



2018

SWIP ANNUAL REPORT

Washington County Juvenile Justice Center

Juvenile Justice Center

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Social Work Intervention Program



VISION STATEMENT

The vision of the Social Work Intervention Program is to reduce the recidivism rate of Youth detained at the Juvenile Detention Center by providing supportive and empowering services.

PHILOSOPHY STATEMENT

The basic philosophy of the **SOCIAL WORK INTERVENTION PROGRAM** is the view that all human behavior is an attempt to meet an interpersonal need. Furthermore, attempts to meet these needs in a socially acceptable manner may be frustrated by the social environment in which the person is functioning and/or by mental health issues. Utilizing a strengths-based perspective and given more effective tools, an individual can learn to make choices that meet their needs more effectively.

MISSION STATEMENT

The purpose of the **SOCIAL WORK INTERVENTION PROGRAM** is to provide case management support and Clinical Social Work services to assist residents detained at the **REGIONAL JUVENILE DETENTION CENTER**, meet their physical, mental, emotional, and spiritual needs through culturally competent and gender specific practice. The provision of these services is a collaborative effort with the detention programming to ensure that the Youth detained at the Center are offered a rehabilitative experience. Included in these services are screening and assessments, crisis intervention and counseling services, case management support, and supportive services to detention staff.

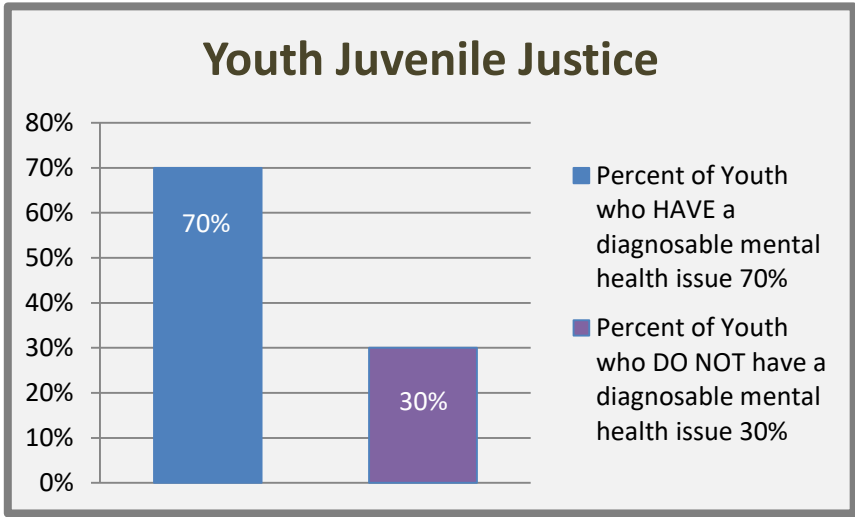
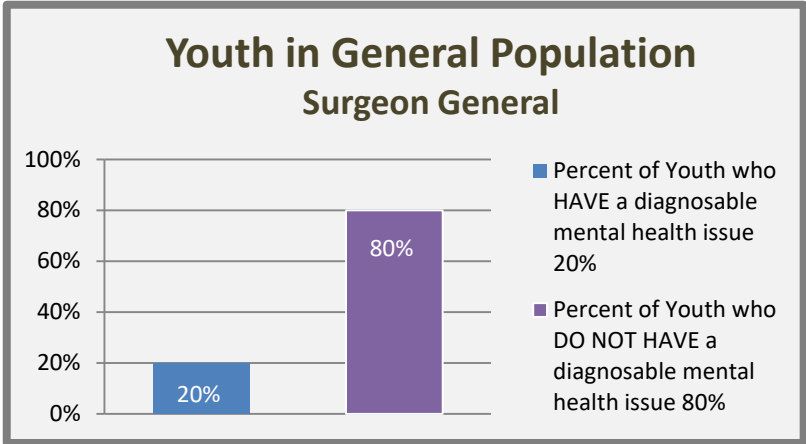
Clinical Social Work Services (Knowledge)

The ARKANSAS JUVENILE CODE mandates that mental health needs are addressed within Detention facilities. In 2004, the Quorum Court had the insight to determine that it would be more economical and beneficial to hire a full time professional to provide on-site services. The SOCIAL WORK INTERVENTION PROGRAM (SWIP) not only addresses this standard, but currently also plays a role statistically in the reduction of recidivism for the Youth of NWA and a reduction in the commitment rate to the AR DIVISION OF YOUTH SERVICES. The SOCIAL WORK INTERVENTION PROGRAM (SWIP) continued to operate at full capacity for the 2018 year.

The etiology of impairment in mental health functioning can range from genetics to psychosocial trauma.

At least one in four children have experienced child neglect or abuse (including physical, emotional, and sexual) at some point in their lives, and one in seven children experienced abuse or neglect in the last year. (CDC)

Experiencing childhood abuse and neglect increases the likelihood of arrest as a juvenile by 53 percent (National Institute of Justice) and early physical abuse led not only to later violent delinquency but also to a more global pattern of violent and nonviolent dysfunction (NIH) often times related to delinquency (not completing high school, etc). National Survey Child & Adolescent Well-being (NSCAW) data show that more than half of youth with reports of maltreatment are at risk of grade repetition, substance abuse, delinquency, truancy, or pregnancy (ACF/ OPRE, 2012b).



