

Innovation Brief

Juvenile Justice and Mental Health: A Collaborative Approach

Juvenile justice systems are designed to hold youths accountable for their behavior in developmentally appropriate ways, prevent further delinquency, and protect the public. But over the past decade it has become apparent that these systems, and the traditional rehabilitative programs they provide, often fail to meet the needs of justice-involved youths with mental health problems. National attention is now focusing on these youths, their growing numbers, and their unmet needs. One point is clear: No single agency can solve the mental health/juvenile justice crisis. It demands a collaborative model.

Three Pennsylvania counties—Allegheny, Chester, and Erie—and a state-level team began tackling this issue in 2004. Through the Comprehensive Systems Change Initiative (CSCI), supported by Models for Change, they have implemented a collaborative model to identify youths with mental health needs at all decision-making points in the juvenile justice process, and to ensure an appropriate response.

The Issue

A convergence of events in the 1990s shifted responsibility for youths with mental health problems to the juvenile justice system. High crime rates led to get-tough measures, including zero-tolerance policies in schools and criminalization of normal adolescent behaviors, that put more youths in the system. The closing of psychiatric hospitals, a trend that began in the 1970s, continued apace, while the community mental health system, initiated with such optimism in the 1960s, was being downsized. As a result, youths with mental health problems frequently ended up in the juvenile justice system, which could not refuse to serve them.

But the juvenile justice system is not and should not be designed to serve youths who need mental health treatment. Those youths need to be identified when they first come

An estimated 20 percent of justice-involved youths have a serious mental health disorder. About half of these also have a substance use disorder.

in contact with juvenile justice—and again at subsequent decision-making points—and referred to mental health professionals to ensure appropriate treatment.

A growing awareness of this special population has opened a pathway to better outcomes. The field now has validated tools to identify youths with mental health needs, and an array of evidence-based programs to help them. In addition, research has shown that diversion to community services results in better outcomes for youths and increased public safety.

Building on these advances requires collaboration between the juvenile justice and mental health systems. Collaboration allows the juvenile justice system to fulfill its mission without trying to replicate the role of mental health provider; and it ensures that the mental health system can provide effective services based on an understanding of the needs of justice-involved youths.

Innovations

A framework for multi-system change. The Comprehensive Systems Change Initiative offers a coordinated system to ensure an effective response to justice-involved youths in need of mental health services. It includes:

- **Collaboration.** Collaboration is essential in policy, programming, and planning for individual youths. CSCI brings to the table all relevant youth-serving agencies and families. The agencies may differ across jurisdictions, but should minimally include probation, corrections, behavioral health, child welfare, substance abuse, education, and victim advocacy.
- **Identification.** Standardized screening and assessment tools are used at all decision-making points, from initial contact to reintegration, to identify youths with mental health needs.
- **Diversion.** Youths with mental health needs are directed to appropriate services. When possible, they are diverted from the justice system to community programs.
- **Treatment.** For youths who remain in the system, a continuum of evidence-based mental health services is coordinated with juvenile justice and continues through aftercare.

A coordinated system. CSCI provides the structure for each jurisdiction to establish a coordinated system, including:

- A full-time “mental health coordinator” who brings people together, oversees the work, and provides ground-level leadership in working toward sustainable change.
- A one-day forum for CSCI participants that introduces a model the site is interested in adopting.
- Monthly phone conferences, semi-annual site visits by the grant manager, and an annual forum that brings all sites together and links practitioners to experts, resources, and one another.

- Additional resources to advance the work, such as collaborative meetings, expert advice, assessment tools, and training.

Skills Needed by Mental Health Coordinators

- Leadership
- Vision
- Facilitation, engagement, communication
- Patience, flexibility, persistence, resilience
- Objectivity when faced with multiple perspectives
- Strong advocacy skills grounded in sound principles, research, and practice
- Ability to stay current on changes in the field
- Ability to facilitate relationships and work across multiple systems

Major elements. CSCI guides jurisdictions in implementing features such as:

- A multi-system coordinating body.
- Validated screening and assessment tools.
- Evidence-based programs to serve all youths who need them.
- Interagency agreements and cost-sharing to increase services and the number of youths served.
- Policies to divert youths into community programs.
- Data collection and analysis to continually improve outcomes for youths.
- Coordinated efforts to help youths move successfully from placement back into their communities.

Results

CSCI entered a state with a highly decentralized juvenile justice system that combined state-level leadership with local decision-making. Based on lessons learned from other states, Pennsylvania introduced a mental health coordinator into each of the pilot counties early in the process, to begin integrating CSCI components into local operations. Funding for these positions, initially provided by Models for Change, has continued in local budgets, sustaining effective collaboration among agencies.

A state-level policy group, including representatives from youth-serving systems and families, was formed to support the local work and align it with state policies, legislation, and funding, and to generate additional state-level program

and policy goals. Through subcommittees, the State Team successfully led pilot projects, expanded programs and tools through multiple counties, educated stakeholders, maintained communication among subcommittee members and county team representatives, and established sustainable change.

The many significant accomplishments of CSCI include:

Collaboration

- Erie County initiated “triage”—weekly meetings of mental health and juvenile probation staff to coordinate assessments and recommendations at all critical decision points.
- With funding from multiple agencies and departments, Chester County adopted a county-tailored, cross-agency assessment and planning tool.
- Participation by the mental health coordinator in Chester’s budget process led to county funding for a family advocate and a specialist in navigating multiple youth-serving systems.
- The State Team engaged key leaders for their endorsement of the *Mental Health/Juvenile Justice Joint Policy Statement*, a blueprint for creating a model system.
- The State Team also published a monograph, *Family Involvement In Pennsylvania’s Juvenile Justice System*, establishing a statewide strategy to support a family role in youth policy and planning.

