

**Joint Legislative Council's Special Committee on High – Risk Offenders
Waukesha County Department of Health & Human Services Presentation: 8/6/08**

BELIEFS

Waukesha County DHHS Philosophy & Practice with Youth Offenders

- Delinquency and other youth offenses occur within a family/significant others context. Lasting change can best be achieved by working in tandem with those family members.
- Waukesha County DHHS staff who work with youth offenders are Child Welfare social workers who specialize in the area of Juvenile Court supervision. They view themselves as social workers first and probation officers second. While focusing their intervention on criminogenic risk and need factors, there is a firm belief within the Agency that delinquency risk cannot be viewed in isolation. Rules of supervision are one part of a case plan, but lasting change best occurs when these rules are addressed within the overall context of the young person and family's life
- Active partnering with the community: reducing delinquency can best be achieved by enlisting and sustaining the cooperative efforts of private and public community resources; clinicians, schools, law enforcement, community agencies, and other community supports involved with or available to the young person. This active partnering entails ongoing, regular contact with all other participants, anticipating issues and strategizing interventions throughout this involvement. Cases are not "yours" or "mine". Regardless of the circumstances, they are "ours".
- "There's no place like home." The closer to a normalized setting in which a young person and family can be when working with Juvenile Justice resources, the fewer the adjustments needed to transition to normalcy, the shorter the time period needed for this transition and the more attention that can be given to the key, underlying issues. Placement is at times necessary but it is always a step backward from the goal of assisting a young person in becoming a productive member of the community.

EFFORTS

- A consistent effort, over many years, to invest in community resources, within the Agency and through close partnership and ongoing, active teamwork with contractual and other community agencies, including:
- Provided Services:

DHHS– staffed Sexual Offender In-Home Treatment Team.

DHHS Mental Health & AODA clinicians working within Child Welfare/Juvenile Justice Units, teaming with DHHS social workers in active outreach and in-home service delivery. Clinical services are brought to the family, whenever necessary.

Parenting, anger management, sexual offender, cognitive skills, pre-employment groups provided by DHHS staff.

Teen Court in conjunction with community providers.

Earmarking reduced-size caseloads to provide intensive services for those youth and families needing them.

Use of Delinquency Risk and Strengths/Needs Assessment tools at Intake and throughout duration of delinquency cases, to maintain focus on key areas of intervention and to measure change.

Close working relationships with the District Attorney, Corporation Counsel (JIPS and CHIPS) and the Juvenile Court. DHHS has an established track record with these colleagues and works hard to maintain this. They have confidence in our staff, which allows for productive dialogue, idea sharing and service delivery.

DHHS Staff recently trained in Motivational Interviewing philosophy, skills and techniques (MI is one of the Evidence-Based interventions found to be effective with this population.)

➤ Purchased Services:

An array of contracted, community-based services that provide additional, intensive services when needed, including (See following page for more detailed descriptions):

Intensive In-Home Family Team.

School-based Day Treatment Program.

Educational Support Program.

Homebound Detention and Intensive Supervision.

Intensive Tracking.

PARTIAL LISTING - WAUKESHA COUNTY PURCHASED PROGRAMS

INTENSIVE FAMILY DEVELOPMENT SERVICES TEAM (IFDS)

The Intensive Family Development Services team is designed to provide intensive therapeutic services to children and their families who are clients of the Department of Health and Human Services. The identified families are at a high risk of having their child placed outside of home. This resource is contracted through the St. Charles Youth and Family Services Program. The commitment and philosophy of the team is to work with the total family system by utilizing the advocacy model that allows up to twenty hours of contact a week if necessary with 24-hour hour day crisis response availability. The Department of Health and Human Services contact person for this option is Jeri Shryock.

COMMUNITY DAY TREATMENT (CDT)

CDT provides an intensive and comprehensive individual and family therapy and educational services program to children with emotional disturbance and their families. The Staff provide a strong treatment link between the school and home. The staff representing the academic portion and the treatment portion work very closely as a team to provide a consistent and caring learning environment for the children. The program is located at Fairview South School in the Elmbrook School District. The Elmbrook School District provides the academic portion of the program, consisting of one teacher and two teacher aides. The treatment portion of the program is provided by St. Aemilian-Lakeside, Inc. through contract with WCHHSD. The home school district, Department staff and community providers remain actively involved as part of the team.

