



2023

SWIP ANNUAL REPORT

Washington County Juvenile Justice Center

Social Work Intervention Program (SWIP)
Washington County Regional
Juvenile Detention 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 [Washington County Regional 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 one or more interpersonal needs. 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 (therapeutic) services to assist residents detained at the [Washington County 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 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 mental health counseling / therapy services, case management support, and supportive services to detention staff.

Clinical Social Work Services

THE ARKANSAS JUVENILE CODE, VIA THE [ARKANSAS JUVENILE DETENTION STANDARDS](#) MANDATE THAT MENTAL HEALTH NEEDS ARE ADDRESSED WITHIN DETENTION FACILITIES AND INDICATES “DETAINED JUVENILES ARE AFFORDED ACCESS TO RELIGIOUS COUNSELING, [MENTAL HEALTH](#) COUNSELING AND CRISIS INTERVENTION SERVICES IN ACCORDANCE WITH THEIR NEEDS (PG 27)”. IN 2004, THE QUORUM COURT OF WASHINGTON COUNTY, AR, AT THE REQUEST OF JUVENILE DETENTION CENTER DIRECTOR, JEAN E. MACK, HAD THE INSIGHT TO DETERMINE THAT IT WOULD BE MORE ECONOMICAL AND BENEFICIAL TO HIRE A FULL TIME PROFESSIONAL, TO PROVIDE ON-SITE CLINICAL SERVICES TO ADDRESS MENTAL HEALTH NEEDS. THE **Social Work Intervention Program (SWIP)** NOT ONLY ADDRESSES THIS STATE STANDARD, BUT HAS A ROLE STATISTICALLY IN THE REDUCTION OF RECIDIVISM FOR THE YOUTH OF NWA, as well as A REDUCTION IN THE COMMITMENT RATE OF YOUTH TO THE [AR DIVISION OF YOUTH SERVICES](#). THE **Social Work Intervention Program (SWIP)** CONTINUED TO OPERATE AT FULL CAPACITY FOR THE 2023 YEAR.

EMOTIONAL, BEHAVIORAL, AND MENTAL HEALTH ISSUES, LEARNING AND DEVELOPMENTAL DISABILITIES, COGNITIVE IMPAIRMENT, SUBSTANCE USE 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 IMPACT ACCOUNTABILITY FOR YOUTH INVOLVED IN THE JUVENILE JUSTICE SYSTEM. ADDITIONALLY, 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.

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 2023.

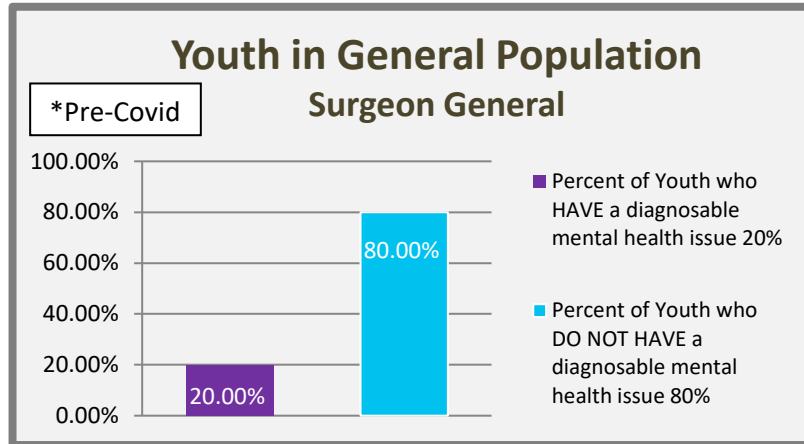
"There is no single cause of delinquency and violence. Delinquents, especially CHRONIC delinquents, exhibit a variety of social and psychological deficits in their backgrounds. These deficits, often referred to as risk factors, stem from breakdowns in **five** influential domains in juveniles' lives: neighborhood, family, school, peers, and individual characteristics . . . Some youth lack healthy parental guidance and monitoring. Some youth have cognitive and psychological deficits that make social and academic success difficult. Some attend disorganized and disruptive schools and fail to engage in academic pursuits. Some live in chaotic neighborhoods with few resources or outlets for positive social activities. Some are excluded from prosocial peer groups and have few, if any, wholesome friends . . . These risk factors, particularly when several are present, increase the likelihood of delinquency and violence. Conditions such as maltreatment or neglect by family members and others, a community with a large population of delinquent juveniles and gangs, ready access to drugs and guns, and an unsafe school increase the chance that a youth will make unhealthy or unlawful choices . . . Additionally, when a child's family life is filled with violence, problem behaviors, poor parental monitoring, and inconsistent disciplinary practices or maltreatment, a child's risk of delinquency increases . . . Youth exhibiting combinations of these deficits in multiple domains of their lives are at highest risk of delinquency" . [OJJDP National Criminal Justice Reference](#)

Snapshot of Justice Involved Youth

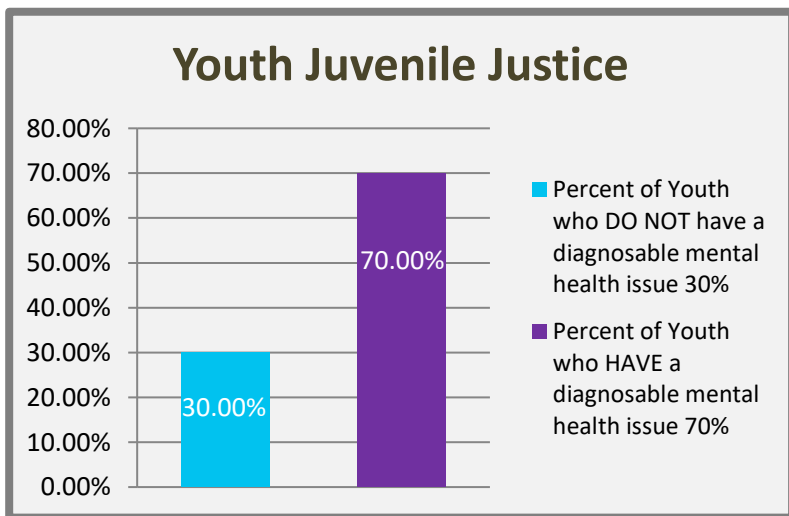
“Numerous studies have documented that the majority of youth involved in the juvenile justice system have diagnosable mental health [issues] Over 60% of those with a mental health disorder also have a substance use disorder Nearly 30 percent of these disorders are so severe that they lead to functional impairments”.

([Models for Change](#))

Pre-Covid, the Surgeon General indicated that the prevalence of mental illness for Youth, in the general population, was 20%. These numbers have increased since Covid, specifically for anxiety and depression. Nevertheless, the prevalence of mental illness is disproportionate in juvenile justice.



