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BRIEF

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Merging Care with Control Brief II: How to Integrate Juvenile Justice into System of Care

Overview

Research has consistently found that a majority of youth involved in the juvenile justice system have mental health challenges (e.g., Shufelt & Cocozza, 2006; Teplin et al., 2002; Wasserman et al., 2004). As discussed in the first brief of this series, youth with mental health needs are often funneled into and through the juvenile justice system in an attempt to access care for their needs (Casey Strategic Consulting Group, 2003; National Alliance on Mental Illness, 1999; Skowyra & Cocozza, 2007; U.S. General Accounting Office, 2003; U.S. House of Representatives, 2004); however, the juvenile justice system was not designed to be a de facto mental health system. Indeed, research has shown that involvement in the juvenile justice system has negative impact on child and adolescent development and mental health need is a key indicator to involvement in the justice system (Espinosa, Sorensen, & Lopez, 2013; Hoagwood & Cunningham, 1992; Lyons et al., 1998).

These issues have led national leaders and researchers to advocate for focused integration of juvenile justice into systems of care. For example, Hoagwood and Cunningham (1992) emphasized that communities should build on a system of care framework to support youth returning from juvenile justice institutions, stressing the need for community-based supports and services to ensure that youth can continue to progress in their treatment while in their homes. Others, such as researchers with the Pathways to Desistance study, suggest that integrating system of care and juvenile justice systems should be a core strategy of juvenile justice reform (Schubert & Mulvey, 2014). As both a diversion and a continuity of care strategy, Shufelt, Cocozza and Skowyra (2010) framed the concept of juvenile justice integration in system of care when they indicated that "addressing the needs of youth in the juvenile justice system who have mental health service needs requires a more balanced solution – 'one involving both juvenile justice and mental health systems as partners in all efforts to identify and respond to the mental health needs of these youth' (Skowyra & Cocozza, 2007, p.15)" (Shufelt et al., 2010, p.1). If not appropriately engaged or sufficiently integrated into a system of care, juvenile justice involvement for youth with mental health needs can result in decisions working against community-based supports and services, instead of for them.

Building and Sustaining Leadership from the Juvenile Justice System

When attempting to integrate juvenile justice into a community or state-wide system of care, efforts must ensure that key leadership within the juvenile justice system function as equal partners. Because the juvenile justice system is fundamentally guided by the decisions of the local juvenile court, and because the court has judicial authority to order everything from supervision in the community to incarceration, successful system of care reform efforts include the juvenile justice system, with specific focus on the leaders of the court system, as an integral partner in the governance structure. Simply stated, juvenile justice leadership—whether at the state or local levels—must be equally invested and involved in the system change efforts.

Recently, national reform efforts have begun to operationalize recommended approaches toward engaging juvenile justice leaders in system reform for youth with mental health needs. These include the use of the sequential intercept model and other initiatives toward mental health and juvenile justice reform spearheaded by the National Center for Mental Health and Juvenile Justice, the Annie E. Casey Foundation, the John D. and Catherine T. MacArthur Foundation, the Office of Juvenile Justice and Delinquency Prevention, and many others. The following sections of this brief provide an overview of some of these efforts.

Use of the Sequential Intercept Model

To assist communities and states in guiding and developing their juvenile justice diversion strategies, the National Center on Mental Health and Juvenile Justice (NCMHJJ) published the "Blueprint for Change: A Comprehensive Model for the Identification and Treatment of Youth with Mental Health Needs in Contact with the Juvenile Justice System" (Skowyra & Cocozza, 2007). One of the foundations of the Blueprint is the use of the Sequential Intercept Model developed by SAMHSA's GAINS Center (Munetz & Griffin, 2006). This model specifies key points within the system where youth can be "intercepted" and diverted from "deep-end" system involvement to community-based care. Discrete points are identified in the juvenile justice system process to reframe a community's discussion and planning as it works toward integrating juvenile justice into its system of care. Developing collaborations and interventions around these points can create opportunities to identify and document solid wins for the system and simultaneously support youth and their families in their homes and communities.

The critical intervention points identified by NCMHJJ are as follows:

- **Initial contact (law enforcement)** – This is inclusive of a youth's initial contact with law enforcement. This includes a range of interactions such as a simple conversation with a police officer in school to the actual process of arrest.
- **Intake (usually occurs at the probation and juvenile court level)** – This includes the point in the juvenile justice process in which a youth is brought to juvenile probation or juvenile court for formal processing. **Detention** – This is the point in the juvenile justice system process in which a youth is placed in a secure detention setting pending future court processing.
- **Judicial Processing** – This is the point in the system where a petition is filed and the juvenile court conducts an adjudication hearing and the court prepares to dispose of the case.
- **Disposition** – This is the point in the juvenile justice process in which a youth's case receives a formal court decision. This occurs after adjudication and can include a court order requiring everything from community supervision to incarceration.
- **Re-Entry** – This is the point in the juvenile justice process where the youth is released from a juvenile justice placement and returned to the community.

