SUMMARY OF OBSERVATIONS AND RECOMMENDATIONS CONCERNING CHANGES TO THE INGHAM COUNTY CIRCUIT COURT JUVENILE DIVISION

Submitted by:

Edward Latessa
Professor and Director
School of Criminal Justice
University of Cincinnati

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In November of 2003, the University of Cincinnati research team completed a review of the Ingham County juvenile justice system and made a series of recommendations to the Ingham County Circuit Court Juvenile Division concerning improvements to the programs and services offered youth. On March 23 and 24, 2010, I visited Ingham County and reviewed the progress of the Court in addressing the deficiencies noted in the original study. The following summarizes my observations and impression of the changes that have been made, and concludes with several recommendations.

Observations:

Let me begin by saying that I was extremely impressed by the leadership and staff that I talked with on my visit. There has been a fairly dramatic change in management of the Juvenile Division, and everyone I met was commitment to providing high quality evidence based services and programs, and embraced and supported the changes that have occurred in the past few years. There was pride in the improvements that have been made, and staff were eager to share and talk with me about what they were doing. They were also very responsive to the suggestions I made throughout my visit. It is not often that I experience such a strong commitment to change across all levels of an organization.

One of the most glaring problems noted in the 2003 report was the lack of objective risk and need assessment of youth in Ingham County. I am very please to report that the Court has made tremendous strides in improving the assessment practices. In fact I think that it is fair to say that the improvements made to the assessment of youth in Ingham County are a model for other jurisdictions to emulate. The Court adopted a third generation assessment tool to assess overall risk and needs of the youth it serves (the YLS/CMI), and it appears
that the results from the assessment are being used to inform placement, programming and services, and case planning. The court also has adopted more specialized assessment tools for special populations, including the JSOAP-III, the SASSI, MAST/DAST, and CAFAS.

I am especially pleased with the Court’s commitment to following the assessment results. Not only are moderate and higher risk youth being given more formalized supervision and services, but low risk youth are being diverted into minimal case management and restorative justice options. This practice not only helps ensure that moderate and higher risk youth are getting the help they need, but just as importantly, lower risk youth are not being harmed by further penetration into the system.

Especially noteworthy is the work being conducted by Michigan State University under the direction of Professor Bill Davidson. By conducting research on the assessment results, MSU has been able to develop “treatment” clusters, adjust cut off scores, and norm and validate the tool across subpopulations.

Another concern noted in the first report was the need to enhance and develop a wider range of evidence based programs and services. The Court has also made tremendous strides in this area. I was especially impressed with the Ingham Academy and the Pride Program. These two programs are well designed, meet the needs of a large number of youth, and provide a vehicle to offer cognitive behavioral treatment in a structured and intensive manner. I especially like the fact that higher risk youth in the Pride Program report Monday, Wednesday, and Friday, while moderate risk youth report Tuesday and Thursday.

Probation services appeared to have changed significantly as well since the report was issued. Probation services appear to be well organized with a clearly defined model of supervision and case management based on risk and need factors. Contact standards and caseload variation is consistent with best practices.

While I was not able to visit the Youth Center, I was very encouraged with what I learned about the changes that have been made to make the programming more skill based. The Center also appears to have a behavioral management system in place that is working quite well, and the data I reviewed concerning youth behavior while in the Center tells me that all indicators are pointing in the right direction.

The collaboration between the Court and mental health services is also noteworthy. It appears that higher risk youth and families are receiving a strong mix of behavioral health and wrap around services through an integrated continuum of care, and the team effort appears to be paying dividends.

The sex offender programming has also been improved. Not only are sex offenders assessed with a valid instrument, but services and programming are structured CBT delivered by an experienced clinician.
The addition of Dr. Len VanderJagt to the Court is also a major improvement. Dr. VanderJagt is well versed in CBT, and provides a level of clinical supervision and oversight that significantly enhances the work of the Court.

**Recommendations:**

The following recommendations are offered as ways for the Court to further improve:

- I strongly recommend the continuation of Boys Town as an out-of-state option; however I do not support the use of Glen Mills. An assessment of that program by UC staff rated it’s adherence to evidence based practices very low.

- Increase the dosage of treatment for the Pride Program. High risk youth should received at least 200 hours of structured risk focused treatment, while moderate risk youth will require about 100 hours. This should also be the standard for other programs serving similar risk level populations.

- I also suggest the Pride Program develop more behavioral indicators for advancement through the program. Moving through phases should be based on the acquisition of prosocial behavior and attitudes, and skill development and youth should be able to demonstrate that they have learned alternatives to risky situations before advancing.

The programming at the two group homes for girls, Footprints, and Crossroads needs to be completely re-designed. I saw nothing in the programs or models that I would consider evidence based, and very few of the groups or interventions target criminogenic needs and risk factors. For example, Crossroads utilizes a positive peer culture, which research shows has minimal effects, while the Footprints program did not really have a model. Furthermore, groups mainly focused on non-criminogenic risk factors and there was little evidence that the programs were targeting their efforts to the results of the YL/CMI results.

- It is recommended that both programs develop a structured social learning/cognitive behavioral treatment approach. Interventions based on this model utilize behavioral rehearsal techniques to develop prosocial skills. That is, the girls should be trained to observe and anticipate problem situations and plan and rehearse alternative prosocial responses in increasingly difficult situations. This should be an integral part of the treatment, and should be routinely done throughout the girl’s stay in the facilities.

Another area that I believe needs further improvement is with regard to the family services being provided through INS/FSS. There are several recommendations that are in order.

- First, the assessment of families needs to be improved. There are two options to consider. The first is to adopt an existing family assessment tool (a list of several to consider was previously sent). The second option is to have the Michigan State team continue development and validate of a tool based on existing data.
- Second, the family program should be more structured and focused on specific targets for change. Targets for change should include promoting family affection and communication, improving family problem solving, and promoting family monitoring and supervision. As with the other court offered treatment components, a behavioral approach should be used. There are family curricula available, such as the “Strengthening Families Program” designed by the Office of Juvenile Justice and Delinquency Prevention (OJJDP) that should be considered. As for enhancing parenting skills, one evidence based curriculum I recommend is *Common Sense Parenting*, developed by Boys Town. This is behavioral program available at minimum costs.

- It is my experience that while increasing staff training is important; it is often not enough to ensure that programs and groups are being offered with high fidelity. With this in mind I strongly suggest that Dr. Len VanderJagt’s role in training and quality assurance, particularly for coaching and observation of staff be increased. He has a strong background in behavioral treatment and his role and involvement in improving and honing staff and facilitator skills should be increased.

- While the use of RBT appears to be widespread through out the programs offered by the Court, I would also encourage the use of other structured curriculums to further enhance and strengthen programming. Examples include *Thinking for a Change* and *Aggression Replacement Training*.

In closing, let me reiterate that overall the Ingham County Juvenile Division has made tremendous advances and improvements in developing and delivering evidence based practices and programs to the youth and families it serves. The Juvenile Division is clearly focused on utilizing risk reduction strategies. Most of the interventions and programs I reviewed were designed to target moderate and higher risk youth and to minimize the involvement of low risk youth, while still holding them accountable for their behavior,