Arkansas ranks #44 in the nation for high prevalence of mental illness among Youth and lower rates of access to mental health care, according to the [2023 SAMSHA](#) report. ([MHA](#))



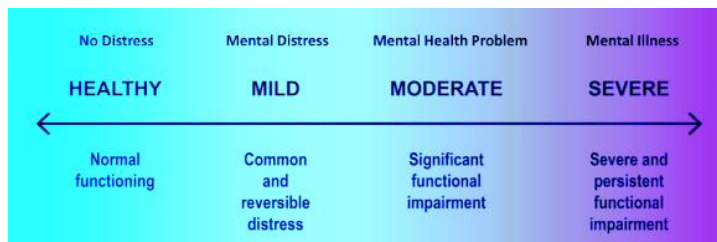
Research consistently shows that 70% Youth involved in the Juvenile Justice System ([OJJDP](#), [CJJ](#)) have diagnosable mental health issues and that this number remains high (60%-65%), even when you control for behavior disorders (ODD, CD).

Nearly two-thirds of males and three-quarters of females in the juvenile justice system have at least one psychiatric disorder, compared with about 20 percent of all children ([NIH](#)).

Studies also have shown that up to two-thirds of juveniles in the justice system with any mental health diagnosis had dual disorders, most often including substance abuse. ([Models for Change](#))

These mental health issues range in severity from mild depression and adjustment disorders to post traumatic stress disorder, bi-polar disorder, and schizophrenia. ([CJJ](#), [OJJDP](#), [NIH](#), [NCSL](#), [NDTAC](#), [NCMHJ](#), [RFKNCRJJ](#)).

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



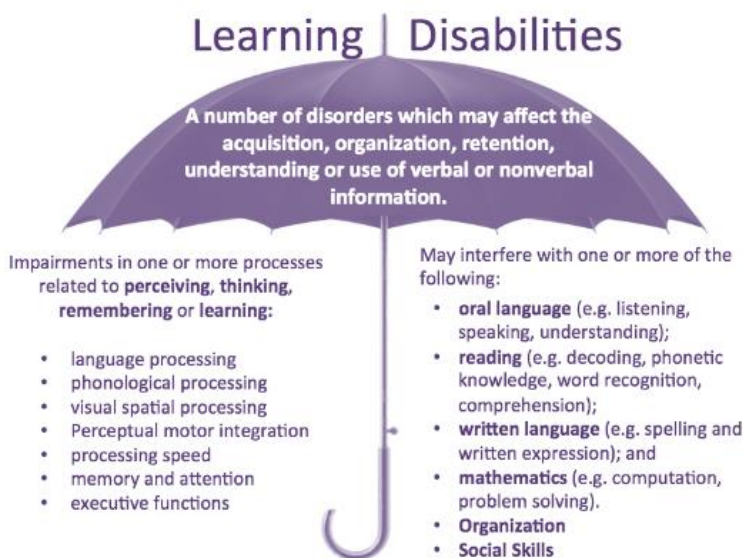
[Suicide](#) is the 3rd leading cause of death among 10 to 24 year-olds in the United States, with about 13 lives lost every day and 4,600 lives lost each year. In a nationwide survey of 9th to 12th grade students in both public and private schools, 8% of students reported having attempted suicide in the past year. ([MHA](#)).

Approximately 1 in 10 juvenile detainees (10.3 percent) thought about suicide in the past 6 months, and 11 percent had attempted suicide. ([OJJDP](#))

More than one-third of male juvenile detainees and nearly half of female juvenile detainees felt hopeless or thought a lot about death or dying in the 6 months PRIOR to detention. ([OJJDP](#))

Fewer than half of detainees with recent thoughts of suicide had told anyone about their suicidal thoughts. ([OJJDP](#))

SUICIDE IS THE 2ND LEADING CAUSE OF DEATH FOR 15-19 YEAR OLDS (CDC, 2016) AND THE 3RD LEADING CAUSE OF DEATH FOR 10-24 YEAR OLDS (NIH), BUT YOUTH SUICIDES IN JUVENILE DETENTION AND CORRECTIONAL FACILITIES ARE MORE THAN FOUR TIMES GREATER THAN YOUTH SUICIDES IN THE GENERAL PUBLIC (NIH)



National studies show that a **minimum** of 30% to 50% of youth involved in juvenile crimes {have} special needs. ([EDJJ](#))

“Prevalence estimates for LD (learning disabilities) in the general population range between 5 and 9 percent”. ([NIH](#))

“ABOUT 65-70% OF YOUTH INVOLVED WITH THE JUVENILE JUSTICE SYSTEM HAVE A DISABILITY. STUDENTS WITH DISABILITIES ARE ALMOST 3X MORE LIKELY TO BE ARRESTED THAN THEIR NONDISABLED PEERS AND ARE ESTIMATED TO MAKE UP 30% - 60% OF INCARCERATED YOUTH.” ([NCLD](#)).

“About one in six children in the U.S. have one or more developmental disabilities or other developmental delays”. ([CDC](#))

“RESEARCH HAS SHOWN THAT, COMPARED WITH NON-DISABLED YOUTHS WHO COMMIT OFFENSES, THOSE WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES TEND TO COMMIT MORE SERIOUS OFFENSES, ARE AT A MUCH HIGHER RISK OF SECOND- AND THIRD-TIME OFFENDING, AND ENTER THE JUVENILE JUSTICE SYSTEM AT A YOUNGER AGE”. ([OJJDP](#))



At least one in four (1/4) children have experienced child neglect or abuse (including physical, emotional, and sexual) at some point in their lives ([AAP](#)), and one in seven (1/7) children experienced abuse or neglect in the last year ([CDC](#)).

Abusive Relationships – Forms & Tactics of Abuse		Forms of Abuse		
		Physical	Sexual	Psychological
Abusive Tactics	Bodily harm - Hitting, kicking, choking, use of weapons to inflict physical injury. Forcible confinement.	●	●	
	Explosiveness - Unpredictable reactions that make one feel as if they're in danger.	●	●	●
	Threats - Threats of bodily harm to victim, loved ones, or others.	●	●	●
	Harassment - Extreme activities that annoy, threaten, intimidate, or put one in fear of their safety.	●	●	●
	Physical Coercion - Forcing work, use of drugs or alcohol, controlling one's sleeping or eating.	●	●	●
	Sexual/Reproductive Coercion - Forcing sex. Forcing situations that might lead to STDs and unwanted pregnancies.		●	
	Isolation - Limiting contact with friends and family, as well as social, religious, or work groups.		●	●
	Stalking - The unwanted and/or repeated surveillance of another person. May include following the victim in person or monitoring them through social media, call histories, etc.		●	●
	Possessiveness - Jealousy to the point of controlling who one spends their time with, and what they're allowed to do.		●	●
	Guilt - Makes one feel responsible for real, perceived, or contrived sufferings.		●	●
	Sabotage - Purposefully ruining one's reputation, achievements, or success.			●
	Financial Control - Preventing one from accessing or spending one's own financial assets.			●
	Belittling - Damage to one's self-image through words and actions.			●

“Experiencing childhood abuse and neglect increases the likelihood of arrest as a juvenile by 53 percent” ([National Institute of Justice / OJJDP](#)) 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](#)).