Research consistently shows that 70% Youth involved in the Juvenile Justice System have diagnosable mental health issues and that this number remains high (60%-65%) even when you control for behavior disorders (ODD, CD).

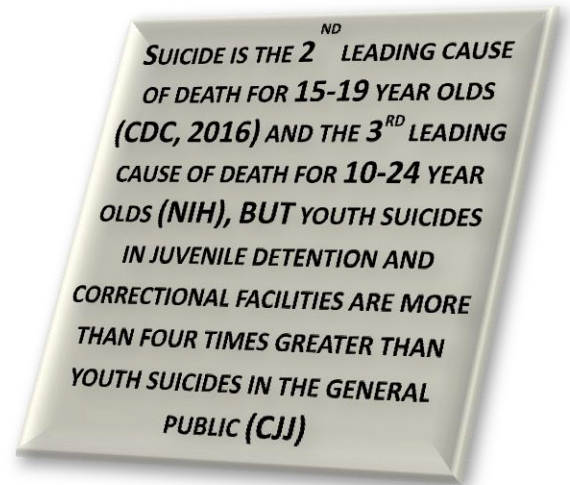
These mental health issues range in severity from mild depression and adjustment disorders to post traumatic stress disorder, bipolar disorder, and schizophrenia. (CJJ, OJJDP, NIMH, NCMHJ)

Adolescents who were sexually abused have a three to fivefold risk of delinquency People who were sexually victimized during childhood are at higher risk of arrest for committing crimes as adults, including sex crimes, than are people who did not suffer sexual or physical abuse or neglect during childhood. However, the risk of arrest for childhood sexual abuse victims as adults is no higher than for victims of other types of childhood abuse and neglect. The vast majority of childhood sexual abuse victims are not arrested for sex crimes or any other crimes as adults. Compared to victims of childhood physical abuse and neglect, victims of childhood sexual abuse are at greater risk of being arrested for one type of sex crime: prostitution.(US DOJ, NIJ)

Up to two-thirds of children who have mental illnesses and are involved with the juvenile justice system have co-occurring substance abuse disorders, making their diagnosis and treatment needs more complex (NATIONAL MENTAL HEALTH ASSOCIATION).

70% OF YOUTH INVOLVED IN JUVENILE JUSTICE HAVE A LEARNING DISORDER (NCMHJJ)

Emotional, behavioral, and mental health issues, learning and developmental disabilities, cognitive impairment, substance abuse issues, and traumatic psychosocial factors effecting functioning in Youth who are involved in the juvenile justice system are disproportionately high compared to the general population and significantly effect accountability for Youth involved in the juvenile justice system. Additionally, the Youth and their families also face barriers in navigating the mental health, educational, and social services systems to obtain the resources and interventions needed to address these issues.



SWIP 2018
 Most Common Co-Morbid Diagnoses for each Youth (measured top 3), Known Diagnosis (previously diagnosed) & Rule Out (R/O) Diagnosis (identified by SWIP)
 *Many Youth had more than 3 diagnoses
 *Diagnoses are ranked according to degree of impairment

R/O	Known	Diagnosis	N=186 had one or more
15.05%	61.83%	Mood Disorder	76.88%
9.14%	23.12%	ADHD / ADD	32.26%
1.61%	18.28%	Substance Use Disorder	19.89%
8.60%	14.52%	Anxiety Disorder	23.12%
3.23%	1.08%	PTSD	4.30%
1.61%	23.66%	Behavior Disorder	25.27%
0.54%	3.23%	Parent Child Problems	3.76%
0.54%	6.99%	Attachment Disorders	7.53%
2.15%	0.54%	Learning Disorders	1.61%
0.00%	5.91%	Academic Problems	5.91%
0.54%	41.94%	Physical Abuse	42.47%
0.54%	2.69%	Other	3.23%
1.08%	0.54%	Adjustment Disorders	0.54%
1.08%	0.00%	Psychosis	1.08%
0.00%	2.69%	Peer Problems	2.69%
0.54%	3.76%	Sexual Abuse (Victim)	4.30%

