



Altarum

Integrated Services of Kalamazoo – Grant:
Final Evaluation Report
Title II Category: Racial/Ethnic Disparities

Grant Start Date: February 1, 2022
Grant End Date: January 31, 2024

Prepared for

Michigan Department of Health and Human Services Juvenile Justice Programs Office
Lansing, MI
<https://www.michigan.gov/mdhhs>

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Executive Summary

Altarum Institute provided support to Integrated Services of Kalamazoo (ISK) as they implemented a Juvenile Justice and Delinquency Prevention Act Title II Grant intervention¹, awarded by the Michigan Department of Health and Human Services (MDHHS) and the Michigan Committee on Juvenile Justice (MCJJ). The objective of ISK's racial and ethnic disparities (R/ED) grant intervention was to connect high-risk² youth in Kalamazoo identified through partnership with the Kalamazoo Department for Public Safety (KDPS) to supportive services. ISK operated its Title II grant from February 2022 through January 2024. Altarum provided TA and evaluation services to ISK during this timeframe. This report outlines the program's approach and the final evaluation results.

Project Overview

Through this grant, ISK focused on providing a community-based intervention with the aim of R/ED at the arrest decision point in their community. To do so, they collaborated with multiple community organizations to establish a Collaborative Review Team (CRT). CRT members coordinated to share effective resources and supports within the community to meet social and mental health needs of youth identified for the intervention. This approach allowed them to provide unique treatment plans and services to each high-risk youth based on their identified needs. The grant program aimed to show how an intervention of community-based and coordinated services can impact high-risk youth and decrease police contacts and arrests of juveniles in the community.

Evaluation

Throughout the grant period, data was collected on high-risk youth engaged in the intervention. The purpose of this evaluation was to assess the impact of implementing a CRT approach to identify high-risk youth in the community and connect them with supportive services to decrease police contacts, arrests, and court involvement.

Results

The evaluation of the CRT approach implemented by ISK revealed significant positive outcomes in reducing justice system contacts and enhancing engagement in support services among all youth including when looking at Black/African American youth. Analysis of engagement and system contacts showed a high level of involvement in services, with wrap-around services being the most utilized. Family involvement also played a role in program success, emphasizing the importance of familial support in youth engagement. Evaluation of the intervention showed a 20% decrease in police contacts from the baseline period to the intervention period and a 74% decrease in juvenile arrests within the intervention period, demonstrating its impact on diverting youth from the criminal justice system.

Conclusion

This grant allowed ISK to establish a community-based approach through the development of the CRT. The CRT approach provided comprehensive, community-based service planning for high-risk youth. The results of this evaluation show the effectiveness of this approach in meeting the needs of youth and families within their community to alleviate underlying factors of juvenile justice issues. ISK's intervention could serve as a model for similar initiatives.

¹ The OJDP Title II Formula Grants Program provides funding to support state and local efforts to plan, establish, operate, coordinate, and evaluate policies and projects, directly or through grants and contracts with public and private agencies for the development of more effective education, training, research, prevention, diversion, treatment, and rehabilitation programs in the area of juvenile delinquency as well as juvenile justice system improvement efforts.

² Per this grant, high-risk youth were defined as juveniles aged 10-14 who have had repeated police contact, are at risk of arrest, or who have been previously arrested within the City of Kalamazoo Public Safety jurisdiction.

