

Comprehensive System Change Initiative (CSCI): A Model for Transforming Systems to Improve Response to Youths with Mental Health Needs in Contact with the Juvenile Justice System

Investing in Our Children:

Emerging Reforms in Juvenile Justice

Coalition for Juvenile Justice Annual Spring Conference and Council of
SAGs Meeting

April 28, 2008

CSCI: Model for improved juvenile justice system response to youths with mental health problems

- National view of juvenile justice/ mental health issues and systems
- Development of the Comprehensive System Change Initiative (CSCI), part of John D. and Catherine T. MacArthur Foundation Models for Change (MfC) reform initiative
- CSCI in Pennsylvania

Council of Juvenile Correctional Administrators (CJCA)

www.cjca.net

- National non-profit organization dedicated to improvement of youth correctional services and practices so youths succeed when they return to the community
 - Build national and state leadership through education of agency directors
 - Build tools for field to have greatest impact on youths
- National programs: Performance-based Standards (PbS), Community-based Standards (CbS), New Directors Seminar, OJJDP Mental Health Model, Suicide Prevention Resource Center, NJJDP Coalition
- MacArthur Models for Change (MfC), NCMHJJ, CSCI

Models for Change (MfC)

- Goal: Create a new wave of juvenile justice reform by producing system-wide change in multiple states that others will learn from and emulate

- Pennsylvania

- Illinois

- Louisiana

- Washington

- Targeted areas of Improvement: collaboration (mh, jj, cw); DMC, aftercare, indigent defense, EBPs

Juvenile Justice / Mental Health History

- Juvenile justice system established to protect public safety and rehabilitate youths
- High crime rates of the early 1990s led to laws and practices treating youths like adults: harsher sanctions, criminal court
- Managed care, closing of psychiatric hospitals led to less help for mentally ill
- 1998: rash of school shootings began media focus on youths with mental health problems
- 2001: US Surgeon General's annual report: National Agenda for Children's Mental Health
- 2002: Research and field experience start to show increasing numbers coming into juvenile justice

The problem: Increasing numbers of youths with mental health problems coming into the juvenile justice system

- Recent NCMHJJ study confirms high rates -between 65% and 70%- regardless of geographical location, type of residential setting or individual characteristics
- Congressional Survey: Over a 6-month period, 15,000 youths with mental health needs incarcerated awaiting services (7% of all youths in detention)
(Waxman/Collins, 2004)
- 66-75% of youths entering juvenile justice system have a mental disorder
(Coalition on Juvenile Justice, 2000; Teplin, 2001)
- 74% of girls; 66% of boys *(Teplin, 2002)*
- At least 20% have a serious mental health disorder *(Cocozza & Skowrya, 2000)*
- 50-80% have co-occurring substance abuse disorder *(Teplin, 2001)*

Juvenile Justice System Response

2002

- “We have to do something”
 - Address immediate issues of protecting youths from harming themselves, others
- “But what do we do?”
 - Lack of information, tools, resources, training
- Create and operate specialized units (26 states)

Problems with the response

- Numbers of youths increasing; can't serve appropriately (CRIPA investigations)
- Juvenile justice does not want to become the de facto mental health system
- Youths are best served in the community
- Need information and tools
- MacArthur Foundation / CSCI: build a collaboration model

Juvenile Justice/ Mental Health Collaboration 2002

- CJCA conducted a survey of youth correction leaders which showed they generally perceived little to no collaboration with mental health but believed was needed
- “Typical” collaboration is either to contract for mental health services in the community or with DMH for long-term beds
- Examples of collaboration types:
 - Agency level, through state advisory boards, MOA (Maine juvenile corrections example)
 - With universities to research and provide services (LSU/ LA juvenile corrections; NJ)
 - Through legislation (TX Council on Mentally III)

Barriers identified:

- Mental health comes in too late – need assistance at front-end:
 - Screening and assessments
 - Appropriate placements
 - Community services
- One commissioner who contracted with private providers for services summed up:
 - “The mental health system is not responsive to our kids and when they do provide services it is unnecessarily secure (forensic.)”