CDT students are referred jointly by the child's school district and WCHHSD. Children served are middle and high school students who, through an M-Team, have been determined to have a primary disability in the area of emotional or behavioral functioning, and are not able to benefit from or participate in an existing program in their own school or community. These students are identified by WCHHSD as having unmet treatment needs and at risk of placement outside of their home and community. Jeanette Braun is the contact person for the CDT Program.

LAUER CENTER ALTERNATIVE SCHOOL and EDUCATIONAL SUPPORT PROGRAM

The Lauer Center is a collaborative effort between the Waukesha County Health and Human Services Department, the Waukesha Public Schools and St Charles Youth and Family Center. These students, from any public school in Waukesha County, typically have special needs and are experiencing serious school related problems including, truancy, behavioral issues, difficulties with social skills, and/or poor academic performance. By providing an educational program in the Lauer Center setting, it is felt that attendance in their education program would improve; and that the structured daily individual programming including crisis intervention at school and home, the individual and family counseling and parent and adolescent group work will assist the students to be successful members of society in their adult life, in their transition back into a regular school setting following work on appropriate goals for their academic and social development.

The staff includes two School District of Waukesha teachers and two teacher aides. St Charles Youth and Family Center provide a supervisor and two family workers through contract with WCHHSD. The school's morning program is academically oriented and individualized to meet the needs of each student. The supervisor and family workers support the students in their academic programming and focus afternoon programming on social skill development with support from the teachers and teacher aides. The program includes summer programming focused on developing social skills and working with families on defined goals.

Referrals to the Lauer Center are joint referrals between the referring School District, the Waukesha Public Schools and the Department of Health and Human Services. Linda Sumwalt at Waukesha Schools is the School representative to the Lauer Center and Jeanette Braun (7356) is the Department representative

HOMEBOUND DETENTION

Homebound detention is a pre-dispositional non-secure custody alternative. The Human Services Department contracts with Wisconsin Correctional Services for the provision of up to daily monitoring of youth in their own homes or alternative settings to ensure compliance with rules of the Court: To ensure child's availability for subsequent court hearings, to ensure that a child is quickly reintegrated into the family, school, etc.; and, to provide the child and parents someone to talk to and assist with daily problem solving. The Department of Health and Human Services liaison to this program is Sue Pittler.

INTENSIVE SUPERVISION

Intensive supervision is a contracted service with Wisconsin Correctional Services, providing intensive in-home monitoring of youth placed on formal supervision and, in a limited number of cases, as the result of a formal Court Disposition, an Informal Disposition Agreement, or a Consent Decree. The purpose is to ensure that youth follow the rules of supervision established by the Court or that they receive assistance and support around expectations included in their treatment plan. Information and referral can be obtained through Department of Health and Human Services liaison, Sue Pittler.

INTENSIVE TRACKING/PLACEMENT DIVERSION

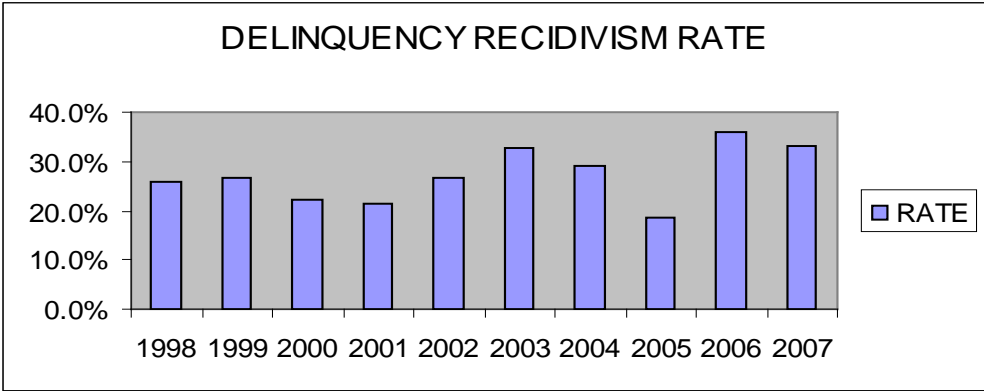
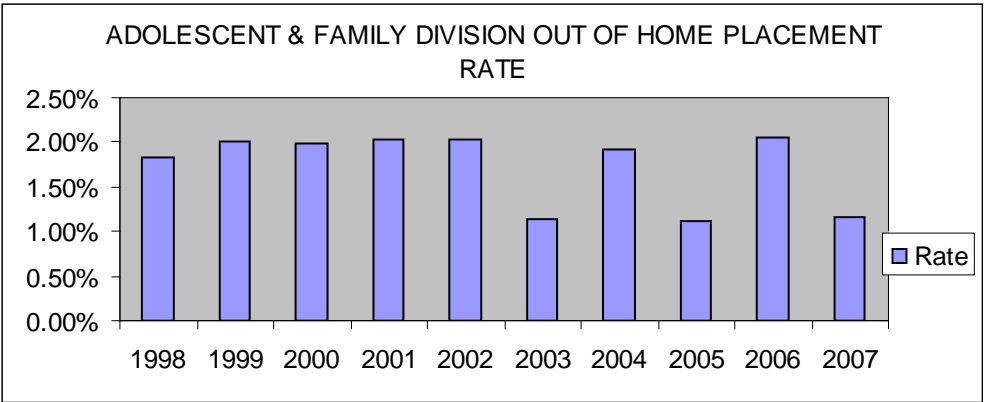
Intensive Tracking is provided under a contract with Wisconsin Correctional Services. Intensive Tracking staff provide intensive community supervision, support and services to adjudicated or alleged delinquent, or status offender youth, who have been identified as being at imminent risk for placement, but who, it is believed, can be safely maintained in the community with sufficient levels of structure and supervision. Acceptance of youth into the Intensive Tracking Program is determined through agency staffing procedures. The nature, frequency and duration of tracking supervision are based on client need and protection of the community.

