



Altarum

# Genesee County – Collaborative Crisis Intervention: Final Evaluation Report

Title II Category: Racial and Ethnic Disparities Reduction Grant

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Prepared for: Michigan Department of Health and Human Services, Michigan Committee on Juvenile Justice  
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## Introduction and Background

The Office of Juvenile Justice and Delinquency Prevention (OJJDP) support states through the Title II Formula Grants Program which aims to strengthen juvenile justice systems and reduce youth contact with formal processing. In Michigan, the Michigan Department of Health and Human Services (MDHHS) and the Michigan Committee on Juvenile Justice (MCJJ) administer Title II funding and oversee statewide priorities related to prevention, diversion, system improvement, and the reduction of racial and ethnic disparities. MDHHS and MCJJ engage Altarum to provide technical assistance and evaluation support to Title II grantees.

In 2023, MDHHS and MCJJ awarded the Genesee County 7th Judicial Circuit Court – Family Division a grant under the Racial and Ethnic Disparities (RED) Reduction Competitive program, with a project period of October 1, 2023, through September 30, 2024. Under this award, the Court partnered with Mount Morris Consolidated Schools, Easterseals MORC, and a researcher from Michigan State University as a university partner, to implement the Collaborative Crisis Intervention (CCI) program as an alternative response to school-based incidents that could otherwise lead to juvenile court involvement. Altarum provided technical assistance and evaluation support throughout the grant period.

### Program Background

Genesee County continues to experience racial and ethnic disparities in youth contact with the juvenile justice system. Statewide data compiled by the Michigan Committee on Juvenile Justice (MCJJ) show that, in 2021, youth of color in the county were arrested at higher rates than White youth, with an overall minority Relative Rate Index<sup>1</sup> (RRI) of 1.35 and a Black youth RRI of 1.68 for juvenile arrests. These disparities reflect broader factors influencing youth system involvement, including behavioral health challenges, family stressors, and school-based incidents that may involve law enforcement.

Genesee County aimed to address these disparities at an early decision point through the CCI program with funding from the Racial and Ethnic Disparities (RED) Competitive Grant. The grant intervention program supported cross-system collaboration to strengthen responses to school-based incidents and promote earlier intervention within the school environment, reducing the likelihood of formal juvenile court involvement. Genesee county aimed to reduce school-based arrests by 50% and racial and ethnic disparities by 25%, as measured by the RRI through this grant program.

### Program Design

Genesee County used the RED Competitive Grant to implement the CCI program, a school-based diversion model designed to provide an alternative response to incidents in Mount Morris Consolidated Schools. Under the planned structure, the School Resource Officer (SRO) would identify eligible incidents and refer the student to the program in place of formal system involvement. A mental health professional (MHP) from Easterseals would then complete an assessment to identify youth needs and inform a short-term case plan.

The program design included completion of standardized assessment tools, such as the Youth Level of Service (YLS/CMI), MAYSI-2, and a protective factors screening tool, to guide case planning. Within ten days of referral, the MHP, the student, and caregiver would meet to review the assessment findings and develop a six-week plan that could include connections to community services, skill-building supports, and restorative responses.

Throughout the six-week period, the MHP was expected to provide weekly check-ins with the enrolled

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<sup>1</sup> The RRI represents the relative volume of minority juveniles to the volume of majority juveniles, adjusted by population, at stages in the juvenile justice system. [Source](#)

participants, maintain communication with caregivers, and coordinate with school staff and community partners. A follow-up assessment was completed at the end of the program to examine changes in risk and protective factors. If additional time was needed, the model included an option to extend participation for up to four weeks. Successful completion of the plan was intended to prevent a petition from being filed with the Court.