CSCI: Bring information and practice together to build a tool for system change

- GOALS: To work closely with selected jurisdictions to develop cross-system, multi-agency collaboration to better serve youths with mental health problems.
- To develop, study and disseminate effective whole system approaches to better identify youths with mental health problems and improve treatment and services to those youths.
- 2001 – 2004: CT, GA, Pima County, AZ
- 2004 – ? : PA
- 2008 - ? : WA

Strategies:

- Collaboration at the state and local level
 - Creation of interagency teams to expedite placement of youths
- Identification of youths with mental health problems through the adoption of a single multi-system screening and assessment tool
- Diversion when possible to community mental health programs
- Delivery of and access to evidence-based programs for those entering juvenile justice
- Collect data, analyze, use to improve outcomes for youths

Example of system change: Connecticut

CSCI Team:

Judicial Branch

- **Probation and Detention**

Department of Children and Families

- Juvenile Services and Behavioral Health

Parent Advocate

Tow Foundation

Connecticut Center for Effective Practice

Connecticut's goals:

- Develop a coordinated and continuous system of care with sufficient capacity, assessment capability and program variety to fully address the mental health needs of children involved with the juvenile justice system.
- Each child will have access to appropriate mental health assessment and services regardless of the “door” they come through.

Connecticut's work plan:

- Implement a screening process
- Redesign evaluation services
- Match assessment outcomes to appropriate intervention
- Expand evidence-based treatment programs
- Develop system to monitor outcomes of screening, assessment, & interventions

Accomplishments:

System-wide Implementation of Uniform Mental Health Screening Instrument, MAYSI-2

- Detention screens all admissions within 24 hours
- Probation screens all clients
- CJTS screens all clients
- Hartford Juvenile Review Board screens all
(Community-level referrals)
- Joint legislative proposal to protect confidentiality

Accomplishments, cont'd

Expansion of assessment services

Juvenile Justice Intermediate Evaluations
(new)

Multidisciplinary evaluation teams at 4 sites,
Diversion from residential care
316 children served since January 2003

Redesign of Court-based assessments

TA from Cook County Juvenile Court Clinic through CSCI
Collaborative effort with UConn
Clinical coordinators, quality assurance, forensic training and credentialing, services

Expanded evidence-based treatment programs:

MST

92 slots in 2002; 389 slots currently

Probation, Parole, Sex Offender, Child Welfare

MDFT, FFT, BSFT

91 MDFT slots

20 FFT slots

BSFT

Other interagency collaborations:

HomeCare

Psychotropic medication bridging service; 300 consultations (12 months)

Linked Probation and Systems of Care

Joint training of all Probation Officers

Case Review Teams

Multidisciplinary review of cases targeted for residential care

150 cases presented – 50% diverted

27% long-term reduction in commitments

Lessons learned from Phase 1

- Need to visit sites more than once a year
- Need to fund paid mental health coordinator position in the jurisdiction to keep work progressing, documented and aligned with other similar efforts
- In PA: Added state team for most likely sustainable system change
- Sites want resources, resources, resources! (money, programs, experts)
- Need to measure!
- Need to educate!

Juvenile Justice System 2007*

- 28 states have specialized mental health units
- 34 states use the MASYI-II to screen
- 17 use Minnesota Multiphasic Personality Inventory – Adolescent (MMPI –A) as assessment; 2 use CANS-MH

- Tx:

- | | | | |
|-------|-----------|-----|-----------|
| • CBT | 45 states | TFC | 23 states |
| • ART | 30 states | FFT | 21 states |
| • MST | 27 states | DBT | 15 states |

*(*From CICA Yearbook 2007, forthcoming)*

PbS Data– Health/Mental Section

Nearly 200 correction and detention facilities; 30 states

Goal: To identify and effectively respond to youths' health, mental health and related behavioral problems throughout the course of confinement through the use of professionally-appropriate diagnostic, treatment and prevention protocols.

