Advances and Innovations Emerging from the Mental Health/Juvenile Justice Action Network: 2009 Update

Prepared by the National Center for Mental Health and Juvenile Justice

National Center for Mental Health and Juvenile Justice
NCMHJJ

ModelsforChange
Systems Reform in Juvenile Justice

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ActionNetwork
A Project of ModelsforChange

ModelsforChange
Systems Reform in Juvenile Justice

Models for Change

Models for Change is an effort to create successful and replicable models of juvenile justice reform through targeted investments in key states, with core support from the John D. and Catherine T. MacArthur Foundation. Models for Change seeks to accelerate progress toward a more effective, fair, and developmentally sound juvenile justice system that holds young people accountable for their actions, provides for their rehabilitation, protects them from harm, increases their life chances, and manages the risk they pose to themselves and to the public. The initiative is underway in Illinois, Pennsylvania, Louisiana, and Washington, and through action networks focusing on key issues, in California, Colorado, Connecticut, Florida, Kansas, Maryland, Massachusetts, New Jersey, North Carolina, Ohio, Texas, and Wisconsin.

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Introduction

The Mental Health / Juvenile Justice (MH/JJ) Action Network was established in 2007 to serve as a driving force for innovation and reform around how the juvenile justice system responds to youth with mental health needs. The Network, funded by the John D. and Catherine T. MacArthur Foundation and coordinated by the National Center for Mental Health and Juvenile Justice, represents a collaborative effort of eight states: the four states participating in the Foundation's Models for Change initiative (Pennsylvania, Illinois, Louisiana, and Washington) and four new partner states (Colorado, Connecticut, Ohio, and Texas).

The Network was established in response to growing concern, both within the Models for Change states and across the country, over the alarming number of youth involved with the juvenile justice system with mental health disorders, and the inadequate and often inappropriate response to these youth once they are involved with the system. Over the past three years, the eight MH/JJ Action Network states have established a national leadership community at the forefront of mental health and juvenile justice policy and practice, developed and implemented innovative solutions and strategies to some of the most pressing challenges to effectively addressing the mental health needs of justice-involved youth and established themselves and the Network as a model for other states interested in similar reforms.

This report summarizes the key accomplishments of the Action Network, with an emphasis on the achievements and models that have emerged as a result of the Action Network's innovative Strategic Innovation Group process.

The Strategic Innovation Groups (SIGs)

A key feature of the MH/JJ Action Network is its Strategic Innovation Group (SIG) process, which offers a structured approach for collaboratively generating new and innovative solutions to critical issues through the development and application of practical strategies. The Action Network's SIG projects are focused on three of the most challenging issues facing jurisdictions across the country seeking to better respond to the mental health needs of justice involved youth:

Goals of the MH/JJ Action Network

The work of the MH/JJ Action Network is organized around the following key goals:

1. Developing, implementing, and evaluating new models and strategies for addressing common problems that can be sustained, expanded, and replicated in other jurisdictions.
2. Fostering the continued development and exchange of ideas and information within the Action Network states.
3. Providing national leadership on issues pertaining to mental health and juvenile justice.

- **Front-End Diversion:** Establishing pre-adjudicatory diversion options for youth with mental health needs at three points of contact—schools, law enforcement, and probation intake.
- **Workforce Development:** Developing and implementing a mental health training and education package for staff working in a variety of juvenile justice settings.
- **Family and Youth:** Exploring ways to effectively and meaningfully engage families of youth with mental heath needs in contact with the juvenile justice system.

Through these diversion, workforce development, and family and youth SIGs, the MH/JJ Action Network is moving the field forward by offering replicable models for reform that can be emanated by other states and localities across the country. A detailed description of these projects is provided below.

Law Enforcement Diversion: Crisis Intervention Teams for Youth

Participating States: Colorado, Louisiana, Pennsylvania

Overview

Law enforcement officers are often the first to respond to calls involving youth with mental health needs. The response by law enforcement officers, and the decisions that are made about how to handle the case, can have significant implications for a youth and their family. The encounter represents a potential opportunity to connect the youth with emergency mental health services, or to refer the youth for mental health screening and evaluation (Skowyra & Cocozza, 2007). Recognizing this, many jurisdictions have implemented what are known as Crisis Intervention Teams (CITs). Crisis Intervention Teams consist of specialized law enforcement officers who have received intensive training on how to respond to calls involving individuals with possible mental health problems. Strong partnerships between the CIT program and the mental health system ensure that mental health resources are available to law enforcement when they respond to a crisis involving an individual with mental health needs.

