GETTING IT RIGHT!

Promoting Mental Health in Juvenile Justice

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A Message from the Director

Greetings from the Center for the Promotion of Mental Health in Juvenile Justice. I hope this edition of our newsletter finds you healthy and happy! We've packed our April issue of *Getting it Right!* with information that we hope will be helpful to all of you working in the field.

Earlier this year, Reni John and Monika Kushwaha braved the Nebraska winter to provide Voice Diagnostic Interview Schedule for Children (VDISC) training to the Heartland Family Services and training on the Diagnostic Predictive Scales (DPS) to the Douglas County Assessment Center in Omaha. While there, they were also able to meet with a group of mental health practitioners and juvenile justice community leaders to discuss the use of diagnostic screens in youth services. We are pleased to announce that the Douglas County Assessment Center has been using the DPS for over three months! To learn more about their experience with the DPS, see our story on page 2.

Studies suggest that 65% of youth in some sectors of the juvenile justice system have a diagnosable mental health disorder; thus, the need for juvenile justice agencies to screen youth for potential mental health concerns is vital. Yet this can be difficult for agencies with limited staff resources. To assist juvenile justice agencies in collecting mental health information about youth, our Center developed the SUSI-Y, a mental health service use instrument that asks youths about prior services they may have received. Such an instrument can prove invaluable to agencies seeking to gather all the pieces of a comprehensive mental health assessment as efficiently as possible. We are piloting the SUSI-Y at a boys' training school in Iowa and are currently looking for more correctional sites interested in utilizing this innovative new instrument. To learn more about the SUSI-Y and how to become a pilot site, please visit page 5 of our newsletter.

Now that our Wave II counties are up and running, we're pleased to report on the progress of Project Connect in New York State. Lastly, a summary of an article our Center will soon see published in *Crime and Delinquency* on our work with the Orlando Juvenile Assessment Center can be found on page 3. I hope you enjoy this edition of *Getting it Right!* and wish you all the best for a productive spring!

Gail A. Wasserman, PhD

The Diagnostic Predictive Scales Adds to Effective Intervention for Youth

By Shawne Coonfare, Community Resource Analyst, Douglas County Juvenile Assessment Center, Omaha, Nebraska

The Douglas County Juvenile Assessment Center (JAC) in Omaha, Nebraska receives referrals from the County Attorney's Office for youth cited for law violations or truancy referrals. The JAC's assessment procedure is a voluntary course of action for youth and their parents. The JAC Assessment Specialists recommend individualized diversion case plans, and the County Attorney approves plans offered to the youth, based on assessment scores and youth needs identified during the assessment appointment.

Diversion is also voluntary. Diversion case plans include a graduated sanctions approach to meeting both the rehabilitative needs associated with the offense and other significant needs that the youth may have, such as mental health needs. Assessment results and needs, rather than the offense, drive County Attorney decisions for each youth. For youth scoring too high regarding risk to re-offend, the County Attorney files the case with the court, rather than offering community-based diversion services, which are not directly sanctioned and supervised by the court. If diversion is approved and the youth successfully completes the diversion plan, charges are not filed with the court.

During the first three years of operation, the JAC conducted 3,546 assessments. 3,420 youth were approved for diversion, of which 2,197 successfully completed diversion. These youth were not required to proceed to court, avoiding further penetration into the juvenile justice system. At the same time, they were offered an opportunity to participate in services and interventions to meet their needs.

Since its inception, the JAC has used the Youth Level of Service (YLS) which gauges propensity to re-offend based across eight domains: prior/current offenses, family circumstances/parenting, education/employment, peer relations, substance abuse, leisure/recreation, personality/behavior, and attitudes/orientation. This assessment includes separate youth and parent interviews, as well as collateral information such as police reports and school information.

On average, the top three YLS risk areas for JAC youth are leisure/recreation, peer relations, and education/employment. Clearly, youth who are being cited for law violations or referred to the County Attorney for truancy show a greater need for intervention with regard to school attendance and performance, how they spend their free time, and unhealthy social relationships.

