court Advocacy
- Legislative Advocacy

■ Figure 4-2 shows that the Youth Intervention Program in Minnesota is cost effective.



- Figure 4-3 shows that the recidivism rate for youth placed in Minnesota Youth Intervention Programs is drastically lower than for youth placed in institutions.



Source: *The Minnesota Youth Intervention Program Association (YIPA), "A Voice for Youth", 12-1-05.*

3. CREATE A COMPREHENSIVE JUVENILE ASSESSMENT CENTER

A comprehensive assessment process should be developed for all at-risk youth. Without assessment, it is hard to determine risk of recidivism, or to ensure appropriateness of treatment and services. The University of Cincinnati study found that the failure to systematically assess youth using a standardized instrument is likely resulting in youth being placed into inappropriate groups. Staff conducting juvenile assessments should be trained to make appropriate diagnostic decisions. Reasons for developing an Assessment Center include:

Reasons for Developing an Assessment Center

- Single Point of Entry
- Centralized Intake Function
- Early Intervention and Identification of Problems
- Uniformity in Assessment
- Law Enforcement Officers Return to the Streets
- Reduces Unequal Treatment of Youth
- Coordinated Case Management
- Integrate Risk and Needs Classification
- Multilevel, multidisciplinary Community-Based Assessment

The service and treatment needs of at-risk youth and youth involved in the juvenile justice system are similar. By enhancing coordination and collaboration among service providers the appropriate treatment needs of juveniles can be identified.

The state of Washington has implemented juvenile assessment centers. Components of Washington's Juvenile Court Assessment include:

Washington Juvenile Court Assessment

- Pre-screen for level of risk – more intensive service to higher risk youth and families, minimal for low risk.
- Comprehensive assessment only for higher risk youth – 10 life domains of risk and protective factors. Further specialized assessment (example: substance abuse, mental health) based on initial screening.
- Motivational interview to engage youth and family
- Re-assess dynamic factors for progress-individual and groups.
- Common language for talking about youth and families.

Source: Washington Juvenile Court Assessment.

The space requirements for an Assessment Center are shown in Table 4-1. This assumes permanent staffing, as well as staff space for multi-agency use. Community meeting space is also included to support youth and family programming, as well as other treatment and service needs of the County. The square footage requirement is estimated at 5,505GSF.

Table 4-1 Ingham County Assessment Center Facility Program						
Component Number: Assessment - 1.000						
Space Number	Facility Component	Space Standard	Person or Units/ Space	No. of Spaces	Total NSF	Comments
1.100	Public Reception/Waiting	400	1	1	400	multiple family and community room use; 30 to 40 capacity
1.101	Community Meeting Room	750	1	1	750	capacity for 50
1.102	Public Toilet	100	1	2	200	access from reception/ waiting
1.103	Assessment Manager	140	1	1	140	
1.104	Secretary	64	1	2	128	
1.105	Social Worker	120	1	2	240	
1.106	Case Manager	100	1	2	200	
1.107	Shared Office Area	64	1	3	192	shared use work area
1.108	Fiscal Officer	64	1	1	64	
1.109	Psychiatrist	150	1	1	150	w/files
1.110	Mental Health	120	1	1	120	
1.111	Interview Room	100	1	2	200	4 to 6 persons
1.112	Conference Room	300	1	1	300	20 persons
1.113	File/Copy	100	1	1	100	
1.114	Storage	150	1	1	150	
1.115	Staff Toilet	50	1	2	100	
1.116	Juvenile/Police Entry	50	1	1	50	separate entry for Law Enforcement
1.117	Private Juvenile Waiting	100	1	1	100	view from staff area
1.118	Juvenile Toilet	50	1	1	50	adjacent to juvenile waiting
1.119	Police Work Area	36	1	1	36	adjacent to law enforcement
Total Net Square Feet (NSF)					3,670	
Departmental Grossing Factor 25%					4,588	
Total Building Gross Factor 20% - (BGSF)					5,505	

- Estimated Capital Cost

The estimated construction cost is \$825,750. This cost assumes a construction cost of \$150 per square foot. An additional 35.5% should be added to the construction cost to account for site-work (11%), A/E fees (8.5%), contingency (10%), and Furnishing, Fixtures and Equipment (5%). Total capital project cost is estimated to be \$1,118,890.