## Program Implementation

During the grant period, the CCI program functioned as a school-based support service informed by the intended model, but several core components were implemented inconsistently or differently than designed. These implementation gaps created structural and data-quality limitations that affected the program's ability to demonstrate fidelity, measure outcomes, and ensure equitable service delivery. First, the program did not operate within the defined service duration as designed. Youth participation frequently extended beyond the intended six-week model, and continuation of decisions were not consistently documented. In practice, youth remained in the program unless they moved out of the district or disengaged in the program activities, and no standardized case-closure process existed. Further, the school directed most referral and retention decisions, resulting in a broader set of students entering and remaining in the program than those tied solely to diversion-eligible incidents as initially intended. This reduced the program's ability to target the intended population, diluted service intensity for higher-risk youth, and limited the evaluators' ability to interpret outcomes relative to the model's original public-safety and diversion goals. Further, the implementation challenges, including variability in referrals and service duration, limited the extent to which the programs' contributions to the goal of school-based arrests by 50% and racial and ethnic disparities by 25%, as measured by the RRI could be assessed during the grant period. Second, assessment and data collection were applied unevenly across cases. The planned protective factors screening tool was not implemented, and the MAYSI-2 was administered only at intake rather than at both intake and exit. As a result, the program could not track changes in youth risk, mental health, or protective factors over time. This constrained the evaluation's ability to assess whether participation in CCI led to measurable improvements in youth functioning, crisis stabilization, or diversion-related outcomes.

Third, while Easterseals case managers provided weekly support to actively engaged students and connected youth to recommended services, family engagement varied widely, and the collaborative infrastructure designed to support coordinated care was inconsistently executed. Monthly coordination meetings between Easterseals MORC and the school occurred irregularly, weakening shared decision-making, follow-up on service plans, and accountability for referrals and case progression. These gaps likely reduced continuity of care and limited the program's capacity to respond effectively to emerging needs.

Together, these implementation challenges reduced model fidelity, weakened data integrity, and constrained the program's ability to demonstrate clear causal links between CCI participation and intended outcomes such as stabilization, reduced justice involvement, and improved youth well-being.

Program operations were also affected by staffing and contracting constraints during the grant period. The mental health professional (MHP) assigned to the program resigned approximately two months before the intervention period ended, which affected continuity of service delivery and documentation. Contracting delays limited the involvement of the Michigan State University researcher early in implementation, and the researcher's medical leave further reduced opportunities for consultation. The Court also experienced staff turnover during the project period, which contributed to shifts in communication and coordination across partners.

Because of the challenges experienced throughout program implementation, the available data supported only descriptive analysis of the program, its processes, and participation but did not allow

for assessment of changes over time or program impact.

## Evaluation

Starting in November 2023, Altarum worked with the Court, Easterseals MORC, and the Michigan State University researcher (Assistant Professor) to establish the evaluation approach for the grant. Drawing on collaborative conversations with the grantee and partners, Altarum drafted the evaluation plan and logic model, identified the key measures to be used, and clarified responsibilities for collecting and organizing information. Altarum held routine check-ins with partners to support data organization and prepare for final evaluation activities. The evaluation was anchored by the following goals:

1. Develop a CCI Diversion Program protocol and data collection plan
2. Implement the CCI Diversion Program
3. Execute an evaluation that will monitor program implementation and program outcomes

### Evaluation Methods

The evaluation was designed to document program implementation, assess youth participation and engagement, and review available assessment data to understand any changes that occurred during the intervention period. The planned methodology included the collection of standardized assessment measures at both intake and exit, including the Youth Level of Service (YLS/CMI), MAYSI-2 screening, and a protective factors screener, along with program participation indicators and information on service engagement.

Researchers compiled data from program partners and shared with Altarum for analysis at the end of the grant period. The evaluation design included both quantitative and qualitative methods, including descriptive analysis of assessment and participation data and thematic review of qualitative case information. Process information was gathered through regular communication with the grantee to document activities, challenges, and observations that occurred during implementation. As part of these activities, Altarum conducted two in-person site visits with Easterseals in July and September 2025 to review documentation practices and support the compilation of final data.

### Evaluation Results

This section presents findings from the evaluation using a mixed-methods analytic approach. Researchers analyzed quantitative data to summarize participant characteristics, enrollment patterns, referral and discharge information, program engagement, and assessment results. They also reviewed qualitative information drawn from case documentation for themes to describe program processes and implementation experiences.