Introduction and Background

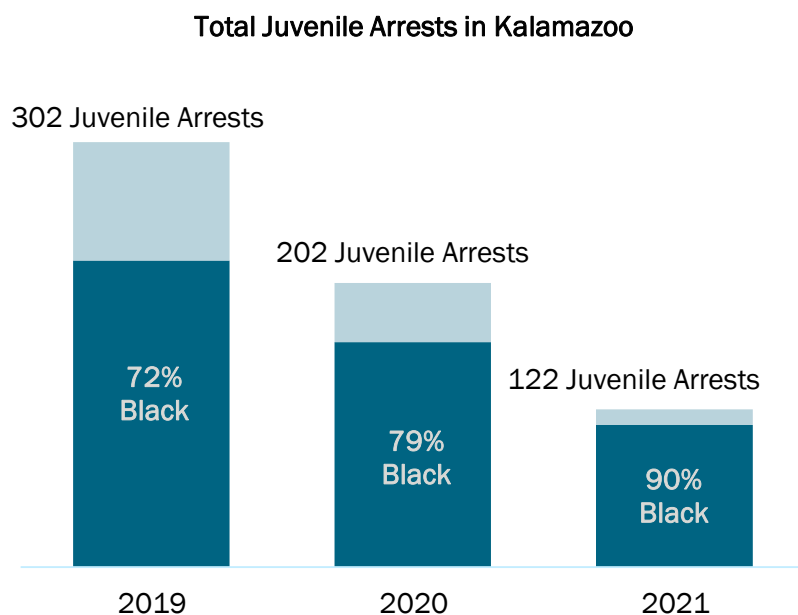
The Michigan Department of Health and Human Services (MDHHS) and the Michigan Committee on Juvenile Justice (MCJJ) administers the Office of Juvenile Justice and Delinquency Prevention (OJJDP) Title II Formula Grants Program to support local efforts to prevent and address juvenile delinquency as well as improve racial and ethnic disparities in the juvenile justice system. MDHHS and MCJJ contracted with Altarum Institute (Altarum) to provide technical assistance (TA) and evaluation support to Title II grant recipients.

In 2022, MDHHS and MCJJ selected Integrated Services of Kalamazoo (ISK) through a competitive bid process as one of the racial and ethnic disparities (R/ED) grantees and funded ISK to implement a Collaborative Review Team (CRT) approach to connect high-risk³ youth in Kalamazoo identified through partnership with the Kalamazoo Department for Public Safety (KDPS) to supportive services. ISK operated its Title II grant from February 2022 through January 2024. Altarum provided TA and evaluation services to ISK during this timeframe. This report describes ISK's Title II grant program and its evaluation goals, methods, results, and recommendations.

Program Background

In the three years that preceded this grant program, the data for juvenile arrest rates showed that a majority of all were Black or African American juveniles. The portion of juvenile arrests that were of Black or African American youth in 2019-2021 is shown in Figure 1. In 2019, there were 302 juveniles arrested, and 217 (72%) were Black. In 2020, there were 202 juveniles arrested, and 157 (78%) were Black. In 2021, there were 112 juveniles arrested and 101 (90%) were Black. Arrest rates are decreasing year over year, but the disparity is increasing at a greater rate within the City of Kalamazoo.

Furthermore, in 2020, the overall juvenile arrest rate in Kalamazoo was the fifth highest of any county in Michigan and second highest among large counties (youth populations of at least 20,000). This year, Kalamazoo had 22,230 youth at risk for arrest between the ages of 10 and 16, and the youth arrest rate among this population was 16.46 per 1000 youth. Within these arrests, Kalamazoo has the highest Black/White Relative Rate Index (RRI) at the arrest decision point among all large counties. In 2020, the RRI was 9.75, meaning the rate at which Black juveniles were arrested in Kalamazoo was nearly ten times higher than the rate for White juveniles.⁴ Compared to the state RRI in the same year



³ Per this grant, high-risk youth were defined as juvenile aged 10-14, who have had repeated police contact, are at risk of arrest, or who have been previously arrested within the City of Kalamazoo Public Safety jurisdiction.

⁴ Data retrieved from Michigan Committee on Juvenile Justice R/ED data. Available at <https://michigancommitteeonjuvenilejustice.com/michigan-data/michigan-racial-and-ethnic-disparities-data/>.

(2020 Statewide RRI=2.71), there was a clear need to address the R/ED factors contributing to the high RRI in Kalamazoo.

With this understanding, ISK implemented their Title II grant program to establish a CRT and partnership across many community organizations and agencies, including KDPS. This approach allowed them to provide unique treatment plans and services to each high-risk youth based on their identified needs. The grant program aimed to show how an intervention of community-based and coordinated services can impact high-risk youth and decrease police contacts and arrests of juveniles in the community.