- Estimated Operating Cost

Initial staffing for an Assessment Center should include an Assessment Manager, two Case Managers, one Social Worker/Mental Health, and an administrative support position. These are the assumptions about mid-range salary:

➤ Assessment Manager	\$55,000
➤ Case Workers (2@\$44,000)	\$88,000
➤ Social Worker/Mental Health	\$48,000
➤ Administrative	\$28,000

Total personnel cost, including salary and 45% for fringe benefits, is estimated at \$317,550. Additional costs would be associated with operating the facility (10% of personnel costs), and an estimated \$40,000 to purchase treatment services that would result from the assessment. Total estimated annual operating cost is \$389,305.

4. ENHANCE TRUANCY INTERVENTION STRATEGIES AND REVISE TRUANCY COURT

The University of Cincinnati conducted an evaluation of the Ingham County Truancy Court in 2003. Key findings from that study included:

- Truancy Court was established in 2001 and targets youth who have been ticketed or cited for truancy.
- Youth referred to Truancy Court are placed on probation and have their cases reviewed –Based on 2004-2005 data, about 40% of truancy cases in Ingham County were filed in Truancy Court
- Youth referred to truancy court do not receive any assessment.
- Youth are expected to demonstrate compliance with school rules while on probation supervision.
- Most youth are simply monitored on supervision, although some youth are referred for services or submit to drug testing.
- At the end of four weeks, youth who fail to comply have a probation violation filed, and probation is continued and sanctions are imposed.
- Youth who continue to be non-compliant are sent to the youth center or other placement.
- Relatively few youth (20%) are being referred for treatment services.
- Very few rewards are in place, however, a number of punishers are in place.

Services that are targeted at preventing truancy and intervening when truancy occurs should address the root causes and reasons that truants do not attend schools. Based on national research these include:

- *Family:* These include lack of guidance or parental supervision, drug or alcohol abuse, lack of awareness of attendance laws, and differing views about education.
- *School:* These include factors such as school environment (school size, attitudes of teachers, students, and administrators), an inability to engage the diverse cultural and learning styles of minority students, inconsistent attendance policies, and lack of meaningful consequences.
- *Economics.* These include employed students, single-parent homes, a lack of affordable transportation and childcare, high mobility rates, and parents with multiple jobs.
- *Students.* Factors include drug and alcohol abuse, misunderstanding or ignorance of attendance laws, physical and emotional ill-health, lack of incentive (Bell et al., 1994), lack of school engaged friends, and lack of proficiency in English (Rohrman, 1993).
- Low academic achievement and weak basic skills.

Source: New Approaches to Truancy Prevention in Urban Schools. ERIC Digest page 2, 2004.

The Truancy Court should fully implement a program similar to the Intensive Neglect Services (INS) Program for Abuse and Neglect court cases. National research supports the use of family therapy as an effective form of intervention. Based on appropriate referrals, the program should be family focused, community based, offer a range of services, and provide follow up and aftercare. Truancy Prevention Case Managers should provide tracking, case management, and service coordination for youth and families. Due to declining Abuse and Neglect case filings, Truancy Court cases have recently been referred to the INS program. This family support services unit should remain a permanent component of the Truancy Court.

- Estimated Operating Cost

Two Truancy Prevention Case Managers should be dedicated to this component of the Truancy Court. Assuming a mid-range JCO salary level (\$43,269) and fringe benefit calculation of 45%, total annual personnel costs would be \$125,480. An additional \$30,000 should be budgeted to purchase additional services to supplement case management, including psychiatric and psychological services, substance abuse assessment and treatment, and other treatment services. Total annual operating cost estimate for the program is \$155,480. The County may also want to consider piloting a truancy program in the elementary schools of Lansing, which has the highest number of truants in the County.