#### Demographics

During the grant period, a larger number of youths were referred to and engaged in the CCI program. However, due to variations in documentation and assessment completion, the sample for this evaluation was limited to 22 youth for whom sufficient participation and intake assessment data were available. Demographic and participation characteristics summarized below reflect this sample rather than all youth served by the program.

Of the 22 youth, 8 identified as male and 14 as female. Ages ranged from 11 to 18 years, with the largest proportion of participants aged 12 years ( $n = 7$ ). Approximately 36% of participants identified as Black or African American, 37% identified as White, and 27% identified as another race, most commonly reported as “Biracial.” Nearly all participants (96%) identified as not Hispanic or Latino. An overview of demographic information is provided in Figure 1.

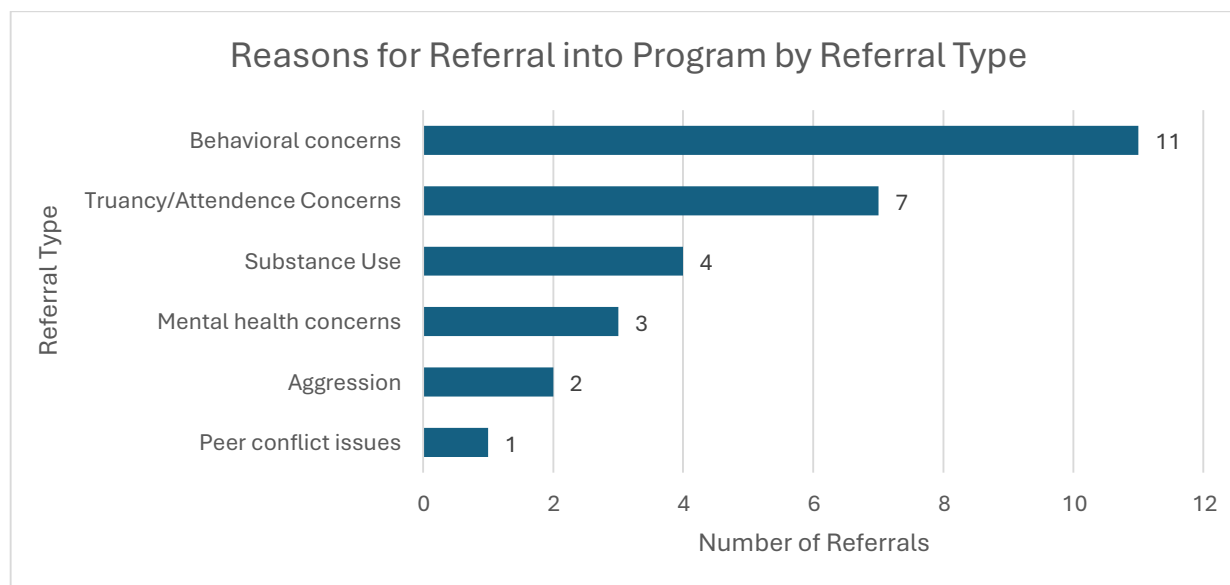
**Figure 1. Participating Youth Demographics (n = 22)**

Demographic	Response	Percent	Frequency
Race	Black/African American	36%	8
	White	36%	8
	Other	27%	6
Ethnicity	Not Hispanic/Latino(a)	96%	21
	Hispanic/Latino(a)	4%	1
Gender	Female	73%	16
	Male	27%	6
Age	11	4%	1
	12	32%	7
	13	14%	3
	14	9%	2
	15	9%	6
	16	23%	5
	18	4%	1

**Referrals, Engagement in Services, and Discharges**

Reasons for referral to the CCI program varied across participants. The most common referral reason was behavioral concerns (n=11), followed by truancy or attendance concerns (n=7), substance use (n=4), mental health concerns (n=3), aggression (n=2), and peer conflict (n=1). Youth could be referred for multiple presenting concerns, which resulted in referral counts exceeding the sample size. Graph 1 summarizes referral reasons for youth included.