The Douglas County JAC Staff (*Front L-R*: Vicky Dittus, Tim Leahy, Shawne Coonfare; *Back L-R*: Shirley Nelson, Jayne Perfect, Terra Goodwin, Dusti Hansen, Kim Culp, Kori Fila, Mary Garland)

The second screening instrument initially used at the JAC assessed mental health concerns, showing needs across broad areas. In 2006, 393 diversion case plans included referrals for programming or counseling related to mental health or substance abuse. This represented a need for one-third of all youth placed on diversion to receive these types of interventions.

In January 2007, the JAC implemented the Diagnostic Predictive Scale (DPS) to replace the original assessment tool used as its mental health screening instrument. This enhancement was made due to the high number of youth who exhibit mental health-related intervention needs. The DPS was chosen because it closely aligns with the DSM-IV diagnostic areas most commonly occurring for adolescents. Therefore, by using the DPS, the JAC will be able to make more targeted recommendations for interventions and services included on diversion case plans.

Integration of the DPS brought an immediate change in the JAC suicide procedure, and in the protocol for mental health related referrals. In addition to the Suicide Contract the JAC had in place, the DPS results have enhanced the protocol for mental health disturbances to include three referral levels (immediate, 48-hour, and as needed).

On the first day of DPS use, one of the Assessment Specialists had an appointment with a 13 year-old referred to the County Attorney by the school for truancy. This youth had missed weeks, and even months, of school at a time over the past three years. Additionally, this child scored positively in 15 of the 17 DPS diagnostic areas, with an immediate need for attention to suicide risk. With the new protocol in place, the Specialist was able to complete the Suicide Contract with the youth and parent, contact an identified therapist (in the same building as the JAC), and set an appointment for the next day. Within 24 hours of the JAC assessment, the Specialist received a copy of the youth's psychological evaluation and recommendation plan. Currently, this youth has attended weekly counseling sessions, has not missed any days of school, and has raised all grades to A's. Parent, counselor, and school report marked improvement.

The JAC has seen an immediate change and improvement in ability to make targeted referrals for mental health interventions. In addition, DPS functionality will make possible more detailed data regarding this population for the juvenile justice system, community care providers, and the overall community.

For contact information and to learn more about the JAC, please visit their website at www.co.douglas.ne.us/dept/jac.

Study Validates Use of the V-DISC upon Immediate Admission into a Juvenile Assessment Center

In a paper to be published in *Crime & Delinquency*, CPMHJJ presents its findings on the prevalence of disorder among youth at a juvenile assessment center (JAC) in Orlando, Florida. Rates of disorder for JAC youth were found to be lower than those reported for incarcerated samples and more comparable to findings for general intake samples; however, JAC youths' rates of disorder remain higher than that of youth in the general population.

Importantly, because youth are processed in a matter of hours in JACs, this study demonstrated the feasibility of universal DISC evaluation at admission and among youth newly released from police custody, rather than requiring a wait of several days before assessment. This should lower a perceived barrier to JACs' offering universal mental health screening and assessment to determine the service needs of youths at an early stage of entry into the juvenile justice system.

Approximately 15 years ago, the Florida Department of Juvenile Justice created county JACs to integrate intake and screening for delinquent youths in an effort to decrease fragmentation in the juvenile justice system. Since that time, many other states have followed suit. To provide a model for states in creating JACs, in 1995, the Office of Juvenile Justice and Delinquency Prevention (OJJDP) highlighted four essential components: 1) to a single entry point into the system facilitated by a 24 hour/day central intake; 2) to provide immediate and comprehensive needs assessments to promote more appropriate placement; 3) to provide a comprehensive and integrated management information system; and 4) to incorporate an integrated case management system to allow for better coordination among agencies.

CPMHJJ began work with the Orlando JAC at the request of the Deborah Dickerson Mental Health Juvenile Justice Task Force, a group of community leaders charged with designing and implementing a model service delivery system to address the mental health needs of youth in Orange County. With the cooperation and assistance of the National Council on Crime and Delinquency (NCCD), CPMHJJ sought to assist the Task Force in assessing the mental health status of youth admitted to the JAC. Additionally, we wanted to provide a greater understanding of youths' offense, demographic and mental health characteristics to assist with future service planning.