www.pbstandards.org

Models for Change

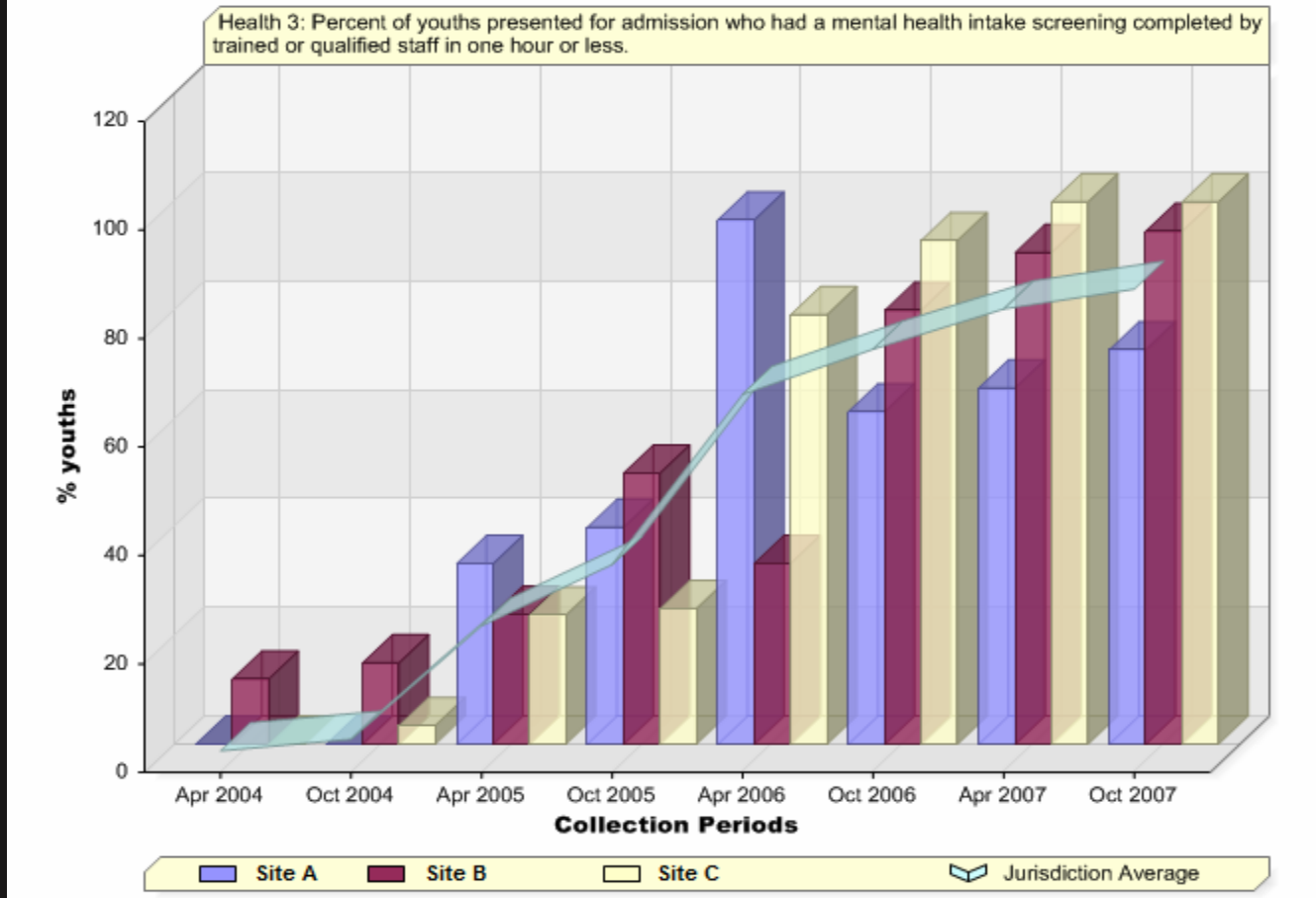
Systems Reform in Juvenile Justice

An initiative supported by the John D. and Catherine T. MacArthur Foundation