**Graph 1. Reasons for Referral into Program by Referral Type**



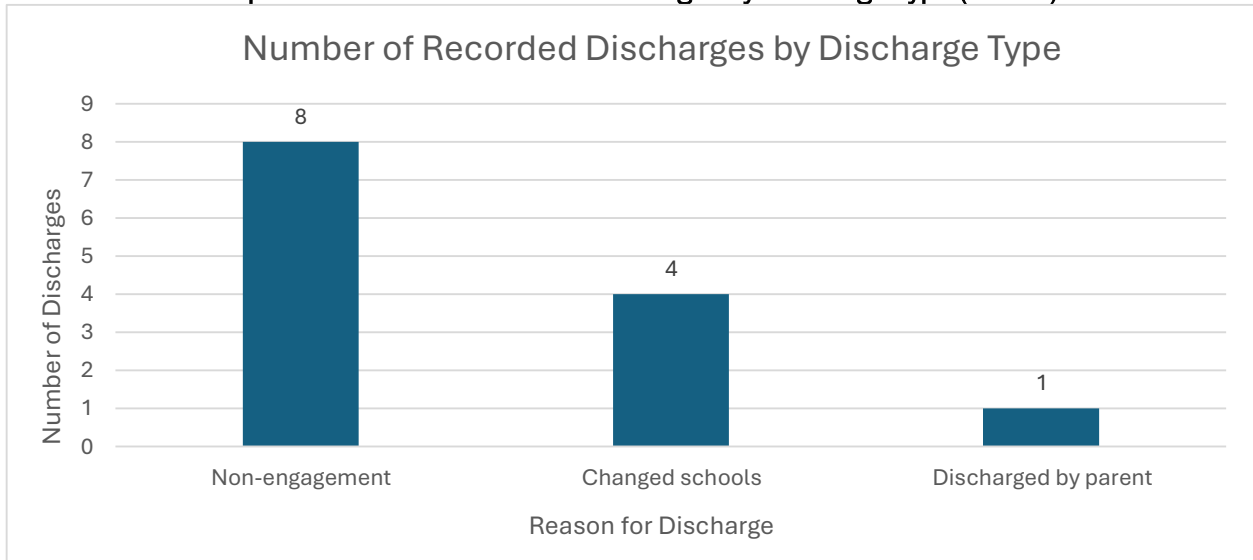
Youth participation in the program frequently extended beyond the planned six-week intervention period. The youth included remained engaged in the program for longer than six weeks, with

documented participation ranging from a minimum of approximately two months to a maximum of up to 11 months based on available assessment and case record data.

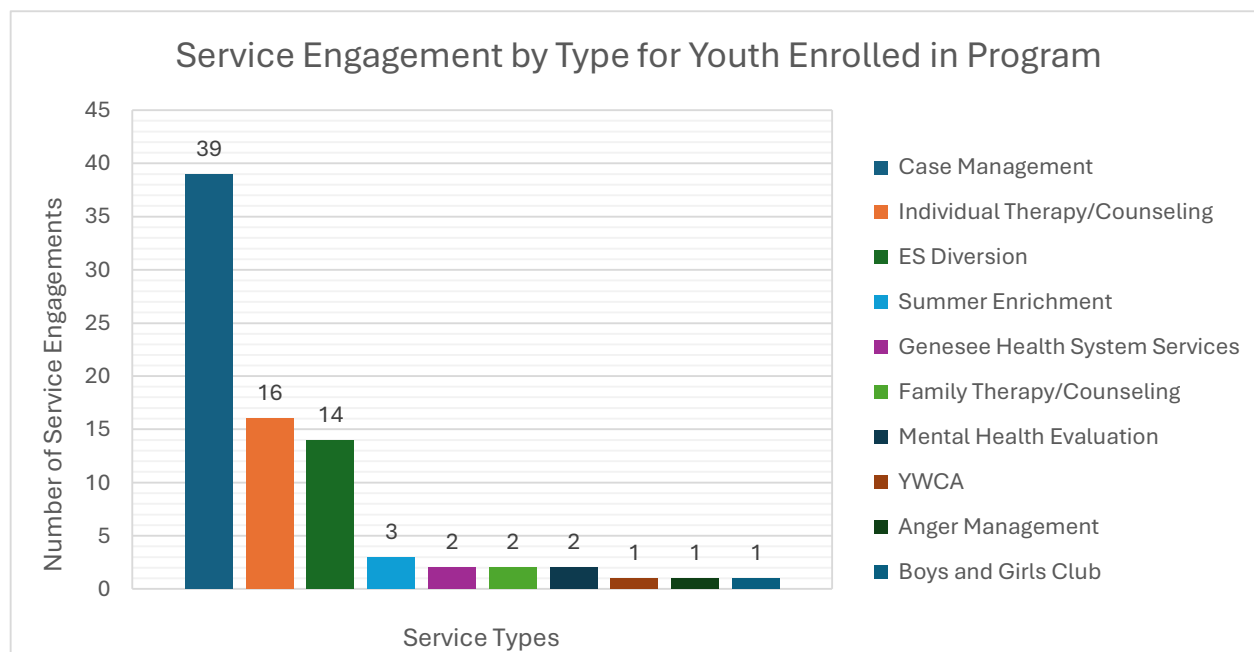
Researchers reviewed available court data provided by program partners to document whether youth included in the analytic sample were petitioned to court during or following program participation. Three of the 22 youth had a court petition filed during the grant period. The remaining 19 youth did not have a petition filed during this time.

