

CHOICES

for families

Dear Readers:

Collaboration and continuing education are two initiatives that got stronger in 2006. The more the JAC/CMO system proves to be effective, the more it will depend on our shared ability to build upon continuing improvement.

In this issue we introduce a major collaboration between the Juvenile Assessment Center, Wayne County Department of Children and Family Services and Michigan Department of Human Resources to address innovative ways to work effectively with abuse and neglect treatment needs. We also highlight how two major conferences were able to share lessons learned and target specific systemic improvements for the coming year.

Also in this issue, we present for the first time the results of research based on six years of data highlighting how evaluating programs can generate ways to improve specific program outcomes.

Looking forward to 2007 and recognizing that the strength of any service system is built on the competencies of its practitioners, the JAC plans to offer new learning options to engage and challenge case managers to share what they have learned with others. We believe that experienced case managers' innovative "best practices" need to be turned into a practical curriculum and passed on to new as well as veteran workers. As part of our ongoing commitment to support our colleagues continuing growth by improving skills, the JAC is planning a range of continuing education opportunities starting with a conference for case managers on January 22, 2007."

We welcome your feedback and invite your suggestions for future issues of Choices.

Cynthia J. Smith

Cynthia J. Smith, MSW, LCSW
President/CEO



JAC adds services for abused and neglected children

If you were a parent ordered to treatment you would expect someone you could rely on to give you insight, support and guidance to help. You would look for someone with the expertise and strong desire to help you become a better parent so that you could get your children back.

This is what JAC's *Therapeutic Services*' clinical providers do. Its community-based provider network of 15 clinically competent agencies located throughout Wayne County offer treatment services, which include:

- **Parent education classes**
- **In-home case management**
- **Therapeutic and family counseling by masters level clinicians**
- **Domestic violence group counseling**
- **Substance abuse services, including alcohol and other drug screens (AOD)**
- **Court ordered psychological and psychiatric assessments.**

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"Because of the serious situations of abused and neglected children speedy intervention and attention are essential"

JAC provides individualized treatment continued from page 1

Local service providers are governed by two primary objectives:

1. In-home case management, court reports and family support
2. In home treatment services which offer realistic, practical parenting skills to family success.

Joe W. Goss, coordinator of JAC *Therapeutic Services*, reports that 2,716 cases have been served since the program began.

"Because of the serious situations of abused and neglected children speedy intervention and attention are essential," says Goss.

Work with clients begins within 24 hours of referral and authorization. Moreover, face to face meetings are scheduled within 48 hours with clinicians available for weekend and evening appointments. All services are provided in the community or neighborhood of the referred person. Service documentation and treatment plans are closely monitored for timeliness and thoroughness using the web-based

Juvenile Agency Information System (JAIS).

Services are based on client needs and strengths using solution focused/brief therapy components. Therapists use short-term, non traditional problem-solving therapy models stressing brief therapy, crisis management and individualized treatment planning. The primary goal of treatment is to return the client to adequate health and functioning so that families can be together safely. Treatment planning must link what caused the abuse and neglect with strategies that will address and relieve the problems:

- **The techniques employed must be reasonable and appropriate to the needs of the client**
- **The treatment plan must have clear goals, measurable objectives and interventions that target the symptoms and changes needed.**

Because the DHS, court and foster care agencies are also closely involved in the treatment plan, providers use the DHS

parent agency agreement and maintain regular contact with the referring workers. The concerns identified by the jurist are priority issues for intervention and change. Once they are addressed and the home situation has been stabilized successfully, then family work can begin in earnest.

Families as well as jurists have come to appreciate the availability of the JAC process with its ease of access to data, timely information and the status of service as well as feedback regarding individual progress.

"The clinicians who work with the JAC are committed to the families across Wayne County," says Goss. "They give so much of their own ability and dedication to help them get back together and stay together."

To assure ongoing improvement of services and service delivery, JAC *Therapeutic Services* offers educational support for its provider network agencies by way of bi-monthly technical assistance, regular provider meetings and focused training opportunities.

