Strengthening Collaboration Between the Behavioral Health and Juvenile Justice Systems to Improve Reentry Outcomes

Panelists:
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The Council Of State Governments Justice Center

Corrections  Courts  Justice Reinvestment  Law Enforcement

Mental Health  Reentry  Substance Abuse  Youth

National nonprofit, nonpartisan membership association of state government officials

Represents all three branches of state government

Provides practical advice informed by the best available evidence
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• Administered in partnership with the Bureau of Justice Assistance, U.S. Department of Justice
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Framing The Conversation Considerations and Collaborations

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Senior Associate
National Center for Mental Health and Juvenile Justice
Framing the Conversation

Focus Upon Facility to Community Reentry Phase

• Period of high vulnerability in first months of reentry
• Opportunity for identifying BH needs prior to reentry
• Points along reentry trajectory for doing or updating screening/assessment
Framing the Conversation

Considerations:

• Disproportionate Mental Health and Substance Use Disorders Among JJ Youth
• High rates of Co-Occurring MH and SU Disorders (COD)
• High rates of exposure to childhood adversities (ACES)
• Critical need for proactive engagement with families/primary caretakers
• Critical need for proactive engagement with BH providers
Three Key Collaboration Strategies

1. **Proactive planning with community-based BH providers as routine part of reentry planning while youth are still in facility care**

2. **As part of proactive reentry planning, specific attention to issues of “continuity of care” for BH needs identified during facility care**

3. **Training of JJ professional and line staff in behavioral health needs of youth, and training of BH providers about JJ system and common needs of JJ-involved youth and families**
Related Domains

- Addressing issues of confidentiality and information-sharing among JJ system, BH providers, professionals providing community-based JJ supervision, courts, schools and others who we need to productively engage with youth and families.

- Fostering evidence-based and “best practices” community-based BH practices for JJ-involved youth and families, especially those at higher risk for new JJ contacts (e.g., arrests, violations) or common conditions (e.g., COD, trauma-related challenges, family tensions or dysfunction).
Related Domains

• Policies and practices that avoid returns to facilities-based JJ care due to technical violations of conditional release/community supervision

• Policies and practices that routinely track functioning or changes in youth before and after community reentry. This includes youth’s risk level and criminogenic needs, with attention to their responsivity factors and circumstances, so as to match JJ youth with modality, intensity and duration of interventions

• Identifying key stakeholders to support successful community reentry programs and collaborations
MA DYS

Youth committed to the Department and are transitioning from a residential placement to community supervision are linked to behavioral health services and additional supports through a series of state-wide processes.
The Goal is to bring clinical progress achieved in residential treatment forward into the period of community reintegration and adjustment.
Community Re-entry

90-60-30 Process
COMMUNITY REDESIGN

REGIONAL COMMUNITY COORDINATOR

REGIONAL FAMILY ENGAGEMENT SPECIALIST
Quarterly Meetings with MBHP
Massachusetts Behavioral Health Partnership
Central Office and Regional Levels
REGIONAL INITIATIVES

FOCUS ON FAMILY ENGAGEMENT

ROXBURY YOUTH WORKS

BJRI TEAMS

JRI SMART TEAMS
Bridge to Recovery: Addressing the Substance Use Disorder and Mental Health Intersection

Pamala Sacks-Lawlar  MHA, CDP
Behavior Health Administrator
BTR Director
WA. State Juvenile Rehabilitation
The Intersection is clear!

Substance use Disorder and Mental health are inter-related and providing comprehensive behavioral health services in Juvenile Justice setting can reduce stigma and discrimination, be cost effective and lead to improved patient outcomes.
What is Co-Occurring Disorders?

The term co-occurring disorders (COD) refers to co-occurring substance-related and mental disorders. Clients said to have COD have one or more substance-related disorders as well as one or more mental disorders.

COD exist “when at least one disorder of each type can be established independent of the other and is not simply a cluster of symptoms resulting from [a single] disorder”
Screens and Assessments

- GAIN SS
- GAIN I
- Adolescent Substance Use Assessment (ASUA)
- Integrated Treatment Assessment (ITA)
- GAIN M-90
BTR Flow Chart

Institution- 30 day intake
- GAIN SS – Flag for assessment
- GAIN I M90 Assessment #1
- Diagnosis Co-Occurring Disorders
- Special Needs Assessment
- BTR Referral

Institution – 4 months prior to release
- BHS – identify BTR youth
- Youth sign consent
- BTR begins...
- ACRA-ACC youth visit
- Multi-disciplinary team meeting
- Transition screening @60 days prior to release

Institution – 45 Days prior to release
- Transition Report
- Community Notification
- Increased community contact
- GAIN M90 #2

Community within 45 days to release
- Multi-disciplinary Team meeting
- Placement assessment (Parole)
- Field visit– family
- Report back to the Institution
- Data collection

Community- youth release
- BTR continues...
- A-CRA/ACC
- GAIN M90 #3
Evidence-Based Programs/ Promising Practices

In the Bridge to Recovery (BTR) Program. Behavioral Health Specialists use numerous evidence-based tools and practices that can help make treatment a success. Treatment includes:

- Matrix Model
- Focused on Integrated Treatment (FIT)
- ACRA-ACC
- Dialectical Behavioral Therapy (DBT)
- Family Integration Transitions (FIT)
- Aggression Replacement Training (ART)
Training and Community Collaboration

- Behavioral health services for juveniles have been fragmented, inefficient and disconnected. These services must be individualized and encompass all aspects of the youth’s life to ensure successful reentry into their communities.

- Successful Youth Reentry for these youth is based on a strong continuity of care, effective treatment services, efficient case management practices, comprehensive education, vocation and employment programs, inclusion of family, community-based connections and a youth voice.
Questions and Answers.......
Thank You

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