ISK is a Community Mental Health (CMH) Services Program established over 30 years ago. ISK provides a continuum of services to persons with severe mental illness, substance use disorder, co-occurring disorders, and youth with serious emotional disturbance. They work through diverse community partnerships across multiple organizations and agencies in Kalamazoo to support individuals and families in succeeding through all phases of life. ISK's services for youth and their families and loved ones are culturally sensitive and trauma-informed. The community services provided include assessment, screening, wraparound, case management, home-based services, outpatient therapy, psychiatric services, and community health workers. ISK's approach focuses on collaborating to share effective resources and supports within the community to meet social and mental health needs. They provide services directly and contract with private, nonprofit organizations to enhance capacity and consumer choice.

For this grant, ISK focused on providing a community-based intervention with the aim of reducing R/ED at the arrest decision point in their community. To do so, they partnered closely with KDPS. KDPS combines law enforcement and fire services into a unified organization with the goal of providing the highest level of professional public service to the Kalamazoo community. ISK is committed to a community public safety service delivery model, which places community involvement as a primary organizational goal and is dedicated to enhancing the quality of life for all.

Based on community data, both ISK and KDPS recognized the need for a program to support high-risk youth to decrease the rate of juvenile arrests across their community and understand the impact of race and ethnicity on juvenile behavior and arrest rates. KDPS partnered with ISK on this effort by establishing a data use agreement (DUA) and sharing information on youth police interactions that supported identifying high-risk youth for participation in the grant's CRT intervention.

Program Description

The grant intervention was designed for CRT members to provide a comprehensive review of high-risk youth cases for needs assessment and referral to services. This grant established the CRT team and intervention approach of meeting biweekly to review youth cases and determine necessary next steps and service connections to support youth and their families. The CRT included multiple representatives from 12 organizations across the county (Figure 2).

Leveraging data from KDPS, the CRT first worked to establish the cohort of at-risk youth for the intervention. The principal characteristics of the target population for the R/ED 2022 project were juveniles ages 10 to 14 who had repeated police contact, were at risk of arrest, or had been arrested within the KDPS jurisdiction. Contacts with police include instances where youth were suspects of a crime, witnesses to a crime, victims of a crime, or involved in other ways. Regardless of whether they were arrested for their role in a crime, these contacts represent youth risk for juvenile justice system involvement and likely indicate unmet social and emotional needs.

Once youth were identified, the CRT intervention brought together representatives from the various community agencies and organizations to review each case. The CRT team met biweekly beginning in January 2023. Led by ISK, the group determined what services would best meet the youth's needs. At that point, they worked collaboratively to develop a treatment plan of services across all their organizations and others available in the community that would meet the youths' individual social, physical, and mental health needs. Following treatment plan development, ISK would connect with the youth and their families, aiming to engage them in supportive services that would decrease the likelihood that they would continue to come into contact with the police.

Over the course of nine months (April– December 2023), the ISK grant team collected data from CRT meetings, treatment plans, and service engagement on each youth case. The same metrics were acquired from the year prior (April–December 2022) to employ the comparison of data after program intervention. ISK case workers and members of the CRT team worked directly with youth and their families to connect them to services and supports in the community that could improve their day-to-day lives. At the end of the intervention period, data was collected on the youth cases to enable evaluation of the program's success.

Evaluation

The purpose of the evaluation was to assess the impact of implementing a CRT approach to identify high-risk youth in the community and connect them with supportive services to decrease police contacts, arrests, and court involvement.

Beginning in February 2022, Altarum worked with ISK to collaboratively design a comprehensive plan to meet grant requirements and implement the evaluation beginning in April 2022. The plan outlined the evaluation goals and activities, key questions, evaluation design, inputs, process and outcome measures, and procedures for data collection, analysis, and reporting. The design for this evaluation was refined based on the availability of data.