Partnerships in Wayne County help juvenile services

*Daniel Chaney, Director,
Juvenile Services
Wayne County Department of
Children and Family Services*

Through the use of evidenced-based programs, Wayne County will not only address more effectively the problem of juvenile delinquency, it will also be able to make the best use of limited financial resources. Future services will be driven by:

- **Intensified revenue management.**
- **Ongoing cost/benefit/priority analysis of current programs**
- **Independent evaluation to assess program innovations.**

Maximizing revenue and securing access to new funding streams will be essential to sustain ongoing operations and fulfill core public mandates.

Because competition for tax dollars is more intense than ever, government must get better at revenue management by charging expenses to the most responsible payer and fund source. A clear example is the new agreement with the Detroit-Wayne County-

Community Mental Health Agency wherein adjudicated juveniles who also have a mental health disorder can now receive services from a qualified mental health provider and Medicaid will pay a portion of the cost for eligible youth.

Until the past year, access to mental health care for adjudicated youth in Wayne County was severely limited. The governmental agency to which a youth was assigned -- child welfare, mental health, or juvenile-justice-dictated access to competent mental health and substance abuse treatment, not the clinical needs of the youth. In an effort to eliminate these "silos" of service delivery, the Department of Children and Family Services has partnered with the Detroit-Wayne County – CMH Agency to assist youth in the CMO system diagnosed with a need for mental health services.

Title IV-E funding is drying up and the loss of \$38.6 million has to be made up by the county through local revenues and program innovation. Because in Wayne County, Title IV-E eligibility rate for juvenile justice cases has been

well below the statewide average, the County Department of Children and Family services is leading an effort to increase IV-E claims.

CMH and Child and Family Assessment Scales are also partnering to pilot a wraparound initiative to provide services to seriously emotionally disturbed youth in the juvenile justice and mental health systems. "Wraparound Wayne County" will target cross-system youth with multiple needs. It has demonstrated improved outcomes by keeping families together and preventing out-of-home placement. In 2007, Medicaid funding has been authorized to implement the wraparound model with three pilot projects pairing a CMO and a mental health agency:

- **Black Family Development CMO & Northeast Guidance Center**
- **StarrVista CMO & Development Centers**
- **Bridgeway CMO & The Guidance Center**

An evaluator from a local university will be retained to assess the effectiveness of the pilot.

Intensive Supportive Foster Care is another pioneering county initiative. Vista Maria in Dearborn Heights has joined with The Guidance Center in Southgate to provide Intensive Supportive Foster Care for youth in the juvenile justice system. The program creatively blends funding and resources to treat emotionally disturbed children who need substitute care while keeping them in their local communities. It is proving to be highly effective in reducing the need for congregate care for children with severe emotional

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JAC employee recognized for keeping youth in school

Carol Shealy is the Juvenile Assessment Center's staff assigned to work with the Wayne County Prosecutor's Office and Detroit Public Schools to address youth chronically truant from school. She was one of 11 adults and 16 youths from the CMOs, the Family Court and the JAC honored at the 18th Annual Juvenile Jazz, sponsored by Citizens for Wayne County Youth, an advisory committee to the 3rd Circuit Court Family Division and to Wayne County Executive **Robert A. Ficano**.

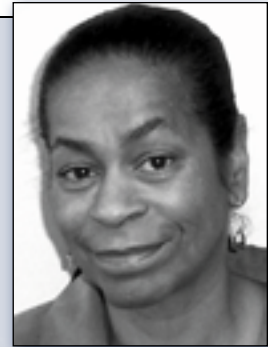
Shealy, a partner in Wayne County's *Erase Truancy* initiative, was recognized for her exemplary performance in working to keep

youth in school. By providing intensive case management services, she has established an effective, collegial relationship with the prosecutor's office and productive relationships with parents and families to make sure assigned youth attend school and participate successfully.

With her own mother at her side during the presentation ceremony, Shealy was commended for her diligence, faithfulness and availability to parents and youth. She was recognized for using her skills, compassion, and perseverance to find each youth's strengths and assets and to show parents how to

support and encourage their own children's academic progress in school.