“Child maltreatment roughly doubles the probability that an individual engages in many types of crime. This is true even if we compare twins, one of whom was maltreated when the other one was not”. [NBER](#)

Girls are four times more likely than boys to be sexually abused, and sexual abuse has been correlated to mental health disorders. Sexual abuse is also related to increased truancy, prostitution and violence, among other destructive behaviors. [RAINN](#)

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](#), [Darkness to Light](#), [NCVC](#))

Four Types of Child Abuse

Justice-involved youth report high rates of trauma exposure and that this trauma typically begins early in life, is often in multiple contexts, and persists over time. Findings provide support for establishing trauma-informed juvenile justice systems that can respond to the needs of traumatized youth” ([NIH](#)).

- **Physical abuse** is the use of intentional physical force, such as hitting, kicking, shaking, burning or other show of force against a child.
- **Sexual abuse** involves engaging a child in sexual acts. It includes fondling, rape, and exposing a child to other sexual activities.
- **Emotional abuse** refers to behaviors that harm a child's self-worth or emotional well-being. Examples include name calling, shaming, rejection, withholding love, and threatening.
- **Neglect** is the failure to meet a child's basic needs. These needs include housing, food, clothing, education, and access to medical care.
- For more detailed definitions, see www.cdc.gov/ViolencePrevention/pub/CMP-Surveillance.html.

Common Types of Childhood Trauma

- Abuse and neglect
- Family violence
- Community violence
- School violence
- Life-threatening accidents and injuries
- Frightening or painful medical procedures
- Serious and untreated parental mental illness
- Loss of or separation from a parent or other loved one
- Natural or manmade disasters
- War or terrorist attacks
- Forced displacement or refugee status
- Discrimination
- Extreme poverty

75%-93% of children in juvenile justice have experienced trauma ... Youth who have experienced trauma may be more likely to be involved in illegal behavior for a variety of reasons, including the neurological, psychological and social effects of trauma. ([Brief – Healing invisible Wounds](#) –www.justicepolicy.org)

Nearly half of incarcerated girls meet criteria for post-traumatic stress disorder (PTSD) - (National Mental Health Association).

“At least seventy-five percent of youth in the juvenile justice system experienced traumatic victimization, and ninety-three percent reported exposure to adverse childhood experiences including child abuse, family and community violence, and serious illness”. ([MHA](#))

“People who experienced trauma as children are also more likely to develop life-long psychiatric conditions, including personality disorders, conduct disorder, ADHD, depression, anxiety, substance abuse disorders and posttraumatic stress disorder (PTSD). Developmental delays, decreased cognitive abilities, learning disabilities and even lower IQ levels have been observed among those who experienced trauma at a young age. Research shows that a majority of people with these histories experience school problems; school dropout and expulsion rates are as high as three times those of peers who had not experienced trauma” ([Brief – Healing invisible Wounds](#) –



Dr. Sam Himmelstein

SWIP Overview 2023

OPERATING SINCE IN ITS' CURRENT CAPACITY SINCE 2004 AND LOCATED AT THE WASHINGTON COUNTY JUVENILE DETENTION CENTER, [the Social Work Intervention Program \(SWIP\)](#) PROVIDES CLINICAL / THERAPEUTIC SERVICES TO YOUTH DETAINED AT WASHINGTON COUNTY JUVENILE DETENTION CENTER, AS WELL AS PROVIDES LIMITED SERVICES TO NON-DETAINED YOUTH, INVOLVED IN THE JUSTICE SYSTEM. PRIOR TO 2004, THE SOCIAL WORK PROGRAM PROVIDED SERVICES FOR JUSTICE INVOLVED YOUTH AND WAS STAFFED BY BSW AND MSW INTERNS FROM THE UNIVERSITY OF ARKANSAS, WHO WERE SUPERVISED BY BRUCE ALLEN, LCSW, UTILIZING FUNDS FROM THE OJJDP JUVENILE ACCOUNTABILITY BLOCK GRANT TO EXPAND SYSTEM CAPACITY.

YOUTH WHO RECEIVE SWIP SERVICES ARE REFERRED ONE OF THREE WAYS: PER REFERRAL OF THE FOURTH JUDICIAL DISTRICT CIRCUIT COURTS (DIVISION 3 AND DIVISION 8), PER REFERRAL OF DETENTION STAFF, AND/OR PARENT/GUARDIAN/YOUTH REQUEST. YOUTH ARE ALSO MAY RECEIVE TRIAGE SERVICES.

PRIMARY SERVICES OF THE SWIP PROGRAM INCLUDE BOTH ACUTE AND DIAGNOSTIC MENTAL HEALTH ASSESSMENTS, TO EVALUATE WHOLE PERSON FUNCTIONING OF YOUTH WITH FORMAL, WRITTEN CLINICAL RECOMMENDATIONS TO THE ARKANSAS FOURTH JUDICIAL DISTRICT CIRCUIT COURT, JUVENILE [Division 3](#) AND [Division 8](#) ABOUT THE NEEDS OF THE YOUTH, WITH SUBSEQUENT REFERRAL AND CASE MANAGEMENT ASSISTANCE, AS NEEDED, TO OBTAIN SERVICES. THE PROGRAM ALSO OFFERS SCREENINGS, CRISIS INTERVENTION, CASE MANAGEMENT (INCLUDING RESOURCE LINKAGE AND REFERRAL), PSYCHOEDUCATION, AND BEHAVIOR MODIFICATION IN COLLABORATION WITH DETENTION STAFF/PROGRAMMING, BRIEF THERAPY SERVICES, AND SUPPORTIVE SERVICES TO DETENTION STAFF.

IN 2023, WASHINGTON COUNTY JUVENILE DETENTION CENTER HELD 253 YOUTH, WHO COMPRISED 314 INTAKES, WITH RECIDIVISM. THE AVERAGE AGE OF YOUTH HELD WAS 15.3 YEARS AND THE AVERAGE LENGTH OF STAY YOUTH WERE HELD WAS 12.98 DAYS. OF THE 253 YOUTH WHO CAME TO JDC, THIRTY-NINE YOUTH, (39/253 = 15.42%), RETURNED TO JDC, ONE OR MORE TIMES FOR A TOTAL OF SIXTY-ONE RETURNS, COMBINED, AFTER THEIR INITIAL DETENTION STAY (61/253 = 24.11%). THUS, THE RECIDIVISM RATE FOR YOUTH RETURNING TO JDC, WITHIN THE SAME CALENDAR YEAR OF 2023 WAS 15.42% FOR INITIAL RECIDIVISM AND 24.11% FOR TOTAL RECIDIVISM. THESE NUMBERS SUGGEST THAT 214 YOUTH DID NOT RETURN TO JDC IN 2023.

