



IN-HOME CARE GRANT FINAL REPORT 2019

MICHIGAN COUNCIL ON CRIME AND DELINQUENCY

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ON CRIME AND DELINQUENCY

2019

Introduction

In Fiscal Years 2015 and 2016, the Michigan Legislature continued appropriation funding to the Michigan Department of Health and Human Services (MDHHS) for the In-Home Care Grant (IHC). IHC supports rural counties in developing and implementing innovative and community-based juvenile justice programs. The goal of the IHC grant is to improve and expand sustainable, evidence-based treatment programming for youth, to serve as cost-effective alternatives to detention or other out-of-home placements.

Six qualifying juvenile courts were awarded a total combined amount of \$635,600 in IHC funding to develop pilot programs in their communities. Marquette County was the sole successful bidder in FY 2015; Grand Traverse, Manistee, Benzie, Van Buren, and Leelanau Counties were selected as the FY 2016 grantees. While Marquette, Van Buren and Leelanau Counties received independent grants, Grand Traverse, Benzie, and Manistee Counties received a collaborative grant, with Grand Traverse County serving as the fiduciary agency.

In addition to implementing the pilot programs, grantees were required to obtain baseline data for youth under juvenile court jurisdiction (including out-of-home confinement rates and recidivism rates, and other risk/protective factors) to compare with the outcomes of pilot program participants and complete a final

program evaluation. As the IHC grant serves only as funding for program implementation, the grant cycle was limited to one year. Each pilot site was expected to develop a sustainability plan to continue their programs after the IHC grant funds were depleted.

MDHHS contracted with the Michigan Council on Crime and Delinquency (MCCD) to provide technical assistance to the IHC grantees. This support included program implementation, data tracking, timely submission of monthly reports, and

assistance with completing final project and outcome summaries.

This final report summarizes the accomplishments of each IHC pilot site and provides lessons learned and recommendations for planning, implementing, and replicating new community-based programs for justice-involved youth. The information shared within this report was obtained from monthly and final summary reports completed by each of the IHC grantees.



Acknowledgments

The Michigan Council on Crime and Delinquency (MCCD) thanks the following for making this project possible.

The Michigan State Legislature:

From Fiscal Years 2014 to 2016, the Michigan Legislature appropriated \$2.4 million dollars to fund the IHC Grants, a reinvestment strategy to increase resources for community-based programs in rural Michigan. This approach focused primarily on financial incentives to encourage improvements at the local level. Operated by MDHHS, twenty rural counties participated in the IHC Grants and implemented new, or enhanced existing, evidence-based community programs aimed at youth who would otherwise be placed out-of-home. While the IHC Grant was defunded, the Child Care Fund or other sources eventually sustained most of the new programs, and over 350 youth were served in community-based programs during the grant's operation.

Michigan Department of Health and Human Services, Division of Juvenile Justice Programs, Native American Affairs and Race Equity (MDHHS):

Lawana Jarrett, Juvenile Justice Technical Assistance and Program Manager, Juvenile Justice Programs and Broderick Dwyer, Department Analyst provided project oversight and technical assistance and support.

Grand Traverse/Manistee/Benzie, Marquette, Leelenau and Van Buren County Pilot Sites:

Juvenile Justice Professionals from the six juvenile courts, including judges, court administrators and probation staff, participated in the IHC pilot sites, with the goal of expanding community-based care and reducing the use of out-of-home placements for justice-involved youth.



The Michigan Council on Crime and Delinquency (MCCD) is a non-profit organization working to advance policies and practices that reduce confinement and support trauma-informed, racially equitable, socio-economically and culturally responsive, community-based solutions for Michigan's justice-involved children, youth and young adults. Founded in 1956, MCCD believes justice system reforms must be deeply influenced by directly impacted people, led by broad-based coalitions, and sustainably implemented using evidence-based practices.