The Sequential Intercept Model provides a framework around which communities can plan concrete steps to address the needs of justice-involved youth with mental health needs; however, identifying the intercept point, or points, is only the beginning. The next challenge is to select the most appropriate intervention to address the needs of the youth identified in the priority population for the selected

intercept point. To that end, the most significant effort toward integrating juvenile justice into a system of care is to provide training and create opportunities for the local system to respond differently when a youth with mental health needs is referred. Below are some specific interventions and practices that states and communities should consider as part of their efforts.

Screening and Assessment

Over the last 10 years, the juvenile justice system has begun to shift from a punitive and retributive justice model, perpetuated by the myth of the "superpredators" from the mid-1990s, to one based on a more holistic view of the juvenile offender as an adolescent who has encountered some trouble within his or her developmental pathway (Grisso, 2007). Juvenile justice systems are increasingly using screening and assessment instruments to assess youth functioning and identify appropriate services. Youth who receive mental health screening are more likely to have their mental health needs identified and gain improved access to care. However, most youth do not receive this type of screening or assessment until after they are adjudicated or placed in a juvenile justice institution, thereby missing key opportunities to divert youth with mental health needs from deeper involvement in the justice system (NCMHJJ, 2007).

Recognizing the need for early identification of mental health needs for youth involved in the juvenile justice system, states and local jurisdictions have implemented systematic screening. For example, in 2001 Texas initiated legislation requiring all youth to be screened at juvenile justice intake (pre-adjudication) using the *Massachusetts Youth Screening Instrument – Second Version* (MAYSI-2; Schwank, Espinosa, & Tolbert, 2003). Pennsylvania uses the MAYSI-2 for youth in pre-adjudication detention centers, and states such as Indiana, Tennessee, and Georgia have recently begun exploring the use of the MAYSI-2 as part of strategies for diverting youth with mental health needs from the court process. To safeguard youth confidentiality while allowing the use of mental health screening for diversion efforts, states such as Illinois, Pennsylvania, and Texas have passed legislation restricting the use of statements made by youth during the administration of the MAYSI-2 from being used against them during the court process.

When a system chooses to implement screening and assessment tools, it is important that these tools are accompanied by clear decision protocols to ensure the results are used in case planning and court decisions. If the results of screening are not connected to next steps, and outcomes monitored, the screening tool could be seen as just another task and may not result in any kind of systemic change in opportunity or activity.

Cross-System Information Sharing

Ensuring that state and local agencies can share information with each other—or have the ability to cross-match data across systems—will assist in identifying youth with mental health needs as they initially become involved with the juvenile justice system. A survey conducted by the National Academy of State Health Policy indicated that 24 of the 29 state juvenile justice agencies polled were able to identify an incarcerated youth's Medicaid status through the state Medicaid agency, but none indicated they were able to identify (with any reliable process) youth whose families were currently accessing public mental health services (National Conference on State Legislators, 2011). Developing a process whereby youth who are referred to the juvenile justice system are cross-matched to the public mental health system could assist states and communities in identifying potential diversion strategies and supports for youth with mental health needs who are at risk of or involved in the juvenile justice system. For example, in Texas, both Lubbock and Dallas County's juvenile probation departments routinely compare their detention census with the records of their respective local mental health authority. If youth are identified as being detained and are currently or have recently been active with the local mental health authority, the probation departments notify the youth's case manager and begin efforts toward diverting the youth from detention and into community mental health services.

Models for Change – Mental Health/Juvenile Justice Action Network (MHJJAN)

Initiated by the John D. and Catherine T. MacArthur Foundation in 2004, Models for Change is a multi-state effort aimed at guiding and accelerating reforms in the juvenile justice system. The foundation provided support for the Mental Health/Juvenile Justice Action Network (MHJJAN) as part of the response to the identification of the unique challenges posed by youth with mental health needs who are involved in the juvenile justice system. The MHJJAN, established in 2007 and coordinated by NCMHJJ, was an issue-focused effort that identified and demonstrated the development and exchange of strategies across states (Connecticut, Colorado, Illinois, Louisiana, Pennsylvania, Ohio, Texas, and Washington). The MHJJAN focused on two primary innovations: 1) front-end diversion, and 2) workforce development.