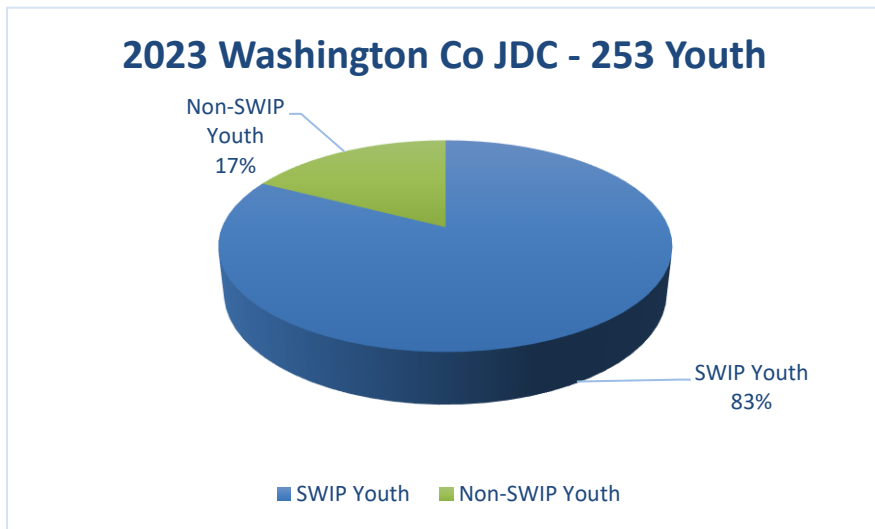
“WHILE NATIONAL RECIDIVISM RATES ARE NOT AVAILABLE, A REVIEW OF STATE STUDIES FOUND THAT RE-ARREST RATES FOR YOUTH WITHIN 1 YEAR OF RELEASE AVERAGED 55%, WHILE RE-INCARCERATION AND RE-CONFINEMENT RATES AVERAGED 24 PERCENT ([OJJDP](#))”.

Washington County JDC 2023

Youth Detained Initially	253	
R	39	15.42%
R2	14	5.53%
R3	5	1.98%
R4	1	0.40%
R5	1	0.40%
R6	1	0.40%
RECIDIVISM	61	24.11%
Total Intakes	314	

SWIP Services & Statistics 2023

OF THE 253 YOUTH WHO CAME TO JDC IN 2023, THE SWIP TEAM PROVIDED PROFESSIONAL CLINICAL SERVICES TO 209 OF THESE YOUTH AND TO 249 OF THE 314 INTAKES (INTAKES INCLUDE YOUTH WHO COME BACK TO JDC OR RECIDIVATED). YOUTH WHO DID NOT RECEIVE SERVICES WITH SWIP WERE EITHER RELEASED PRIOR TO SERVICE PROVISION OR THEIR PARENT/GUARDIANS DID NOT GIVE CONSENT TO RECEIVE SWIP SERVICES.



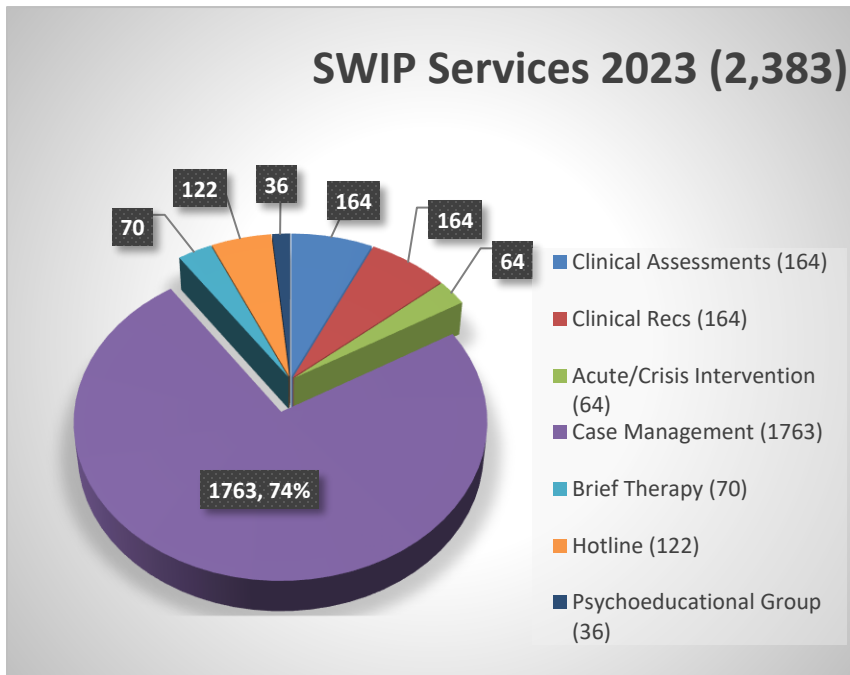
The provision of these services continues to be a collaborative effort with the detention programming to ensure that the Youth detained at the Detention Center are offered a rehabilitative experience.

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).

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).

FOR 2023, THE SWIP TEAM PROVIDED APPROXIMATELY 2,383 DOCUMENTED SERVICES (CLINICAL ASSESSMENTS, CRISIS INTERVENTION, CASE MANAGEMENT, BRIEF THERAPY, AND GROUP), AT NO COST, TO YOUTH (AND THEIR FAMILIES).

THE SWIP PROGRAM, UTILIZING INTERNS, WERE ABLE TO SUPPORT SUMMER PROGRAMMING AT JDC AND TO PROVIDE PSYCHO-EDUCATION GROUPS, THAT WERE EFFECTIVE IN INCREASING YOUTH'S EMOTIONAL IQ AND ADDRESSING IDENTITY.



MOST OF THE SERVICES PROVIDED BY THE SWIP TEAM WERE FOR YOUTH DETAINED AT JDC. ONE HUNDRED AND SIXTY-FOUR SWIP ASSESSMENTS, WITH WRITTEN RECOMMENDATIONS TO THE FOURTH JUDICIAL DISTRICT COURT, DIVISION 3 AND DIVISION 8, WERE COMPLETED FOR NEARLY HALF (48.41%) OF THE INTAKES DETAINED AT JDC AND FOR 12 YOUTH WHO WERE NOT DETAINED. ONE HUNDRED AND THIRTY-EIGHT (138) OF THESE ASSESSMENTS WERE DIAGNOSTIC AND TWENTY SIX (26) OF THESE ASSESSMENT WERE ACUTE ASSESSMENTS AND HAD THE DIAGNOSES DEFERRED.