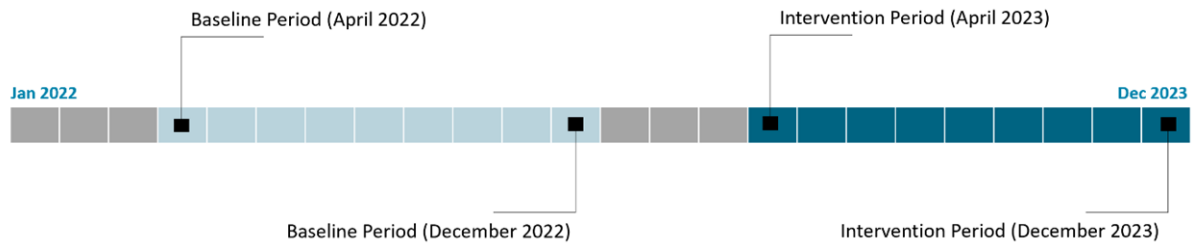
Evaluation Methods

Altarum conducted a pre-post mixed-methods evaluation using data received from ISK through a data use agreement with KDPS. When available, data were compared across two time periods of nine months (three quarters) each—April through December 2022 for baseline data prior to the intervention and April–December 2023 during the intervention period. A visual display of the baseline and intervention time periods is shown in **Figure 3**.

Figure 2. CRT Participating Organizations

- Integrated Services of Kalamazoo
 - Kalamazoo Department of Public Safety
 - KYDnet
 - Wraparound Services
 - Gryphon Place
 - Department of Health and Human Services, Child Protective Services
 - Kalamazoo Juvenile Court
 - ASK Family Services
 - Communities in Schools
 - Family Children's Services
 - Kalamazoo Public Schools
-

Figure 3. Visual Diagram of Baseline and Intervention Time Periods



Data Collection

Data collection for this evaluation was conducted by the CRT. The data collection process aimed to gather comprehensive information to assess the impact of the CRT approach on high-risk youth in Kalamazoo. **Figure 4** shows the data measures used in the evaluation. The data capture metrics including demographics, police contacts, arrest data, dates for youth referrals and contact, plans of service and youth engagement, and family involvement. Data were submitted to Altarum at the end of each quarter during the intervention period.

Figure 4. Evaluation Measures

Category	Measure	Time Period
Demographics	% of participating youth by age, race, ethnicity, and gender	---
Arrest Data	# participating youth with police contact	Baseline – Intervention Period
	# participating youth with arrest	Baseline – Intervention Period
CRT Data	Average # of days between CRT meeting and date of contact	Intervention Period
	% and method of follow-up conducted within 5 days after referral	Intervention Period
	% of participating youth with court involvement status	Intervention Period
	% of participating youth with family involvement in treatment services	Intervention Period
	% of participating youth referred to services by type	Intervention Period
	% of participating youth engaged in services by type	Intervention Period
	# of follow-up system contacts after start of treatment	Intervention Period
# of participating youth w/documentated improvement	Intervention Period	

Evaluation Results

This section presents the key findings of the analysis regarding the project’s implementation and outcomes achieved during the grant. The results of the evaluation highlight how early intervention

with comprehensive support services can divert youth from involvement with the criminal justice system and help them with social and mental health needs.

Demographics

The evaluation captured demographic data for all participants to determine the program's ability to support high-risk youth and better understand the impact of race and ethnicity on arrest rates. The CRT team served a total of 26 youth; 81% were Black/African American males. Focusing on racial and ethnic disparities, this program served a high-risk group that faces disproportionate impacts in the community. Overall, 15% (n=4) of participants reported their gender as female, and the majority of participants were male (85%, n=22). Participants were between 10-15 years of age, with 81% (n=21) of the youth being 13-15 years of age. The program was able to demonstrate age diversity in serving the target population of youth in need of these support services. A complete overview of participant demographic information is provided in **Figure 5**.

Figure 5. Participating Youth Demographics, n=26

Demographic	Response	Percent	Frequency
Race	Black/African American	81%	21
	Two or More Races	12%	3
	White	8%	2
Ethnicity	Not Hispanic/Latino(a)	88%	23
	Unknown	12%	3
Gender	Male	85%	22
	Female	15%	4
Age	10	4%	1
	11	8%	2
	12	8%	2
	13	31%	8
	14	27%	7
	15	23%	6

Referral and Engagement of Services

During the intervention, 26 youth were engaged by the CRT program with 100% (n=26) of youth completing an initial intake team meeting and at least one contact for the development of the follow-up plan. To promote continued care and quick service engagement the team aimed to get in contact with participating youth no later than five days after the initial intake meeting. A total of 73% (n=19) of participating youth received a follow-up within five days or less, with an average of 1.64 days between initial and follow-up contact.