5. CREATE DAY TREATMENT PROGRAM

Day treatment provides a highly supervised alternative to residential placement. The County currently contracts with Peckham Industries for a day treatment/alternative high school program. The County could either expand the existing contract, or create a county operated day treatment program.

A day treatment program should have varying levels of program duration for both pre-adjudicated and adjudicated juvenile offenders. Youth could attend their home school, and typically report to the center Monday through Friday from 3:00 p.m. until 9:00 p.m. Some centers also have a Saturday morning reporting period.

Services at a day treatment center could include, but not be limited to:

- Family Intervention
- Education/Counseling
- Anger Management Skills
- Tutorial/Homework Assistance
- Conflict Resolution
- Health Education
- Victim Awareness/Empathy Training
- Substance Abuse Prevention & Education
- Self-Esteem Enhancement
- Recreation and Physical Exercise
- Community Service Restitution
- Mentoring Through Existing Community Services

The space requirements for a day treatment facility, sized to accommodate up to 20 youth, are shown in Table 4-2. The estimated square footage requirement is 4,200 GSF.

Table 4-2						
Ingham County Day Treatment Facility Program						
Component Number: 20 Youth						
Space Number	Facility Component	Treatment Space Standard	Person or Units/ Space	No. of Spaces	Total NSF	Comments
2.100	Entry Vestibule	60	1	1	60	
2.101	Multipurpose/Group Room	400	1	1	400	classwork; 10 computer stations; other multipurpose functions
2.102	Classrooms	400	1	2	800	10 users, 3 computer stations
2.103	Classrooms Storage/AV Storage	50	1	2	100	in each classroom
2.104	Interview Testing Room	80	1	1	80	use for family meetings
2.105	Teacher Workroom/Office	120	1	1	120	work counters, files, equipment, 3 users
2.106	Program Office	120	1	1	120	
2.107	Instructional Materials Storage	60	1	1	60	at teacher workroom
2.108	Coatroom/Lockers	100	1	1	100	near entry vestibule
2.109	Staff Restroom	50	1	2	100	at teacher workroom; ADA access
2.110	Student Restrooms	50	1	2	100	combined with dressout area
2.111	Indoor Recreation	500	1	1	500	
2.112	Kitchen	150	1	1	150	food prep; refrigerator, microwave
2.113	Outdoor Recreation	-	-	-	-	access to outdoor area
Total Net Square Feet (NSF)					2,690	
Departmental Grossing Factor 30%					3,497	
Total Building Gross Factor 20% - (BGSF)					4,196	

2/12/2006

- Estimated Capital Cost

The estimated construction cost is \$672,000. This cost assumes a construction cost of \$160 per square foot. An additional 35.5% should be added to the construction cost to account for site-work (11%), A/E fees (8.5%), contingency (10%), and Furnishings, Fixtures and Equipment (5%). Total capital project cost is estimated to be \$897,120.

- Estimated Operating Cost

Per-diem rates for day treatment services average \$40 to \$60 per day. Assuming a high-range per diem cost of \$55, (assuming high-risk juveniles with a treatment emphasis to the program) the annual operating cost for the day treatment program, serving 10 youth initially, would be \$200,750.

6. EXPAND COMMUNITY BASED TREATMENT SERVICES

▪ Substance Abuse Services

A high percentage of at-risk youth and youth involved in the juvenile justice system have substance abuse treatment needs. Screening and assessment are critical in order to identify youth that require substance abuse treatment. In addition to providing community-based substance abuse treatment, trained professionals should also provide follow-up and after care services in order to reduce the likelihood of relapse.

The Ingham County Juvenile Court should work with service providers to expand services to juvenile offenders and their families. National research has shown that the nine key elements of effective treatment programs include:

1. Comprehensive assessments that cover emotional and medical problems, learning disabilities, family functioning and other aspects of an adolescent's life.
2. Comprehensive and integrated services.
3. Parental involvement in a youth's treatment.
4. Program design appropriate for adolescents.
5. A climate of trust between therapists and youth.
6. Staff well-trained to work with adolescents.
7. Program addresses the distinct needs of boys and girls and of different racial and ethnic groups.
8. Relapse prevention training, aftercare plans, referrals to community resources and follow-up.
9. Rigorous evaluation of treatment outcomes.