For 3 months, youth admitted to the JAC took the VDISC, a computerized self-interview widely used in juvenile justice settings, at intake. 1,012 youth were included in the sample of which 764 (75%) were male and 248 (25%) were female. Most participants were African-American or White and the mean age was approximately 15 years old. 40% of youth were charged with property offenses; 25% were referred to the JAC on a person-related non-sexual offense; approximately 14% were designated as either a substance-related or "other offense" (other offenses included but were not limited to probation violations, pick-up/court order, and resisting arrest without violence). For more than 50% of the participants, their current charges were at the felony level. Approximately 30% of participants reported meeting criteria for at least one disorder.

While male participants had more prior juvenile justice referrals than females, significantly more females were charged with a felony offense. Additionally, more females reported anxiety and disruptive behavior disorders (DBDs) and significantly more females than males met criteria for alcohol abuse. This increased rate of DBDs in females can be explained by their greater rates of oppositional defiant disorder (ODD). Nationwide, a growing proportion of females are being arrested in domestic violence incidents. These findings lend support to this trend as girls arrested on this charge are likely to engage in a pattern of family rule-breaking and confrontation (the construct underlying ODD).

While both the JAC and probation intake settings are initial entry points, rates of disorder found in the JAC sample were lower than those reported through formal probation referrals. This can be attributed to the more serious impairment likely to be seen in formal referrals as opposed to general intake. Additionally, the lower rates of disorder for JAC youth can also be attributed to varying ethnic distributions. In CPMHJJ studies examining probation intake, only 28% were African-American whereas 54% of the JAC sample were African-American. As research suggests that African-Americans involved in the juvenile justice system are less likely to self-identify disorder, this may account for some of the lower rates of disorder in the JAC sample versus probation intake samples.

Although approximately 30% of youth indicated some disorder, a prior review in this setting indicated that only 5% were referred for any type of mental health counseling. This suggests that the rate of unmet need for mental health services in this population is significant and JACs should, like other juvenile justice settings, incorporate scientifically sound procedures to identify youth in need of mental health services.

Such a step would allow for early identification of mental health needs for young and first-time offenders at an early point in the juvenile justice intake process and would allow JACs to fulfill their mission to provide immediate and comprehensive needs assessments to promote more appropriate placement for youth.

Contributing authors for this paper include Larkin McReynolds, PhD, Gail Wasserman, PhD, Reni John, Joseph Keating and Scott Nolen, JD, PhD, all of CPMHJJ. Robert DeComo, PhD, of the National Council on Crime and Delinquency also contributed.

For more information, please email Johnr@childpsych.columbia.edu.

Project Connect kicks off in Albany and Broome counties

In our last newsletter, we told you about Project Connect, CPHMJJ's Substance Abuse and Mental Health Services Administration-funded suicide prevention program, and our Wave I NYS counties – Orange and Onondaga. In this newsletter, we are excited to share with you our progress in our Wave II counties.

This past January, Albany and Broome Counties completed collection of baseline data for Project Connect. Additionally, the probation officers in these counties received training on the Project Connect curriculum which covers mental health disorders most common in juvenile justice youth, mental health service provider information, and how probation officers can work with mental health service providers to incorporate treatment into a youth's probation plan.

One of the most important pieces of this training was the dissemination of information regarding Urgency Classifications for Mental Health Referrals. Using valuable feedback from our Wave I counties, CPMHJJ worked extensively with both counties to create site-specific classifications taking into account each county's community resources. As a result, once the trainings were completed, each county was ready to begin screenings with the V-DISC on youth referred to probation.

Currently, both of our Wave II counties are offering the V- DISC to youth who come through probation. Our on-site coordinators – Christina Campagna in Albany and Stacey Smith in Broome – are collaborating with each other regarding ways in which to enroll more youth and families in the project. They are enthusiastic and hard-working, and they are doing a great job!

In addition to Project Connect, Albany and Broome Counties have unique programs for their juvenile justice youth. Albany County's probation department has a prevention referral committee which meets once a week and includes a probation staff member and a staff member from Child Protective Services. Prevention services are required for PINS youth and are discretional for juvenile delinquents (JDs). These services can include a mentor, home-based services, or seeing a licensed social worker and/or participating in group therapy. JD probation officers can make a request for a prevention referral for youth on their caseload. The county contracts with agencies, and when referring a youth to services, the committee tries to avoid putting a youth on a waiting list for these services. Additionally, prevention services are free of charge.

