

# Behavioral Health Study of Juvenile Justice Facilities

(FY2016 Appropriation Act - Public Act 84 of 2015)

**September 30, 2016**

**Section 711.** *The department shall submit an implementation plan based on the report recommendations provided in the behavioral health study of juvenile justice facilities operated or contracted for by the state that was conducted in the previous fiscal year to the senate and house appropriations subcommittees on the department budget, the senate and house fiscal agencies and policy offices, and the state budget director.*



Michigan Department of  
Health & Human Services

RICK SNYDER, GOVERNOR  
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## **Behavioral Health Study of Juvenile Justice Facilities**

The Michigan Legislature, via Public Act 200 of 2012, commissioned a state university or outside research entity to conduct a behavioral health study of juvenile justice facilities operated or contracted to operate on behalf of the State of Michigan. The purpose of the study was to review rehabilitative programming and residential placement of youth to determine what changes may improve outcomes. The University of Michigan was awarded the contract to conduct the study and issued a resulting report, "The Mental Health and Substance Abuse Status of Adolescents in Residential Placement." The report offered four recommendations, each of which are detailed below followed by the Michigan Department of Health and Human Services (MDHHS) implementation plan for each recommendation.

### **Recommendation One:**

*The state in partnership with the residential providers must develop a mechanism to ensure working contact information for at least one parent or guardian. The researchers did not have any working contact information for 14% of the residential population. This is concerning as family contact and family engagement in treatment is critical to interrupting offending trajectories and improving the outcomes associated with adolescents in the juvenile justice system.*

### **MDHHS Implementation Plan:**

MDHHS has moved beyond implementation planning to take action on this issue. As of October 19, 2015, both MDHHS juvenile justice caseworkers and residential facility staff gained access to the Michigan State Automated Child Welfare Information System (MiSACWIS) for Juvenile Justice. Demographic information for youth, including contact information for parents/guardians, is now stored and available in MiSACWIS.

### **Recommendation Two:**

*A standardized set of assessments (across residential providers) must be developed to accurately and comprehensively identify youth at intake for mental health and substance abuse problems. This system would be relatively low cost to develop. A standardized assessment system would provide residential providers detailed information for treatment planning and would provide State administrators real time estimates of mental health and substance abuse needs at the population level. Such a system would also allow the State to compare outcomes for similar youth across different residential providers.*

### **MDHHS Implementation Plan:**

MDHHS has moved beyond implementation planning to take action on this issue. All residential providers are using a consistent, standardized assessment. All juvenile justice specialists (JJS) and residential providers use MiSACWIS and the Michigan Juvenile Justice Assessment System (MJJAS) to complete a Juvenile Justice Strength and Needs Assessment. The assessments completed by the JJS are used to match the youth to an appropriate

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residential facility (when warranted) based on their needs, including but not limited to mental health and substance abuse issues. Residential facilities also use the Juvenile Justice Strength and Needs Assessment and the MJJAS to complete treatment plans. JJS and residential facilities share assessments, service plans and treatment plans via MiSACWIS.

### **Recommendation Three:**

*The juvenile justice system needs improved information with regard to service delivery. Although it is important to know if youth are receiving mental health and substance abuse services in general, systems run more efficiently and more effectively when there is information specific to the types of services provided (i.e. quality) and the evidence base for such services.*

### **MDHHS Implementation Plan:**

MDHHS has moved beyond implementation planning to take action on this issue. State-operated residential facilities deliver evidence-based services and interventions. All juvenile justice residential contracts now require providers to deliver evidence-based services and interventions as well. With the integration of the juvenile justice youth population into MiSACWIS, MDHHS can more efficiently match youth needs to provider services based on standardized assessments, access accurate and complete provider listings of services and assess specific program outcomes.

Additionally, MDHHS Juvenile Justice Programs (JJP), under the leadership of the Office of Recovery Oriented Systems of Care, is participating as a member of the Michigan Youth Treatment Infrastructure Enhancement (MYTIE) Interagency Council. The MYTIE is an initiative funded by the Substance Abuse Mental Health Services Administration (SAMHSA) to conduct coordinated planning between state and local services systems and youth in recovery and their families. The SAMHSA State Youth Treatment-Planning (SYT-P) grant funds MYTIE to improve treatment and recovery supports for transitional youth (ages 16-21) with substance abuse disorders and/or co-occurring substance use and mental health disorders. The SYT-P work is designed to bring together stakeholders across the systems serving adolescents to develop a coordinated statewide strategic plan to develop supportive policies, expand workforce capacity, disseminate evidence-based practices, and implement financial mechanisms and other reforms. The aim is to improve the integration and efficiency of the treatment and recovery support system serving the identified population.

### **Recommendation Four:**

*The juvenile justice system must collect longitudinal data (i.e. following individuals over time) for all youth assigned to a residential provider. Cross sectional data is useful in capturing a snapshot in time of the residential population. Unfortunately, this data does not help system administrators and service providers understand youth outcomes over time. How well are youth doing in residential care? How well are youth doing upon termination from residential care? How does the residential experience help prepare youth for the transition to adulthood?*

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*Which youth are mostly likely avoid subsequent contact with the justice system? These questions are undoubtedly on the minds of 7 stakeholders with a shared interest in the juvenile justice population. Yet the answers to these questions require longitudinal data.*

### **MDHHS Implementation Plan:**

MDHHS has moved beyond implementation planning to take action on this issue. MDHHS has been collecting longitudinal data on youth who exited the W. J. Maxey Boys Training School upon its closure. MDHHS is in the very preliminary stages of developing reports to measure youth outcomes, which will ultimately provide information about provider outcomes over the long term. MDHHS now has the capacity to collect, and expect contracted providers to provide, youth outcome data via MiSACWIS. Residential facility staff provide youth-specific information that, over time, MDHHS will use to determine if facilities meet certain outcomes. The following are specific examples of some of the outcomes both state-operated and contracted residential facilities must meet:

- Ninety-five percent of all planned releases will demonstrate socio-emotional improvements as evidenced by gain scores on the Strength and Needs Assessment or other agreed upon/mandated standardized assessment tool.
- Eighty-five percent of planned releases will remain in an approved, community-based living environment for 6 months post release.
- Eighty-five percent of planned releases will remain free of any new criminal charges for 6 months post release.
- One hundred percent of youth will have a plan including relapse prevention and recommended services upon a planned discharge. (Substance abuse.)
- Ninety-five percent of planned releases will demonstrate a reduced risk score on an approved substance abuse risk instrument. (Substance abuse.)