The CRT worked with youth who completed the intake to create plans of services, referring them to a variety of social and mental health services available through ISK, KDPS, and the community. There was a total of 12 primary types of service youth were referred to and engaged with during the grant period. A total of 65% (n=17) of participants engaged with services in an ongoing manner throughout the implementation period. Of the 17 participants that engaged in services, 13 participants were of Black/African American race, which is 76% of that group of participants. The data shows high utilization of program services provided throughout the intervention period. As seen in **Figure 6**,

wrap-around services were most frequently utilized. The CRT also identified additional resources/services to be referred to the participating youth to further facilitate their continuum of care. A total of 19% (n=5) of program participants were referred to additional community services, including Child Protective Services and a gospel mission.

Figure 6. Frequency of Participating Youth in Services by Referral and Engagement, n=26

Service Type	Referred		Engaged	
	Percent	Frequency	Percent	Frequency
Wrap Around	54%	14	27%	7
Multi-Systemic Therapy (MST)	15%	4	8%	2
Case Management	15%	4	12%	3
ASK Family Support Partner	12%	3	4%	1
Outpatient	12%	3	4%	1
Youth Peer Support	4%	1	4%	1
Juvenile Home	4%	1	8%	2
Gryphon Place	4%	1	4%	1
Outreach & Engagement	4%	1	0%	0
Probation	4%	1	0%	0
Juvenile Justice	4%	1	4%	1

Overall, there was a 56% adherence rate across all types of services referred. Of the 14 youth that were referred to wrap-around services, seven youth engaged in the services, resulting in a 50% adherence rate. The high rate of engagement and adherence in services during the intervention period suggests that youth and their families were in need of these services and actively participated in them when offered. Another metric captured by the CRT team was family involvement in program services. During the intervention period, it was reported that 65% (n=17) of participating youth had family involvement in services. Of the 17 participating youth that had family involvement in services, 13 were of Black/African American race.

ISK also collected and reported data on the number of system contacts youth had while participating in the intervention. These metrics included any type of contact or communication from the CRT, community services, or other in-person resources. Ranging anywhere from 0 to a total of 77 contacts, each youth (n=26) had an average of 11 system contacts during the program period. This demonstrates the high intensity of the CRT and the continued engagement of youth in the intervention.

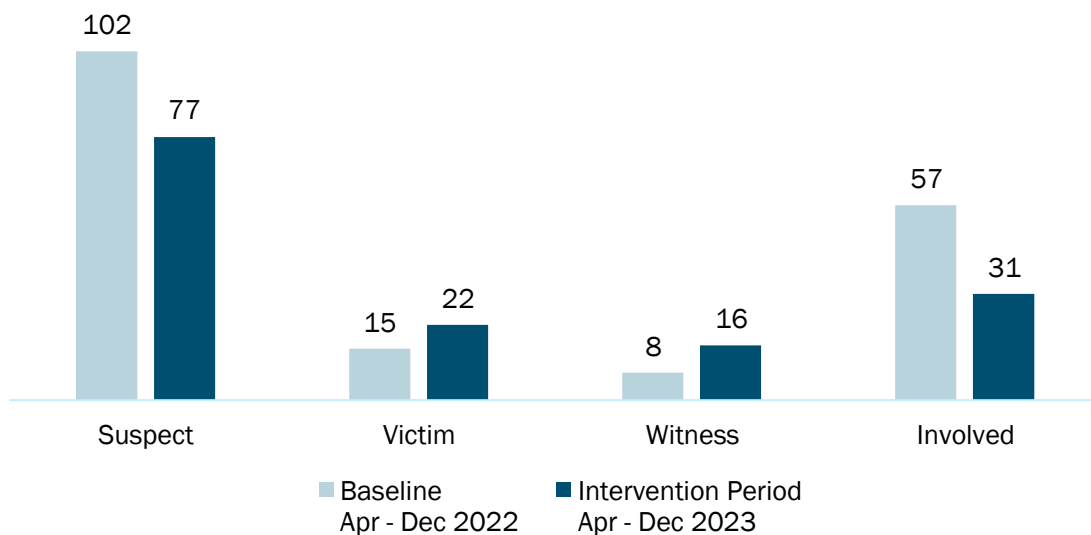
Additionally, ISK collected qualitative data through CRT interviews. The interview data included details on the situation that led to the youth being identified as high-risk (e.g., delinquent behavior, family situation, unmet social needs) and their progress made after the implementation of CRT management services. From the 26 youth cases, positive improvement was noted in 14 cases, 10 of these cases were of Black/African American youth. In cases where improvement was not seen, there was limited participation and engagement from both the youth and their families in the intervention services offered and/or the case involved complex family dynamics, including parental challenges such as mental health issues, substance use disorder, or other instability.