Approximately half of the youth completed their documented service plan (n = 10). Graph 2 summarizes recoded discharge reasons for youth who did not complete programming.

**Graph 2. Number of Recorded Discharges by Discharge Type (n = 13)**



Youth participation in services is summarized in Graph 3 below. Youth could engage in the same service multiple times or engage in multiple services during program participation. Service counts reflect documented service contacts across the 22 participating youth, including youth who have engaged in multiple services and service encounters. As a result, the total service count exceeds the number of youth included in the sample (n=81). All 22-youth included in the sample were assigned to a case manager and engaged in case management services during the program (n = 39). Individual therapy (n = 16) and diversion services (n = 14) were the next most engaged service types. Additional services included summer enrichment (n = 3), Genesee Health System services (n = 2), family therapy (n = 2), mental health evaluations (n = 2), YWCA services (n = 1), anger management (n = 1), and Boys & Girls Club programming (n = 1).

**Graph 3. Service Engagement by Type for Youth Enrolled in Program (n = 81)**

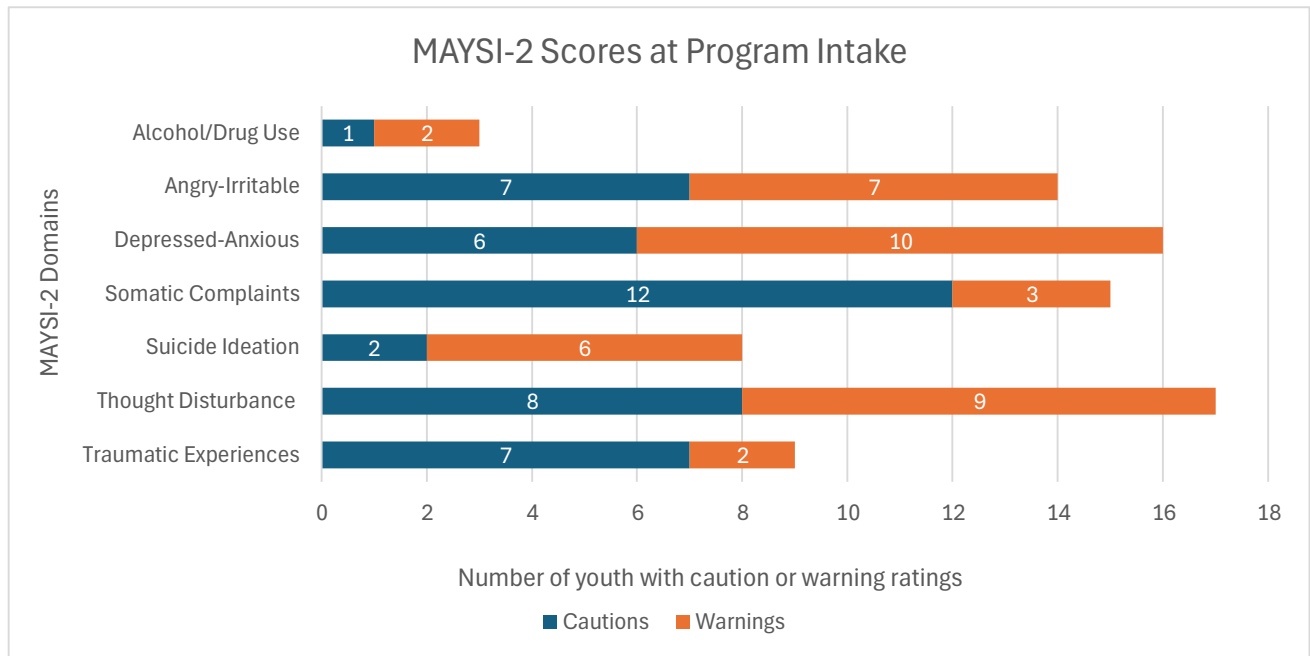
### Assessments

Researchers collected intake assessments at the start of program, including the MAYSI-2 and YLS. The MAYSI-2 is a brief, self-report screening tool used to identify potential behavioral health needs among justice-involved