SWIP ASSESSMENTS 2023	
Diagnostic Assessments	126
Acute Assessments	26
Total SWIP Assessments - detained Youth	152
JDC Intakes 2023	314
Percentage of JDC Intakes receiving SWIP assessments	48.41%
SWIP Assessments - non detained Youth	12
Total Detained and Non-detained SWIP Assessments	164

OF THE 164 ASSESSMENTS COMPLETED, ONE HUNDRED AND FORTY-NINE (149) OF THESE 164 ASSESSMENTS WERE UPON INITIAL ENCOUNTER WITH THE YOUTH AND FAMILIES AND ELEVEN (11) OF THESE ASSESSMENTS WERE REASSESSMENTS. FOUR YOUTH RECEIVED A THIRD ASSESSMENT.

SWIP Re-Assessment 2023	
Total SWIP Assessments in 2023 (detained, non-detained, acute, and diagnostic)	164
SWIP Assessment 2023 (initial encounter)	149
SWIP Reassessment (11+4)	15

FOR 2023, THE SWIP TEAM PROVIDED ASSESSMENTS FOR 164 YOUTH. OF THESE 164 ASSESSMENTS, 152 WERE COMPLETED WHILE THE YOUTH WAS DETAINED AT THE WASHINGTON COUNTY JUVENILE DETENTION CENTER. OF THESE 152 ASSESSMENTS, TWENTY TWO (22) OR (14.47%) RETURNED TO JDC IN 2023.

SWIP Recidivism 2023	
Total SWIP Assessments in 2023 (detained, non-detained, acute, and diagnostic)	164
SWIP Assessment 2023 (detained, acute, and diagnostic)	152
Received an Assessment and Returned to JDC	22
SWIP Assessment Recidivism (22/152)	14.47%

FOR 2023, SWIP PROVIDED 77 SERVICES TO 42 NON-DETAINED YOUTH, WITH 12 OF THESE SERVICES BEING CLINICAL SWIP ASSESSMENTS WITH CASE MANAGEMENT, IN TANDEM WITH THE AR FOURTH JUDICIAL DISTRICT CIRCUIT COURTS, JUVENILE [Division 3](#) AND [Division 8](#). THE PROVISION OF THESE SERVICES ALLOWED FOR YOUTH TO NOT BE DETAINED TO RECEIVE SERVICES. WHILE A GOAL OF THE SWIP PROGRAM HAS BEEN TO EXPAND SERVICES TO NON-DETAINED YOUTH, CURRENT RESOURCES (STAFF, SPACE, FUNDING) LIMIT THE PROVISION OF SERVICES PRIMARILY TO YOUTH DETAINED AT WASHINGTON COUNTY JUVENILE DETENTION CENTER.

OF THE 138 DIAGNOSTIC ASSESSMENTS, THE SWIP TEAM IDENTIFIED IMPAIRMENT IN NEURODEVELOPMENTAL FUNCTIONING (INTELLECTUAL DISABILITY, AUTISM SPECTRUM FUNCTIONING, ADHD, ETC), FOR 85 YOUTH IN OUR PRIMARY AND SECONDARY DIAGNOSES (TOP TWO LISTED IN THE DIAGNOSTIC) *THAT WERE NOT PREVIOUSLY IDENTIFIED (EG 'RULE OUT')*. THE RECOMMENDATIONS TO THE COURT INDICATED THAT A NEURODEVELOPMENTAL EVALUATION WAS NEEDED; HOWEVER ACCESSING A NEURODEVELOPMENTAL EVALUATION IN THE COMMUNITY TAKES SIGNIFICANT TIMES DUE TO LACK OF AVAILABILITY. ROUGHLY 75% (104) OF THE 138 YOUTH ASSESSED, WHO RECEIVED A DIAGNOSTIC IMPRESSION, HAD CLINICALLY SUSPECTED OR CONFIRMED IMPAIRMENT IN NEURODEVELOPMENTAL FUNCTIONING. PLEASE NOTE THAT THIS DATA ONLY EVALUATES THE TOP TWO DIAGNOSES AND MANY YOUTH HAVE APPROXIMATELY 4+ DIAGNOSES, INCLUDING V CODES AND MAY HAVE DIAGNOSES SUCH AS ADHD, LISTED LATER IN THE DIAGNOSTIC HIERARCHY AND THUS WOULD NOT BE COUNTED HERE.

2023 SWIP Assessments			
Primary and Secondary Neurodevelopmental Disorders			
	Rule Out	Confirmed	Total
Intellectual Disability (IQ below 70)	3	8	11
Borderline Intellectual Functioning (IQ 70-80)	4	5	9
Neurodevelopmental Disorder (categorically)	34	0	34
ADHD	17	5	22
Autism Spectrum	15	0	15
Learning Disorder	12	1	13
TOTAL	85	19	104
SWIP Assessments (164-26 deferred dx)			138
Presented with impairment in neurodevelopmental functioning			75.36%

According to the Environmental Protection Agency [EPA](#) “Neurodevelopmental disorders are disabilities associated primarily with the functioning of the neurological system and brain. Examples of neurodevelopmental disorders in children include attention-deficit/hyperactivity disorder (ADHD), autism, learning disabilities, intellectual disability (also known as mental retardation), conduct disorders, cerebral palsy, and impairments in vision and hearing. Children with neurodevelopmental disorders can experience difficulties with language and speech, motor skills, behavior, memory, learning, or other neurological functions Several widespread environmental contaminants are associated with adverse effects on a child's developing brain and nervous system in multiple studies. The National Toxicology Program has concluded that childhood lead exposure is associated with attention-related behavioral problems (such as inattention, hyperactivity, or attention-deficit/hyperactivity disorder) and increased incidence of problem behaviors (including delinquent, criminal, or antisocial behavior)”.

FOR 2023, OF THE 138 DETAINED AND NON-DETAINED YOUTH, WHO RECEIVED A DIAGNOSTIC ASSESSMENT, 100% OF THE YOUTH PRESENTED WITH FUNCTIONING CONGRUENT WITH A MENTAL HEALTH DIAGNOSIS, TO VARYING DEGREES OF IMPAIRMENT IN FUNCTIONING. OF NOTE, FOR A YOUTH TO RECEIVE A MENTAL HEALTH DIAGNOSIS, YOUTH MUST BE EXPERIENCING CHRONIC, CLINICALLY SIGNIFICANT IMPAIRMENT, ACROSS DOMAINS OF FUNCTIONING, COMPARED TO SAME AGE PEERS AND MEET DIAGNOSTIC CRITERIA, IN ACCORDANCE WITH THE [DIAGNOSTIC AND STATISTICAL MANUAL OF MENTAL DISORDERS](#), 5TH EDITION (DSM-5), WHICH IS USED BY MENTAL HEALTH PROFESSIONALS (PSYCHIATRISTS, PSYCHOLOGISTS, AND MENTAL HEALTH THERAPISTS) TO LABEL AND TO TREAT MENTAL HEALTH CONDITIONS, AS MENTAL HEALTH IS HEALTH AND MANAGED CARE REQUIRES CATEGORIZATION OF ILLNESS TO COMMUNICATE AND TO TREAT THE ILLNESS.