Decrease in Justice System Contacts

KDPS provided ISK with aggregated baseline police contact data, and intervention data by quarter. During the intervention period, there were a total of 146 police contacts reported across 26 youth.

Compared to the baseline data, where there were 182 system contacts (n=26), there was a 20% decrease in police contacts at the conclusion of the intervention period. There was a 72% decrease in police contacts from Q1 (77 police contacts, n=26) to Q3 (21 police contacts, n=26) of the intervention period. Of the 21 youth that reported Black/African American as their race, in comparison to baseline, 149 police contacts (n=21), there were 126 police contacts (n=21) during the intervention period, resulting in a 15% decrease in police contacts among youth of Black/African American race at the conclusion of the intervention period. There was a 74% decrease in police contacts among youth of Black/African American race from Q1 (68 police contacts, n=21) to Q3 (18 police contacts, n=21) of the intervention period. **Figure 7** below shows the change in police contacts by type from the baseline period to the intervention period. The number of police contacts where the youth was a suspect or was involved in the incident decreased between the baseline period and intervention period. The number of contacts where youth were either a victim or witness of the incident increased, but the overall total number of contacts was lower in the intervention period than the baseline period.

Figure 7. Number of Police Contacts by Type for Participating Youth
n=26

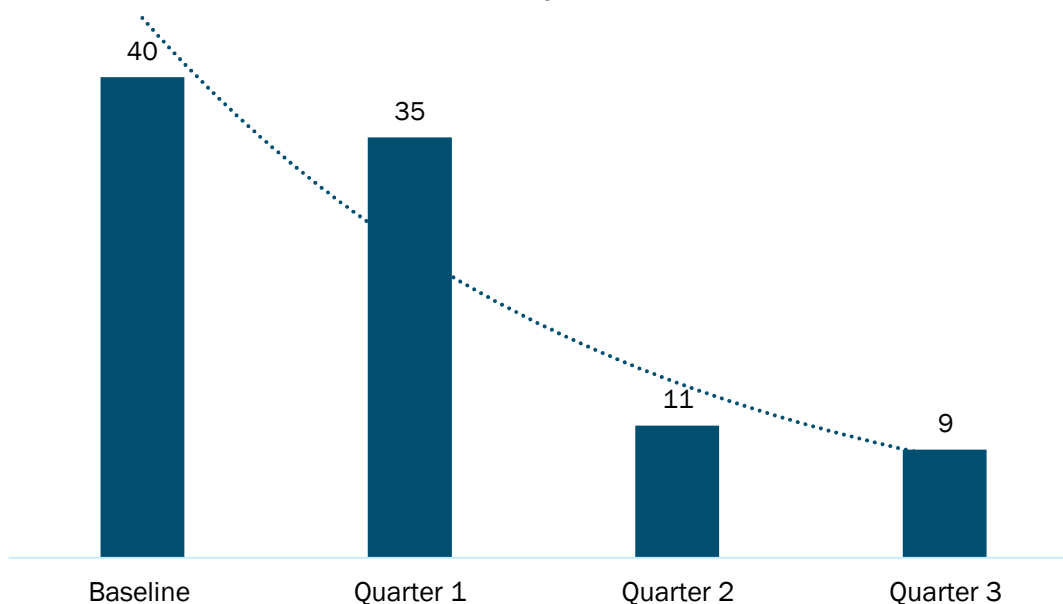


Decrease in Juvenile Arrests

KDPS provided juvenile arrest data for program participants to ISK. Across 26 participating youth, there was a total of 40 arrests reported at baseline and 55 arrests reported during the intervention period. The type of arrests at baseline, include motor vehicle theft, assault, burglary, larceny, resisting, and one case involved the possession of a firearm. While there was not an overall