Substance abuse assessment, treatment, and after care services are currently provided to court involved youth by Child and Family Services through a grant that expires in September 2006. These services are critically important, and are more cost effective than out-of-home placement. The annual cost to provide these services to court involved youth is approximately \$350,000. This cost should be included in future funding for these critical services.

- Mental Health

Similar to substance abuse treatment needs, many youth involved in the juvenile justice system have mental health treatment needs. The Ingham Family and Youth Intervention Partnership Program is a collaboration between Family Guidance Service (FGS), the children's home-based services program of the Community Mental Health Authority and the Family Court. The goal of intervention is to ensure that youth and families receive comprehensive community-based mental health services, thereby reducing the need for psychiatric hospitalizations and court placement of youth. Individualized FGS service plans include:

- In-home individual and family mental health therapy
- Case management
- Coordination with the school and other involved agencies
- Crisis planning

Depending on the needs and goals of the family, service plans may also include psychiatry, emergency services, intensive day treatment, mentoring, respite and therapeutic foster care, parent mentoring and support, and a host of other treatment related services.

These services are currently being provided to high-risk youth in Ingham County at a rate of approximately \$8,000 per case. The average length of time each case is served is about nine months. The \$8,000 per case rate is substantially less than the cost of residential placement, and the long- term benefits of working with a youth and family in their home community are greater.

Efforts to expand these services could reduce out-of-home placements. If CMH funding were eliminated or reduced, it would be more cost effective for the Court to pay for these services than to increase out-of-home placements. Funding should be put in place to expand these services by 20 cases per year, which would result in an operational cost of \$160,000.

7. ESTABLISH CAPACITY FOR RESPITE/CRISIS INTERVENTION BEDS TO SUPPORT COMMUNITY BASED PROGRAMMING

Crisis intervention/respite capacity is sometimes needed to support community-based programming. If a crisis occurs and a youth is otherwise engaged and doing well in a community- based program, a short- term out-of-home placement may be required. Services can be provided in foster care, therapeutic foster care, a professional parenting home, or other residential setting. The goal is a short-term (respite) stay (overnight or 3 to 5 days) to address the crisis and get youth back on track with community-based programming.

The Court should develop additional capacity for respite care through contractual arrangements in the local community. A target of five placements available to the court should address initial needs. At a per diem cost of \$100, total annual cost to provide respite care services would be \$182,500.

8. TARGET 15 to 20 YOUTH TO RETURN FROM OUT-OF-STATE PLACEMENT

In 2005, the average daily population of youth in out-of-state placements was 27. With expansion of community-based programming, including programming for high-risk youth, the court should target at least fifteen to twenty youth to return from out-of-state placement. The 2005 average per diem rate for out-of-state placements is \$234. Local programming, particularly non-residential programming, would be much less costly, and likely have a greater impact on changing youth behavior and reducing the likelihood of recidivism.

If residential placement is required, the court should fully utilize appropriate local residential capacity before placing youth in out-of-state programs. The per diem cost of local residential capacity, which are fixed price monthly contracts, would be reduced if programs were operated at full capacity. If program changes or enhancements are needed to match the risk and need level of youth, the court should meet with local providers to express desired changes in programming.

All youth in placement should be reevaluated based on the risk assessment results for placement into community-based programs. With on-going reviews, youth could move through a continuum of services with an emphasis on least restrictive, community-based placements.

Out-of-state placement will still be required for some youth, based on specific treatment needs. The system assessment provides support for a targeted number of youth to return from out-of-state placements if the recommendations in this Section are implemented.

9. IMPROVE SYSTEM INFORMATION REPORTING AND MONITORING

Basic information on court involved youth is difficult to access. This includes total placements, average daily population, and average length of stay. This information should be accessible for each placement and program used by the court. Without good information, it is difficult to monitor trends. Outcome and performance measures should also be monitored and reported. If programs do not meet performance criteria, providers should make changes to programs or the Court should discontinue using providers that are not providing adequate and appropriate services.