Grand Traverse, Benzie, and Manistee Counties



AGGRESSION REPLACEMENT TRAINING (ART)

The 13th Circuit Court-Family Division of Grand Traverse County and 19th Circuit Court-Family Division of Benzie/Manistee Counties jointly received IHC grant funding to implement Aggression Replacement Training (ART) programs within their respective jurisdictions. Using techniques to develop social skills, emotional control, and moral reasoning, ART is an evidence-based, psycho-educational intervention designed to promote prosocial behavior in chronically aggressive adolescents.¹ Studies have shown significant statistical reductions in felony recidivism among youth who participate in ART when compared to other court-involved youth who did not receive treatment.²

The standard ART program is a 10-week program, which the grantees divided

into two, 90-minute sessions per week. Each session is co-facilitated by individuals who have completed ART facilitator training, and includes contractual or salaried court staff, and volunteers from the community. Grand Traverse and Benzie/Manistee counties chose to utilize two components of the ART program--Skill Streaming and Anger Control Training--and incorporated Moral Reasoning skills when applicable. The grantees believed that by keeping the sessions to two per week, court staff who serve as program co-facilitators would have the time and capacity to plan for their sessions each week, while continuing to attend to their other assigned work tasks.

Youth who are accepted into the Grand Traverse County ART program

are assessed using the Child and Adolescent Functional Assessment Scale (CAFAS) to benchmark improvements in risk/protective factors (e.g., school/work performance, home role performance, moods/emotions, self-harmful behavior, substance abuse, etc.). While clients referred to the Benzie/Manistee programs were not assessed, the pilot site did collect outcome data for each participant to evaluate the ART program's effectiveness.

In-Home Care Grant Activities

- » Hired a certified ART facilitator trainer to train court staff and volunteers to run ART program at each of the grantees' pilot sites (each ART program session requires two co-facilitators).
- » Facilitated four, 10-week ART program sessions for youth with offenses including assault and battery, domestic violence, minor in possession, and truancy.
- » Provided transportation support for the youth participants and their families. IHC grant funding was used to purchase gas cards for families and bus cards for Grand Traverse youth.
- » Funded refreshments at the start of each session, as well as incentives such as pizza and certificates that participants could use to celebrate their completion of the ART program.

Grand Traverse, Benzi & Manistee Counties

Aggression Replacement Training (ART) continued



Pilot Site Outcomes

- » The ART programs served 31 youth with an IHC grant budget of \$122,991.
- » As a result of implementing the ART program, Benzie and Manistee counties saved approximately \$150,000 in potential out-of-home placement costs.
- » Six of the eight participants in Benzie/Manistee County were successfully discharged from court supervision upon completion; two reoffended, one of whom went to an out-of-home placement.
- » Every cohort of the Grand Traverse County ART program saw improved average CAFAS scores denoting a decrease in risk for recidivism.

Moving Forward The grantees expressed their satisfaction with the implementation of the ART program at each pilot site, and will continue the program as an additional treatment option within the menu of services offered to court-involved youth and their families. While Grand Traverse County plans to train additional volunteer facilitators, family court staff will oversee and co-facilitate future ART program sessions in Benzie and Manistee Counties.

Marquette County

PROJECTS 360/360 LIGHT

Projects 360 and 360 Light are enhanced community-based supervision programs located in Michigan's 25th Circuit Court, Family Division, which serves Marquette County. The programs were titled "360" to reflect the overall goal that participants will make a complete behavioral turnaround. Project 360 uses two evidence-based practices, Effective Practices in Community Supervision (EPICS), coupled with Aggression Replacement Training (ART) to improve outcomes for youth on probation. The EPICS model uses a combination of monitoring, referrals, and face-to-face interactions to provide youth with a sufficient dosage of treatment interventions, and develop a collaborative relationship with probation staff.³ Juvenile probation staff and mentors staff the ART groups and serve youth with low to moderate risk of re-offending.

Project 360 Light combines the

monitoring and supervision of probation with Moral Reconciliation Therapy (MRT) provided by Pathways, the local Community Mental Health Agency. MRT is a systematic treatment strategy that seeks to decrease recidivism among adjudicated youth by increasing moral reasoning. Ranging from three to six months in program length, MRT utilizes group and individual counseling and structured "homework assignments" to address the social, moral, and behavioral growth of program participants.⁴ Youth referred to the pilot site's MRT program must be assessed as moderate to high risk of reoffending.

The Marquette County juvenile court developed a matrix to track demographic and outcome data for youth referred to Project 360 and 360 Light. To determine client risk and needs, juvenile court staff

assesses program participants using the Michigan Juvenile Justice Assessment System (MJJAS) and the Massachusetts Youth Screening Instrument, version 2 (MAYSI-2) assessments. Staff conduct interviews with youth, family members, school personnel, mental health professionals, probation officers, and/or substance abuse counselors. Staff also reviews school and court documents along with police reports to determine a youth' strength and risk factors. The pilot site reported that utilization of these validated assessment tools during the program intake process was effective in determining whether 360 or 360 Light would be the best fit for youth.