95% (186) OF UNIQUE SWIP YOUTH (195) HAD A PRIMARY MENTAL HEALTH DIAGNOSIS

89% (174) OF UNIQUE SWIP YOUTH (195) HAD A SECONDARY MENTAL HEALTH DIAGNOSIS

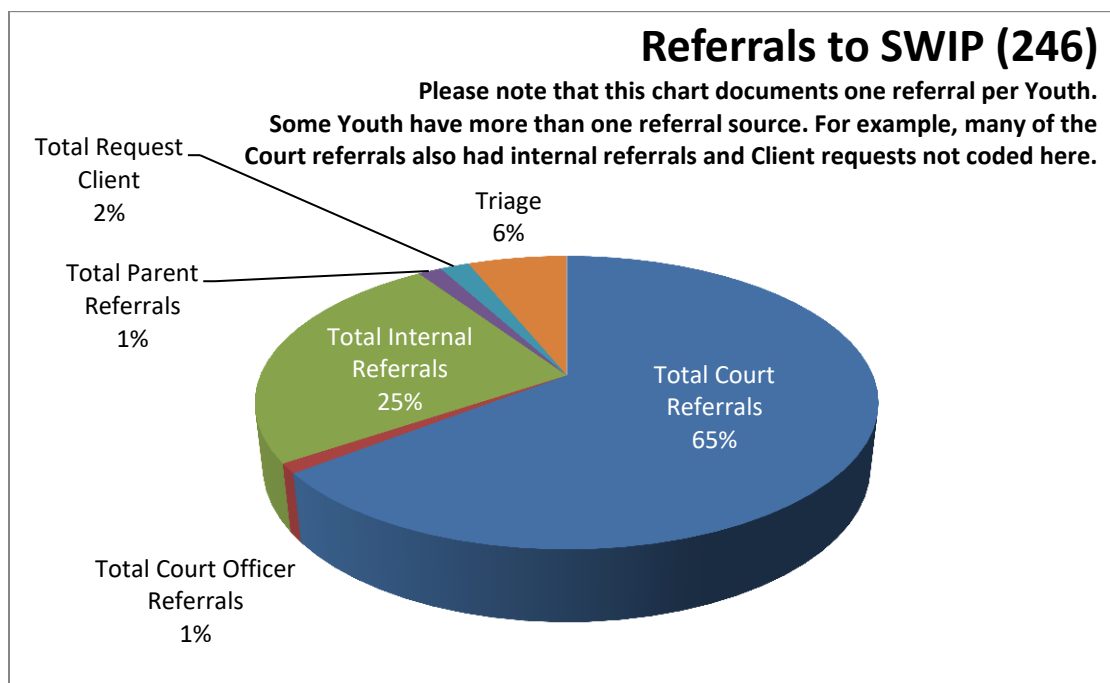
73% (143) OF UNIQUE SWIP YOUTH (195) HAD THREE OR MORE ADDITIONAL MENTAL HEALTH DIAGNOSES

*For a diagnosis to be made, symptoms must be causing clinically significant impairment, across domains of functioning when compared with same age peers

For numerous reasons, these dynamic issues are often misidentified, unidentified, or unaddressed resulting in repeated involvement with the juvenile justice system (COALITION FOR JUVENILE JUSTICE; NATIONAL CENTER ON EDUCATION, DISABILITY, AND JUVENILE JUSTICE; OFFICE OF JUVENILE JUSTICE AND DELINQUENCY PREVENTION). In an effort to acknowledge and address the underlying role of these issues in crimes and status offenses committed by youth, the JUVENILE DETENTION CENTER continued to utilize clinical forensic social work services via the SOCIAL WORK INTERVENTION PROGRAM for 2018.

The initial role of the juvenile justice system should be in identifying mental health needs and diverting youth to the community. At different points throughout the processing of juvenile offenders, the juvenile justice systems role should include assessment with the purpose of identifying needs and formulating rehabilitation plans that include varied treatment options. For youth placed in secure-care or for youth transitioning to the community, most effective models of treatment will include psychosocial interventions carried out by mental health professionals and an after-care plan with services to help the youth offender transfer and maintain learned skill. (Mental Illness and Juvenile Offenders - International Journal of Environmental Research and Public Health).

Detainees of the JUVENILE DETENTION CENTER continue to receive services one of three ways: per referral of the FOURTH JUDICIAL DISTRICT CIRCUIT COUNTY JUDGE or court staff, per referral of detention staff, parent/guardian, police, self-referral, or via triage services.



Also not reflected in this chart is 253 services for follow up of original referral.

Services currently being provided are screenings & assessments, clinical recommendations to Court, crisis intervention and brief therapy services, behavior modification in collaboration with Detention Staff/programming, resource linkage and referral, case management support, and supportive services to detention staff. Additionally, the SWIP program continued to work to utilize the MAYSI II screening tool to identify mental health issues within the detention center as well as continued to provide training /

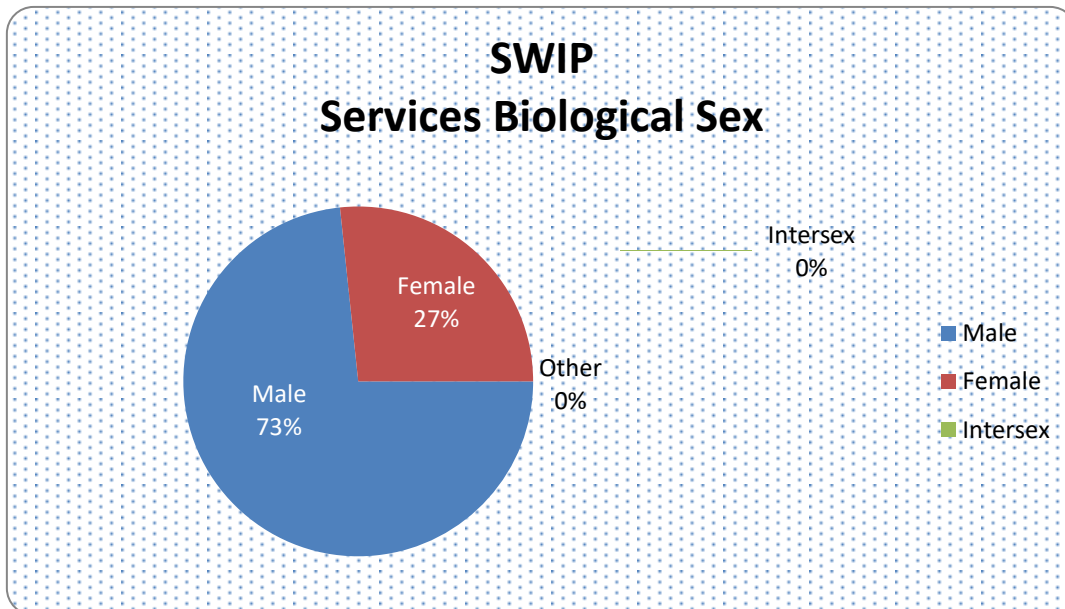
education for detention staff. The provision of these services continues to be a collaborative effort with the detention programming to ensure that the juveniles detained at the Detention Center are offered a rehabilitative experience.