OUTSIDE OF NEURODEVELOPMENTAL FUNCTIONING, MOOD DISORDER WAS THE LARGEST DIAGNOSTIC CATEGORY WITH 65% OF YOUTH HAVING SYMPTOMOLOGY CONGRUENT WITH A MOOD DISORDER, AS PRIMARY OR SECONDARY DIAGNOSIS. THIS CATEGORY INCLUDES DYSTHYMIA, MAJOR DEPRESSIVE DISORDER, CYCLOTHYMIA, AND BI-POLAR DISORDER.

PLEASE NOTE THAT THIS DATA ONLY EVALUATES THE TOP TWO DIAGNOSES AND MANY YOUTH HAVE APPROXIMATELY 4+ DIAGNOSES, INCLUDING V CODES (PHYSICAL ABUSE OF CHILD, SEXUAL ABUSE OF CHILD, AND OTHER PSYCHOSOCIAL ISSUES IMPACTING FUNCTIONING) AND MAY HAVE DIAGNOSES, SUCH AS SUBSTANCE USE DISORDER, LISTED LATER IN THE DIAGNOSTIC HIERARCHY AND THUS WOULD NOT BE COUNTED HERE.

2023 SWIP Diagnostic SWIP Assessments Primary and Secondary Diagnoses (Confirmed & Rule Out) Detained and Non-Detained Youth (=138)	
Trauma Disorders	21.58%
Mood Disorders	65.47%
Neurodevelopmental Disorders	75.36%
Attachment Disorders (includes RAD)	3.62%
Anxiety Disorders	5.04%
Substance Use Disorders	2.88%
TBI (Traumatic Brain Injury)	9.35%
Behavior Disorders	1.44%
Other (eg: insufficient health insurance, non-compliance medication therapy, congenital condition (down syndrome), eyesight, hearing, FAS, stomach diagnoses, diabetes, bereavement, academic problems, neurological (epilepsy), etc)	15.83%

IT IS ALSO IMPORTANT TO NOTE THAT YOUTH MAY HAVE SOME SYMPTOMS OF MENTAL HEALTH DIAGNOSES, WITHOUT MEETING THE FULL CRITERIA FOR A MENTAL HEALTH DISORDER AND THUS WOULD NOT BE LISTED HERE. FOR EXAMPLE, MANY YOUTH HAVE HAD EXPERIENCES THAT COULD BE POTENTIALLY TRAUMATIZING BUT THESE YOUTH DO NOT MEET FULL CRITERIA FOR A TRAUMA DIAGNOSIS.

“CURRENT RESEARCH IN SUGGESTS THAT CHRONIC DEFICITS IN SELF-REGULATION AND ATTENTION ARE OFTEN A BYPRODUCT OF EARLY EXPOSURE TO MULTIPLE TRAUMAS BECAUSE THE DEVELOPING BRAIN AND BODY BECOME ORGANIZED AROUND SURVIVAL INSTEAD OF DEDICATING RESOURCES TO GROWTH AND DEVELOPMENT. HIGH-ORDER COGNITIVE PROCESS, SUCH AS IMPULSE CONTROL, EMOTIONAL REGULATION, AND ABSTRACT REASONING, ESPECIALLY TEND TO BE UNDERDEVELOPED. SUCH DEFICITS HAVE A MULTITUDE OF NEGATIVE CONSEQUENCES FOR DAILY LIVING AND INTERPERSONAL RELATIONSHIPS. ALTHOUGH MANY INDIVIDUALS CONTINUE TO STRUGGLE IN THESE AREAS, MOST ARE FULLY CAPABLE OF IMPROVING THE QUALITY OF THEIR LIVES THROUGH LEARNING COPING SKILLS, FINDING A SOURCE OF PERSONAL MEANING, AND EXPERIENCING A STABLE, TRUSTING RELATIONSHIP”. – DR. MICHAEL GHORMLEY AND DR. KIRK COVERSTONE.

FOR 2023, SWIP PROVIDED ASSESSMENTS FOR 164 YOUTH. OF THESE 164 ASSESSMENTS, 152 WERE COMPLETED WHILE THE YOUTH WERE DETAINED AT THE WASHINGTON COUNTY JUVENILE DETENTION CENTER.

SWIP 2023	
Total SWIP Assessments in 2023 (detained, non-detained, acute, and diagnostic)	164
SWIP Assessment 2023 (detained, acute, and diagnostic)	152
Received an Assessment and Returned to JDC	22
SWIP Assessment Recidivism	14.47%
Received an Assessment and Returned to JDC	22
Assessment showed neurodevelopmental Impairment in Functioning as primary or secondary in diagnostic	16
Youth who were assessed and recidivated and presented with impairment in neurodevelopmental functioning	72.73%
Total SWIP Assessments in 2023 (detained, non-detained, acute, and diagnostic)	164
Youth who receive assessments who also receive special education	58
Percentage of Youth who were assessed and who receive special education in school	35.37%
Youth who Received an Assessment and Returned to JDC and receive special education in school	15
Youth who were assessed and recidivated and who receive special education in school	68.18%

OF THE 22 YOUTH WHO RECEIVED AN ASSESSMENT AND CAME BACK TO JDC, SIXTEEN (72.7%) HAD A NEURODEVELOPMENTAL DIAGNOSIS, CONFIRMED OR TO BE ‘RULED OUT’, AS PRIMARY OR SECONDARY, IN THE DIAGNOSIS HIERARCHY.

OF THE 22 YOUTH WHO RECEIVED AN ASSESSMENT AND CAME BACK TO JDC, FIFTEEN (68.18%) RECEIVE SPECIAL EDUCATION IN THEIR PUBLIC SCHOOL SETTING.

OF THE 164 DETAINED AND NON-DETAINED YOUTH WHO RECEIVED SWIP ASSESSMENTS IN 2023, FIFTY-EIGHT (35.37%) RECEIVE SPECIAL EDUCATION SERVICES IN THEIR ACADEMIC ENVIRONMENT AND THUS HAVE BEEN IDENTIFIED AS YOUTH WHO HAVE DISABILITIES WHICH IMPACT THEIR ABILITY TO LEARN.

YOUTH WHO HAVE ONE OR MORE DIAGNOSABLE DISABILITIES, WHICH IMPACT THEIR ABILITY TO LEARN AND HAVE A “NEGATIVE IMPACT ON THEIR EDUCATIONAL PERFORMANCE”, RECEIVE SPECIAL EDUCATION SERVICES, VIA AN IEP (INDIVIDUALIZED EDUCATION PLAN) OR 504 PLAN IN THE PUBLIC SCHOOL SETTING. ACCORDING TO EDUCATION WEEK, APPROXIMATELY 15% OF YOUTH RECEIVE SPECIAL EDUCATION *IN THE COMMUNITY*. IN 2023, APPROXIMATELY 42% OF JDC YOUTH (253) RECEIVE SPECIAL EDUCATION IN THEIR ACADEMIC SETTING AND MORE YOUTH QUALIFIED BUT WERE NOT ACCESSING SERVICES.