CITs operating across the country receive calls to respond not only to adults in a mental health crisis, but also to youth with mental health needs. Unfortunately, the standard CIT training focuses primarily on mental illness among adults, and on response techniques appropriate for that population. To fill this gap, the MH/JJ Action Network's Law-Enforcement Diversion SIG project developed and pilot tested a specialized law enforcement training, known as Crisis Intervention Teams for Youth (CIT-Y) that is specifically focused on youth with mental health needs.

To date, all three participating Action Network states have established CIT-Y pilot programs. These teams respond to calls involving youth and link those youth with needed crisis and mental health services.

Initial Results from the CIT-Y Pilot Implementation

One hundred fifteen (115) law enforcement officers from the three states participated in the CIT-Y 8-hour pilot training. Participant evaluations and feedback suggest that the training was helpful and increased participants' knowledge of critical issues targeted by the training. For example, when asked whether it was true or false that "During a crisis situation involving a youth, law enforcement should assume that the youth needs

personal space," only 44 percent of officers answered true prior to the CIT-Y training. Post-training, the proportion of officers answering correctly jumped to 83 percent. Similarly, only 69.5 percent of law enforcement officers indicated that the following statement was true prior to the training: "Trauma-informed law enforcement focuses on reducing the likelihood of re-traumatizing those who come in contact with the law." After the training, 89.8 percent of officers answered that this statement was true.

Next Steps for the Law Enforcement Diversion SIG

The final CIT-Y curriculum, which incorporates feedback and evaluation results from the pilot trainings, is expected to be available in early 2010 and will be evaluated in Louisiana. In addition, the MH/JJ Action Network is currently working with the Law Enforcement Diversion SIG states and consultants to develop an expanded, 24-hour CIT-Y curriculum, designed specifically for use with law enforcement officers and school resource officers who have not undergone the standard Crisis Intervention Team training. This version will provide more "standard" CIT training, offer additional skill building exercises, and include more school-specific information.

Probation-Based Diversion: The Front-End Diversion Initiative

Participating State: Texas

Overview

Probation intake, often viewed as the "gatekeeper" to juvenile court, plays a vital role in determining whether a juvenile's case is dismissed, diverted, or formally referred to juvenile court (Skowyra & Cocozza, 2007). Given this,

About Crisis Intervention Teams for Youth (CIT-Y)

- CIT trained officers attend an eight-hour, youth-focused supplemental training
- CIT-Y Training addresses critical youth-specific topics such as:
  - Youth mental health symptoms and disorders
  - Adolescent development principles
  - Crisis de-escalation and intervention skills and communication techniques
  - Local service and diversion resources for youth
  - The important role of families
- Linkages with appropriate mental health and crisis services established
- CIT-Y officers respond to calls involving youth with mental health needs

jurisdictions across the country have begun exploring probation supervision strategies for serving individuals with mental health needs, including the creation of specialized probation programs specifically for offenders with mental illness (Skeem, Emicke-Francis & Louden, 2006; Council of State Governments, 2002). However, to date, these specialized probation programs have focused for the most part on adult offenders and are rare at the juvenile level. Instead, in most cases juvenile probation officers do not possess sufficient knowledge about youth mental disorders, assessment, and appropriate treatment (Vilhauer, Wasserman, McReynolds & Wahl, 2004).

Building on the work that has been done at the adult probation level and in recognition of the need for a similar strategy within the juvenile justice system, Texas has created a specialized mental health probation program for youth with identified mental health needs. The probation-based diversion program in Texas, known as the Front-End Diversion Initiative (FEDI), diverts youth with mental health needs from adjudication through the use of Specialized Juvenile Probation Officers (SJPOs). These SJPOs have limited caseloads and coordinate services by providing quality case management and linking youth and their families to formal and informal community resources and support.

Initial Results from the FEDI Pilot Implementation

To date, four pilot counties in Texas have implemented the Front-End Diversion Initiative. Results from the training evaluations indicated that the trainings were well received and beneficial to participants, and that the motivational interviewing training resulted in significant increases in interviewing skills among participants. The Video Assessment of Simulated Encounters (VASE-R), a video-based method for evaluating motivational interviewing skills, was administered to all motivational interviewing participants (Rosengren, Baer, Hartzler, Dunn & Wells, 2005). Prior to the training, 34 percent of the training participants demonstrated at least

About the Front-End Diversion Initiative (FEDI)

- Youth are screened into the program using specific mental health diagnostic criteria
- SJPOs are provided with extensive motivational interviewing, case management, family engagement and crisis intervention training and coaching, and maintain caseloads of no more than 15
- Youth participate in the program for up to six months (longer, with the approval of the judge)
- Weekly supervision meetings are held with the youth and family
- SJPOs use motivational interviewing techniques in all work with youth and family
- Case planning includes crisis plans, service and support referrals
- Aftercare planning is used to prepare the youth and family for transition out of the program

beginning motivational interviewing proficiency, with 17 percent of the sample demonstrating advanced proficiency. Following the training, 78 percent of the sample had achieved at least beginning MI proficiency, with 31 percent of the sample demonstrating advanced proficiency.