Demographics (Citizen Centric)

Unique SWIP Youth Age		
10 years old	0	
11 years old	1	0.51%
12 years old	5	2.56%
13 years old	18	9.23%
14 years old	29	14.87%
15 years old	49	25.13%
16 years old	39	20.00%
17 years old	54	27.69%
18 years old	0	0.00%
19 years old	0	0.00%
20 years old	0	
	195	100%

Unique SWIP Youth Race		
White	109	55.90%
Black	30	15.38%
Other	4	2.05%
Unknown	0	0.00%
Hispanic	32	16.41%
Asian	2	1.03%
Alaskan	0	0.00%
Native American	3	1.54%
Marshallese	15	7.69%
	195	100.00%

Girls are three times more likely than boys to be sexually abused, and sexual abuse has been recognized as a cause of mental health disorders. Sexual abuse is also related to increased truancy, prostitution and violence, among other destructive behaviors.

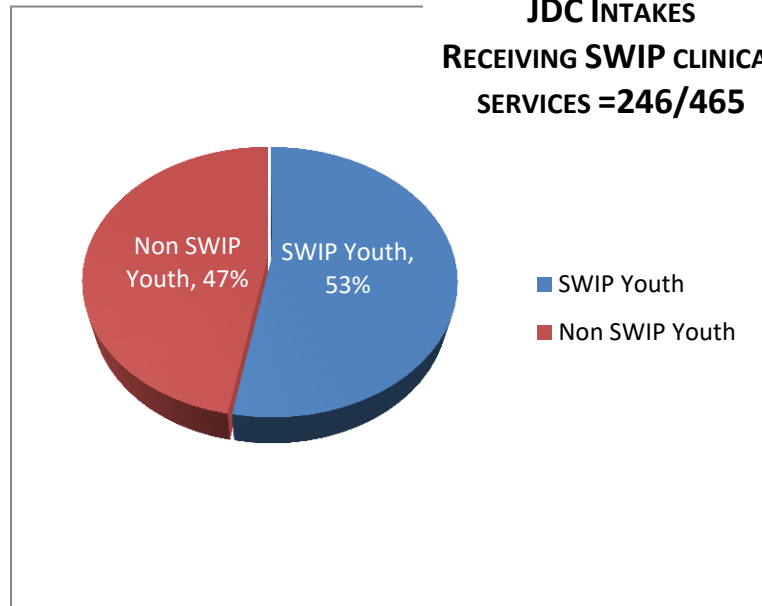


NEARLY HALF OF INCARCERATED GIRLS MEET CRITERIA FOR POST-TRAUMATIC STRESS DISORDER (PTSD) - (NATIONAL MENTAL HEALTH ASSOCIATION). 75%-93% OF CHILDREN IN JUVENILE JUSTICE HAVE EXPERIENCED TRAUMA (BRIEF – HEALING INVISIBLE WOUNDS – WWW.JUSTICEPOLICY.ORG)