decrease in total number of arrests at baseline (40 arrests, n=26) compared to the intervention period (55 arrests, n=26), there was a 74% decrease from Q1 (35 arrests, n=26) to Q3 (9 arrests, n=26) within the intervention period. **Figure 8** shows the total number of arrests for baseline and each quarter of the intervention period, in addition to the average change over time. Among the Black/African American youth (n=21), there were 35 arrests at baseline and 42 arrests during the intervention period. There was not a decrease in the total number of arrests during the intervention

period in comparison to the baseline among Black/African American youth, but within the intervention period there was a decrease from Q1 (26 arrests, n=21) to Q3 (7 arrests, n=21), resulting in a 73% decrease within the intervention period.

Figure 8. Total Number of Arrests for Participating Youth by Qtr
n=26

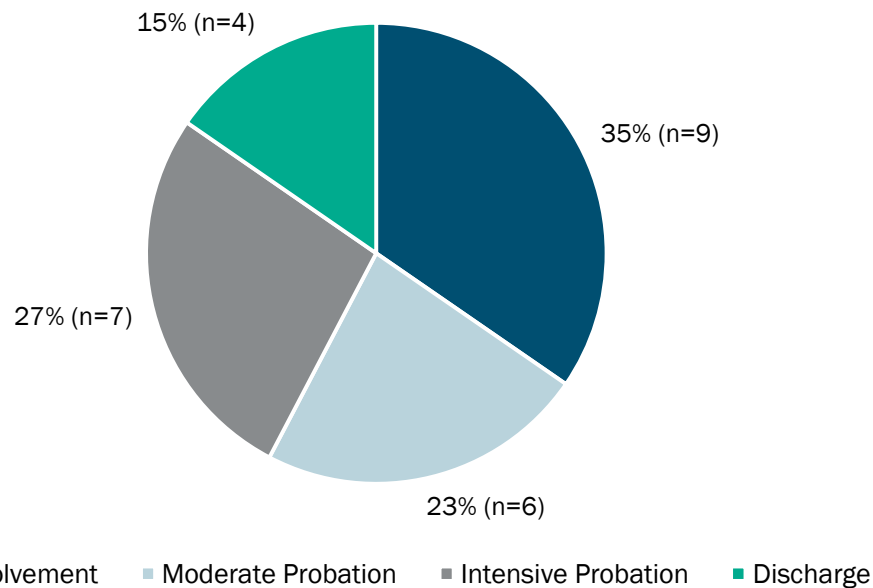


Juvenile Court Engagement

Data also were reported on court engagement. The evaluation team used four levels to identify participating youth court engagement: no involvement, moderate probation, intensive probation, and discharge. Youth on moderate probation required minimal supervision through either bi-weekly or monthly contact with their Probation Officers (PO) compared to those on intensive probation who were required to have weekly contact with their PO. Participants who were discharged may have been charged but for various reasons the prosecutor's office or the court may have dismissed the case. Youth who had no involvement did not have any charges or cases during the grant period.

Figure 9 shows that out of the 26 participating youth approximately one-quarter (23%, n=6) were on moderate probation, indicating low-risk behaviors and offenses and approximately one-quarter (27%, n=7) of youth were on intensive probation. Of the 21 Black/African American youth, 33% (n=7) had no court involvement, 24% (n=5) were on moderate probation, 24% (n=5) were on intensive probation, and 19% (n=4) were discharged.