Broome County probation has a distinctive structure in that a Mental Health Juvenile Justice (MHJJ) division resides within the probation department. MHJJ employs clinical social workers who act as liaisons between the probation department and mental health professionals. MHJJ provides counseling and recently began a 6-week therapy group for juvenile delinquents. While mental health referrals are made by the probation officers in our Wave I counties, youth in Broome County are referred to MHJJ, who assess the youth for mental health disorders. If necessary, MHJJ professionals counsel youth involved in the probation department for three to six months. If a youth needs further counseling or needs specialized therapy, as is oftentimes the case for youth referred to probation on a sex offense or with substance abuse disorders, s/he is referred to outside services. We thank all the staff of MHJJ who attended the two-day Project Connect training and provided valuable input in creating the assessment protocols for their county.

It has been a pleasure for us to work with two counties that are so committed to doing their best for youth in their care! We are very excited at the progress Project Connect has made in these counties and appreciate all the hard work of all county staff involved in this project.

For more information, email Johnr@childpsych.columbia.edu.

Upcoming Presentations: CPMHJJ Staff hits the Road

- On May 18, 2007, Gail Wasserman, PhD, will be the keynote speaker at a conference on Emotional Intelligence, Mental Health and Juvenile Delinquency sponsored by University College in Dublin, Ireland. Dr. Wasserman's presentation, entitled Mental Health of Juvenile Justice Youth: Lessons Learned, will address best practices for mental health assessment and treatment for juvenile justice youth.
- On May 20, 2007, Gail Wasserman, PhD, will be presenting at the International Conference on Fetal Programming and Developmental Toxicity in the Faroe Islands (held by Denmark). Reflecting continuing work on lead exposure in Kosovo, and arsenic exposure in Bangladesh, she will speak on "The Developmental Impacts of Heavy Metals and Undernutrition."
- In early August 2007, Gail Wasserman, PhD, and Larkin McReynolds, PhD, will speak at the New York State Probation Officer Association Annual Conference on Project Connect. If you are interested in learning more about this meeting, please call (212) 543-4358.

Sites Needed to Pilot Mental Health Service Use Instrument

CPMHJJ is currently seeking secure correctional facilities to pilot the Service Use and Satisfaction Instrument for Youth (SUSI-Y), an automated voiced instrument that inquires about mental health service use and satisfaction in a juvenile justice population. Currently in use at a training school for boys in Iowa, the SUSI-Y takes approximately 15 minutes to complete.

An instrument such as the SUSI-Y can be vital for the juvenile justice population as justice staff are required to conduct an intake evaluation on youth upon arrival at the facility. Currently, many facilities may find it difficult to obtain information on service use history, an essential component of the mental health assessment process, as youth may not have been asked the appropriate questions to discern this information or the information may not be systematically recorded and is thus, difficult to access.

From both a scientific and clinical standpoint, obtaining information on mental health service use history from a juvenile justice population is important. Research suggests that only 15-30% of justice youth have a mental health service history; however, 50% have mental health disorders of moderate severity or higher.

CPMHJJ is looking for correctional sites to assist us in examining the reliability, validity, and acceptability of the SUSI-Y among justice youth. In Iowa, we will compare youth self-report on SUSI-Y questions about history of mental health treatment and use of prescribed medication to responses given on the V-DISC as well as youth treatment plans. Additionally, youth will be asked to report on their level of satisfaction with mental health services they have received prior to entering the facility and since entering the facility. We anticipate that such information will be useful for mental health practitioners and justice staff when designing service delivery programs for justice youth.

It is our goal to develop a reliable and valid automated assessment tool that is both well tolerated by youth and efficient for use by staff in juvenile justice facilities with limited resources. We believe that the SUSI-Y has the potential to shed light on the current discrepancy between mental health need and service history reporting; it has the potential to be useful and important for juvenile justice settings for both service planning and risk management.

CPMHJJ is pleased to offer the use of both the SUSI-Y and the V-DISC free of charge to correctional sites that qualify for participation in this project.

If you are interested in using the SUSI-Y at a correctional facility or would like more information about this project, please contact Reni John at JohnR@childpsych.columbia.edu.

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