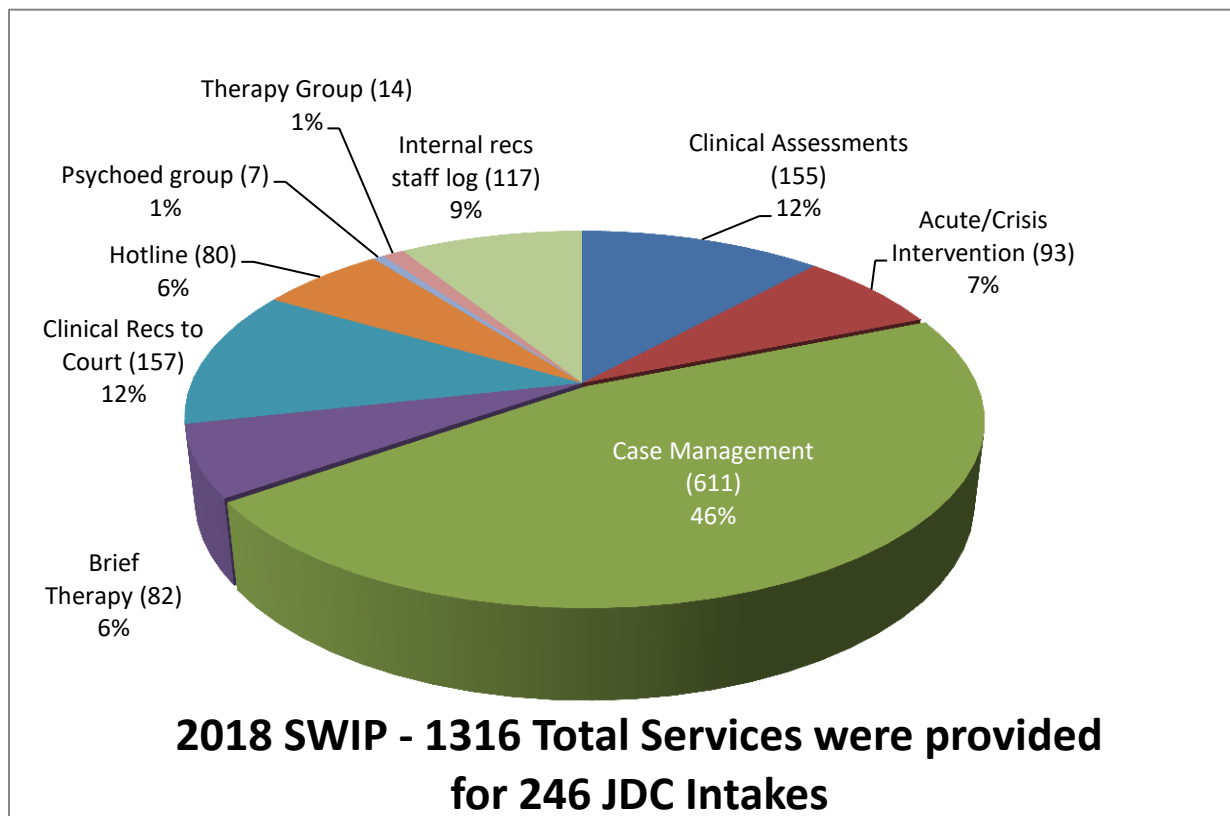
Productivity (Transparency & Safety)

For the 2018 year, the Social Work Intervention Program (SWIP) provided 1,316 clinical services to 53% of JDC Intakes (246/465) (and a handful of non-detained Youth) with 88% (175/195) of unique Youth receiving clinical services having a one or more diagnosable mental health issues (often with co-morbid substance use issues) and another 6% suspected as having an undiagnosed mental health issues. Of the 195 unique SWIP Youth, 49% reported current or a history of abuse and 64% reported current or a history of trauma.

2018
PERCENT OF
JDC INTAKES
RECEIVING SWIP CLINICAL
SERVICES =246/465



An estimated monetary value of the billable clinical services provided (clinical assessments with individual collateral for assessment; acute/crisis intervention; brief therapy; groups; and interpretation of diagnosis) is \$82,176.34, according to State health care reimbursement rates. However, noteworthy is that limitations of managed care would not yield this dollar amount. For example, the average amount of time spent



completing an assessment with written recommendations to the Court is 5 hours but the State health insurance only reimburses for 1 hour of assessment and 1 hour of collateral contact. Additionally, Youth who are detained are not legally eligible for State health insurance coverage. Please note that the billable clinical services represent less than half of the total services provided. This indicates that Youth and their families are able to obtain increased rates of services and services thru SWIP that are not occurring in the community due to the limitations of managed care.

THERE IS GENERAL AGREEMENT THAT BEHAVIOR, INCLUDING ANTISOCIAL AND DELINQUENT BEHAVIOR, IS THE RESULT OF A COMPLEX INTERPLAY OF INDIVIDUAL BIOLOGICAL AND GENETIC FACTORS AND ENVIRONMENTAL FACTORS, STARTING DURING FETAL DEVELOPMENT AND CONTINUING THROUGHOUT LIFE (BOCK AND GOODE, 1996).

Service (Citizen Centric)

The SWIP program also continued to support the community by hosting Master level clinical interns from the UNIVERSITY OF ARKANSAS AND THE UNIVERSITY OF AR, LITTLE ROCK, as well as hosted PhD (psychology) Interns from the University of Arkansas, which also allowed psychometric testing services to be available for the 2018 year. The program was also afforded another opportunity to provide a better public service to the citizens of Washington County, when for the fourth year, the University of Arkansas Little Rock, School of Social Work Midsouth Training Network requested training from SWIP Administrator, Shelley Clingan, LCSW, RTC for community stakeholders in juvenile justice.

