

Continuum of Care



The Juvenile Services Continuum of care is a comprehensive and coordinated process of delivering services ranging from community services to placement and aftercare to youth. The continuum ensures that the most appropriate services are provided in the least restrictive environment possible.

Community Juvenile Services Boards



- The CJS Boards were passed in March, 2008 to allow for counties to develop their own formal criteria for intake of juveniles in the criminal justice system in their jurisdiction.
- The Boards mandate a central point of intake along with standards for detention criteria, a local continuum of care, and local resources and planning.
- Some counties have begun this process and most others have at least an informal continuum established.

Continuum of Care



- A concise continuum should include basic community resources graduating through detention/placement.
- Graduated sanctions should be immediate to be effective.
- The Continuum should go from least restrictive and low risk to most restrictive and high risk.

Juvenile Behaviors and Interventions



	Behavior	Intervention	Effective Services
<p><i>Low Risk</i></p> <p><i>High Risk</i></p>	School disruption Truancy Traffic or status offense	School suspension Parent meeting Police citation <i>(Immediate sanctions)</i>	ACES/tutors/mentors Boys' & Girls' Clubs Teen Courts
	Property crimes Chronic low-level offenses Violent delinquency	Hold & release Cite & release Circuit court appearance <i>(Intermediate sanctions)</i>	Juv. probation (local level) Alternate H.S./Day Tx Detention alternatives
	Repeat serious offenses against property or people (low to mod. risk of re-offense)	Hold & release Juv. detention Risk Assessment <i>(Community confinement)</i>	Juv. probation (DFS) Intensive Sup. Prob (ISP) Group home/foster home
	Repeat violent & serious crimes Felony-level crimes	Jv. detention Secure home detention <i>(Secure confinement)</i>	Residential Tx State correctional schools
	Offenders transitioning back into communities	Transitional placements <i>(Aftercare)</i>	Day Tx/foster care Juv. probation

Community Juvenile Services Boards

(The four parts of last year's bill)



Central Intake and Assessment

- PACT Assessment
- SF 129 – Juv. Justice Amend.
- Staffing diversion officers with prosecutors

Continuum of Care

- Youth and family service charter between WDH, WDE and DFS
- County inventories/low to high risk services
- Level of care work with WYSA

Detention Standards and Programs

- Subsidize, stabilize & improve
- Detention risk assessments
- Interim study on construction and operation
- Monitoring and education?

Funding and Planning

- CJSB Rules (Final 3/09)
- \$2 million allocated from savings
- JPA's instead of JPB's

DFS Juvenile Detention Stats



- DFS & Juv. Courts currently rely on four main providers for detention services, one in each PB Region, mostly for pre- and post-adjudication
- Pt. in time reduction of 50% (just for DFS kids) from 1/1/07 to 1/1/09 (approx. 24 to 11)
- WGS & WBS (high-end) placements reduced 25 percent over same time period (125 to 100)

Avg. Length of Placement/Calendar Year 2007-2008



Placement Type	2007	2008	Percent Change
Detention	20.7	19.3	-6.49%
Boys School	201.3	163.1	-18.96%
Girls School	281.5	273.6	-2.81%

2009 DFS Goals for Juvenile Detention



- Assist with legislative interim study on juvenile detention
- Assist JJAC and WCCA with promoting standards for detention and 48-hr Hold & Release programs, county by county (Post-hypnotic suggestion: monitoring is critical)
- Contract reviews to further clarify standards, best practices and subsidy levels
- Sweetwater County (Assist with detention program)

'07-'09 Detention Program Improvements

(Cheyenne and Casper)



- From Q4 2007 (under FCS) to Q4 2008 (Cornerstone) Critical incidents (i.e. self harm, assaults, injuries) decreased steadily from 63 to 16
- Average daily pop. for both programs decreased from approx. 60-70 under FCS to about 34 for Cornerstone
- Populations are no longer mixed (Tx and detention and high and low-risk Tx)
- Admission standards implemented -- youth are assessed upon intake and placed accordingly or declined admission
- In 2008, all staff/resident ratios maintained; higher staff retention rate and improved training (3,275 total hrs) and ACA accreditation