Identification (Screening and Assessment)

- The State Team supported the use of the Massachusetts Youth Screening Instrument-Second Version (MAYSI-2) at probation intake. By the end of the CSCI grant, more than one-third of counties were participating.
- Erie County implemented both the MAYSI-2 and trauma assessment tools at intake.
- In collaboration with the Models for Change diversion project, Chester County later adopted the MAYSI-2 at intake.
- Allegheny County implemented the Child Behavior Checklist to identify youths with a diagnosable emotional disorder. Because of concerns about self-incrimination, the instrument was first used only after adjudication, then gradually expanded.
- The State Team addressed self-incrimination concerns statewide in 2008 by initiating and facilitating passage of Act 109, an amendment to Pennsylvania’s Juvenile Act protecting youths against self-incrimination.

- In collaboration with the Mental Health Action Network, Allegheny County expanded Crisis Intervention Training (CIT) to help police identify youths with mental health problems at initial contact.

Diversion

- Erie County extended assessments and recommendations to include local diversion committees and peer juries at the front end, pre-adjudication.
- Allegheny County’s CIT initiative aimed at diverting youth from justice involvement.
- The State Team wrote *Principles of Pre-Adjudication Diversion in Pennsylvania* and *Guide to Developing Pre-Adjudication Diversion Policy and Practice* to help counties develop policies and protocols.
- The State Team worked with technical assistance providers to identify and introduce a public safety risk tool and case management system; by 2012, 65 of 67 counties were participating. This was key to opening the door for diversion.

Treatment

- Erie County added a wide range of evidence-based community programs—including Multisystemic Therapy, Multidimensional Treatment Foster Care, Functional Family Therapy, and others—to its existing services.
- Allegheny County also added two of these programs.
- The State Team created the EPISCenter to help counties adopt or develop evidence-based programs, to assess and improve promising grassroots programs, and to enhance data capacity.

Lessons

Structure. In each of the three model counties, the mental health coordinator was placed in a different entity: a locally run mental health or juvenile justice agency or a not-for-profit organization. Regardless of the placement, the level of success depended greatly on the degree to which the coordinator had:

- Decision-making ability over operations and practices.
- An advocacy position grounded in sound principles and research, to ensure collaboration stayed focused on youths’ needs.

- Access to technical resources and experts to ensure that change was driven by ongoing data analysis and measurable success.
- Supportive leadership and a team of colleagues who were equally committed to the success of the collaborative.

Data collection. Lack of experience or resources made data collection a challenge, except in Erie County, where the team already had a relationship with Mercyhurst College Civic Institute. Very specific lessons emerged from the experience:

- The ability to collect, analyze, and report data is critical and requires expertise, which can be acquired by partnering with a university or an information technology department. Funding should be included in CSCI implementation.
- Agencies have to work together to determine what types of data can and should be collected.
- Stakeholders must be educated about why data collection is important—to capture outcomes, improve performance, maintain funding, and replicate successful programs.

Looking Forward

The work in the pilot counties continues to evolve, addressing changing needs. To ensure that the reforms achieved so far will continue beyond Models for Change in counties throughout the state, Pennsylvania has embedded changes in statute, adopted memorandums of understanding, published guides to best practices and policies, and secured homes for committees within existing organizations.

The strong partnerships that have been forged among juvenile justice, mental health, and other key agencies and stakeholders will be a major force in expanding juvenile justice reform in Pennsylvania. Indeed, the state is now

engaged in a new wave of reform, the “Juvenile Justice System Enhancement Strategy,” which will consolidate, sustain, and enhance the gains made over five years of Models for Change work. The strategy includes the implementation of evidence-based practices (several are already being funded by the Department of Public Welfare); an ongoing commitment to data collection, analysis, and research; and continuous quality improvement in every aspect of the system.

CSCI was designed to be replicable across widely varying states and jurisdictions. Using this blueprint, others can break down the barriers between juvenile justice and mental health; expand funding and access to evidence-based practices; and create an environment that supports effective, community-based programs rather than costly and ineffective placements for youths with mental health problems.

Resources

Family Involvement in Pennsylvania’s Juvenile Justice System (2009) <http://www.modelsforchange.net/publications/238>

Guide to Developing Pre-Adjudication Diversion Policy and Practice in Pennsylvania (2010) <http://www.modelsforchange.net/PA/DiversionGuide>

CSCI Briefing Paper (2012) <http://cjca.net/attachments/article/34/CSCI.pdf>

Mental Health Screening within Juvenile Justice: The Next Frontier (2007) <http://www.modelsforchange.net/publications/198>

Models for Change Juvenile Diversion Guidebook (2011) <http://www.modelsforchange.net/NationalDiversionGuide>

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This brief is one in a series describing new knowledge and innovations emerging from Models for Change, a multi-state juvenile justice reform initiative. Models for Change is accelerating movement toward a more effective, fair, and developmentally sound juvenile justice system by creating replicable models that protect community safety, use resources wisely, and improve outcomes for youths. The briefs are intended to inform professionals in juvenile justice and related fields, and to contribute to a new national wave of juvenile justice reform.