youth. The YLS is a risk and needs assessment used to estimate a youth's risk of reoffending and assist with case planning. No post-program MAYSI-2 data were collected, and only five youths completed the YLS at program completion. As a result, the findings presented below describe youth MAYSI-2 scores at intake only.

The MAYSI-2 includes seven domains: Alcohol/Drug Use, Angry-Irritable, Depressed-Anxious, Somatic Complaints, Suicide Ideation, Thought Disturbance, and Traumatic Experiences. Each domain is scored independently and includes standardized caution and warning thresholds. A caution rating indicates that a youth scored higher than approximately two-thirds of youth at probation intake, while a warning rating indicates scores within the top 5-15% of justice-involved youth on that scale.

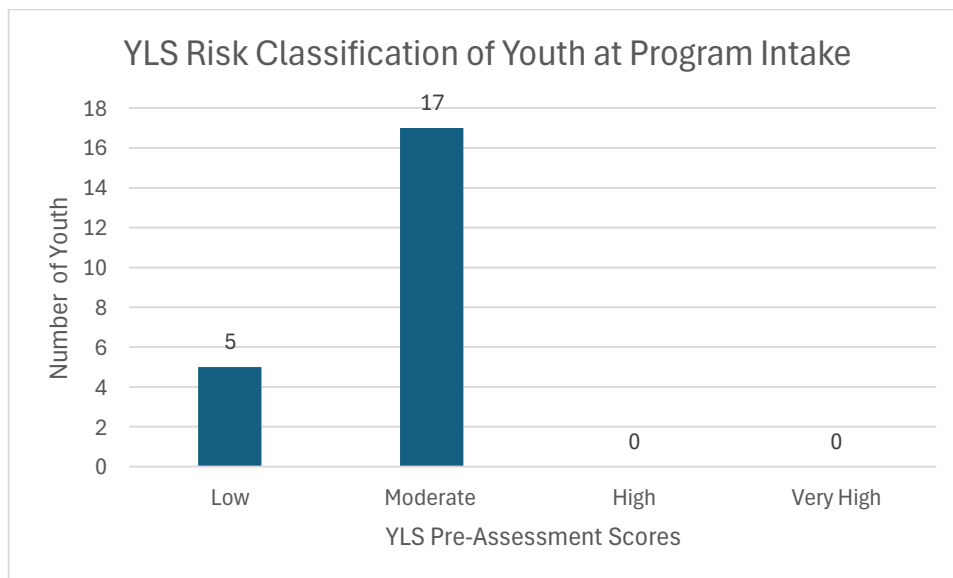
Graph 4 summarizes the number of youth who screened in the caution or warning range for each MAYSI-2 domain at program intake.

**Graph 4. MAYSI-2 Scores at Program Intake (n = 22)**



The YLS provides an overall risk classification for reoffending across four categories: low, moderate, high, and very high. Intake YLS scores were available for the 22 youth. At program entry, five youth were classified in the low-risk category and 17 were classified as moderate risk. No youth scored in the high or very high risk categories at intake. Post-program YLS scores were available for only five youth. All five were classified in the low-risk category at program completion.