Because of the recognized success of the *Erase Truancy* partnership between the JAC, Wayne County Prosecutor and the Detroit Public Schools, the JAC is targeting additional resources to the program. JAC CMO Cynthia Smith explained that "keeping kids in school reduces the potential for many more youth entering the juvenile justice system."



Carol Shealy

Funding loss must be replaced continued from page 3

disorders in the foster care and juvenile justice system. Its effectiveness will be evaluated by Eastern Michigan University.

The Child Care Fund can be enhanced by donor agreements. The law allows for private donations to the fund to promote services that keep families together. Donated amounts are matched by the State of Michigan as long as payments are made from the CCF. To take advantage of matching fund options, Wayne County has established a process for foundations and agencies to donate funds to the county child care fund.

D-WC-CMH is developing plans to add Parent Management Training (PMT) to the service array. The JAC will participate in a demonstration project to offer this evidence-based model to families in the child welfare and juvenile justice system. PMT refers to programs that train parents to manage their child's behavioral problems in the home and at school.

It targets maladaptive parent-child interactions that foster conduct problems. Social learning techniques are used to promote pro-social behavior to decrease antisocial and oppositional behavior. PMT has also proven to be effective with foster parents.

Young Adults (19-20 year olds) retained in the juvenile justice system continue to need supervision and services. Historically, they are confined in state training schools. In one case, the county has invested \$575,000 for the supervision of a single juvenile. Such high end, low volume resources continue to disproportionately consume dollars, leaving little left to shift to prevention. Of necessity, we are assessing what returns the juvenile and community are getting for the investment: are such options the most effective way to balance "just desserts" for the offender's criminal behavior with community safety and treatment?

A high priority long-term reform concerns young people who are

transitioning from the child welfare and juvenile justice systems to independent adulthood. Once they outgrow county or state care, too many of them end up living in poverty -- unemployed, homeless or in jail. We embrace the recommendations of the "Interdepartmental Task Force on Service to At-Risk Youth Transitioning to Adulthood" spearheaded by DHS Director **Marianne Udow** and Michigan Chief Justice **Maura Corrigan**. The challenge will be to gain new funding and redirect existing funds to this important initiative.

Many of these reforms and program initiatives continue building on the genuine shift to greater cooperation between governmental agencies. The county, the Juvenile Assessment Center, CMOs and provider community are partnering to develop a richer array of innovative, least-restrictive treatment options. We are "working together to achieve positive outcomes."



Research to guide treatment options

Shaun Cooper, Ph.D., and Cynthia J. Smith, MSW, Juvenile Assessment Center

V. Kay Hodges, Ph.D., Department of Psychology, Eastern Michigan University

Yange Xue, Research Investigator, School of Public Health, University of Michigan

The purpose of the study was to identify profiles associated with treatment needs at initial intake and profiles tied to evidence of recidivism during and after service intervention. The study seeks to recognize critical youth factors for successful service provision without recidivism and to better measure the critical factors that can improve evaluation and treatment for juveniles with recidivism and high risk to re-offend. With improved evaluations and service focus, a CMO can better guide and use appropriate services to develop more differentiated care paths and outcome success.

Particular aspects of assessment and evaluation tools were identified across life domains, personality and critical characteristics, social maladjustment, alcohol and other drug use and abuse as well as offense class (i.e., status, misdemeanors, other felonies, serious person felonies, “life” offenses), known to the court as a victim of child abuse or neglect, and demographic variables (age, gender).

Via the measurement of strengths among successful youth and needs that characterize the recidivist, the study begins to distinguish youth treatment types that illustrate the need for new and or more specialized service practices. It is hoped that this clarification and refinement will serve to reduce the rate of recidivism even further.