In-Home Care Grant Activities

- » Trained staff from juvenile court, Pathways Mental Health Services, and the 96th District Court adult probation staff in Effective Practices in Community Supervision (EPICS) and Aggression Replacement Therapy (ART).
- » Hired an MRT therapist at Pathways to serve 360 Light participants.
- » Provided transportation services, healthy snacks, and program participant incentives.
- » Hired a program evaluator to complete a final evaluation report measuring the effectiveness of each program.

Marquette County

Projects 360/360 Light continued



Pilot Site Outcomes

- » Assessed 105 youth for 360/360 Light programs, and 93 selected to participate.
- » The pilot site staff reported that using these validated assessment tools at program intake was effective in determining whether 360 or 360 Light would be the best fit for youth.
- » 49 successfully graduated, and 21 are still participating in the program at the time of this report.

Moving Forward Despite significant staff changes and the closing of Marquette County's juvenile detention facility (which also served as the county's day treatment center), the grantee reported that implementation of the Project 360/360 Light programs was a success. The juvenile probation staff found utilizing the EPICS model beneficial in providing effective community-based supervision. The pilot site also reported that the ART program had a positive effect on the youth participants and their families. Moving forward, the grantee will continue the ART program. Two juvenile court staff will be trained in MRT program facilitation, with the goal of providing this service in-house (instead of using a Pathways therapist). The court plans to adjust the matrix developed for Project 360 to better measure participant success. The pilot site continues to struggle with barriers to transportation and the impact on program participation.

Leelanau County

DIVERSION AND PREVENTION PROGRAM (DPP)



The 13th Judicial Circuit Court-Family Division established a pilot Diversion and Prevention Program (DPP) for at-risk adolescent girls in Leelanau County. A prevention/diversion program for juvenile boys was implemented before the county started receiving IHC funding. The DPP program for girls was modeled after the Adolescent Diversion Project (ADP), a strength-based program that diverts arrested or at-risk youth from formal processing in the juvenile justice system by providing them with community-based services. While the pilot site was unsuccessful in securing university students to serve as mentors - a key component of the ADP model, the IHC grant funding was used to implement a more robust prevention/diversion program with increased staff, a pool of highly qualified community volunteers that serve as mentors for program participants, and an improved

client data collection system.

The pilot site accepts girls with misdemeanor cases, as well as non-criminal violations, for diversion. Cases are only DPP-eligible if they are not resolved in their first court appearance (arraignment). Additionally, defendants are limited to girls, aged 11 to 17. Some youth are allowed to begin voluntary services instead of court-ordered services before case disposition as a part of a pretrial diversion agreement. Girls who participate in DPP and successfully complete the program requirements avoid having a permanent criminal record.

IHC grant funding was also used to cover the expenses of hiring a program evaluator to measure the effectiveness of the Diversion and Prevention

Program. Each DPP participant was assessed at the start of the program, and again upon program completion to measure changes in risk/protective factors and their outcomes compared to a control group of non-participants. The control group included 17 adjudicated girls under juvenile court supervision (community probation) between 2011 and 2012. The DPP group included 24 girls who participated in the program between 2016 and 2017.

In-Home Care Grant Activities

- » Hired a new diversion caseworker to serve the 24 adjudicated girls whose cases had been referred to diversion.
- » Contracted with an independent program evaluator to measure outcomes for the DPP participants, compared to a control group of adjudicated girls served by the juvenile court.
- » Reimbursed transportation costs for volunteers who served as mentors for the DPP participants.

Leelanau County

Diversion and Prevention Program (DPP) continued



Pilot Site Outcomes

- » 24 girls participated in the program between 2016 and 2017.
- » None of the DPP participants were moved to court-ordered out-of-home placement during the reporting period.
- » DPP participants had a significantly lower recidivism rate than the control group.
- » Compared to the average out-of-home placement costs for the control group, the county saved \$10,210 per youth annually, in addition to the expenses related to the monitoring and supervision of adjudicated youth.