**Council of Juvenile Correctional
Administrators (CJCA)**

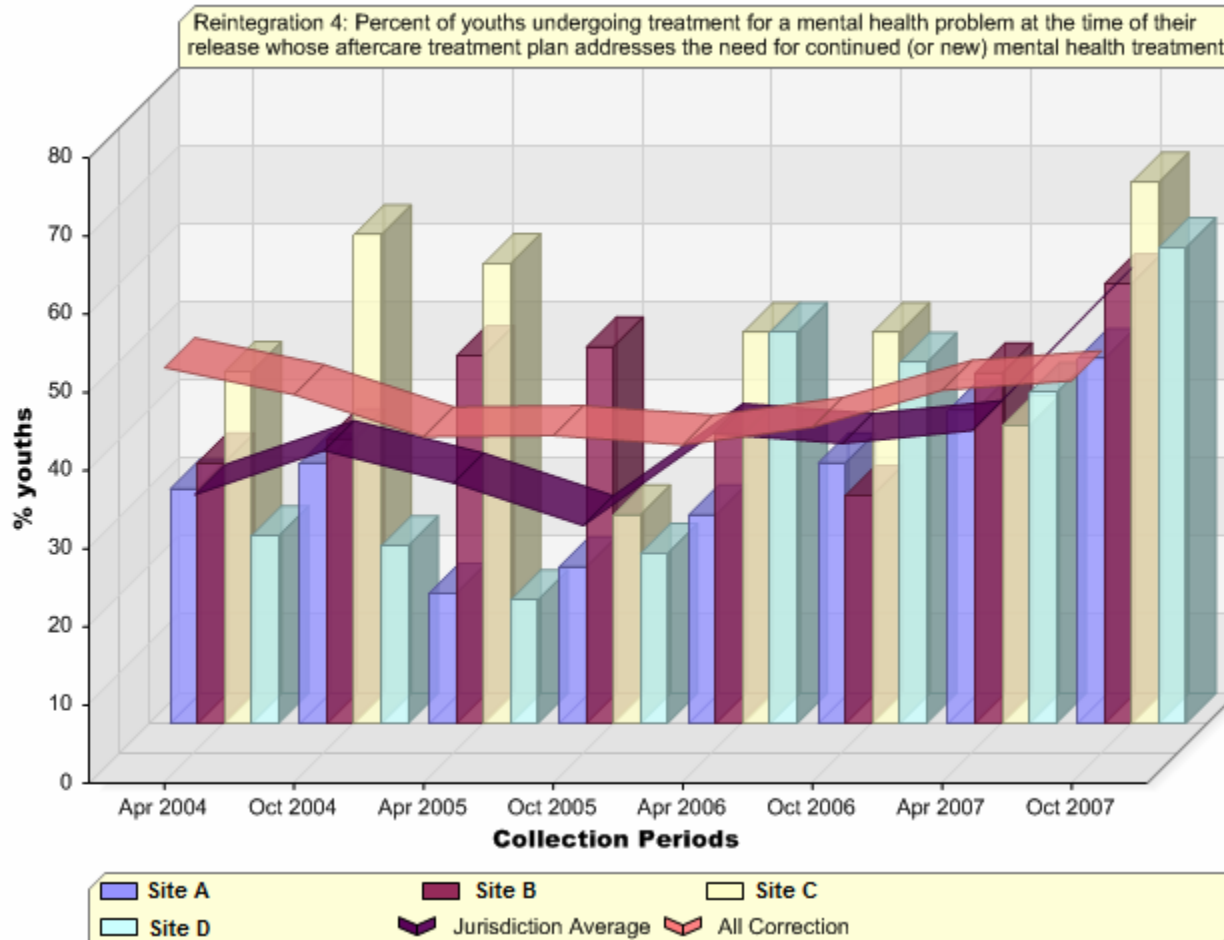
Jurisdiction MH Screenings

Reports Health 3



Jurisdiction MH Aftercare Plan

Reports Reintegration 4



Youth Record Summary (30 YR's)