MEASUREMENTS

- *Millon Protocol Subscales:* Impulse Propensity, Depression, Borderline, Suicide Ideation, Family Discord, Childhood Abuse, Sexual Discomfort, Egotistical
- *Child and Family Assessment Scales (CAFAS) Subscales:* Home, Family, Mood, Self-Harm Thinking, School, Behavior Towards Others
- *Youth Drug Screens:* Positive or Negative for Marijuana, Cocaine, Opiats
- *Juvenile Structured Decision Making Subscales:* Age at 1st adjudication, assault behavior, drug use/abuse, sibling or family issues, justice system, history of substitute care
 1. Total JCAR Structured Decision Making Risk Score: Low, Moderate, High
 2. Initial Security Level: Community, Low, Medium, High
- *Offense Conviction Classification Data Subscales:* Class 1 Life Offense, Class 2 Serious Person Offense, Class 3 Other Felonies, Class 4 Misdemeanors, Class 5 Juvenile Status Offenses
- *Deaths Known and Recorded*
- *New Felony Convictions During and Post Enrollment*

Predictors of servi

SAMPLE DESCRIPTION

The sample consisted of 2,691 Placed and Probation Juveniles provided with registration, assessment, specific services, recidivism measurement and case termination status under court orders from Wayne County Third Circuit Court between February 2000 and December 2005. Juveniles for this study were tracked for felony convictions between six months and two years post disenrollment from court ordered services:

- 95.9% did not have a felony post termination as of June 2006
- 4.1% did have a felony post termination as of June 2006 and .4% deceased (13 juveniles)

Sample by Gender % N = 2,291	Caucasian	African American	Hispanic Latino	Arabic Chaldean	Other	Total % of Sample by Gender
Female	34.4%	60.4%	3.4%	.3%	1.4%	21.6%
Male	25.2%	68.9%	3.9%	.9%	1%	78.4%
Total	27.2%	67%	3.8%	.9%	1.1%	100%

Age at Adjudication Assignment N = 2,691	Minimum Entry Age	Maximum Entry Age	Mean Entry Age
Age	10.16 years	17.97 years	15.7 years

Probability Chart of Recidivism by Prior Adjudicated Offense Class For Wayne County Juveniles

Life Offense	Serious Person Offense	Other Felony	Misdemeanors	Status Offense
5.8%	6.0%	10.4%	3.5%	4.5%

DESCRIPTIVE TABLE

MEASUREMENTS	NO POST FELONY	WITH POST FELONY	ALL SAMPLE
PERSONALITY			
% Millon Egotistical > 60	43.8%	41.7%	43.7%
% Millon Impulse > 60	29.6%	22.5%	29.3%
% Millon Borderline > 60	13.9%	11.1%	13.8%
DRUG SCREEN AND REPORT			
% Initial Positive (M-O-C)	36.2%	42.4%	36.5%
% JCAR Drug Use/Abuse (Alcohol, Marijuana, Cocaine, Opiates, Other)	71.4%	80.8%	71.9%
% Final AOD Positive	20.2%	34.4%	20.8%
CRIMINAL HISTORY			
% JCAR Assault History	57.4%	47.1%	56.8%
Age 1 st Adjudication (M, SD)			
Mean	14.81	15.04%	14.8%
Standard Deviation	1.312	1.398	1.317
% Life Offenses (Class 1)	4.4%	3.9%	4.3%
% Serious Person Offense (Class 2)	2.0%	2.0%	2.0%
% Other Person Offense (Class 3)	47.0%	72.5%	48.4%
% Misdemeanors (Class 4)	26.7%	10.8%	25.8%
% Status Offense (Class 5)	19.9%	10.8%	19.4%
STRUCTURED DECISIONS RISK SCORE			
Mean	8.84	16.68	8.79
Standard Deviation	2.454	.88218	2.467