Challenges & Opportunities

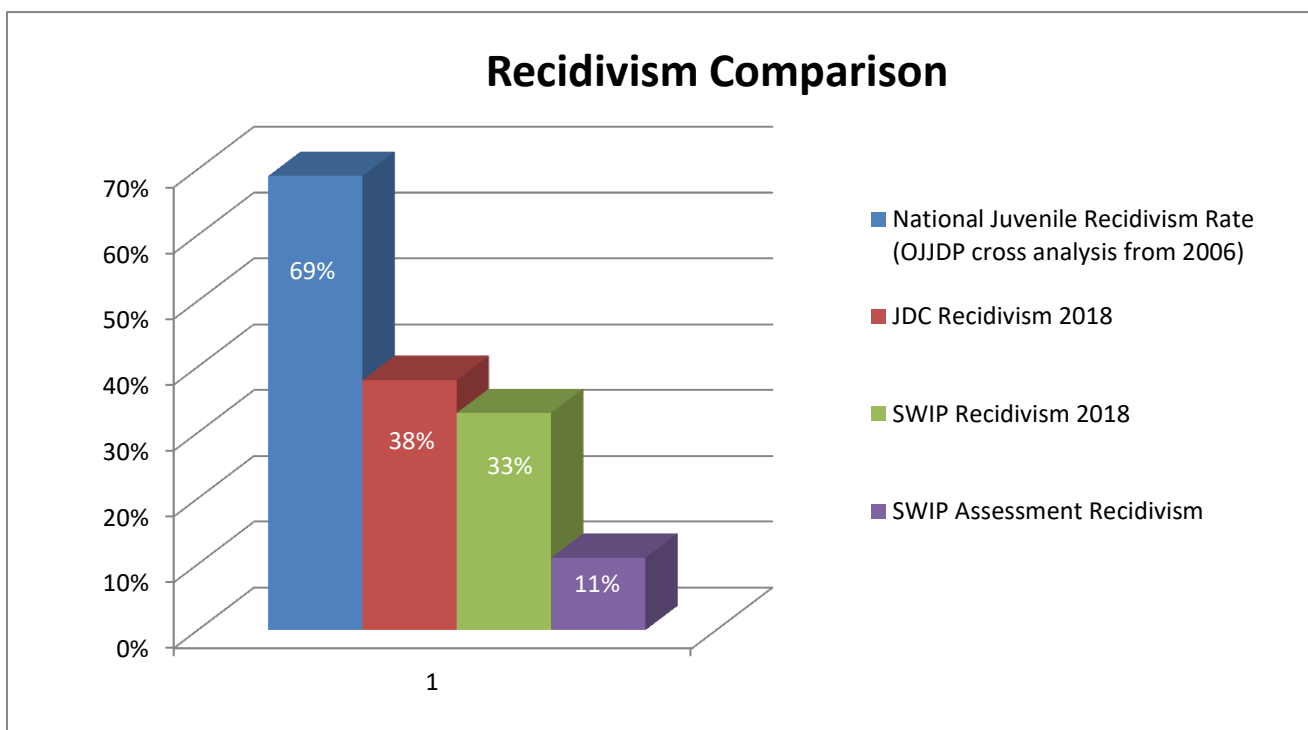
Changes in the face of the juvenile justice system within the last few years, including the participation of Washington County in the Ann E Casey Foundation Juvenile Detention Alternative Initiative (JDAI) (2012 – present) for Youth who are charged as juveniles and the detention of more Youth who are charged as adults, changed the service dynamics of the SWIP program. Participation of Washington County in JDAI focuses on Youth who are at “high risk” of re-offending, eloping, or not attending Court from the community for Youth charged as juveniles. These Youth seem to have higher rates of mental health issues and more complicated dynamics in factors related to delinquent behavior, often requiring more crisis intervention and case management services. Changes also include more on-site therapy services with longer detention stays for Youth charged as adults (1-2 years), while partnering with the Washington County Adult Detention Center contract health provider (Karas Health) to maintain and care for adult charged Youth, including those Youth who present with acute needs (suicidal, homicidal, psychotic).

Additionally, changes in the state health insurance toward an organized model of care resulted in extensive research and education regarding the new system and system impacts for helping Youth and their families navigate systems to obtain intervention.

Lastly, the Social Work Intervention Program made progress toward completion of a Standard Operation Procedure for clinical services and completed a 5 year plan for growth and continued services.

Efficacy (Intentional)

Without controlling for extraneous variables, the SWIP program shows a 33% recidivism rate, operationally defined as the number of Youth who returned to detention after receiving SWIP services beyond group attendance, one or more times, for the 2018 year. Overall, the recidivism rate for the juvenile detention center, operationally defined as a return to detention for the 2018 year is 38%. Noteworthy, is that Youth who received SWIP services of a clinical assessment (with written recommendations to the Court), had a recidivism rate of 11%. While preliminary, is promising when compared to the nearly 69% recidivism rate defined as re-referral to juvenile court by age 18 quoted in the OJJDP *“Juvenile Offenders and Victims: 2006 National Report”*.



However, longitudinal study is required to effectively assess the efficacy of the SWIP program but resources are lacking to complete this extensive type of study. Many of the Youth who did return to detention showed subjective success in functioning, and most of

the Youth highlighted family dysfunction; faced systemic barriers, such as lack of available services, funding issues, or long waiting lists for outpatient/inpatient services; and/or the

Youth proved that they needed more restrictive interventions than originally recommended as least restrictive interventions, which are ethically mandated when initiating services were not intensive enough for the degree of impairment in functioning. For example, Youth who continued to use drugs despite adverse consequences proved that they needed drug rehab, rather than outpatient clinical services. Also noteworthy is that Youth referred the Social Work Intervention Program, via the Court, are often cases with Youth who have complex needs and issues, across domains of functioning, for which the Court needs assistance in addressing.