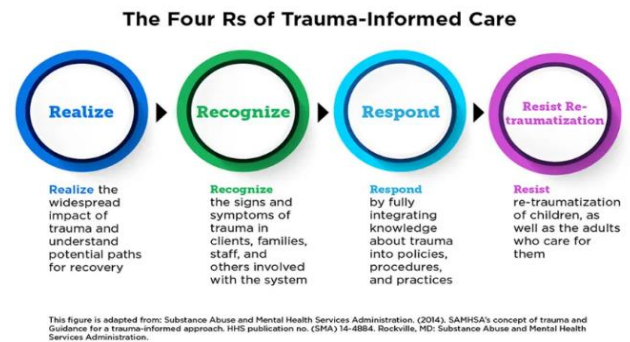
2023 JDC Intakes - Special Education	
IEP	89
504	18
TOTAL Youth who receive Special Education	107
JDC Youth	253
	42.29%

OF THE 39 YOUTH WHO RETURNED TO JDC (RECIDIVATED) IN 2023, ONE OR MORE TIMES, 46.15% OF THESE YOUTH (18/39) HAVE BEEN RECOGNIZED AS HAVING A DIAGNOSABLE DISABILITY WHICH IMPACTS THEIR ABILITY TO LEARN AND THEREFORE THEY RECEIVE SPECIAL EDUCATION (HAVE AN IEP/504 PLAN) IN THE PUBLIC SCHOOL SETTING.

2023 JDC Youth who recidivated and who receive Special Education	
Youth who receive Special Education and who returned to JDC	18
Total Youth who returned to JDC	39
Youth who returned to JDC and who receive special education in school	46.15%

ADDITIONALLY, FOR 2023, THE SWIP TEAM PROVIDED 64 INDEPENDENT SESSIONS OF CRISIS INTERVENTION FOR YOUTH (OUTSIDE OF ASSESSMENTS/BRIEF THERAPY) WHO WERE EXPERIENCING CRISIS, SUCH AS SUICIDAL IDEATION. SOME OF THESE ENCOUNTERS OCCURRED DURING THE PROVISION OF ON-CALL SERVICE. FOR THE 2023 YEAR, WE SAW A DROP IN THE NUMBER OF YOUTH NEEDING ACUTE HOSPITALIZATIONS FOR SUICIDAL IDEATION. CLINICAL INTERVENTION WAS PROVIDED TO YOUTH TO MAINTAIN ON-SITE AT THE JUVENILE DETENTION CENTER FOR YOUTH WHO WERE NOT ACUTELY HOSPITALIZED.

2023 ACUTE Hospitals Referrals Accepted	
Vantage Point	6
Valley- Ft. Smith	2
Springwoods	3
Lakeland	1
Rivendell	0
Pinnacle Point	1
Bridgeway	0
Methodist	0
Conway Behavior Health	0
TOTAL	13
Intakes for JDC for 2023	312
Youth Acutely Hospitalized	4.17%
*Numbers do not reflect ALL Youth who were referred but denied for acute hospitalization	



SWIP Staffing 2023

Since May 2004, the [SWIP](#) program has been staffed by a full time forensic social worker and mental health professional ([Shelley Clingan](#), BSW, LCSW, RTC), licensed for independent clinical practice within the [State of Arkansas](#), who functions as the program's on-site administrator, forensic social worker, mental health professional, program coordinator, case manager, community liaison, JDC website designee, researcher, grant writer, intern supervisor, and file clerk. In addition to maintaining her LCSW licensure with the State of Arkansas, Shelley has also maintained an additional certification in REALITY THERAPY (RTC) and obtained certifications in Basic and in Advanced Forensic Social Work, sponsored by the [National Organization for Forensic Social Work](#). During her tenure, Shelley has been honored with state and national awards including the [National Partnership for Juvenile Services Bob Radar Service Worker of the Year](#) in 2012 and again in 2018; ARKANSAS COALITION FOR JUVENILE JUSTICE (ACJJ) "[Advocate of the Year](#)" (2010); the NATIONAL JUVENILE DETENTION ASSOCIATION (NJDA) [Bob Radar Service Worker of the Year](#) award (2005); and the ARKANSAS JUVENILE DETENTION ASSOCIATION [Services Award](#) (2005).

In the 2013 year, the [Washington County Quorum Court](#) approved the addition of a new social work position to assist with SWIP 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 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. Jennifer Gray interned with the SWIP program, August 2016 – May 2017, through the MSW program at the University of Arkansas and provided services during her employment from September 2017 – January 2020, under clinical supervision of Shelley Clingan, LCSW. The lack of ability to retain staff for the Social Work Intervention Program is directly correlated to the difficulty of the work, as well as the compensation rate for licensed, seasoned professionals and thus has been utilized as an entry level position by many professionals entering the field.

MyKala Wallace, [LCSW](#) interned with the SWIP program, August 2019 – May 2020, through the MSW program at the [University of Arkansas](#) and was hired as a social worker and mental health professional with the Social Work Intervention Program in July 2020. MyKala obtained her LMSW licensure in December 2020 and her LCSW licensure with [the State of Arkansas](#) in December 2023, under clinical supervision of Shelley Clingan, LCSW. Obtaining her LCSW licensure is the culmination of eight years of hard work, including MyKala earning a Bachelor and Master's degree, an initial licensing exam (LMSW), and 4000 hours of supervised practice, to be eligible to take the LCSW exam. This licensure (LCSW) allows MyKala to practice independently, as a mental health professional, in the State of Arkansas. MyKala has also obtained additional certifications in **Basic and in Advanced Forensic Social Work**, sponsored by the [National Organization for Forensic Social Work](#). MyKala is a valuable asset to the Social Work Intervention Program.

SWIP Community Support 2023

For the 2023 year, the Social Work Intervention Program continued to support the community and the clinical field by hosting Bachelor and Master level clinical Interns from the **University of Arkansas, Arizona State University, Case Western Reserve University, University of Oklahoma, Denver University, and the University of Arkansas, Little Rock**. Additionally, higher institutes of learning contact the Social Work Intervention Program regularly, to establish partnerships for internships.

The SWIP Program also continues to provide trainings to detention and court personnel, as well as community juvenile justice stakeholders, including for UALR Midsouth training academy, trainings for the State of Arkansas Criminal Detention Facilities Review Office (in the Governor's Office); consults for Judges, attorneys, parents, DYS officials, and other juvenile justice stakeholders; and trainings at professional conferences (NASW, AJDA, etc).

The SWIP Program continues to provide data and education to state officials to help inform state policy for juvenile justice.

The SWIP Program also contributes to the national standards of practice in juvenile justice, as Shelley serves on the [National Partnership for Juvenile Services](#), Critical Issues and Policy Direction Committee, helping to write [position statements](#) for practice in the juvenile justice field.