The County should fund the development of a comprehensive data-base to review trends and monitor progress of youth in various programs in the juvenile justice continuum. Linkages among agencies providing services to juveniles and their families should be developed. Outcome measures should be the focus of review by the court, the county, and service providers to determine if desired outcomes are realized. Data elements should be consistent, and should include:

- Youth demographic data
- Assessment results
- Risk and treatment needs
- Treatment plans
- Family intervention strategies
- Case monitoring
- Progress through programming
- Educational status
- Referrals to programs
- Admissions to programs
- Average daily population in programs
- Average length of stay in programs
- Program outcomes, including completion and recidivism data
- Program costs

■ Estimated Operating Cost

One staff position should be created to begin the process of data collection and monitoring. The staff position would interact with staff at the assessment center as the basis for beginning data collection. Coordination with multi-agencies serving youth and their families will also be required. The Court and treatment providers would need to meet to determine the most appropriate methods of collecting and reporting the type of information that is listed above.

Total estimated funding for initial development of an information system to support and monitor results of the continuum is \$99,600. This includes a staff position at \$48,000 and 45% fringe benefits, and an additional \$30,000 to contract for technical support and other services.

SUMMARY OF RECOMMENDATION COSTS

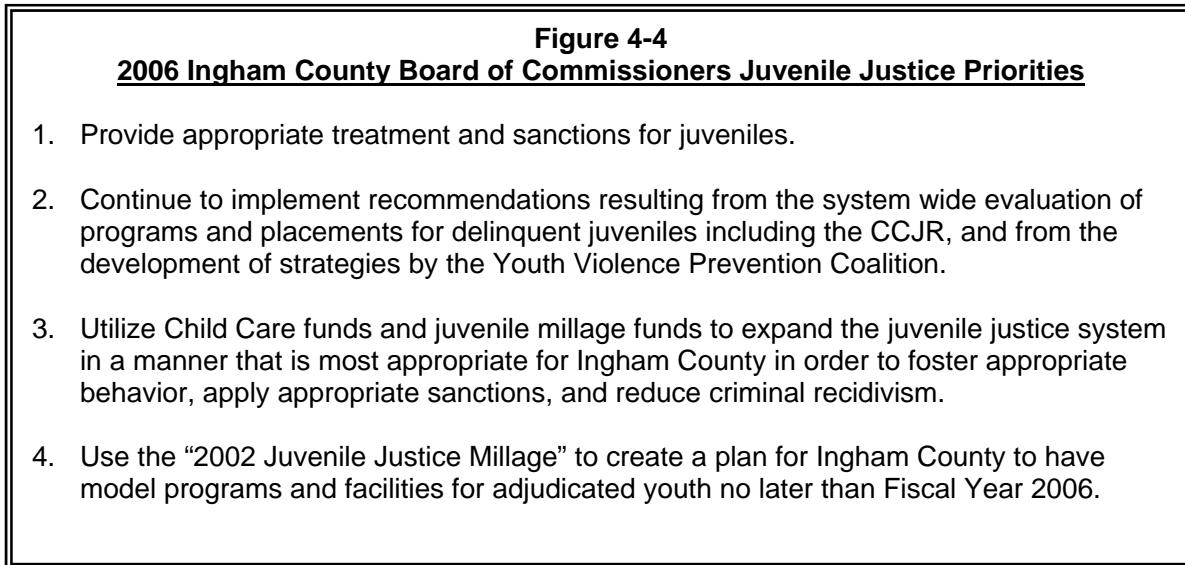
Table 4-3 presents a summary of the cost to implement recommendations presented in this report.

Table 4-3 DRAFT RECOMMENDATIONS SUMMARY BUDGET¹		
	Annual Operating Cost	Capital Cost
Assessment Center	\$ 389,305	\$ 1,118,890
Substance Abuse Service	\$ 350,000	-
Respite Beds	\$ 182,500	-
Day Treatment	\$ 200,750	\$ 897,120
Mental Health Service	\$ 160,000	-
Truancy Program	\$ 155,480	-
Information System	\$ 99,600	-
Note:		
(1) Assumes target of 15 to 20 youth returned from out-of-state placement.		