ces and recidivism

MEASUREMENT	NO FELONY POST	WITH POST FELONY	ALL SAMPLE
STRUCTURED DECISION MAKING			
SECURITY LEVEL			
% Community Initial	49.8%	50.0%	49.9%
% Low Security Initial	35.5%	37.2%	35.6%
% Medium Security Initial	12.7%	5.3%	12.3%
% High Security Initial	1.9%	7.4%	2.2%
FAMILY ENVIRONMENT/TRAUMA			
% Sibling with a history of conviction	32.7%	36.5%	32.9%
% Millon Family Discord > 60	46.9%	44.4%	46.8%
% Millon Childhood Abuse > 60	13.4%	15.3%	13.5%
% Millon Sexual Discomfort >60	38.2	41.7%	38.4%
% Substitute Care/Abuse-Neglect	21.1%	17.5%	20.9%
EMOTIONAL STATES			
% Millon Depression > 60	35.8%	33.3%	35.7%
% Millon Suicide > 60	6.3%	4.1%	6.3%
CAFAS MOOD			
% Scores 20	28.7%	30.4%	28.8%
% Scores 30	4.1%	2.9%	4.1%
CAFAS SELF HARM			
% Scores 20	6.5%	3.9%	6.4%
% Scores 30	2.6%	2.9%	2.6%

MEASUREMENTS	NO POST FELONY	WITH POST FELONY	ALL SAMPLES
CAFAS THINKING			
% Scores 20	1.9%	2.9%	1.9%
% Scores 30	0.3%	0%	0.3%
FUNCTIONING			
CAFAS Total Score (M, SD)			
Mean	106.69	106.69	106.89
Standard Deviation	38.995	38.995	38.825
BEHAVIORAL IMPAIRMENT			
CAFAS School-Work (S)			
% Scores 20	14.8%	16.7%	14.8%
% Scores 30	63.0%	67.6%	63.2%
CAFAS Home (H)			
% Scores 20	16.0%	21.6%	16.2%
% Scores 30	38.3%	32.4%	38.0%
CAFAS Behavior Towards Others (BTO)			
% Scores 20	59.7%	75.5%	60.4%
% Scores 30	11.8%	4.9%	11.5%
CAFAS Pervasive Behavioral Impairment			
% Scores 20 or 30 BTO/H/S (All)	35.5%	34.4%	35.5%

Study sheds light on juvenile justice model

ANALYSIS CONCLUSIONS

STATISTICAL ANALYSIS of the data amply demonstrates the merits of a juvenile justice model that features initial comprehensive assessment upon enrollment and early formulation of an individualized treatment plan. The overwhelming majority of juvenile offenders exemplified in the study (9.4%) did not commit a felony in the six to 24 month post disenrollment follow up period. The relatively small group of juvenile offenders who did commit a felony during the post disenrollment period (4.6%) has been labeled as recidivists for the purposes of discussion here.

DEMOGRAPHIC VARIABLES, along with a number of variables pertaining to drug use, functional impairment, personality traits, psychopathology, security level and age at the time of initial enrollment, were examined to determine what characteristics are associated with recidivism. Examination of the data reveals that the relatively small cadre of recidivists is overwhelmingly male (98.4%). It should be noted that the skewed proportion for gender far exceeds that of the sample as a whole (73.8% male), which reflects gender proportions typically seen in juvenile justice populations. Although each of the racial groups examined in the study demonstrate low rates of recidivism (Caucasian, 1.9%; Hispanic, 2.9%; African American, 5.9%; Arabic/Chaldean, 8.7%), the recidivist group was disproportionately comprised of African Americans (88.4%). Recidivists were likely to have been slightly older at the time of

initial enrollment (mean age 16.1 vs. 15.7 for non recidivists) and were more likely to have produced positive (i.e., "dirty") results on an initial urine drug screen. Regarding risk assessment, recidivists were significantly more likely to have a high security level at the time of disenrollment than non-recidivists.

A SIGNIFICANT PROPORTION of the juvenile offenders examined in the study demonstrated elevated scores on indicators of personality traits or mental health symptoms often thought to be associated with their commission of crime. However, the proportion of youth who endorsed these problems or traits was found to be the same in both the recidivist and non-recidivist groups. This finding indicates that the recidivist's failure to respond to treatment has no relationship to the personality traits or mental health symptoms examined in the study.

CONCLUSIONS

The Wayne County Juvenile Justice Model featuring comprehensive assessment upon enrollment, expedient individualized treatment planning and case management monitoring of response to treatment has resulted in impressively low rates of recidivism.

- The benefits of the model were demonstrated by youth across all racial groups examined in this study; however, African Americans are over-represented among the small group of youth

who do commit a felony during the post disenrollment period. As a result, cultural competence must remain an important focus for those who devise and provide services for the youth.