Figure 9. Percent of Participating Youth by Court Involvement Status During Intervention Period
(n=26)



Discussion

During the intervention period, 65% (n=17) of participating youth engaged in services that they were referred to by the CRT, showing a high level of involvement, with wrap-around services being the most utilized. In addition, 65% (n=17) of youth had family support throughout the intervention period. Additionally, the average system contacts per youth (11 system contacts, n=26) indicated substantial outreach and engagement.

The evaluation of the CRT approach implemented by ISK revealed significant positive outcomes in reducing justice system contacts and enhancing engagement in support services among 26 high-risk youth. The program included a high percentage of participating youth that were Black/African American (81%, n=21) and male (85%, n=22), with a range of 10-15 years of age. The program achieved a 20% decrease in police contacts. There was not an overall decrease in juvenile arrests from baseline (40 arrests, n=26) to the intervention period (55 arrests, n=26).

In conclusion, the evaluation results show high participant engagement and reduced system contacts. These findings highlight the importance of early intervention and collaborative community efforts in promoting positive outcomes and addressing social and mental health needs among vulnerable youth populations.

Challenges, Limitations, and Recommendations

Data Limitations

It is important to note the challenges and limitations of the evaluation. The evaluation team was unable to connect the intervention directly to juvenile delinquency or investigate potential factors

related to service delivery. We were unable to define the level of engagement in services and the support or resources received from providers due to the lack of integration of data platforms for case management and delinquency information. This limited the ability to conduct statistical analyses or evaluations of the scale of impact for youth across various levels. Lastly, due to the time required to establish and implement the CRT approach, the intervention period was limited to nine months in total and was compared to the corresponding nine-month baseline period for evaluation. As a result of the shortened intervention period, the evaluation team was limited in its ability to determine the impact of the CRT program on a community level. The time period and structure of the intervention did not allow for a longitudinal study of the impact of the intervention, but future efforts could look into longer-term impacts.

Recommendations for Successful Approaches to Community-based Interventions

As a result of the efforts conducted by ISK and the CRT through the grant, ISK was able to demonstrate the utility of the CRT program for engaging youth and their families and decreasing juvenile justice system involvement. The partnerships fostered through the grant and ISK's CRT process are promising practices for other municipalities to replicate or adapt and for Kalamazoo to sustain and expand the program. To support sustainability efforts, the evaluation team recommends revisiting data collection and developing a process to track metrics and collect data from partners throughout the intervention. This would help ensure more robust and complete data on youth engagement with the justice system and services connected to the CRT team for future evaluations. In addition, collection of data related to the amounts of specific services provided would enable an analysis of which services and program factors are associated with program outcomes.

The partnerships developed and maintained across the organizations involved in the CRT contributed to full implementation of the intervention and its positive impact on youth participants. Municipalities planning the implementation of a similar model could consider the following recommendations based on ISK's experience:

- Invest time in establishing strong community partnerships to engage with various organizations and systems that could support program development, sustainability, and service delivery to high-risk youth.
- Identify champions within the police department or the community who would support the implementation of innovative processes.
- Establish data use agreements with appropriate partners to ensure evaluation feasibility.

Conclusion

Funding from the Title II Grant allowed ISK to establish a community-based approach through the development of CRT. This allowed their community to offer comprehensive support to high-risk youth that spanned multiple agencies and organizations that previously had not been collaborating to deliver services. As a result of the CRT's efforts and support of youth, ISK was able to provide extensive services for youth at high risk for traditional court proceedings and monitor engagement with services and ongoing contacts with the juvenile justice system. The CRT approach provided an opportunity to pursue a variety of options available to support youth in the community to prevent continued involvement with police or formal justice systems. The results of this evaluation demonstrate the effectiveness of the CRT program for meeting the needs of youth and families within their community, which may alleviate underlying factors that contribute to youth delinquency. Data regarding the ability to successfully engage youth and their families in services and to divert participating youth from juvenile justice system involvement serve as evidence that the community-based approach to service planning can positively impact the lives of youth and their juvenile justice

trajectory.

The ISK program can serve as a model for other communities and jurisdictions to pursue. By adopting supportive case management services used in CRT programming, a community can positively impact the lives of some of its citizens who represent racially diverse groups and decrease the number of youth and families within the juvenile justice system.