Intake: Mental Health Risk Screening

9. Mental Health Screenings Completed:	Selection Totals %		
	Yes	30	100.00
10. Mental Health Screenings Date Recorded:	30		
11. Mental Health Screenings Time Recorded:	25		
12. Mental Health Screening Staff:	Selection	Totals %	
	Other State Qualified	28	93.33
	Other	2	6.67

CSCI in Pennsylvania

ModelsforChange
Systems Reform in Juvenile Justice

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**Council of Juvenile Correctional
Administrators (CJCA)**

Pennsylvania - Accelerate Existing Reform Efforts

- Positioned for change - recognized national leader in juvenile justice
- Improve mental health service delivery to youths in contact with juvenile justice in 3 selected counties:
 - ❑ **Allegheny**
 - ❑ **Chester**
 - ❑ **Erie**
- Mental Health Coordinator – lynchpin of the CSCI model locally
- State team - leadership, coordination, guidance , support

CSCI Activities

- First visit - Planning

- Meet participants
- Assure site staff support
- Orientation to project & CSCI
- Identify opportunities for screening, assessment, treatment & linkages to community services along juvenile justice continuum

- Convene all jurisdictions for Strategic Planning Workshop

- Sites implement strategic plans with support that includes:

- Ongoing access to expert TA
- Minimum 2 site visits
- Annual all-sites meeting
- Monitoring of progress via monthly telephone calls

Allegheny County Goals

- Identify all youths in the juvenile justice system with mental health treatment needs
- Select screening/assessment tool
 - ❑ **Assure juvenile justice is not entry point for behavioral health services**
- Provide Probation with information needed to effectively communicate with behavioral health service providers
- Work toward diverting youths from the juvenile justice system to the behavioral health system
- Increase capacity of evidence-based services

Chester County Goals

- Early identification of youths with mental health problems
- Treatment – in the community & in placement; link between JPO Mental Health Project (community), placement services and aftercare
- Family involvement in a multi-system approach

Erie County Goals

- Expand screening and assessment process to youths in community at risk of advancing in the juvenile justice system
- Gather all available information regarding youths to avoid duplicating unnecessary assessments.
- Expand evidence-based programs, specifically MST
 - To be used in conjunction with treatment court

CSCI Collaboration Outcome Measures

Anticipated Outcome within CSCI/Related Component	Outcome Measure (All Stemming from Screening #s where Relevant)	Actual Data Baseline 2007	Actual Data <u>Month</u> 2008
There are an increasing number of activities across agencies	Ex.: MOUs, blended funding, joint initiatives/ RFPs, shared resources, data collection across systems, case reviews		
MH-JJ goals are being integrated with existing documents/ efforts	Ex.: ICSP, Needs-Based-Budget process, funding requests, policies & practices		

CSCI Identification Outcome Measures

More youths in contact with the juvenile justice system with mental health needs are identified	# youth referred for screening
	# youth refused screening
	# youth screened
Youths are screened for identification at various points and along the jj continuum	# screened: Intake Probation
	Detention
	Juvenile Justice Placement
	Reintegration
“Flagged” youths get mental health assessments	# youth referred for mental health assessment
	# youth who refused mental health assessment
	# youth assessed
Youths receive mental health assessments at various points and along the jj continuum	# assessed: Intake Probation
	Detention
	JJ Placement
	Reintegration
A # of assessed youths are diagnosed	# youth with existing diagnoses
	# youth newly diagnosed
Assessments help identify needed service capacity	# recommended for an EBP
	# recommended for further evaluation
	# for outpatient counseling
	# for family counseling
	# for JJ placement
	# for CYF/ Behavioral Health placement
	# for Drug & Alcohol placement
# not recommended for MH services	