- Treatment provision for recidivists should feature programming amenable to the sensibilities of young males (e.g., less likely to initiate discussion of emotional upset and more likely to engage in externalizing behaviors in response to stress)
- Consciousness of the connection between drug use and the propensity to re-offend should be heightened. Immediate implementation of substance abuse treatment programming is likely indicated.
- Older initial enrollees (i.e., age 16 and above) in the Wayne County juvenile justice system may be characterized by more entrenched delinquent behavior patterns or may commit more serious crimes. In any event, the study suggests that older juvenile offenders may require more intensive, specialized treatment to reduce their recidivism.
- Indicators of dysfunctional personality traits and mental health symptoms at the time of initial enrollment did not predict recidivism, possibly because youth who endorse these indicators are already routinely referred for mental health services within the current system, likely improving outcomes.



Gang awareness conference lays groundwork for change

A PACKED HOUSE OF COMMUNITY LEADERS, SOCIAL WORKERS, EDUCATORS, LAW ENFORCEMENT OFFICERS AND INTERESTED CITIZENS PARTICIPATED IN AN EXTRAORDINARY FULL-DAY CONFERENCE THAT PROVIDED INSIGHTS INTO THE HISTORY OF GANGS IN SOUTHWEST DETROIT.

Following an intense presentation by nationally recognized expert, Dr. Carl Taylor, participants quizzed a number of veteran presenters, watched a moving video prepared by young people, and took part in a series of workshops to help them become more aware of how some youth are being recruited and used by gangs.

Jointly sponsored by Bridgeway CMO Services, Southwest Counseling Solutions, and the Detroit Hispanic Development Corporation, the presenters outlined the key steps to engage and reclaim youth from an attractive subculture that not only defeats their future success as adults but also increases their danger in their own communities. Conference planners hoped the conference would be “a first step in helping service providers, law enforcement and communities build awareness about youth gangs . . . and learn what their organizations can do to counter gang activity.”

“Gangs are the offspring of adult neglect and indifference to their own children,” reported Angela Reyes, Director of Detroit Hispanic Development Corporation. She and her staff, some of whom were former

gang members, explained with concrete examples how gangs form around young teens’ needs to secure their personal safety, to feel they belong with peers who “will die for them” and to cope with joblessness and racial discrimination as well as their own ambivalence about their parents.

During the afternoon workshops, participants discussed the many proven, complex methods to combat gangs. They took part in significant discussions about best practices in gang prevention, identifying individual, family and community risk factors which form the groundwork for treating gang-involved youth. An impressive packet of handout materials included two CDs issued by the Office of Juvenile Justice Delinquency Prevention: “Parents’ Guide to Gangs,” and “Gang-related Publications released through the OJJDP.”

“The conference proved to be another successful collaboration by three community organizations to expand their capacity to reach out and reclaim the most vulnerable youth in their communities,” according to conference planners.



Robert Ennis, Chairman of CCMO Board; Veda Sharp, Interim Director and Carrie Banks Patterson, Children’s Services Special Projects, Detroit-Wayne County Community Mental Health; Dan Chaney, Director, Juvenile Services, Wayne County Department of Children and Families.

“Working together to achieve positive outcomes”

Opening remarks by Chief Judge **Mary Beth Kelly** and County Executive **Robert Ficano**, set the tone for the CMO conference “Working together to achieve positive outcomes” held in October at Wayne State University. Sponsored by the Wayne County CMOs and the JAC, the conference brought together hundreds of executives, supervisors, university professionals, case managers and agency providers who spent a full day exploring the conference theme.

Now in its 6th year, Wayne County’s JAC/CMO system is developing a history and a record that needs to be recorded, evaluated, and intensified. The conference panel of presenters spoke to three areas.

“Understanding our history is necessary so we don’t repeat our mistakes,” advised **Dan Chaney**, director, Juvenile Services, Wayne County Department of Children and Families. He identified the key elements contributing to Wayne

County’s success in dealing with juvenile delinquency:

1. Forming the JAC and use of mental health services to develop uniform assessments
2. Establishing a “case rate” methodology to pay for services
3. Building a system of accountability built into the CMO system
4. Using competent case management – the bedrock of the system.