Moving Forward As result of the IHC grant, Leelenau County may see substantial budget savings by providing an effective alternative to formal court involvement for at-risk girls. The pilot site will continue the Diversion and Prevention Program with financial support from the county general fund, revenue from a county liquor tax, and grant funding from the Michigan Committee on Juvenile Justice. The grantee plans to expand the pool of volunteer mentors and will continue to evaluate the program's effectiveness by analyzing participant post-program recidivism rates over extended periods of time.

Van Buren County

MULTI-SYSTEMIC THERAPY PROGRAM EVALUATION (MST)

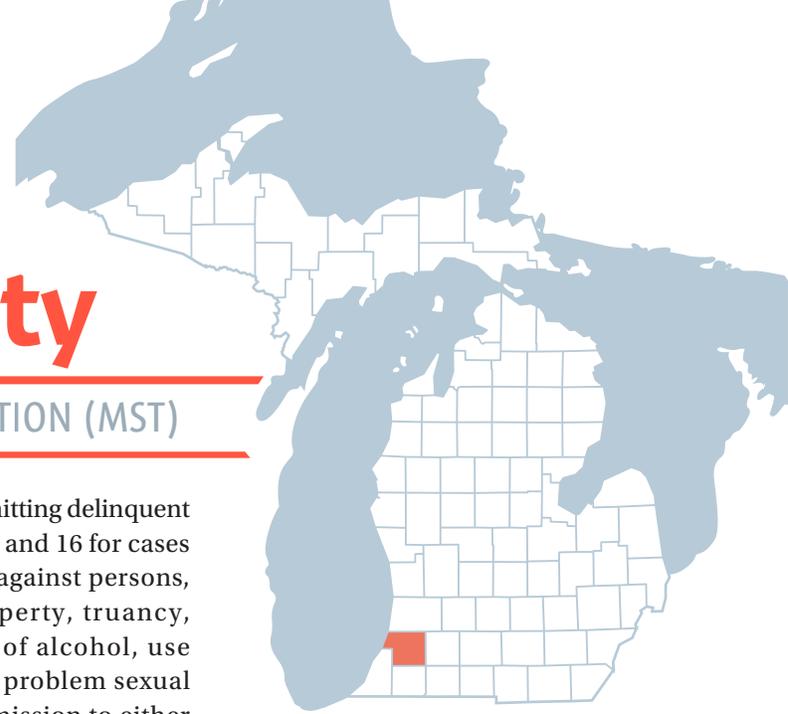
The 36th Judicial Circuit Court-Family Division completed a review of current service options for court-involved youth throughout the county, and also asked local stakeholders to identify any unmet needs. Multi-Systemic Therapy (MST) and MST for Problem Sexual Behavior (MST-PSB) were selected as programs that could best meet the most critical needs identified through the process. The Court executed contracts with MST Associates and Van Buren Community Mental Health (VBCMh). MST Associates provided technical assistance and support to set up the MST and MST-PSB programs. Van Buren Community Mental Health hired therapists and a therapist-supervisor to implement intensive MST and MST-PSB services with youth and their families in spring of 2016. Their staff completed training, and began providing services in May 2016.

Van Buren's MST programs serve youth

adjudicated for committing delinquent acts between ages 11 and 16 for cases that include crimes against persons, crimes against property, truancy, incorrigibility, use of alcohol, use of illegal drugs, and problem sexual behavior. Before admission to either MST program, probation officers conduct a home study and submit a referral for review by the MST therapist-supervisor. Once selected, the therapist-supervisor conducts a meeting with the youth and his/her parent or guardian. Parent or guardian participation played a critical role in a youth's success in the program.

The MST therapist meets with youth for two 1-hour sessions per week, over three to five months. MST-PSB participants meet from five to seven months with their therapist for three to five 1-hour sessions per week. Parents are trained and supported

by the therapists to enhance their parenting knowledge and improve family communication. They learn to take an active role in their child's schooling and help to develop risk-reduction plans. The therapist works with a youth to develop social and problem-solving skills and may provide advocacy or support by attending other meetings with a youth or his/her family. The therapist and therapist-supervisor coordinate their services with the probation staff, and vice versa, to coordinate information about a youth's treatment and progress.

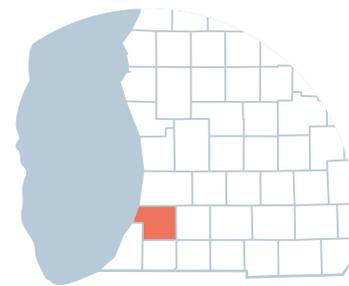


In-Home Care Grant Activities

- » Contracted with Van Buren Community Mental Health (VBCMh) and MST Associates to provide MST and MST-PSB programs
- » Hired staff at VBCMh, including therapists and a therapist-supervisor.