Source: Chinn Planning, Inc.

ACTION PLAN

The recommendations presented in this Section support the priorities established by the Ingham County Board of Commissioners. Specific 2006 priorities are shown in Figure 4-4:



Recommendations presented in this Section need to be implemented in order to fill out the juvenile justice continuum of care model in Ingham County. Implementation will require coordination and collaboration among many youth, treatment, education, and juvenile justice agencies and service providers over a sustained time frame. As programs are implemented, data should be collected in order to develop a database to measure desired outcomes. Outcomes measures should be reviewed by all of the coordinated agencies to discuss future directions or need for program changes.

Specific steps that need to be taken in order to implement recommendations include:

FISCAL YEAR 2006:

1. Review Recommendations and Adopt Priorities
2. Create Mission Statement for serving At-Risk and Delinquent Youth
3. Develop Sub-Committee's of Youth Violence Prevention Coalition to oversee Program Development
4. Develop and Approve Final Program Budgets
5. Determine Available Funding by Fiscal Year

FISCAL YEAR 2006 *(continued)*

6. Develop Assessment Center Site and Facility Options (renovation, new construction, contracting)
7. Establish Data Elements and Reporting Process
8. Establish Quarterly Meeting Schedule to Review Implementation and Outcomes

FISCAL YEAR 2007:

1. Implement Assessment Center
2. Implement Truancy Program
3. Develop Day Treatment Program Site and Facility Options (renovation, new construction, contracting)
4. Contract for Respite Beds
5. Fund Substance Service Expansion
6. Fund Mental Health Service Expansion
7. Review Program and Youth Profile and Outcome Measures

FISCAL YEAR 2008:

1. Implement Day Treatment Program
2. Review Program and Youth Profile and Outcome Measures

APPENDIX **A**

**Residential Placement by
Location and Destination**

Appendix A-1 In and Out-of-State Private Institutional Report Ingham County, Michigan				
Placement	City and State	Short/Long-Term	Male or Female	Designation
IN-STATE PLACEMENT				
Clarinda Transitional Living Center	Lansing, Michigan	Short-Term	Female	
Florence Crittenton Services	Jackson, Michigan	Long-Term	Female	
Eagle Village, Inc.	Hershey, MI			
Eagle Village, Inc. - Foster Care	Hershey, MI			
Fieldstone Hospital	Battle Creek, MI			
Highfields - Long Term	Onondaga, Michigan	Long-Term	Male	High Risk
Kairos Healthcare Treatment	Saginaw, Michigan	Short-Term	-	-
Kairos Healthcare (Bay County)	Bay City, Michigan	Short-Term	-	-
Lakeside Treatment & Learning Center	Kalamazoo, Michigan	Long-Term	Male	Sex Offender
Maurice Spears	Adrian, Michigan	Long-Term	Female	High Risk
Peckham Footprints Group Home	Lansing, Michigan	Short-Term	Female	
St. Vincent's Home	Lansing, Michigan	Short-Term	-	-
St. Vincent's Home - Foster Care	Lansing, Michigan	Long-Term	-	-
START				
> Elrond House	Onondaga, Michigan	Short-Term		
> Letts House	Onondaga, Michigan	Short-Term		
Turning Point Youth Center	St. Johns, Michigan	Short/Long-Term	Male	Emotional
Wedgwood Christian Services	Grand Rapids, Michigan	Short/Long-Term	Male & Female	Emotional
Lakeview Wilderness Academy	Walker, Michigan	Closed		
OUT-OF-STATE PLACEMENT				
Boys Town	Boys Town, Nebraska	Long-Term	Male	
Clarinda Academy	Clarinda, Iowa	Long-Term	Male & Female	Low High Risk
Girls Town	Boys Town, Nebraska	Long-Term	Female	Low Moderate Risk
Glen Mills Schools	Concordville, Pennsylvania	Long-Term	Male	High Risk
Havenwyck Hospital RTC	Auburn Hills, Michigan	Short/Long-Term	Male & Female	Mental Health
Mingus Mountain Academy	Prescott Valley, Arizona	Long-Term	Female	Moderate High Risk
Muncie Reception & Diagnostic Center	Indianapolis, Indiana	Short-Term	Male & Female	High Risk
Normative Services, Inc.	Sheridan, Wyoming	Long-Term		Mental Health
Woodward Academy	Woodward, Iowa	Long-Term	Male	High Risk
DETENTION				
Shiawassee Detention Center	Corunna, Michigan	Short-Term	Male & Female	Staff Secure Detention
Ingham Youth Detention	Mason, Michigan	Short-Term	Male & Female	Secure Detention