Adam Rujan, CPA, Plante Moran, reported on the audit of the system ordered by the county. Its purpose was to examine the effectiveness of the new system established in 2000 and to provide suggestions for future improvement. Among his findings, Rujan highlighted areas of special relevance to the conference attendees:

- Wayne County CAFS is engaging in many commonly accepted best practices as identified by the Office of Juvenile Justice Delinquency Prevention (OJJDP)

Hundreds gather at CMO Conference



Dr. Rosemary Sarri discusses the reason the JAC/CMO system is leading the field.

for the assessment and treatment of delinquent juveniles. Those include focusing on Community Based, In Home Treatment, standardized assessment methods, formal management systems and quality assurance processes and enabling a formal information sharing system utilizing the JAIS computer system.

- The JAC/CMS service delivery model implemented in 2000 appears to have been extremely successful at controlling costs, as well as reducing recidivism rates... We strongly encourage CAFS to invest sufficient resources to develop a managerial accounting/reporting system to restore/enhance public confidence in the efficacy and efficiency of the CAFS's program.

The conference was one of the responses by county officials, CMO executives, and JAC administrators to address the recommendations.

Dr. Rosemary Sarri, MSW, Ph. D., Professor of Social Work Emerita, Institute for Social Research, delivered a comprehensive assessment of the new system. A nationally recognized expert in juvenile delinquency and prevention, Dr. Sarri highlighted why the JAC/CMO system is leading the field locally and nationally.

"Michigan's over-controlled state system led to the excess of juvenile out-of-home programs," she reported.

"Devolving services to Wayne County and redefining local control has resulted in a major achievement: reduction in the number of youth waived to the adult system!"

Sarri explained that Wayne County is addressing the core problems communities must deal with to reclaim its youth--addressing the school drop out phenomenon, providing early help for parents, dealing with the disproportionate numbers of children of color in the system, reducing the use of detention and placement as primary treatment methodologies, using community wraparound services to reduce the need for out-of-home care, facing the child welfare "drift" into juvenile justice systems as kids in foster care get older, and supporting work programs for the 16-23 age group (possibly in cooperation with the community colleges) to train these young people to function in the future.

As she travels throughout the country, advising other county and state

jurisdictions, Sarri sends the following message: "Wayne County is being closely watched because it is setting a new standard for effective services for juveniles and their families."

Afternoon breakout sessions provided an overview from CMO

executives and attendees. Led by Kari Walker, executive director, Program Operations, the Guidance Center, participants engage in intense discussion about "What's working and what do we need more of?" **Cynthia Smith**, JAC CEO; **Robert Ennis**, board president, CCMO; and **April Wyncott**, program director, Growth Works Western Wayne CMO, led an equally important discussion with participants about "the need for specialty services."

The feedback from conference

attendees also identified their strong desire for more workshops and advanced training for case managers. The long term benefits of the conference will be measured by how quickly and effectively the JAC/CMO executives develop an ongoing methodology to engage

its field practitioners so they can continue increasing their competencies for effective case management – which Chaney identified at the start of the day as "the bedrock of the system."

"Wayne County is being closely watched because it is setting a new standard for effective services for juveniles and their families."