Van Buren County

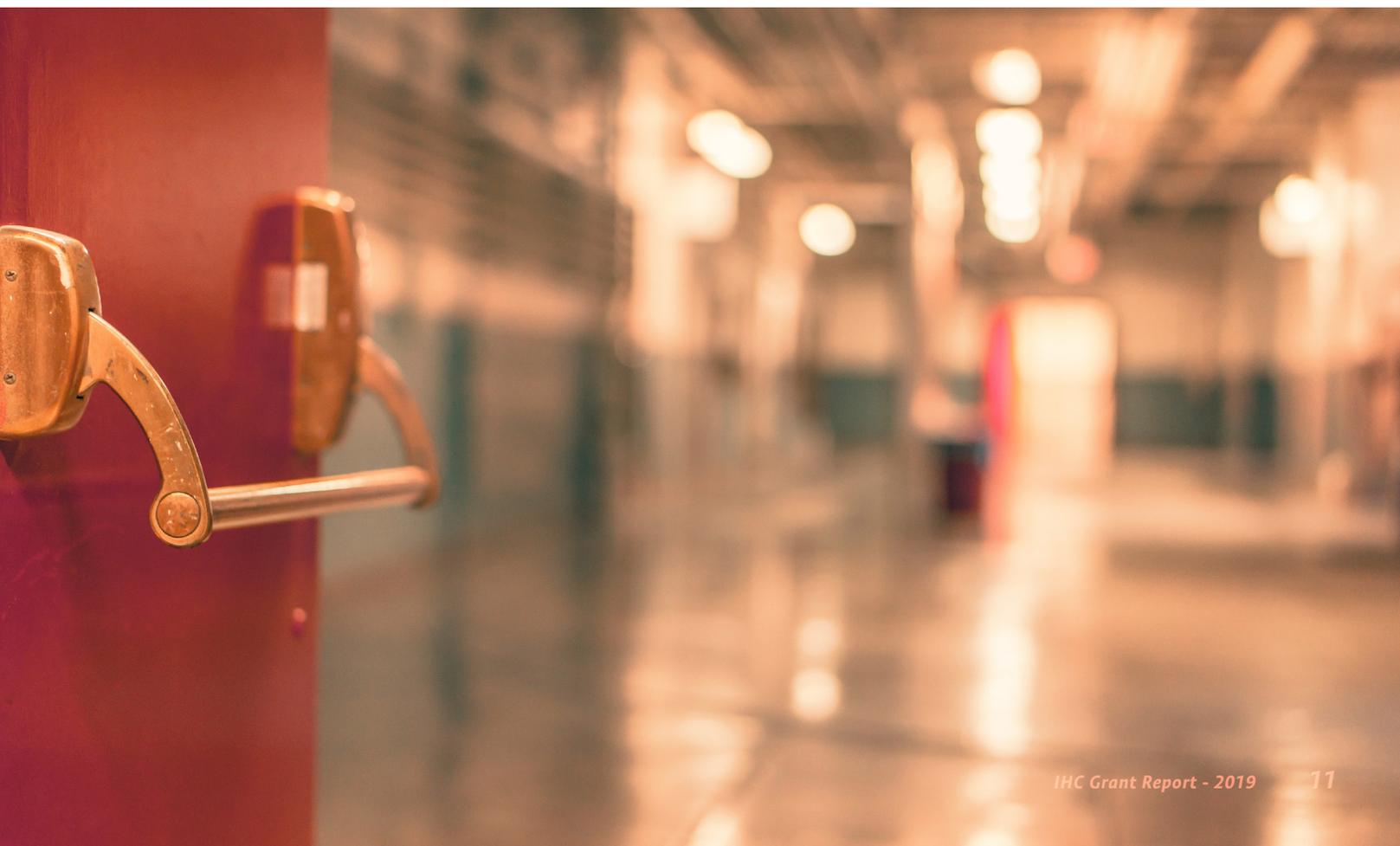
Multi-Systemic Therapy Program Evaluation continued



Pilot Site Outcomes

- » Provided MST or MST-PSB services to 21 youth in the county.
- » 4 participants were successfully discharged from court supervision, remained arrest-free, and attended school regularly for 6 months
- » Of the 21 participants, 12 youth successfully completed a full course of treatment.