Front-End Diversion

Front-End Diversion efforts focus on specific intercept points, including law enforcement, law enforcement in schools, and probation-based intake. Connecticut, Illinois, Ohio, and Washington targeted school-based diversion, with each state developing a strategy based on Wraparound Milwaukee's Mobile Urgent Treatment Team Model (MUTT). The MUTT Model uses mental health practitioners to respond to school-based incidents involving youth who may have a mental health need and who are at risk of juvenile justice involvement. These "responders" work directly with school personnel and law enforcement to link the youth and family to community care (NCMHJJ, 2012a).

Three states—Colorado, Louisiana, and Pennsylvania—collaborated through the MHJJAN to develop and implement a diversion strategy for law enforcement. Working with the Colorado Regional Community Policing Institute (CRCPI) and other subject matter experts, the MHJJAN expanded on the CRCPI's initial Crisis Intervention Team (CIT) training to include an 8-hour "Crisis Intervention Teams for Youth (CIT-Y)" module. The CIT-Y provides law enforcement with response techniques that are appropriate and effective for youth with mental health needs (NCMHJJ, 2011).

The probation-based intake diversion effort was an MHJJAN strategy implemented in Texas. Building on the use of specialized probation officers in the adult system, and the state's use of specialized juvenile probation officers for post-adjudicated youth, Texas embarked on the Front-End Diversion Initiative (FEDI). The intent of FEDI was to 1) develop and implement a training model for specialized juvenile probation officers, and 2) use specialized juvenile probation officers, carrying a reduced and targeted caseload, as the primary diversion strategy for youth with mental health needs from the juvenile justice system (NCMHJJ, 2012b Colwell, Villarreal, & Espinosa, 2012).

Workforce Development

Recognizing the need for comprehensive mental health training for juvenile justice practitioners, the MHJJAN's primary efforts to support the workforce included the development and dissemination of the Mental Health Training Curriculum for Juvenile Justice (MHTC-JJ). Collaborating with national subject matter experts and in partnership with Connecticut, Illinois, Ohio, Texas, and Washington, the MHTC-JJ was designed to provide a variety of juvenile justice staff (e.g., probation, detention, corrections) with information about mental health disorders commonly found among youth involved with the juvenile justice system, basic information on adolescent development, and evidence-based treatment for youth with mental health needs (NCJJMH, 2012c).

The Collaborative for Change

To continue the efforts in mental health and juvenile justice reform initiated by the MHJJAN, the Mental Health and Juvenile Justice Collaborative for Change (the "Collaborative") was created. Led by the NCMHJJ, the Collaborative is a technical assistance center designed to assist communities and states to respond to the challenges of youth with mental health needs who are involved with or at risk of

involvement in the juvenile justice system. To learn more about the Collaborative, visit their website, cfc.ncmhjj.com.

Summary

To integrate and sustain juvenile justice into system of care, juvenile justice leaders have to be integrated as no less than equal partners. With equal investment among juvenile justice leaders and other system of care partners, states and communities can begin to implement diversion strategies upon a solid foundation of collaboration, communication, and investment. The following are some recommended strategies to pursue:

- <u>Intercept Points</u>: States and communities should identify a specific intercept point, or points, at which they can target interventions to divert youth with mental health needs from further penetrating the juvenile justice system.
- <u>Mental Health Screenings</u>: Communities and states should consider implementing mental health screenings at critical intercepts across the juvenile justice system and use that information to inform policies and practices through the local system of care.
- <u>Cross-System Information Sharing/Data Matching</u>: Systems should consider investing in strategies to identify whether youth who become justice-involved are currently receiving services in the public mental health system.
- <u>Diversion Initiatives</u>: Communities with strong partnerships between system of care and juvenile justice leaders should consider implementing a specific diversion initiative at identified intercept points.
- <u>Cross-System Education and Technical Assistance</u>: States and communities should consider using curriculums intended to improve knowledge of mental health, collaboration, and communication across mental health and juvenile justice systems.

In addition, state and community leaders should recognize that adolescence is a period of developmental transition characterized by changes in family, school, peers, self-concept, and general physical development (Bergman & Scott, 2001). Although most youth navigate this developmental period successfully, incidents of rule breaking and behavioral problems are common and can result in involvement with law enforcement. Therefore, any consideration of integrating justice and system of care must include considerations around the fundamental need to shift the disconnect of the culpability of youth within the framework of adolescent development and the systematic responses of youth involved with the juveniles justice system. To learn more applying a developmental lens to juvenile justice, see the National Research Council's 2013 publication, *Reforming Juvenile Justice: A Developmental Approach* at from http://www.nap.edu/catalog/14685/reforming-juvenile-justice-a-developmental-approach, and the National Research Council's 2014 publication that sets forth a reform plan for the Office of Juvenile Justice and Delinquency Prevention titled, *Implementing Juvenile Justice Reform: The Federal Role* at: http://www.nap.edu/catalog/18753/implementing-juvenile-justice-reform-the-federal-role.

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