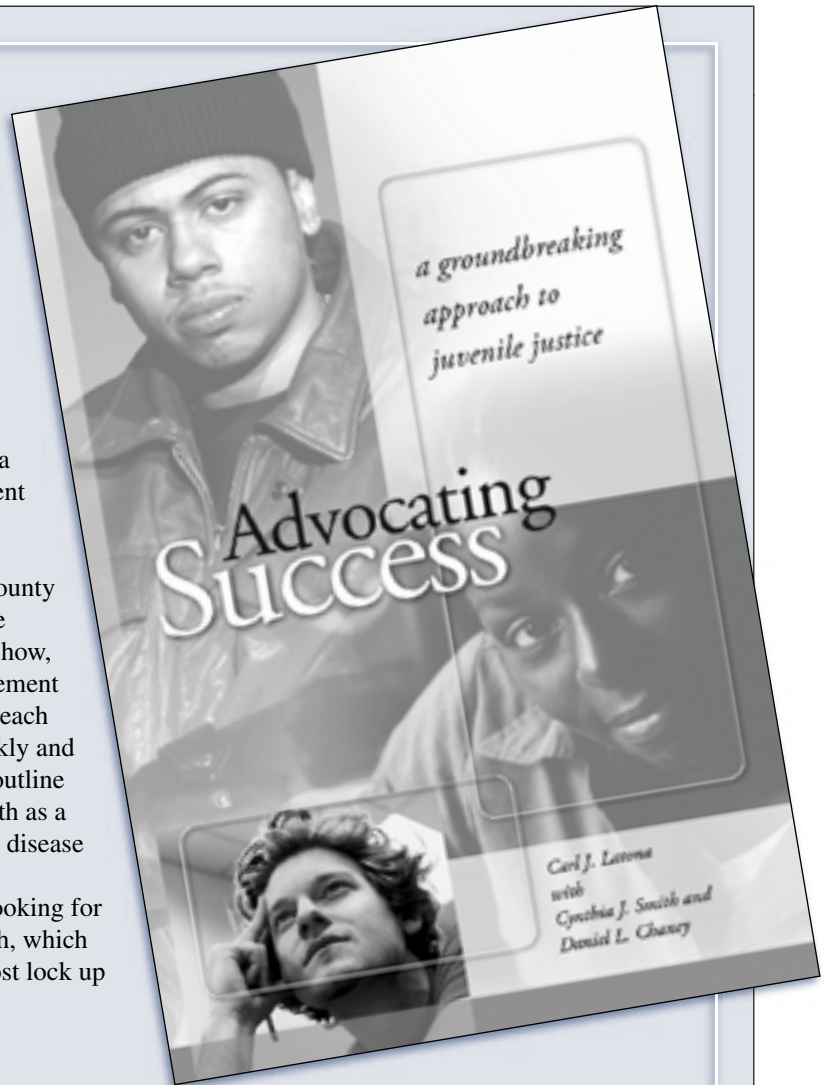
Book outlines Wayne county's juvenile justice approach

A study of Wayne County's groundbreaking approach to juvenile justice, which transformed its expensive, unproductive juvenile system into a cost-effective, results-producing human investment system, has been published by the Juvenile Assessment Center.

Advocating Success details the steps Wayne County took to remake its ailing juvenile system into one which can be a model for the nation. It explains how, using an innovative network of five Care Management Organizations, the individual treatment needs of each adjudicated youth and family are addressed quickly and consistent with community safety. The authors outline how the new model is designed to treat each youth as a person in need of resources rather than a societal disease that needs to be contained.

Advocating Success is a case study for those looking for expanded treatment options for adjudicated youth, which also reduce inappropriate dependence on high cost lock up facilities.

Copies can be purchased from the Juvenile Assessment Center by going to its web site at www.assuredfamilyservices.org.



Wayne County hosts first case manager conference

Case managers from all five Wayne County Care Management Organizations are invited to participate in the first quarterly forum designed specifically for them. Case managers from each CMO will be selected to share their successful approaches working with juveniles and families, neighborhoods or schools. They will present what they are doing and invite feedback and discussion with other case managers.

The conference will be Monday, Jan. 22, 2007, at the McGregor Conference Center at Wayne State University. Set this day

aside for personal and professional growth and for a chance to discuss important field issues with other peers and enjoy a luncheon followed by guest presentations on:

- "Dealing with violence and aggression"
- "What the research indicates is happening to juveniles served by the JAC/CMO"
- "What's ahead in Wayne County's service system that will improve CMO services"
- "How the community is learning about your work and your results."

Choices is published by

The Juvenile Assessment Center
7310 Woodward Ave.,
Suite 601
Detroit, MI 48202

Cynthia J. Smith,
MSW, LCSW
Publisher

Publication Management
CjL Strategies, LLC

Volume V, 2006