Intensive Tracking staff have the capacity to provide daily face to face contacts with youth and family five days per week, for limited periods of time.

The goal of Intensive Tracking is to help prevent unnecessary institutional placements by providing highly intensive supervision, support and structure to youths and their families. Terry Cook is the agency contact person for Intensive Tracking.

EFFECTS (Please see next page for additional details.)

- Adolescent & Family Services Division Out of Home Placement Rate averaging 1.73% of all cases served since 1998.
- A Recidivism Rate (recidivism= alleged delinquency during or within 1 year following end of supervision) of 26.7% since 1998. (vs. National Benchmark of 50%).
- 2006 Waukesha County Juvenile Arrest Rate of 4,717 per 1000,000 population vs. Statewide (Excluding Milwaukee County) rate of 7,631.



CONCERNS

Just as the effects listed above are due to the concerted, mutual efforts of individuals in all areas of the juvenile justice and community systems to work together to provide services to these young people and families, it is impossible to earmark which of them is the “key” to maintaining the placement, recidivism and arrest rates achieved over time. It is this interlocking foundation of services that has been effective.

The current and future status of Youth Aids funding for these programs are major concerns. All of these programs are consistent with the Youth Aids philosophy of providing incentives to maintain youth in the community when possible. However, while this funding has increased over time, it has not kept up with inflation. The Waukesha County allocation (see next page) has increased over the past decade by 8.28%. This compares to an estimated inflation rate of 35% (3.5%/year) and an increase in the daily Secure Correctional Institution rate of 68% over this same period. Coupled with limitations in Community Aids, this has resulted in a widening gap that exceeds the ability of the County tax levy and other revenue sources to fill. Limited revenue in an era of rising costs results in a reduction of services. The array of services that has helped

maintain these young people safely in their homes and community is affected by any of these reductions. One of the best ways of addressing concerns about serious, chronic young offenders, their future and their future impact on the community is to provide sufficient funding to maintain this array of services. Addressing the inflationary gap over the past decade is an area that merits serious consideration.

WAUKESHA COUNTY YOUTH AIDS ALLOCATIONS (FROM DJC SPREADSHEET)				
YEAR	AMOUNT	% +/-	IF 3.5% INCREASE	DAILY RATE JCI
1999	\$3,595,274.00			\$159.46
2000	\$3,747,014.00	4.22%	\$3,721,108.59	
2001	\$3,764,800.00	0.47%	\$3,851,347.39	
2002	\$3,785,825.00	0.56%	\$3,986,144.55	
2003	\$3,651,611.00	-3.55%	\$4,125,659.61	
2004	\$3,645,546.00	-0.17%	\$4,270,057.69	
2005	\$3,631,066.00	-0.40%	\$4,419,509.71	
2006	\$3,626,571.00	-0.12%	\$4,574,192.55	
2007	\$3,810,472.00	5.07%	\$4,734,289.29	
2008	\$3,892,844.00	2.16%	\$4,899,989.42	\$268.00
1999-2008	INCREASE	8.28%		68.07%

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