Moving Forward The Van Buren County Court included MST and MST-PSB as part of its Child Care Fund budget beginning in fiscal year 2017 and this is anticipated to continue. The Court will explore additional funding with VBCMh and Van Buren DHHS to expand MST capacity in the future. The county is also working to implement a new case management system, YouthCenter, with future plans to implement a risk assessment tool.



Lessons Learned & Recommendations

The In-Home Care grants continue to support Michigan's rural counties in developing innovative approaches to youth justice that safely reduce the number of youth sent to detention and out-of-placement, and save money overall. Their collective experiences have yielded the following lessons learned and recommendations, which can help inform future innovations.

Lesson One

Evidence-based, in-home services are effective. Every pilot site reported improved outcomes for youth and families who participated in IHC grant-funded programs. These included improvements in school performance, better familial relationships, and reductions in recidivism. The juvenile court staff also reported improved interactions with youth and overall satisfaction with the services.

Recommendations:

- Continue to provide IHC grant funding to support rural counties in developing new, innovative community-based programming for justice-involved and at-risk youth.
- Increase the use of validated risk/assessment tools by IHC grantees to assist in determining if a youth's participation will yield positive outcomes.
- Increase juvenile court participation by streamlining the IHC grant application process to make it more accessible, and easier to use.

Lesson Two

Staff experience and continuity impact implementation. Several of the pilot courts saw significant staff changes during the development phase of their pilot programs, resulting in implementation delays. Further, some of the pilot site project coordinators were recently employed by their respective juvenile courts and had to learn the responsibilities of their new positions while implementing an IHC pilot program.

Recommendation:

- Require future IHC grantees to develop project contingency plans to ensure program development/implementation continues if there are staff changes.

Lesson Three

New programs require significant time to develop a sustainable infrastructure.

New projects require time for planning, hiring, and training before service delivery can commence. Sometimes contractors/staffing doesn't work out and has to be changed. It also takes time to evaluate program effectiveness and analyze participant recidivism rates. This evidence is critical for obtaining buy-in from local policy makers by demonstrating that the program is worth an ongoing investment.

Recommendations:

- Offer IHC grant awards for two to three years
- Require all future IHC grantees to include costs for hiring independent evaluators in their grant budgets to, a) complete

implementation process evaluations at the midway point of their grant period and, b) participant outcome evaluations once funds are depleted.

Lesson Four

Expanded local continuums of care benefit justice-involved youth. As highlighted by the experiences at some of the IHC pilot sites, effective, community-based programs can be developed in rural communities—who typically have fewer resources—through collaborative partnerships. Community relationships resulted in mentor volunteers, transportation services, and CMH therapists, each contributing to positive outcomes for youth. Expanding the continuums of care is critical in communities where courts experience a lack of resources. Even when courts have access to resources, there often remain community resources that can serve justice-involved youth, of which the juvenile court is currently unaware.

Recommendations:

- Complete "resource mapping" of the community-based programs/services known to each juvenile court, and identify the remaining barriers and gaps in services for court-involved youth in every Michigan county.
- Host professionally facilitated community forums to engage all stakeholders in problem solving to uncover or expand resources to resolve barriers and gaps, reignite dedication to innovative practices, and ultimately secure community buy-in to better serve court-involved youth and their families.

Endnotes

1. National Institute of Justice (2012). *Program Profile: Aggression Replacement Training(ART)*. Retrieved 4/24/17 from: <https://www.crimesolutions.gov/ProgramDetails.aspx?ID=254>
2. Washington State Institute for Public Policy (2004). *Outcome Evaluation of Washington State's Research-Based Programs for Juvenile Offenders*. Olympia, Wash.: Washington State Institute for Public Policy. Retrieved 4/24//2017 from: <http://www.wsipp.wa.gov/rptfiles/04-01-1201.pdf>
3. Latessa, Edward J., Paula Smith, Myrinda Schweitzer, and Ryan Labrecque. 2013. *Evaluation of the Effective Practices in Community Supervision Model (EPICS) in Ohio*. Cincinnati, Ohio: University of Cincinnati, School of Criminal Justice.
4. U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. (2013). *Moral Reconciliation Therapy*. National Registry of Evidence-based Programs and Practices.

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