Next Steps for the Probation-Based Diversion SIG

Over the coming months, the NCMHJJ will be working with the Texas Action Network team to complete a more in-depth evaluation of FEDI and to develop products that can be used to facilitate replication of FEDI in other jurisdictions interested in establishing a probation-based diversion program. Based on the positive preliminary results from the implementation of FEDI in the four demonstration sites, Texas is planning an expansion of the program to at least one additional county.

School-Based Diversion

Participating States: Connecticut, Illinois, Ohio, Washington

Overview

The continued expansion of zero tolerance policies and recent trends toward increasing reliance on law enforcement to address behaviors that were historically handled by school administrators have resulted in large numbers of youth with mental health needs and other disabilities being funneled into the juvenile justice system (Rimer, 2004; Browne, 2003; Mears & Aron, 2003). The inappropriate placement of youth with mental health needs in the juvenile justice system resulting from school referrals has led to efforts to design programs that divert youth who may come in contact with the juvenile justice system as the result of a school referral into more appropriate services, such as mental health services.

One such innovative program, known as the Mobile Urgent Treatment Team (MUTT) project, uses a "mobile urgent response" to school incidents involving youth with mental health problems. This approach, pioneered in Milwaukee, WI, as a spin-off of the highly successful WrapAround Milwaukee program, makes schools the focal point for recognizing mental health problems among its student population and ensures that the mental health system, instead of the police, are contacted to respond and intervene.

The four participating Action Network states have established school-focused diversion programs based on the MUTT model. While the specific approach used by each of the states varies, the programs share two key elements:

- The provision of training to school officials on how to effectively and appropriately respond to youth with mental health needs;
- The creation of linkages between the school and mobile mental health crisis teams and community mental health treatment providers who can accept school referrals and provide treatment as necessary.

Initial Results from the School-Based Diversion Pilot Implementation

Ten pilot schools across the four participating states have implemented school-based responder programs. As part of the implementation process, training was provided to responders, school staff, and other key stakeholders. To date, 470 individuals from participating school districts and other child serving agencies have

been trained on the program components and available services associated with these programs. Additional information about the number of youth served and their characteristics and the number and types of referrals made by the programs is currently being collected.

Next Steps for the School-Based Diversion SIG

Over the coming months, participating states will continue to implement their programs and collect outcome data. In addition, an in-depth evaluation will be conducted in Connecticut to collect more detailed outcome information about the mental health responder approach. The NCMHJJ will also be working with the participating sites to develop products that can be used to effectively disseminate the program models and lessons learned.

Workforce Development: The Mental Health Training Curriculum for Juvenile Justice

Participating States: Connecticut, Illinois, Ohio, Texas, Washington

Overview

Juvenile justice staff face a number of challenges in working with the youth in their care. Job stress has been consistently identified as a major factor in the level of job satisfaction among correctional staff (Lambert et al., 2002). When these juvenile justice staff do not have the knowledge and training they need to effectively work with the large numbers of youth in their care who have mental health problems, these challenges and stressors can be exacerbated. Furthermore, a lack of

About the School-Based Diversion Programs

Connecticut: Uses Local Emergency Mobile Psychiatric Providers to respond to crisis calls in the schools and provide in-school crisis stabilization services and follow-up services.

Summit County, Ohio: Relies on a clinician from a local service provider to respond to calls in the middle schools involving youth with a mental health concern and youth who are chronically truant, and to provide de-escalation and follow-up services.

Jackson County, Ohio: Uses a mental health responder affiliated with a local provider who works directly out of the schools, alternating between high school and middle school, and who provides in-school crisis services, arranges for assessments, and develops and monitors treatment plans.