Source: Ingham County Circuit Court, Family Division.

APPENDIX **B**

**Resolution of Support for the
Youth Violence Prevention
Coalition's "Continuum of Care"
Community Wide Model for
Preventing and Treating
Delinquency**

INGHAM COUNTY BOARD OF COMMISSIONERS

**RESOLUTION OF SUPPORT FOR THE
YOUTH VIOLENCE PREVENTION COALITION'S
"CONTINUUM OF CARE" COMMUNITY WIDE MODEL
FOR PREVENTING AND TREATING DELINQUENCY**

ADOPTED - JANUARY 3, 2006

Agenda Item No. 6

Introduced by the Judiciary Committee of the:

**RESOLUTION OF SUPPORT FOR THE YOUTH VIOLENCE PREVENTION COALITION'S
"CONTINUUM OF CARE" COMMUNITY WIDE MODEL FOR PREVENTING AND
TREATING DELINQUENCY**

RESOLUTION #06-002

WHEREAS, the voters of Ingham County approved the juvenile justice millage in 2002 for the purpose of increasing Ingham County's capacity to detain and house juveniles who are delinquent or disturbed, and to operate new and existing programs for the treatment of such juveniles; and,

WHEREAS, with the passage of the millage, the Judiciary Committee of the Ingham County Board, proceeded to evaluate and choose juvenile justice system enhancements and allocate juvenile justice millage funds as was appropriate with regard to the millage language; and,

WHEREAS, the Judiciary Committee, the Ingham County Circuit Court, the Ingham County Power of We Consortium and the Youth Violence Prevention Coalition have worked as partners in the planning process for juvenile justice system improvements; and,

WHEREAS, numerous program enhancements have been implemented as a consensus was achieved on approach and priorities; and,

WHEREAS, more enhancements are yet to be planned and implemented, and it is recognized that there must be an ongoing effort to improve and redesign the system to meet the changing needs of Ingham County youths; and,

WHEREAS, all of the partners are now in agreement that our juvenile justice system should be designed such that it offers a continuum of care for juveniles, providing a full scope of graduated sanctions, treatment and services to address the causes of problem behavior and it is recognized that there is an efficiency achieved in working in a community-wide framework to implement a range of services that include community based, prevention, intervention, and aftercare strategies for our youths; and,

WHEREAS, at this time in the planning process, it is important to our partners, that the Ingham County Board of Commissioners formally expresses a commitment to a juvenile justice system based on the continuum of care approach.

THEREFORE BE IT RESOLVED, that the Ingham County Board of Commissioners hereby adopts this resolution to support the Youth Violence Prevention Coalitions "Continuum Of Care" Community Wide Model For Preventing And Treating Delinquency and affirms its acceptance of working within the community-wide framework, offering a continuum of care for Ingham County youths.

BE IT FURTHER RESOLVED, that the Ingham County Board of Commissioners also affirms that as enhancements to the juvenile justice system are designed and implemented with the use of juvenile justice millage funding, they will be compatible to the overall design for a continuum of care in Ingham County.

BE IT FURTHER RESOLVED, that the Ingham County Board of Commissioners remains committed to partnering with the Ingham County Circuit Court, the Ingham County Power of We Consortium and the Youth Violence Prevention Coalition in developing a progressive juvenile justice system that will result in improving the lives of juveniles in our county.