Diversion – CSCI Outcomes Measures

There are mechanisms for diversion of MH youths at critical points in lieu of formal processing	# diverted: Intake Probation
	Detention
	Other
More youths are referred for MH services in lieu of legal processing	# youth referred for MH services as an alternative to formal processing
There are mechanisms for diversion to other agencies at critical points as an alternative to further jj involvement	# diverted: Adjudication
	Disposition
	JJ Placement
	Reintegration
	Other
More youths are referred to MH in lieu of further jj involvement	# youth referred for MH services as an alternative to further jjs involvement
Youth are increasingly diverted to the community-based services	# youth with MH needs served in the community

Treatment – CSCI Outcomes Measures

Youth with a MH disorder(s) are linked to EB MH services	#MST
	# FFT
	# MDFC
	# FGDM
	# Other
There are more EB slots in the community	# MST slots
	# FFT slots
	# FGDM
	# Other slots
MH/JJ youth increasingly access services through other youth serving systems	# referred & accepted by Child Welfare
	# referred/ accepted by Mental Health
	# referred/accepted by Drug & Alcohol
	# referred/accepted Mental Retardation
	# referred/accepted Special Ed. services

Family Involvement

- Family involvement - a separate goal
 - **In recognition of its key importance at all points of the juvenile justice continuum and at youth and policy levels**

Families - Anticipated Outcomes

There is an array of means to engage families	Ex.: Phone outreach, in-home contacts, tele-conferencing, transportation, childcare, flexible appointments
Policy level groups include participation by family members	Ex.: Interagency planning groups, special task forces/committees
	# committees including family members
Forums for family participation in their child's planning/treatment	# active family participants
	Ex.: Treatment team meetings, evidence-based services geared for families
	# Family reps that attended meetings

Recurring Themes Around Barriers to Coordinating & Accessing Services

- Managed care/insurance issues
- Confidentiality restrictions
- Concerns about self-incrimination
- Not understanding that linking youths to effective *community* tx services yields positive outcomes - for the youth & the public
- Providers lack experience/knowledge about the mental health-juvenile justice population
- The process of change itself, e.g., agency cultures

Accomplishments State Level

- **Collaboration:**
 - ❑ Mental Health/Juvenile Justice Joint Policy Statement created and endorsed by leaders of key agencies
 - ❑ Policy Statement incorporated in the Department of Public Welfare's (DPW) Integrated Children's Services Plan/Needs Based Budget process, with mh-jj system coordination as a focus
 - ❑ DPW's intent to provide funds for local system coordination efforts

State Level Accomplishments – cont'd

- **Identification**
 - ❑ 25 counties in various stages of implementing MAYSI-2 at probation intake
 - ❑ Aimed at diversion from further juvenile justice involvement
 - ❑ As of March 2008, there were 314 cases in the MAYSI-2 database
- **Diversion**
 - ❑ A subcommittee developing a statewide pre-adjudication policy with plans to create standards & model policies
- **Treatment**
 - ❑ PCCD funding – a “Resource Center for EB Prevention & Intervention Programs & Practices” to develop/support EB & promising programs
 - ❑ MST and FFT programs on the Medical Assistance fee schedule

Accomplishments at the County Level

- **Collaboration:** The 3 counties have high level groups representative of the full delivery system that meet regularly
 - ❑ More frequent interagency meetings take place to resolve problems and/or review referred youths
- **Identification:** Processes &/or tools in place for identifying youths with mental health needs & providing assessments at most points of juvenile justice processing
- **Diversion:** All have processes that reflect attention to opportunities for diversion along the juvenile justice continuum; ongoing efforts to integrate these with practice
- **Treatment:** Evidence-based services are increasing

Allegheny County's Interagency Collaborations

- Multi-system Protocol Team - Meets monthly to problem solve
 - ❑ **3 parents added in 3/08**
- The “Family Network” – A self-governing body of family members
- Juvenile Forensic Unit – Established by mental health provider exclusively for juvenile justice involved youths
 - ❑ **Mental health representatives at every juvenile justice point of contact**
- Shared program space - In an alternative school setting
- Annual cross-system training
 - ❑ **Six trainings completed in the last 2 years**