Washington County sent 35 kids to the DYS in 2006 — more commitments in a single year than the 29 made by the same juvenile court over the five-year period from 2013 to 2017. (The statewide DYS commitment rate also dropped from 2007 to 2017, but the percent decrease was just one-third as much as the decline in Washington and Benton counties over that period.) – Benjamin Hardy, AR Nonprofit News Network, 2018

WASHINGTON COUNTY IS THE 3rd LARGEST COUNTY IN THE STATE AND HAS ONE OF THE LOWEST % OF COMMITMENTS TO DYS (1.62%) for the 2017 fiscal year AND WASHINGTON COUNTY HAS HAD A 81% DECREASE IN THE NUMBER OF COMMITMENTS TO DYS FROM FY2004 TO FY 2017

State and 4th Judicial District DYS Commits

**Due to State reporting FY - fiscal year July - June

*May 2004 is onset full time Social Worker / SWIP program at JDC

*2012 Onset of Washington County participation in JDAI

4th District, 3rd Division Circuit Court = Washington & Madison Counties

	FY 2004	FY 2005	FY 2006	FY 2007	FY 2008	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
TOTAL DYS COMMITMENTS (STATE WIDE)	531	576	647	622	598	636	531	481	496	468	486	526	464	433	402
4th District, 3rd Division COMMITMENTS TO DYS	36	33	35	20	12	14	14	10	8	5	6	6	5	7	13
% of 4th District COMMITMENTS to DYS of STATE Commitments	36/531 6.78%	33/576 5.73%	35/647 5.41%	20/622 3.22%	12/598 2.01%	14/636 2.20%	14/531 2.64%	10/481 2.08%	8/496 1.61%	5/468 1.07%	6/486 1.23%	6/526 1.14%	5/464 1.08%	7/433 1.62%	13/402 3.23%

Staffing

Since May 2004, the SWIP program has been staffed by one full time MSW SOCIAL WORKER (*Shelley Clingan*), licensed for independent clinical practice within the STATE OF ARKANSAS (*LCSW*), who functions as the program's on-site administrator, clinician (therapist), program coordinator, case manager, community liaison, JDC website designee, researcher, grant writer, intern supervisor, and file clerk. In addition to maintaining her *LCSW* licensure, our SOCIAL WORKER (*MSW*) also maintained an additional certification in REALITY THERAPY (RTC). In 2018, she was honored a third time with the NATIONAL JUVENILE DETENTION ASSOCIATION *Bob Radar Service Worker of the Year* award. She was also honored with the ARKANSAS COALITION FOR JUVENILE JUSTICE (*ACJJ*) "*Advocate of the Year*" award in October 2010. She was previously honored in 2005 by both the ARKANSAS JUVENILE DETENTION ASSOCIATION (2005) and the NATIONAL JUVENILE DETENTION ASSOCIATION (2005 & 2012) with the *Bob Radar Service Worker of the Year* award. In 2018, Shelley met the requirements of the Arkansas State Social Work Licensing Board to renew her clinical license for practice (*LCSW*) within the state.

In the 2013 year, the Quorum Court approved the addition of a new social work position to assist with program expansion. A qualified applicant, Alina Kelley, LMSW, who interned with the SWIP program from August 2013 – May 2014, through the MSW program at the University of Arkansas was hired in May 2014, and she provided services through October 2015 under clinical supervision for her clinical licensure with Shelley Clingan, LCSW. In September 2016, Christy Clement, LMSW was hired and provided services through November 2016 under clinical supervision for her clinical licensure with Shelley Clingan, LCSW. Most recently, Jennifer Gray interned with the SWIP program August 2016 – May 2017, through the MSW program at the University of Arkansas and was hired in September 2017, under clinical supervision of Shelley Clingan, LCSW. Since employment, Jennifer has obtained her PLMSW licensure and passed her State licensure exam to obtain the next level of her state issued licensure (LMSW).

At a Glance

January 2018-December 2018

STATISTICAL INFORMATION	N	%
JDC INTAKES	465	
NUMBER OF INTAKES WHO RETURNED TO JDC (RECIDIVISM)	176	38% of JDC Intakes
NUMBER OF UNIQUE SWIP YOUTH	195	
NUMBER OF SWIP YOUTH WHO RECEIVED SWIP ASSESSMENT NUMBER OF CRISIS INTERVENTIONS	155 93	
NUMBER OF SWIP YOUTH WHO RECEIVED SWIP ASSESSMENT AND RETURNED TO JDC	17	11% SWIP Recidivism of YOUTH RECEIVING SWIP ASSESSMENTS
NUMBER OF JDC INTAKES RECEIVING CLINICAL SERVICES VIA SWIP	246	
NUMBER OF JDC INTAKES RECEIVING CLINICAL SERVICES VIA SWIP who returned to JDC	81	33%
TOTAL NUMBER OF SERVICES PROVIDED	1316	na
AVERAGE NUMBER OF SERVICE PER YOUTH	5	
TOTAL NUMBER OF YOUTH RECEIVING SERVICES WHO ARE CHARGED AS ADULTS	10	na
TOTAL NUMBER PLACED INTO ACUTE HOSPITALIZATION (SUICIDAL, HOMICIDAL, PSYCHOTIC)	31	12.6% of SWIP Youth
TOTAL NUMBER of SWIP Clients RECEIVING CRISIS INTERVENTION (SUICIDAL, HOMICIDAL, PSYCHOTIC)	93	38% of SWIP Youth
TOTAL NUMBER of SWIP Clients with a <u>known</u> MENTAL HEALTH DIAGNOSIS	175	90% of SWIP Youth
TOTAL NUMBER OF SWIP YOUTH WHO REPORTED CURRENT OR HISTORY OF ABUSE (DEFINE BY AR LAW)	96	49% Of SWIP Youth
TOTAL NUMBER OF SWIP YOUTH WHO REPORTED CURRENT OR HISTORY OF TRAUMA	125	64% Of SWIP Youth