**Graph 5. YLS Risk Classification of Youth at Program Intake (n = 22)**



### Qualitative Review

Qualitative review of available case summaries (n = 21) identified several recurring patterns related

to program delivery, engagement, and coordination. In several cases, youth or their caregivers declined one or more recommended services. Documentation suggested that service refusal was sometimes related to youth already receiving similar supports through other providers. In some instances, youth continued to engage in other services following continued outreach and coordination by case managers.

Caregiver engagement emerged as a recurring factor influencing program completion. Several cases ended due to limited caregiver participation or caregiver refusal to continue programming. Changes in schooling also affected program participation. Case notes indicated that disengagement sometimes occurred when youth transferred to another school or moved out of the school district, limiting continued involvement in the program.

Further documentation indicated that case managers regularly referred youth to a range of services based on identified needs. In addition to facilitating referrals, notes included brief descriptions of case management sessions, which commonly focused on monitoring engagement, addressing immediate concerns, and coordinating connections to other agencies and community resources for additional support.

## **Evaluation Limitations**

As described in the Program Implementation section, several implementation-related factors affected the scope of data available for the evaluation. Variability in program duration, the absence of a standardized case closure process, and staffing changes affected the consistency and completeness of case documentation. These factors contributed to differences in participation length and limited the availability of complete records across youth.

Similarly, assessment administration varied across cases. Although standardized assessments were planned for both intake and exit, post-program data were available for only a small number of youth, protective factor information was not collected, and the MAYSI-2 was administered only at intake. These implementation conditions limited the ability to see changes in risk or protective factors over time.

As a result, the available data supported descriptive analysis of program processes, participation characteristics, and early engagement but did not allow for statistical comparison of pre and post intervention outcomes or assessment of program impact.

## **Recommendations**

### ***Standardization of assessment administration***

The evaluation identified inconsistencies in assessment completion, particularly at program exit. Future implementation would benefit from more structured expectations and timelines for administering intake and follow-up assessments, including identifying responsibility for completion and documentation.

### ***Enhance documentation practices***

Variation in case documentation limited ability to assess service engagement and progression over time. Development of case note templates or minimum documentation expectations could improve consistency in future grant periods. Improved documentation would also strengthen the ability to evaluate programming processes and outcomes in the future.

### ***Clarification of program duration***

Youth participation consistently extended beyond the originally planned six-week intervention period. Establishing clearer guidelines for expected program duration, criteria for extending participation, and formal case closure procedures may improve consistency across cases and support more

complete documentation.

### ***Support strategies for parent involvement***

Parent involvement emerged as common factor in influencing program completion. Future implementation may benefit from flexibility in engagement options and improved documentation on outreach efforts. Additional support for parent engagement could help reduce early case closures.

## **Conclusion**

This evaluation documented the implementation and early operation of CCI program during the RED Reduction Competitive Grant period. The program was implemented as a school-based, collaborative response intended to provide an alternative to formal juvenile justice involvement for youth experiencing school-based challenges.

Findings indicate that the program reached youth with a range of behavioral, mental health, and attendance-related needs and provided case management and referrals to a variety of school- and community-based services. Implementation was characterized by flexibility in service delivery, variability in participation duration, and reliance on school-initiated referrals. Qualitative findings highlighted the central role of case management, as well as factors influencing engagement and program completion, including parent participation and school mobility.

Limitations related to assessment completion, documentation variability, and sample size constrained the ability to assess changes over time or draw conclusions about program impact, including whether participation in CCI contributed to reductions in racial and ethnic disparities, as measured by RRI, during the grant period. Despite these limitations, the evaluation provides insight into the operational realities of implementing a school-based diversion model in a real-world setting.

Recommendations highlight opportunities to improve program consistency, documentation, and engagement processes, with an emphasis on assessment completion, case management practices, program duration, and parent involvement.

Lessons from this evaluation can inform future implementation, data collection practices, and evaluation planning, supporting continued efforts to strengthen early intervention approaches and reduce youth contact with the juvenile justice system.