Allegheny County – Identification and Mechanisms for Diversion

Identification:

- Utilizes standardized screening tool, (Child Behavioral Checklist)
 - ❑ Compromise with public defender's office re self-incrimination concerns
 - ❑ Paving the way for expanding screening process to more youths

Diversion:

- 70 Pittsburgh police trained in Crisis Intervention (CIT)
 - ❑ **To include housing & port authority police**
- 2 receiving centers police drop off youths for mh services & evals
- Resource book for probation is almost ready for distribution

Allegheny County – Delivery of Evidence-based Programs

- MST –16 slots with existing plan for expansion
 - ❑ **Current referrals from school-based probation**
 - ❑ **In 6/08 expanding to probation intake and youths leaving placement**
- Family Group Decision Making (FGDM)
 - **Best practice vs. EBP - in place since 2006**

Chester County Examples

- **Collaboration:** Family Mentors/Advocacy
- **Identification:** Selection of a county-specific assessment instrument used across agencies , (Child & Adolescent Needs and Strength - CANS)
- **Treatment:** Expansion of evidence-based (FFT,) & best practice (FGDM) programs
 - FFT used along the juvenile justice continuum
- **Data Collection:** Intake mental health data collection form as of 1/08; Shared data-base across systems (targeted for 7/08)

Erie County – Interagency Collaborations

- Interagency team meets semi-annually
- Probation supervisors & mental health representatives meet weekly to review youths at multiple critical intervention points, i.e., Triage Meetings
- 3 Resource Care Managers in Probation are funded by education; visit/monitor youths in all placements
- Link with Mercyhurst College for data collection and analysis
- ❑ Ongoing self-improvement process

Erie County - Identification

- Weekly mental health-probation triage meetings review “flagged” youths for possible assessments:
 - ❑ **MAYSI-2 administered in detention center and shelter**
 - ❑ **Triaged 3012 [duplicated]youths from 9/05 - 9/07; 225 were assessed**
 - ❑ **Referents - detention, shelter, treatment court, intake (MAYSI-2 or Probation)**
- Use of MAYSI-2 at Probation Intake is pending agreement on MOU
- Utilize a level of care assessment instrument, i.e., CALOCUS
- Mental Health Coordinator is conducting training for law enforcement officers regarding mental health/juvenile justice youths
 - ❑ **Includes identifying behaviors**

Erie County – Diversionary Mechanisms and Evidence-based Programs

Diversion:

- Triage meetings – to prevent further penetration in the juvenile justice system at critical intervention points
 - ❑ **Of 271 youths tracked at 6 mos & 184 at 12 mos, 88% & 90% respectively did not penetrate further in the juvenile justice system**
- Treatment Ct – diversion opportunity

Evidence-based Programs:

- MST (**55 slots**)
- MTFC beginning 5/08 with 5 foster homes/slots
 - ❑ **PCCD providing start-up funding**
- Treatment Court
 - ❑ **“Best practice” vs. EBP**

Indicators of Sustainability beyond MfC

- DPW's inclusion of MH-JJ Policy Statement in Integrated Children's Service Plan (ICSP)/Needs-based budgeting process
- Legislation regarding Self-Incrimination - Pending
- Shared resources, e.g. program space
- Memorandums of Understanding
- Joint funded service (one county)
- Multi-system participation in treatment planning
- Multi-system data collection
- Membership in leadership committees
- Relationships that have been forged via the collaborative process

There is still much work to do, as reflected in the words of one of the Mental Health Coordinators:

“Understand that change takes time and there will be resistance, but if you understand what your goals are and why, you can keep your eye on the prize and keep moving forward.”