Reflections and Looking Forward

The 2018 year continued to see a strong number of referrals and utilization of the program from both detention staff and the juvenile division of the Circuit Court. The objectives of the program for the 2018 year included continuing to provide quality services for detainees as has been established and continuing to address identified needs, as well as program expansion. The program has been able to continue to utilize interns to provide services at the JUVENILE DETENTION CENTER and has started to be able to offer a few services to non-detained Youth in the juvenile justice system. The Program also continued utilization, including policy and procedures and training of Staff to administer the MAYSI 2 mental health screening tool for all Youth entering the detention center. This screening tool has assisted with utilizing an objective measure to identify Youth who need further services and to best allocate resources.

For the 2019 year, the program will continue to provide clinical social work services to Youth who have legal involvement with the FOURTH JUDICIAL DISTRICT CIRCUIT COURT. A primary goal of the program for this year will be to a continued focus on exploring avenues for program expansion to provide services for both Youth who are detained or who are involved in any capacity (Diversion, FINS, Criminal Charges) with the Court, as the justice system continues to participate in the alternatives to detention initiative and to see the number of Youth detained decreased.

SOCIAL WORK INTERVENTION PROGRAM

Programming Goals and Objectives

2019

- A. *Continue providing Assessments of Youth admitted to the Detention Center*
 - 1. *Initial screening (triage) of youth admitted to the detention center*
 - 2. *Drug and alcohol assessments*
 - 3. *Mental Health assessments (to include bio/psycho/social and strengths of Clients)*
 - 4. *Acute (Safety) Assessments and Crisis Intervention*

- B. *Utilize Reality Therapy Based Counseling for Youth in Detention*
 - 1. *Provide individual and group counseling to youth in detention*
 - 2. *Crisis intervention, as needed*
 - 3. *Psychologically educational oriented groups*

- C. *Continue Providing Case Management Support for Youth in Detention*
 - 1. *Advocacy services*
 - 2. *Consultation*
 - 3. *Resource Linkage and Referral*
 - 4. *Follow up*
 - 5. *Treatment/Case Planning*

- D. *Provide Supportive Services to Detention Staff*
 - 1. *Staff training – Train all staff in best practice model –*
 - 2. *Consultation with Staff, PRN*
 - 3. *Behavior Management Consultation*
 - 4. *Partnering with Detention Staff for Implementation of interventions*

- E. *Evaluation of Program and Practice*
 - 1. *Maintaining and Utilization statistical data of Client’s served until implementation of database*
 - 2. *Utilization of forums for feedback (satisfaction questionnaires, etc.) for detention staff, for collaborative resources, and for families served*
 - 3. *Utilization of tools for measurement of effectiveness of practice, to include pre and post- tests, scales, etc.*

- F. *Utilization of objective screening tool to identify Youth entering JDC who may have mental health issues*
 - 4. *Administration of MAYSI 2 screening tool by JDC Staff for all Youth entering JDC and to effectively respond to each Youth’s identified needs based on the results of the MAYSI 2*
 - 5. *Administration of MAYSI 2 screening tool by Court Staff for all Youth entering the Diversion Program of the Juvenile Justice system and to effectively respond to each Youth’s identified needs based on the results of the MAYSI 2*

- G. *Interventions at Mezzo and Macro Level*
 - 1. *Continue active approach on developing mezzo and macro level goals*
 - 2. *Community Education for Juvenile Justice*
 - 3. *Presentations at conferences, as requested (NASW, ACJJ, AJDA, AJOA)*
 - 4. *Onsite evaluations of community resources and referral programs*
 - 5. *Continue to access supplemental SWIP funding via grants*

SOCIAL WORK INTERVENTION PROGRAM

Long Term Goals

- 1. *Complete SOP for SWIP program by end of 2019*
- 2. *Partner with WACOSO to further develop policies for adult charged Youth*
- 3. *Explore options for telemedicine to reduce transports and keep abreast of technological advances*
- 4. *Explore software options for clinical database to reduce storage space on current servers*
- 5. *Explore benefits and limitations to train staff as mental health paraprofessionals*
- 6. *Mental health professionals obtain additional certifications in trauma and sexual behaviors*
- 7. *Train staff on informal culture – safety and security*
- 8. *Explore and implement level system for Youth charged as adults*
- 9. *SWIP Program expansion so that Youth and their families have a case manager follow them to assist with system navigation and resource linkage and referral throughout the time that they are involved in the juvenile justice system*
- 10. *Longitudinal study conducted to replicate results of effectiveness*

*This information can be located on the Washington County website at www.co.washington.ar.us.
Go to **Departments** and click on **Juvenile Detention** then **2018 Annual Report**.*