Additionally, the SWIP program fields, calls daily, from the community from parents/guardians/concerned persons (grandparents, relatives, neighbors, etc), with questions of how to help a Youth in their life.

Efficacy

Without controlling for extraneous variables, the [SWIP program](#) shows a 14.47% recidivism rate, operationally defined as the number of Youth who returned to detention, after receiving a SWIP assessment, for the 2023 year. Overall, the recidivism rate for the juvenile detention center, operationally defined as a return to detention for the 2023 year, is 24.11%. 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*” and to the [OJJDP](#) citing that “while national recidivism rates are not available, a review of state studies found that re-arrest rates for Youth within 1 year of release averaged 55%, while re-incarceration and re-confinement rates averaged 24 percent”.

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 many of the Youth highlighted issues within the family functioning; 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 (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. Currently, Arkansas does not have an inpatient drug rehab program for adolescents and accessing a neurodevelopmental evaluation can take up to a year or more.

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](#)

When Youth cannot access services in the community and are not improving in their functioning, despite legal intervention, they can be committed to [the AR Division of Youth Services](#). The SWIP Program has had a role in reducing the number of Youth committed to DYS, by locating services and helping families navigate systems to obtain services.

WASHINGTON COUNTY IS THE 3rd LARGEST COUNTY IN THE STATE AND HAS ONE OF THE LOWEST % OF COMMITMENTS TO DYS (1.77%) FOR THE 2023 FISCAL YEAR AND WASHINGTON COUNTY HAS HAD A DECREASE IN THE NUMBER OF COMMITMENTS TO DYS FROM FY 2004 TO FY 2023, DESPITE POPULATION GROWTH IN NWA

% of 4th District COMMITS to DYS of STATE Commits					
SFY 2004	6.78%	36/531	SFY 2013	1.07%	5/468
SFY 2005	6.26%	36/575	SFY 2014	1.23%	6/486
SFY 2006	5.41%	35/647	SFY 2016	1.06%	5/472
SFY 2007	3.22%	20/622	SFY 2017	1.55%	7/451
SFY 2008	2.01%	12/598	SFY 2019	5.20%	13/250
SFY 2009	2.20%	14/636	SFY 2020	8.23%	26/316
SFY 2010	2.64%	14/531	SFY 2021	4.89%	13/266
SFY 2011	2.08%	10/481	SFY 2022	3.15%	12/381
SFY 2012	1.61%	8/496	SFY 2023	1.77%	8/453

Challenges & Opportunities

Changes in the face of the juvenile justice system, within the last decade, including the participation of Washington County in the [Annie E Casey Foundation Juvenile Detention Alternative Initiative \(JDAI\)](#) (2012 – present) for Youth who are charged as juveniles, 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 over the last decade also include the detention of more Youth who are charged as adults. Changes within the SWIP program also include more on-site therapy services, for Youth who are charged as an adult and who have longer detention stays (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).

The Covid pandemic did bring the use of technology to JDC, to include the use of teleconferencing for Youth’s appointments (PCP, therapy, and medication management), when funding is available, thus helping to reduce the number of transports that occur. Of note is that Arkansas Medicaid cannot (yet) be billed when a Youth is detained.

Additionally, changes in the state health insurance toward an organized model of care has resulted in extensive research and education regarding the new system and system impacts for helping Youth and their families navigate systems to obtain intervention, and this model continues to evolve and to impact the ability of Youth to access needed services.

Lastly, lack of resources, space, qualified personnel, and time significantly impact the amount of work done and the number of Youth and families who are served by the SWIP program. The needs of Youth and families involved in the justice system are significant. While the SWIP program is often referenced by State officials as a model program, within the justice system in Arkansas, more needs done. This is supported by the number of Youth and families whom the program serves, who are not detained. While the program, located at the detention center, has primarily served detained Youth and families, expansion of the SWIP program to serve Youth and families involved in the justice system, without detention, would impact the face of juvenile justice in Washington County even more. At a minimum the SWIP program would benefit from a third forensic social worker / MHP, hired at a competitive rate, to assist with serving Youth and families in Washington County.

At a Glance

January 2023-December 2023		
STATISTICAL INFORMATION	N	%
JDC YOUTH	253	
NUMBER OF YOUTH WHO RETURNED TO JDC (RECIDIVISM), ONE OR MORE TIMES	61	24%
NUMBER OF JDC INTAKES	314	
NUMBER OF UNIQUE SWIP YOUTH	209	82.61%
NUMBER OF SWIP YOUTH DETAINED WHO RECEIVED SWIP ASSESSMENT	152	72.73%
NUMBER OF SWIP YOUTH WHO RECEIVED SWIP ASSESSMENT AND RETURNED TO JDC	22	14% SWIP Recidivism of YOUTH RECEIVING SWIP ASSESSMENTS
NUMBER OF JDC INTAKES RECEIVING CLINICAL SERVICES VIA SWIP	249	79.30%
NUMBER NON DETAINED YOUTH RECEIVING CLINICAL SERVICES VIA SWIP	42	
NUMBER OF SWIP YOUTH NON DETAINED YOUTH WHO RECEIVED SWIP ASSESSMENT	12	
TOTAL NUMBER OF SERVICES PROVIDED TO DETAINED AND NON DETAINED YOUTH	2383	
TOTAL NUMBER of DETAINED SWIP Clients RECEIVING CRISIS INTERVENTION (SUICIDE, HOMICIDE, PSYCHOSIS)	64	31% of SWIP Youth

Reflections and Looking Forward

The 2023 year continued to see a strong number of referrals and utilization of the program from both detention staff and the Juvenile Divisions 3 and 8, of the Circuit Court. More Youth who are non-detained are being referred for services. The objectives of the program for the 2023 year included continuing to provide quality services for Youth, as has been established and continuing to address identified needs, as well as program expansion where possible. 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 limited services to non-detained Youth in the juvenile justice system but more is needed and the number of Interns are limited. For 2023, the Program also continued utilization of the MAYSII 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. Lastly, in 2023, the Social Work Intervention Program completed a Standard Operation Procedure manual, a long term goal of administration of the SWIP program.

For the 2024 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 decrease.

SOCIAL WORK INTERVENTION PROGRAM

Programming Goals and Objectives

2024

- 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 Brief Therapy Services 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*
 - 1. *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***

- 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. *Explore software options for clinical database to reduce storage space on current servers*
- 2. *Explore benefits and limitations to train staff as mental health paraprofessionals*
- 3. *Mental health professionals obtain additional certifications in trauma, substance use, and sexual behaviors*
- 4. *Explore and implement level system for Youth charged as adults*
- 5. *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*
- 6. *SWIP Program expansion to provide services to non-detained Youth*
- 7. *Increase competitiveness in job market for personnel retention*
- 8. *Longitudinal study conducted to replicate results of effectiveness*
- 9. *Advocate for another position for a forensic social worker / Mental Health Professional (MHP)*