MacArthur Foundation's Models for Change

Comprehensive Systems Change

In Chester County 2005-08

ModelsforChange

Systems Reform in Juvenile Justice

An initiative supported by the John D. and Catherine T. MacArthur Foundation

**Council of Juvenile Correctional
Administrators (CJCA)**

Comprehensive Systems Change Initiative

Purpose – to address the needs of youth with mental/behavioral health problems involved with the juvenile justice system

- PA Mental Health/Juvenile Justice Workgroup
- Allegheny County
- Erie County
- Chester County

Each county team
and the PA Workgroup
developed their own goals

Chester County

A Team Approach

- ❑ **Earlier identification of these youth**

(the #1 goal of the 3 model counties and the PA MH/JJ Workgroup)

- ❑ **Continuum of available services and resources**

- ❑ **Increasing family involvement in planning and implementation**

Earlier identification – HOW?

- ❑ **Restructuring Juvenile Probation Department**
 - ❑ Centralizing investigation and disposition recommendation process within the Intake Unit
- ❑ **Use of the CANS Assessment Tool**
 - ❑ Dr. John Lyons
 - ❑ Chester County's comprehensive version
- ❑ **Clinical case review process**
- ❑ **Mental Health Specialist Probation Officer**
- ❑ **Providing education and support to JPO staff and others**

CANS Assessment Tool

“A **locally constructed** decision support tool to guide service delivery for children and youth with:”

- Mental health needs
- Developmental disabilities
- Substance use
- Juvenile justice involvement**
- Child welfare involvement

Goal #2

Continuum of Services and Resources

Available services and resources

- helping families and JPO's access them

Evidence-Based Practices

- Multi-Systemic Therapy
- Functional Family Therapy
- Family Group Decision-Making

Outcome measurement of current practices

- CANS assessment tool
- PA Juvenile Justice Outcome Measures
- Chester County's information management system
- Working with the National Center for Juvenile Justice

Increasing Family Involvement

- ❑ Family representatives participate in systems planning
- ❑ Families involved in developing their child's plan
- ❑ Assistance to families in coordinating services
 - ❑ System of Care → High Fidelity Wraparound
 - ❑ Family Group Decision-Making
 - ❑ Family advocates and mentors
- ❑ Family support groups

NEXT STEPS:

Chester County's approach to Integrated Children's Planning for Fiscal Year 2008-09

ModelsforChange

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Chester County's Integrated Children's Services Plan Fiscal Year 2008-09

- ❑ Earlier identification of youth's needs and strengths
- ❑ Increasing family involvement
- ❑ Collaboration on a **single plan** for each youth
- ❑ Use of Evidence-based practices
- ❑ **Diversion**, when appropriate
- ❑ **Evaluation** of all practices
- ❑ **Education** of all stakeholders

Collaboration

- ✓ With families
- ✓ With victims and the community
- ✓ With other county agencies
- ✓ With service providers
- ✓ Keeping court personnel informed
- ✓ Getting feedback from stakeholders

Diversion

- ❑ **The best use of resources** to protect victims and the community
 - ❑ **Doing what works**
 - ❑ **Over 10 years, only 12% of youth informally adjusted had a new arrest**
- ❑ Juvenile offenders get **the supervision they need** according to their particular situation
- ❑ Youth get **the most appropriate services** to address their specific needs while meeting the needs of victims and the community

Diversion – HOW?

Appropriate supervision and sanctioning

- **Individualized approach**
 -
- Different **levels of supervision** according to risk
- **Graduated sanctioning**
 - Consequences for bad behavior
 - Rewards for good behavior
- Working with other systems so that **services are available** in the community
- **Diversion** out of the juvenile justice system **when appropriate**

Evaluation

Using available tools to measure the effectiveness of what we are doing

- ❑ PA Juvenile Justice Outcome Measures
- ❑ CANS Assessment Tool
- ❑ The county's information management system
- ❑ Working with the National Center for Juvenile Justice (NCJJ)

Lessons learned...

What's important...

- ✓ Strategic Planning
- ✓ Collaboration
- ✓ Communication
- ✓ Persistence
- ✓ Patience
- ✓ Respect
- ✓ Humor