Washington: Uses a local WrapAround provider who accepts referrals from the school for youth with frequent unexcused absences who are at significant risk of referral for mental health services and potential juvenile justice system involvement.

understanding about the manifestations of mental health problems among youth in the juvenile justice system can lead to inappropriate and ineffective responses to those manifestations, and, consequentially, further exacerbation of a youth's symptoms (Skowyra & Powell, 2006). Recognizing the need for a training curriculum for juvenile justice staff that can be easily adapted for use at different points of contact, the Workforce Development SIG is developing a comprehensive mental health training curriculum—the Mental Health Training Curriculum for Juvenile Justice (MHTC-JJ)—that is specifically designed for juvenile justice staff in a variety of settings.

Initial Results from the MHTC-JJ Pilot Implementation

The MHTC-JJ was pilot tested in all five participating states in May and June of 2009 by state trainers who had participated in a Train the Trainer session sponsored by the MH/JJ Action Network. A total of 392 juvenile justice staff from probation, juvenile court, detention, juvenile corrections, and other agencies participated in the pilot trainings.

The results of the pilot test indicate that the training was beneficial to participants and had a positive impact on participants' knowledge. Overall, the percentage of participants correctly answering knowledge questions increased for 23 out of 24 items (the change was statistically significant for 17 of those items). For example, prior to the MHTC-JJ, 59.6 percent of participants indicated that the following statement was true: "Rates of youth with mental illness are similar across races; however, youth who are minorities tend to be misdiagnosed more often." After the training, the percentage correctly identifying the statement as true jumped to 74.3 percent.

Next Steps for the Workforce Development SIG

The five participating states are currently completing post-training data collection activities. In addition, the MH/JJ Action Network is now revising the curriculum based on the comments and feedback collected during the field tests. Following the final review by the participating states, the final version of the curriculum will be available in early 2010. The final MHTC-JJ

About the Mental Health Training Curriculum for Juvenile Justice (MHTC-JJ)

The MHTC-JJ is a 1.5-day training for juvenile justice staff from probation, detention and corrections that includes modules focusing on:

- Mental disorders in youth and important adolescent development concepts
- How mental disorders are identified in juvenile justice youth, including the use of screening and assessment instruments
- Common treatment strategies used with this population
- The role of the youth's family in their treatment
- Practical strategies for interacting with and responding to youth with mental health needs

will also be implemented and evaluated by one of the participating states.

Family and Youth SIG

Overview

Involving the families of youth with mental health needs who come in contact with the juvenile justice system in all stages of processing and treatment is critical. Meaningful involvement can yield positive benefits for the youth and their family, the juvenile justice system, and the community (Osher & Hunt, 2002). The involvement of families can also be critical to the successful treatment of youth with mental health needs. Families can contribute background information and insight into their child's condition, provide support and assurance to their child, and play a vital role in carrying out transition plans (Osher & Hunt, 2002).

Unfortunately, a historically adversarial relationship between families and the juvenile justice system and a multitude of institutional barriers that exist within the juvenile justice system have made it difficult for families to become involved in their child's care, despite their interest in being more involved. These barriers have also inhibited meaningful involvement of families in policy reform efforts. Therefore, in many cases, the potential resources and benefits that can result from family involvement are lost.

The MH/JJ Action Network states share a strong belief that families can play a very valuable role in helping support and advocate for their children while they are involved with the juvenile justice system. At the 2nd Annual Meeting of the MH/JJ Action Network, the participating states selected the issue of family and youth involvement as the focus of the next Strategic Innovation Group project. Over the next year, each of the Action Network states will work to increase family involvement through the implementation of at least one of the following approaches:

- Providing training and education to juvenile justice administrators, staff, and key stakeholders around why and how to better involve families.
- Empowering, training, and educating families and youth to become more knowledgeable about the juvenile justice system and about mental health services available to youth involved with the juvenile justice system.
- Adapting and implementing the Parent Empowerment Program (PEP) model for use with families whose children have mental health needs and are involved with the juvenile justice system, as well as staff from the juvenile justice system.

In addition, all of the states will be developing resources and tools for family members and juvenile justice staff that will support their training and education initiatives.

Conclusion

In the short amount of time that has passed since the establishment of the MH/JJ Action Network, the Network has tackled some of the most challenging issues facing juvenile justice systems across the country, and has developed and implemented new and innovative strategies that fill critical gaps in the knowledge base. As a result, juvenile justice systems across the country now have new models for diverting youth with mental health needs at multiple points of juvenile justice contact, and mechanisms for training juvenile justice system staff working in a variety of settings about how better to respond to the mental health needs of justice involved youth. As the Network moves forward in implementing the Family and Youth SIG, lessons from that work will also be captured and shared with other

jurisdictions in an effort to enhance policy and practice. The new responses emerging from the MH/JJ Action Network will provide national leadership and direction to all states and communities interested in improving the lives of vulnerable youth.

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